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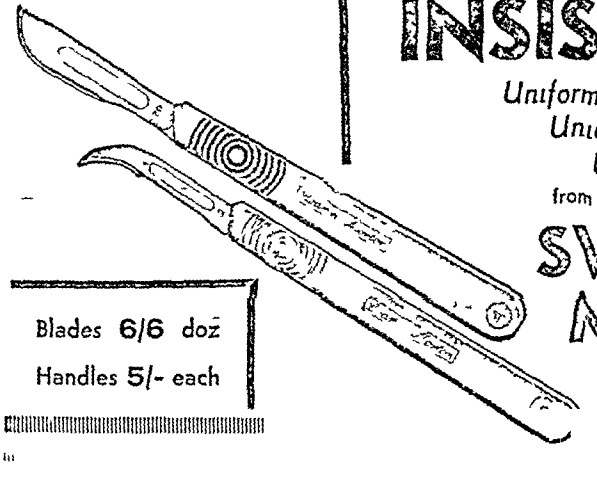
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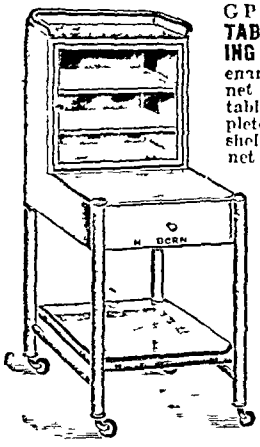
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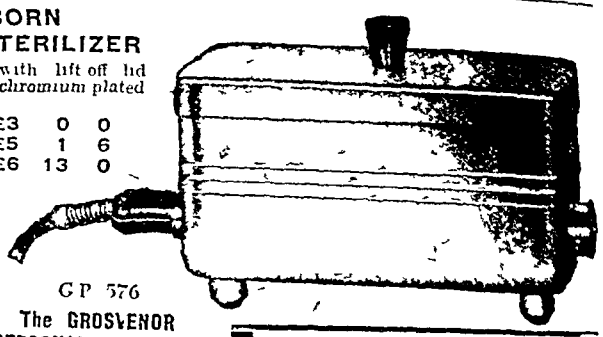


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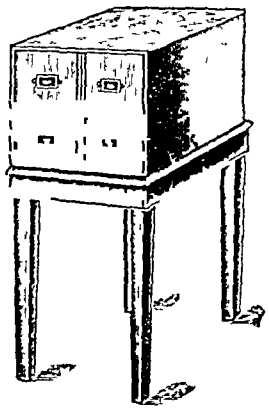
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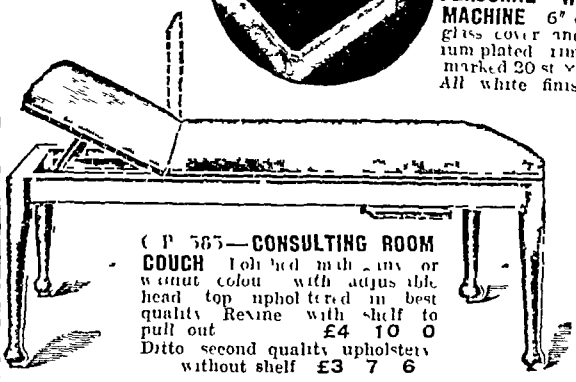




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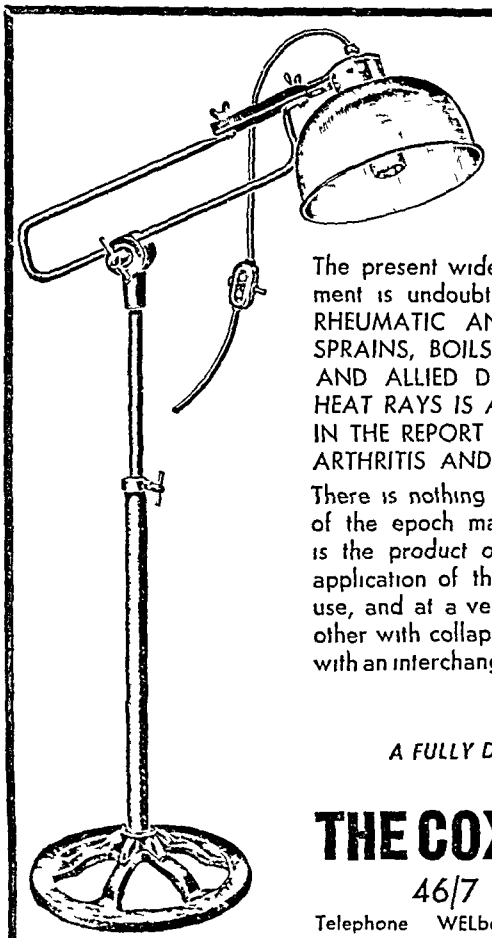
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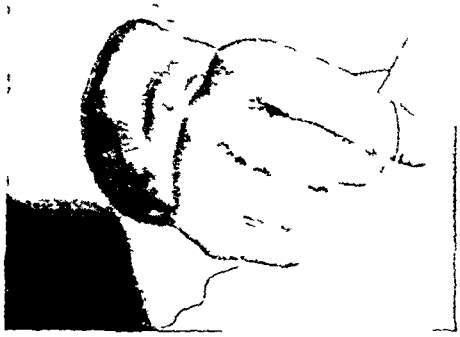
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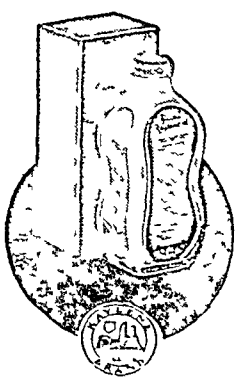
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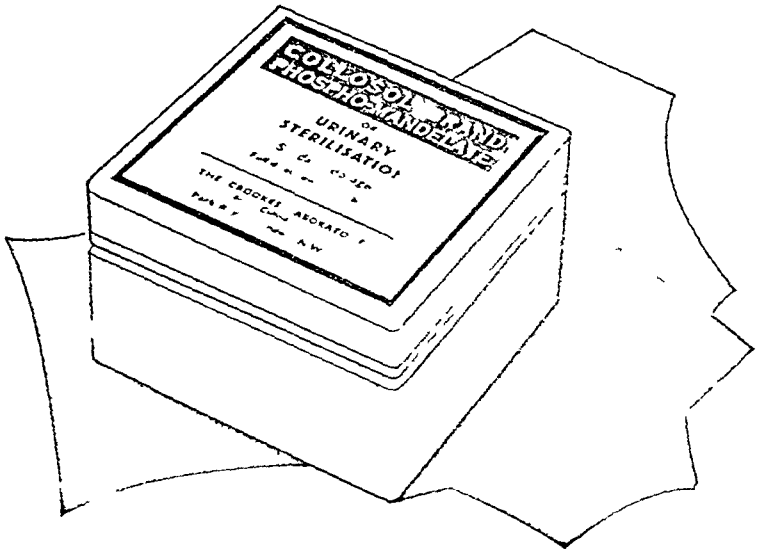
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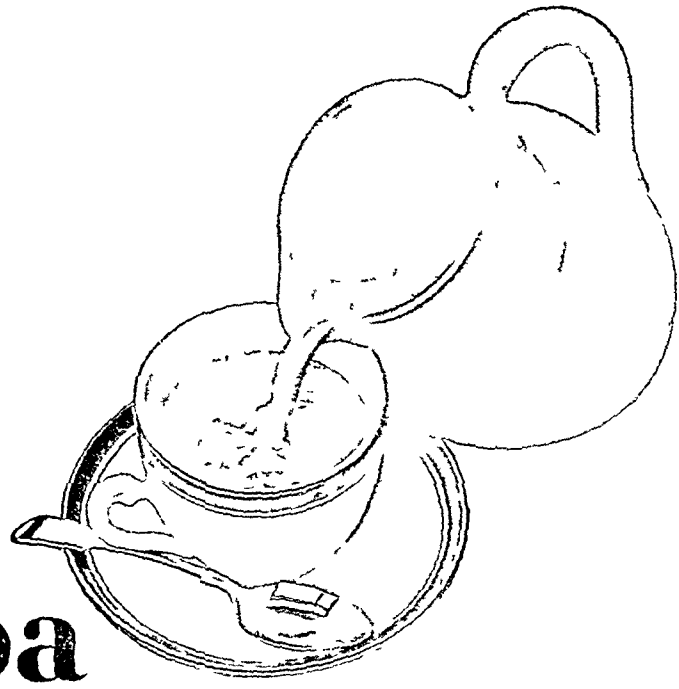
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Raw beef	3 54	0 39
Raisins	3 80	3 68
Almonds	4 54	4 50
Raw ox liver	6 70	5 22
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See *Biochemical Journal* xxx. 4 Sb. 91

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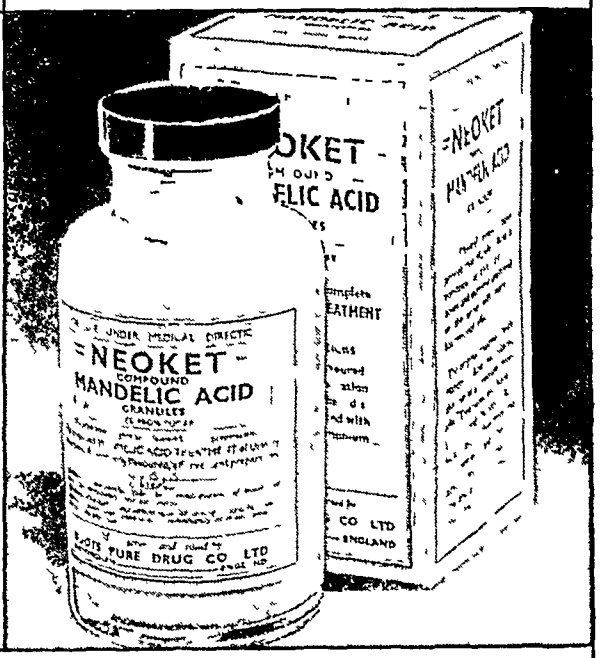
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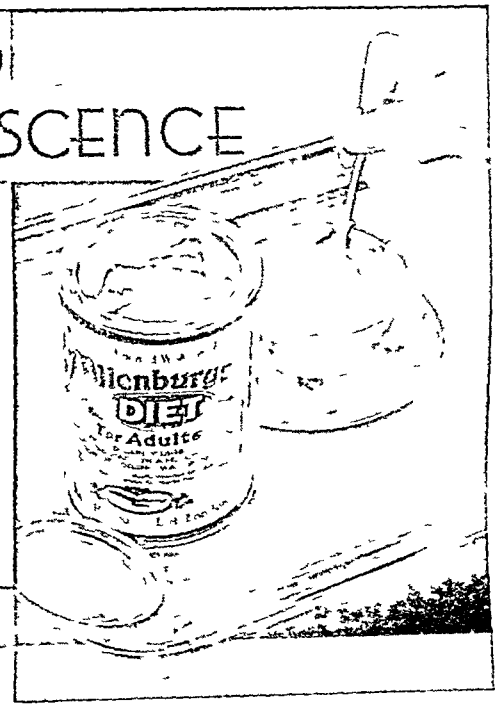
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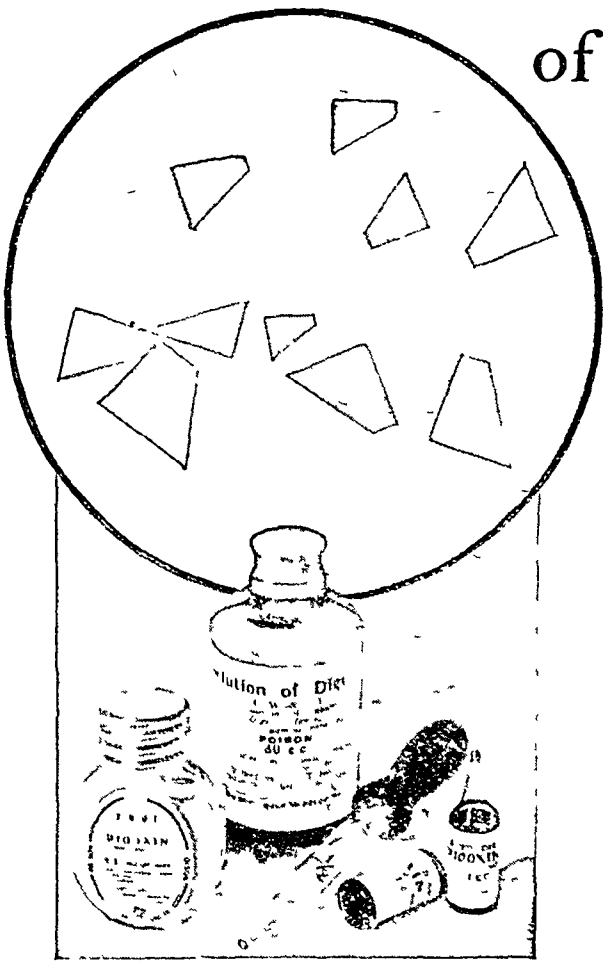


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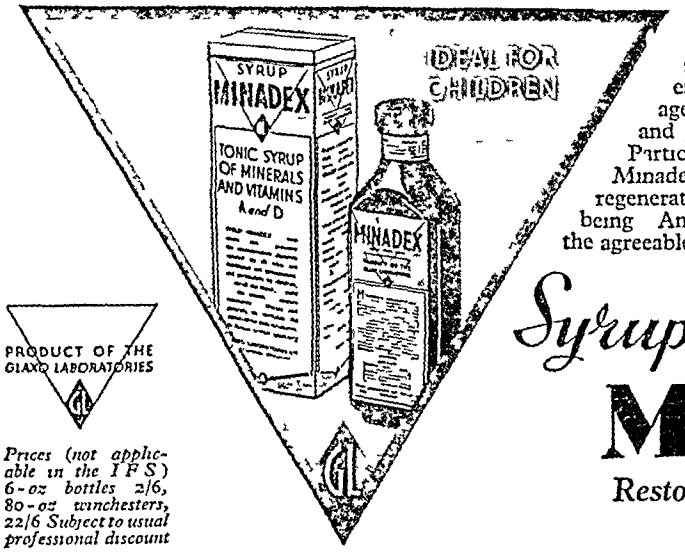
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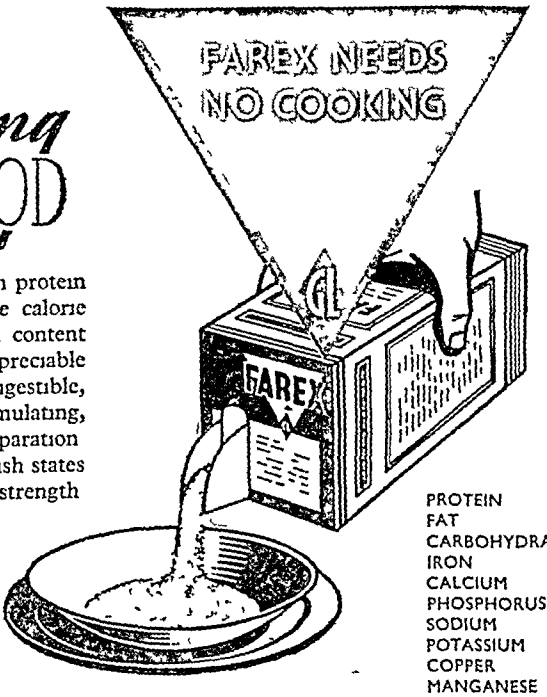
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BRITISH MEDICAL JOURNAL

LONDON SATURDAY, JANUARY 2, 1937

ON SURGICAL DIAGNOSIS*

BY

W. H. OGILVIE, M.D., M.Ch.Oxon, F.R.C.S.

Surgeon and Teacher of Clinical Surgery, Guy's Hospital

Many of the higher examinations in medicine and surgery include a session devoted to the consideration of a single long case, which the student is instructed to discuss on paper under the following headings: history, symptoms, signs, diagnosis, differential diagnosis, prognosis, and treatment—seven divisions of which diagnosis is the central one. From whatever aspect we view the matter diagnosis occupies the dominant position—the keystone of the arch, the summit of the pass. On one side lies investigation, on the other treatment. For the patient diagnosis is the plateau to which he climbs from the valley of the shadow, plodding behind the guide following him round what may appear unnecessary bends in the rocky track, deceived from time to time by summits which are not the real one, on the plateau he rests while his guide consults map, studies the weather, and plans the route by which they shall go together down the slopes of treatment. Even more for the doctor is diagnosis a culminating point. It is preceded by the collection of a great number of facts whose mutual relevance may not be apparent, it involves a decision based on these facts upon the aetiology and pathological nature of a clinical problem, upon the decision follows action.

The Consultant's Part

Patients often say that doctors are interested in diagnosis only, and those concerned with medical education complain that too much time is spent in attachment of labels and in hair splitting distinctions between minor subdivisions of processes essentially alike. But while it should never be too much in evidence, diagnosis must remain of cardinal importance in medical training and practice for it presents the acme of professional skill. On the one hand may lie arid science on the other rule-of-thumb therapeutics, but in the central point diagnosis the doctor is called upon to exercise all his critical faculties, his practical experience, his wisdom born of years of consideration of similar problems, his power of clear decision. In diagnosis he is Homo Sapiens not Homo Quaerens or Homo Agens. The two sides of the watershed may call for knowledge, technical skill, and hard work, but wisdom alone will avail him on the summit.

In many highly organized foreign clinics the whole of the processes preliminary and subsequent to diagnosis are handed over to juniors or at any rate to executive workers. A case is placed provisionally in a general category by someone of intermediate status and then passed along a chain of -ologists and laboratory workers who pile up a dossier of encyclopaedic completeness. When diagnosed it is turned over to the remarkably efficient treatment machine of the institution and dosed or pruned upon lines that have been worked out in detail. But the analysis of the dossier, the interpretation and correlation of all the facts it contains and the establishment of the diagnosis is the work of chief or chiefs in consultation. Hence the *justification and the* need for that vanishing type of wise and learned man whom we call the consultant as distinct from the specialist. The specialist may thrive on knowledge and skill without wisdom, the consultant is useless. The specialist provides the detailed information. He is the permanent expert, the head of a civil service department while the consultant is the cabinet minister who guided and helped by the experts must decide policy.

Is there anything special about surgical diagnosis? Surgery broadly defined is a method of treatment by manual processes. Its territory is very largely on the sunny side of the watershed with smaller provinces on the summit and beyond. Surgery does not like medicine look upon diagnosis as the chief expression of its art nor like neurology as an end in itself but rather as a means to an end. A correct decision concerning the cause and pathology of a symptom complex is of great importance but only in so far as it points the way to correct treatment. And decision is more important than correctness because very often in surgery treatment must be immediate to be effective and that ultimate solvent of diagnostic difficulties the lapse of time is apt to lead to the final court of pathological exactitude—the post mortem room.

The surgeon who is considering a difficult and puzzling case confronts two separate questions. First: What is the probable nature and cause of this trouble? He must answer this for his own sake and that of his students and if he answers it definitely whether that answer be ultimately right or wrong both he and they will have learned something. Secondly: Which of the possible alternatives is the most urgent and the most dangerous even if it be not the most likely? His answer to this is of vital importance to the patient and upon it he must plan his line of action.

Sudden Abdominal Upsets

The need for immediate action *which in* surgery very often means operation is most apparent in *those* sudden abdominal upsets which we class provisionally as the acute abdomen. Here the problem before the surgeon is in its simplest form *the following*. *While the* exact diagnosis is by no means clear and for the present lies between A, B and C to what extent is the trouble likely to assume more serious form in the next twenty-four hours: is the case one that can be watched at home or as an out patient or should it be admitted to a hospital or a *nursing home*?

The commonest example of such a difficulty is the case of possible acute or subacute appendicitis one that when we first see it may very well be a true inflammatory lesion

* Address to the Eastbourne Medical Society.

in its early stages, or some upset in the mechanical category such as food poisoning or caecal distension due to constipation I am presuming that doubt still remains after a very careful analysis of the history and a thorough search for physical signs, which will always include a rectal examination I must apologize for alluding to such a hackneyed subject as the necessity for rectal examination in every case, but it is depressing to find how often this precaution is omitted and how often the omission has serious or even fatal consequences Inflammation in the pelvic appendix is not appendicitis as the textbooks describe it and the student learns it, there is no right iliac fossa pain, no abdominal tenderness, no muscle guarding It starts with the initial stages of colic and vomiting, symptoms which it shares with every insult to the viscera, from tinned salmon to strangulated hernia, it passes through the stages from inflammation to abscess, guarded from all discovery except by a finger in the rectum, and only betrayed by a general appearance of illness, and it only reappears in the abdomen as a large abscess or a general peritonitis

Decision to Operate

The case, then, presents no obvious physical signs If we make it a rule to wait till the diagnosis is clear we shall very often be too late for a clean operation without tubes, or a safe one with a mortality under 1/2 per cent If we admit every one we soon render our hospitals unmanageable and earn a reputation with our private patients for needless expense The decision will be guided by many things by the distance and nature of the patient's home, by the intelligence of his relatives, and by the time of day—in general, by the time that is likely to elapse before we can re-examine him or receive a reliable report on his condition But above all it will depend upon our personal assessment of the probable course of events in the next few hours—that is, upon our clinical instinct or sense built up from accumulated experience of similar cases, and independent to a large extent of the intellectual process of reasoning When we cannot decide, our only safe course is to place the patient in surroundings where his temperature and pulse can be recorded at regular intervals, where tests such as the diagnostic enema can be applied as they are needed, and where he is constantly under the observation of a trained assistant We take this step early rather than late, bearing in mind that should he get worse and require operation he will then be less able to stand transport, and that the risk of operation will be increased by an immediately precedent journey As experience accumulates the number of cases in which we defer judgement will decrease, but to "watch under hospital conditions" is always a safe decision

Another difficulty arises, particularly in children, at a later stage of similar cases, when it has become clear that there is an inflammatory lesion in the abdomen but not certain whether this is an infected appendix or possibly a group of tuberculous glands with secondary invasion by septic organisms or a pneumococcal peritonitis It is not my purpose here to discuss the differential diagnosis of these conditions, in the great majority they can be differentiated, and the last two are preferably treated by means other than operation But when doubt remains we have to balance the relative risk of exposing a group of inflamed glands or draining a pneumococcal peritonitis on the one hand or of leaving a gangrenous appendix or an early septic peritonitis on the other There is no need to state the answer, where this is the alternative we must operate

Recognition of Early Intestinal Obstruction

A problem of far greater difficulty in my opinion is the distinction between an early intestinal obstruction and other conditions giving rise to colic and vomiting, without localized pain or tenderness, abdominal rigidity, or any alteration in temperature or pulse rate I will presume that any additional evidence pointing to the likelihood of obstruction such as a tender swelling in a hernial orifice, the scar of a previous operation, or a history of tuberculous peritonitis is absent In such a case the chief things we have to exclude are intestinal colic due to swallowed irritants, drugs or foods which are infected or inimical to the particular patient, and colic in some other hollow tube in the abdominal cavity, such as the cystic duct or the ureter These non intestinal colics when encountered in their textbook form can be recognized by the first-year student, they may, however, give rise to central abdominal pain, visceral in type but quite unlocalized, and profuse and persistent vomiting, so that even an experienced clinician may fail to appreciate their origin

The unmistakable features of intestinal obstruction are that the vomiting persists and increases and that constipation is absolute, even to the passage of flatus In each case there is a loophole for error The vomiting of an obstruction is first reflex in origin, and later the result of mechanical backflow This overflow vomiting may not appear for some hours, or even days, if nothing is put into the canal above the obstruction, and if the element of infection (that is, strangulation) is absent or walled off Constipation is absolute only as regards material passing the site of the obstruction Any faecal matter, and it may be large in amount, which lies below the obstructed site is voided either spontaneously or in response to an enema, and even a second but smaller evacuation may follow

Here we are dealing with a condition which is uniformly fatal without operation and in which the operative mortality varies hardly at all with the surgeon's skill, but rather with the condition of the patient and of the intestine above the obstruction at the time of operation Such cases, therefore, should always be admitted where the pulse rate and appearance of the patient can be under constant observation, the vomit inspected, and enemas given and repeated as required Three rules have impressed themselves upon me as the result of long and sometimes unfortunate experience First, always give the patient plenty to drink—water or some harmless fluid such as lemonade or weak tea if he is going to vomit the sooner we know the better Secondly, never decide against obstruction on the result of the first enema, give a second two hours later, and if necessary a third If every single thing about the progress of the case—the cessation of vomiting and pain, the absence of distension, a feeling of improvement in the patient, and a dropping pulse rate—denies intestinal obstruction but no faecal matter or flatus is passed per rectum, insist upon operation and stake your reputation upon your decision Thirdly, if the pulse rate is steadily rising always advise laparotomy, though other features of the case suggest the safety of delay

This subject is so important that I would cite three personal cases, in one of which I was wrong and unsuccessful, in one wrong but successful and in the third one right I have not chosen them as a series to illustrate the increasing wisdom brought by experience, for they came to me in the reverse order I saw the first case, which is the least creditable to me, a year ago, and the third fifteen years ago

Case I

I was asked to see a lady of 65 years who had been vomiting almost continuously for eight days During the whole of this period she had no abdominal pain no tenderness and no distension Her bowels were opened the first day of the attack but she had passed nothing since in spite of repeated enemas She was seen in consultation on the fifth day of the attack by a physician who was unable to find any abnormal physical sign in her abdomen but discovered that she had a blood urea of 250 mg per 100 c.cm During the whole of the sixth day she did not vomit at all and a tube passed into her stomach showed it to be empty On the seventh day she started to vomit again and her blood urea was now 220 mg per 100 c.cm I saw her the next day

Though the physician who called me one of the wisest men in medicine to day was in doubt about the diagnosis I was prepared with the history of persistent vomiting and negative enemas to find a case of intestinal obstruction When however I saw the lady who had vomited all these days looking well and feeling free from distress when I could find no trace of distension or muscle guarding or of tenderness on abdominal or rectal examination when I found the pulse and temperature normal and the vomited material quite inoffensive and when I remembered that during this period she had ceased entirely to vomit for twenty four hours my conviction was shaken I suggested that the vomiting might be either toxic in origin or due to a nearly complete pyloric stenosis and that in any case no operation should be considered till the blood urea had been brought to a lower figure I therefore instituted a continuous drip saline infusion into a vein in the leg Two days later I was forced to operate by a rising pulse I found a large gall stone impacted in the ileum two inches above its lower end and causing gangrene of the gut throughout its circumference I removed the stone resected the gangrenous portion of intestine and drained the upper loop The patient died three days later

I quote this case to illustrate the dangers of too much erudition of too little common sense The astonishingly high blood urea was the Lorelei of science singing the same chant as a series of surgical uraemias following pyloric stenosis which it had been my lot to encounter and treat successfully during the past year and lulling my surgical conscience with dreams of toxic vomiting A surgeon who can possibly allow a patient who has passed no faeces or flatus for several days in spite of repeated enemas to remain unoperated upon deserves a jolt of this nature to put him back on his true course

Case II

I reported my second case in the *Lancet* in 1921 A young man of 23 years was admitted to Guy's with a typical history of acute intestinal obstruction of three days duration The illness started with a sudden agonizing pain following three days of vague abdominal discomfort From this time onwards he had been in continual but not severe pain He had vomited such fluids as he had taken and had passed nothing per rectum Inquiry showed that he had vomited after food only and that the vomit had never been offensive

He looked well and comfortable with a clear complexion and a clean moist tongue His temperature was 100 his pulse 88 The abdomen was slightly full but moved well and there were no distended coils or visible peristalsis vague tenderness was found over a wide area to the left of the umbilicus On rectal examination masses of scybala were felt but there was no tenderness whatsoever and no ballooning He was given an enema and passed a large formed motion with flatus The pain was relieved and he went to sleep Next morning he awoke feeling very well and his pulse was now 68 and his temperature 98·4 He had no pain and only slight tenderness He remained like this for the next two days taking fluids without vomiting with a normal temperature and a pulse under 80 His abdomen was however more distended and though he felt comfortable he did not look so well Operation was therefore advised

I found moderately distended coils of small intestine and a little free blood stained fluid in the abdomen On passing my hand downwards I felt a band snap at the pelvic brim and came upon a mass in the pelvis which I brought into the wound It consisted of several coils of intestine matted together and surrounding a loop of lower ileum about five inches long which was gangrenous and greenish yellow in colour I resected twelve inches of bowel and performed a lateral anastomosis Recovery was uneventful and the patient was discharged well a month later

I would quote what I wrote as a surgical registrar

In this case one had to decide whether to trust one's eyes or one's ears to explore the abdomen on the history alone in face of the clinical findings or to trust the latter and mistrust the history I wrongly chose the latter course Three things *influenced me in this decision* first that I did not know the patient and had no confirmation of his story from a medical man secondly that the passage of flatus as well as faeces is very unusual in any obstruction other than that of Richter's hernia thirdly that the man was a *plumber and since he* had very good teeth he might be suffering from lead colic without showing the characteristic blue line on the gums

To this comment I would add to day that where the history is in any way suggestive of intestinal obstruction the negative evidence of one enema alone should not be trusted a second should always be given

Case III

The third case was an old lady of 80 years who was admitted to Guy's one afternoon with a history of colicky pain referred to the umbilicus and vomiting both of which had started during the morning Questioned she thought that an orange she had eaten the previous night had disagreed with her Her tongue was clean her abdomen not distended and not tender her pulse 72 her appearance that of a feeble individual and a poor operative risk but in no way toxic She vomited some bile stained but odourless fluid An enema produced a large constipated motion She was given tea and put on an hourly pulse chart She continued to vomit still inoffensive material A second enema four hours later was returned with a fair amount of faecal material At 10 p.m her appearance and that of her abdomen was unchanged but she was still vomiting and her pulse had risen to 90 Operation was therefore advised A large mass was felt in the lumen of the lower ileum squeezed up into healthy bowel and removed It proved to be half of a small orange swallowed unchewed The hemispherical shape of the obstructing body had allowed intestinal material to pass along its flat side

Intestinal obstruction in a baby usually means intussusception The great majority of these cases are most fortunately unmistakable Difficulty arises when the baby looks too ill for the length of the history when the characteristic intermissions appear to be absent and when no lump can be felt Here the rule that we must act upon the most dangerous of possible alternatives impels us to admit every case immediately The possible causes of a similar symptom complex are Henoch's purpura and acute intestinal toxaemia With regard to the first a submucous haemorrhage unaccompanied by a subcutaneous one must be so rare that we have no right to let its possibility influence our judgement at all The second is unlikely without diarrhoea and should be considered only if the rectal contents are faecal or tinged with bile When any doubt remains it is wise to take the baby to the theatre and there prepared immediately to operate to palpate the abdomen under anaesthesia

But the acute abdomen is not the only example of *the doubtful* abdomen there are many less urgent where *the surgeon* after considering all available evidence is called upon to decide a line of action rather than to attach a label A line of action is indeed necessary before even a label can be provided for the doubtful abdomen, the type of case in which after considering carefully the

history and the facts we have obtained by our clinical examination we are still uncertain whether there is organic disease, and, if so, whether it is a single lesion or a combination of several

The Doubtful Abdomen

A not uncommon illustration of such a difficulty is when we suspect gall-stones, duodenal ulcer, and a chronic appendix, one, two, or all three of them A complete investigation is a lengthy, and for a private patient an expensive business What we really need to know is whether operation will be required, if so, all subsidiary doubts can be left to be settled by this one certain method We therefore concentrate upon the gall-bladder, for, apart from the small body of qualified confidence men who "dissolve" or "expel" gall-stones, there is a general agreement among doctors that the treatment of stones, once they are giving serious trouble, is operative Should we start with a barium meal and find an ulcer we must still investigate the gall-bladder and appendix I say this because I believe, as I am sure do most of you, that the operative treatment of duodenal ulcer, as apart from that of its rarer complications, is as unsound, and should be as dead as, the medical treatment of rebellious gall-stones If we find gall-stones we operate, look at the stomach and duodenum, and remove the appendix, healthy or unhealthy

But in the uncertain chronic abdomen, as in the acute one, it is the appendix that comes first to mind I do not wish to be led astray from my main thesis into an oration on the chronic appendix, a disease responsible more than any other for lazy diagnosis, slipshod pathology, and commercial surgery The only advice I can give my registrars is never to admit its existence to students or themselves until they are 35, and never to take a fee for removing one until they are 40 Being well on the safe side of this line myself I am certain that there is such an entity I am not considering any case that might be classed as intermittent appendicitis Where there has been a reasonably clear history of an acute attack in the past, where the attacks are definitely intermittent, lasting about a week and separated by intervals of normal health, where the symptoms are gastric, and appendicular tenderness is first found by the physician and not by the patient, the diagnosis is reasonably clear But there is also a condition in which attacks of mild pain, limited to the right iliac fossa, and constantly recurring, without pyrexia or vomiting, are due to the appendix Further, the appendix may, on removal, be indistinguishable from normal, and the diagnosis is confirmed by the therapeutic test alone After removal of such a harmless-looking tube the patients not only lose their symptoms, but they enter a new phase of health, which shows them for the first time that they were not well before It is a considerable experience of cases of this type occurring among colleagues and personal medical friends, where they and I have discussed all possibilities and decided upon appendicectomy with hope rather than conviction, where the improvement has astounded me and delighted them, that has forced my unwilling acceptance of this dreadfully vague lesion For I still cannot claim any certain method of distinguishing the true from the false chronic appendix

Let us presume that we have very carefully excluded all those conditions failure to recognize which has brought the operation of limited laparotomy into disrepute partial obstruction of the right ureter from stone or otherwise, inflammatory changes in the right tube or ovary, caecal distension or prolapse and that the radiologist's examination of the appendix itself has disclosed no abnormality The patient still complains of pain and we still find tenderness at or below McBurney's point in an area no larger than a penny Two questions will pass through our minds "What harm will I do if this is a chronic appendix, and I leave it alone?" and "What harm will I do if I remove a perfectly normal appendix?" To the first we must answer "No great harm" An appendix of this sort is very unlikely to flare up in an acute attack On the other hand the symptoms will certainly persist, operation will be required, and until it is done ill health will continue To the second we must answer "No harm, if I operate through a planned and limited incision, unless the patient is a potential neurotic, if on the other hand I advise laparotomy, I undertake an operation with a slight but definite mortality, and other possible lesser sequelae in the way of abdominal insufficiency and adhesions" To sum up in such a case we must take the greatest care to exclude the potential neurotic, she will certainly have her appendix removed, but, however rich she may be, we should let someone else do it and be plagued by her ever afterwards With a sensible patient we advise a limited appendicectomy, but need not urge it unless he is going out of reach of civilization Laparotomy is not to be encouraged

Indications for Laparotomy

This brings me to what is one of the most important matters of policy that a surgeon has to decide What are the indications, if any, for laparotomy? He will have to consider a purely exploratory operation for a number of different lesions, and first in these doubtful appendix cases I have just advised you against it In the first edition of *Recent Advances in Surgery* I stated, with the dogmatism that is rightly expected from a man ten years younger than I am to-day "Chronic appendicitis is only diagnosed after careful investigation and the weighing of every alternative possibility, and it is only treated by laparotomy" But what will a laparotomy tell us in the type of case we are discussing, one we have investigated thoroughly and pondered at leisure? Through a reasonable incision we can see the organs in the right lower quadrant of the abdomen, all the small intestine and its mesentery, and the pelvic organs We can feel the whole abdominal cavity, and by this means can immediately recognize stones in the gall-bladder or kidneys, cancer of the stomach or large intestine, enlargement of the liver or spleen, and gastric or duodenal ulcer But all these lesions are unlikely in the case we are discussing, and should have been excluded by our preliminary investigation We cannot recognize non-destructive lesions by touch alone—cholecystitis, gastritis, duodenitis, colitis—nor should we attack them surgically if we could A really large opening will allow us to see everything, but, again referring to this particular class of case, it is very unlikely that by inspection we can establish something that our biochemical and radiological colleagues have been unable to disclose I am now firmly convinced that the surgical treatment for a chronic appendix is operation through a very limited gridiron incision, which will allow removal of the appendix and one-finger palpation of the tubes and ovaries and no more Such an operation has no mortality and no sequelae, and involves hardly any loss of time, it is justified, therefore, even as a means of "diagnosis by elimination" Though limited, it will tell us all that a wide laparotomy is likely to do, without its risks

In the surgery of gastric or duodenal ulcer laparotomy has no place If the diagnosis is not clear after a barium meal and test meal, then those complications which alone can justify surgery have not yet arisen Organic stenosis,

repeated severe haemorrhage, extension to a size that prohibits permanent healing early malignant change can all be established with greater certainty by observation radiography, and functional tests than by inspection and palpation Operation is undertaken for treatment and not for diagnosis Still less is the surgeon justified in advising laparotomy for symptoms suggesting gall bladder trouble for inspection and palpation can very rarely demonstrate disease which clinical investigation and x ray have failed to disclose Lipoid deposits on the mucous membrane and obscure neuro muscular derangements of the mechanism of emptying may give rise to recurring attacks of severe pain yet leave the shape density and concentrating power of the gall bladder, those characteristics which can be examined radiologically unchanged and its appearance and texture apparently normal We must decide upon the history and results of our investigation which will often include a prolonged period of observation and a therapeutic trial of medical drainage whether the symptoms arise in the gall bladder If we have so decided we operate to remove the gall bladder and no apparent normality of its surface or texture can affect that decision

Laparotomy and Carcinoma

When the possibility of carcinoma lies among the alternatives we are turning over in our minds the question 'Am I likely to do more harm by delay or by laparotomy?' assumes a very different complexion We are often told that the most sinister fact about cancer is its complete silence during the early stages giving the victim no indication that anything is amiss till the disease is far advanced We are frequently assured that neoplasms, at any rate when they affect the stomach and colon can be recognized by clinical biochemical and radiological investigation provided the patient has symptoms and presents himself for examination Yet it is a painful fact that the ordinary working surgeon repeatedly meets cases which have been under the care of most eminent and conscientious physicians for months as suspects who have been repeatedly investigated and repeatedly x rayed with negative results who finally are somewhat grudgingly advised a laparotomy, which discloses a growth about two months too late for resection Such at any rate, has been my experience eight times this year It is an aphorism in yacht racing that the man who does not cross the line before the gun one race in seven is never going to get a good start In cancer surgery the man who does not do one unnecessary laparotomy in seven is going to lose many lives through timidity When we find a man over 50 who has hitherto been healthy starting to lose weight and strength progressively even though he has no pain indigestion or constipation even though every test is negative, we must still feel that carcinoma is only too likely I would always accept the positive warning of a penny weighing machine in preference to the negative assurance of a ten guinea expert If the weighing machine persists in this opinion after six weeks during which the patient has been relieved of work and worries kept strictly at rest, and carefully dieted, we must advise laparotomy and urge it with all the persuasive powers at our command The evidence of eye and hand is the only final court of appeal A sensible patient will readily fall in with this advice when it is put to him and if the result is negative he will be so delighted to receive a clean bill of health that he will think nothing of his suffering or even of our fee

Exploratory laparotomy, then, is a course which we will never advise lightheartedly, and only when we are certain that it is a lesser evil than delay To day the mortality of such an operation has been practically abolished thanks to improvements in anaesthesia and preoperative and post operative treatment, and adhesions to the scar have been rendered less likely by methods of suture which leave no raw surface on its abdominal aspect Even so the risk cannot be less than one in five hundred or the incidence of adhesions less than one in fifty

I have thus far chosen the illustrations to my thesis the lamentably simple one that in surgery decision is often the better part of diagnosis from the abdomen This has been almost inevitable because so many of the structures in this dark cavity are liable to catastrophes that progress with startling rapidity from their silent onset to their fatal termination because their topography is not constant, as in the rest of the body, but to a certain extent fluid, because their troubles are only vaguely recognized by their owner, and then referred by him to their embryological rather than their present site and because they are entirely hidden from our eyes and very effectively screened from our hands But exactly the same need for precocious decision is constantly arising in other parts of the body

Subacute Arthritis of Childhood

A clinical puzzle that we encounter all too frequently is the subacute arthritis of childhood the joint that may possibly be tuberculous The onset of tuberculous arthritis is as you all know remarkably quiet Pain beloved of the textbook is rarely a prominent and never an early symptom it appears only when destruction of the joint is already far advanced So symptomless is the onset bringing nothing more obvious even to a solicitous parent than a disinclination to play that we rarely see an early case The children are brought to us with marked wasting limitation of movement and destruction of bone that is visible in the x ray picture and has often produced a mensurable deformity When the diagnosis of tuberculosis can be made with certainty the time for cure is long since past, the only tuberculous joints that are cured—that is restored to complete normality—are those in which the diagnosis is uncertain What then is to be our attitude? If on the one hand we watch every doubtful case till it is no longer doubtful we will make many unnecessary cripples if on the other hand we decide to regard every doubtful case as tuberculous we must enforce a minimum period of two years immobilization protection or restricted activity—a most drastic treatment for a case that is not tuberculous Let me give a definite example from my own recent experience

I was asked to see a little boy of 5 because he had been limping slightly for about six weeks I found a fair haired rosy cheeked youngster who looked the picture of health At first he would not limp but as he played about the room I noticed that he tended to spare the right leg as he pranced around I will not give the results of my examination in detail but will tell you that the first and most important of the methods at our disposal inspection gave me the only indication of abnormality that I was able to obtain I could see a little thickening of the tissues in the right knee joint apparent only in a blurring of the outline of the patella and patellar tendon when compared with the other side When I felt the knees I was unable to appreciate any difference to detect any fluid or synovial thickening The measurement of both thighs and calves was equal the movements of the hips knees and ankles the same An x ray photograph taken next day showed no abnormality no difference between the bones of the two limbs The child had had no previous ailments of any kind he lived in one of London's newest and healthiest suburbs and spent most of the day in a large garden he slept and ate well On the other hand one parent had a strong tuberculous history

The diagnosis in such a case would be no more than a matter of *amour propre* for the doctor did it not imply decisions upon treatment affecting in any case the next year or two of the child's life, and possibly his whole future Children at the age of 5 are very prone to a non-specific arthritis, whose origin and causative organism is unknown One of my colleagues held sufficiently strong views on the first question to class this group as "tonsil joints," while many would attribute them to a mild streptococcal infection To immobilize a tonsil joint for two years would be a calamity only exceeded by that of allowing a tuberculous one to run about till a definite bone focus had become apparent The one certain diagnostic test, arthrotomy and removal of a piece of synovial membrane for section, is fraught with far too many dangers should the condition be tuberculous to allow it to be considered

The only decision possible to us is that we must regard every chronic or subacute arthritis appearing in a child between the ages of 3 and 12 as tuberculous until we have proved the contrary, and we can prove this only by a period of diagnostic rest Complete immobilization, by splint or plaster-of-Paris, has no distinctive value, for it will cause any inflamed joint, tuberculous or otherwise, to settle down, and when it has settled we are in an even worse position, still doubtful whether we can risk activity with the chance of reactivating a tuberculous process, and with no physical signs to guide us or to support our cautious attitude before the parent Mere rest in bed, on the other hand, will clear up a "tonsil joint" in six to eight weeks, but will do no more than keep a tuberculous one stationary If at the end of this period we still find the joint swollen, with limited movements, we can proceed to a period of rigorous immobilization with the certain knowledge that it is necessary and the comforting reassurance that it is in time

Indefinite Mammary Trouble

Yet another instance where diagnosis is a matter of faith but decision of vital importance is provided by the indefinite troubles of the breast in women of over 40 Here, as in similar troubles in the abdomen of men a decade older, the first question to be faced and answered is that of possible malignancy But whereas in the abdomen we can, when doubt remains after prolonged consideration, decide to look and see, leaving things as before if cancer is excluded, in the breast we can only remove and see, and by this I mean remove the whole breast When a woman has passed the age of 40 she has passed the time when any local operation on the breast is safe I say this because one lesson which we can apply to our daily task appears to emerge from the large amount of pathological research which has been done within the last decade, that changes which occur in the female breast after the peak of the child-bearing period, be they degenerative or malignant, are prone to occur simultaneously in many parts of it, and any such change sufficiently advanced to be appreciated by our senses is not an isolated lesion but a sample of what the rest of the breast holds in a less obvious form These breasts often contain lumps which have no single physical sign suggesting cancer The commonest form for the lumps to take is that of irregular nodules of rubbery consistency scattered throughout the breast substance, linked up to each other by intervening strands and impalpable with the flat of the hand For these lumps I should prefer to retain the name of chronic mastitis till pathologists have ceased to differ among themselves about the aetiology and pathological nature of the different types and have agreed to hand out a classification which we may accept and teach our students Chronic mastitis does not call for surgery, or even for alarm, but merely for caution I do not suggest that any woman with such a breast can in fairness be advised to forget about it, she can be told not to worry about it, but requested in a reassuring way to come for an overhaul every few months Chronic mastitis is so common that its relation to cancer can never be assessed numerically, but there is no doubt that a breast in which the epithelial structures are pressed upon, their nutrition impaired, and their lymphatic drainage obstructed by an increase in the interstitial fibrous tissue will be more liable than a normal one to develop malignant changes Patients, however, rarely ask for advice about such a breast, but come because a single lump has recently attracted their attention is growing, or has become painful If such a lump has any single character of malignancy we must neglect all signs pointing the other way and treat it as cancer By my qualifying introduction, however, I am suggesting that it differs from all other lumps we may find in the breast only in being palpable with the flat of the hand, it is not hard, nor is the shape, contour, or mobility of the breast in any way different from that of its fellow Such a lump is almost certainly a cyst The patient wants us to remove it To agree will be easier for her and for ourselves, for it relieves her fears and establishes our position as men of decision You must all be familiar with the patter of the lump remover

> 'I feel certain, my dear Mrs Smith, that there is no need to worry in your case, but I know that your anxiety comes from a knowledge that many lumps in the breast of women of your age, harmless at first, later undergo changes of the most serious nature I would far rather see a patient sufficiently alive to these possibilities to be unnecessarily afraid than one who remains complacent till the chances of cure are long past But while I feel convinced that this lump of yours is innocent in nature you will realize that that is no more than my opinion, for what it is worth, and that the only final answer is that given by the microscope I should therefore strongly advise you to submit immediately to a small operation for its removal, an operation without risk, that can, if you wish it, be done under local anaesthesia In this way alone will it be possible to get an unequivocal verdict and to set your mind, as well as my own, at rest"

The summing-up is excellent, the judgement wretched The lump we feel is one of a countless host scattered throughout the breast, differing from the others only in being distended to a greater extent with fluid, but not therefore any more or less likely to show early malignant changes To remove it is neither treatment nor diagnosis, nor is it even decision It is akin to the policy of the president of a South American Republic who would seek to scotch a revolution by shooting the fattest of his opponents The lump is either precancerous or it is not precancerous If it is, the whole breast should be removed, if it is not, its excision is not only unnecessary but gives a false sense of security which will often cause the subsequent appearance of malignant change to be ignored till too late A similar problem is presented to us by discharge, serous or blood-stained, from the nipple Such a discharge may be due to chronic mastitis, to duct papilloma, or to duct carcinoma If there is a lump in the lobe drained by the discharging duct we cannot say that it is papillomatous or malignant till the signs of wider involvement appear, if there is no lump any diagnosis is no more than a guess But discharge from a duct means irritation in an epithelial-lined tube, irritation leads to proliferation, and proliferation in time assumes the characters of unrestrained growth Discharge from the nipple calls for decision rather than diagnosis, and that decision must be between further observation and excision of the whole breast and its fascia

Two Main Considerations

I realize that my views about the doubtful breast are drastic, but if they are right they must be accepted Two considerations may make their acceptance easier First, when we come to deal with the treatment of cancer we discuss various alternatives—radical surgery of different types, irradiation in one of its many forms or a combination of the two methods—in the attempt to find that plan which carries the greatest chance of cure But we know that in the long run our successes will seldom be more than 60 per cent, and we can never be certain that we shall succeed with any particular patient however localized the disease may appear to be With precancerous conditions on the other hand we can by a much more limited removal, guarantee success in 100 per cent carried to any number of decimals Returning to my simile of the revolution—and no comparison could better fit cancer where one group of cells combines to attack the corporate body, with the probability that both whole and part will be involved in the eventual ruin—we may compare the usual method employed to deal with such uprisings—to attack the insurgents after revolution has broken out with the much more scientific prophylactic method evolved in Russia that of exterminating (liquidating is the correct political euphemism) the whole social stratum in which discontent might arise before the first hint of trouble This method after all is the only safe one, it has meant the slaughter in cold blood of some three million innocent people but it has made Russia safe for communism

The second consideration is that the operation which is adequate to deal with a precancerous breast is limited sightly, and far less severe and dangerous than that which will be required when cancer has appeared It involves the removal of all breast tissue, of the pectoralis fascia in which the main lymphatic channels lie and preferably of the anterior axillary glands in addition but not of the muscles or of any more skin than is necessary to fashion flaps that will clothe the chest without redundancy when the breast has been removed It can be accomplished through a low curved incision placed horizontally and will leave a scar that is invisible, even in the best night clubs or on the beach at Juan les Pins We are however, treating the patient rather than the disease, and we may be forced to local removal of a lump if we realize that she will otherwise fly to some quack remedy But the ordinary sensible woman will accept the reasonableness of our advice and be content to report for examination at regular intervals content in the knowledge that we shall recommend more drastic measures only when they are necessary Should we see any danger sign, such as unilateral alteration in the shape of the breast, or of the orientation or level of the nipple, we must give this advice even though the lump itself remains unchanged

Conclusion

I have tried to suggest a point of view rather than to lay down rules as indeed it would be most unfitting for me to do To us our profession is more than a trade it is our life an expression of our humanity That humanity has three aspects—science, art religion we know we feel we believe But the third, which is perhaps the most important of all which underlies the others is least often acknowledged Many writers speak of the science and art of medicine but none since Sir Thomas Browne has written of the religion of medicine The three are necessary to a sane and balanced whole for just as science and religion without art produce the fanatic art and religion without science the mystic so science and art unleavened by faith produce the virtuoso the technical expert The faith of medicine is expressed in the Hippocratic oath "The course I adopt shall be for the benefit of my patients, according to my ability and judgement The welfare of the patient is the end we seek in surgical decision, which thus becomes the surgeon s religion a faith that must sometimes repudiate science and transcend diagnosis

CHRONIC MENINGITIS IN WEIL'S DISEASE

BY

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This note describes a case of Weil s disease associated with chronic meningitis and is of interest not only because the first evidence of meningitis was observed four months from the beginning of the disease but also because leptospira were recovered from the cerebro spinal fluid six months and from the urine of the patient eight months after the onset of the illness The patient was a farm labourer aged 35 years and his illness is summarized in the following notes

History of Illness

The patient lived in Ireland until a year ago when he came to England to work on a farm near Lancaster his work does not appear to have exposed him in any particular way to the risk of a leptospiral infection but there were many rats about the farm Until December 1935 he had always enjoyed good health

He was admitted to a hospital in Lancaster on December 16th 1935 suffering from a febrile illness which had begun between one and two weeks previously He was jaundiced and *Leptospira icterohaemorrhagiae* were found in the urine Within a week of admission the temperature fell to normal but there was a further slight rise about the tenth and eleventh days after which the patient s condition improved and the jaundice gradually disappeared The attack was apparently typical Weil s disease but recovery was not complete and early in January there was a slight irregular fever He was given an intravenous injection of 0 1 gramme of sodium potassium bismuth tartrate on January 25th 27th and 31st but as this was followed by a severe fever with a temperature of 103 F on February 4th and later by an itching scaly eruption all over the face trunk and limbs no further injections were given The rash slowly disappeared but he had a moderately severe and irregular fever until the beginning of March His temperature then became normal and he improved sufficiently to be allowed out of bed although he still remained in hospital Towards the end of March the fever recurred and early in April just over four months after the date of his admission he began to suffer from severe headaches The headaches were at first relieved by simple remedies and later by lumbar puncture but finally such measures produced only slight and transient relief The patient s vision then began to fail and the temperature was persistently swinging each day between 99 and 101 F the headache became intense and the general condition was obviously becoming very serious The cerebro spinal fluid was examined on May 14th and was found to be under increased pressure and to contain an excess of cells the Lange curve was 0001221000 and the Kahn reaction negative

The cause of the meningitic reaction was not determined and as the patient s condition was steadily deteriorating he was transferred to the Liverpool Royal Infirmary, where he was first seen by me on May 20th

General Examination

He was lying curled up on his left side, with the bedclothes drawn over his head. There was no jaundice, but he was pale, with flushed cheeks, and extremely wasted and weak. Cerebration was slow.

Cardiovascular System.—Heart rhythm regular, 80 per minute, apex beat in fifth space within nipple line, heart sounds faint, with soft systolic bruit at all areas. Blood pressure 120/78 mm. of Hg. No evidence of haemorrhages into skin or mucous membranes, but the left fundus oculi showed generalized oedema of the retina, with haemorrhages near the disk, the right fundus was not seen (*vide infra*).

Respiratory System.—Respirations, 18 per minute, chest movements symmetrical, percussion normal, fremitus and resonance normal, breath sounds normal, and no adventitious sounds. There was a little cough, but the scanty sputum showed nothing of significance.

Alimentary System.—Some redness of the fauces, but otherwise nothing of moment.

Genito-urinary System.—Apparently normal, excepting for slight phimosis. Urine clear, acid, no albumin, no sugar, centrifuged deposit consisted of amorphous urates with very occasional leucocytes, no organisms seen in ordinary examination or by dark-ground illumination.

Central Nervous System.—Cerebration depressed, severe persistent headache, rigidity of neck. Generalized weakness, but no obvious objective motor or sensory disturbances, and no evidence of any cranial nerve lesion. (The vision was poor, but there was gross damage to the media of the right eye, and definite oedema of the left retina. The right pupil was fixed by adhesions, and therefore reacted poorly to light (*Vide infra*.) Knee-jerks feeble, but present and symmetrical, plantar reflexes flexor.

The liver was not apparently enlarged, but the spleen was palpable one and a half inches below the costal margin, and there were small palpable glands in the neck, axillae, and groins.

These findings suggested a generalized infection with meningitic involvement, and the following further examinations were therefore carried out.

Cerebro spinal Fluid.—Appearance very faintly opalescent, fibrinous clot on standing. Pressure 250 to 280 mm. of water. Protein moderate increase. Chlorides 613 mg. per 100 c.cm. Sugar normal. Non-protein nitrogen 15 mg. per 100 c.cm. Cells 173 per c.mm. (60 per cent. polymorphs 30 per cent. lymphocytes, and 10 per cent. large degenerated cells). Wassermann reaction negative in all dilutions. Cultures remained sterile at 37° C. for three days.

Blood.—Erythrocytes 2,400,000 per c.mm. Halometer reading 7·4μ. Haemoglobin 45 per cent. Colour index 0·9. Leucocytes 7,500 per c.mm. Films: erythrocytes normal excepting for slight basophilia and polychromasia. Leucocytes normal in appearance and relative proportions. No parasites seen. Van den Bergh reaction: direct negative, indirect less than 0·5 units. Non-protein nitrogen 40 mg. per 100 c.cm. Agglutination completely negative with *B. typhosus* O. and H, *B. paratyphosus* A. and B, and with *B. melitensis* and *B. abortus*. Cultures remained sterile at 37° C. for three days. Wassermann reaction negative.

Urine obtained by catheter remained sterile in culture at 37° C. for two days, and the faeces were chemically and bacteriologically normal.

The heart and lungs appeared normal on *x*-ray examination, and there was no *x*-ray evidence of any abnormality in the skull.

Mr. McKie Reid, the ophthalmic surgeon, examined the eyes, and reported: "Right eye: pupil irregularly bound down with exudates of an old iritis, organizing vitreous haemorrhage present; fundus details not seen. Left eye: pupil reacts normally; media clear, slight generalized juxtapapillary oedema of retina, striate haemorrhages near disk along superior temporal vein."

Diagnosis

When the results of the various examinations were obtained it was thought that the most probable diagnosis was that of tuberculous meningitis, although the duration of the meningitis and the high percentage of polymorphonuclear cells in the cerebro spinal fluid two months from the onset gave rise to doubts as to the correctness of this view. The possibility of the meningitic infection being due to *Leptospira icterohaemorrhagiae* was discussed, but without conviction, because although meningitis is a well known complication of the acute stage of Weil's disease so far as was known it had never been described as occurring so long after the onset of the disease, while, furthermore, the total duration of a leptospiral infection in man was considered to be very much shorter than the duration of this patient's illness. However, in view of the doubt about the diagnosis, and the failure to demonstrate any organisms in the cerebro-spinal fluid, a second lumbar puncture was performed on May 25th. The fluid obtained on this occasion was immediately centrifuged at high speed and a sample of the deposit carefully examined microscopically, both in the ordinary way and by dark ground illumination, but no organisms were seen.

The greater part of the deposit, suspended in a few cubic centimetres of the supernatant fluid, was then inoculated into two healthy guinea-pigs, which were isolated and carefully observed. On June 4th one of the guinea-pigs was obviously ill, and *L. icterohaemorrhagiae* were discovered in its blood. This animal died on the following day, and at post-mortem examination presented signs of Weil's disease, typical of a guinea pig inoculated directly from man.

The tissues were jaundiced, and showed small scattered haemorrhages. Macroscopically the liver was not grossly abnormal, but microscopically it presented areas of fatty degeneration and necrosis. Haemorrhages were found in the kidneys, and the urine was rich in leptospira. The adrenals were enormously enlarged and haemorrhagic. The spleen and lymphatic glands were slightly enlarged and the lungs showed irregular haemorrhagic areas. Leptospira were demonstrated in the organs by silver impregnation, and I am indebted to Dr. A. J. Walker for the preparation of these sections.

Before the death of this animal its blood was inoculated into further guinea-pigs and into medium consisting of five parts physiological saline and one part rabbit serum, and heated to 56° C. for thirty minutes. The strain has since been maintained by culture in this medium at 30° C., and for a time it was also maintained by passage through guinea-pigs. The guinea-pig of the sixth passage, however, became spontaneously cured, and further animals inoculated with this guinea-pig's blood, while it still showed leptospira, failed to become infected. The strain appeared, therefore, to be only moderately virulent for guinea-pigs and, in fact, the second of the two animals inoculated directly from the patient's cerebro spinal fluid showed no signs of infection during an observation period of more than six weeks.

Further Investigations

In view of the results obtained above, the patient's cerebro-spinal fluid, blood, and urine were further examined on June 6th. In no instance were leptospira found directly by the microscope, and animals and cultures inoculated from the cerebro-spinal fluid and blood remained negative over an observation period of several weeks. Two guinea-pigs however, inoculated with the deposit obtained by high-speed centrifugation of the patient's urine became infected and died of typical Weil's disease ten days later.

Samples of the patient's cerebro spinal fluid and blood serum were then sent to Major H. C. Brown and Dr.

J C Broom who very kindly examined the serological reaction of these fluids with various strains of leptospira possessed by them Their preliminary report stated that both the patient's serum and cerebro spinal fluid were completely negative by agglutination test with their following strains of leptospira Jackson, *canicola* dog IX, and by adhesion test with their strain 'Rachmat' A further supply of serum was sent to them together with subinoculated guinea pigs and cultures obtained from the animal infected directly from the patient's cerebro spinal fluid The results of their subsequent tests were as follows

Agglutination Tests

Serum	Strain	Agglutination with Serum in Titre of					
		1 in 10	1 in 30	1 in 100	1 in 300	1 in 1 000	1 in 3 000
Patient	Patient's	Trace	0	0	0	0	0
"	Jackson	0	0	0	0	0	0
Known positive	Patient's	Trace	+	+	+	+	Trace
" "	Jackson	0	+	+	+	+	Trace

Adhesion Tests

Serum	Strain	Adhesion with Serum in Titre of 1 in 20
Patient's "	Patient's	Weakly +
"	Jackson	0
Known positive "	Patient's	+
" "	Jackson	+

Professor Schuffner who was in London at the time very kindly interested himself in the matter and on his return to Amsterdam tested the patient's serum against various strains of leptospira, with the following agglutination results

Jackson English strain	+ 1 10
Schermerhorn Dutch strain	+ 1 30
Wijnberg Dutch strain	0
Schermerhorn formalin	0
Wijnberg formalin	0
Weil Berlijn German strain	0
Swart van Tienen Indian strain	0
Rachmat Indian strain	0
Salinem Indian strain	0
Hebdomadis B Japanese strain	0
Moskou Russian strain of mud fever	0
Hond Utrecht IV Dutch dog strain	0
Allane Dutch dog strain formalinized	0
Hond HC Indian dog strain	0
Waz, water spirochaete	0

These results show that, while the patient's leptospira were agglutinated by Major Brown's known immune serum the patient's own serum had only a feeble action against his own leptospira and apart from slight action against the 'Jackson and 'Schermerhorn strains no action against a number of strains of leptospira The practically complete absence of specific agglutinins from the patient's serum was remarkable in view of the long duration of the disease and it seems not unreasonable to assume that the chronicity of the illness must have been associated with an infecting strain of low virulence and with a feeble immune body response by the host

Treatment

Although repeated lumbar punctures and reduction of the pressure of the cerebro spinal fluid together with intravenous hypertonic saline produced temporary remissions of the headache the irregular fever continued and the patient's condition was deteriorating

A quantity of antileptospiral horse serum was therefore obtained This serum agglutinated the patient's leptospira at a titre of 1 in 300 with a trace of agglutination at a titre of 1 in 1 000 On June 17th 15 c cm of cerebro-spinal fluid were removed and were replaced by 10 c cm of this serum During the next twenty-four hours the patient had an exacerbation of symptoms with very severe headache and vomiting He then improved considerably and his temperature was normal for a week but on the eighth day the temperature rose and he had a severe attack of serum sickness with generalized urticaria, oedema, and joint pains lasting some days His nervous symptoms however were definitely alleviated the headache completely disappeared, and he became mentally bright and alert, his general condition also improved The only other treatment given at this time was a course of pil ferri 15 grains thrice daily for the anaemia

On July 15th the cerebro spinal fluid was again examined The pressure was 120 mm of water there was an increase of protein and, although quite clear the fluid contained 330 red cells per c mm but nevertheless the white cells were only 2 per c mm the chlorides were 689 mg per 100 c cm, and the sugar 40 mg per 100 c cm The fluid was inoculated into guinea pigs and culture medium, but no leptospira were recovered The blood and urine were also examined directly and by inoculation into guinea pigs and medium but no organisms were demonstrated Nevertheless the patient continued to run a slight irregular temperature, and he occasionally complained of pain in the left side of the abdomen Furthermore urine examined on July 23rd contained leptospira as one of the two guinea pigs inoculated on this day with the centrifuged deposit died of Weil's disease twelve days later

Also on July 23rd in view of the persistent pyrexia 20 c cm of the antileptospiral horse serum were administered intramuscularly Although this injection was preceded by a series of small graduated doses in an endeavour to desensitize the patient it was followed within a few hours by a sharp reaction with a temperature of 103 F a rigor, and vomiting In view of the agglutination titre of this serum against the patient's strain it seemed quite likely that this dose would prove insufficient and I suggested therefore before going on holiday that it might be necessary to obtain more serum The patient was also ordered campolon 4 c cm intramuscularly on alternate days, and ostocalcium tablets 21 grains thrice daily by mouth These preparations were continued for about a fortnight but no further serum was given as at the end of this period the patient's general condition had so much improved that he was allowed out of bed Although there were subsequently a few mild febrile oscillations never higher than 100 F the general progress continued and at the beginning of September the patient was looking and feeling very well The temperature had become normal the spleen was only just palpable the vision had improved remarkably and the urine by repeated tests was apparently free from leptospira Convalescence was interrupted by a short febrile attack associated with a small interlobar pleural effusion at the right base but no evidence was obtained that this was due to leptospira

Discussion

The two outstanding features of interest in this case are the long duration of the infection and the late onset of meningitic symptoms Usually Weil's disease takes the form of a febrile illness of abrupt onset with a primary pyrexia lasting about seven to ten days followed by a secondary rise of temperature of a few days duration during the third week Jaundice may or may not be

present, and as the illness progresses large numbers of leptospira are usually to be found in the urine Although convalescence is frequently slow, the fever and spirochaeturia are rarely much prolonged beyond the fifth or sixth week

Garnier and Reilly (1917) have, however, observed a certain number of cases where the febrile attacks were abnormally prolonged, and they record two cases where leptospira were recovered from the urine up to 100 and 103 days respectively In the first of these cases there was a series of febrile relapses over a period of more than three months, and leptospira were recovered from the urine on the occasion of each relapse, and for the last time on the hundredth day During the course of this illness the liver and spleen became definitely enlarged, and there was slight but persistent jaundice, so that the authors remarked that this hepato-splenic form of Weil's disease resembled what had been described as Hanot's disease In their second case jaundice was slight, and had disappeared by the twenty-seventh day, but successive attacks of fever continued until the sixty-second day Leptospira were still found, however, up to the hundred-and-third day, by which time the patient was definitely convalescent Although this patient could hardly be classed as a "carrier' in the usual sense of the term, it is not without interest to note that the parasites persisted in the urine for a month after the patient had become afebrile

As already stated, usually by the early part of the second month the urine in Weil's disease is free from leptospira, and only rarely do the organisms persist to the end of this month, so that the duration of infection in the two cases quoted is exceptional The case recorded in the present note is remarkable, then, for the extraordinarily long duration of the infection, the patient was ill and febrile for between eight and nine months, and leptospira were demonstrated in the urine more than thirty-three weeks from the onset of the disease

The other interesting feature of the case concerns the late onset of the symptoms of meningeal invasion and the recovery of the organism from the cerebro-spinal fluid practically six months from the beginning of the illness

Although meningitis is a well-known complication of Weil's disease it almost invariably occurs during the early acute stage of the illness Costa and Troisier (1917), reviewing a series of such cases and summarizing the dominant features, state that leptospiral meningitis is of abrupt onset, that it arises during the acute stage of the general infection, that the meningeal symptoms undergo remission and relapse in harmony with the course of the general infection, that the evolution of the meningitis is always favourable, that the prognosis is dictated solely by the general condition of the patient, that the meningeal infection leaves no sequel, and that normal function is completely recovered Furthermore, these authors draw attention to an important point when they add that in those cases where jaundice is absent the meningeal symptoms may completely dominate the clinical picture In this latter connexion it may be remarked that a number of cases of meningitis with acute onset, relatively short benign course, and no apparent epidemiological relationship to any known infectious meningeal disease, have been described from time to time under a variety of names, and are often referred to as examples of acute aseptic meningitis In these cases the cerebro-spinal fluid shows an increase of pressure and a polymorphonuclear or lymphocytic pleocytosis, but is sterile on culture It may not be without interest that five of a number of such cases in Paris, described by Laubry and Foy (1910), Laubry and Parvu (1910), and Guillain and Richet (1910), were associated with jaundice, and that Rist (1910), in discussion, remarked that there were simultaneously in Paris many cases of benign infectious jaundice It must be admitted that the few animals, including guinea pigs, inoculated with cerebro-spinal fluid from a number of the cases of meningitis remained quite well, and although at this time the causal organism of Weil's disease had not been recognized, the occurrence of Weil's disease in them would hardly have been overlooked It is to be remembered that even guinea-pigs often prove refractory to inoculation with leptospira Investigation of suspected cases must embrace, if necessary, repeated examination of the cerebro-spinal fluid The urine should likewise be examined, and it is worth noting that a greater measure of success may often be obtained if it is first rendered alkaline by treating the patient with alkalis In addition, the results of agglutination tests with the patient's serum are of considerable value

It is, of course, not suggested that cases of acute aseptic meningitis are necessarily examples of Weil's disease, but in the presence of any meningitis of unknown origin it would seem useful to consider the possibility of leptospiral infection This is emphasized because the fact that a leptospiral infection may have no other clinical manifestation than that of a pure meningitis seems to require wider recognition, as is apparent from the following quotation taken from a recent paper by Mollaret and Erber (1935) dealing with the diagnosis of this syndrome

"Incidément nous soulignerons la frequence relative de cette affection Pour la derniere saison épidémique de la spirochétose, nos examens à l'Institut Pasteur nous donnent un total d'une vingtaine de cas probables de formes meningees pures Une telle maladie exige donc d'etre mieux connue et peut être specialement à l'étranger En effet lors d'un séjour à Londres, en juillet aout 1935 l'un d'entre nous a pu constater que de tels faits paraissaient absolument inconnus des cliniciens anglais D'autre part, à l'Institut Wellcome le Dr Brown, qui effectue practiquement pour la Grande Bretagne la totalité des recherches serologiques concernant la spirochétose ictéro-hemorragique, n'avait jamais eu l'opportunite d'étudier un cas de ce genre

En Allemagne, aucune mention correspondante ne figure dans le grand traité de Bumke et Foerster (1935)"

Marie and Gabriel (1935), describing what they call an epidemic of spirochaetal meningitis in children, state that there was no certain clinical sign indicating the spirochaetal nature of the disease, which was only detected by sero-diagnostic tests and by infecting guinea-pigs from the urine of one of the patients Schuffner and Walch-Sorgdrager (1936), recording their observations on twenty-five cases of Weil's disease with meningeal symptoms, point out that meningitis occurred in 12 per cent of the cases without jaundice, and they add that in meningitis of obscure origin the possibility of Weil's disease should be considered Troisier, Barnety, and Macrez (1935) have described a simple febrile form of leptospirosis without jaundice, haemorrhages or any meningitic syndrome, and Kourilsky and Mamou (1935) have recorded forms without jaundice, but with symptoms suggesting influenza

Typical Weil's disease is now being more widely recognized in England and elsewhere, and it may well be that atypical forms will be found with increasing frequency as clinicians keep in mind their possibilities Among the number of authors who have discussed the meningitis of Weil's disease there seems to be general agreement that the nervous involvement is an acute disease, and that, where there is a typical attack of Weil's disease, the meningitis accompanies the acute phase of the general infection

While it is possible that in the case recorded in the present communication leptospira may have invaded the meninges during the typical stage of the infection, there was no nervous involvement of sufficient degree to attract any attention. The present case differs from those previously recorded in that the first manifestations of meningitis occurred more than four months after the onset of the illness. The only other record having any resemblance to this appears to be one given by Davidson and Smith (1936) who investigated an outbreak of Weil's disease in Aberdeen. They state that

> An interesting type of meningitis occurred in Case 32 six weeks after all signs of spirochaetal infection had passed. The patient was discharged from the City Hospital on 18/35 and was admitted to the wards of the professor of medicine, Royal Infirmary, Aberdeen, on 9/9/35 suffering from headache and great stiffness of the neck. Kernig's sign was present. The optic disks were swollen (2 D) and the edges blurred. No haemorrhages or exudates were seen. Lumbar puncture revealed a turbid fluid under pressure (265 mm.). Examination of the cerebro-spinal fluid revealed large numbers of cells, mostly polymorphonuclear leucocytes. Sugar 0·018 mg. per cent. Chlorides 657 mg. per cent. Total protein 50 mg. per cent. No organisms could be seen in the stained films or cultivated from the cerebro-spinal fluid. It was believed that the most likely diagnosis was a mild attack of meningococcal meningitis. Accordingly the daily removal of cerebro-spinal fluid was made and intrathecal injections of anti-meningococcal serum were given. The temperature remained elevated (100° to 102° F.) for twenty-three days, papilloedema gradually subsided, and the patient was discharged from hospital apparently cured. She was seen by one of the writers two months afterwards when she was in perfect health and no signs of central nervous system disease were present. The cause of this aseptic meningitis was never established nor could any definite conclusions be drawn in regard to its connexion with the preceding attack of leptospiral infection.

In this case the meningitis did not arise until six weeks after the patient had apparently recovered from the attack of Weil's disease. Nevertheless her cerebro-spinal fluid was not inconsistent with a leptospiral infection in that there was an increase of pressure, a polymorphonuclear pleocytosis, an increase in protein and diminution in chloride, while no organisms were found in stained films or by culture. A tuberculous infection was unlikely since two months later the patient was found to have made a perfect recovery.

The case recorded in the present communication differs, however, from this Aberdeen case in the following particulars. First, the present case arose during the course of an extraordinarily chronic but nevertheless active attack of Weil's disease and there was no asymptomatic interval or period of apparent recovery between the primary attack and the onset of meningeal symptoms. Secondly, the nervous involvement progressed steadily over a period of two months and until specific treatment was instituted, showed no sign of improvement or of remission.

In conclusion this case demonstrates that Weil's disease may be a much more chronic infection than hitherto considered, and it shows an interesting and possibly significant fact in that the patient's urine contained leptospira thirty-three weeks from the onset of the disease. It also reveals that meningitis of a progressive type may arise at a late stage in the present instance months after the typical manifestations of Weil's disease had subsided and the jaundice had long disappeared. Finally there is the anomalous finding that the patient's serum possessed practically no power of agglutinating the specific organism.

Summary

1. A prolonged case of Weil's disease associated with *meningitis* of a progressive type is described.

2. No sign of meningitis was recorded during the early typical stage of the disease which was accompanied by jaundice and the first evidence of meningeal invasion was only observed four months after the beginning of the illness.

3. Although the patient had apparently had an attack of visceral Weil's disease in December 1935 and was still infected months later it is to be noted that both his serum and cerebro-spinal fluid possessed practically no agglutinating power against the infecting organism and against various other strains of leptospira.

4. The diagnosis was made by demonstrating the *organism in the cerebro-spinal fluid and urine by guinea-pig* inoculation.

5. Leptospira were recovered from the cerebro-spinal fluid and from the urine up to twenty-five and thirty-three weeks respectively from the onset of the disease.

6. Until an anti-leptospiral serum was administered the illness was apparently steadily progressive.

7. The meningitic manifestations of Weil's disease are discussed, and since the disease may occur without jaundice attention is particularly drawn to the necessity for considering this infection in any obscure case of meningitis. Indeed since Weil's disease may fail to present any specific syndrome its possibility should be borne in mind in any case of obscure pyrexia.

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C. D. Bartels (*Hospitalstidende*, September 15th, 1936, p. 2) reviews his experience of 230 cases of hypertrophy of the prostate. Seven cases of cancer were found in the group of ninety-one patients on whom prostatectomy was performed. In none of these cases was the diagnosis of cancer made before the operation. There were altogether eighteen cases of cancer among the author's prostatic patients and in as many as three of them the cancer developed a considerable time—one six and twelve years respectively—after the prostatectomy. In none of these three cases had a histological examination of the removed prostate shown any sign of cancer at the time of operation. With regard to operative treatment the author insists that to ignore the findings of functional renal tests is to court disaster but he tempers this warning with the reservation that no one functional test is sufficient as a guide to operation and that a single unsatisfactory report of a functional test should not warrant forthwith the stamping of a case as inoperable seeing that the renal disease of prostatics is eminently curable and can disappear under treatment with a catheter or cystotomy. In the preparation of the patient for an operation it is important not only to relieve the back pressure on the kidneys but also to allow plenty of time for the adequate regeneration of the tubular epithelium. And this may take weeks and months and in some cases even years

NUTRITIONAL ANAEMIA IN THE EAST END OF LONDON

BY

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The investigation described in the present communication was undertaken in an attempt to gain some idea of the incidence of so called nutritional anaemia among the poorer-class children of the East End of London The subjects of the study comprised some 290 patients admitted during the past two years under my care to the Princess Elizabeth of York Hospital for Children It might be argued, of course, that this is not suitable material for the purpose, and admittedly complicating factors such as hydraemia and anhydraemia may be introduced and so obscure the true state of affairs However, much of our knowledge of the physiological has been obtained from a study of just such material, and the uniformity of the findings would seem to go some way in disposing of this objection Nevertheless, the nature of the material must be borne in mind when evaluating the results and attempting any application to the population as a whole In this regard it was felt at the outset that in view of the current belief that anaemia increases the morbidity rate a specially high incidence of anaemia would be found in this particular section of the population, but, as will be seen from the records which follow, this expectation was not fulfilled

There has been no selection of the material excepting that a few examples of leukaemia, acholuric jaundice, anaemia following haemorrhage of the newborn, purpura haemorrhagica, and coeliac disease (all conditions in which nutrition does not play a specific part) have been excluded Children suffering from acute pulmonary disease (pneumonia), pyelonephritis, meningitis, rheumatic infection, gastro-enteritis, and debility are however, included A certain proportion of the children presented absolutely no signs of disease and had come under observation because of indefinite malaise The children, varying in age between a few days and 14 years, all underwent one blood examination within a day or so of their admission to hospital, and in the classification of the results no distinction is drawn between the sexes, because it was found that the curves for boys and girls were identical

The patients admitted to the Princess Elizabeth of York Hospital come from the poorest stratum of society, the fathers for the most part being casual labourers, 25 to 30 per cent of whom were during the time of the inquiry the victims of unemployment It is also worth remembering in this connexion that the district surrounding the Princess Elizabeth of York Hospital was quoted in the recent Government survey of housing as the black spot of the country for overcrowding Here surely, if anywhere, nutritional anaemia might well be expected to abound

The blood was taken from the ear, except on a few occasions when the finger was the source, and the haemoglobin was estimated in all instances by Haldane s method, the test colour being standardized at least every four months As the object of this investigation is to obtain some measure of the incidence of anaemia, and of its severity when present it is apparent that this can be attained only by finding how the individual figures fall in relation to the normal or physiological limits An average of the findings would not only be quite useless for such a purpose but might be quite misleading, because with such a method any unduly low readings might be more than compensated for and obscured by others abnormally high Hence in the charts (I and II), demonstrating the findings, the individual estimations are shown in relation to the accepted range of the normal, the lower level of which is represented by a continuous line This lower level—the borderline of anaemia—corresponds to a level of 10 per cent below the average given by Hutchison (1909) and by Holt and McIntosh (1933) as found in healthy children In this connexion it may be pointed out that this level is in close agreement with the minimal findings recorded in healthy children by Merritt and Davidson (1933) of New York, Drucker (1923) of Copenhagen, and by Perlin (1903) of Berne

Haemoglobin Content

In Chart I are plotted the individual haemoglobin estimations, shown for each month during the first year of life and for each year thereafter up to 14 years The continuous line on the chart shows, as already noted, the lower limit of normality according to the findings of various authors in large numbers of healthy children resident in Europe and America It will be noted that the general trend of the haemoglobin reveals the well-known high level present immediately after birth, the rapid fall during the early weeks of life but tapering off later, and the recovery during the later months of infancy, which is continued throughout childhood

It will be noticed also that a certain number of estimations fall below the level of normality The majority of these, however, occur during the first months of life, and these examples of anaemia are probably the result of congenital causes In many instances the low reading may be simply an expression of haemolysis of the newborn, whatever the cause of this may be, which is acting in an abnormal degree In some cases the cause may be prematurity, with a consequent insufficient store of iron at birth, or it may have been due to anaemia of the mother and her inability to supply the normal needs of the foetus How far these different aetiological factors were at work in our cases we cannot say, but in some of them the anaemia was due to severe maternal haemorrhage during labour, or undue bleeding from the cord, both of which factors, we think are not sufficiently considered in attempts to account for anaemia in the very young infant

We have had under observation during the first week of life twins, one of which (the first born) was quite normal, whereas the other (the second born) was markedly anaemic, and the only discoverable aetiological factor was a severe uterine haemorrhage between the delivery of the first and second twin But whatever may be the cause of these examples of anaemia during the first three months, a dietetic factor (deficient intake of iron) cannot be invoked, as it has never been found possible to prevent the fall in haemoglobin at this age by the administration of iron in ample amounts One specially remarkable feature in the results is the extreme rarity of low readings during the latter half of infancy (6 to 12 months) in view of the current opinion that nutritional anaemia is very common at this age

Although the majority of pathological findings in the cases here recorded were during the first three months of life, a few were met with throughout the whole period of childhood This, of course, is not to be wondered at, since many of the children were moderately ill on admission to hospital and suffering from such conditions as pyelonephritis, septic bronchiectasis bronchopneumonia, and rheumatic carditis and pericarditis But the really striking feature of the investigation is that for the most

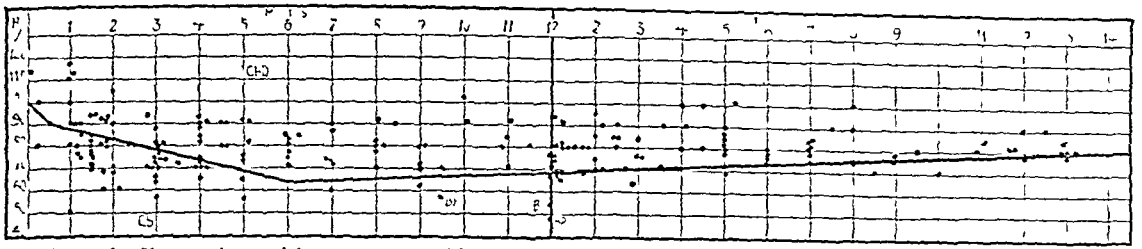


CHART I—Showing haemoglobin estimations The black line shows lower limit of normal CS = congenital syphilis M = meningitis B = bronchopneumonia P = Pyelonephritis CHD = congenital heart disease

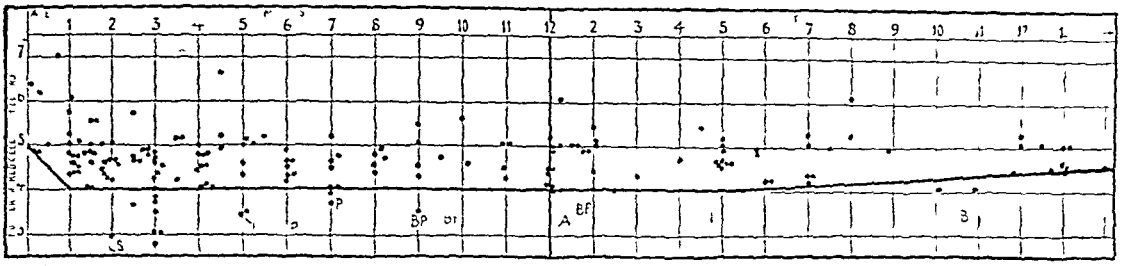


CHART II—Showing red cell estimations The black line shows lower limit of normal M = meningitis P = pyelonephritis BP = bronchopneumonia A = septic arthritis N = nephritis B = bronchiectasis C = congenital syphilis

part the readings fall within the range of the physiological, and therefore do not suggest any great incidence of anaemia of a nutritional or any other variety

Red Cell Count

In Chart II the red cell estimations are represented in the same manner as were those for haemoglobin The continuous line delimits the lower range of the physiological according to Hutchison (1909) and Holt and McIntosh (1933) and thus it is only those readings which fall below this level that can be taken as evidence of anaemia The red cells show the same general behaviour as the haemoglobin—a fairly wide variation, a high initial value, and a fall during early infancy with a later recovery, which is continued throughout childhood In the case of the red cells just as was noted with regard to the haemoglobin the great majority of the figures fall within the range of the physiological And again the majority of anaemic readings are during the first months of life although an occasional slightly subnormal value is observed at every period of childhood But it will be noted that for the most part these low readings were found in examples of severe toxic conditions, in which a more probable aetiology is seen than in that of a deficient iron intake Another feature deserving comment is the parallelism between the haemoglobin and red cell estimations a fact which by itself militates against any idea of nutritional anaemia

Conclusions

1 Examination of the blood of the sick child in the East End of London reveals for the most part normal haemoglobin and red cell values

2 Anaemia when present during infancy is most frequent during the first three months and is probably the result of congenital causes or of haemorrhage at birth

3 Anaemia occurring during later infancy and childhood is rare, and when present, is probably the result of toxic conditions

4 There is no evidence from the section of the population studied that nutritional anaemia is common

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DIAGNOSIS OF MALIGNANT DISEASE OF THE PHARYNX

BY

ROBIN PILCHER, F R C S

First Assistant in the Surgical Unit University College Hospital

It is now about a quarter of a century since the technical difficulties of the surgical treatment of cancer of the pharynx were solved The chance of cure which lateral pharyngotomy holds out might have been expected to stimulate interest in the early diagnosis of this common form of malignant disease It is a fact however that recognition of these growths in their early stages upon which any successful application of surgical excision depends is still a rare event

Before describing in detail the symptoms of carcinoma of the pharynx there are two points which I wish to emphasize The first is that the early symptoms of this disease are trivial in nature but although superficially resembling trivial symptoms of less significance they have certain peculiarities which should always arouse suspicion of malignancy The lack of familiarity with these early symptoms is doubtless largely due to the overwhelming nature of the major symptoms which always supervene sooner or later The patient with severe dysphagia urgent dyspnoea or continual pain is unlikely to dwell on the minor disturbances which preceded them, and in the presence of an obvious case of malignancy there is little temptation to the busy practitioner to probe into the past history

The second point is that in the majority of cases when symptoms first appear, some abnormality can be seen by

indirect laryngoscopy it is in a wider use of this simple method of examination that there lies most hope for an improvement in diagnosis The use of the laryngeal mirror is not the prerogative of the specialist, nor for the purpose with which we are concerned does it require the specialist's skill In what follows the elaboration of these two points will be my chief object

Distribution

The tumours which I have chosen to discuss fall within the anatomical limits of the epiglottis above and the lower border of the cricoid cartilage below Those above the epiglottis do not present the same difficulties in diagnosis, being, with the exception of the nasopharyngeal, accessible to direct examination Within these limits the vast *majority of malignant tumours* are squamous carcinomata In the oropharynx and nasopharynx the pathology is more varied, and many of the tumours are of lymphatic origin Below the epiglottis there is little lymphoid tissue in the pharyngeal wall, and tumours arising from it are very rare

Squamous carcinomata of the region defined fall into well-defined groups according to the sites at which the neoplasm starts, and it is one of the peculiarities of the disease that these groups have a very definite sex distribution These sites are (1) the epiglottis, (2) the aryepiglottic fold, (3) the lateral wall, (4) the pyriform sinus, and (5) the post-cricoid region For convenience the first four are grouped together as epilaryngeal, the fifth is often referred to as hypopharyngeal

The epilaryngeal cancers occur almost exclusively in men, the hypopharyngeal exclusively in women A further difference between them is that the hypopharyngeal tend to occur about ten years earlier than the epilaryngeal The anatomical distribution of 100 consecutive cases seen at this hospital in the years 1926–35 inclusive is shown in Table I, the age distribution of the same series in Table II

TABLE I —*One Hundred Consecutive Cases of Carcinoma of the Pharynx*

(Period of observation Ten years—1926–35)

Sex	Total Cases	Epilaryngeal	Post-cricoid
Male	70	70	None
Female	30	1	29

The epilaryngeal group includes tumours of the epiglottis the lateral wall of the pharynx, the aryepiglottic fold, and the pyriform fossa

Symptomatology

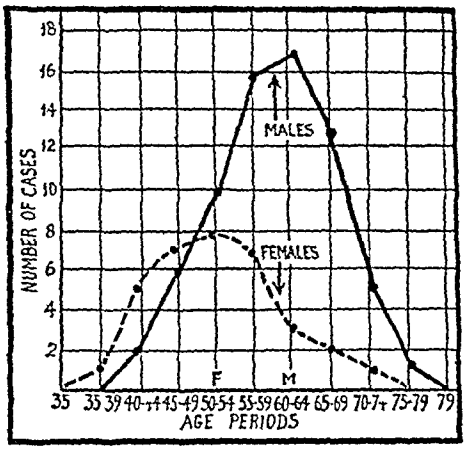
The symptomatology of the disease may conveniently be considered under the two main groups defined above It is not necessary to consider separately the four types in the epilaryngeal group Their differentiation is important to the surgeon, but of no moment in diagnosis

EPILARYNGEAL GROUP

The commonest early symptom in this group is a persistent abnormal sensation in the throat, which is variously described, it may be a sore throat, a tickle, a feeling of a lump or a little pain on swallowing Whichever of these it be, there are two features that should arouse suspicion of malignancy The first is that the patient is able to locate the sensation to a definite part of the throat, and the second is its persistence Sometimes the symptoms start with the supposed arrest of a crumb or small bone in the throat and the patient complains that his throat feels as if the foreign body were still present Too often of course the patient himself decides that nothing serious is wrong and neglects to consult his doctor until more urgent symptoms develop, but this failure to attach due importance to these sensations is by no means confined to the patient

Next in frequency among the initial symptoms is the presence of enlarged glands in the neck, this type of case will be considered later Another symptom that may be present early is some interference with the voice The presence of the tumour may alter the resonance of the voice, or it may infiltrate the arytenoids and limit the movements of the cords

TABLE II —*Age Incidence of 100 Cases of Cancer of the Pharynx*



Sooner or later dysphagia occurs, and at the time of admission this is most commonly the dominant symptom In some of our case histories dysphagia is the first symptom noted, but it is doubtful whether it ever occurs without any preceding abnormal sensations I have already mentioned the tendency to overlook minor symptoms when the major have supervened

POST-CRICOID CARCINOMA

In the history of the typical case of post-cricoid carcinoma there are two features which, if their significance were realized, would always arouse suspicion of malignant disease, but which unfortunately more often have the reverse effect of allaying such suspicion The first is that the patient says that she has for many years, sometimes all her life, had some slight difficulty with deglutition This all too often makes one suspect the patient of hysteria, whereas it is a most important indication of the possibility of post-cricoid cancer The second is that, when other symptoms are added, they are at first intermittent Perhaps the patient has a sudden difficulty during one meal with a fit of choking or a sensation of a bolus sticking in the throat, and then no more trouble for a week or two

The fact that the dysphagia is a single incident, or appears as a few such incidents separated by intervals of freedom, is very likely to lead to its dismissal as something trivial So important do I regard this combination of symptoms that I consider a single serious attack of dysphagia in a patient with a long history of slight difficulty to be an indication for a thorough examination, if necessary including oesophagoscopy

In the later stages dysphagia of a persistent type becomes the dominant symptom, overshadowing all others Owing to the position of the growth obstruction to the passage of saliva is usually a prominent feature when real dysphagia begins The saliva collects in a pool behind the arytenoids, and has frequently to be coughed up because it tends to overflow into the larynx I shall refer again to the importance of the pool of saliva in laryngoscopy

Interference with the movements of the cords is common in this type and sometimes a change in voice is the first symptom for which the patient seeks advice Another symptom that may occur early is a little pain and tenderness in the neck due presumably to extension of the growth outside the pharynx

Common to both groups, and in our series more frequent in the epilaryngeal is the occurrence of glandular enlargement as the first symptom Any patient at or past middle age who develops enlarged glands in the neck should be suspected of malignant disease The teeth and tonsils seldom give rise to such enlargements for the first time in the second half of life All too often, however, they are held responsible and removed In a case of carcinoma of the pharynx this is a most unfortunate error, since the elimination of oral sepsis always improves the condition of the pharynx and, if the growth is latent, diagnosis will be further delayed

There can be no doubt that sepsis plays an important part in the evolution of a pharyngeal cancer and its aggravating effect on the symptoms is such that the chances of early diagnosis are much greater when it is present than when the mouth is clean Moreover so dramatic may be the improvement after its elimination that no case can be dismissed as inoperable on the local signs in the pharynx before the teeth have been extracted It is perhaps unfortunate that the majority of women who develop post cricoid carcinoma are edentulous It may well be for this reason that when symptoms first occur *in this type the growth is often surprisingly large*

Some indication of the relative frequency of the symptoms enumerated is given in Table III It must be understood that these data are taken mostly from students case histories written with no special knowledge of the disease, and often all too brief

TABLE III—*One Hundred Cases of Cancer of Pharynx*

First Recorded Symptoms

Abnormal sensations in the throat males 30 females 13
- Sore throat
- Pricking sensation
- Intermittent soreness
- Dry throat
- Relaxed throat
- Tickle in throat
- Roughness in throat
- Pain on swallowing
- Pain in tonsil
- Excess of phlegm in throat
- Feeling of a lump in throat

Enlarged glands males 22 females 1
Dysphagia males 10 females 11
Hoarseness males 7 females 1

Dominant Symptom on Admission

Dysphagia males 32 females 25
Stridor males 4 females 1

Diagnosis

I shall refrain from any systematic account of all the possible manifestations of carcinoma of the pharynx since I am only concerned with the early diagnosis of the disease If a patient seeks advice for any of the symptoms enumerated previously it may be possible sometimes from palpation of the neck alone to decide that the patient is suffering from malignant disease In most cases however this is not possible, and there is only one method that is readily available whereby the significance of the symptoms can be determined—namely indirect laryngoscopy It follows that every patient who has a persistent or recurrent abnormal sensation in the throat should be examined with the laryngeal mirror In the majority of cases when symptoms first appear there will be some visible abnormality

I have already mentioned that no great skill is necessary to detect the signs of carcinoma of the pharynx with the laryngeal mirror In every clinical examination however it is useful to know what to look for and laryngoscopy in these cases should be performed with certain possibilities in mind The abnormalities that may be found are as follows

1 *Ulcer or Tumour*—The site and extent of the lesion is unimportant a single glimpse is all that may be necessary to show that a growth is present

2 *Swelling of the Arytenoids*—The mucous membrane over these structures is very sensitive to circulatory disturbances and readily becomes swollen in the presence of adjacent growth or sepsis If the arytenoids are swollen it indicates organic disease and it does not matter in the first instance if the growth cannot be seen

3 *Alterations in the Movement of the Arytenoids*—The arytenoids may be fixed by infiltration or by recurrent nerve palsy They are much easier to see than the vocal cords and in a difficult case it is much better to study their movements than to struggle for a glimpse of the larynx itself

4 *Abnormal Accumulations of Mucus or Pus* (i) *in the pyriform fossa and* (ii) *in the hypopharynx*—These two parts of the pharynx must always be examined during phonation which opens up the recesses and may reveal abnormalities not visible with the larynx at rest

It is not possible to see the whole pharynx in a single field of vision and it is therefore necessary to tilt the mirror to examine in turn the epiglottis the arytenoids and aryepiglottic folds the lateral and posterior walls the pyriform fossa and the hypopharynx Phonation is necessary to show the movements of the arytenoids and to open up the pyriform fossae and hypopharynx

In the epilaryngeal group an ulcer or tumour can usually be seen, except in the early pyriform cases In these the only abnormality may be an accumulation of muco pus in one pyriform sinus or oedema or limitation of movement in the adjacent arytenoid In the post cricoid group three stages may be recognized with the laryngeal mirror In the first there is an accumulation of mucus or muco pus behind the arytenoids in the second there is in addition some oedema of the arytenoids in the third the edge of the ulcer is seen projecting from the pool of mucus At any stage limitation of movement of the arytenoids may be observed

It is not to be supposed that indirect laryngoscopy solves all diagnostic difficulties in cases of carcinoma of the pharynx it will seldom fail however to reveal some abnormality It is a great responsibility to decide whether further investigation of a case with negative findings is necessary But if there is a reasonable suspicion of malignancy it should not be dismissed until all possible methods of investigation have been employed The only certain way to detect an early carcinoma of the hypopharynx is by oesophagoscopy and it requires courage to insist on this when the patient's symptoms are still of a trivial nature There is however no escape from the fact that this disease always starts with trivial symptoms and our only chance of making early diagnoses lies in regarding every case of persistent or recurrent abnormal sensation in the throat as a possible example of malignant disease

Since the practical applications of this principle will mean much extra trouble both for the patient and for the doctor it may well be asked whether there is anything to be gained by early diagnosis whether in fact it would not be better to leave the patient in peace until his serious

symptoms develop I can give you no dramatic statistics to confound the attitude of *laissez-faire*, but I can state and show by examples that the disease is curable by surgery

The results of the application of surgery in the 100 cases of carcinoma of the pharynx is shown in Table IV

TABLE IV—*Operative Treatment in One Hundred Cases of Cancer of Pharynx*

Operable
49 cases 35 males 14 females
Radical Operations Completed
25 males mortality 9, alive 4
14 females mortality 7, alive 3

You will see that the operability rate is fairly high, but it must be understood that "operable" in this hospital is a somewhat elastic term, many of those that were submitted to radical operation were really advanced cases The fact that operation can occasionally succeed in apparently hopeless cases may be taken as an indication that the type of growth is not essentially very malignant The mortality of the treatment is high, again partly on account of the advanced state of the disease in many cases, but also on account of the severity of the operation Seven of the hundred patients are alive as the result of surgical treatment alone, the longest interval since operation being ten years, the shortest eighteen months Other cases in this 100 have been relieved by radiotherapy, but there are as yet no long-standing survivals as a result of this treatment

These few successes show that these forms of malignant disease are curable by surgery It has yet to be shown that any other method gives better results But, whatever method of treatment is favoured, it will obviously have more chance of success if diagnosis is made early

Summary

Cancer of the pharynx begins with trivial but characteristic symptoms

A plea is made for closer investigation of minor disturbances of the voice and of swallowing

Indirect laryngoscopy is the most useful method of examination in suspicious cases

The disease is curable by surgical excision

ULTRA-VIOLET IRRADIATION IN THE TREATMENT OF VARICOSE ULCERS, VARICOSE ECZEMA, AND VARICOSE VEINS

BY

ALBERT EIDINOW, M B, B S Lond

Honorary Physician to the St John Clinic and Institute of Physical Medicine Pimlico and to the Light Department of the Radium Institute

When taking charge of the light department of the St John Clinic four years ago some ninety-two patients suffering from varicose ulcer and varicose eczema had been attending once or twice a week for over three years Although they had regularly received local treatment with ultra-violet rays emitted from the tungsten arc their lesions did not heal The technique of treatment was changed to methods which will be fully described, and after three months sixty-six of these patients were completely healed and discharged cured (72 5 per cent)

Briefly the technique adopted included (1) exposure of the ulcer and the skin area 1 to 1½ inches surrounding the edge of the ulcer to massive doses, equivalent to six erythema doses of rays, emitted from the quartz air-cooled mercury vapour lamp, (2) application of adhesive elastic bandages The result of such treatment has been consistently successful In past years many clinics and hospital out-patient departments have contained numerous patients attending regularly for long periods, months and years, for treatment of chronic varicose ulcer Much tiring labour applying dressings was the task of nurses, doctors, and their patients The difficulties of the economic 'home conditions" and finance of these patients made the task of healing varicose ulcers and the hygiene of clean limbs almost impossible Many such patients have to work for a living The introduction of elastic adhesive bandages has been a great boon The exposure to ultra-violet rays of wave-length shorter than 3,000 Angstrom units sterilizes the surface of the ulcerated area and augments the circulation this promotes the healing and makes the surface wound inoffensive and free from unpleasant odour

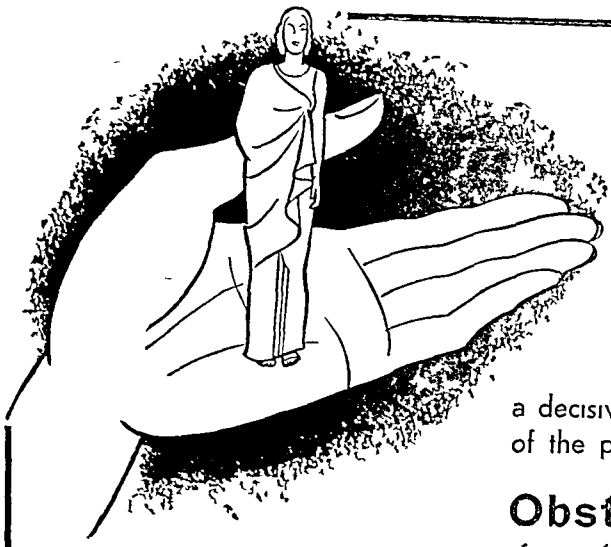
Technique of Treatment

The size and nature of the ulcerated area of skin is recorded by direct tracing over a piece of transparent tissue paper with a dermatograph pencil This tracing is transferred to a sheet of foolscap paper, and the area of unhealed skin is recorded week by week, so that observation as to the nature and rapidity of healing can be observed The leg and ulcerated area is then cleansed with acetone and oil of eucalyptus A piece of tissue crêpe paper is next applied to cover the whole leg The paper covering the ulcer and the skin area surrounding this for 1 to 1½ inches is cut away, and pieces of adhesive strapping are applied to support the paper covering the healthy skin of the leg and foot The ulcer area and surrounding skin is then exposed to the rays of the quartz air-cooled mercury vapour lamp at a distance of 12 inches for ten minutes A vacuum type of quartz air-cooled mercury vapour lamp, consuming 2 5 amperes and 105 volts between the electrodes is employed This is equivalent to five times the erythema dose of the normal white skin

Immediately after exposure the tissue paper is removed and an elastic adhesive bandage is tightly applied from the base of the toes, over the foot including the heel, and up the leg to the knee The patient is instructed to keep the bandage clean but not to interfere with it in any way It is kept on for one week, when the patient again reports The bandage is then removed, the skin is cleansed with acetone, and the treatment repeated Week by week the ulcer area becomes smaller and smaller until healing ultimately occurs

It is indeed amazing to see the clean ulcer area exposed when the bandage is removed Although this bandage has been left undisturbed for one week and covers a septic discharging ulcer, the surrounding skin remains clean, with no foul odour and no evidence of reinfection or undue inflammation The use of elastic adhesive bandage has been of great help in augmenting the circulation, supporting varicose veins, and healing varicose ulceration The application of erythema doses of ultra violet rays is of much value in accelerating the formation of granulation tissue and stimulating the skin cells

It is impossible to obtain a consecutive series of similar clinical types to make a critical comparison of the effect of elastic adhesive bandage alone and the added effect of exposure to ultra-violet rays The exposure of varicose ulcers to ultra-violet rays in mild suberythema doses is of no avail, more intensive dosage equivalent to five skin erythema doses causes local inflammatory reaction, and



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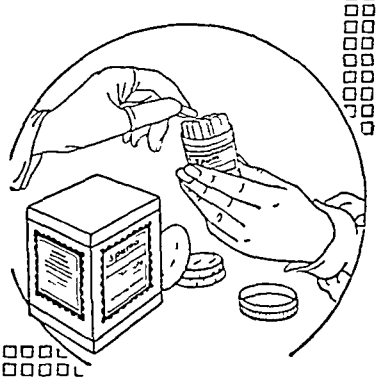
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Endometritis portio erosions *Spuman cum salicylic acid Spuman cum tannin Spuman cum ichthyol Spuman cum zinc sulphate*

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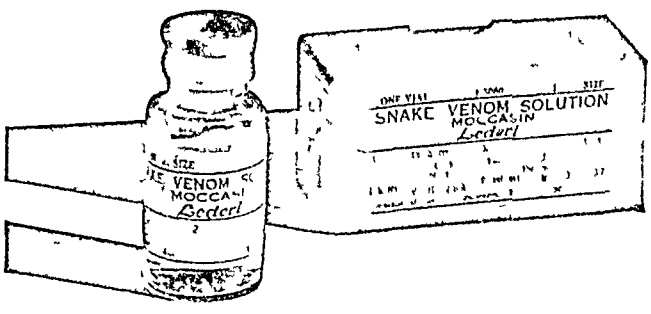
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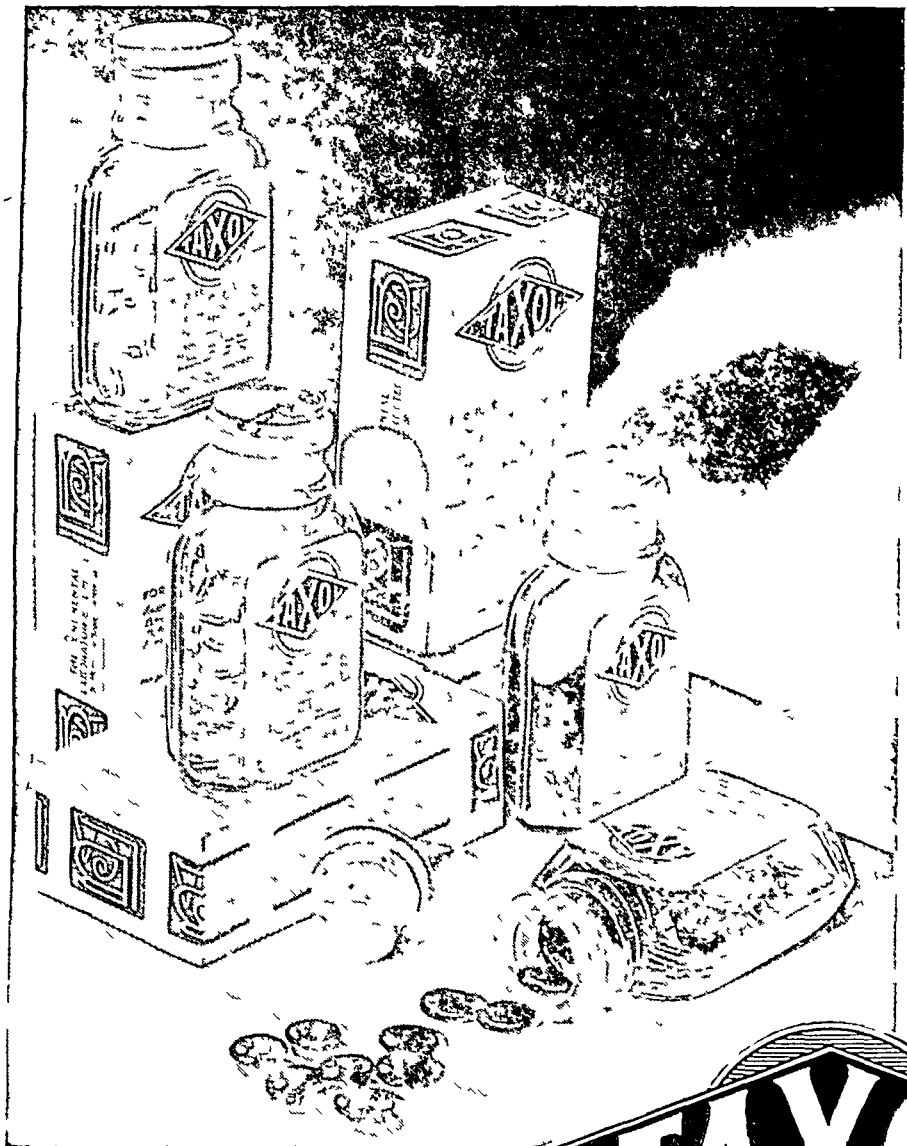
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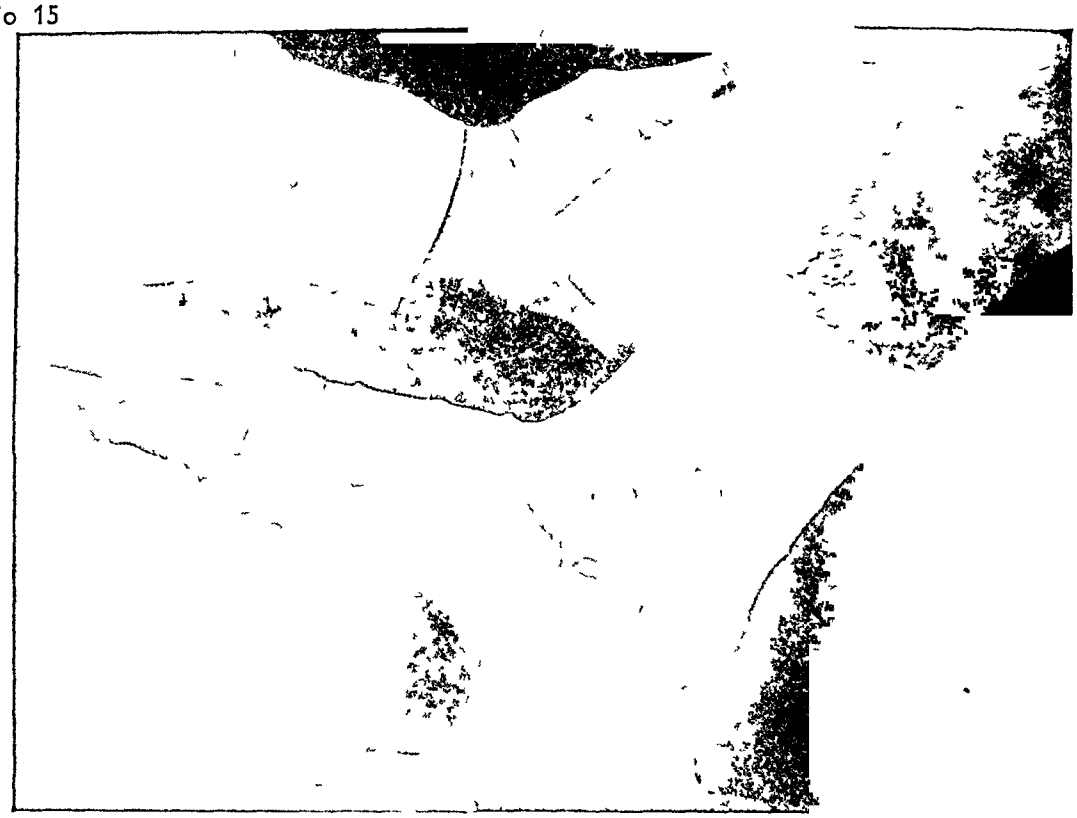
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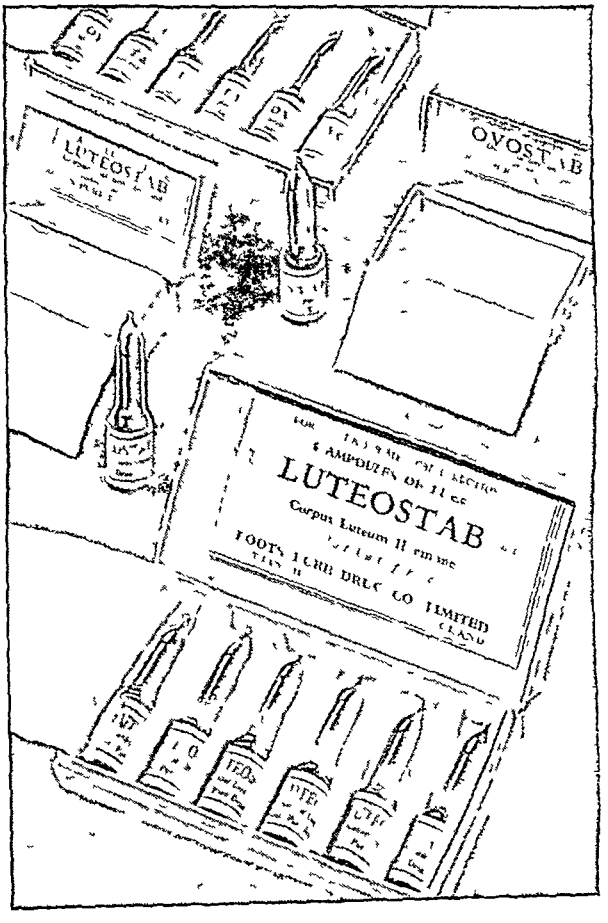
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BRITISH MEDICAL JOURNAL

LONDON SATURDAY FEBRUARY 20 1937

THE CLINICAL AND BIOCHEMICAL SYNDROME IN LYMPHADENOMA AND ALLIED DISEASES INVOLVING THE MESENTERIC LYMPH GLANDS

BY

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AND

F P MACKIE, M D, F R C P, F R C S

Pathologist Hospital for Tropical Diseases

(WITH SPECIAL PLATE)

From time to time during the past six years adult patients have been admitted to the Hospital for Tropical Diseases who present what for teaching purposes may be described as the sprue abdomen, yet subsequent investigation has revealed another cause There is a history of diarrhoea or looseness of the bowels associated with the passage of large pale offensive, fatty, and gaseous stools Wasting is marked The skin is harsh and dry and sometimes shows brownish yellow discoloration The abdominal muscles are atrophied and not infrequently a doughy feeling is imparted to the examining fingers Abdominal distension may be marked Decreased physical reserve and hypotension are always present anaemia, muscular cramps, tetany and lingual features may occur

The similarity to sprue, however, does not end here, for laboratory investigation generally reveals a common biochemical background consisting of (1) a high percentage of faecal fat, which is generally adequately split (2) a flat type of glucose tolerance curve or one showing a delayed maximal rise and (3) decreased serum calcium associated with normal or low blood phosphorus These features are not invariably present in every case The bilirubin content of the plasma is normal or only slightly increased Haematological investigations may reveal a typical megalocytic anaemia with hyperchromia, orthochromia or even hypochromia In other instances the anaemia may be normocytic with orthochromia or microcytic with hypochromia

The conditions in which one of us (N H F) has personally encountered this sprue like syndrome in adults include idiopathic steatorrhoea, some of which were undoubted examples of adult coeliac disease, gastro colic fistula due to carcinoma, post operative gastro jejunocolic fistula (1931) and the present series which includes lymphoma lymphadenoma and lymphosarcoma involving the mesenteric lymph glands Defective intestinal absorption of certain fundamental food elements is common to the group

Ryle (1924) described lacteal obstruction with gross overloading of the lacteals with chyme in children with tuberculosis of the mesenteric lymph glands Clinically they showed stunting of growth anaemia of either macrocytic or microcytic type, bony changes tetany, and bulky, fatty stools Not all these features were present in each case Ryle pointed out that tabes mesenterica coeliac disease, and sprue were strikingly similar He suggested that obstruction of the lacteals might constitute the basis of all these diseases and that the lacteals would not be obviously dilated at a time when inadequate food was being taken Davenport Jones (1924) in Bombay reported that he had observed distended lacteals in a case of sprue operated on for appendicitis Mackie and Fairley (1929) examined the abdominal lymph glands and the receptaculum chyli at necropsy in cases of sprue in the Tropics but failed to find any abnormality or evidence of obstruction of the mesenteric lymphatic system such as would lead to interference with the absorption of fat from the small intestine Since then the same authors have performed a number of other necropsies on patients dying in London from sprue and examined soon after death without finding either enlargement of the mesenteric glands or evidence of lacteal obstruction

There is no reliable evidence that mesenteric lymphatic obstruction constitutes the basis of defective intestinal absorption in sprue idiopathic steatorrhoea or coeliac disease On the other hand it appears to underlie the clinical and biochemical picture shown in the present series of mesenteric adenopathies which are being reported with the object of interesting those seeing more patients of this type than are available in a hospital dealing essentially with tropical diseases A combined clinical pathological and biochemical study of such cases might well throw new light on the physiology of intestinal absorption

ILLUSTRATIVE CASES

Case I

A man aged 62 was admitted to hospital on February 19 1936 with the following history He had had a healthy childhood and had worked for thirty years with the London County Council without the loss of a single day In February 1935 he had had a carbuncle on his face which required treatment for five weeks After this he felt run down Diarrhoea commenced at the end of May 1935 and he rapidly lost weight

FIRST ADMISSION

On June 18 1935 he was admitted to St Alfege's Hospital Greenwich where the medical findings were as follows

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Examination showed an emaciated man with a sallow complexion a dry shrivelled tongue and a tumid abdomen The stools were pale and fatty, containing numerous fatty acid crystals total fat 55 per cent , neutral fat, 10 5 per cent , fatty acids and soaps, 44 5 per cent The fractional test meal at the end of one hour showed total acid, 50 c cm N/10 per cent , free acid 30 c cm N/10 per cent Blood was present in all specimens The urine was normal diastase 10 units Serum calcium 5 7 mg per 100 c cm , blood phosphorus, 1 5 mg per 100 c cm , van den Bergh (indirect reaction), 1 2 units

The Wassermann reaction was negative Blood examination erythrocytes, 4,100 000 per c mm haemoglobin 76 per cent , colour index, 0 9 (June 24) leucocytes, 4,500 per c mm , polymorphs 83 per cent , lymphocytes, 12 per cent , mononuclears, 5 per cent (July 12)

X-Ray Examination—Barium meal showed a normal stomach and duodenum Barium enema revealed a distended large bowel but no other abnormality A diagnosis of idiopathic steatorrhoea was made

Treatment—The patient was treated with fluids to overcome dehydration and was placed on a low fat diet including fruit and salads Radiostoleum and liver extract (1/2 lb daily) were administered Under this regime the diarrhoea improved and the patient gained 9 lb in weight On August 1 the total faecal fat figure was 43 per cent , neutral fat 18 9 per cent , fatty acids and soaps, 24 1 per cent On August 9 the serum calcium figure was 8 7 mg per 100 c cm The erythrocytes numbered 4 000 000 per c mm , the haemoglobin percentage was 80 the leucocyte figure was 4 000 per c mm (September 3) The patient was finally discharged on September 7

SECOND ADMISSION

On February 19 1936 the patient was admitted to the Hospital for Tropical Diseases with severe diarrhoea and tetany He stated that under the treatment outlined he had remained reasonably well until a few weeks previously when diarrhoea and other symptoms had returned There were periodic attacks of diarrhoea lasting a few days, followed by intervals of improvement when the stools were soft but formed , at such times he felt fit During the attacks the bowels acted four to six times a day commencing in the early morning The stools were pale extremely loose, and very offensive they contained a little mucus Nausea was often present but he only vomited occasionally Pain was localized to the lower abdomen , it was dull and aching in character, and definitely related to attacks of diarrhoea Fever was absent

Physical Examination—The patient was profoundly emaciated and dehydrated Subcutaneous haemorrhages were present The tongue was clean red and dry but there were no sores or ulcers The lower teeth were very septic The abdominal parietes were thinned , the abdomen was markedly distended especially in the suprapubic and peri umbilical region Tenderness was not elicited, but a 'doughy feeling' was imparted on palpation No enlargement of the liver or spleen was detected, and the intra abdominal glands were not palpated No abnormality was noted in the cardiovascular or respiratory system The blood pressure was 110/80 The temperature on admission was 97° F , the pulse 96 and the respiration rate 24 No enlargement of the lymphatic glands was noted Trousseau's sign was elicited when taking the blood pressure but examination of the central nervous system revealed no other abnormality Recurrent attacks of tetany proved troublesome The urine was normal in all respects

Faeces—The stools were bulky pale and pasty, showing fatty acid crystals No ova or protozoa were found The total fat figure was 66 5 per cent fatty acids 41 2 per cent , neutral fat 25 3 per cent , split fat, 61 9 per cent , and unsplit fat 38 1 per cent

Blood Chemistry—The van den Bergh test showed bilirubin 1 5 units (indirect reaction) The serum calcium figure was 5 mg per 100 c cm inorganic phosphorus 2 5 mg per 100 c cm and the blood urea, 60 mg per 100 c cm

Blood Count—The erythrocyte count was 3,600 000 per c mm , the haemoglobin, 74 per cent colour index 1 per cent , and the average diameter of the corpuscles was 7 64 microns The red cells showed anisocytosis poikilocytosis, and basophilic stippling normoblasts and occasional megalocytes were seen The leucocytes numbered 5 000 per c mm ; the neutrophils 55 per cent the lymphocytes 36 per cent , the mononuclears, 8 per cent , and the basophils, 1 per cent

Treatment—The patient was treated by intravenous injections of 50 grammes of glucose in 2 pints of saline, and 10 units of insulin , 12 c cm of campolon was given intramuscularly also six radiostoleum tablets and 120 grains of calcium lactate daily The diet consisted of a defatted milk powder (sprulac) orange juice and marmite Since severe paroxysms of tetany continued, the patient was given 20 c cm of a 10 per cent solution of calcium gluconate intravenously, and 20 units of parathormone The temperature rose to 100° F the pulse to 112, and the respirations to 24 Death occurred at 5 45 p m on February 22 A necropsy was performed three and three quarter hours later

POST-MORTEM EXAMINATION

The body was emaciated and still warm rigor mortis had not set in The hands were cyanosed, and the fingers were in typical carpal spasm Some petechial haemorrhages were present on the legs The abdomen was protuberant, central distension being marked particularly in the suprapubic and peri umbilical region

Thorax—The right lung was bound down to the chest wall and base of the diaphragm by dense adhesions while the left lung showed some scarring at the left apex Congestion, oedema and anthracosis were present in both lungs There was no enlargement of the mediastinal lymphatic glands The heart muscle was of a dark reddish brown colour, microscopical section showed brown atrophy There was atheroma of the aorta, with some calcification at the orifice of the right branch of the coronary artery

Abdomen—A small amount of yellow fluid was found in the peritoneal cavity The coils of small intestine were distended The mesentery was oedematous and studded with numerous firm mesenteric glands, some small some markedly enlarged, ranging in size from 1 mm to 1 inch in their longest diameters (see Plate) None were softened or caseated and they appeared limited mainly to the mesentery of the small intestine, though the caecal and colonic glands were involved to a lesser degree The gall bladder was dilated no enlarged glands were found in the portal fissure, nor were the lymph glands draining the stomach perceptibly enlarged The mesentery itself was oedematous, and dilated lymphatics were very evident microscopically

The Alimentary Tract—The tongue presented a degree of smoothness suggesting papillary atrophy The oesophagus was normal The stomach showed patchy congestion and some haemorrhages into its mucosa, while the first four inches of the duodenum presented a 'sago grain-like appearance which microscopical examination revealed to be due to clumps of Brunner's glands No definite ulceration was present One small nodule located in the submucosa was removed for section three inches from the pylorus Section showed a vein containing a blood clot which had probably ruptured a short time before death In the jejunum there were patches of congestion, a few petechiae, and prominent valvulae conniventes the walls in places, appeared dilated and thinned, but this was probably only part of the general atrophy No ulcers were noted Similar changes were present in the ileum The caecum was congested There was a long kinked appendix extending over the pelvic brim to the left side which contained concretions resembling date stones The descending colon was filled with putty like faeces The mucous membrane appeared thickened, and here and there patches of milky-white appearance and pink streaks were noted extending over several square inches Microscopically some thickening and increased fibrosis of the submucosal layer of the descending colon was found

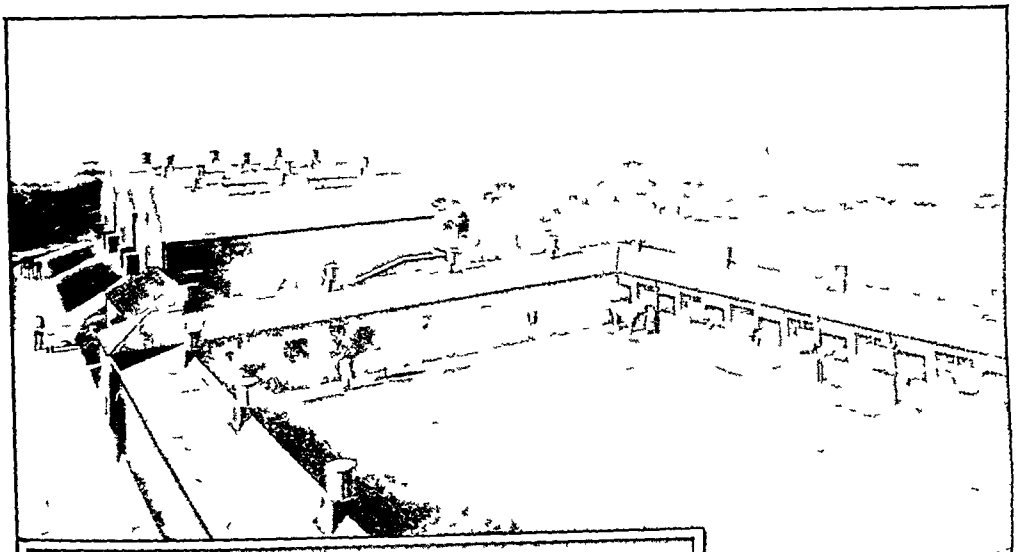
The Abdominal Organs—The liver was small (weight 1 [illegible] grammes), and normal in colour and consistency The gall

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bladder was distended with thick tarry bile The spleen also was small (weight 135 grammes) and normal in all respects Some enlarged glands were noted in relation to the pancreas The right kidney weighed 210 grammes and the left 165 grammes both contained numerous retention cysts but the capsules stripped readily and the cortex was of good width The pyramids were congested The bladder and prostate were normal

Lymph Glands—No lymphatic glandular enlargement occurred elsewhere than stated

Endocrine Glands—The thyroid appeared small and the testicles atrophic The parathyroids (two dissected out) suprarenals and pituitary appeared normal and showed no change on microscopical section

Brain—No abnormality was seen

Bone marrow was obtained from the ribs Microscopical sections and smears revealed a normoblastic type

Microscopical Picture—An extensive microscopical examination of the lymph glands of the mesentery was made but apart from hyperplasia of lymphoid elements and some increased fibrosis in the mesenteric glands no abnormalities were found The lymph nodes were present and their normal architecture was preserved A diagnosis of lymphoma was made on histological grounds

Comment

The case was one of very great interest, since a condition of hyperplasia of the mesenteric lymph glands classified as lymphoma and associated with lacteal obstruction had led to steatorrhoea tetany extreme wasting abdominal distension and the typical sprue abdomen The patient was too ill for the glucose tolerance test but the combination of a high faecal fat (55–66 5 per cent) which was adequately split the low serum calcium (5 7–5 mg per 100 c cm) and a low or normal inorganic blood phosphorus (1 5–2 5 mg per 100 c cm) is typical of defective absorption The anaemia was of normocytic type and not severe

Case II

A married woman aged 42 was born in England and went to the Federated Malay States in 1920 She remained there until 1930 when she returned to England permanently There was a history of four miscarriages and two healthy children *B coli* cystitis occurred in 1923 and recurred in 1928 In 1929 she was operated on for uterine prolapse cellulitis of the leg occurred in the same year

Present Illness—For the previous few years she had been feeling below par and losing weight and about a year before admission to hospital began to be troubled with nausea vomiting abdominal distension and flatulence She had lost 2 st in weight during the previous year In March 1933 there was an attack of diarrhoea lasting a fortnight Blood was absent from the stools Nausea and vomiting continued and since subacute intestinal obstruction of the small bowel was suspected she was admitted to the hospital and operated on by Mr F Wilson Harlow who reported that adhesions and kinking of the lower ileum were found caused by numerous enlarged glands in the mesentery of the small gut to which it was adherent The adhesions were freed and the involved gut was straightened out At the operation numerous enlarged glands were noted in the mesentery of the small intestine ranging from the size of an almond to that of a duck's egg The lymphatics of the small gut were enlarged and stood out like a specially injected museum specimen The ascending transverse and first part of the descending colon were about three times the normal size resembling Hirschsprung's disease An effort was made to remove one of the large glands but it ruptured and several cubic centimetres of milky fluid escaped A second gland was subsequently excised and fluid which filled a test tube was removed This was examined for filarial embryos and since abdominal filariasis was suspected the patient was subsequently removed to the Hospital for Tropical Diseases for further investigation

Physical Examination—The patient was emaciated the skin dry and atrophic and the mucous membrane somewhat pale there were some hard enlarged glands in the groin The tongue bore a distinct resemblance to that seen in sprue being raw in its anterior half especially along the edges the papillae were not prominent The abdomen was distended and the abdominal wall very thin visible peristalsis was present There was tenderness in both left and right iliac fossae but no abnormal mass could be palpated Neither the liver nor the spleen was demonstrably enlarged Knee jerks and ankle jerks were absent but no other abnormality was noted in the central nervous system

LABORATORY INVESTIGATIONS

The intradermal test for filariasis was negative

Haematology—The erythrocytes numbered 4 240 000 per c mm The haemoglobin percentage was 80 the colour index was 0 94 the average diameter of the corpuscles was 7 64 microns A mild anaemia normocytic in type was present No filarial parasites were found in the day or night blood The leucocyte count was 16 000 per c mm neutrophils 83 per cent lymphocytes 15 per cent and mononuclears 2 per cent

Serology—The Wassermann and the filarial complement fixation reactions were negative

Blood Analysis—The bilirubin content of the plasma was normal The blood calcium content was 10 mg per 100 c cm and that of the blood phosphorus 3 3 mg per 100 c cm

Faeces—These were negative for ova protozoa and acid fast bacilli The stools were pale and acid in reaction they showed soap plaques but no cellular exudate The total fat percentage was 75 3 and that of the neutral fat 54 1 The figure for fatty acids was 21 2 per cent thus only 28 2 per cent of the fat was split

Urine—This had a neutral reaction and the specific gravity was 1010 there was a trace of albumin The centrifuged deposit contained numerous leucocytes and epithelial cells a culture produced *B coli* The diastase content was 10 units the twenty four hourly volume was 1 490 c cm and the total output was 14 900 units

Fractional Test Meal—There was a normal fasting juice a high secretion of HCl a maximum of 55 c cm N/10 per cent being found at one and three quarter hours Some delay in the emptying was noted as judged by the starch reaction

Glucose Tolerance Curve—This was of the flat type and showed a maximal rise of only 17 mg per 100 c cm at one and a half hours (Chart 1)

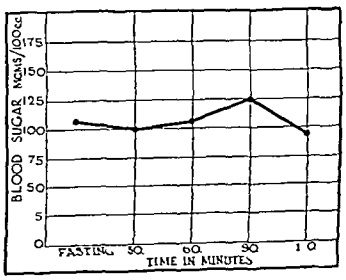


CHART 1—Case II Oral glucose tolerance curve in case of mesenteric lymphadenoma

A radiograph of the chest failed to reveal enlargement of the thoracic glands

Biopsy of the Gland—Microscopical examination of an inguinal gland showed typical Hodgkin's disease

Comment

Many features suggested tropical sprue the sore tongue the loss of weight and the distended abdomen with its atonic wasted parietes and visible peristalsis are found in this condition Diarrhoea was not a con-

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spicuous feature, though bouts of it occurred from time to time, and while in hospital the patient was passing from one to four stools daily, these contained a great excess of fat (75·3 per cent) which was inadequately split. The finding of a normal serum calcium is of interest. Most of the excess faecal fat was present as neutral fat and not as fatty acids, and perhaps this was the reason why there had been no undue interference with the absorption of calcium. On the other hand, there was a flat type of glucose curve with a delayed maximal rise of only 17 mg. per 100 c.cm., similar to that encountered in sprue and idiopathic steatorrhoea.

Case III

A married woman aged 32 had suffered from malaria in 1931, shortly after her return to India in September, 1933, she had passed frequent, very loose, pale stools associated with abdominal flatulence and discomfort. She did not complain of cramps or tetany. The tongue never felt sore but was unduly red around the edges. Later there was a *B. coli* infection of the urinary tract.

First Admission

On admission to the Hospital for Tropical Diseases, London, on April 20, 1934, the patient had a sallow complexion and a clean, moist tongue. The abdominal parietes were atrophic, and on palpation a "doughy feeling" was imparted to the examining fingers. Although the pressure of bedclothes caused discomfort to the limbs and there was numbness of the legs and feet there were no abnormal signs indicating involvement of the central nervous system.

Laboratory Examinations

Blood.—The erythrocytes numbered 4,720,000 per c.mm. The haemoglobin percentage was 80, and the colour index 0·85. The average diameter of the corpuscles was 7·32 microns. The leucocyte count was 12,000 per c.mm.: neutrophils, 65 per cent., lymphocytes, 29 per cent., and mononuclear cells, 6 per cent.

Faeces.—The pale semi-formed stools were slightly acid to litmus, and contained fatty acid crystals. The total fat percentage was 30, and that for neutral fat 14. The figure for fatty acids was 16 per cent., for split fat 54·8 per cent., and for unsplit fat 45·2 per cent.

Urinary Examination.—The urine contained a few leucocytes and squamous epithelial cells. A culture was negative for *B. coli*.

Fractional Test Meal (April 21, 1934).—The fasting gastric juice amounted to 40 c.cm., it contained no free acid. There was hypochlorhydria, the maximal rise of HCl being 10 c.cm. N/10 per cent. at two hours. There was a slight response to histamine.

Glucose Tolerance Test.—The graph was practically a straight line, the maximal rise of 10 mg. occurring at one and a half hours (Chart 2).

The history and clinical features, the excess of fat in the stools, the hypochlorhydria, and the flat type of glucose tolerance curve suggested a diagnosis of tropical sprue and the patient was treated accordingly. She received a high protein dietary, acid hydrochlor. dil. *B.P.* (1 drachm t.d.s. p.c.), and four tubes of liver extract (the equivalent of 1 lb. whole liver) daily. Under this regime the symptoms ameliorated, the flatulence and abdominal distension disappeared, and the discomfort and numbness of the legs greatly improved. There was also an improvement in the glucose tolerance but the fat content of the stools and the blood counts remained stationary.

Later Laboratory Examinations

On May 15 before her discharge, the findings were as follows:

Glucose Tolerance Curve.—The maximal rise at one and a half hours was now 33 mg. per 100 c.cm., instead of 10 mg. on April 25 (Chart 2).

Fat analysis showed total fat, 32·5 per cent.: neutral fat, 7·7 per cent., fatty acids, 24·8 per cent., split fat, 76·2 per cent., and unsplit fat, 23·8 per cent.

Blood Examination.—The red cells numbered 4,420,000 per c.mm., the haemoglobin percentage was 80, the colour index 0·9, and the average diameter of corpuscles, 7·48 microns.

The patient was discharged from hospital feeling well on May 26. At no time had there been any rise in temperature.

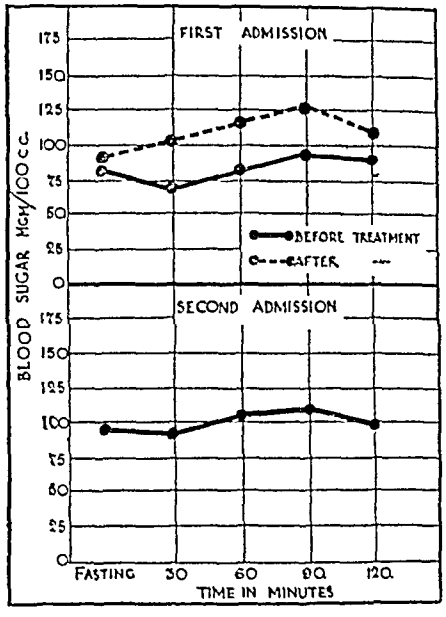


Chart 2.—Case III. Oral glucose tolerance curves in case of mesenteric lymphosarcoma.

Second Admission

Three months later, on August 27, she was readmitted to hospital with a temperature of 100·4° F.; the pulse rate was 102 and the respiration rate 24. She looked pale and ill, the abdomen was now somewhat distended and on examination yielded a doughy sensation to the palpating fingers. She had kept quite well since discharge from hospital until two weeks previously, when diarrhoea with pale, watery, frothy stools, flatulence, and loss of appetite commenced, vomiting ensued. There was some enlargement of the axillary and inguinal glands, a mass of possible mesenteric glands was palpable in the lower abdomen centrally.

Laboratory Investigations

Blood Examination.—The red cell count was 4,400,000 per c.mm., the haemoglobin 85 per cent., the colour index 0·9, and the average diameter of corpuscles was 7·48 microns. The leucocyte count was 10,000 per c.mm.: neutrophils 72 per cent., lymphocytes 22 per cent., and mononuclears, 6 per cent. The red cells showed some anisocytosis.

The *urine* was normal, cultures proved sterile.

The *stools* were very pale and of liquid consistency, with an acid reaction to litmus. Numerous fatty acid crystals were present. The total fat figure was 43 per cent.: fatty acids 30·5 per cent., neutral fat, 12·5 per cent., split fat, 71 per cent., and unsplit fat, 29 per cent.

Glucose Tolerance Test.—This was performed on August 30 and showed a flat type of curve with a maximum rise of only 13 mg. at one and a half hours (Chart 2).

Biopsy of Skin Nodule.—Section of a nodule in the skin which had been removed under local anaesthesia showed considerable infiltration of the dermis with lymphoid cells showing active mitosis. The microscopical picture suggested lymphosarcoma, though Hodgkin's disease could not with certainty be excluded.

X-ray examination of the thorax and abdomen revealed no abnormality.

The patient was given a high protein dietary (sprue) with acid hydrochlor. dil. *B.P.* after meals, but on this occasion

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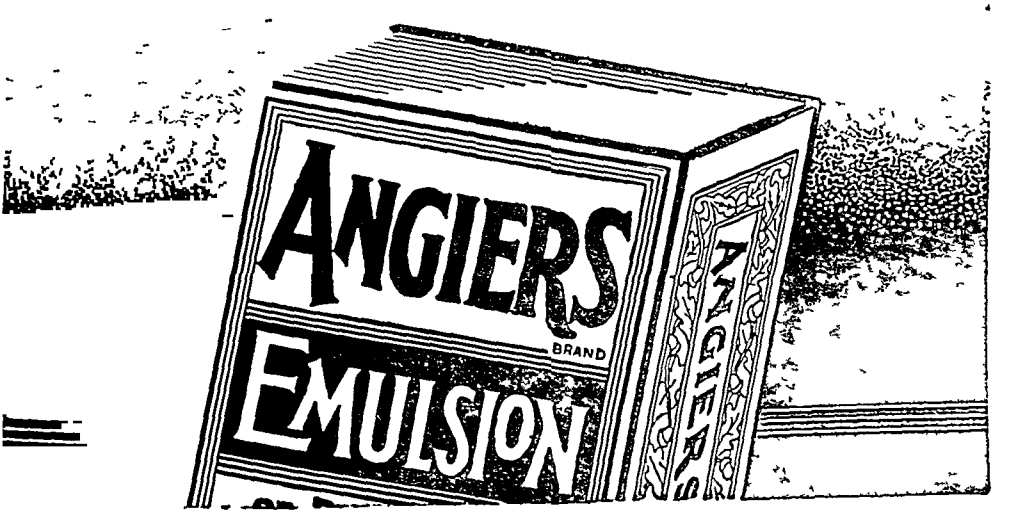
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she failed to improve Subconjunctival oedema was noted on September 14 and vomiting and anorexia became troublesome on October 2 Ten days later the patient became collapsed cyanosed and comatose, and died the next day

Comment

Features of interest in this case are (1) the presence of a clinical syndrome simulating sprue and associated with a palpable mass of ? abdominal lymph glands, and a skin nodule which histological investigation suggested lymphosarcoma, (2) the associated steatorrhoea and flat glucose tolerance curves (3) a remission of symptoms for a period of three months and (4) the pyrexial relapse, which terminated fatally and which is a feature of abdominal lymphosarcoma though not of uncomplicated sprue The anaemia was mild and of normocytic type Permission was not granted for a necropsy, so the exact distribution of the glandular involvement was not determined

We recently saw another case of lymphoma, associated in this instance with steatorrhoea and profound megalocytic anaemia, in consultation with Dr Adolphe Abrahams and Dr R J V Pulvertaft at the Westminster Hospital

Case IV

A man aged 60 was admitted to the Westminster Hospital on November 18 1935 under Dr Adolphe Abrahams with anaemia loss of weight (27 lb) and diarrhoea characterized by pale yellow frothy stools He had previously suffered from malaria and amoebic dysentery and since he had resided in Ceylon for many years tropical sprue was suspected

Onset—Enlargement of the groin glands had been noted in the summer of 1934 and in November while in Tangiers, diarrhoea and fever had commenced Hodgkin's disease was diagnosed

Physical Examination—The tongue was smooth and fissured dental caries and pyorrhoea were noted There was pallor of the mucous membranes a greyish discoloured skin and marked bilateral enlargement of the inguinal femoral and axillary glands The glands were soft and discrete and some of the groin glands were the size of an almond Wasting was present The abdomen was distended and hyperresonant and the abdominal veins were dilated The central nervous system was normal

LABORATORY EXAMINATION

The erythrocyte count was 990 000 per c mm the haemoglobin percentage 25 the colour index 1 3 and the average diameter of the corpuscles 8 4 microns The leucocytes numbered 3 200 per c mm neutrophils 56 per cent. lymphocytes, 36 per cent eosinophils 3 per cent monocytes, 2 per cent and myelocytes 1 per cent

Faeces—The percentage of neutral fat was 5 4 of fatty acids 29 7 of soaps 16 4 and of total fat 51 5 Fatty acid crystals and striated muscle fibre were noted microscopically

A section of a gland removed at biopsy revealed a generalized lymphoid hyperplasia

Progress Notes—Liver injections and four blood transfusions were given By January 1 1936 the blood counts were as follows erythrocytes 2 150 000 per c mm haemoglobin 55 per cent and the colour index 1 3 The leucocytes numbered 5 400 per c mm polymorphs 51 per cent lymphocytes 37 per cent eosinophils 11 per cent and hyalines 1 per cent After January 2 a series of campolon injections 6 c cm daily and a high protein low fat, low carbohydrate type of diet were instituted Rapid progress followed Some oedema of the legs was noted on January 13 but this improved later By January 17 the red cells had risen to 4 000 000 per c mm and the haemoglobin percentage to 85 The colour index was 1 06 and the leucocytes numbered 10 000 per c mm

The patient became practically well and went home on February 3 He proceeded to Scotland, later relapsed badly, and in July was treated by Dr Forest Smith with a fat reduced diet calcium radiostoleum marmite per os and injections of hepastab A satisfactory haematological response again followed, the red cells rising from 1 400 000 to 4 100 000 per c mm and the haemoglobin from 36 to 78 per cent At the moment the patient is receiving hepastab injections (4 c cm monthly) and appears well but glands the size of a cherry are present on both sides of the neck in the groins and one axilla

Comment

Since this patient had resided in Ceylon the possibility remains that the condition is one of lymphoma and intercurrent tropical sprue On the other hand the glandular enlargement definitely preceded the onset of diarrhoea by several months which suggests, in view of the cases cited above, that mesenteric gland involvement is the basis of the syndrome The case differs from the other three in presenting a frankly megalocytic type of anaemia and this may be due either to additional involvement of the gastric and duodenal lymph nodes with defective production of Castle's intrinsic factor or to defective absorption of p a factor in the intestine The diagnosis however cannot be regarded as finally settled and the history is recorded with a view to stimulating further investigation in cases of this type

General Discussion

The exact histological diagnosis of glandular lymphatic enlargement is frequently unsatisfactory and pathologists themselves often express different opinions on the same section In Cases I and IV hyperplasia of the cellular elements associated with some degree of fibrosis was found, since the lymph nodes were present and their normal architecture was preserved the condition was classified as lymphoma though some would diagnose lymphosarcoma Case II was definitely one of Hodgkin's disease, but in Case III some doubt remained as to whether the disease was lymphosarcoma or atypical Hodgkin's disease This paper however is not concerned with the minutiae of histological diagnosis but rather with a group of adenopathies involving the mesenteric lymph glands resulting in lymphatic obstruction malabsorption of fundamental food elements and the production of a sprue like syndrome with death in three of the four cases reported In both instances where it was possible to examine directly the mesenteric lymph nodes enlarged glands associated with stasis and dilatation of the afferent lymphatics were demonstrated

Lymph stasis would naturally result in defective absorption of fat since the mesenteric lymphatics constitute the route through which fat normally reaches the circulation Steatorrhoea and malnutrition would follow Presumably also the absorption of fat soluble vitamins such as A and D might likewise be interfered with and failure of the latter vitamin to reach the tissues in sufficient concentration might well underlie the severe degree of hypocalcaemia and tetany noted in Case I In this instance there was a proved excess of free fatty acids in the stools and these by uniting with calcium to form insoluble soaps would further decrease the availability of ingested calcium for absorption Similarly the flat types of oral glucose tolerance curves noted in Cases II and III are to be interpreted in terms of defective absorption of carbohydrate

Similar curves are found in tropical sprue idiopathic steatorrhoea and coeliac disease Fairley (1936) in tropical sprue and Ross (1936a) in coeliac disease have recently shown in contradistinction to the results of Thaysen (1929) that flat oral curves are associated with decreased and not increased glucose tolerance, and that they originate from defective absorption of glucose in the

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gut and not from its excessively rapid utilization by the tissues In three children with tabes mesenterica Ross (1936b) also found oral curves of a flat type associated with intravenous curves of high type, and concluded that defective absorption of carbohydrate was responsible for the decreased glucose tolerance manifested by these patients In the present series of cases the glucose tolerance following the intravenous injection of glucose was not determined, but in the steatorrhoeas flat oral glucose curves are often found in association with high faecal fat, and it is evident that defective absorption of both glucose and fat frequently occur together Verzár (1936) has recently shown that phosphorylation controls the absorption of both fatty acids and glucose in the cells of the intestinal mucosa Perhaps under the conditions of intestinal lymph stasis described in this paper the phosphorylation process is defective, and lowering of the absorption gradient for both these substances results

Conclusions

1 A sprue-like syndrome associated with lymphoma, lymphadenoma, and lymphosarcoma of the mesenteric lymph glands is recorded in adults

2 Steatorrhoea was present in all four patients, one of whom died with severe tetany and hypocalcaemia

3 Flat oral glucose tolerance curves similar to those encountered in sprue were found in both cases investigated from this viewpoint

4 It is suggested that defective intestinal absorption resulting from lymphatic obstruction is responsible for the biochemical and clinical findings recorded above

We wish to acknowledge our indebtedness to Dr Adolphe Abrahams, Dr R J V Pulvertaft, Dr Forest Smith Mr F Wilson Harlow, and Dr G H Garnett for supplying the detailed clinical and pathological data included in certain of the case histories

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Mary Gover (*Publ Hlth Rep Wash*, October 9, 1936, p 1399) states that six of the seventeen years since the summer of 1919 have failed to show more than the seasonal expectancy of deaths from influenza and pneumonia During the other eleven years recognizable outbreaks of influenza have occurred Mortality in about ninety-five cities scattered throughout the United States shows that the total excess mortality in these epidemics has varied from 99 3 per 100,000 from influenza and pneumonia in 1919–20 to 5 4 per 100 000 in the winter of 1934–5 In the winter of 1935–6 there were two periods of high mortality—namely, from December 20 to January 18 and from February 9 to May 2 The reported cases in forty-four States and New York City roughly paralleled the curve of mortality for 1935–6 From December 29 to May 2 there were 121,011 cases of influenza reported, an excess of 78,213 cases over the number reported in the corresponding period for 1934 while the incidence of influenza was low The epidemic of 1936 started in the West South Central section and spread through the Southern States to the east coast In both the West and East South Central areas mortality from influenza and pneumonia continued well above the normal expectancy from December 1935, to the first part of May 1936 It did not, however, reach extreme proportions in any section

TREATMENT OF MINOR BURNS BY AMYL SALICYLATE AND OTHER SALICYL ESTERS*

BY

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Assistant Surgeon, Edinburgh Royal Infirmary

(WITH SPECIAL PLATE)

Injuries due to burns and scalds may be divided into two main classes (*a*) severe and extensive injuries, where life is endangered by shock and the onset of acute toxaemia, (*b*) less extensive injuries, in which the problem of acute toxaemia does not arise Cases within the former category need urgent admission to hospital, and the injuries should be treated with tannic acid cases within the latter category are commonly met with in hospital out patient departments, and it is solely with these that this paper deals In treating these less extensive injuries one should aim at employing methods which so far as possible satisfy the following criteria (1) simplicity of application and infrequent changing of dressings, (2) alleviation of pain, (3) control or eradication of sepsis, (4) minimal over growth of granulation tissue on raw surfaces, (5) absence of local or general skin irritation and dermatitis, (6) relatively rapid and sound healing without contractures For hospital practice, with a constantly changing staff of nurses and dressers, it has been difficult to standardize a sufficiently simple technique, and even when this is attained the results are prone to be upset by the patients themselves, often through a desire to return to work too early, or from unsatisfactory home surroundings and lack of personal cleanliness For these reasons one cannot but expect occasional disappointments in patients who otherwise should have done well

At the invitation of the Therapeutic Trials Committee of the Medical Research Council, and through the courtesy of Sir David Wilkie, I have during the last four years carried out an extensive series of clinical tests on the efficacy of certain salicyl esters in the treatment of burns and scalds, all the work being done in the surgical out patient department of the Edinburgh Royal Infirmary Various esters have been tested and some hundreds of cases have been treated, as it was considered that little importance could be attached to the results obtained in a small number of experiments

The circumstances which led to the investigation are of some interest Salicyl esters, notably methyl salicylate and butyl salicylate, have long been known to have analgesic properties, and amyl salicylate itself was introduced in London as a treatment for burns by Messrs Strange and Graham (chemists) many years ago It was tried at Guy's Hospital, but its use was abandoned on account of its smell This has since been made somewhat less disagreeable by greater purification, and a member of the staff of Messrs Spencer, Chapman, and Messel, Ltd, heavy acid manufacturers, of Silvertown having heard of the analgesic properties of the ester, tried it in minor acid burns His firm were so impressed with the healing obtained in the first few cases that they communicated the news to other firms, one of which (Messrs A Boake, Roberts and Co, Ltd) applied to the Medical Research Council for further information as to the safety and utility of the treatment The Council's Therapeutic

* A report to the Therapeutic Trials Committee of the Medical Research Council From the Department of Surgery University of Edinburgh

the covering with elastic adhesive bandage is then necessary to relieve discomfort The combination of a massive dose of ultra violet rays and elastic adhesive bandage causes a cleaner granulating surface and rapid healing Varicose eczema surrounding the ulcer area responds favourably to ultra violet irradiation General observation indicates that ultra violet rays accentuate the successful result produced by the adhesive bandage

At the final stages of healing the elastic bandage may be discarded and a milder dose of ultra violet rays applied to the skin of the whole leg and foot—for example exposure at a distance of 20 inches to the air cooled quartz mercury vapour lamp for five minutes The patient is told to bathe the limb daily in warm alkaline water warm water and oatmeal being suitable The limb having been dried olive or almond oil is applied

Varicose veins associated with varicose ulcers must be treated by means of injection of a sclerosing solution whenever possible Varicose ulcer is likely to recur if varicose veins are not so treated Those cases in which old age ill health or the size of the veins renders injection treatment unsuitable require an elastic stocking after the ulcer has been healed In cases of varicose ulcer associated with recurrent attacks of thrombophlebitis oedema swelling and vasomotor changes symptoms of an obstructed circulation may be seen Such cases require ultra-violet irradiation of the skin of the legs combined with infra red and luminous irradiation This treatment is applied once or twice a week for about two or three months until signs of oedema and other signs and symptoms of obstruction of circulation have disappeared

Varicose Eczema

Varicose eczema is difficult to heal Localized patches situated over the skin area of the internal or external malleolus often foreshadow varicose ulceration Varicose eczema is often associated with phlebitis and other circulatory complications due to varicose veins Secondary infection by the common pyogenic bacteria causes a spreading and acute infiltrative or exudative dermatitis Intermittent attacks of cellulitis or septic thrombophlebitis cause severe complication Chronic fibrosis pigmentation oedema and hypertrophic sclerosis of the skin covering a tortuous mass of varicose veins offer a typical clinical picture, there is often a history of fifteen to twenty years disability

In these cases of varicose eczema the reaction of the skin to ultra violet light rays is of particular interest During the phase in which the skin is bright red, showing areas of exfoliation and inflammatory oedema, the skin is tolerant to radiation and four to six normal erythema doses may be applied without undue reaction However, when the skin is pale or pigmented by thickened hypertrophic sclerosis the area of scar tissue is tolerant to radiation but the surrounding skin is often extremely sensitive and a normal erythema dose will then cause an intensive reaction which will prove of great discomfort to the patient Ultra violet rays must then be applied with caution The capillary circulation of the skin is often disturbed and thrombosis of varicose veins may cause an area of obliteration and ischaemia or necrosis of the skin approaching ulceration may result Other irregularities of circulation and secondary infection cause acute and chronic inflammation Since the local application of ultra violet rays to the skin augments the capillary circulation and stimulates growth of epithelial cells it is of great value in healing varicose eczema

The technique is similar to that applied in the treatment of varicose ulceration There is an intensive exposure to ultra violet rays, equivalent to six normal skin erythema doses, to localized patches of eczema and the normal skin for half an inch surrounding each zone is also irradiated Elastic adhesive bandage is then applied to the whole foot and leg and left undisturbed for one week The ultra violet irradiation causes an active inflammatory reaction, followed by oedema, blistering and finally exfoliation of the skin Bandaging the limb with adhesive strapping and thus keeping the treated lesion covered gives relief to the patient as the painful symptoms following intensive ultra violet irradiation are thereby diminished Healing of the skin gradually takes place and week by week steady improvement may be recorded The treatment is repeated once a week for about six to eight weeks, by this time healing is well advanced

At this stage the varicose veins should be treated by weekly injections of sclerosing solutions The local intensive irradiation is stopped and the skin of the anterior or posterior surface of the whole leg is exposed to the rays once a week at a distance of thirty inches for five minutes using the quartz air cooled mercury vapour lamp, this is equivalent to two normal skin erythema doses The limb is bandaged as before The object of this treatment is to stimulate the capillary circulation and the epidermal cells of the skin of the leg It greatly relieves the circulatory disturbance caused by varicose veins and gives much relief to the patient At the final stages of healing bandages are discarded and the limb is daily bathed in tepid mildly alkaline water, and olive or almond oil is applied

The Treatment of Varicose Veins

Although the modern treatment by sclerosing solution has greatly benefited many cases of varicose veins there are unfortunately some in which the enormous size of the veins or the general condition or health of the patient does not allow of this technique Many of the cases unsuitable for injection treatment get relief from agents which improve the skin and capillary circulation This explains the good results obtained at many of the clinics and spas which specialize in treatment of varicose veins phlebitis and its sequelae Exposure of the skin of the legs to erythema doses of ultra violet rays greatly relieves the symptoms in cases of old standing varicose veins The cases selected for such therapy were those in which (*a*) the health of the patient or (*b*) the enormous size of varicose veins did not permit treatment by injection of sclerosing solutions or by ligature Treatment was applied twice a week for eight weeks

Cases considered suitable for injection therapy were treated as follows The skin of the anterior or posterior surface of the leg was exposed to rays of the air cooled mercury vapour lamp at a distance of thirty inches for five minutes The alternative skin surfaces were irradiated each week The patient was next made to stand on a small stool about twenty four inches in height the operator sitting at a lower level on a stool about six inches high The veins were injected in order starting from below in the foot and working up the leg One single injection of 3 to 4 c.cm of a 10 per cent solution of sodium morrhuate (Parke Davis and Co Ltd) was made each week Directly after a successful intravenous injection had been made the patient sat down on a chair in such a way that the limb rested on the stool while the patient faced the operator During this procedure the operator kept a sterile swab moistened with 1 in 3 000 spirit and mercury biniodide on the site of the puncture An elastic adhesive bandage was then applied to the foot and leg This remained undisturbed for a week when the patient again reported for

treatment, the bandage was removed, and the treatment continued

On an average six to eight injections at weekly intervals are needed for successful treatment of varicose veins Roughly a length of four to six inches of vein is thrombosed by each weekly injection The result of this technique is invariably successful in suitably selected cases Failure to obliterate the varicose veins occurs when the width of the vein is too big for successful clotting Some of these cases are suitable for ligature high up in the leg or thigh, followed by injection with sclerosing solution

Complications may occur such as a sudden spreading thrombophlebitis passing along the course of the superficial saphenous vein of the whole leg, particularly in cases where there has been a history of previous attacks of phlebitis, and where there have been mild attacks of septic thrombophlebitis It is a wise precaution to warn such patients of the possibility of this trouble, suspicious cases are recognized with clinical experience The patients must rest in bed until the signs and symptoms of active inflammation have subsided Such cases spontaneously cure themselves of varicose veins, but treatment for restoration of a new collateral circulation is needed The only disadvantage of this technique is an economic one the drugs and dressings required are expensive, but as they cure chronic sufferers of varicose veins their cost is small compared with that involved by prolonged attendance at out-patient clinics for palliative treatment

There are old-standing varicose ulcers, some of over twenty years' duration, which are at times difficult to heal In some cases there is more ulcerated area than normal skin in the leg, and it is amazing how such patients have managed to work and carry on their lives and have retained their limb and survived

Treatment of Deep-seated Ulceration

In cases of deep-seated ulceration, perhaps of a small area but surrounded by extensive fibrosis adherent to the deeper tissues and fixed to underlying bone, it is difficult to restore adequate blood supply to stimulate granulation tissue and healing Errors in metabolism associated with advancing age, such as glycosuria, gout, and nephritis, may often add to these difficulties Some of these cases ultimately change in character and become malignant After efforts to heal the ulcers by ultra-violet irradiation and bandaging have made little progress other methods may be attempted The edge of the ulcer and fibrous tissue may be excised by means of surgical diathermy, or the whole base of the ulcer may be destroyed by diathermy fulguration Intensive doses of ultra-violet rays may now stimulate healing by augmenting the separation of a slough and exposing new vascular granulation tissue and epithelial cells Skin grafting is not successful unless a good and healthy bed of granulation tissue is available By these means these difficult and resistant cases may be encouraged to heal

During the past four to five years over 240 cases of varicose ulcers have been treated and over 90 per cent have been healed within six months Patients are asked to report afterwards for examination every two months, but some patients fail to do so and make conclusions difficult However recurrences of varicose ulcer fortunately have been few There was recurrence in eight cases, in each of which the patients failed to report for intervals as long as one to two years The results of early cases of varicose ulcer and varicose eczema are excellent, in some instances there is healing after three to four treatments The usual routine adopted includes the injection of varicose veins as soon as ulcer or eczema is healed The final results in cases of varicose veins are good Providing the cases are suitable over 95 per cent are cured The patients report afterwards at intervals of three to six months Observation of a series of cases, the number healed, and those unhealed, after a fixed period of time, conveys little information, for an early and healthy varicose ulcer may be healed in three weeks, while an old-standing septic ulcer may need constant supervision and treatment for many months It is difficult, if not impossible, to obtain a regular series of similar clinical types of cases suitable for critical statistical analysis The conclusion is reached that by the technique which has been described cases of varicose ulcer, varicose eczema, and varicose veins may be rapidly and permanently healed in an average period of four to six months The technique needs a regular routine and organized team work by nursing and medical staff

Clinical Memoranda

Fulminating Agranulocytosis

The following account of a case of fulminating agranulocytosis seems worthy of record

CASE REPORT

The patient was a married woman aged 66 Apart from recurrent attacks of mild bronchitis her health had been good, though she was a frail little woman weighing only 6 st odd On the day of onset she was well and able to carry out a day's shopping, towards evening she felt suddenly ill and shivery, and continued to shake all night I was sent for at 7 a m, and was greeted by the remark, "Doctor, I have never felt so poorly in my life", but apart from a temperature of 102 5° F there was little to be made out, the fauces were free from any exudate or hyperaemia In the evening the temperature was still sustained and the general condition was unchanged, there was a complaint of rawness behind the nose, making breathing painful The patient had a bad night, the pain behind the nose increased, and swallowing became painful By morning her condition was distressing though the temperature had fallen to 100° F and the pulse rate was slower I was dumbfounded to find a grey-black area of necrosis on both tonsils and immediately gave 24 000 units of anti diphtheritic serum and called in Dr F B Smith A leucocyte count was taken and also a swab of the throat, culture of the swab proved negative, and the leucocyte count showed only 360 white cells among which were no granular cells, though ten times the normal routine volume was used

A diagnosis of agranulocytic angina was made, and Dr Wilkinson of Manchester was called in consultation When he arrived at about 2 a m the patient's condition was pitiable, every breath or swallow causing distress though the temperature and pulse were now normal Dr Wilkinson agreed as to the diagnosis, and 40 c cm of pentose nucleotide was given intravenously, followed by 10 c cm every three hours and a further 20 c cm intramuscularly The pulse and temperature remained normal, but the patient gradually became comatose and died the same afternoon the pulse becoming irregular two hours before death

The total duration of the illness from the first clinical symptom was sixty-eight hours I should add that a further blood count was carried out at 10 a m on the last day, the count had then fallen to 130 cells, and again no granular cells were seen, though thirty times the normal volume of fluid was used It is of interest that the patient had been in the habit of taking cephos tablets, but an analysis of these showed no evidence of amidopyrine

Preston O K G GUYER.

Trials Committee agreed to arrange an investigation of the question, and the work was entrusted to me and my colleagues at Edinburgh Messrs A Boake, Roberts and Co, Ltd, are manufacturers of the salicyl esters, and have supplied large quantities of these substances for the tests They are also the makers in this country of 'abracide,' a liquid mixture of isomeric methyl tertiary butyl phenols, which has been found in suitable concentration to blend satisfactorily with amyl salicylate so as to produce a stable analgesic and antiseptic solution

Amyl Salicylate

In the first series of clinical tests amyl salicylate alone was used, and it was early apparent that this ester was definitely analgesic when applied to the raw surface of a burn or scald Very satisfactory healing was obtained in approximately two thirds of the cases treated, but in the remaining third, owing to the presence or onset of relatively mild local sepsis, healing was delayed and antiseptic dressings, such as flavine, had to be substituted This was not unexpected in view of the fact that laboratory tests had already demonstrated that amyl salicylate has little or no bactericidal power None of the patients showed evidence of salicylate poisoning or of general toxic absorption On the other hand, a certain amount of local skin irritation was seen, but in the light of our subsequent findings it seems probable that this was chiefly due to the unnecessary frequency with which the dressings were at first changed

Amyl Salicylate and Antiseptics

The next stage of the investigation was to treat a series of cases along the same lines but with the addition of an antiseptic to the amyl salicylate Various combinations were tried and tested bacteriologically before we decided to employ dichloramine T because this, unlike many other antiseptics, was found to be readily miscible with amyl salicylate and to give an almost clear solution when used in a concentration of 1 per cent in the ester The strength of the solution had later to be reduced by half, since several of the patients complained of considerable discomfort with the higher concentration of dichloramine-T

Approximately eighty cases of burns and scalds were treated with this mixture Healing progressed satisfactorily in 90 per cent of these but in the remainder some degree of sepsis occurred The results on the whole, were thus superior to those obtained with amyl salicylate alone but even with the dichloramine T at a strength of only 1/2 per cent the patients were apt to complain of more discomfort than hitherto, and a further serious disadvantage lay in the fact that the solution was unstable, it quickly lost much of its antiseptic value, and so had to be freshly prepared each day A certain degree of cutaneous irritation and desquamation continued to cause trouble On these grounds it was decided that the dichloramine T mixture was not satisfactory, and another series of tests was begun with amyl salicylate and abracide In addition to combining well with amyl salicylate abracide has been shown to possess good germicidal properties, and was claimed to be relatively non toxic and non irritating to the tissues

Fifty one cases of injuries from burns and scalds were treated employing a low concentration—namely 1 in 1,000 of 5 per cent abracide solution in amyl salicylate. Of these fifty one cases very satisfactory healing was obtained in thirty four, the average duration of the treatment being a little over a fortnight In fourteen cases there was somewhat delayed healing owing to slight sepsis and more active local infection was encountered in the remaining three patients, though the eventual results were satisfactory The longest period of active treatment in this group was sixty days In evaluating these results it should be noted that in certain instances the injuries had been sustained one to three days before the patients came to hospital, and especially in these, but also in some others infection was already present As in the previous series there was often considerable scaling and itching associated with cutaneous congestion even after the lesions had healed Three patients developed a dermatitis venenata which in one instance was quite severe All three had skin tests, and were found to be hypersensitive to amyl salicylate though not to salicylic acid No other symptoms indicative of either salicylate or phenol poisoning were met with in our patients

Benzyl and Methyl Salicylate

Especially in view of the extremely penetrating smell of amyl salicylate it was decided at this stage to test some other salicyl esters under the same conditions Benzyl salicylate and methyl salicylate were successively used, but apart from alteration and diminution of the odour emanating from the dressings they appeared to have no advantages over amyl salicylate The results, on the whole were inferior to those already obtained in regard to sepsis, cutaneous irritation was, if anything, more pronounced, while the analgesic properties of these esters appeared to be distinctly less Indeed where discomfort was specially complained of it was found that a change over to amyl salicylate sometimes gave immediate relief

For the above reasons it appeared that amyl salicylate was the ester of choice and we now set out to improve the technique of its use in order to decrease the incidence of infection and obviate if possible the occasional irritative dermatitis which seemed to synchronize with a somewhat exuberant growth of granulation tissue on the raw area of the burn or scald The concentration of abracide in the mixture was therefore increased to 1 in 10 000 (or 1 in 500 of the 5 per cent commercial solution) and the changing of the deep or surface dressings was reduced to a minimum As an outcome of these changes in the method of application our results showed a marked improvement and it is therefore proposed to give a short account of the main features of the technique employed and a summary of the results obtained in a series of forty consecutive cases treated during the past year

Technique of Treatment

When the patients present themselves at hospital the affected area is cleansed with normal saline and all raised epithelium is removed An anaesthetic is rarely needed for minor burns, except in children or where the burnt area is heavily coated with some adherent domestic remedy such as flour Spirituous solutions are avoided Swabs soaked in amyl salicylate and abracide are applied direct to the area that in actual contact with the raw surface being only two or three layers of gauze in thickness Wool and a bandage are then adjusted The patient subsequently attends at four day intervals when if possible, only the outer swabs are removed and the thin one next the lesion is left *in situ* Fresh outer swabs wrung out of the amyl salicylate and abracide solution are applied after any excess of serous discharge has been wiped away As the burnt area dries up and epithelium grows over it the lowest or primary gauze layer loosers off and when it completely separates the lesion is found to be healed Under such conditions the patient has no pain

College of Surgeons of England, and to those who know the work he has done there it seems only natural that he should shoulder the burden and equally natural that he should bring it to an excellent conclusion The general summaries with which the author closes each of the two main portions of the book call for special mention They show both the great value of his work and the wide field there is for further research From the chapter on injuries of the jaw we learn that, comparably with what is observed in man, fractures of the maxilla in lower animals are apt to heal without bony union From the chapter on caries we learn that dental decay though rare, is not unknown in dogs, and that Sir Frank Colyer has found no support for the contention that immunity to dental caries depends on any peculiarity of the structure of the teeth The note on the tendency to dental variation of *Erythrocebus* may be quoted as an illustration of the philosophic tone of the book, and that on the multiple tusks of elephants as illustrating the author's clinical acumen There is but one point on which we differ from the author—we do not think that tartar on the external aspects of the mandibular incisors of the human being is always associated with mouth breathing

We may be excused for calling this book monumental Those who generously lent their aid, and the publishers, too, are to be congratulated in helping to so excellent a finish

DISEASES ASSOCIATED WITH PREGNANCY

Maladies des Femmes Enceintes By Henri Vignes Two volumes Vol I Pp 318 34 figures 40 fr Vol II Pp 206 25 fr) Paris Masson et Cie

Professor Henri Vignes with the collaboration of Drs G Lauret, J Olivier, and P Olivier Pallud has published two volumes on this subject The first deals with affections of the alimentary tract and the second with those of the liver, gall bladder, pancreas, abdominal parieties, and peritoneum together with diseases associated with malnutrition In his illuminating preface to the first volume the author points out that diseases associated with pregnancy *ne sont pas criees ex nihilo*, but that tares previously unsuspected, ripen as the result of pregnancy Some physicians do not like the conception of coexistences and attribute the diseases to the pregnancy, while others consider pregnancy to be purely physiological and therefore having no causal association with disease In the author's view the truth lies between these two extremes Certain affections can be attributed to mechanical factors, others to disturbances of the metabolism comparable with those of adolescence and those associated with frequent haemorrhages and with inanition Professor Vignes is not attracted to those views which suggest that these affections may be attributed to the fact that the foetus or the placenta floods the maternal system with abnormal lysins or proteins for he is in agreement with Bar that *la grossesse est une symbiose harmonique homogene*

Perhaps the best way of indicating the scope of this work would be to mention the subjects discussed in volume I The first ten chapters deal with diseases of the mouth the teeth, the pharynx and oesophagus the physiological changes in the stomach and disturbances of appetite vomiting dyspepsia gastric ulcer cancer of the stomach and Krukenberg's tumours The remaining ten chapters are concerned with the small and large intestines and discuss physiological changes in the intestine constipation, diarrhoea colitis worms and intestinal parasites typhoid fever cholera dysentery appendicitis intestinal obstruction and diseases of the rectum Further to give an idea of the manner in which these matters are studied the subjects discussed in the first chapter on diseases of the mouth will be quoted physiological changes in the mouth and the salivary glands, ptyalism, stomatitis gingivitis pyorrhoea epulis paraesthesiae inflammation of the parotid glands, and mumps If this rather dull catalogue, necessitated by the unusual scope of the volumes makes poor reading, the chapters themselves are fascinating It is amazing not only that one man could write authoritatively over such a wide field, but that such a wealth of information could be confined in so narrow a space It is probable that only a logical French mind aided by that most admirable of languages for terse and succinct phraseology, could have accomplished such a feat Nowhere is this faculty for compression more evident than in the section dealing with typhoid fever

We look forward with keen anticipation to the further volumes promised by the author Those already published are not suitable for examination purposes but present, without being ponderous, a wealth of information to obstetricians which so far as we are aware is not readily available elsewhere

Notes on Books

Under the title *Die Diat- und Insulinbehandlung der Zuckerkrankheit* (Vienna, J Springer, RM 4 80) another small book by Dr Franz Depisch has appeared on diet and insulin treatment in diabetes It is written for students and practitioners and is very thorough and interesting in its treatment of theoretical aspects Practical details are insufficiently represented to help the practitioner Indeed the latter is so thoroughly warned of the difficulties of treatment that he will hand the severe patient over to institutional treatment as soon as possible after reading this book

For a second year Dr Robert Broca and Dr Julien Marie have produced a survey of recent advances in French Paediatrics under the title *L Annee Pediatrique* (Paris Masson 32 fr) This consists of a series of sixteen monographs for which the authors have been mainly responsible with the collaboration of six colleagues in the whole or part of certain sections The result is a useful selection of topics by no means covering the field and of varying degrees of merit The first essay, on the modes of onset of tuberculosis in the child, is one of the best in the volume

The appearance of a second edition of Dr W R Aykroyd's fascinating book on *Vitamins and Other Dietary Essentials* (Heinemann 7s 6d) is to be welcomed The subject of nutrition is more and more engaging the attention of the educated public and the medical practitioner must now be able not only to prescribe diets for certain illnesses but be able to translate into everyday language what factors are required for the perfect diet in reply to the queries of his more educated patients Aykroyd's book is ideally fitted for imparting this knowledge either to laymen or to doctors In the most delightful style he recounts the fascinating story of the discovery of vitamins and other dietary essentials with illustrations of their practical application in various parts of the world Some of the chapters notably those on beri beri and pellagra read like a novel and yet are fully correct in fact In the preface to the second edition he states that he has not made many alterations but that if he were now rewriting the book he would adopt a more optimistic attitude towards the subject of malnutrition owing to the fact that there has been a general awakening of the public conscience to its importance The existence of such a book will contribute to this highly desirable awakening

and no cutaneous irritation or erythema has so far been met with

In some instances, owing to a more active exudation, such an "ideal" technique is impossible, and the entire dressing requires to be changed once or even oftener On occasion there is some scaling or even crusting after the main part of the surface has healed, and olive oil is applied until the scales or crusts separate Otherwise simple dry gauze dressings are used to protect the recently healed area for a few days

Results

Very trivial injuries being discounted, forty-two consecutive and unselected cases were treated during the period under review Two of these cases have been discarded, as the patients, though both doing well, did not complete their treatment at hospital Another patient (No 15, Table A) has not been included in the analysis of results (Table B), again on account of ceasing attendance prematurely Of the remaining thirty-nine patients, twenty-six were males with an average age of 27 years, and thirteen were females with an average age of 25 years Scalds accounted for most of the injuries, there being twenty-seven of these as against five burns by flames, four by hot or molten metal, two electric burns, and one burn by lime

Distribution and Extent—In most cases the limbs were affected, especially the arms, and it was found, as would be expected in patients treated on ambulatory lines, that injuries to the arms and hands tended to do better than those on the legs and feet The injuries were frequently multiple, but these have been considered as separate entities in the appended tables only where the duration of treatment has shown any marked disparity The extent of the involved area varied In some it was relatively small, but in others it was of considerable size—for example, the whole of one aspect of the forearm and wrist, or the lower third of the leg and whole dorsum of the foot Lesions of the fingers accompanied practically all those affecting the hands

Degree Duration and Initial Sepsis—In five patients the burns were of third degree, in the remainder they were of second degree (Dupuytren's classification) It will be noted in Table A, under the heading "Duration" (the approximate interval between the time of the injury and the first hospital treatment), that most of the patients presented themselves within a few hours In eleven cases, however, they did not come until one or more days had elapsed, and there was therefore potential or actual sepsis present from the outset of hospital treatment In certain cases, even when treatment was begun on the day of the injury, there was already a slight degree of infection, frequently due to the application of some unsuitable domestic remedy In Table B it will be seen that there is a direct relationship between the depth of the lesion, the presence of sepsis, and the length of time required for treatment

The Process of Healing—The results in this series were almost uniformly good Healing progressed steadily, and it was seldom that any of the patients complained of really appreciable discomfort Especially when the primary surface dressing remained intact and there was no excessive exudation, the treatment was painless throughout There was a noticeable absence of exuberant granulation tissue, and no cases of dermatitis were met with The resulting scars were smooth and pliable, though some showed a little surface scaling, which soon disappeared No contractures occurred Another point was that straight-

TABLE A

Case No	Injury	Sex	Age	Duration in Hours	Degree	Site	Initial Sepsis	Duration of Treatment in Days	Result
1	Scald	M	60	6	2nd	Arm Shoulder	Mild	19	Good
2	Scald	M	24	4		Both feet	Slight	28	"
3	Burn	M	16	2		Fingers	Nil	16	"
4	Scald	M	1	1		Arm	"	20	"
5	Burn	M	19	1		Hand	"	12	
6	Scald	M	18	3		Both hands	"	30 16	"
7	Burn	M	24	24	3rd	Leg	Mild	65	
8	Burn	M	41	2	2nd	Forearm Face	Nil	7	
9	Scald	F	25	6		Wrist	Mild	16	"
10	Burn	M	28	3	"	Both hands	Nil	12	"
11	Scald	F	20	22		Elbow	Mild	11	"
12	Burn	M	28	2		Both hands	Nil	10	"
13	Burn	F	15	3	3rd	Fingers	Slight	34	"
14	Scald	F	3	23	2nd	Forearm	V mild	28	
15	Acid burn	M	63	2	3rd	Toes Shoulder	Attended for twenty two days lesions then satisfactory but not quite healed		
16	Burn	M	38	1	2nd	Forearm face neck	Nil	15 7	Good
17	Scald	M	33	2		Wrist		16	
18	Scald	M	14	1		Forearm		15	
19	Scald	M	20	2		Hands & fingers	V mild	26	
20	Scald	M	28	72	"	Arm	Severe	45	Fair
21	Scald	M	43	2		Ankle leg foot	Nil	28	Good
22	Scald	M	58	2		Arm		11	
23	Scald	F	40	72	"	Knee	Mild	28	"
24	Scald	F	38	2	"	Leg	Nil	28	"
25	Burn	M	50	4	3rd	Wrist Elbow		53 28	"
26	Scald	F	38	48	2nd	Foot	Mild	14	"
27	Burn	F	4	1	"	R knee L knee	Nil	15 40	Fair
28	Burn	M	28	3	3rd	Fingers		27	Good
29	Scald	M	5	3	2nd	Foot		24	
30	Burn	M	26	46		Hand		13	"
31	Scald	F	27	2		Leg		14	"
32	Scald	M	16	20		Hand		17	
33	Scald	F	15	1 wk		Leg	Moderate	15	
34	Scald	F	40	5 dys		Foot	Marked	36	Fair
35	Scald	F	23	12	"	Foot	Moderate	34	
36	Scald	M	14	3		Foot	V mild	18	Good
37	Scald	M	7	2		Foot	Nil	16	"
38	Burn	M	15	1		R hand L hand	"	15 7	"
39	Scald	F	16	24		Foot	Mild	24	
40	Burn	F	20	2	3rd to 4th	Forearm and wrist	?	38	Fair

TABLE B—*Thirty nine Patients Forty four Separate Injuries*

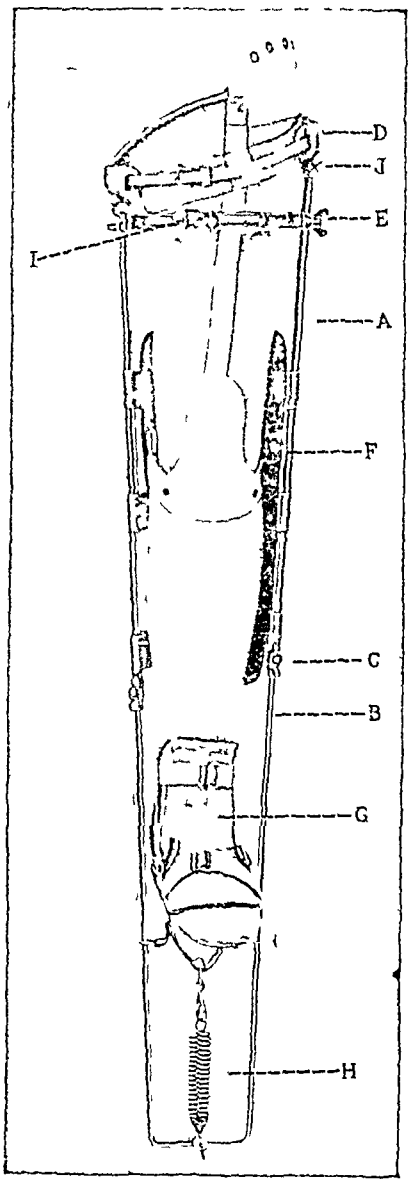
Injuries	Number	Average Duration of Treatment in Days
Second degree with no infection	24	16 8
Second degree with mild infection	11	22 4
Second degree with moderate or severe infection	4	35
Third degree with little if any infection	4	36 5
Third degree with infection	1	65

Preparations and Appliances

UNIVERSAL FRACTURE SPLINT

Mr K H Pridie (Clifton, Bristol) writes

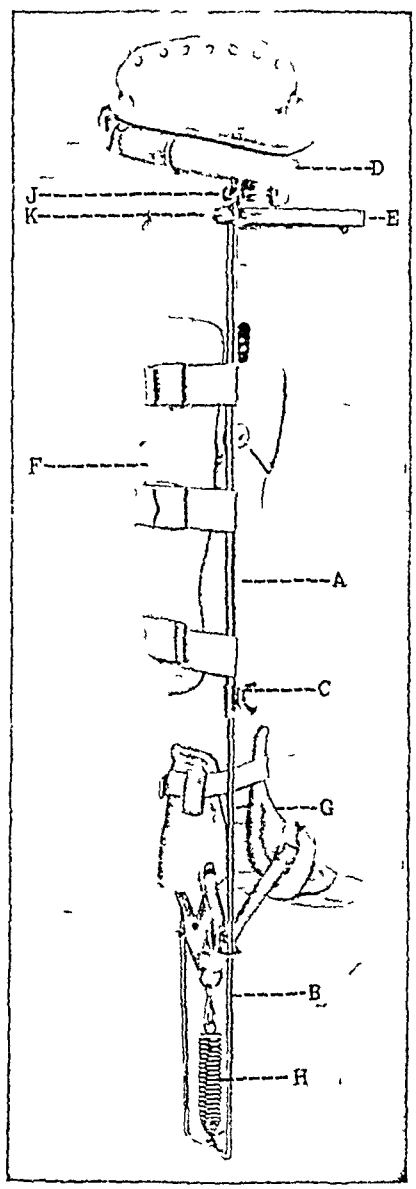
Fracture work is now being collected to fracture clinics where there are adequate facilities for the treatment of all types of cases and cases are being transferred from smaller hospitals to these clinics Many patients have to travel considerable distances and for these some form of efficient splint is urgently needed For this reason I am describing the universal fracture splint, which has been designed for me by M Masters and Sons, Ltd, London The splint was primarily designed for the first-aid treatment of fractures, it is completely adjustable for child or adult and will fit any size of thigh or length of leg It is therefore especially useful for ambulance service ships, and small hospitals where a large assortment of splints cannot be kept



Although designed as a first aid splint there are many cases where it can be used with advantage for treatment in hospital For example (1) for cases of fractured femur, (2) for cases of pathological fractures which need deep x ray treatment, as the patient can be moved from the ward to the x-ray department without fear of displacing the fracture During treatment it can be easily dismantled to allow the particular part to be irradiated

Description of Splint—The splint is a modification of the Thomas Knee splint, and is adjustable for length Instead of a circular ring at the top there are two divided segments, each one-third of a circle These are kept in position by means of an adjustable spacer The upper ring of this splint will expand to fit any circumference of thigh and will remain in position when the spacer is clamped Fraction for first aid purposes is obtained by means of a spat which fits over the shoe or boot This is attached by a spring to the end of the splint and by elongating the splint the required traction can be obtained The adjustable tray supports the leg The figures show the splint attached to an artificial leg

Details Shown in Figures—A = Main expansion bar, which is hollow to allow tube B to slide in This makes the splint adjustable in length and is controlled by the lock nut at C D = The upper ring of the splint The angle of the segments of the ring can be varied by means of the screw at J E = The spacer, which can be removed to apply the splint by undoing the nuts K It is adjustable in width by slide at I F = Adjustable back tray G = Spat for use as a first-aid splint over shoe or boot It is attached to the spring H at the end of the splint H = Spring attached at one end to strap from spat and at the other to the lower bar of the splint



Directions for Fitting Splint—Remove adjustable spacer marked E on one side only by undoing the nut at K The spacer can then be removed from tube A and swung outwards Undo the strap of the top ring and also the two lock nuts at C and the splint will become flat and can be slid under the leg The inner segment of the top ring marked D is adjusted to fit the crease of the but lock and to fit under the tuber ischii The strap of the top ring is tightened until it is a loose fit and the spacer E is then swung into position and re attached to the tube marked A The spat G is then applied over the shoe the wing nuts at C are undone and the tube B pulled from the tube A until the required traction is produced The wing nuts C are finally tightened The top ring D will then assume its correct position in relation to the groin

For transportation a bandage is applied round the whole splint and limb

IODIZED OIL

Iodatol (B D H) is a British made iodized oil issued for use in radiological diagnosis and in iodine therapy The specifications of the *B P Addendum, 1936* for iodized oil state it to be an iodine addition product of poppy seed oil containing 39 to 41 per cent of combined iodine and 'iodatol' conforms with this specification British Drug Houses Ltd (Graham Street City Road, N 1) have issued a well illustrated pamphlet showing radiographs of the bronchi obtained with "iodatol," and the text gives a full description of its mode of administration Samples will be sent to medical practitioners on request

forward healing was obtained in a number of cases in which there was some degree of initial sepsis In five cases the result has been classified as only fair,' more on account of the fact that some sepsis was encountered during treatment than because the eventual result was not satisfactory Only in two of these five cases was it necessary to substitute stronger antiseptic measures for a day or two during the course of the treatment Further, it will be noted from Table A that in three of these patients initial sepsis of more or less marked degree was present when they first attended, and in another the burn was a deep and extensive one on the forearm (No 40) One other case (No 7) calls for special mention This patient was an epileptic, and sustained a third degree burn of relatively small size but situated in the avascular scar of an old burn of the leg Healing was accordingly slow and he had to attend for sixty-five days

Illustrative Cases

Case I (No 24)—The patient was a female aged 38 She was seen on April 8 1936 two hours after a scalding accident to the right leg Examination showed a four inch by three inch second-degree lesion above the right internal malleolus Primary dressings as above Healing progressed very satisfactorily with no exudation through the surface gauze layers A photograph taken on April 27 shows the surface gauze in position and a second one taken on May 5 after the gauze had separated spontaneously shows a perfectly healed skin area with slight scaling in its centre (see Special Plate) No pain throughout

Case II (No 16)—The patient was a male aged 38 He sustained second degree burns of the face neck and whole length of the left forearm caused by a blow back from a furnace. *The accident occurred on March 23 1936 and he* attended hospital one hour later The raised epithelium was removed and the surfaces cleansed with saline Amyl salicylate and abracide dressings were applied The gauze layers in actual contact with the raw surfaces were left intact and only the top layers were changed at three and four day intervals Progress was rapid By March 30 the lesions on the face and neck were healed and by April 7 the forearm was likewise fully healed No pain throughout Comment A recent clean second degree burn primary surface dressing remained *in situ*

Case III (No 39)—A girl aged 16 was scalded on the right foot on June 4 1936 A thick layer of flour was applied at home and she attended hospital on June 5 Examination showed an extensive, moist, mildly infected second degree lesion over the dorsum of the foot and the front of the ankle In this case there was some exudation so that the whole thickness of the dressings had to be changed three days later Thereafter though there was a minor degree of exudation the deep surface gauze was left intact and healing progressed satisfactorily being complete by June 29 There was some discomfort during the first five days of treatment Comment A mildly infected injury of twenty four hours duration which however progressed satisfactorily

Case IV (No 34)—A woman aged 40 attended on May 28 1936 with a five days old second to third degree lesion on the foot caused by a scald There was a brown slough in the centre and the surrounding skin was congested and swollen Considerable pain After gentle cleansing amyl salicylate and abracide dressings were applied Owing to the nature of the case there was considerable exudation of sero pus and the whole thickness of the dressings had to be changed at four day intervals By June 15 the condition was painless and the surface very clean Healing was complete by June 29 Comment A quite markedly infected burn treated throughout by amyl salicylate and abracide

Summary

1 Clinical tests in a hospital out patient department have indicated that amyl salicylate possesses analgesic properties and can be satisfactorily employed in the treatment of minor burns

2 It lacks the coagulant effect of tannic acid on the tissues, and is therefore unsuited to the treatment of severe and extensive burns where there is a danger of toxaemia and shock

3 The ester has little if any bactericidal power, and it therefore requires the addition of an antiseptic In this series a mixture of isomeric substituted phenols, known by the trade name abracide,' has proved suitable

4 The method is applicable to the treatment of infected as well as non infected burns and scalds, provided the initial infection is not too severe

5 Standardization of technique is very necessary if the best results are to be obtained

6 Amyl salicylate has an extremely penetrating smell but the results obtained with other less pungent salicyl esters have been inferior

I am indebted to Dr T H Durrans, director of research and development to Messrs A Boake Roberts and Co Ltd for advice and assistance throughout the inquiry I am also sincerely grateful to Sister Dewar of the *surgical out patient* department of the Edinburgh Royal Infirmary without her constant supervision of the work of her staff the investigation would have been impossible

A NOTE ON LITHOPAEDION

WITH REPORT OF A CASE

BY

PAUL CAVE, M B, D M R E

Honorary Radiologist Royal Berkshire Hospital

(WITH SPECIAL PLATE)

Of all pathological conditions lithopaedion probably excites the most curiosity and for this reason few cases escape being reported In spite of this tendency to over publicity the number of cases in the literature is relatively few For instance up to 1933 the total was 196 cases and the number added since then is insignificant Another illustration of its rarity is derived from the figures of the Mayo Clinic for the years 1903 to 1926 During this period nine lithopaedions were found in 445 cases of extra uterine pregnancy The incidence of 2 per cent is probably the highest that will ever be recorded as with increased recognition of a retained foetus lithopaedion formation will become still more rare The paucity of cases is not surprising when one considers the combination of circumstances which must be present before a lithopaedion can be formed

First, the pregnancy must be extra uterine It is true that about half a dozen cases of intra uterine lithopaedions are reported in the very early literature but since none have appeared within the last hundred years it is rational to view their authenticity with extreme scepticism Nor is it possible to discover a case of lithopaedion in the record of pregnancies in bicornuate uteri Even in a case in which almost full term twins were retained for twenty years in a bicornuate uterus the e was skeletonization but no calcification

Secondly the foetus must survive for longer than three months It death occurs while the bones are cartilaginous absorption will be rapid and complete In tubal pregnancy advanced development is rare and if the tube ruptures on its free side the embryo usually dies in the peritoneal cavity But secondary intraligamentous implantation is said to favour survival

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WHEN IS ABORTION LAWFUL?

Medical practitioners in general and gynaecologists in particular have constantly at the back of their minds a doubt which from time to time becomes acute That doubt is Can an operation to terminate pregnancy ever be lawful? It is not pleasant for a doctor to feel that in the course of practice he may with perfectly honest intentions commit a serious offence The trouble comes, like many others, from the nebulous state of a good deal of our law It has from time immemorial been an offence against the laws of the Church and of the land to cause a woman to miscarry, and the principle is embodied in the Offences Against the Person Act, 1861, Section 58 This section prohibits a woman with child from procuring abortion on herself, and then lays down that "whosoever shall unlawfully supply or procure any poison or noxious thing, or any instrument or thing whatsoever, knowing that the same is to be unlawfully used or employed with intent to procure miscarriage of any woman, whether she be or be not with child, shall be guilty of a misdemeanour, and being convicted thereof shall be liable to be kept in penal servitude "—for life As far as the professional abortionist, qualified or unqualified is concerned this section presents no difficulties To the law abiding practitioner the crux of the matter is the word "unlawful" This word is nowhere defined in the Act and since the case of R *v* Bliss,[1 2] in which a qualified woman doctor was sent to penal servitude for three years for unlawfully procuring abortion and had her name erased from the *Medical Register* medical men and women have been asking themselves whether in emptying the uterus for reasons which have seemed good to them in the patient's interest they have made themselves liable to a similar punishment The letter over the signatures of three practitioners in Kenya published in our correspondence columns this week may express a general uneasiness

Research into the legal authorities ends as soon as it begins The reports contain no case in which the question has ever been dealt with by a judge even in passing There is however, a crumb of comfort in the section itself By an ordinary rule of interpretation the lawyer assumes that when the legislature prohibits citizens from doing an act unlawfully it must have in mind a lawful way of doing the same act for otherwise it would have been idle to use the word "unlawfully" This view was expressed by Mr Justice Salter in a discussion on criminal abortion held by the Medico Legal Society in 1927 and reported in this *Journal* Taylor[3] quotes an opinion given by counsel to the Royal College of Physicians in 1896 which goes a good deal farther "We are of opinion that the law does not forbid the procurement of abortion during pregnancy or the destruction of the child during labour where such procurement or destruction is necessary to save the mother's life" *Russell on Crime*[4] goes farther still and says "The word 'unlawfully' excludes from the section acts done in the course of proper treatment in the interest of the life or health of the mother" As the original author of this work is dead this passage may be cited in court as an authority, and would doubtless be treated with great respect Taylor, developing the subject, takes a conservative view, and says that it is obvious that the only reasons justifying the induction of labour are to save the life of the mother or to save the life of the child The learned author quotes the opinions of various eminent gynaecologists who spoke at a discussion held during the Annual Meeting of the British Medical Association in 1926 in the Section of Obstetrics and Gynaecology, and says that the majority of the Section seemed to agree that abortion should be advised only for some definite morbid condition such as tuberculosis, chronic nephritis, heart disease and certain others, that no one of these diseases could be looked upon as a reason for always terminating pregnancy, but in a particular case any one of them might render abortion necessary The indications for therapeutic abortion have often been discussed by the heads of the medical profession, and are not a subject of much controversy they can be found in every good textbook of obstetrics and gynaecology

This very absence of legal authority may reassure the law abiding doctor for it indicates that law-abiding doctors never are put in peril for terminating pregnancy on recognized medical grounds It is a matter of common knowledge that the profession contains a few members who choose to run the risk of prosecution and who terminate pregnancy without good medical reasons yet the prosecution of one of them excites intense and widespread interest simply because the prosecution of a reputable registered practitioner for this offence is

[1] *British Medical Journal* 1936 2 16
[2] *Times* July 1 1936
[3] *Medical Jurisprudence* ninth edition vol 2 p 140
[4] Ninth edition vol 1 p 517

Thirdly, the condition must escape medical notice, else it will be terminated by operation, also the mother must survive long enough for calcification to occur The shortest recorded period is fourteen months from conception, but usually it is many years before the discovery is made

Fourthly, the foetus must remain sterile Infection will certainly produce absorption, and moreover will lead to symptoms necessitating operation

Fifthly, the necessary conditions for deposition of calcium in the tissues must be present What these conditions are is not fully understood, but an important factor appears to be a sluggish local circulation In this connexion it is significant that in almost every case of lithopaedion no trace of placenta could be found An exception to this is recorded by Clark, who found a large necrotic friable placenta attached to the pelvis In his case, however, there were only a few patches of calcareous matter sparingly interspersed through the external portions of the tissues and in the enveloping membrane

It would seem probable that the absence of calcification in foetuses retained in a bicornuate uterus, even after the lapse of many years, is explicable on the grounds that the circulation is too good for these changes to occur

Classification of Lithopaedions and Diagnosis

The sites in which calcium is laid down have formed the basis of a classification of lithopaedions into three types

1 Lithokelyphos —The membranes alone are calcified and not adherent to the foetus The foetus may be unchanged, mummified, or skeletonized This type is supposed to be due to the membranes remaining intact at the termination of pregnancy

2 Lithokelyphopaedion —The membranes and foetus are calcified and are adherent to one another This type follows the escape or absorption of amniotic fluid

3 Lithotecnon (true lithopaedion) —The foetus alone is calcified, the deposition of lime salts starting in the vernix caseosa The escape of the foetus into the abdominal cavity leaving its membranes behind, is said to account for this type

Lithokelyphopaedion is probably the most common of the three

The discovery of a lithopaedion is often accidental—in the course of clinical examination or radiographic investigation, or at post-mortem The patient may be unaware of her condition The usual history is of a "mock labour" followed by gradual decrease in the size of the abdomen and the return of menstruation Progressive shrinking of a full-term foetus to a calcified mass the size of a fist has been observed radiographically by Sante and Emmert On palpation of the abdomen a hard mass may be felt above the pubis Sometimes the patient knows of its existence but attaches no importance to it on account of the absence of pain or discomfort

In 60 per cent of cases late symptoms occur There may be mild abdominal pain, sense of fullness in the pelvis, cystitis, vaginal discharge, and sciatica and constipation from intrapelvic pressure Abdominal adhesions and rupture of the lithopaedion into adjacent viscera are the commoner serious complications Diagnosis by radiography is usually simple The presence of foetal limbs distinguishes the shadows from those of calcified fibroids or dermoid cysts Compression of the foetus is the rule There is overlapping of the cranial bones and often an acute dorsal or cervical kyphosis Distribution of the calcified areas varies with the type of lithopaedion

Present Case

An obese woman, aged 83, complained of pain in the left hip as the result of a fall She was referred to me for x ray examination The radiograph showed a crushed fracture of the greater trochanter, and also dense shadows in the pelvis Some of these shadows were obviously of foetal bones I endeavoured to get the patient to return for a thorough examination of the pelvis but she would not consent A few days later she died of cerebral haemorrhage Her only relative, a niece aged about 50 refused permission for a post mortem investigation, but agreed to an x ray examination of the body She informed me that her aunt had been a particularly healthy woman who had hardly ever required medical attention There was one child born about fifty years previously The niece remembered that some time after the birth of this child her aunt thought that she was again pregnant However, labour did not come on and the incident was forgotten The date of this pregnancy is not known, but it is likely to be more than forty five years ago

On palpation of the abdomen, when the body was brought for x ray examination I found a large, hard, smooth swelling resembling a foetal head above the pubis The antero posterior view shows a calcified full-term foetus lying on its left side in the pelvis The head is to the right and the back to the left of the midline The arms and legs are flexed The lateral view shows the breech lying in the hollow of the sacrum The head and thorax are above the pelvic brim The head is acutely flexed on the chest This view makes it obvious that the hard mass felt above the pubis was the back of the neck and shoulders and not the head There is very slight overlapping of the cranial bones but it is not sufficient to decrease materially the size of the foetal skull The thoracic and lumbar spines are almost straight

Calcification is chiefly in the membranes, which appear to be about the thickness of a foetal rib Calcification is also seen in the tissues especially in the arms Thus the lithopaedion may be classified under the type known as lithokelyphopaedion

I am indebted to Dr Leggatt of Newbury for permission to publish the case and to Mr A O Forder Royal Berkshire Hospital, Reading, for the radiographic prints

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J Dorffel and W Lutterberg (*Derm Wschr* January 2, 1937, p 1) review the different causes of sterility in men Collected statistics show that bilateral gonorrhoeic epididymitis is responsible for 50 to 100 per cent of azoospermia The authors think that only those statistics are useful which are based on the examination of the ejaculated semen in all cases of bilateral epididymitis and not only in cases which come for examination as a result of alleged sterility The authors' personal investigations have shown sterility to occur in about 50 per cent of all cases of bilateral epididymitis Recanalization of the duct occurs only very rarely Azoospermia was found also in a number of cases of unilateral epididymitis and also in certain constitutional disturbances There seems to be a relationship, too, between excessive smoking and azoospermia

extremely rare Broadly speaking an abortionist only comes to the notice of the police for one of two reasons his patient dies or gives information Except for the very rare cases of death from shock of the mysterious kind so ably described by Sir Bernard Spilsbury* the qualified abortionist hardly ever loses a patient, for he knows how to avoid sepsis and haemorrhage Mrs Bliss came to grief because some of her patients informed against her The law-abiding practitioner who follows Taylor's advice to get a second opinion and the written consent of the woman and her husband or guardian, and who only terminates pregnancy to avert genuine danger to life or health is not likely ever to have his action called in question In practice the police are very cautious in prosecuting even flagrant and persistent abortionists, they would not move in a case where the defence would rest on proper medical indication It is doubtful whether the authorities ever consider a prosecution which would rest on the legal interpretation of the word "unlawful" in the statute Practically all abortion trials are decided by evidence of fact, and the issue is whether the accused did or did not perform an abortion The illegality of the operation is never in issue In the Bliss case the accused, it is true, said she only perfoimed the operation on women who were already suffering from an attempt at abortion, but she was found guilty, not because this was an insufficient defence, but because the jury did not believe her There is no real doubt, either in law or in practice, that a doctor who empties the uterus of a patient who comes to him "bleeding, possibly septic," from an attempt to procure abortion is running no risk whatever A medical man need have no fear of being convicted, or even accused, on a legal technicality if he terminates a pregnancy with the honest intention of averting damage to health and life If he widens the indications to include speculative grounds he will lose the support of the consensus of his professional brethren If he empties a gravid uterus merely because the woman does not want to bear the child he acts at his peril

HOSPITAL CO-OPERATION IN LONDON

A section of the Local Government Act, 1929, laid it down that local authorities when providing hospital accommodation should consult a committee representing both the governing bodies and the medical and surgical staffs of the voluntary hospitals of the area It was a narrow field of co-operation and in some areas though not in London it has been narrowly construed The British Medical Association has maintained that in order to get any satisfactory scheme of co ordination there must be more than mere consultation and that both sides must get together to set up a body which would devise means for bringing into line the admission of patients as between the various hospitals as well as advise on the development of new accommodation The Voluntary Hospitals Committee of the County of London which was constituted in July 1935, by the amalgamation of the London Voluntary Hospitals Committee and the London Regional Committee of the British Hospitals Association, has issued a report of its activities covering the last eighteen months The committee represents the twelve hospitals with undergraduate schools twenty-nine general hospitals without schools, including three by special arrangement outside the county and sixty six special hospitals It has been recognized by the London County Council and the King Edward's Hospital Fund as representative of the voluntary hospitals, and its contacts with the L C C have not been limited to the question of accommodation but have ranged from exchange of information about extensions of services down to rates of pay of miscellaneous staff The committee suggested regular meetings with the Hospitals and Medical Services Committee of the Council for the general discussion of hospital policy, but this idea was apparently too radical and conferences between the two bodies are only called when definite questions arise With regard to King Edward's Hospital Fund an arrangement has been concluded whereby in future every voluntary hospital in the county before submitting to the Fund any important scheme of extension or reconstruction will be asked to ascertain the views of the Voluntary Hospitals Committee Liaison has also been established with the Ministry of Health which will consult the committee on all matters, including those relating to medical education, in which the voluntary hospitals of the county are largely affected by any of the Ministry's proposals The committee has participated in the work of a larger body, representing other interests, in discussing with the London County Council the scheme which the Council is devising for a salaried service of midwives under the new Act

One useful piece of work now under consideration by the committee is the proposal for the provision of a central office—a sort of clearing house—to facilitate the admission to voluntary hospitals of emergency and acute cases It is the common experience of a medical practitioner in urgent need of a bed for a patient to have to telephone to a number of hospitals before he can find one which is able to receive the case Such a central office

* *Med leg criminol Rev* 1934 2 1

AN OPERATION FOR THE CURE OF ADULT HYPOSPADIAS

BY

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(WITH SPECIAL PLATE)

ose who undertake the responsibility for the radical re of hypospadias know that it can be one of the most fficult of all surgical conditions to bring to a successful nclusion Cabot (1935) points out that the basic require nts of a thoroughly satisfactory operation are that it ould overcome the disability and avoid the production new disabilities such as stricture formation or growth hair within the newly formed urethra At the same ne it should be sufficiently simple and certain of free m from post-operative complications such as fistula mation, to enable it to be carried out with a reasonable ospect of success by a well trained surgeon

Technical Problems

e construction of a new urethral canal demands a h degree of technical skill, even then it may fail, ause the method necessarily violates some of the dinal principles of plastic repair, particularly when olied under the disintegrating effect of the urinary am There is, in fact, real need for an operation ich is reasonably easy to perform and more certain success than many of those in common use Apart m associated abnormalities such as hernia or retained es, the three practical considerations in the hypospadiac concerned with the redundant dorsal prepuce, the tral penile curvature, and the absent urethra Briefly, dorsal prepuce is disposed of by incorporating it into ventral length, either by the excellent method of nunds (1926) or by the more recently described pro ure of Browne (1936) The effect of this is to distribute available skin equally over the penile surface in such ay that the dorsal excess is transferred to the deficient ral surface Straightening of the ventral penile ve is effected by removal of the urethral cord and remains of the corpus spongiosum Finally a new hral canal must be constructed

here is no particular difficulty in carrying out the first second of these procedures, chiefly because they are to perform, and the suture line is not subjected to passage of urine over it It would be generally agreed the third problem—namely, the construction of a urethra—is the most difficult step in the necessary s of operations Certainly the extraordinary number roposed methods bears this out, and an examination hem will show that while some are practical and ble others are fantastic and have no possible use

l of them rely upon one of three different methods lastic repair—namely, the use of local flaps tube les or free grafts The first is satisfactorily repre- d by the various modifications of the Marion–Duplay) procedure, Cabot s (1935) modification of Buck- (1907) operation and Ombredanne s (1923) opera The second depends upon the use of extraneous transplanted from a distance by means of the s tubed pedicle Free grafts are made use of in rocedures of Nové Josserand (1914), Rochet (1932), and Mayo (1901) While all of these methods have been successfully employed on many occasions the last—namely the use of free grafts—has fallen into disuse and has been generally condemned

More recently Borchers (1928) and Begg (1935) have recorded interesting experiences with the tunnelling operation and have suggested modifications in technique To anyone who has had experience of the great success of the Esser (1917) principle of inlay grafting it would appear that free grafting is the most reasonable method of constructing a new urethra It can be undertaken with a high degree of certainty without utilizing penile skin and with none of the dangers of breaking down associated with suture lines in this region In this communication I wish to show that Nové Josserand s operation, when modified in certain important particulars is not only feasible but gives in adult hypospadias what I believe to be the simplest and most satisfactory method of producing a new urethral canal

Principles of the Operation

Nové Josserand proposed that after the usual straightening of the ventral curvature a tunnel should be bored through the penis from the posterior fistula to the tip of the glans and a catheter covered with Thiersch graft be inserted into the canal He recommended that the catheter should be removed at the end of eight to ten days and the skin lined passage be dilated periodically with bougies Anyone with an intimate knowledge of the behaviour of grafted skin will admit the immediate criticisms that such contraction will occur that the canal would become hopelessly stenosed and periodic dilatation will fail to maintain its patency This is in fact the uniform result of the operation, and explains why it has fallen into disuse

The modern epithelial inlay demands the introduction of thin hairless epidermis into a subcutaneous cavity made larger than the ultimate size required and maintained in a distended position for a period which exceeds by a considerable margin the contractile phase of grafted skin—namely three to six months Under these conditions an epithelial canal can be constructed in which stenosis does not occur

I was first encouraged to try the effect of a penile epithelial inlay in an adult patient with hypospadias in whom so many operations of a flap type had been performed that the ventral skin of the penis was scarred beyond any hope of making local flaps After constructing a tunnel through the penis I introduced a skin covered catheter and maintained the patency of the new canal continuously for a period of six months At the end of that time the proximal end of the new canal was anastomosed to the hypospadiac meatus with such a satisfactory result that I have employed the same principle on other adult cases with gratifying results So far it has not been used for children

The method however has been considerably modified It would seem a comparatively simple matter to introduce a skin covered catheter through the penile tunnel It is, in fact, extraordinarily difficult to do so and at the same time to prevent the graft being rucked off the catheter during its passage along the tunnel An introducer was therefore devised which overcomes this difficulty and renders the operation extremely easy The instrument resembles a large suprapubic trocar, except that the handle and the cutting point can be unscrewed, leaving a smooth hollow barrel five inches long and with an internal

if it could be established, would inform him forthwith where to send his patient and would warn the hospital of the impending arrival Thus the doctor's time and energy, and perhaps his temper, would be saved and the patient's anxiety relieved Sixty-one hospitals have expressed a willingness to co operate in such a proposal, and three have expressed dissent Like many schemes which seem on the face of them so full of common sense and so simple to bring about, it bristles with difficulties as soon as details come to be considered, but a subcommittee is busy upon it, and a scheme will in due course be laid before the constituent hospitals The interest with which the suggestion has been received is felt to justify a very real endeavour to put it into practical shape The committee, after touching on various other activities which have engaged its monthly meetings, gives a hint to hospitals in general Every effort it says will be made to ensure that they are not unnecessarily troubled for information, and when they are troubled it is hoped they will respond with as little delay as possible The chairman of the committee is Mr O N Chadwyck Healey, the vice chairman Dr A M H Gray and the honorary secretary Professor L S Dudgeon

THE TREATMENT OF BURNS

Had he been alive to day E C Davidson of Detroit who in 1925 introduced the tannic acid coagulation treatment of burns would no doubt be very gratified by the fact that his method has led to standardization of treatment and a considerable reduction in the mortality from burns He would find a still further source of gratification nearly half the lethal burns in the United States occur in young children and in his old clinic at the Children s Hospital at Detroit the tannic-acid treatment has reduced the mortality from 36 to less than 10 per cent [1] There can be no doubt that the treatment of severe and extensive burns by coagulants such as tannic acid—or by its more recent adjuvants or variants such as silver nitrate and ferric chloride solutions—represents a great advance in surgical therapy In this country Mitchiner at St Thomas's has been an ardent advocate of the new treatment In Edinburgh an investigation has recently been made into toxin formation in burned tissues by Wilson Jeffrey Roxburgh and Stewart [2] Their problem was to ascertain the nature of the so called "acute toxaemia" which supervenes after the periods of initial and secondary shock some six to fifty hours after a severe burn From time to time criticism of the view that this phase is a true toxaemia has been raised on the grounds that there has been no satisfactory evidence for the actual formation of toxins in burned tissues The Edinburgh investigators, however have been able to show that the oedema fluid which accumulates in a burned area gradually acquires toxic properties probably as the result of autolysis of the injured tissue and that it exerts toxic effects on the nervous and circulatory systems and on the liver cells It would appear that absorption of toxin from the burned area is the factor responsible for the stage of acute toxaemia and that it is unnecessary to regard as of primary importance such factors as increased concentration of the blood early bacillary infection or changes in blood chemistry thus is explained the great value of coagulants such as tannic acid in preventing the formation of the toxins at the site of their origin Tannic acid may, however be misused and attention has been drawn to the fact that its application in burns of a minor character may produce unnecessary destruction of epithelium and some delay in healing It has been suggested therefore, that the coagulation treatment should be reserved for more severe burns and that bland wet dressings and ointments may with advantage be used for minor and less extensive cases The solutions employed for this purpose have been many and varied from mercurochrome in 2 per cent concentration [3] to cod liver oil advocated so enthusiastically for some time now by Professor Wilhelm Lohr of Magdeburg A report of a new remedy for the treatment of minor burns by Mr Leslie Stewart of Edinburgh appears in this issue of the *British Medical Journal* (p 380) He finds that amyl salicylate exerts a valuable analgesic effect and when blended with a liquid mixture of isomeric methyl tertiary butyl phenols ("abracide") produces a stable antiseptic preparation which still maintains analgesic properties Details of technique and of encouraging results will be found in the author s paper It must be clearly understood that amyl salicylate is not for use in extensive burns for which coagulation is imperative but for the treatment of minor cases particularly of scalds it will no doubt be widely tested

[1] *New Engl J Med* 1936 214 306
[2] *Brit J Surg* 1937 24 601

RAT-HUNTING IN HAWAII

Maui is the second largest of the Hawaiian Islands with an area of 728 square miles and a population of 52 000 Cultivation of the sugar cane is the principal industry pineapples are also extensively grown and quantities of cattle are raised in central Maui there are also numerous chicken farms and smallholdings The island is served by three ports but only at Kahului do vessels tie up alongside a wharf Plague was first reported in Maui in 1900 and was presumably brought there by the inter island steamer from Honolulu No further evidence of the disease occurred until 1930 when several deaths were attributed to plague although the first definite diagnosis was not made until August 1931 Subsequently there were five cases with four deaths the last case occurring in September 1932 During this period fifteen plague infected rats were found in seven foci but no further rat infection was discovered until October 1934 a year after A L Dompeyer, sanitary engineer U S Public Health Service came to the island [4] At that

[3] *British Medical Journal* 1925 2 995
[4] *U S Treasury Dep Pub H Rep* November 6 1936 51 No 45

diameter sufficient to admit a No 11–12 English gum-elastic catheter covered with Thiersch graft (Fig 1 on *Special Plate*)

Technique of the Operation

The operation is performed three to six months after the usual readjustment of the dorsal prepuce and the straightening of the ventral curvature A thin razor graft, or Thiersch graft, is cut from the inner side of the arm and carefully applied, raw surface outwards, like a cigarette paper, to a piece of No 11 English gum-elastic catheter, which just fits in width and length the barrel of the trocar The graft is tied at either end with a single strand of 000000 catgut It is then carefully placed in the barrel of the instrument and the cutting point and handle are screwed into position

With the patient in the lithotomy position a small stab incision is made just distally to the perineal meatus and another at the dimple usually present at the tip of the glans The trocar introducer is then thrust subcutaneously along the penis from the posterior stab incision until the point emerges at the tip of the penis (Fig 2) The manœuvre, while not easy, can be facilitated by introducing a long slender pair of scissors with Mayo points, in order to divide any fibrous bands which may obstruct the onward passage of the instrument When it emerges the cutting point of the introducer is unscrewed and the end of the skin covered catheter is gripped firmly with a pair of forceps The barrel of the instrument is carefully withdrawn through the posterior opening leaving the catheter in place and its skin covering undisturbed One-inch gauze tape soaked in mastisol is then bandaged round the penis fairly firmly, so that when the mastisol sets an efficient casing results which maintains the necessary pressure on the graft and prevents erection of the organ The entire procedure need not take more than twenty minutes to perform It is advisable to place a catheter in the bladder for forty-eight hours through the posterior meatus, in order to prevent urine coming in contact with the graft

At the end of ten days the casing is removed, the catheter is withdrawn, and the skin-lined urethra is syringed through with saline solution or half-strength eusol A fresh piece of gum-elastic catheter is immediately placed in the urethra, and at no time for the next three to six months is this left out for more than the five or ten minutes required to cleanse the canal (Figs 2, 3) It is necessary to make this point absolutely clear to the patient, for twenty-four hours without the catheter will cause hopeless stenosis of the cavity

After three to six months the contractile phase should be over, and the catheter can be safely left out In six months' time end-to end anastomosis of the posterior end of the new urethra and the hypospadiac fistula is performed over a short piece of catheter The nearer the perineum this anastomosis can be made the easier it is to perform Care is taken to see that the knots suturing the tiny lining flaps are drawn into the urethral canal If there is any difficulty about this Edmunds's method of passing a threaded needle backwards along the urethra in order to catch the knots and draw them through is useful The external covering flaps are sutured with mattress sutures of ophthalmic silkworm gut

Advantages and Difficulties

The advantages of this operation are many It does not require the diversion of the urinary stream at any time during its performance, and a short piece of catheter is really only required at the last stage of end-to end anastomosis I am not sure whether even then it is really necessary The introduction of the skin covered catheter is rendered easy by means of the introducer, and this important stage need take only a few minutes

As with other types of inlay graft, a perfect take should result in a very high percentage of cases, while continuous dilatation maintained until the contractile phase of the grafted skin is well over prevents subsequent shrinking and stenosis The appearance from the cosmetic standpoint is much superior to that of any other method, particularly at the meatus, which is placed at its correct anatomical position at the tip of the glans Thus the urinary stream is likely to be better projected than following operations of the flap type, where the meatus is more ventrally situated and a certain amount of spraying is common Another important advantage is that hair need not be included in the urethral lining—an all too common result of the flap operation

The total time taken to make a functioning urethra is, I think, rather longer than with other methods, owing to the prolonged period of continuous dilatation necessary, somewhere about nine to twelve months elapsing from start to finish On the other hand, the actual period of hospitalization is relatively short—five to six weeks—while between the four operations the patient is perfectly able to conduct a normal life From the surgical point of view one is freed from the tiresome and irritating business of closing and reclosing the fistulae which so often develop in adult patients along the suture line of the flap operation

The difficulties of the operation are chiefly concerned, first, with cutting a perfect Thiersch graft, and secondly, performing with considerable refinement of technique an end-to-end anastomosis of the new urethra to the hypospadiac meatus The first requires constant practice, the latter is made easier because it can be done at a point in the perineum or base of the penis where a substantial mass of tissue can be brought in from the sides to reinforce the internal suture line and so largely diminish the chance of leakage The only disadvantage of a Thiersch grafted urethra is that it is not extensible, but this is the fault of all operations for hypospadias

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The new nurses' home at St Charles's Hospital, Ladbroke Grove, Kensington, was opened by the chairman of the London County Council, Lord Snell, on Friday, February 12 It was in 1934 that the Council decided to provide a new nurses' home and quarters for five assistant medical officers, the matron, and the assistant matron The building also contains a training school for nurses The total cost of the new home and of the new accommodation for the assistant medical officers, matron and assistant matron is about £38,425 St Charles's Hospital was erected about 1881, and since its transfer to the L C C on April 1, 1930, it has been "appropriated"—that is, taken out of the scope of the Poor Law, and is available to all residents in the County of London

time poisoning was the method in vogue for combating the rats, but owing to the abundance of natural food there was little inducement for them to take the baits, and the numbers were not sensibly diminished Of the fifteen plague-infected rats twelve were found to belong to the species *Rattus alexandrinus* and *Rattus rattus* It was inferred that these species probably preyed upon the smaller and more numerous native animal, *Rattus hawaiensis*, and that the last-named provided the true reservoir of infection The areas most heavily infested were old pineapple fields and the densely covered gullies, and some of these were accordingly cleared The burrows could then be located, and as many as 2,300, each containing one to four nests, were found in an acre of cleared land The native *R hawaiensis* far outnumbered the other species Carbon bisulphide proved to be the best means of treating the burrows The procedure is to apply a few drops of this substance to each burrow A lighted match is then thrown down, an explosion follows, and a flame runs through the tunnel system killing the rats within, while the emanation of the yellowish fumes provides a means of locating further connecting burrows Finally the openings are plugged with earth and well tamped The clearing and burning of undergrowth, which necessarily preceded these measures, by diminishing natural food supply and exposing rat harbourages facilitated the task of poisoning by bait, while rats were also killed by clubs and any other means available As a result of this work six plague-infected rats were taken, five of which belonged to the species *R hawaiensis* There were two other important reservoirs of rats Large numbers of *R alexandrinus* and *R rattus* nested, like birds, in the algaroba trees, which produce the rats' food supply in the form of beans These nests, often containing as many as thirteen rats, were readily brought down with a shot-gun, after access had been gained by clearing and burning the brushwood Other rats lived in great piles of rock, which were successfully treated with calcium cyanide dust, the rock retaining sufficient moisture to generate the gas As a result of all these measures of "rat harbourage elimination work" the average daily rat catch was reduced from 8 41 to 0 67 rats per hundred traps in the plague zone districts within a period of thirteen months

PHYSICAL TRAINING AND RECREATION

In the White Paper on Physical Training and Recreation of which we gave an account last week (p 342), the Government announced its intention of appointing a National Advisory Council and a Grants Committee for England and Wales The council of thirty-one members has now been constituted, with Lord Aberdare as chairman and the Hon Edward Cadogan as deputy chairman The medical members are Viscount Dawson of Penn physician-in-ordinary to the King and Queen Mary and President of the Royal College of Physicians and Sir Kaye Le Fleming Chairman of the Council of the British Medical Association who was chairman of the B M A Physical Education Committee and represents the Association on the Central Council of Recreative Physical Training The secretary of the council and of the Grants Committee is Captain L F Ellis, who has now retired from the secretaryship of the National Council of Social Service in order to take up this new work Communications should be addressed to the secretary, Physical Recreation Committees, Queen Anne's Chambers, Tothill Street, S W 1

MANDELIC ACID IN URINARY INFECTIONS

The steps leading to the introduction of mandelic acid as a urinary antiseptic by Rosenheim are too well known to require iteration, but the treatment is still new enough for clinical experience and laboratory experiment to be worth recording The latest articles on the subject have come from America and Australia, where mandelic acid is proving as satisfactory as it has done in Britain Osterberg and Helmholz[1] record experimental work on the excretion and bactericidal activity of mandelic acid administered as the sodium salt They find that in doses of 12 grammes a day concentrations amounting to 1 per cent and more of mandelic acid can be maintained in the urine for many days, and a *p*H of 5 0 or less can be secured by the simultaneous use of ammonium chloride Such urinary conditions they show, are bactericidal for most organisms, though they are more effective against *B coli* or *B proteus* than against the cocci, the susceptibility of the latter appears to vary The difficulty with the *B proteus* is to produce *in vivo* a sufficient urinary acidity, since this organism synthesizes ammonia from urea The authors also show that there is a slight depression of renal function, as measured by the urea-clearance test during treatment, but that this is only temporary A high percentage of cures in *B coli* infections is recorded by Carroll, Lewis, and Kappel[2] with sodium mandelate by Cook and Buchtel[3] with various salts (sodium or ammonium or ethanolamine mandelate), and by Dolan[4] with ammonium mandelate, Silverton[5] from Australia reports favourably on the use of strong nitrohydrochloric acid as a urinary acidifier and antiseptic either alone or with mandelic acid salts There is general agreement that *B proteus* and coccal infections are more difficult to cure than *B coli* infections, and that patients should be investigated to exclude gross causes of urinary stasis before treatment Conditions such as hydronephrosis, calculus, or enlarged prostate must be appropriately treated, but even here mandelic acid will sometimes cure and often alleviate a coexisting urinary infection No serious untoward effects are reported Diarrhoea is an occasional result of the treatment, but is rarely severe Renal insufficiency, if advanced is a contraindication Haematuria has sometimes been observed during treatment by ammonium mandelate but as this may arise in untreated urinary infections we do not yet know whether it is due to the remedy or to the disease Acidification of the urine occasionally leads to a temporary increase of bladder irritability and

[1] *J Amer med Ass* 1936 107, 1794
[2] Ibid 1936 107 1796
[3] Ibid 1936 107 1799
[4] Ibid 1936 107 1800
[5] *Med J Austral* 1936, 2, 661

LARGE RENAL CALCULI

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(WITH SPECIAL PLATE)

Unilateral renal calculus of enormous size has been encountered on several occasions as may be seen from perusal of the tables given below In Bradley's case 1909) the stone actually weighed 52 oz and in Waterworth's (1932) 38 oz In Morrison's two cases (1921) the eights are recorded with the remains of the kidney bstance, so that only approximate figures can be given the actual weight of the stones

Large bilateral calculi are much rarer, the largest re d being Gee's (1874), in which the right stone ighed 36¼ oz and the left 9¼ oz Next comes the esent case in which the right weighed 24 oz and the eft 9 oz Two other cases have been recorded in which he right weighed 5 oz and the left 4 oz in each instance t is almost incredible that renal calculi can grow to such im without causing severe symptoms In my case man had been aware of a lump in his right side or the greater part of a year, but it had hardly troubled him until a fortnight before admission into hospital Even it was only the onset of a perinephric abscess which d him seek medical advice

It is easy to understand why bilateral cases are much rer than unilateral ones In the latter the healthy dney is able to carry out the necessary renal function, hereas in the former the gradual destruction of both idneys is bound to produce symptoms of renal failure t an earlier date, even if no complications supervene

Case History

A male aged 52 was admitted on July 1 1935 to Llandough ospital The patient had noticed a lump in the right side the abdomen nine months before The swelling grew ly bigger although it caused him no discomfort until fortnight before admission when he started having pain in e right side of the abdomen and in the back The pain of a dull aching character with no suggestion of acute l colic He had lost about 2 st in weight during the last months So far as he knew there had been no blood the urine at any time

The general condition on admission was moderately good, temperature was 99 F pulse rate 70 The specific gravity the urine was 1008 with slight albumin no sugar no and some pus Examination of the abdomen showed large tumour filling the right loin and extending as far the middle line The tumour was hard with cystic areas which fluctuation could be made out There was no area resonance in front of the tumour The left kidney was lpable and definitely enlarged At this stage the condition s suspected of being either a neoplasm of the right kidney, hypertrophy of the left or polycystic disease of both neys On July 5 the abdomen was x rayed and the con n shown in the first film found (Fig 1 Special Plate) film gives a good idea of the size and density of the in each kidney At this stage the diagnosis was clear the right kidney was considered to be in a pyonephrotic on thus accounting for the cystic areas felt on pal on

In July 6 the blood urea was 40 mg per 100 c cm On 11 a cystoscopic examination was carried out the bladder ed several tiny stones and one projecting from the right this was dislodged into the bladder the left ureteric was normal Indigo carmine was then injected intra ously and in thirteen minutes the dye appeared from the ureter but none appeared after thirty five minutes from right pressure on the loin tumour caused no discharge n this ureter

Operation and Necropsy

On July 16 the abdomen was opened under general anaesthesia through a right paramedian incision The ascending colon was found displaced well inwards by the tumour After packing off the intestines the peritoneum was incised vertically and a collection of pus found in the perirenal tissues The stretched kidney was incised along the outer border and about a pint of pus escaped The stone was then removed almost intact As there seemed to be a considerable amount of kidney tissue present it was decided to preserve it A drain was inserted into the perirenal space and the end brought out through an extraperitoneal stab incision in the loin The peritoneum over the kidney was then sutured and the abdomen closed The patient made good progress after the operation secreting about forty ounces of urine daily The specific gravity remained between 1008 and 1012 and there was a trace of pus present The loin drained pus for a week

The patient's condition was satisfactory on July 26 and he was told that he would be discharged within a week and was asked to make arrangements to return in about a month for removal of the stone in the other kidney On July 28 he died suddenly Unfortunately a complete post mortem examination was not obtained but the relatives gave permission for the abdomen to be investigated through the abdominal incision The photographs give a very good idea of the state of the kidneys when removed from the body (Figs 2 and 3 Special Plate)

The stone in the right kidney weighed 1¼ lb before drying and 1 lb 6 oz after drying (Fig 4, Special Plate) The weight of the left stone and kidney after hardening for mounting was 13¼ oz It was decided not to damage the specimen by removing the stone but to expose it by incision along the convex side If we assume that the weight of the kidney substance does not differ much from that of the normal kidney—namely 4¼ oz—the weight of this stone is about 9 oz

Bilateral and Unilateral Calculi

The following tables give some idea of the size that renal stones can reach

TABLE I—*Bilateral Stones*

	Sex	Ante or post mortem	Weight
Gee (1874 *Med Chir Trans* 57 77	M	P M	R 36¼ oz L 9¼ oz
Present case	M	A M P M	R 24 oz L 9 oz

TABLE II—*Unilateral Stones*

	Sex	Ante or post mortem	Weight
Sheild (1904 *Lancet* 2 1074 (weighed after drying)	M	A M	19½ oz.
Barrow (1908) *Ann Surg* 48 1028	M	A M	16¼ oz.
Bradley (1909) *Disch med Wschr* 35 2090	?	?	52 oz.
Morrison (1921) *British Medical Journal* 2 653	Case 1 M	A M	40 oz.
Weight (with remains of kidney)	Case 2 ?	A M	35 oz.
Ward (1923) *ibid* 2 563	M	A M	19¼ oz.
Kreutzmann (1929) *Amer J Surg* 5 360	M	A M	23 oz.
Mota (1931) *Rev de Espec* 6 439 (After 4 months dry preservation)	M	P M	32 oz. 27 oz
Makar (1931) *J Egypt med Assoc* 15 355	M	A M	28 oz.
Waterworth (1932) *J Urol* 28 77	M	A M.	38 oz.
Sexton (1933) *Urol cutan Rev* 37 610 2 stones)	M	P M	28 oz.
Everett 1934) *British Medical Journal* 1 1027	F	P M	22 oz.
Ewell 1934) *J Urol* 31 487	F	P M	20½ oz.

cystitis. With regard to the prevention and the control of treatment there is also general agreement. 3 grammes of mandelic acid four times daily seem to be efficient dosage for adults. It may be given as the sodium salt with ammonium chloride or nitrate to render the urine sufficiently acid or as the ammonium salt when an underlying urinary infection is as a rule unnecessary. In some cases in which adequate urinary acidity has been obtained only when an acid-ash diet or even a ketogenic diet has been ordered as well. Fluid intake should be limited during treatment. In successful cases sterile urines are obtained in from two days to three weeks. None of the papers herein discussed however deals adequately with recurrences. To those in this country with experience of mandelic acid the real problem is the chronic case which though rapidly responding to treatment relapses (often with an acute attack) within a few days or weeks. Repeated courses of treatment only result in as many relapses and a return is eventually made to sulphonamides or the less efficient urinary antiseptics which can be continued over an indefinite period. Mandelic acid is a new remedy of great efficacy but it must be given in accordance with the rules laid down by those who have experience of its use.

THE POST OFFICE AND THE CORONER

It is sometimes necessary for the purposes of a coroner's inquest to send pathological specimens by post to the public analyst. Nearly all medico-legal textbooks contain precise directions for the packing of specimens and on the whole no difficulty is encountered. An unfortunate incident recently occurred however in the Isle of Wight which shows how defective packing may bring the coroner's court into conflict with the Post Office authorities. A man of 55 suffered from pains in the back and his doctor prescribed medicine and liniment for him. One evening when the bottle was almost finished the man became violently sick and died in a few hours from acute gastritis. The necropsy gave no clue to the cause and the Ryde coroner decided that the viscera had better be sent to the public analyst at Southampton. They were therefore packed in two jars which were wrapped in corrugated paper and placed in a tin box the remaining space being filled tightly with straw. In a few days the coroner received a message that the parcel had leaked and that the postal officials had destroyed it. At the adjourned inquest the assistant superintendent of the Portsmouth General Post Office through which the parcel had been sent said that the Post Office regulations provided that deleterious liquids or substances, though otherwise prohibited from transmission by post might be sent for medical examination or analysis to a recognized medical laboratory or institute by letter post and on no account by parcel post. The specimen must be enclosed in a hermetically sealed or otherwise securely closed receptacle, which itself must be enclosed in a strong wooden leather or metal case in such a way that it cannot shift about with sufficient quantity of absorbent material to prevent leakage. The packet must be conspicuously marked "Fragile with care" and "Pathological specimen." Any packet of the kind not packed and marked as directed must be at once stopped and destroyed. Postal officials have definite instructions that a package likely to cause contamination must be destroyed. The coroner while not challenging the right of the official to destroy the parcel commented that the words "Pathological specimen" on the wrapping and the strong smell were a very good reason why it should not have been destroyed. Many laws he said exist to protect the Government but they are not necessarily carried out with extraordinary force. The jury agreed and expressed the opinion that the parcel should have been set aside for further inquiry. The Post Office witness undertook to transmit this opinion to the central authorities. The inquest was adjourned again in order that the remaining dose of medicine in the bottle might be analysed. It was found to contain 58 grains of aspirin owing presumably to inadequate shaking at earlier doses. The last dose taken by the deceased might have contained 40 grains of aspirin but this should not cause fatal gastritis. The jury returned a verdict that the deceased died from acute gastritis and that they were unable to reach a definite conclusion about the cause as the viscera had been destroyed by Post Office officials in accordance with the regulations. They expressed the opinion that the regulations should be modified so as not to apply to pathological specimens in transit to a public analyst and that such packages should not be destroyed without a personal inspection and order for destruction by a superior officer of the G.P.O. This must be a very rare accident. The best precaution would probably be to use toughened glass containers and to label the parcel conspicuously with the name of the coroner's court. If this had been done in the present case the local Post Office authorities might have thought twice about destroying what turned out to be the only evidence which the coroner's court had of the cause of death. It would be better never to entrust such specimens to the post at all but to send them by hand; this however may in some cases be impracticable.

The Queen has assumed the office of President of the British Red Cross Society under the Royal Charter of the Society. The Duke of Gloucester has become chairman of the council of the Society, taking the place of his brother who is now King and who becomes Patron of the Society. The Duchess of Gloucester has become a member of the council of the Society.

Sir Henry Brackenbury has accepted an invitation to stand as an Independent candidate for the Combined English Universities at the forthcoming Parliamentary by-election.

We much regret that by a slip of the pen Professor Cathcart's collaborator in *A Dietary Survey in Terms of the Actual Foods Consumed* was wrongly given in our leading article last week (p. 334). The correct name is Mrs. A. M. T. Murray.

[1] *See* Brit. Med. Journ. January 2 and 9, 1937.

Several other cases have been recorded of unilateral stones weighing under a pound, the majority being somewhere between 8 and 14 oz Two bilateral cases have been recorded, in each the stone in the right kidney weighed 5 oz and in the left 4 oz

A piece of the stone from the right kidney was analysed and was found to consist of calcium phosphate, calcium carbonate, ammonio-magnesium phosphate, and some organic matter It did not contain any urates, uric acid, oxalates, cystine, or xanthine

I am indebted to Dr Garfield Evans for the x-ray picture (Fig 1), to Mr R H Lindley for the photographs (Figs 2, 3, and 4), to Mr W H Dunstan for analysing the stone, and to the Librarian of the Royal Society of Medicine for the tables of bilateral and unilateral stones The specimens which I have described are now in the museum of the Royal College of Surgeons of England

Clinical Memoranda

Cerebral Congestion as an Aetiological Factor in Epilepsy

A considerable number of cases presenting some of the rarer aetiological factors in the causation of epilepsy have been recorded in the literature recently, and in consequence I think that the following case may be of sufficient interest to merit notice

On June 4, 1936, I saw in consultation a painter and decorator, aged 49, who was suffering from epilepsy During that day he had had ten major attacks in succession without recovering consciousness in the intervals The first instance of grand mal had occurred fourteen days previously, and he was given prominal Four similar attacks were recorded during the intervening two weeks It was noted that in 1919 for about twelve months he had complained of numerous momentary attacks of hemianopia, and had noticed a considerable number of periods of amnesia of very short duration In other respects the previous medical history was uneventful, with the exception that, particularly during 1935, he had been overworking and had experienced considerable financial worry, and in consequence had suffered from a degree of insomnia during that period

I saw him twenty minutes after an attack He was then unconscious with stertorous breathing and his face and neck were deeply cyanosed and congested The face gave the impression of being somewhat unduly puffy, it was interesting to note that this appearance had been noticed occasionally during the previous few days and apart from any attack, by both the patient's wife and his doctor He was a strongly built man, the pulse rate was 80 per minute, the temperature normal, and the blood pressure was 126/90 He showed no signs of gross organic disease The optic disks, pupils, and motor and reflex functions were normal The heart was not enlarged, the sounds were regular and clear, and there was no evidence of arterial degeneration in the superficial vessels No abnormality was found on examination of the lungs The urine was free from albumin and sugar Morphine was administered hypodermically, but before I left the house two further major attacks with typical motor phenomena occurred, accompanied by incontinence of urine

The patient was transferred to Leicester Royal Infirmary Twenty grains of potassium bromide with 30 grains of chloral hydrate were given as soon as he was able to swallow, and since no further attacks occurred this was repeated twice daily His condition gradually improved, and by June 8 he had apparently recovered and felt quite well Accordingly the chloral was omitted but the bromide was continued in the same dose Meantime the blood urea had been estimated and was found to be 37 mg per 100 c.cm of blood The urine was consistently free from albumin and sugar, it contained no pus blood, or casts, and urine cultures were negative Blood examination revealed 4,916,000 red cells per c.mm, haemoglobin, 87 per cent, colour index, 0·88, 9,687 white cells per c.mm, with 82 per cent polymorphs, 8 per cent lymphocytes, 6 per cent mononuclears, and 4 per cent eosinophils The Wassermann reaction was negative

On June 9, without any warning and with no aura, he had another fit, followed rapidly by two more, 0·2 gramme luminal was given intramuscularly, and the attacks ceased The following day lumbar puncture was performed The cerebro-spinal pressure registered 180 mm of water The fluid was clear, there was no coagulum on standing, the chloride figure was 660 mg per 100 c.cm, Fehling's reaction was reduced the protein content was 0·06 per cent the cells numbered 2 per c.mm, the gold curve showed no change, cultures were sterile, and the Wassermann reaction was negative At this stage a very slight degree of papilloedema was observed for the first time X-ray examination of the skull on June 12 showed some slight perisutural sclerosis but the sella turcica was normal, and no other abnormalities were detected Perimetric examination revealed normal fields of vision *On June 13 a slight fit was observed and it was* decided to give 1 grain of luminal by the mouth regularly twice a day During the next week the patient did not show any change, except that the papilloedema was becoming a little more obvious There was no vomiting and the other cranial nerves were intact In the circumstances however he appeared to display rather an undue degree of euphoria and was excitable and somewhat restless

On June 20 slight general puffiness and congestion of the face was again observed By the following day this condition was much more evident and cyanosis of the face was marked For the first time there was engorgement of the superficial veins of the neck, upper chest and arms, and a picture of mediastinal pressure was presented On percussion in the intercapsular area there was a slight but definite broadening of the mediastinal dullness to the right X-ray examination showed an opacity coming out from the right hilar area, and the appearances were consistent with those of a new growth In addition there appeared to be some collapse of the lower zone of the right lung, with elevation of the corresponding half of the diaphragm In view of the cerebral symptoms it was decided to obtain pneumoradiographs of the brain, 8 c.cm of air was injected into the lumbar region but the films showed no distension, distortion or displacement of the cerebral ventricles

Deep x-ray treatment of the neoplasm was begun but was discontinued after two exposures because the patient's condition was rapidly becoming worse The venous distension and cyanosis increased daily and the oedema of the face and neck progressed to such an extreme degree that the patient was hardly recognizable The restlessness increased but was controlled to a certain extent by morphine He died on July 3 No further epileptic fits had occurred, and it is interesting to note that there had been a complete absence of cough and haemoptysis throughout the illness

A post-mortem examination was made The brain showed congestive changes, but a careful search for metastases or other gross lesion met with negative results The pericardium myocardium and cardiac valves were normal Ante mortem clot was present in the superior vena cava, which was compressed by the growth A clear yellow pleural effusion was found on both sides The left lung appeared normal and aerated The right lung was adherent on the mesial surface of the upper lobe, where there was a solid mass of growth The right upper bronchus was constricted by the growth which had spread to the right side of the mediastinum forming a solid mass about three inches in diameter No glandular involvement could be detected by the naked eye. Sections of the growth showed a typical bronchial carcinoma of a small round-cell type, which at one point was observed to be infiltrating a bronchus

COMMENT

In reviewing this case I am inclined to accept a *diencephalic* of epilepsy to account for the symptoms which presented

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE CHEMISTRY OF OESTROGENIC COMPOUNDS AND METHODS OF ASSAY

BY

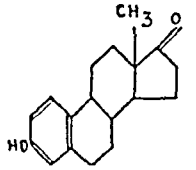
E. C. DODDS, M.V.O., D.Sc., Ph.D., F.R.C.P.

It is difficult to state with certainty which worker obtained the first potent extract of the ovary and of the testis, but there is little difficulty in recognizing the pioneer work from which our present-day exact knowledge has developed.

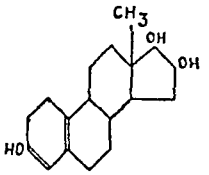
In the case of the ovary the work of Allen and Doisy (1923) can be unhesitatingly quoted as laying the foundation for all the successful work that has been accomplished on this subject. It will be remembered that these workers demonstrated that an active stable substance could be extracted from the ovary which, when injected into castrated rodents, was capable of re-establishing the reproductive or oestrous cycle. Once a stable and uniformly active preparation had been obtained it followed that chemists and biochemists would attempt to discover the actual structure of the active principle. No progress was made, however, in this direction other than to show that it consisted of an organic compound soluble in organic solvents and containing carbon, hydrogen, and oxygen.

Attempts at purification failed owing to the large number of substances of a similar constitution which were extracted together with the hormone. The next step was made by Aschheim and Zondek (1927), when they discovered that the oestrus-producing hormone was excreted in the urine of pregnant animals. It is excreted in a form very suitable for purification, and since relatively enormous quantities are excreted a large supply of starting material was thus provided for the chemist. The usual chain of events in the establishment of the identity of a compound rapidly followed. The substance was crystallized by Doisy (1929) in America and by Butenandt (1929) in Germany independently, and considerable advance was made with regard to its probable structure. It is not proposed to attempt even a summary of the experimental evidence that can be advanced for the constitution of the oestrus-producing hormone, since this is a matter of pure organic chemistry. It was shown by a number of workers that the oestrus producing hormone is related to the sterols, and it is interesting to note that the constitution of this group of substances had been worked out only a short time before the purification and crystallization of the sex hormones. Unless the structure of the sterols had been discovered no progress would have been made in the work on the constitution of the sex hormones.

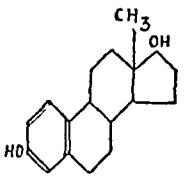
Up to the present five oestrus-producing substances have been isolated from either the ovary, the urine of pregnancy, or the placenta. These substances are



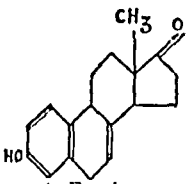
1 Oestrone



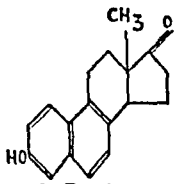
2 Oestriol



3 Oestradiol



4 Equilene



5 Equilenin

Of these compounds oestrone was the first one to be isolated in crystalline form and was for a considerable time looked upon as being the true hormone of the ovary. By a process of partial hydrogenation it was found possible to convert the ketone group into a hydroxyl group, thereby giving rise to the compound now known as oestradiol. It has been shown that this is some five times as active as oestrone itself, and workers in this field were faced with the rather unusual state of affairs that an artificial substance was apparently more active than the natural one. Later, however, oestradiol itself was isolated from follicular fluid and from the urine of pregnancy, and it is now regarded as being the true hormone of the ovary.

From the clinical standpoint the only compounds which find extensive use to-day are oestrone and oestradiol, and it is interesting to note that oestradiol appears to be assuming major importance in therapeutic use. Equilene and equilenin, though capable of producing oestrus, are not so active and are not available to the clinician.

Standardization

Standardization has presented a great many problems, and despite the successful application by Allen and Doisy (1923) of the vaginal smear method, no thoroughly comparable results were obtained until the crystalline material had been prepared. The process of the method of standardization is to inject subcutaneously a series of castrated rats or mice with the material and by following the vaginal smear to determine whether oestrus supervenes. Every type of unit has been defined, and until recently complete chaos reigned.

To indicate the difficulties of standardization it must be pointed out that the activity of a given sample, even when in crystalline form, depends upon the vehicle in which it is dissolved and the number of spaced injections which are administered to the animal. By giving an aqueous solution (obtained by diluting an alcoholic solution) in a large number of small doses spread over forty eight hours it is possible to enhance the activity to a very remarkable extent. Thus a solution which is inactive when injected in one or two doses will be highly active when administered in, say, six smaller doses. Single injections of oily solutions, again, yield quite different results. From this it can be seen that the old terms of "rat unit" and "mouse unit" really mean nothing except to the actual person who has conducted the test. Further, even though the same method of injecting is used, unless a large number of animals are employed for each test the results will not be reproducible.

An attempt was made to clear up this situation by the Committee on Hormones of the League of Nations Permanent Health Commission. The committee suggested the adoption of a process well established in

themselves in 1919 The momentary attacks of hemianopia were probably of the nature of visual fits and the frequent occurrence of the amnesia, as described, would tend to support the supposition Close interrogation failed to bring to light any epileptic symptom in the interval between that year and the onset of the present illness At the time of the first examination no factor could be discovered to account for the sudden precipitation of further attacks Naturally the patient's occupation aroused certain suspicions, but he stated that he had always taken every precaution against the risk of lead poisoning and this possibility could be further eliminated by the absence of other signs of plumbism

I had to consider other possible toxic causes but he had always been moderate in the use of alcohol, and uraemia was ruled out on the biochemical findings General paralysis of the insane was excluded on clinical examination and the negative Wassermann reaction, together with the absence of change in the cerebro spinal gold curve The diagnosis of idiopathic epilepsy was untenable after the discovery of papilloedema, and a definite intracranial factor was indicated when the lung neoplasm so abruptly presented itself Cerebral tumour was eliminated by all available methods of exclusion and finally by post mortem search

I am driven to the conclusion that the generalized epileptiform convulsions were probably due to the widespread cortical venous engorgement and irritability consequent upon the marked obstruction to the blood return from the head while the limitation in the number of the fits in the later stages of the disease could probably be accounted for by the active anti epileptic measures taken

Leicester RONALD MCD CAIRNS, M D

Acute Idiopathic Intussusception

A rare acute abdomen' was admitted to the Manchester Royal Infirmary recently The patient was a man aged 39 a crane operator by trade, and he was sent in as an undiagnosed urgency case

His history was of five hours duration the pain being sudden and acute in onset followed by vomiting one hour later There were two points of interest in his past history first that he had been in the habit of taking pills for constipation (he had taken one just before the onset of the pain) secondly that a similar attack of pain five days previously had passed off uneventfully The pain was severe, colicky and not localized immediately after the onset a large motion had been passed followed by absolute constipation The patient had vomited about three pints of bile stained fluid

On examination the patient was cyanosed and very restless the tongue dry and furred temperature 96 and pulse 52 The abdomen moved freely on respiration and was slightly distended there was voluntary rigidity and a firm tender elongated mass high in the right iliac fossa *Per rectum* there was extreme tenderness on the right during the colicky spasms but otherwise nothing abnormal On these findings a diagnosis of intussusception probably due to early carcinoma caeci was made

On opening the abdomen an intussusception of ileo colic type was found about five feet of gut being involved reduction was effected without much difficulty but the most careful examination of the bowel failed to reveal any predisposing lesion appendicectomy was performed Uneventful recovery

My acknowledgements are due to Mr Wilson H Hey for his kind permission to publish this case

Manchester P J M WRIGHT M B B S Lond, M R C S L R C P

Reviews

THE AIM AND SPIRIT OF NEUROLOGY

Neurological Biographies and Addresses Foundation Volume Published for the Staff to Commemorate the Opening of the Montreal Neurological Institute of McGill University (Pp 178 illustrated 12s 6d net) London H Milford Oxford University Press 1936

Dr Wilder Penfield and the staff of the recently opened Montreal Neurological Institute of McGill University have had the happy idea of publishing in a Foundation volume the addresses which were delivered as a part of the opening ceremony of the Institute and biographical sketches of leaders of neurological thought written by members of the Institute's staff The opening addresses are on Neurology, by Dr Gordon Holmes Neuro surgery by Dr Harvey Cushing, and The Significance of the Montreal Neurological Institute, by Dr Wilder Penfield The series of biographical sketches begins appropriately with Hughlings Jackson and Victor Horsley and ends with Harvey Cushing

This book will be of interest to neurologists all over the world primarily as an expression of the spirit and aim of this new neurological institute, which is the most recent addition to a famous medical school The breadth of its outlook is illustrated alike by the introductory addresses and by the understanding interpretations offered of the work of past masters of neurology The biographies of neurologists, neuro surgeons, neuro physiologists, and histologists indicate the width of the foundations of neurological research both in the past and at the present day a fact which finds expression in the equipment both human and material of the Montreal Neurological Institute But as Dr Holmes emphasizes in his introductory lecture however wide the foundations must necessarily be it is the physician who is the apex of the structure for it is only the physician who can examine the working, whether it be normal or disordered of the body

The increasing specialization of modern medicine calls for special methods of organization if the specialist is not to lose touch with his colleagues and if the trees are not to be planted so far apart that they never compose a wood It is only by gathering together under one roof a group of specialists who are in constant touch with one another's problems that this difficulty can be overcome Most of the workers whose lives are described in this volume had no such opportunities They were pioneers working in isolation If the scientific world of to day is producing fewer men of this type it is because research owing to the exigencies of modern science has now become a communal activity The recognition of this is the idea which has inspired the creation of the Montreal Neurological Institute and the ideal which finds expression in its Foundation volume

LESIONS OF THE NAILS

Diseases of the Nails By V Pardo Castello M D (Pp 178, 94 figures 16s) London Baillière Tindall and Cox 1936

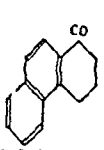
Dr Pardo Castello has discovered a more or less untilled corner of the field of dermatology Before the publication of this volume there was no monograph on the subject in the English language and the only one of which we are aware was that by Heller published in Berlin in 1927 Students of dermatological literature will recall that for many years before the publication of his

biological assay—namely, that of defining the activity in terms of a standard preparation This method has worked excellently in the past in the case of hormones such as insulin oxytocin, etc and its application to the sex hormones has certainly clarified the issue considerably At the last meeting of the committee a number of standards were laid down The international unit for oestrin was given as 0·1 γ In its use the investigator takes the international standard and finds out the quantity required to produce oestrus in 50 per cent of ovariectomized rats or mice he then determines the amount of the unknown preparation required to produce the same response, and by this means a standardization is effected By this technique the variability of individual animals is overcome and at the same time a control is obtained on the use of solvents spacing of injections, etc

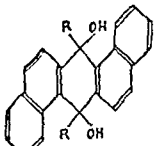
The committee pointed out that since the crystalline pure preparations were becoming more and more easily available the necessity for biological standardization became less and less, and that in time, with accurate chemical characterization weights of crystalline material and not units should be prescribed

By far the most important preparations on the market to day which are employed clinically are the benzoylated derivatives of the hormones The action of these compounds is much more prolonged and gives rise to more lasting effect The greater part of the clinical work has been performed with the benzoylated oestradiol, the esterification occurring at the phenolic hydroxyl group The international standard of this compound is recognized at 0·1 γ This unit although suitable for experimental work on rats and mice, requires very great multiplication before it can be used in human therapeutics Since these hormones act quantitatively in relation to the body weight it necessarily follows that a castrated woman will require many hundreds of thousands of units of oestrone and correspondingly less of oestradiol benzoate in order to effect the menstrual response This gives the impression that very large quantities of hormone are being administered when in actual fact the quantities in terms of weight are only very small It is to be hoped that in the near future agreement will be reached by the commercial firms supplying this material, and that the labels on the preparations and the commercial literature will indicate the milligrammes of crystalline material to be prescribed, thus avoiding the confusion of the biological unit

The fact that there are five naturally occurring oestrogenic compounds all differing slightly in molecular structure leads to the question as to what chemical groupings are actually necessary for the production of oestrus It is interesting to note that a series of synthetic oestrogenic compounds of relatively simple molecular structure have been described (Cook, Dodds Hewett, and Lawson 1934, Cook Dodds, and Lawson, 1936) Molecules as simple as 1 keto 1 2 3 4 tetrahydrophenanthrene, and alkyl derivatives of 9 10 dihydroxy 9 10 dihydro 1 2 5 6 dibenzanthracene are found to be capable of replacing

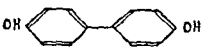


1 keto 1 2 3 4 tetrahydro phenanthrene



9 10 dihydroxy 9 10 dihydro 1 2 5 6 dibenzanthracene

oestrone in all its known actions Maximum activity is obtained in the latter compound when the alkyl substituent is *n* propyl It is interesting to note that these compounds in common with oestrone and oestradiol all possess the phenanthrene nucleus, and until comparatively recently it was thought that this ring system was essential for the production of oestrus producing properties It has been shown however that this is not the case (Dodds and Lawson 1936, Dodds, 1936) and a surprisingly simple series of compounds have been synthesized capable of producing oestrus The most simple of these is 4 4-dihydroxydiphenyl



It is not possible at present to give an explanation as to why these simple compounds are active nor is it possible to predict the essential groupings for oestrogenic activity There still remains a great deal of work to be done on the simpler oestrogenic compounds before any adequate theories concerning the relation between molecular structure and oestrogenic activity can be formed

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INTERNATIONAL CO-OPERATION ON HEALTH QUESTIONS

The report of the medical director of the International Health Office on the work of the session of the Permanent Committee of that body held in Paris last October has now been issued [1] Among the matters discussed was the role of the Office under the projected scheme of reform of the Health Organization of the League of Nations The terms of the new statute provide that the Permanent Committee shall continue to act as general advisory health council of the League and hold an annual assembly of the council at the end of one of its sessions, to which assembly representatives of States which do not participate in the work of the Office will be invited and at which members of the Health Committee of the League will have the right to attend

Venereal Disease in Seamen

The efforts made to ensure continuity and uniformity of treatment in the different ports of seamen suffering from venereal disease seem to be bearing fruit Australia Belgium, Canada and the Dutch colonies of Curaçao and Surinam have now been added to the countries which have notified the Office that the treatment recommended in the recent pamphlet distributed by the Office will be applied in future in their treatment centres

Sanitary Convention for Aerial Navigation

Progress was reported in the designation of aerodromes according to the various categories specified in the International Convention of 1933 and particularly of anti amaril aerodromes It was agreed that the sanitary authority of the aerodrome is competent to decide which of the passengers of an aircraft have been exposed to yellow fever infection

Discussion took place on the recent action of the Government of India in refusing access to its territory to (1) any aircraft within nine days of its leaving a country where the existence of yellow fever has been demonstrated either clinically or by the mouse protec-

[1] Paris Office International d'Hygiène Publique 195 Boulevard Saint Germain

book Heller was in the habit of recording interesting cases of diseases of the nails in the professional journals, most often in the *Zeitschrift für Dermatologie*, and these observations formed the basis of his well-known work Dr Pardo Castello's volume is on much the same lines He has collected examples of practically every variety of lesion which affects the nails, and not the least valuable feature of the work consists of the excellent and numerous photographs with which it is illustrated The pathological changes in the nails lend themselves better than those of other anatomical regions to photographic illustration, since the rendering of colour is quite unimportant as compared with accuracy of form and outline The author has also drawn attention very properly to the large number of industrial occupations in which diseases of the nails are common, and he has provided a very useful table showing the particular form of symptom and the approximate cause of the lesion in each branch of industry affected Another and shorter table gives a list of the chief poisons which cause ungual symptoms and the form that these symptoms take

The treatment of diseases of the nails is notoriously difficult, but Dr Pardo Castello has not failed to give all those methods which may be of service He has produced a very interesting volume, which deserves study by all dermatologists

HEALTH PROBLEMS

Nature Hits Back By Macpherson Lawrie (Pp 180 5s net) London Methuen and Co 1936

Under a not very happily chosen title Dr Macpherson Lawrie has written a book to guide the layman (and, incidentally, medical practitioners too) in the consideration of a number of the most important health problems of to-day Many such books are either commonplace or faddist some are so over-simplified as to be misleading or so unpractical as to be useless Dr Lawrie's book is exceptional, none of these epithets can properly be applied to it The author has a definite point of view, and a very clear and suggestive outlook He regards the health of the man in the street as more important than that of the patient in the hospital He does not, however, minimize the importance of the latter, and he admits that there are many exceptions to his generalizations about the former Thus, subject to these necessary and sensible provisos, his chapters on nervous fatigue and moods of fear and depression, on food and nutrition, on the glands of internal secretion, on child guidance and upbringing, and on sex are not isolated and independent essays, but are connected by a common idea, and by the underlying purpose of placing these subjects in due relation to each other and in what the author regards as a proper perspective with regard to other problems of health and disease

The medical reader will probably find some of Dr Lawrie's pronouncements a little over-emphasized, and a little too dogmatic or unqualified, but faults of this kind are apt to prove virtues when the intention is to impress fundamental points or truths upon the uninstructed and to lead to a practical application of observations and precepts to human behaviour The enormous importance to-day of early attention to what are regarded usually as minor mental disturbances while avoiding a too exclusive psychological outlook, the interdependence of problems of nutrition and those of mental make-up personality, and character, the need for a revised and balanced consideration of the training of children, of adolescence, of sex marriage, and birth control are particular problems with which Dr Lawrie deals To all of them he gives a fresh, consistent, and helpful exposition in a book which can be commended with unusual confidence to the attention of the reading public and to those medical practitioners who wish to know what their patients may be thinking about such matters or to refer them to suitable literature so that they may be encouraged to think and act aright

PHYSIOLOGY AT THE BEDSIDE

Physiological Principles in Treatment By Sir Walter Langdon-Brown, M A, M D, Hon D Sc I R C P and Reginald Hilton, M A, M D, F R C P Seventh edition (Pp 308 10s 6d) London Baillière, Tindall and Cox 1936

This book has proved its usefulness in successive editions since the first publication in 1908 Written with the object of bringing to the mind of advanced students and practitioners those facts of physiology which can be applied in the care and management of their patients it made a popular appeal That much change in physiology and in medicine has occurred in the last quarter of a century is evident, the centre of gravity of medical and scientific problems has altered, so that in the new seventh edition large portions of the book have been rewritten and by rearrangement a clear description of the present day position is obtained In short and fitting words the authors—for Sir Walter Langdon-Brown has again had the assistance of Dr R Hilton—traverse the main paths of modern physiology and seek to apply the knowledge to clinical work Even in the six years since the last edition considerable advances have been made in the domain of endocrine glands—a subject after Sir Walter's own heart —vitamins and the relation of the liver to purine metabolism Other chapters on digestion, heart disease, the kidney, the blood and allergic diseases have been brought up to date In the preface to the first edition the author was uncertain of his physiological views but with the years his experience and judgement have given assurance This is a useful handbook It contains a short bibliography of references for further reading On page 251 and page 255 the well known Price-Jones curves are attributed to Pryce-Jones

COMPARATIVE ODONTOLOGY

Variations and Diseases of the Teeth of Animals By Sir Frank Colyer, K B E L D, F R C S (Pp 750 1 007 figures 42s net) London John Bale, Sons and Danielsson 1936

In the autumn of 1930 Sir Frank Colyer delivered for the Dental Board of the United Kingdom four lectures on "Abnormal conditions of the teeth of animals in their relationship to similar conditions in man" In the present volume a fuller account of these conditions is given with additional chapters on "Variations of the teeth in number and shape," "Abnormal eruption of teeth" "Overgrowth of teeth," and "Odontomes"

In gathering material for his work the author has examined the collections of animal skulls in most of the museums of Europe and America, as well as the collections in public and private museums of Great Britain The help everywhere so willingly given (and duly acknowledged in the preface) is good evidence of the interest the work has roused among zoologists Indeed so far as we know no comprehensive survey of the subject has hitherto been attempted It needed a man of knowledge leisure, and infinite patience to collect the data and co-ordinate their details For many years, both before and since his retirement from practice, Sir Frank Colyer has been curator of the Odontological Museum of the Roy

tion test, unless "disinsectization" by means of pyrethrum extract "pyrocide 20," has taken place either at Cairo or at Alexandria, (2) any persons arriving by aeroplane within the same period, unless they have departed from an anti-amaril aerodrome or have been inoculated against the disease The delegate for India gave the reasons that led his Government to take this step, which requires justification under the terms of Article 48 of the Convention The committee expressed the hope that when the aerodrome at Karachi has been rendered anti-amaril the Government of India will reconsider these measures

Consideration was given to the experiments made at Karachi and Khartum on mosquito destruction in aeroplanes by spraying with liquid insecticides Experiments at Karachi with 'pyrocide-20" have given encouraging results The committee thought that the study of mechanical mosquito preventing devices on aeroplanes should be continued, but that mosquito destruction in aerodromes was the best method of protecting aircraft against infestation from the insects

Yellow Fever Surveys

The yellow fever immunity surveys undertaken in the Caribbean region indicate that in the six islands included in the survey—Cuba, Jamaica, Barbados, Porto Rico, St Lucia, and Trinidad—there has been no infection from yellow fever during the last twenty years In Mexico and Salvador the youngest subjects showing a positive reaction were born in 1925, the last clinical cases occurred in 1921 and 1924 respectively

In the Anglo-Egyptian Sudan there was a high percentage of positive tests in several districts, reaching 78 per cent in Kau It has not been possible to connect these positive tests with the existence in the past of any disease resembling yellow fever In the Belgian Congo striking results were reported In 6 per cent of cases a re-examination of the persons whose sera were negative in 1932 and 1933 gave a positive result, although no disease resembling yellow fever had been clinically detected in the region After an epidemic of infective jaundice which occurred in the region of Libenge near Ubangi, and which could not be identified with yellow fever, the percentage of positive tests rose from 6 (the figure for 1933) to 46 for convalescents and 26 for persons who said that they had not suffered from the disease It is to be hoped that observation and study of such facts as these will one day clear up the mystery of positive protection tests in regions where yellow fever has never been diagnosed

The yellow fever virus attenuated by culture on tissue has now been used, combined with immune serum on more than 900 persons in London, New York, and Rio de Janeiro No untoward reactions were observed

Plague and Typhus

In certain Western States of the USA a mobile laboratory has been used during the past year to locate foci of sylvatic plague, which is more widespread than had been supposed Three additional laboratories will shortly be put into the field In spite of the spread of rodent plague only two human cases have been observed in the regions in question The large-scale trials of anti-plague inoculation, initiated in the Dutch East Indies in 1934 were continued in 1935 It is estimated that, in the districts included in the test mortality from plague will be reduced to 16 per cent of that previously experienced

The causes of the sporadic persistence of typhus in epidemic zones in Poland is the subject of continued study in that country It has been found that lice are more easily infected by typhus patients in the first week of the illness than in the second hence the importance of delousing The Weil-Felix reaction and rickettsia agglutination showed the existence of hidden infection in thirty seven persons in the entourage of patients, but efforts to infect lice or guinea-pigs from the blood of these persons were unsuccessful The part played by hidden infections in the spread of typhus is thus uncertain, a conclusion which was also reached in Tunis No positive Weil-Felix reaction has been found outside epidemic zones or after an epidemic has died out Over 4,000 people have been inoculated against typhus in Tunis The method employed has been devised by Laigret and entails the use of a living rat virus Some febrile reactions have been observed these cases being the only ones to give a positive Weil Felix reaction No cases of typhus occurred after the seventh day following vaccination The period during which the virus can be conserved appears to be very short

Poliomyelitis and Cerebro-spinal Meningitis

The difficulty of comparing statistics of poliomyelitis, owing to the practice in some countries of excluding cases without paralysis was illustrated in communications presented by the delegates for Sweden and the United States of America The committee suggested that delegates should consult their sanitary administrations regarding the possibility of introducing in their countries a system of notification whereby 'paralytic" cases are differentiated from "non paralytic" As regards the epidemic situation more than 2,200 cases were observed in Sweden during the first nine months of 1936, a recrudescence occurred in Norway in August and September, slight outbreaks were reported in some Swiss cantons and a small epidemic at Lisbon

In connexion with the widespread epidemics of cerebro spinal meningitis which have attacked the Anglo Egyptian Sudan in recent years, the committee had asked for information on the disease in other parts of tropical Africa From the communications received it would appear that in 1935 and 1936 British colonies in West Africa were but slightly affected, but the disease is more frequent in Kenya and particularly in Uganda, where 1,629 cases were reported in 1935, with a death rate of 47 per cent In French African colonies cases are usually sporadic in districts of even temperature, but where there are variations of heat and rains epidemics are liable to occur In 1921–4 a severe outbreak caused 15,000 deaths in the Niger and Upper Volta districts The appearance of the rains usually puts a stop to the epidemics Experimental inoculation at Fort Archambault and in the Anglo Egyptian Sudan gave inconclusive results, owing in the former case to the onset of the rainy season The results of prophylactic inoculation in the Anglo Egyptian Sudan with vitamin A appear sufficiently encouraging to deserve further trial

Weil's Disease

Up to the present only about fifteen known cases of Weil's disease have been reported in Poland, usually in connexion with river bathing In Denmark the disease is more frequent than was thought (forty cases in three years) At Copenhagen out of 100 rats twenty four were found to be infected In Holland study of the disease has been continued, chiefly with the help of the Tropical Institute at Amsterdam Of 279 cases examined 106 showed no signs of jaundice, the diagnosis of such cases is difficult In eight cases out of 163 where the bacillus was studied the pathogenic agent was found to be *Lepto spira canicola*, differentiated by Dutch authors from the classical leptospira In Europe three leptospiroses are now known—icterohaemorrhagic, canine, and "typho-grippal" (Schlimann fieber)

Bovine Tuberculosis

Recent research in Amsterdam having shown that the occurrence of bacilli of the bovine type in human pulmonary tuberculosis was more common than had been thought—namely 2 6 per cent in Amsterdam and 11 2 per cent in rural districts—the committee had asked for similar information from other countries In Denmark it appears that the proportion varies directly with the amount of tuberculous infection of the cattle reaching 20 per cent in Jutland, where the cattle are heavily in

Reviews

THE ANAEMIAS

Pathological Physiology and Clinical Description of the Anaemias By William Bosworth Castle M D S M (Hon) and George Richard Minot M D S D (Hon) F R C P Ed (Hon) Edited by Henry A Christian A M M D, LL D Sc D (Hon) (Pp 205 15s net) New York and London H Milford Oxford University Press 1936

The Oxford University Press has paid Dr W B Castle and Dr G R Minot the compliment of republishing their chapter on anaemia for the Oxford Loose Leaf Medicine as a separate volume with the title set out above This little book, with its 163 pages of text and its 646 references, is certainly the best account available for the general physician of the remarkable advances in haematology which have been made during the last decade To the more specialized haematologist and pathologist it is of great interest to be able to read the considered opinion of two men whose work has revolutionized the treatment and clarified the pathology of pernicious anaemia

Much attention is paid to the size of the red cells not only their mean diameter but also their volume and thickness as these data are of much value in diagnosis and classification The enumeration of the immature red cells or reticulocytes long known to haematologists but first popularized by Whipple, Minot and Murphy has proved invaluable in the separation of anaemias due to diminished blood formation from those due to increased destruction and in the observation of the effects of treatment At the same time as he has been making exact determinations on the individual red cell the haematologist has learnt from Boycott to envisage the whole of the circulating red cells and their precursors in the bone marrow as a single organ the erythron The erythron is the largest organ in the body, and it is obvious that to repair the wear and tear of the circulating red cells the marrow must be supplied with adequate materials

An important group of anaemias is due to lack of raw materials for haemopoiesis and this deficiency may be absolute when the diet is at fault or conditioned when the digestion or the utilization of the haemiatinic principles is at fault In pernicious anaemia the deficiency is conditioned by the absence of a specific ferment or intrinsic factor, which is normally present in the gastric juice and the mucosa of the stomach and duodenum The best known of the haematinic principles are the P A factor iron copper vitamin C, and thyroxine The authors suggest that in health when there is an adequate supply of these substances blood formation is regulated by the oxygen tension in the bone marrow The relation of alimentary disturbances to pernicious anaemia and to the hypochromic anaemias associated with iron deficiency is fully discussed Castle and Minot apparently think that infection and an inflammatory gastritis are unlikely explanations of the gastric defect in the majority of people with pernicious anaemia, and they point to McCarrison's studies of the profound changes produced in the alimentary tract by defective diets as offering an alternative explanation A pathognomonic feature of pernicious anaemia is increase in the size of the red cell but the authors believe that macrocytosis is not always the result of a failure in the supply or utilization of the P.A factor They do not accept Wilkinson and Israels's conception of achrestic anaemia but include such cases under the heading of aplastic anaemia many patients with the diagnosis of aplastic anaemia prove to have a moderately cellular marrow after death and the term 'aregenerative is more appropriate even if hybrid The authors also doubt whether there is any connexion between the macrocytic anaemia of liver disease and pernicious anaemia

The spleen remains an organ of mystery It is not clear why it should enlarge in anaemias due to depressed blood formation, such as pernicious anaemia and idiopathic hypochromic anaemia, though it is suggested that this may be an effort to conserve haematinic materials Castle and Minot believe that if other blood dyscrasias such as aleukaemic leukaemia and Hodgkin's and Gaucher's diseases are excluded then splenic anaemia or Banti's disease is always the result of mechanical obstruction of a chronic nature to the venous return from the spleen or the portal system in general It is they say an act of faith rather than of reason to believe in the primary nature of the splenic enlargement They point to the good results obtained by symptomatic treatment especially with massive doses of iron Splenectomy may improve health by removing a large abdominal tumour and it may lessen the risks of haematemesis by diminishing the portal blood flow but it is in no sense a specific cure for the anaemia or a reliable prophylactic against haemorrhage These views are undoubtedly shared by the majority of the younger school of haematologists and there has thus been a complete reversal of opinion on the need for splenectomy in Banti's disease

FINGERPOSTS TO GENERAL PRACTICE

An Introduction to General Practice By E Kaye Le Fleming M A M D (Pp 150 5s net) London Edward Arnold and Co 1936

It is perhaps natural to expect that the medical man whom the British Medical Association chooses as Chairman of its central Council should be of mature wisdom and tried experience as well skilled in affairs as in purely professional matters but it need not follow that as in the case of the present chairman Dr E Kaye Le Fleming he should also have the pen of a ready writer and the command of a limpid lucid English style such as few of our profession attain to His *Introduction to General Practice* designed for senior students and the newly qualified will be of the greatest value to those circles but there can be few seniors whether general or special practitioners who will not profit by a perusal of it In simple terms incapable of misconstruction he sets forth a lofty ideal of what the general practitioner should aim at and how he should set about realizing his aims Our Chairman's thirty five years in practice have been years of momentous changes in the medical care of the people and his survey of these changes and of the prospects of further change shows a capacity for vision of larger issues not always to be found in those who are themselves in the hurly burly of startling events

Apart from the sections on national health insurance hospitals and clinics the functions of the General Medical Council medical defence societies and similar topics the most individual note is struck in the advice as to the handling of patients the avoidance of misunderstandings and all that goes towards the formation of a bedside manner This is all admirable both in matter and in tone though there are cynics who may question Dr Le Fleming's advice to tell the patient in simple language the reason of his malady and the method and purpose of the remedies Certainly the old saw that there are no intelligent patients so that it is futile to appeal to their intelligence contains quite a large enough modicum of truth to be worth bearing in mind None however are likely to disagree with his criticism of the reluctance of the individual to raise his eyes from the ambit of his own practice and to face the great issues which are slowly

but surely *shaping the destiny of himself and his successors, and his still greater reluctance to play his part in moulding the future of medical practice'* One could multiply quotations from almost every page of this short book, which everyone about to embark or recently embarked upon general practice should read and re-read on partnership work alone there is a chapter well worth the price of the whole book

To point out tiny slips seems almost ungracious amid such a feast of excellence, but in a second edition it might be well to alter the statement that the doctor in attendance at a birth has to register it within thirty-six hours, when in fact his duty is confined to notification Nor is it, we think, correct that he alone is liable to penalty for failing to notify, though the law may be a dead letter in respect of the others on whom the duty is laid A redraft of a sentence to draw the distinction between puerperal fever and puerperal pyrexia might also be worth while, as also of another to make it clear that non-members of the B M A may utilize the services of the Medical Insurance Agency But such few and trivial blemishes serve, by contrast, to show up the high level of excellence of a book from which patients as well as doctors will derive lasting benefit—if they are fortunate enough to come across it

SALPÊTRIÈRE SURGICAL PROCEDURES

Techniques Chirurgicales By A Gosset (Pp 433 219 figures Broche, 105 fr , cartonné, 125 fr) Paris Masson et Cie 1936

This volume contains a full description of the renowned surgical clinic of the Salpêtriere and of the chief surgical procedures upon which its fame has been built Professor Gosset became surgeon-in-chief at the Salpêtrière in 1913, and seven years later transferred to that clinic the whole of the surgical work of the Hôpital Necker, so that we have here a record of continuous work extending over a period of twenty-three years As the hospital contains 350 beds and is one of the busiest surgical centres in Paris the record is of very special surgical importance, and this is increased by the care which has been given to its accurate presentation

The volume opens with an account by Professor Gosset himself of the surgical service at the Salpêtriere and a very full account of the methods of sterilization adopted This is followed by a description of the pathological department by its director, including important details as to the method of photomicrography which he adopts, and especially the use of infra-red light for this purpose A series of short but valuable articles follows, devoted to anaesthesia, to trigeminal resection, to cancer of the superior maxilla, and to diaphragmatic hernia Two chapters of very high value are contributed by Dr Charrier and Dr Loewy on gastrectomy for ulcer and for cancer respectively Professor Gosset contributes an article on appendicitis to which his wide experience gives a peculiar value, and this is followed by a useful article on intestinal obstruction Two of the best chapters in the book are by Dr Jean Gosset and Dr Leibovici on the treatment of cancer of the colon and the volume concludes with contributions on fibroids and on the treatment of club-foot

The articles are without exception, of a very high level of excellence and they are written with a thoroughly practical outlook Their presentation and illustration might well arouse the envy of any surgeon Not only do the illustrations reach a very high artistic level but they are so skilfully constructed that it would be quite possible to appreciate all the more important points considered without knowing a word of French We regard the volume as a very important addition to surgical literature, both as representing the long service of a famous clinic and as setting forth the successful practice of a most distinguished group of surgeons in some difficult and important branches of surgery

A MONTESSORI BOOK

The Secret of Childhood By Maria Montessori, M D, D Litt Translated and edited by Barbara Barclay Carter (Pp 279 7s 6d net) London Longmans, Green and Co 1936

The name of Dr Maria Montessori is well known to all who are interested in childhood, and this book gives a brief account of her views and her experience It is a popular account intended for parents and teachers rather than a scientific exposition, yet the scientific worker, whether medical or psychological, may find pleasure and profit in a *credo* resulting from years of patient observation and devoted service The book is divided into three sections, dealing in turn with early child development, the author's educational method, and the relation of the child to society The first of these sections is an excellent example of how good an account can be written of a very difficult subject in simple language, suitable for any layman, and with a complete avoidance of psychological technicalities or pseudo psychological jargon

The most interesting part of the book is the second where, again in the simplest of language, the account of the first "Casa dei Bambini" sets forth the essence of the Montessori method The casa started in the humblest fashion, an attempt to keep slum children from damaging tenement property rather than a school, there was little money and no trained staff, and Dr Montessori, herself quite inexperienced, came to it with the determination to learn from the children rather than to make them learn from her Wherein lies the whole kernel and essence of the Montessori method observing, helping, suggesting, rather than teaching or forcing The adult, Dr Montessori claims, must play a negative part, all is free and open for the child, he chooses his own materials, and learns from them because they interest him An American psychologist has said, 'Seventy-five per cent of what we teach children you couldn't prevent them finding out for themselves' One has only to watch a small boy mending a bicycle, or "tinkering" with a wireless set to see how mechanics are most easily learnt, yet most of us can remember the dreadful boredom with which we struggled with the theoretical elements of the subject As well expect the shuttle on the loom to be interested in the completed pattern as expect a normal boy to connect the fascinations of machinery or of mechanical toys with the dull diagrams drawn—smudgily—on graph paper in his classroom Given the method of free interest, we are told, the need for punishment, and even for reward, fades out Relieved from the emotional strain of competition and of fear the child becomes stable confident, and happy These are children as they should be, and Dr Montessori claims, not that her children are given extra help, but that children educated in the orthodox schools are abnormally handicapped What Dr Montessori does not stress is the strain which the application of such a method imposes on the patience and wisdom of the teacher To act is always easier than to observe, and it is fatally easy to teach a class a set lesson by a set method Yet from what we know of the psychology of childhood we may confidently assert the dangers of set lessons and set methods for young children, and we must pay tribute to Dr Montessori, who formulated her principles empirically

fected For Germany, England and Wales and Scotland the figures were 0 7, 1 4, and 4 9 respectively

It seems from the statistics that countries with a low incidence of tuberculosis of bovine origin are Norway, India and Japan, with a medium incidence Germany and Switzerland, with a high incidence Great Britain The cause of the high incidence in Great Britain is doubtless the heavy infection of milk with the bovine bacillus Since the eradication of tuberculosis in cattle is hardly possible reliance must be placed on efficient pasteurization

Ankylostomiasis

The incidence of hookworm infestation in the United States appears to be limited to mining areas in about six States and to certain rural areas of the South In France a great diminution has been found since the inquiry undertaken in 1904–7, infestation is now apparently confined to certain mines in the Loire area In Hungary three out of thirty three mines and in Spain one mine and at least one rural area in Murcia were found to be affected In Tunis the mining population appears to be free, but a heavy infection of the native population in four cases was discovered

It is concluded that ankylostomiasis is not a serious disease in Europe for persons living under good hygienic conditions The majority of mines are either free or very lightly infected Certain foci of infection still remain, however, in which a vigorous campaign against infestation is required

Mental Hygiene

Contributions to the study of the classification and education of backward and abnormal children were presented by the delegates for Great Britain, Canada, France and Rumania

The British report gave a full summary of the measures taken for the education of mentally defective children as the outcome of the Royal Commission report of 1908 and the subsequent legislation based on that report In its broad outline the organization in Canada follows that of England, and it is estimated that half the backward children in the country are receiving suitable treatment In order to encourage doctors to devote more attention to the mental health of the population the schools of medicine are to give a larger place in their curricula to the study of psychiatry and mental hygiene

A comprehensive summary shows that the problem of the backward and abnormal child has been studied in France since the beginning of the century There are a number of special schools both day and residential for backward children throughout the country but there is as yet no official system for ascertaining or classifying such children Schemes for dealing with abnormal children are of more recent date and are consequently less well developed but as regards difficult children the Ecole Theophile Roussel at Montesson is obtaining good results Rumania possesses four State institutions capable of receiving some 600 abnormal children of all categories Morally abandoned children are cared for by two private societies one of which possesses a school where the children can receive professional training The Penal Code of 1936 provides for the treatment and cure of delinquent children on modern lines

The committee decided to continue the study of this subject at the next session under the aspect of the cause and prophylaxis of mental backwardness

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In connexion with the first International Congress of Pyrotherapy to be held at Columbia University New York from March 29 to 31 those who propose to contribute to the discussion on pyrexia treatment in paediatrics are asked to send summaries of their papers to Dr G Blechmann, 30, Avenue de Messine Paris VIII Fees for the congress and requests for more detailed particulars should be sent to the general secretary Dr Andre Halphen, 222 bis, Rue Marcadet, Paris, XVIII

JOHN HUNTER, ARMY SURGEON

LECTURE AT ROYAL COLLEGE OF SURGEONS

A special lecture was given by Professor GEORGE E GASK at the Royal College of Surgeons of England on February 15 on John Hunter in the Campaign in Portugal, 1762–3 A short time ago there came into the market and was acquired by the College a bundle of MSS the property of John Campbell, Earl of Loudoun who commanded the British expedition to Portugal at the end of the Seven Years War This campaign was quite an unimportant side show, with practically no fighting and military historians dismissed it in a few words but Lord Loudoun though not conspicuous for military genius had the merit of being tireless in matters of documentation which accounted for the preservation of the papers As some of the documents relate to John Hunter they have a special interest for the College and to Professor Gask was given the duty of arranging them

John Hunter, said the lecturer quite early in life seemed to have thought of a military career When he came to London in 1748 at the age of 20 he wrote that if he could not help William he would not mind going into the Army Ultimately, in 1760, he did enter the Army possibly for health reasons obtaining an appointment as staff surgeon in the expedition to Belleisle and when the campaign in Portugal was organized he was sent with four foot regiments to Lisbon as one of the surgeons for the military hospital Professor Gask exhibited a list of the hospital staff The director was William Young who received 25s a day and there were two physicians William Cadogan and Michael Morris who received 20s and three surgeons John Hunter, William Maddox and Francis Tomkins, who only received 10s There were also two apothecaries and sixteen surgeons mates Another list gave the names of the servants attached to the hospital and it was specially interesting to note that these included a staff of nurses The matron was remunerated at the rate of 2s 6d a day, the two head nurses at 1s the same rate of pay as was received by the three cooks and the five washerwomen but the pay of the fifteen nurses was only 6d It might come as a surprise to some that nurses should have been attached to a military hospital at this period One theory was that the nurses were really camp followers—that is wives of the soldiers—but in Professor Gask's view all the evidence went to show that these women were recruited in London probably from the voluntary hospitals, and sent out to Portugal They were not of course trained as nurses nowadays were expected to be trained but they were nevertheless professional women

Documents from the Campaign in Portugal

Among the documents exhibited was one from Lord Loudoun addressed to the director of the hospital ordering him and the staff to repair to Portsmouth for embarkation on the hospital ship *Betty* which was to be convoyed to Lisbon Another was a return of the sick on board this boat during the voyage the number being thirty four On arrival at Lisbon the hospital was established in four houses It was remarked by the adjutant general that though the hospital was rather overstaffed none of the nurses could be discharged as their places could not be filled in emergency The discipline of the hospital was set out on a sheet of standing orders and was an iron one—the term black hole was even mentioned among the penalties Hunter who had a Scottish solicitude with regard to his pay applied for the position of deputy director but, in fact that post was never filled Later on Cadogan one of the physicians being invalided home he applied for the vacant post— I take the liberty to recommend myself and I hope the following reasons will plead my excuse —but he did not get the appointment Loudoun being unwilling to lose the services of a good surgeon

other chemists on the list and it will not be able to limit its dispensing even if it so desired to its own in patients or out patients

On Sending a Patient to Hospital

If an insurance practitioner is of opinion that his patient ought to be sent to hospital either for better nursing or for special treatment which he is unable to give he would be expected to take the same amount of care in arranging for the patient's transfer to hospital as he would in the case of one of his private patients On the other hand it has been a frequent subject of complaint on the part of general hospitals that some insurance practitioners have been too ready to send their patients into hospital when there was no reasonable ground for thinking that the patient could not be adequately treated at home It is hardly necessary to say that a doctor cannot wash his hands of a case if a patient refuses to avail himself of hospital treatment Here are two extracts from reports of cases in one of which the practitioner was censured for neglect and in the other it was established that there had been no neglect

1 It was with unusual candour that the practitioner told us that if a patient is not prepared to accept his advice in any respect this automatically concludes his relations with the patient The practitioner seemed to be unaware of the fact that whatever he may do in his private practice there is a definite obligation upon him to provide treatment for an insured patient, and that a practitioner cannot rid himself of the obligation by advising removal to a hospital The offence of discontinuing the treatment of a patient becomes a matter of gross negligence when the practitioner in the first place gives no warning of the fact that he has washed his hands of the case and secondly ignores an urgent request to visit

2 It is quite clear that the practitioner gave indications on more than one occasion that the case was one for hospital The subsequent history bears out the impression which we formed that the insured person was disinclined to avail himself of hospital treatment even when pressed to do so by the tuberculosis officer and the health visitor The period covered by the incidents giving rise to the question is only three weeks the first application for the practitioner's services having been made on April 6 and another practitioner having been called in on April 27 During that time the practitioner had visited the patient four times and while he was suspicious of the development of the illness we accept his statement that it was not until April 24 that he regarded it as other than one of the characteristic bronchial attacks to which the insured person was subject In our view the charge of neglect has not been established While expressing every sympathy with the widow we are satisfied that there is no evidence that the practitioner failed to exercise proper care and skill in his treatment of the insured person

Emergency Treatment in Hospital

If a patient needing emergency treatment is taken to a hospital or infirmary and the insurance doctor giving the treatment is on the hospital staff it will be held that the treatment is not given by the doctor in his capacity of insurance practitioner, and he is not therefore enabled to claim payment from the Insurance Committee for the service—that is in those areas where emergency treatment is paid for separately out of the practitioners fund (Where it is not paid for separately the question does not arise) The position would be otherwise at a cottage hospital or other institution which had no medical staff and which local doctors used for the treatment of their private patients

Timely Admission to Hospital

The Regulations define negligence as including among other forms of failure, failure to advise the patient as to the steps that should be taken to obtain treatment which is not within the scope of the Terms of Service This might include for example, failure to secure the patient's timely admission to hospital in a case of emergency

Visiting a Patient in Hospital

It would be as well to state although this may be implied from what has already been said that the practitioner's general obligation to visit a patient when his condition requires it extends to any cottage hospital or similar institution in which the general practitioners of the area have the right to visit their own patients

Certification of Incapacity

The following statement on this subject will be found at page 115 of *Medical Insurance Practice* (fourth edition)

There is a danger in the wording of Rule 18 which states that you are not under any obligation to issue certificates for a patient who is in hospital because it seems to imply that you may issue a certificate if you wish to do so But Rule 18 must be read in conjunction with Rule 9 and with the wording of the certificate itself You cannot issue a certificate except as the result of an examination of the patient on the date entered in the certificate It follows that you are not allowed to issue a certificate for a patient who is in hospital and whom you have not had an opportunity of examining It is an invariable practice for approved societies to accept as evidence of incapacity a statement by an official of a hospital that the insured person was an in patient between the material dates and the question of a certificate in these circumstances from the insurance practitioner should not therefore arise

Hospital Staffs

These notes would not be complete without reminding practitioners that hospital staffs are commonly allowed where they are provided with medical attendance by the governing body to make their own arrangements for medical benefit The problems which arise for the insurance practitioner in this connexion have on occasion been referred to in these notes

*** If any practitioner has experienced any difficulty in connexion with hospital treatment which is not covered by these notes it would be appreciated if he would communicate with the Medical Secretary B M A House Tavistock Square W C 1 when an endeavour will be made to provide him with a clear statement of his responsibilities

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant Commanders T A Cochrane and G Rorison to the *President* for course C B Nicholson to the *Pembroke* for Royal Naval Barracks

Surgeon Lieutenant J L S Coulter to be Surgeon Lieutenant Commander

Surgeon Lieutenant M G H Heugh to the *Excellent*

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenants C Seeley and D M Dean to be Surgeon Lieutenant Commanders

ROYAL ARMY MEDICAL CORPS

Captain W H Hargreaves half pay list has been restored to the establishment

Lieutenant (on probation) F T Moore has been confirmed under the provisions of Article 413 Royal Warrant for Pay and Promotion 1931

ROYAL AIR FORCE MEDICAL SERVICE

Flying Officer D S MacL Macarthur to be Flight Lieutenant

Flying Officer G B MacGibbon to R A F Station Scampton

Professor Gask showed a map of the campaign The British force advanced along the Tagus and took its stand at Santarem, where a base hospital was established Among the various documents collected were sick lists, but it was remarkable that among the casualties there was no mention of a wound One return showed the sick list of the 83rd Regiment, and Professor Gask ran through the diseases—asthma fever, pain in the head, flux, diarrhoea, swelling in the legs, and so on, "the age long complaints of the Army" The letters from Hunter to the commander-in chief concerned routine matters of administration, such as arrangements for transport, evacuation of the sick, and the like One document set out his proposals for a temporary or flying hospital They appeared to be very sensible ones succinctly expressed, and such as, Professor Gask thought, would be acceptable to any director-general to-day The idea that Hunter could not write a letter and had to get his letters written for him was finally disposed of by this correspondence He was undoubtedly perfectly competent to write a good precise letter They were business communications, not remarkable for literary style or epigram but he was a very faithful correspondent of the commander-in-chief

Another common idea about John Hunter was discouraged by this correspondence—namely that he was a quarrelsome, contentious individual From some of the letters it appeared that fierce disputes arose between his fellow surgeon Francis Tomkins and more than one of the surgeons mates, and in the expostulatory letter written by one of the mates complaining of Tomkins's high handed conduct over a small dereliction it was mentioned that Mr Hunter was present and no doubt would be prepared to verify the facts, but that he took no part in the dispute, the matter being one which did not concern him

By the middle of November, 1762 an armistice had been declared, so that there was no further fighting The subsequent papers were concerned chiefly with the return of the expedition to England In one letter John Hunter was asked to send in a statement as to how many boats would be required to evacuate the sick The final document was a list of the officers, Hunter among them who had served from February 10, 1762, to May 14, 1763, with their pay sheet Hunter, who had taken the opportunity while in Lisbon to carry out experiments on the organs of hearing in fishes, returned to London retired from the Army on half-pay, and, according to G C Peachey's *Memoir*, found his way first of all to the house of Robert Home, whose daughter Anne he married eight years afterwards

THE HUNTERIAN DINNER

On the evening of the same day the Hunterian festival dinner was held at the College, the guests being received by the President, Sir Cuthbert Wallace, and the vice-presidents, Sir Charles Gordon-Watson and Mr Victor Bonney After the "Memory of John Hunter" had been toasted in silence Sir Cuthbert Wallace referred to the recent deaths of two great surgeons Sir John Bland-Sutton and Lord Moynihan former Presidents of the College, who strangely dissimilar in character, had both advanced surgery in the Hunterian tradition In the course of a brief tribute to John Hunter Sir Cuthbert noted the life-long curiosity of the man, using that word in its best sense to mean his wish to find out how things worked Another characteristic was his diligence he was a whole-time man who worked morning noon and night and when stricken with mortal illness made himself the object of his own observations The College museum was Hunter's monument Such an institution could not stand still like Hunter it must go forward in research It was the duty of the College to keep abreast of surgery of the day while at the same time illustrating the development of surgery in the past The Buckstone Brown farm had been a great step forward and the gift from the Bernhard Baron trustees of £25 000 for new laboratories at the College had now been increased to £30,000, so that the flame received from John Hunter might be kept burning brightly at the headquarters of British surgery The toast of "The Guests" was proposed by Sir Charles Gordon-Watson, who welcomed among others five of the Hunterian trustees, the treasurers of the four Inns of Court, the Dean of Westminster the Medical Directors of the Navy, Army, and Air Force, the President of the Royal College of Surgeons of Edinburgh and eight Masters of City Companies including two medical men, Dr Stanley Bousfield and Dr Arthur Gibbons This distinguished company, he said, had assembled to pay tribute to the pioneer of scientific surgery, whose career was enshrined within the walls of the College Sir Arthur MacNalty, Chief Medical Officer of the Ministry of Health, replying to the toast, gave a message of regret for his absence from the Minister, Sir Kingsley Wood He pointed with satisfaction to the increasing contact between surgery and preventive medicine since the time of John Simon, who was President of the College while doing pioneer work in sanitary reform Sir Farquhar Buzzard proposed the health of the Hunterian Orator of 1936, Mr C H Fagge, who briefly acknowledged the toast, and after dinner a series of cinematographic films were shown in the lecture theatre and in the council room was an exhibition of pictures, prints, and drawings of the College buildings

Reports of Societies

TREATMENT OF FACIAL PARALYSIS

At a meeting of the Medical Society of London on February 8, with Sir William Willcox *presiding*, the subject for discussion was the treatment of facial paralysis Short reels of cinematograph film illustrating the technique of operations or the results of treatment were shown by Sir Harold Gillies, Mr Terence Cawthorne, and Mr Dickson Wright

Aetiology and Prognosis

Dr Macdonald Critchley said that to the neurologist the treatment of facial paralysis could be summarized in three words massage, electricity, and facial splint The end-results were often diverse, notwithstanding similarity of treatment He limited his remarks to Bell's palsy Traditional teaching postulated an acute inflammatory swelling of the nerve trunk and its interstitial tissue as a result of cold, with subsequent strangulation of the nerve A proportion of the cases of Bell's palsy were due to the operation of a neuro-fixating virus, of herpes or some other variety but the majority were probably not virus infections The occurrence of second and third attacks was frequent enough to render unlikely any universal operation of a neurotropic virus Some looked upon Bell's palsy as the result of two aetiological factors the effect of cold coupled with some focus of infection in the vicinity It would be safest to regard the condition as a symptom which might have more than one cause As for the results of treatment it was believed that good end results were obtained in 80 or 85 per cent of all cases It had been suggested that pain and loss of taste were important prognostic features in the early stages Most cases of the Gowers-Ramsay Hunt syndrome did badly, while other virus affections of the facial nerve did very well Between these extremes lay the majority of cases of palsy of obscure origin Clonic facial spasm was a very common sequel of Bell's palsy The treatment consisted of massage and manual stretching of the muscles in contraction Facial synkinesis or involuntary associated facial movements also often developed He asked for suggestions for treatment of the acute cases of Bell's palsy where clinical judgement or the electrical reactions

British Medical Association

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Telephone numbers of British Medical Association and British Medical Journal Euston 2111 (internal exchange, five lines)
B.M.A. SCOTTISH MEDICAL SECRETARY 7, Drumsheugh Gardens, Edinburgh (Telegrams Associate, Edinburgh Tel 24361 Edinburgh)
Irish Free State Medical Union (I.M.A. and B.M.A.) 18, Kildare Street, Dublin (Telegrams Bacillus, Dublin Tel 62550 Dublin)

Diary of Central Meetings

FEBRUARY

19	Fri	Journal Board 11.30 a.m. Physical Medicine Group Committee, 2.30 p.m.
20	Sat	Pathologists Group Committee, 9.30 a.m.
23	Tues	Library Subcommittee, 2.30 p.m.
24	Wed	Police Surgeons Subcommittee 2 p.m. Physical Education Committee, 2.30 p.m.
25	Thurs	Joint Committee of B.M.A. and T.U.C., 2.15 p.m.
26	Fri	Maternity and Child Welfare Subcommittee, 2 p.m.

MARCH

4	Thurs	Conference of Representatives of Provident Associations 2.15 p.m.
5	Fri	Science Committee 2 p.m.
9	Tues	Organization Committee, 2 p.m.
12	Fri	Journal Board 11.30 a.m.
16	Tues	Central Ethical Committee 2 p.m.
19	Fri	Journal Committee 2 p.m.

Election of Member of Council

Dr. Isaac Jones (London, W.1) has been returned unopposed to represent the South Australian, Tasmanian, Victorian, and Western Australian Branches on the Council of the Association for the remainder of the period 1935–8.

G. C. ANDERSON,
Medical Secretary

Proposed Central Provinces Branch

Notice is hereby given by the Council of the Association to all concerned of a proposal made by members of the Association resident in the Central Provinces of India that a Central Provinces Branch be formed of area coterminous with that Province.

Any member affected by the proposal and objecting thereto is requested to write to the Medical Secretary by May 20, 1937, stating the objection and the ground therefor.

CHARLES HILL,
Deputy Medical Secretary

February 20, 1937

Scholarships and Grants in Aid of Scientific Research

Scholarships

The Council of the British Medical Association is prepared to receive applications for Research Scholarships as follows: an Ernest Hart Memorial Scholarship, of the value of £200 per annum; a Walter Dixon Scholarship, of the value of £200 per annum; and three Research Scholarships each of the value of £150 per annum. These Scholarships are given to candidates whom the Science Committee of the Association recommends as qualified to undertake research in any subject (including State medicine) relating to the causation, prevention, or treatment of disease. Preference will be given, other things being equal, to members of the medical profession. Each Scholarship is tenable for one year, commencing on October 1, 1937. A Scholar may be reappointed for not more than two additional terms. A Scholar is not necessarily required to devote the whole of his or her time to the work of research, but may hold a junior appointment at a university, medical school, or hospital, provided the duties of such appointment do not interfere with his or her work as a Scholar.

Grants

The Council of the British Medical Association is also prepared to receive application for Grants for the assistance of research into the causation, treatment, or prevention of disease. Preference will be given, other things being equal, to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine.

Conditions of Award. Applications

Applications for Scholarships and Grants must be made not later than Saturday, May 8, 1937, on the prescribed form, a copy of which will be supplied on application to the Medical Secretary of the Association, B.M.A. House, Tavistock Square, London, W.C.1. Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated.

Katherine Bishop Harman Prize

The Council of the British Medical Association is prepared to consider an award of the Katherine Bishop Harman Prize, of the value of £75 in the year 1938. The purpose of the prize, founded in 1926, is the encouragement of study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present, provided this falls within the scope of the prize. Any medical practitioner registered in the British Empire is eligible to compete.

Should the Council of the Association decide that no essay submitted is of sufficient merit, the prize will not be awarded in 1938, but will be offered again in the year next following this decision, and in this event the money value of the prize on the occasion in question shall be such proportion of the accumulated income as the Council shall determine. The decision of the Council will be final.

Each essay must be typewritten or printed in the English language, it must be distinguished by a motto and accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address. Essays must be forwarded so as to reach the Medical Secretary (to whom inquiries may be sent), B.M.A. House, Tavistock Square, London, W.C.1, not later than December 31, 1937.

Branch and Division Meetings to be Held

BATH, BRISTOL AND SOMERSET BRANCH. BATH DIVISION.—At Royal United Hospital, Bath, Wednesday, February 24, 8.30 p.m. B.M.A. Lecture by Sir Ewen Maclean: "Occipito-Posterior Positions."

DERBYSHIRE BRANCH. BUXTON DIVISION.—At Devonshire Royal Hospital, Buxton, Thursday, February 25, 8.15 p.m. Dr. J. W. A. Hunter (Manchester): "The Female Sex Hormones."

DORSET AND WEST HANTS BRANCH. BOURNEMOUTH DIVISION.—At Boscombe Hospital, Wednesday, February 24, 8.15 p.m. Dr. James Maxwell: "Abscess of the Lung."

GLASGOW AND WEST OF SCOTLAND BRANCH.—At Institution of Engineers and Shipbuilders, 39 Elmbank Crescent, Glasgow, Wednesday, February 24, 8.30 p.m. Professor James Hendry: "Recent Developments in Midwifery Practice."

KENT BRANCH. BROMLEY DIVISION.—Joint Meeting with Bromley Medical Society at White Hart Hotel, Bromley, Wednesday, February 24, 8.45 p.m. Dr. Clement Nicoll: "The Value of Physical Methods in the Treatment of Disease." Preceded by supper at 7.45 p.m.

suggested that no good end result was likely Should treatment proceed by physiotherapy as usual or should decompression of the facial nerve be done?

Plastic Operations

Sir HAROLD GILLIES (who took the place at short notice of Mr T P Kilner) said that plastic operations for the face were a most indifferent operative procedure as compared with what—at least he hoped—was produced by nerve grafting and decompression operations It was when the face was completely "dead that the plastic surgeon found his opportunity, and for his own part he felt himself to be a kind of facial undertaker At the same time these fascial slings which were put into the face must appeal to the mind as surgical splints of a more efficient character than the usual mechanical aids employed and they might be a means of preventing in some cases the over stimulation by electrical treatment of a muscle which was already knocked out' He thought that in a case with a bad prognosis the advisability of fascial slings should be considered The operation of putting them in was comparatively simple, its complications were not serious and if the nerve did recover then the bands would have done nothing but accelerate such recovery Facial paralysis in a young person presented a most distressing picture and however disappointed he himself might be in the cosmetic result the patients themselves were invariably delighted with the result of the operation The support of these slings seemed to be greatly appreciated and in the comfort given by such support the patients overlooked the efficiency of the operation from an æsthetic point of view It should not be impossible to develop an association between two groups of muscles so that when a person bit his food he smiled instead of making the grotesque movements which often accompanied the act of mastication The two movements could not be far away, and might be associated Sir Harold Gillies then showed a film illustrating the plastic operation in a case of paralysis following mastoid disease Fascia lata was taken from the thigh, and strips used in remodelling the face

Nerve Grafting

Mr TERENCE CAWTHORNE said that although most cases of facial palsy recovered there remained an unfortunate minority which, by the very nature and extent of the lesion causing the paralysis, could never recover of their own accord It was with this latter class of case that the surgeon was concerned Until recently the most favoured operation was anastomosis of the distal end of the divided facial nerve The results were not very encouraging and a satisfactory return of facial movements could only be expected by exposing the nerve at the site of injury and attempting to restore anatomical continuity One of the pioneers of facial nerve surgery was the late Sir Charles Ballance (the discussion was taking place on the first anniversary of Sir Charles Ballance's death) who performed the first anastomosis operation, he believed over forty years ago Later on Duel in New York evolved a special technique

In considering facial paralysis the result of operative trauma early exploration was indicated in all suspected cases and restoration of continuity should be effected by direct apposition of divided ends The degree of recovery after facial graft largely depended upon the interval between the injury and its repair If the paralysis was not noticed immediately, but went on gradually and possibly was never complete, the likelihood was that such a case was one of slight injury and resultant oedema which would recover spontaneously Cases of palsy that were going to recover completely on their own did not as a rule entirely lose the faradic response The loss of faradic response a week after paralysis indicated a severe lesion with the improbability of a complete spontaneous recovery The first essential step was exposure of the nerve at the site of the injury Then and not until then, the surgeon would be in a position to say what further treatment if any was required to restore the continuity of the damaged nerve If, as was sometimes the case, especially when some interval had elapsed between the time of injury and the time of exploration there was a considerable gap after the severed ends had been freed of tissue, a graft would be necessary Ballance and Duel had shown that the only material worth consideration for bridging the gap was a piece of living nerve By using degenerated graft Ballance and Duel also found that they obtained better and speedier results than by using fresh nerve grafts It had been thought until recently that the graft should be the same size as the nerve but it had been found that two or three strands might give better results than one thick graft A graft as long as 26 mm had been used with successful results The results of the Ballance and Duel nerve graft operation had been remarkably good Most of the reported cases had recovered emotional as well as voluntary movement Even in the worst cases where a long interval had elapsed between the injury and the graft, a considerable degree of voluntary movement could be expected Residual paralysis as a result of pressure on the nerve either from without the sheath or from within might be prevented by decompression in some cases

Suture of Facial and Hypoglossal Nerves

Mr DICKSON WRIGHT mentioned that he had had good results in two cases of decompression of the nerve in footballers who had sustained injury by a kick on the mastoid process In clonic facial spasm the operation of decompression was suggested to him by Dr Duel, and he tried it in three cases but in none of the three was the clonic spasm affected at all, so that he thought that operation could be ruled out as being of any value in the treatment of clonic facial spasm There were a certain number of cases in which the Ballance–Duel operation failed and a certain number of cases of facial paralysis arising from intracranial tumours in which that operation held out no hope The operation expounded by Sir Harold Gillies was indicated as he himself had said for 'dead cases—cases without any power of return in the muscles In between the Ballance and Duel graft and the temporal muscle plastic operation came the operation of suture of the twelfth hypoglossal nerve and the facial nerve and he showed a film of this procedure with some very good results

General Discussion

Mr CECIL WAKELEY said that he had the pleasure of working with Sir Charles Ballance for ten years at the West End Hospital for Nervous Diseases where the operation was carried out on fourteen of these cases, with good results in twelve In some the mastoid operation had been done three years previously In certain of the later cases the hypoglossal nerve was taken and split half of it only being used and just as good a result was obtained as when the whole was used and the paralysis of the tongue was almost minimal

Mr HAROLD KISCH said that he had had experience of four of these cases, two of which were of too recent date to report upon and the other two were successes One woman aged 23, treated after radical mastoid operation had shown no recovery until after nearly eighteen months In this case there was suppuration at the time the graft was inserted He thought that both Duel and Ballance claimed that recovery could be obtained in the presence of suppuration Questions on the technique of grafting were put by Mr DONALD WHEELER Dr LIVINGSTONE and others

Dr MACDONALD CRITCHLEY in reply said that he was not yet clear as to the indications for operative intervention in these cases of Bell's palsy Mr Cawthorne had said that loss of faradic response towards the end of the second week might be taken as such an indication and that was the usual teaching, but he understood that

LANCASHIRE AND CHESHIRE BRANCH SOUTHPORT DIVISION—At 52 Hoghton Street Southport Friday February 26 8.30 p.m. Film of B.M.A. World Tour 1935 Commentator Dr. R. Stewart

LINCOLNSHIRE BRANCH KESTEVEN DIVISION—At St. Peter's Hill Grantham Tuesday February 23 3 p.m. Consideration of adoption of resolution under the ethical rules of the Division Address by Mr. R. J. McNeill Love Abdominal Emergencies in General Practice

LINCOLNSHIRE BRANCH LINCOLN DIVISION—At Albion Hotel Lincoln Thursday February 25 8.30 p.m. B.M.A. Lecture by Sir William Willcox The Medico-Legal Aspects of Medical Practice

METROPOLITAN COUNTIES BRANCH LEWISHAM DIVISION—At Lewisham Hospital Tuesday February 23 3.45 p.m. Clinical meeting

NORTH OF ENGLAND BRANCH BISHOP AUCKLAND DIVISION—At Bishop Auckland Cottage Hospital Friday February 26 8 p.m. Election of officers consideration of adoption of resolution under the ethical rules of the Division lecture by Mr. C. Gordon Irwin (Newcastle upon Tyne) Manipulative Surgery

SOUTH WALES AND MONMOUTHSHIRE BRANCH SWANSEA DIVISION—At Central Hotel Swansea Thursday February 25 B.M.A. Lecture by Dr. William Evans Angina Pectoris Its Problems and Treatment Preceded by supper at 8 p.m.

WILTSHIRE BRANCH SWINDON DIVISION—At Victoria Hospital Swindon Wednesday February 24 8.30 p.m. B.M.A. Lecture by Mr. R. J. McNeill Love Modern Developments in Surgery

YORKSHIRE BRANCH GOOLE AND SELBY DIVISION—At Londesborough Arms Hotel Selby Tuesday February 23 7.45 p.m. Supper 8.30 p.m. Film and demonstration of treatment of fractures with cellona plaster

YORKSHIRE BRANCH SCARBOROUGH DIVISION—At Scarborough Hospital Thursday February 25 8.30 p.m. Dr. James Davidson (director Metropolitan Police College Laboratory Hendon) Wounds from Firearms and the Examination of Projectiles

TABLE OF OFFICIAL DATES

March 20 Sat	Nomination Papers available (on application at Head Office) for election of (i) 22 Members of Council by Grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
April 7 Wed	Council
April 24 Sat	Publication of Annual Report of Council in *B.M.J. Supplement* Last day for receipt at Head Office of Nominations (i) by a Division of not less than 3 Members for election of 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) for election of 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
May 8 Sat	Publication in *B.M.J. Supplement* of list of Nominations for Election of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body Voting Papers posted from Head Office where there are contests in above elections Applications for B.M.A. Research Scholarships and Grants must be received at Head Office by this date
May 10 Mon	Motions by Divisions and Branches for A.R.M. Agenda on matters of which two months notice must be given must be received at Head Office by this date
May 15 Sat	Publication in *B.M.J. Supplement* of Motions and Amendments by Divisions and Branches for A.R.M. on matters of which two months notice must be given Representatives and Deputy Representatives must be elected by this date Last day for receipt at Head Office of Voting Papers for election where there are contests of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
May 29 Sat	Publication in *B.M.J. Supplement* of result of election of Members of Council and result of above elections Nomination Papers available (on application at Head Office) for election of 11 Members of Council by grouped Representatives
June 2 Wed	Council
June 3 Thurs	Names of Representatives and Deputy Representatives must be received at Head Office by this date
June 19 Sat	Publication of Supplementary Report of Council in *B.M.J. Supplement*
June 29 Tues	Other items for inclusion in A.R.M. printed Agenda must be received at Head Office by this date
July 16 Fri	Annual Representative Meeting Belfast
July 17 Sat	Annual Representative Meeting Belfast
July 19 Mon	Annual Representative Meeting Belfast Council Belfast
July 20 Tues	Annual Representative Meeting Belfast Annual General Meeting Belfast President Address
July 21 Wed	Council Belfast Conference of Honorary Secretaries Other series Conference Belfast Meetings of Sections etc. Belfast
July 22 Thurs	Meetings of Sections etc. Belfast Annual Dinner of the Association Belfast
July 23 Fri	Meetings of Sections etc. Belfast

ANNUAL MEETING, BELFAST, JULY, 1937

HOTEL ACCOMMODATION

Licensed Hotels

Hotel	Rooms available: Single	Double (1 bed)	Double (twin)	Tariff: Bed and Breakfast	Dinner Bed and Breakfast	Dinner Bed Breakfast and Lunch	Hot Bath
BELFAST							
Grand Central Royal Avenue			20	13 6	18 6	21 6	Incl
Midland Station York Road	10		20	12 11 6	18 - 17 6	22 - 21 6	Incl
Royal Avenue Royal Avenue	8	15		11 6	17 6	21 -	Incl
Imperial Donegall Place	20	10		11 6	17 -	18 -	6d extra
Queen's Victoria Street	11	7		8 6	12 -	15/-	Incl
Kensington College Sq. East	30	20		9 6	13 6	16 -	
Eglinton and Winton High St.	14	13		9 6	13 6	16 6	
Union Donegall Sq. South	6			10	16	1 6	Incl
LARNE (24 miles) Laharna (L.M.S. Hotel)	20	33	-	8 6	13 6	17 -	1s extra
LARNE HARBOUR Olderfleet	5	5		9 6	14 6	17 6	Incl
NEWCASTLE (31 miles) Slieve Donard	15	15	15	12 6	18 6	21/6	Incl
DONAGHADEE (21¾ miles) Mount Royal				9 6	14 6	16 -	
BANGOR (12 miles) Regent Palace †				8 6 6 6	10	15 - 13 -	
Royal	10		10	15	18	21	Incl
				(Minimum stay 7 days			

Unlicensed Hotels

Hotel	Rooms Available: Single	Double (1 bed)	Double (twin)	Tariff: Bed and Breakfast	Dinner Bed and Breakfast	Dinner Bed Breakfast and Lunch	Hot Bath
BELFAST Robinson's Temperance Donegall Street	6	4	6	7 6	11 6	1 6	1 extra
Belgravia Private Ulsterville Av (near 1st car stage)	6	6		8 6	11 6	1 6	1 - extra

Allocation of rooms not stated but 1 per bathroom. 10 Free
† Allocation of rooms not stated but probably 0 free

All arrangements for the booking of rooms in hotels are in the hands of Messrs. Thomas Cook and Son Ltd. Royal Avenue Belfast to whom all applications for hotel accommodation should be sent

there were a good many exceptions to it and that cases in which there was true reaction of degeneration at the end of the second week might make a good recovery, while cases which seemed to have their faradic response at the end of the first fortnight did not necessarily make such a recovery Sir HAROLD GILLIES said that the clear indication which the opener had emphasized still appeared to be wanted He questioned whether grafts should be inserted in the presence of suppuration Mr TERENCE CAWTHORNE said that Ballance and Duel laid it down as their experience that suppuration was no bar to successful nerve grafting His own experience had been too short to be of any value, but in three of his cases there had been a certain amount of suppuration, and he got a fair amount of facial movement back He felt very uncertain about the position of faradic response in Bell's palsy

MENTAL DISORDER AND THE ENDOCRINES

A special discussion on the relation between mental disorder and the activities of the endocrine glands took place at a combined meeting of the Sections of Psychiatry and Medicine of the Royal Society of Medicine on February 9 Dr T A ROSS was in the chair

Testicular Hormone

Dr F L GOLLA said that none of them had come prepared to defend a pathogenesis of mental disorder based on diseases of the ductless glands, to say that diseases of the ductless glands were associated with various forms of mental disorder, or that such disorder could be improved by the administration of extracts or implantation of ductless glands There was no evidence of that sort In every mental hospital the experience was that disorders of the ductless glands were fewer than in the world outside A further question was how far the symptomatology of mental disorders was influenced by disorders of the ductless glands Again there was very little evidence Not much was known about hormonic influences on the central nervous system It might be that there were all sorts of structures capable of passing on internal secretions of whose functions they were quite unaware Recent work had suggested that there were nerve cells in the diencephalon which had a secretory function and by inference it might be assumed that the secretion was exactly that attributed to the posterior and possibly the anterior lobe of the pituitary But there was not the faintest evidence so far as he was aware of any particular form of secretory disturbance accompanying any particular form of psychosis The variations in function noted in the insane were probably paralleled by those noted in the sane There was, however one structure—namely, the gonadal system, particularly the testicle of the male—which would respond even to the violent procedure of the histologist and in the end would still show the disturbance of structure which it might be assumed was accompanied by a disturbance of function associated with the mental disorder labelled schizophrenia He showed the slides of the microscopical appearances as obtained by the late Sir Frederick Mott and said that Mott's work on the testicle afforded an objective proof that a mental disorder was associated with a profound bodily disturbance of a specific kind not found in any other disease

For some curious reason nobody seemed to have given these observations of Mott the attention they deserved Their importance was very great to those of them who believed that in many mental disturbances a general bodily disturbance was being dealt with one of the symptoms of which was a disorder of conduct (he would not use the term disorder of mind) This was found associated with a profound disturbance of the endocrine system Could one go any further than this? If the whole of the male sex organs of an animal were ablated and a testicular implantation was made into the castrated animal it would sometimes exhibit normal sexual behaviour, the conclusion being that the testicular hormone had a particular affinity with the nerve mechanism responsible for the sexual act That this nerve mechanism could be acted upon by an endocrine secretion was the only proof in endocrinology so far as he knew which gave any support to the theory of the action of the endocrine organs directly on the nerve mechanism In the case of the pituitary many things which were suggestive were found but it could only be said that the pituitary appeared to act as a general driver on of the endocrine system, it was under the guidance of the pituitary and who was to say which was the primary source of disturbance—the diencephalon or the pituitary?

The supposed relations of endocrinology to the psychoses were conditioned a great deal by an entirely wrong idea of how the central nervous system functioned It was the most labile structure imaginable, if it could not get a thing executed in one way it would get it executed in another It was capable of infinite variety of accommodation to any form of disorder, and although an endocrine disorder could be imagined as causing a general loss of excitability or generalized hyperexcitability, he for his part found it very difficult to imagine that any particular form of endocrine disorder known or unknown, could excite or depress any particular function of the central nervous system

Reciprocal Relationship of Endocrines and Brain

Sir WALTER LANGDON-BROWN sent a contribution which was read in his absence by Dr Levy Simpson He said that in the sphere of character and mental attributes there was less dogmatism as to the primary importance of the endocrines than a decade ago This was largely due to the recognition of the role of the diencephalon in expression of emotion on the one hand and its connexion with the pituitary gland on the other while the pituitary had become recognized as the intermediary between this emotional centre and the other endocrine glands Thus not only could the endocrine make-up influence the emotional state but the emotions could influence the endocrines Evidence of endocrine disorders in mental hospitals hardly suggested that they were a common cause of the psychoses The relation between endocrine dysfunction and mental disorders had probably been overrated, especially in view of the frequent occurrence of endocrine disorders were more often associated with the psychoneuroses than with the psychoses, and here the sequence of development and the favourable results of correcting the endocrine disorder suggested that the glandular condition was sometimes primary There was no doubt that a direct connexion between glandular dysfunction and mental disturbance was clearer in the case of the thyroid than in that of any other gland The untreated cretin was placid and adaptable, just as the sufferer from an excess of thyroid was irritable and intransigent In advanced myxoedema melancholia was not infrequent, but acute mania might occur Hector Mackenzie's description of Graves's disease as a state of continued fear was an illuminating one and nearer the truth than could be realized at the time For whatever the psychical origin in an individual case the predominant feeling was one of fear, masked though it might be The causes of Graves's disease were sex, sepsis and emotional stress, and the discovery of the pituitary thyrotropic hormone suggested a possible mechanism for the third factor via the hypothalamus

Dyspituitarism might be characterized by a sense of inferiority, feeble inhibitions emotionalism fantasies, amoral conduct and sometimes confusional insanity In Addison's disease the patient might be negative and inert Virilism resulting from adrenal cortex tumours or hyperplasia might result in loss of modesty maternal instinct and normal libido the last being occasionally replaced by homosexual instincts Insanity from diabetes had practically disappeared with the introduction of insulin Hypoglycaemia, either spontaneous or from insulin over

Meetings of Branches and Divisions

Aberdeen Branch

A meeting of the Aberdeen Branch was held on December 18 1936 when in addition to members there were present representatives of public health committees insurance committees, boards of management of voluntary hospitals, and others interested Dr W S C Coleman delivered a British Medical Association Lecture on The Fight Against Rheumatism Dr Copeman briefly outlined some of the sociological aspects of the problem and then discussed the institutional application of physical methods in the treatment of chronic rheumatic disease The methods employed and the results obtained at the British Red Cross Clinic were described and illustrated in a number of excellent lantern slides Professor David Cambell and Professor L S P Davidson contributed to the discussion and on the motion of Dr Thomas Fraser a hearty vote of thanks was accorded Dr Copeman for his address

Birmingham Branch West Bromwich and Smethwick Division

At a meeting of the West Bromwich and Smethwick Division held at West Bromwich on January 21 the secretary Dr J M Mitchell reported that he was in negotiation with the Birmingham Branch and hoped to be able to arrange instructional classes in air raid precautions at a later date

By the courtesy of Messrs T J Smith and Nephew Ltd a film was shown dealing with the functional treatment of fractures and the use of cellona plaster of Paris bandages A demonstration was also given of the rapidity with which cellona bandages could be applied and their general efficiency

East Yorkshire Branch

At a meeting of the East Yorkshire Branch, held at Hull on January 13 Dr S F Fouracre delivered his presidential address on A Medical Man in Mesopotamia Some Clinical Experiences in the Tropics and Their Application to Temperate Climates' The address was illustrated by lantern slides made from photographs taken by the president during his stay in Mesopotamia Discussing heat stroke Dr Fouracre said the aetiological factors predisposing to heat pyrexia were a maximum shade temperature of 110° or over particularly if continued for several days, a high bulb temperature causing excessive humidity and increasing the difficulty of cooling the body by perspiration a stagnation of air and any disease causing pyrexia (sandfly fever, etc) Only a few cases occurred when a man was exposed to the sun—that is, the disease was due to the infra-red and not to the ultra-violet rays A patient's temperature would suddenly rise to 108° to 113° thus necessitating rapid treatment to bring the temperature down to 102° Experience had taught them that there were three premonitory signs suppression of sweating frequency of micturition, and a strange manner Various methods were tried to induce sweating—pilocarpine produced salivation but no perspiration Ice packs, cold water sprays, wet sheets, etc, were used Venesection was of no use Recent work showed that the sweat glands could only secrete salt water and not water alone This suggested that when the blood chloride fell to a certain minimum secretion of sweat ceased In support of this was the fact that native races in Central Africa who might be considered liable to heat stroke ate large quantities of salt It was known that sea captains had cured heat stroke in stokers by making them drink sea water Modern treatment included intravenous saline injections and a regular amount of salt in the diet On the motion of Dr John Morrison seconded by Mr C H Corbett a hearty vote of thanks was accorded to Dr Fouracre for his address The company then adjourned for refreshments provided by the president

Egyptian Branch

At the annual general meeting of the Egyptian Branch held on January 21 Group Captain F C Cowtan R A F M S was elected president and Dr R A Gardner honorary secretary for the coming year The Branch rules were amended to correspond with the formation in 1935 of the Sudan Branch to fix the time of taking office of the Branch council and to adopt the Association rules of procedure in ethical matters Colonel R Priest and Major A G Harsant at the conclusion of the annual meeting spoke of some interesting cases of disease they had recently treated and a discussion then followed in which many members took part Later the members attending the meeting were the guests of Colonel Hinkston and the R A M C Citadel Officers Mess

Essex Branch North East Essex Division

At a meeting of the North-East Essex Division, held at Colchester on January 15 it was reported that no objection was raised by Headquarters to the proposal that the Division should hold joint meetings with the Colchester Medical Society the expenses of such meetings to be shared Four joint meetings have been arranged for 1937 It was agreed that a course of evening lectures on the treatment of air raid casualties should be held in the out-patient hall of the Essex County Hospital Mr R W Reid agreed to undertake the local arrangements in connexion with the Treasurer's Cup golf competition, and it was provisionally decided that the Divisional stage should be played at Mersea on May 9

Kent Branch

At a meeting of the Kent Branch held at Canterbury on January 27, with Surgeon Rear-Admiral B Pickering Pick in the chair the secretary, Dr Thomas A Clarke reported upon the progress of anti-gas lectures in the county It was announced that Dr G C Evans was the successful entrant in Kent for the Melbourne Chess Cup Competition Mr L E H Norbury read a paper on "Some Recent Advances in the Treatment of Conditions of the Anus, Rectum, and Colon,' and demonstrated some interesting specimens

Kent Branch East Kent Division

A meeting of the East Kent Division which was preceded by an informal dinner, was held at Cliftonville on January 28 when Mr W E C Wynne was in the chair Dr Geoffrey Evans read a paper on 'The Value and Limitations of Rest in the Treatment of Disease Dr Evans emphasized the value of peaceful as distinct from disturbed sleep and the importance of resting the mind as well as the body Rest though a valuable prescription might be dangerous if carried to excess and not suitably alternated with activity There was a good discussion and Dr Evans replied to a number of questions The meeting closed with a hearty vote of thanks to Dr Evans, proposed by the Chairman, for his interesting paper

Kent Branch Rochester Chatham and Gillingham Division

A special clinical meeting of the Rochester, Chatham and Gillingham Division was held at the Royal Naval Hospital Chatham, on January 20 when Dr H J Hoby was in the chair A series of interesting clinical cases were demonstrated x ray and microscopical films were arranged for examination and an outfit for the administration of evipan and pathological specimens was also on view Papers were read by Surgeon Lieut Commander A Long on 'The Uses of Evipan Anaesthesia' and by Surgeon Captain J G Danson on 'Lumbar Pain At the close of the meeting the Chairman proposed a vote of thanks to Surgeon Rear Admiral B Pickering Pick and the medical officers at the hospital for providing such an interesting meeting

Kenya Branch Mombasa Division

At the annual general meeting of the Mombasa Division held at the Native Civil Hospital Mombasa on January 11 with Dr S D Karve in the chair, the report of the honorary secretary and the financial statement for 1936 were received and approved The Chairman paid a tribute to Dr A U Sheth for his efficient and satisfactory work as honorary secretary and treasurer of the Division during the year

The following officers were elected

Chairman Dr Karve *Vice Chairman* Dr M T Shah
Honorary Secretary and Treasurer Dr Sheth

It was decided that the honorary secretary should see the port manager and make the necessary arrangements in connexion with first aid classes

North of England Branch Tynesidi Division

At a general meeting of the Tyneside Division held at Tynemouth Infirmary on January 19 Dr R J Weidner was elected vice chairman in place of Dr H Adams resigned Dr S C Somer agreed to act as golf secretary in connexion with the Treasurer's Cup golf competition

Mr W E M Wardill (Newcastle upon Tyne) gave an interesting address on 'The After results of Cleft Palate Operations Mr Wardill proved with the aid of the gramophone his claim to be able to provide perfect speech for patients operated upon under the age of 2 years



FIG 1.—Showing size and density of the stone in each kidney



FIG 2.—Remains of right kidney obtained post mortem



FIG 3.—Left kidney laid open to show calculus

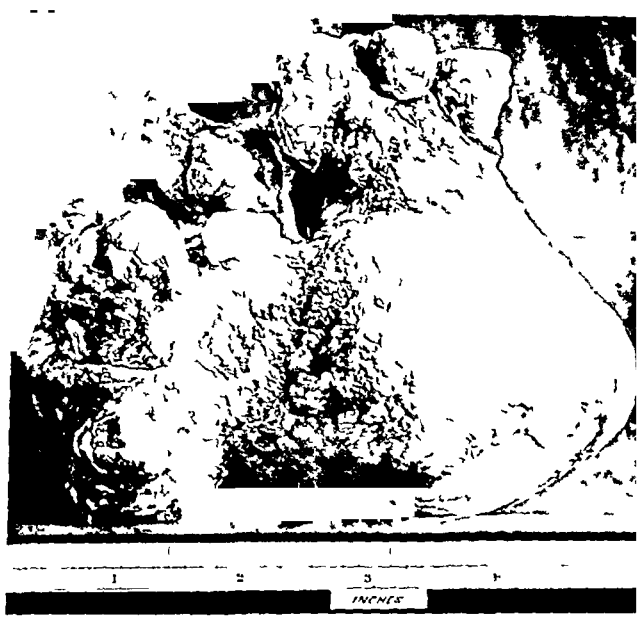


FIG 4.—Stone in right kidney weighing 1¼ lb before drying and 1 lb 6 oz after drying

SOUTHERN BRANCH ISLE OF WIGHT DIVISION

A special meeting of the Isle of Wight Division was held at Newport on December 3 1936 with the object of promoting public interest in air raid precautions Invitations had been sent to the lord lieutenant of the county justices of the peace members of the county and town councils officials of the local branch of the British Red Cross Society the British Legion and members of the medical dental and nursing professions and of other organizations The chairman of the Division Major General J W WEST presided and over 200 people were present Major STUART BLACKMORE of the Air Raid Precautions Department of the Home Office spoke on the organization of instruction classes in measures of defence against gas attack As a result of this meeting the secretary of the Division Dr H S Howie Wood arranged three courses of lectures for members of the nursing profession at the Royal Isle of Wight County Hospital Ryde the Royal National Hospital for Consumption Ventnor and the Isle of Wight County Mental Hospital Newport and a special medical course at the Albany Barracks Parkhurst The courses consisted of six lecture demonstrations each of two hours duration and included practical experience of gas masks in the gas chamber at the barracks Fifty five doctors and 150 nurses and midwives attended the course The speaker was Colonel H R BATEMAN and his lectures were much appreciated To ensure that doctors were provided with textbooks the honorary secretary purchased the necessary publications and sold over 350 booklets at the lectures The expenses of the course were borne by the Division and no charge was made for attendance at the lectures

SOUTHERN BRANCH PORTSMOUTH DIVISION

A meeting of the Portsmouth Division was held at Southsea on December 4 1936 when the guests included Judge Lailey and Sir Harold Pink and local members of the legal profession In the unavoidable absence of Sir Thomas Inskip Mr F G ALLEN consented at very short notice to read a paper *on testamentary capacity* There was a *good discussion* and Admiral LECGATE thanked the members of the Division on behalf of the guests On the motion of Mr SPARKS seconded by Dr J A D RADCLIFFE a hearty vote of thanks was accorded Mr Allen for his address

The annual supper-dance of the Division was held at Southsea on January 15 when some 450 members and guests were present A supper-dance is an annual social event in the activities of the Portsmouth Division and the proceeds are devoted to medical charities About £1 000 has been raised in this way *The success of these functions is due to* an energetic organizing committee and especially to the joint honorary dance secretaries Dr H H Warren and Dr Mearns Fraser

STAFFORDSHIRE BRANCH SOUTH STAFFORDSHIRE DIVISION

At a meeting of the South Staffordshire Division held at Wolverhampton with Mr G F HAYCRAFT in the chair the Division unanimously adopted a binding resolution to the effect that *no medical practitioner in the area of the Division* should apply for or accept an appointment under the Wolverhampton Friendly Societies Medical Association as the terms and conditions of such an appointment are *contrary to the* best interests of the medical profession The meeting considered a memorandum from the Public Medical Services and after a *discussion on the section dealing with ante natal and* maternity services a small committee was appointed to draw up a general practitioner ante natal and maternity services scheme for the district Other sections of the memorandum dealing with infant welfare school clinics immunization and voluntary hospital services were also fully discussed

It was arranged that Dr R H H Jolly should supply all practitioners in the area with a list of registered nursing homes The practitioners in turn would notify him of any unregistered nursing homes which came to their notice A committee was appointed to discuss with Dr Jolly the scheme drawn up by him under the Midwives Act 1936 A further committee was appointed to deal with the scheme which may be drawn up by the county of Stafford

SUDAN BRANCH

Meetings of the Sudan Branch were held in the Kitchener School of Medicine Khartum on November 9 and December 14 1936 The president Dr E D PRIDIE was in the chair at both meetings

On November 9 Dr Pridie welcomed as the guests of the evening Miss Hills Young Mr R K Winter and Mr D C Cumming and then went on to refer to the great loss sustained by the Branch by the retirement of Sir Robert G Archibald its first president The secretary was instructed to convey to Sir Robert Archibald its best wishes for his future career and its deep sense of loss

Dr H RICHARDS read a paper entitled *A Study of Native Diets in Khartum* The *rations issued in the Central Prison* the Reformatory and the Gordon Memorial College were studied A comparison was made between the estimated dietetic value of these rations and approved standards in other countries It was pointed out that the different conditions in the Sudan made the application of standards derived from temperate lands impracticable The effect of the diets in maintaining the health and physical efficiency of the communities concerned was considered It was emphasized that clinical criteria constituted the sole method of adjudging the adequacy or otherwise of the diet Suggestions as to the augmentations of the rations in these institutions were offered

The discussion was opened by Dr R KIRK who emphasized the fallibility of standards and insisted that even the results for one community could not be applied to another He suggested that palatability or at least consistency with dietetic habit should be considered a further postulate for a satisfactory diet The suggestion was made that some trace deficiency disease might be a guide as to suitability of a diet under such artificial conditions as existed in ships prisons etc or in large cities it was not a criterion to apply to the population generally because (1) it was not accidental deprivation of one element but the gradual operation of imperceptible factors particularly in combination which was of importance from the public health point of view, and (2) owing to racial dietetic adaptation deficiency might exist without producing the flagrant symptomatology of the text books It was pointed out that while the compiling of standard diets was interesting populations had known for centuries what to eat The question was whether they could obtain it or not Population always tended to overflow the limits of its subsistence and any factor which increased the latter tended to be reflected not so much in dietetic change as in a rise of population Similarly any factor which reduced *the available subsistence was reflected in a declining popula*tion due not merely to deaths from starvation or deficiency disease but to many other factors like abortion infanticide celibacy unnatural practices till the population finally became balanced against its subsistence at the new level

A vote of thanks was accorded to Dr Richards for his interesting and stimulating paper

On December 14 the president again welcomed Mr Winter as the guest of the evening

Dr J F E BLOSS read a paper on Medical Conditions and Diseases in the Sudan during the Eighteenth and Nineteenth Centuries A discussion followed in which Dr RICHARDS PRIDIE and BLAND took part and a vote of thanks was accorded to Dr Bloss for his interesting paper

STIRLING BRANCH

A meeting of the Stirling Branch was held at Falkirk Infirmary on February 3 when a number of cinematograph films were shown of the latest methods in use in the treatment of fractures at the fracture clinic of the Bristol Royal Infirmary A demonstration of the uses of cellona plaster bandages followed and most of the members took part in the discussion that followed

UNITED PROVINCES BRANCH

A clinical meeting of the United Provinces Branch was held at King George's Medical College Lucknow on November 27 1936 when Captain K S NIGAM was in the chair A large number of final year students and the medical staff of the college and hospital were present by special invitation The CHAIRMAN showed two cases The first was of multiple fibrocystic disease of bone in a woman aged 25 The lesions were present at the lower end of the radius of both forearms as well as in the tibia Blood calcium was within normal limits *Other tests of parathyroid efficiency* were under investigation The second case was of sarcoma of the ileum in a boy aged 15 in which the onset of the disease with fever pain and swelling was not unlike acute osteomyelitis

At a clinical meeting of the United Provinces Branch held at King George's Medical College Lucknow on December 21 1936 with Captain K S NIGAM in the chair Captain R D ALEXANDER showed a case of renal calculus in a girl aged 8 in which the urine examination showed the presence of *B typhosus* The chief complaint of the patient was extreme frequency of micturition The CHAIRMAN showed a case of appendicular abscess in a child aged 10 probably secondary to *Amoeba histolytica* infection

ARCHIBALD H McINDOE AN OPERATION FOR THE CURE OF ADULT HYPOSPADIAS

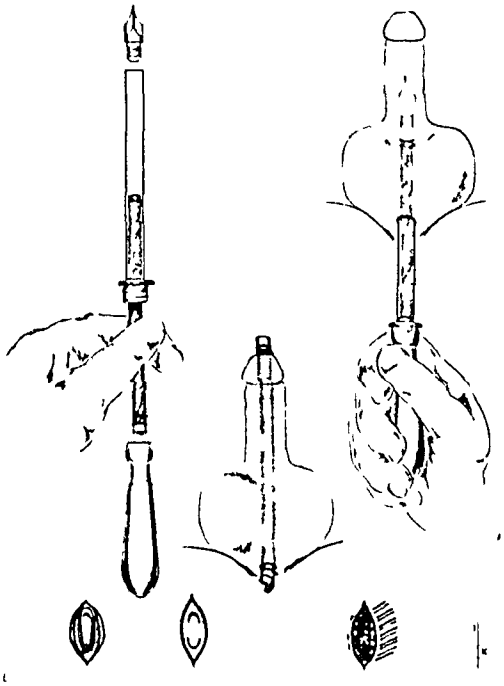


FIG 1 —Showing introducer containing skin graft on catheter method of introduction and graft in place End to end anastomosis of new urethra and hypospadiac meatus



FIG 2 —Adult hypospadias after several unsuccessful flap operations



FIG 3 —Epithelial inlay after straightening ventral curve and removing scar tissue The catheter has been constantly in situ for six months



FIG 4 —Urethra after end to end anastomosis admits No 10F catheter

HUDDERSFIELD ROYAL INFIRMARY—(1) C O (2) H P and Resident Anæsthetist Males Salaries £200 and £150 p a respectively
HULL CITY MENTAL HOSPITAL Willerby—A M O (male, married) Salary £500 £25 £600 p a
HULL CORPORATION HEALTH DEPARTMENT—A M O (male) for Anlaby Road Institution Salary £350 p a
HULL ROYAL INFIRMARY—(1) First H P Salary £175 p a (2) Second H P (3) H S (4) H S to the Ophthalmic and Ear, Nose, and Throat Departments (5) Second C O Salaries £150 p a each Males (6) Hon Assistant S
INDIA LADY HARDINGE MEDICAL COLLEGE New Delhi—Professorship of Physiology (female)
IPSWICH EAST SUFFOLK AND IPSWICH HOSPITAL—H P (male) Salary £144 p a
IRAQ ROYAL IRAQ LEGATION—Professor of Pathology in the Royal College of Medicine, Baghdad Salary £150 per mensem
KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—H P Salary £125 p a
LEEDS GENERAL INFIRMARY—(1) Resident Orthopædic Officer Salary £149 p a (2) Part time M O to the X-Ray Therapy Department Honorarium £100 p a
LEEDS MATERNITY HOSPITAL AND HOSPITAL FOR WOMEN—Joint Pathologist Salary £600 p a
LEICESTER CITY—J A R M O (male) for the City Isolation Hospital and Sanatorium Salary £300 p a
LEICESTER ROYAL INFIRMARY—(1) Resident Anæsthetists Salaries £150 p a each (2) H S's (3) Senior C O (4) H P's Salaries £125 p a each (5) J C O Salary £100 p a
LINCOLN COUNTY COUNCIL—(1) Senior H S and (2) J H S Males, unmarried Salaries £250 p a and £150 p a respectively
LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART—H P Salary £100 p a
LIVERPOOL HEART HOSPITAL—(1) Hon Assistant P (2) First Assistant
LIVERPOOL WOMEN'S HOSPITAL—H S Salary £100 p a
LONDON COUNTY COUNCIL—(1) A M O s to (*a*) Maudsley Hospital, Denmark Hill S E, and (*b*) for Mental Services generally Salaries £470 £25 £570 p a (2) Part-time Consulting Ophthalmologists to (*a*) Dulwich Hospital S E, (*b*) St Giles Hospital, S E, (*c*) Norwood Hospital for Children, S E (*d*) Queen Mary's Hospital for Children Carshalton, (*e*) Downs Hospital for Children Sutton Salaries £125 p a each for one routine session
LONDON HOSPITAL E—First Assistant to the Ophthalmic Department
LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a
MAIDSTONE KENT COUNTY COUNCIL—Whole time R A M O at Chatham Public Assistance Hospital Salary £250 p a
MANCHESTER ANCOATS HOSPITAL—Medical Registrar Honorarium £50 p a
MANCHESTER DUCHESS OF YORK HOSPITAL FOR BABIES—(1) Senior R M O (2) J R M O Salaries £125 p a and £75 p a respectively
MIDDLESBROUGH NORTH ORMESBY HOSPITAL—H S (male, unmarried) Salary £135 p a
MILLER GENERAL HOSPITAL Greenwich Road, S E—(1) Part time C O (male, non resident) (2) H S (male, unmarried) Salaries £150 p a and £100 p a respectively
NEWCASTLE UPON TYNE EYE HOSPITAL—Senior H S Salary £300 p a
NEWCASTLE UPON TYNE NORTHUMBERLAND COUNTY COUNCIL—A M O (unmarried) for Wooley Sanatorium Salary £350 £25 £450 p a
NORTHWOOD URBAN DISTRICT OF RUISLIP NORTHWOOD—Medical Officer of Health Salary £250 p a
NORWICH CITY—R M O to the Isolation Hospital and Assistant M O H and Assistant School M O Salary £450 £550 p a
NOTTINGHAM AND MIDLAND EYE INFIRMARY—R H S Salary £200 p a
PENDLEBURY ROYAL MANCHESTER CHILDREN'S HOSPITAL—Non resident A M O for the Out patient Department Salary £150 p a
PERTH AND KINROSS JOINT COUNTY COUNCIL—A M O (female) Salary £500 £25 £700 p a
PLYMOUTH PRINCE OF WALES'S HOSPITAL Greenbank Road—(1) H P (2) H S Salaries £120 p a each
POPLAR HOSPITAL FOR ACCIDENTS East India Dock Road, E—Second Resident Officer (male) Salary £175 p a
PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—H S (male unmarried) to the Eye Ear Nose, and Throat Department Salary £150 p a
PRESTON LANCASHIRE COUNTY COUNCIL—(1) Resident Medical Superintendent for Park Hospital Davyhulme Salary £850 £25 £950 p a (2) R M O (unmarried) and (3) Visiting Anæsthetist for Whiston Institution Infirmary near Prescot Salaries £350 p a and £275 p a respectively (4) J R M O (unmarried) at Lake Hospital and Darnton House Ashton under Lyne Salary £225 p a
PRINCE OF WALES'S GENERAL HOSPITAL N—(1) J H P (2) Two J H S Males unmarried Salaries £90 p a each
PRINCESS BEATRICE HOSPITAL Earl's Court S W—(1) R S O (male) Salary £200 p a (2) H P and C O (3) C O and Obstetric H S Salaries £110 p a each
PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shadwell E—H P Salary £125 p a
QUEEN'S HOSPITAL FOR CHILDREN Hackney Road E—(1) H P (2) C O Salaries £100 p a each
ROTHERHAM HOSPITAL—(1) Senior H S or P (2) H P Males Salaries £200 p a and £180 p a respectively
ROYAL EYE HOSPITAL St George's Circus, S E—(1) Senior H S (2) Two Assistant S Salaries £150 p a and £100 p a each respectively
ROYAL LONDON OPHTHALMIC HOSPITAL City Road, E C—Senior Resident Officer Salary £150 p a
ROYAL NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street, W—Two H S (males, unmarried) Salaries £150 p a each
ROYAL NORTHERN HOSPITAL Holloway, N—(1) Surgical Registrar Honorarium £300 p a (2) Consulting Physicist
ROYAL TUNBRIDGE WELLS KENT AND SUSSEX HOSPITAL—H S (male) Salary £150 p a
RUNWELL HOSPITAL—H P Salary £150 p a
ST MARY'S HOSPITAL W—Surgical Registrar Salary £200 p a
SALFORD CITY—Assistant Maternity and Child Welfare M O Salary £500 £25 £700 p a
SCARBOROUGH (NEW) HOSPITAL—H P (female) Salary £130 p a
SHEFFIELD JESSOP HOSPITAL FOR WOMEN—H S (male, unmarried) Salary £100 p a
SMETHWICK COUNTY BOROUGH—(1) Resident Obstetrical Officer (male) and (2) J R M O for St Chad's Hospital, Birmingham Salaries £350 £25 £450 p a and £150 p a respectively
STAFFORD STAFFORDSHIRE COUNTY COUNCIL—Assistant County M O H and M O H for the Stone Urban and Rural Districts Salary £800 p a
STAFFORD STAFFORDSHIRE GENERAL INFIRMARY—H P and C O Salary £150 p a
STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H P Salary £150 p a
STOURBRIDGE CORBETT HOSPITAL—R S O (male, unmarried) Salary £200 p a
SUNDERLAND MONKWEARMOUTH AND SOUTHWICK HOSPITAL—J H S Salary £120 p a
SWINTON BOROUGH OF SWINTON AND PENDLEBURY—M O H and School M O Salary £800 £50 £1,000 p a
TAUNTON AND SOMERSET HOSPITAL—H S Salary £100 p a
THORNABY ON TEES NORTH RIDING OF YORKSHIRE COUNTY COUNCIL AND THE COUNCIL OF THE BOROUGH OF THORNABY ON TEES—Borough M O H and Assistant to the County M O H Salary £800 p a
WAKEFIELD CLAYTON HOSPITAL—H S and H P Salary £150 p a
WEST HAM COUNTY BOROUGH—First A R M O (male) for the Central Home, Leytonstone Salary £525 £25 £600 p a
WEST LONDON HOSPITAL Hammersmith W—(1) Full time Assistant Pathologist Salary £300 p a (2) H P (3) H S (4) H S with Throat, Nose, and Ear duties Males Salaries £100 p a each

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CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced Ware (Hertfordshire), St Mary's Isles of Scilly (Cornwall) Applications to the Chief Inspector of Factories, Home Office, Whitehall, S W 1, by March 2

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT 1925, for the Ashton under Lyne and Stalybridge County Court District (Circuit No 10) Applications to the Private Secretary Home Office, Whitehall, S W 1, by March 8

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments in hospitals will be found at pages 49 50 51 52 53, 54 55 59 and 60 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 56 and 57

APPOINTMENTS

BETTLEY, F Ray, M D, Honorary Dermatologist and Medical Officer in Charge of Male Venereal Diseases Centre at Cardiff Royal Infirmary

CERTIFYING FACTORY SURGEONS—W L Anderson, M B Ch B for the Dunbar District (East Lothian), H G Morris Jones M R C S, L R C P, for the Llangollen District (Denbighshire)

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTHS

BATY—On February 12 to Kathleen (née Watson) wife of John A Baty, F R C S Ed, of The White House, Wickersley Road, Rotherham, a daughter

WILLIAMS—On February 5, to Edna I Williams M D (née Langston) wife of B T Williams, M A, Barrister at Law of 30 Selkirk Road, Chester, a son (Peter Robin)

DEATH

LAWRIE—On February 13 1937 at 11, Grosvenor Crescent St Leonards on Sea, David Lawrie, M B D P H Camb, aged 76 Interred at Hastings Borough Cemetery, February 16

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
LONDON SATURDAY FEBRUARY 20 1937

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NOTES OF THE WEEK

Remuneration of Insurance Practitioners

A formal request has been conveyed on behalf of the Insurance Acts Committee to the Minister of Health for an increase in the capitation fee the increased capitation fee to be applicable to all insured persons including those shortly to be brought into medical benefit under legislation promised by the Government

Kent Midwifery Scheme

The Kent County Council has prepared a municipal midwifery scheme which provides for the employment of 106 midwives The council has also made arrangements with affiliated nursing associations for the employment of 116 district nurse midwives with unaffiliated associations for the employment of five and with the Margate Borough Council for the employment of four

Public Education in Health

The Stratford Division of the British Medical Association recently convened a conference of representatives of the medical profession local authorities insurance committees and hospitals in the area for the purpose of discussing public education in health The principal speakers were Sir Henry Brackenbury who submitted to the conference the policy of the B M A on the subject and Dr H C Boyde, the honorary secretary of the Stratford Division who proposed that all the interested organizations in the area should co operate in the preparation of a scheme of propaganda The question of finance presented some difficulty but it was hoped to make the scheme self supporting After a useful discussion it was arranged that a report of the proceedings should be sent to all the authorities and committees represented in order that the subject might receive their further consideration

Worthing Contributory Scheme

As a result of negotiations between the Worthing Hospital Board and the honorary medical staff the former has agreed to reduce the income limit of the Worthing Hospital Contributory Scheme to the level recommended by the B M A

Barratt Maternity Home, Northampton

The Board of Governors of the Barratt Maternity Home Northampton has decided that in future accommodation at the home shall be available only to abnormal cases patients referred to the home by their own doctors for a particular reason such as unsuitable home conditions and private patients referred by their own doctors

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The Dorset County Council has submitted to the Ministry of Health a scheme for the introduction of the principle of free choice for public assistance patients

Sir A R Cook president of the Uganda Branch of the Association is one of two representatives chosen by the Government of Uganda to attend the Coronation

Dr F C Ralphs has been appointed a county coroner for Lancashire

Dr J Young who has retired after thirty eight years practice in Bonnybridge Stirlingshire has received a presentation from his patients and friends in the district

ARCHIBALD H McINDOE AN OPERATION FOR THE CURE OF ADULT HYPOSPADIAS



FIG 5.—Primary adult scrotal hypospadia



FIG 6.—Epithelial inlay after Edmunds's straightening operation. Catheter No. 11E in place for five months

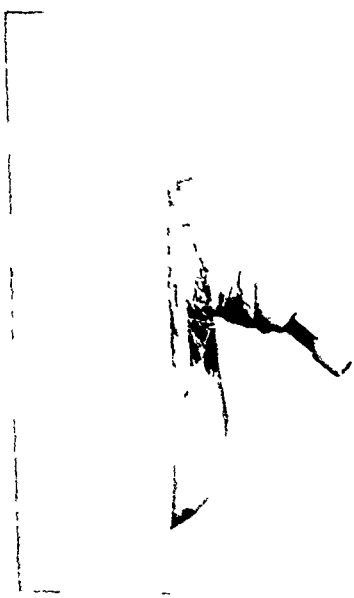


FIG 7.—Showing correction of ventral curve



FIG 8.—Final result after end to end anastomosis. Note normal appearance of meatus

THE DEVELOPMENT OF PROVIDENT ASSOCIATIONS

One of the problems which confronted the middle classes of post-war society was the difficulty of making provision for the cost of illness which necessitated a surgical operation or other treatment in an institution These persons did not belong to the class for which the voluntary hospitals were intended, but on the other hand, they could not afford to pay at the time of illness for long or expensive treatment In several parts of the country attempts were made to solve the problem by means of contributory or insurance schemes, the benefits of which included in-patient treatment at nursing homes or private hospitals, and, in some cases, assistance towards the cost of specialist services

The relation of the medical profession to these schemes was first submitted as a subject for the consideration of the British Medical Association by the Brighton Division in 1923 and in the following year the Annual Representative Meeting adopted a policy for contributory schemes for private patients This policy recommended that the income limit for any scheme should be such as was approved by the majority of the medical profession resident in the area concerned that patients should be permitted free choice of doctor that the medical profession should be represented on the governing body, and that the fees of medical specialists for work performed under the scheme should be assessed on the terms customary in the area These recommendations did not indicate fully the attitude of the profession towards the schemes, for it was believed at that time that the provident movement was not likely to expand to any great extent in the near future, the schemes that had been formed being regarded as business propositions rather than as a development which would materially affect medical practice

Growth of Movement

Although these recommendations continued to form part of the Association's policy, it was not until the end of 1932 that an increasing number of requests for advice on the subject of provident associations prompted the Hospitals Committee to consider the implification of the profession's attitude towards contributory and provident schemes for the middle classes It was evident that the idea of insurance against the cost of institutional treatment was gaining favour Many of the schemes were meeting with success although in general the organizers of urban schemes had not discovered how to combine such benefits as would prove attractive to middle class persons with a subscription rate which would raise sufficient funds to meet hospital maintenance costs and medical fees Much of the work of organization depended of course upon insurance and actuarial principles but it was clear that if the movement was to be promoted throughout the country it was the duty of the organized medical profession to associate itself with new schemes to ensure that in their medical aspects they developed along lines in accordance with professional principles To the purpose therefore of determining the nature of the problems involved in the operation of provident schemes and a future course of action the Association convened in May 1933 a conference of representatives of various interested organizations

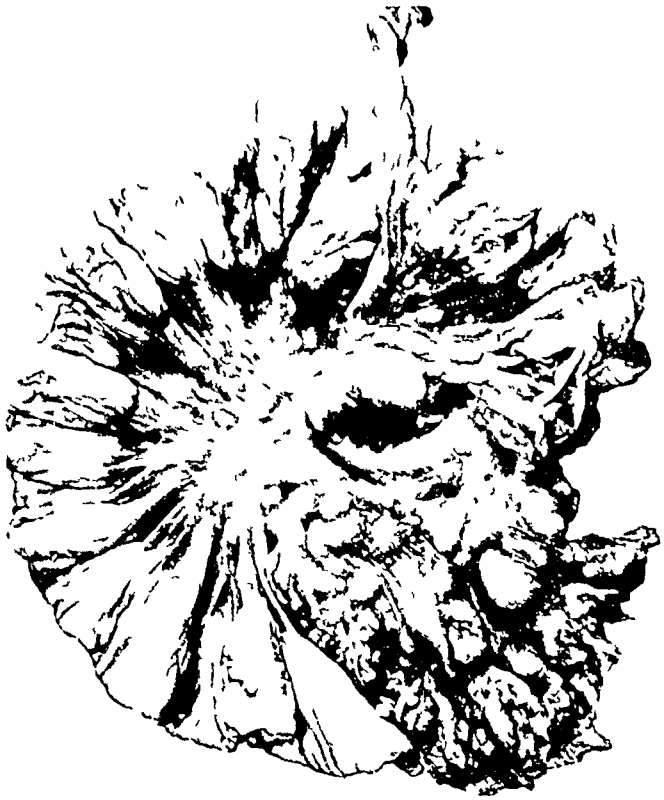
The few schemes in existence at this time varied greatly in principle Some were organized in connexion with particular hospitals, and offered to persons with incomes below a prescribed level cover for maintenance charges and either cover for professional fees or a specially reduced scale of fees Others were wider in scope they prescribed no income limit, they were not associated with any particular institution, and they allowed the patient free choice of hospital or nursing home and of medical attendant The benefits of the schemes were usually of the nature of grants in aid of hospital and professional charges The aspects of the subject in which the medical profession was most nearly interested were the class of person insured and the nature of the medical and surgical benefits afforded It seemed very necessary, especially during the experimental period, that there should be close co operation between the organizers of schemes and the organized medical profession

Policy of Association

The conference of representatives appointed a committee to collect information on existing schemes to advise on the formation of new ones, and to prepare a model memorandum and articles for a provident association The committee duly prepared the model constitution, which was approved by the Representative Body, and to it were attached some notes as a guide to organizers of new schemes These notes define the aim of a provident association as the organization and development, on a mutual insurance basis, of a scheme offering persons of the middle classes with defined income limits in return for a prescribed premium, financial assistance in respect of (*a*) the cost of institutional accommodation in private beds attached to voluntary or council hospitals or in beds in nursing homes including all nursing and the use of operating theatre, x-ray plant, laboratory, and other institutional equipment, and (*b*) the cost of associated professional services

It is recommended that the benefits of the schemes, which should be considered and developed in close association with the organized medical profession, should be made available to as wide a group of persons as possible within the limits of the class for which they are intended, and that they should not be organized in relation to a restricted group of medical practitioners or to particular hospitals or nursing homes Such freedom facilitates co operation between schemes and permits interavailability of membership and benefits The notes also contain recommendations that members should be permitted free choice of doctor and approved institution, that patients should be admitted to the benefits of the schemes only on the recommendation of a private practitioner, except in case of emergency, and that medical practitioners rendering service should be remunerated on the basis of a schedule of charges agreed upon by the provident association and the medical profession Associations are recommended to co-operate with the hospitals and nursing homes in the district for the purpose of providing private bed accommodation in preference to undertaking to reserve beds Finally the notes contain some detailed suggestions for income limits, rates of subscriptions, institutional fees, and fees for various professional services In dealing with the question of administration it was suggested that the governing body of a scheme should include representatives of the subscribing members of hospitals in the area, and of the local medical profession and that schemes should eventually be administered through area associations, which in their turn should be members of a National Federation of Approved Associations

N HAMILTON FAIRLEY AND F P MACKIE THE CLINICAL AND BIOCHEMICAL SYNDROME IN LYMPH ADENOMA AND ALLIED DISEASES



Lymphoma of the mesenteric lymph glands associated with lymph stasis and a sprue like syndrome (Case I)

PAUL CAVE CASE OF LITHOPAEDION



Antero posterior view

R LESLIE STEWART TREATMENT OF MINOR BURNS BY AMYL SALICYLATE AND OTHER SALICYL ESTERS



FIG 1.—Case I (No 24) Scald on leg Primary surface dressing still adherent nineteen days after commencement of treatment



FIG 2.—Case I (No 24) Eight days later The primary gauze layer has shed The injury is perfectly healed with slight surface scaling seen in the c

Co ordination of Schemes

A second conference at which twenty provident asso ciations were represented was held in March 1936 Since the date of the first conference many new schemes of different types had been inaugurated in both urban and rural areas and although the work done was still largely experimental it had become evident that there was a public demand for provident associations The conference believed that the movement had now pro gressed sufficiently far to warrant the formation of a central co ordinating body of provident associations While local variations in subscription and benefit must exist to a certain extent it is in the best interests of all concerned that uniform standards should be adopted as far as possible and that local associations should have some means of keeping in touch with developments in other areas These ideals may best be promoted by the establishment of a national body which would have the functions of co ordinating the operations of individual local associations and providing advice and information on provident associations generally The conference therefore appointed a committee to prepare a draft scheme for the constitution of such a permanent co ordinating body The committee has now completed its work and the draft scheme will be considered by a further meeting of the conference on March 4

Some Typical Schemes

In view of the variety of schemes at present in existence some details of the main types may be of interest

The Oxford and District Provident Association is open to any person resident in Great Britain but the majority of members live in Oxfordshire or Buckinghamshire There are two classes of benefit The first is offered to any person in return for a subscription in accordance with a scale ranging from £2 15s a year for a single person to £7 10s for a person with four dependants The privileges include a contribution not exceeding £5 a week towards maintenance at a nursing home or hospital for a period up to five weeks and a contribution not ex ceeding a prescribed amount for surgical operations con sultations with specialists deep therapy and other special medical services The liability of the association is limited to £50 in any one year and to £50 in respect of any one operation or illness For the second class of benefit an income limit is prescribed ranging from £350 for a single person to £500 for a member with three dependants and it is available only in cases where treatment is given in the nursing home or private bed in a voluntary hospital A payment not exceeding £5 a week is made towards hospital treatment for a period up to four weeks and contributions are also made towards the cost of surgical operations medical specialist and non operative surgical cases specialists consultations and certain additional medical services The association's liability is confined in this case to £40 in any one year and to £40 in respect of any one illness

The Birmingham Hospitals Contributory Association organizes an Extended Benefits Scheme for persons in the district above the ordinary hospital class Three grades of benefit are offered, the first providing in any one year a sum not exceeding £16 towards the cost of treatment in hospital pay-wards, private hospitals or nursing homes, the second a sum of £22 for a similar purpose, and the third £28 The subscriptions for the three grades are respectively 6s 6d 9s 9d and 13s a quarter, and they include benefit for wholly dependent relatives of the contributor No payment is made for medical attendance the fees being arranged privately between doctor and patient The Addenbrooke's Hos pital Provident Scheme offers free treatment in the pri ate wards of the hospital for a period up to four consecutive weeks and medical and surgical treatment by members of the honorary medical staff of the hospital The sub scription is £2 for a member and his dependants and there is an income limit of £350 for a single person and £500 for a husband and wife with an additional £ for each dependant

The British Provident Association prescribes no limit of area or of income and it offers three alternative schemes in return for a prescribed annual subscription Scheme I includes payments towards the cost of main tenance in a hospital or nursing home the fees of a registered nurse required to reside at the patient's own home the fees for a consultation either at the patient home or at the specialist's consulting room half the cost of treatment at the Radium Institute up to a maximum of £40 and a grant towards the cost of an ambulance The benefits of Scheme II include those of Scheme I plus a contribution in accordance with a schedule of fees towards the cost of surgical operations Scheme III offers the privileges of either Scheme I or II plus a contribution towards the fees of a consulting physician in daily attend ance upon a case of serious illness in a hospital or nursing home

General Practitioner Treatment

The medical benefits ordinarily provided by provident associations are limited to specialist services rendered in institutions but the question has been asked whether the scheme could be extended to include ordinary general practitioner service The Council of the B M A accord ingly considered at the request of the Annual Repre sentative Meeting [illegible] the desirability of [illegible] definite and limited [illegible] on the treatment given by them and reported its opinion that the proposal in the form suggested did not on actuarial grounds appear to be practicable at present It should be noted that this opinion concerns only the proposal to introduce into the existing type of provident scheme with limited benefits provision for general practitioner treatment [illegible]

When the report of the Committee [illegible] Repre sentative Body there was a strong feeling that the subject should be further considered and the Council was instructed to explore the possibility of elaborating a scheme whereby persons with incomes above the limit of the national health insurance scheme could insure against the cost of general practitioner treatment as well as specialist treatment given in institutions This matter is at present actively under discussion

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From August 19 to 21 a congress for the development of medical post graduate institutions will be held in Berlin all German scientific medical societies participating The organizations in foreign countries interested in medical post graduate work will also be invited and it is hoped to found an international committee for the subject In connexion with the congress there will be an exhibition of modern methods of instruction—cine matograph films projection apparatus etc Matters of organization are in the hands of Dr Blome and the office is at Kaiserin Friedrich Haus Berlin NW 7, Robert Koch-Platz 7

dosage, might produce mental symptoms ranging from vague apprehensions to maniacal excitement The diagnosis of hyperplasia or neoplasm of the pancreatic islets might be unfortunately overlooked Hallucinations occasionally complicated hypoparathyroidism Pineal tumours resulted in mental precocity and sometimes insanity Turning to the gonads the speaker said that many mental defectives were prone to hypogonadism Among the vague endocrine manifestations in dementia praecox reversed secondary sexual characters and variations in gonadal structure were perhaps the most frequent Very few definitely hypogonadal individuals escaped a sense of inferiority which might develop into a positive psychosis On the endocrine side of the menopause it might be stated that there was temporary over secretion of prolan, apparently as an attempt to stimulate the failing ovarian secretion which led to a vasomotor instability and might well be a contributory factor in instability of the emotional and mental kind It was interesting that both at the menopause and after castration there was an increase in a certain type of cell in the anterior pituitary The evidence in favour of a male climacteric was rather unsatisfactory, but the effect of a hypertrophied prostate in removing normal sexual inhibitions was only too clearly demonstrated in the law courts

Functions of the Hypothalamus

Dr F A PICKWORTH said that in 1928 he read before the Society a paper showing the very frequent occurrence in cases of mental disorder of symptoms referable to the hypothalamic region of the brain He collected such signs and symptoms from sixty cases which later were published in the *British Medical Journal* Since then the hypothalamus had been shown to have very important functions in relation to endocrine activity and it was now customary to speak of the pituitary and hypothalamus as an endocrine nervous unit acting as a whole This however, was misleading since many if not all of the other endocrine glands acted through or were influenced by the hypothalamus Of the glands influencing the hypothalamic region the pituitary had the most intimate nervous and capillary connexions He proceeded to show by lantern slides a method by which pituitary hypothalamic dysfunction resulted from irritation by contiguous septic processes in the adjacent sphenoidal sinus A macroscopic abnormality of the pituitary could be detected post mortem in a large proportion of cases of mental disorder Dr Pickworth's conclusion after describing and illustrating some cases was that no direct relationship existed between endocrine activity and mental disorder, and that a connecting link was necessary for an intelligent understanding of their relationships This link was he believed to be found in disturbances of the capillary circulation of certain parts of the brain—for example, in the sympathetic parasympathetic regions of the hypothalamus where psychic stimuli met and acted conjointly with stimuli arising from various endocrine activities to govern visceral metabolism The fine capillary circulations of such areas were undoubtedly affected in two clinico pathological conditions—namely chronic syphilis (general paralysis) and chronic sepsis In chronic sphenoidal sepsis the contiguity of the toxic processes to the pituitary hypothalamus and frontal cortex was a factor of primary importance in the aetiology and varying types of mental disorder, including that of mental defect

Dr A P CAWADIAS said that the two openers of the discussion were specialists and the specialist looked at the patient from a particular point of vantage, bringing certain elements into prominence and leaving others in shadow yet the shadows were as important as the lights Dr Golla had cited the work of Mott But did that work mean that schizophrenia was of testicular origin? Certainly not He thought there was too great a tendency to speak in terms of diseases it was the patient after all whom they had to treat They had to act on the predominant factor which was a factor individual to each patient He thought that many mental conditions especially psychoneuroses had been described as of endocrine origin on insufficient data It was forgotten that endocrinology was really a development of metabolism There were certain cases in which mental disturbance was due to endocrine action but it must be remembered that all hormones acted on the nervous system they were the regulators of metabolism and the nerve cells were under the influence of all metabolic disturbances Mental disorders were not always endocrine but often due to mental factors and while he thought it necessary to render to Caesar—that is the endocrines—what was justly due the mental and psychological factors ought also to receive their proper tribute

Internal Secretions and the Central Nervous System

Dr T R C FRASER reported a case from Maudsley Hospital in which definite abnormalities were found and removed, with relief of symptoms It was a woman, aged about 30 who for eighteen months had been suffering from what was described as neurasthenia—tiredness, insomnia irritability and attacks of palpitation Towards the end of this period she began to have attacks in which consciousness was disturbed and the interesting feature of them was that they appeared to be typical catatonia Her hands and legs would stay in any position in which they were put In walking she would walk into a wall not noticing it was there It was discovered that there was an adenoma of the pancreas and its removal not only relieved the attacks but also the interval symptoms Several biochemical observations made while in hospital indicated that the symptoms from which she suffered could not be entirely explained in terms of blood sugar level One day she might be seen in an apparently normal state and another day in complete coma but the variation in the blood sugar figures was in the opposite direction The conclusion was eventually reached that the occurrence of these attacks was as closely related to the amount of insulin circulating in the blood as it was to the blood sugar level That might indicate the possible influence of one other internal secretion on what might be presumed to be central nervous system functioning

Dr PATERSON described some experiments by Richter in New York on the measurement of spontaneous activity in rats It was found that if certain glands or organs were removed there was no change in cyclical activity, but on the other hand if the anterior lobe of the pituitary were removed the animal became almost totally inactive Resection of the suprarenals had less effect though no less definite that of the gonads had still less effect and the thyroid least of all This work had almost certainly a bearing on manic depressive psychosis in man In time even clinically it might be possible to distinguish two types of cases one the patient who was simply using fatigue as a conversion symptom just as he might use some other disability and the other the patient who was really suffering from a definite temporary failure of spontaneous activity Individuals varied in the amount of activity displayed in the routine of living This activity depended on external and internal factors on the opportunity of the situation habit and ability to direct energy into social channels but also on some internal drive The investigation of this last named factor seemed interesting

Dr N HARRIS gave certain experiences of treatment of cases falling in the manic depressive group In women suffering from depression at about the menopause there were some who still menstruated regularly and others whose menstruation had ceased The oestrogenic substance would presumably be most effective in the latter but the results of treatment needed correlating Dr H A PALMER suggested an experimental control in a large hospital by using in one series of patients a barbiturate and in another paraldehyde The question of the hypothalamus needed to be put on a sound experimental level One interesting point was a biphasic effect in the recovery of many of these cases The patient was given the treatment got better gradually relapsed and afterwards began

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

Income Tax Allowances

It is not always clear to practitioners what are the allowances which they can claim for income tax purposes in respect of apparatus, plant, machinery, etc, used in their profession In the case of a practitioner setting up in practice for the first time his expenditure on his initial equipment is capital and not allowable as a professional expense Expenditure on additions is similarly not allowable The practitioner can, however, claim allowances for the wear-and-tear of his equipment, or, alternatively, he can claim as professional expenses the cost of renewing it as and when the expenditure is incurred It must be noted that he cannot claim allowances for wear-and-tear as well as for renewals The one basis is alternative to the other

Allowances either by way of wear-and-tear or by renewals are independent of the allowances which may be claimed for ordinary maintenance of the equipment If any part of a unit of equipment breaks or requires renewal the cost of repair or renewal of that part is an ordinary professional expense, and may normally be claimed as such, even though an allowance for wear-and-tear is being claimed in respect of the unit as a whole For example, a practitioner whose equipment is being dealt with on a wear-and-tear basis who buys an artificial sunlight lamp is not entitled to claim the cost of the lamp, but he is entitled to claim the cost of a new burner or of the repair or renewal of any part which may be broken or damaged The allowance for wear-and-tear, usually at 7½ per cent on the written-down value of the equipment, would not be affected by this claim

When the practitioner decides to purchase new apparatus, because the old has become obsolete or is otherwise useless, he can normally claim an obsolescence allowance As an example, a practitioner who has bought an artificial sunlight lamp for, say, £25, discards it in three years' time, and in its place purchases a new one, priced at £30 During those three years he will have received a depreciation allowance of 7½ per cent per annum, and the valuation has thus been written down by approximately £5 4s The value of the old lamp when it is discarded is therefore considered to be £19 16s, but he only receives £2 for it as an allowance from the makers in part exchange He may claim the difference, £17 16s, as obsolescence since the cost of the new lamp (£30) exceeds this amount This obsolescence allowance may be claimed irrespective of any amounts which may have been claimed and allowed previously in respect of the repairs and renewals of parts

Gratuitous Attendance on Professional Colleagues

There is no rule that medical practitioners should not charge one another for their services Gratuitous attendance on professional colleagues, although quite usual, is a matter of grace and does not rest upon any obligation of etiquette or ethics

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Dr W Groom and Dr R Butterworth, two Wisbech doctors have just retired Dr Groom has practised in Wisbech for fifty-five years and Dr Butterworth for thirty years

INSURANCE MEDICAL SERVICE WEEK BY WEEK

SOME HOSPITAL PROBLEMS

We are giving a few notes this week on questions which arise from time to time concerning the insurance practitioner's responsibility when a patient needs hospital treatment or is an in-patient at a hospital

At the outset it is important to note that insurance practitioners have a collective responsibility for the medical treatment (within the range of service undertaken—that is, broadly, a general practitioner service) of every insured person who applies for it An insured person, wherever he may be in Great Britain, is entitled to medical treatment, but this is subject to an important qualification when he is in hospital An insurance practitioner is not responsible for the treatment of insured persons in hospitals or similar institutions which are not open to medical practitioners generally for the treatment of their patients The following statement, issued by the Insurance Acts Committee in March, 1931, has been printed in Appendix No 10 of the new edition of *Medical Insurance Practice* which is now on sale, and it is included here in order to make this note on hospital questions as complete as possible The statement has particular reference to the supply of drugs and appliances to insured persons in hospital, but it helps to make clear the general position

'If a hospital has a restricted medical staff no insured person is entitled to any treatment at the hospital *qua* insured person nor is any member of such staff who is also an insurance practitioner, entitled to treat at the hospital any patient *qua* insured person It follows, therefore, that the occasion never arises when such a hospital is called upon to dispense, nor any insurance practitioner upon the staff entitled to prescribe *qua* member of the staff of the hospital medicines or appliances at the cost of the national health insurance funds If a voluntary hospital with a restricted medical staff considers that it is spending a considerable amount of money on drugs and treatment to which the recipients thereof are entitled under the National Health Insurance Acts (*a*) it should refer to their insurance doctors all patients (whether in or out patients) for treatment which they are entitled to receive under the N H I medical benefit scheme, and (*b*) it must realize that if this course is not adopted it is not possible to contend that money spent on treatment given or drugs supplied to such persons at the hospital is money spent on treatment or drugs to which such persons are entitled under the N H I Acts

'In the case of a voluntary hospital with an unrestricted medical staff a different set of circumstances arises Any member of an unrestricted visiting medical staff of a voluntary hospital who is also an insurance practitioner is in the same position as regards the treatment (including the prescribing of medicines and appliances) of any insured person who applies to him at the hospital for a service included in his present contract with the insurance committee as if the patient had attended at his surgery provided that the hospital is within the district in which the practitioner has agreed with the local insurance committee to visit patients For such cases seen at the hospital the doctor would write out any necessary prescription on the usual national health insurance form, and the patient being entitled to free choice of chemist for the dispensing might choose the hospital dispensary if on the chemists list for the area, or he might choose to go to some other chemist in the area

'A voluntary hospital whose name is included in an insurance committee's list of those supplying drugs and appliances is in the same position as any other chemist on that list it will be compelled to dispense the prescriptions brought to it by any insured person issued by an insurance doctor it must conform to the arrangements as regards the hours and place of business etc, in operation in the area which apply to

to make a possibly permanent recovery He gave an interesting hypothetical explanation Dr Doris Odlum drew attention to the exacerbation of all kinds of symptoms in women during the menstrual period This was very noticeable in schizophrenic and manic depressive cases and all kinds of neuroses Possibly it was this which gave rise to the old idea of an association of lunacy with the full moon This exacerbation in all women of unstable emotional make-up at the time of the menstrual period was a point in favour of the connexion between endocrine alteration and psychological factors

Minor Degrees of Endocrine Instability

Dr Levy Simpson, in summing up the discussion, said that there was a certain agreement between Dr Golla and Sir Walter Langdon-Brown, except that the latter tended to carry the reciprocal influence of the endocrines and mental functions rather further The speaker did not think it possible to over emphasize this reciprocity, there were many instances of it Shock, for example, might cause a premature menopause, anxiety might cause amenorrhoea lasting for some months The effect of hyperadrenalism on emotion was well known, it had been said that all the emotions of a love scene could be produced with an injection of adrenaline Hyperthyroidism seemed to work both ways There was also some evidence of a vagus type of hyperinsulinism which might lead to disorder of conduct He drew attention to the very interesting condition of anorexia nervosa in which could be seen—and one assumed it had nothing to do with endocrines to start with—all the changes that occurred in Simmonds's cachexia—namely, low blood pressure, low blood sugar, increased carbohydrate tolerance, amenorrhoea, hyperplasia of uterus, low temperature, low basal metabolic rate, low serum protein How did it occur? There were two mechanisms, one nervous, the other having to do with vitamin deficiency If animals were kept on a vitamin-deficient diet changes were found in the adrenals and the pituitary—first congestion, perhaps hyperplasia, ultimately degeneration and atrophy If that occurred it would explain to some extent the changes which Cushing found in the pituitary in schizophrenia, and possibly those found by Mott Those who were not very enthusiastic about the endocrines were perfectly entitled to point out that when endocrine stigmata occurred in the psychotic they were by no means of primary importance But taking the broad view of Dr Golla, and speaking not so much of mental disorder as of disorder of conduct and emotional instability, anyone who saw a large number of cases of endocrine disorders must come to the conclusion that such disorders did affect emotional and mental behaviour and the fundamental characteristics of the patient He agreed that the changes would vary according to whether there was an underlying constitutional neuropathic tendency, but one was bound to come to the conclusion that there was a definite association, to be found not only in gross cases but in lesser ones not regarded as pathological at all

It was possible, Dr Simpson continued that endocrine disorder occurred in nearly everybody Perfect constitutional balance of the endocrines was found in few He got a little worried sometimes on going to a dinner party and realizing that 70 per cent of the guests were suffering from endocrine disorders The changes were constitutional, familial, sometimes racial He took as an example two instances of endocrine imbalance, not uncommon, and passing unregarded One was the woman of post-menopausal age whose pituitary and adrenal cortex had undergone hypertrophy She became virile, not in the sense of gross hair changes and so forth, but of a different outlook on life acquiring aggressiveness originality, fearlessness, becoming the brilliantly capable business woman, the suffragette or her modern equivalent, or, if she retained sufficient of her feminine characteristics, the powerful matriarch of G B Stern and other novelists The other example was the pituitary type of adiposity manifesting itself at adolescence, the young woman, fat in face, neck, and body, good-looking, with a pleasant smile, very popular, nearly always musical, often with a rich mezzo contralto voice, loving dancing, very light on the feet, engaging in many social activities, very happy and alternatively very sad, recalling in a lesser degree a manic depressive psychosis These two types illustrated the influence of the endocrine glands on the emotional and mental make-up and behaviour of people who would not be regarded as abnormal

THE LUMBO-SACRAL VERTEBRAE AND SCIATICA

The annual meeting of the Devon and Exeter Medico Chirurgical Society was held on January 28, Mr A I Candler occupying the chair in the absence of the newly elected president, Dr R H Norman

Mr Norman Capener reported anatomical and radiological investigations of the movements of the lumbosacral spine, with special reference to the mechanical factors underlying sciatica

He said that with a more detailed study of the mechanics of the region it would probably be found that there were fewer cases to be labelled "idiopathic sciatica" Even the term "sciatic neuritis," in the sense of an infective phenomenon, was less often justified than was usually thought Mechanical factors must be of greater importance, otherwise one would expect to find the femoral nerve, for example, as often the subject of neuritis He described the variations in shape of the spinal canal, the intervertebral disks, and foramina in different movements of the lumbar spine as seen in the radiographs of the intervertebral disks, and foramina in different movement possible in the lumbar spine, contrary to the teaching of most anatomists The intervertebral disk was seen to be markedly affected by such rotatory movements as well as by the usual lateral and antero posterior movements The possibility of posterior prolapse of the nucleus pulposus or of the annulus fibrosis was discussed and, after acknowledging the work of Love and Camp at the Mayo Clinic, the following case was shown

A railway engine driver, aged 41, "sprained" his back at his work in April, 1935, and a short time later began to suffer severe pain in the right buttock and thigh The pain was accentuated after exertion, but was relieved by lying down When first seen in September, 1935, he had typical right-sided sciatica with homolateral scoliosis, rigid lumbar spine, gluteal wasting, and a diminished Achilles reflex There were no sensory changes No obvious cause could be found for the sciatica, and the x-ray findings were negative During the next six months he received the usual conservative treatment, including radiant heat massage, plaster jacket, sciatic nerve stretching, epidural injections, and manipulation under anaesthetic—all without lasting improvement In the summer of 1936 he had pneumonia, and the sciatica became very much worse The pain now involved the opposite side, and he was altogether in a very unhappy condition On October 30, 1936, lumbar puncture at the level of the third and fourth lumbar vertebrae with manometry was performed, the pressure was normal, and there was the usual rise on jugular compression A needle was now passed into the sacral hiatus as for an epidural injection and novocain saline solution was injected into the epidural space There was a small rise in the intrathecal pressure, but not corresponding to the amount of fluid injected, thus suggesting a partial spinal block The cerebro spinal fluid contained 60 mg per cent of protein Two days later 5 c.cm of lipiodol was injected into the theca at the first lumbar interspace and radiographs were taken in different positions, recumbent and erect The evidence obtained by this means strongly suggested a constriction of the theca arising from the front of the canal in the region of the disk between the fourth and fifth lumbar vertebrae Following the lipiodol examination the patient had very severe pain which had to be relieved by further lumbar puncture On November 12 laminectomy was performed upon the fourth and fifth lumbar and first sacral

long before the emotional psychology of childhood had been investigated One thing is certain the teacher who is to practise the method must be herself possessed of an exceptionally balanced nature we may be forgiven indeed for wondering how much of Dr Montessori's undoubted success is due to her method and how much to her own exceptional personality

Other sections of the book contain plenty of interesting and stimulating ideas the suggestion that young babies should not be clad for example and some others which may jar on the medical ear as may the almost devotional note which the author tends to strike These are but small things the child is Dr Montessori's god and she is no minor prophet If then in her writings the dispassionate attitude of the scientist gives way at times to the passionate zeal of the apostle how shall we blame her?

PSYCHO-ANALYSIS

Inhibitions Symptoms and Anxiety By Sigmund Freud M D LL D Authorized translation by Alix Strachey (Pp 179 6s net) London Hogarth Press and Institute of Psycho Analysis 1936

Mr Alix Strachey has recently translated from the German a monograph written by Professor Sigmund Freud entitled *Inhibitions Symptoms and Anxiety* This work was first published in Vienna in 1926 by the Internationaler Psychoanalytischer Verlag An American translation supervised by L Pierce Clark appeared in 1927 but this was never issued in England and is now out of print The serial publication of another American translation by Henry Alden Bunker was begun in the *Psychoanalytic Quarterly* in October 1935 by which date however the present translation was virtually complete

This monograph is an interesting and valuable addition to the International Psycho Analytical Library edited by Dr Ernest Jones Coming as it does from the founder of the psycho analytical movement the book will be especially prized by those who are conversant with the theory and practice originated many years ago It is an important contribution to psychopathology

CLINICAL DERMATOLOGY

Introduction to Dermatology By E H Molesworth M D Ch M (Pp 520 151 figures 25s) London J and A Churchill 1937

Australian textbooks on dermatology are certainly not numerous and the *Introduction* by Dr E H Molesworth of Sydney is welcome as an exposition of this branch of medicine in which emphasis is naturally placed on the types of skin disease which are most characteristic of the Antipodes As the author points out the most striking difference between the dermatology of Europe and of Australia lies in the respective frequency of tuberculosis and cancer He states that since 1910 he has only seen one case of lupus vulgaris originate in Australia On the other hand to quote his own words 'carcinoma of the skin provides the daily task and common round of the dermatologists of Australia Fortunately owing to the keenness of the general practitioner to recognize it in its earliest stages and the skill of the specialists in treatment the number of deaths occasioned by it remains insignificant in comparison with those from malignant disease of any other organ but its importance is reflected in the volume before us by the space given to the discussion of the disease and its treatment by radiation

Another disease leprosy which in Western Europe is scarcely more than a curiosity is still a serious problem among the aboriginals of Australasia and the Pacific Islands Consequently Dr Molesworth has devoted a space to it proportionate to its gravity The only aspect of leprosy which is not fully dealt with here is the treatment for the very good *reason that this volume* is intended for private practitioners who are seldom called upon to treat it for the vast majority of cases, at all events in more or less civilized communities are segregated in institutions and colonies While naturally special attention has been given by Dr Molesworth to those parts of the subject upon which his own experience is centred we hasten to add that he has nevertheless presented a well balanced picture of clinical dermatology, which we are sure will become a standard textbook in the medical schools of Australasia *Dermatologists of* other regions will also find it both interesting and instructive for it contains a good many original observations by an author whose views are always sound and well balanced

No notice of a dermatological work is complete without some reference to the illustrations These consist entirely of photographs and photomicrographs of good quality For coloured illustrations Dr Molesworth prefers to refer readers to one of the atlases by MacCormac and Semon *As he rightly says this is far better than the insertion* of a mere dozen coloured plates in his own textbook while the inclusion of an adequate number would raise the price to a prohibitive level

Notes on Books

Food and the Principles of Dietetics by Dr ROBERT HUTCHISON and Professor V H MOTTRAM has the distinction of being one of the most readable textbooks on this subject in the English language which moreover incorporates a remarkable amount of varied information We therefore welcome the issue of the eighth edition (E Arnold and Co 21s) Its appearance only two years after the seventh is an indication of the well deserved popularity of the work Dr Hutchison did a good service to the profession when he decided to publish his lectures in book form at the beginning of the century The text has been generally revised and in particular a good deal of new information has been incorporated in the early chapters regarding the important problem of the calorie requirements of populations The form and arrangement of the volume have not been altered and it is so well known that any detailed description is unnecessary

We have received volume xxvi (1936) of the *Transactions of the Pathological Society of Japan* an imposing volume printed largely though not altogether in German and English and containing abstracts many of which are excellently illustrated of 173 papers read before the society These cover a wide and representative range of subjects and indicate that the major problems of infection and of neoplasia and a variety of other studies which are engaging attention nearer home are being vigorously pursued by many workers in Japan Apart from a few parasitic infestations the only disease *unfamiliar to us* which forms the subject of a group of papers is the epidemic encephalitis which has recently occurred in Japan We have only to mention such names as Shiga Yamagiwa and Kitasato to recall that Japan has made contributions of the first rank to pathological knowledge and the present activity in Japanese laboratories bids fair to maintain their traditions

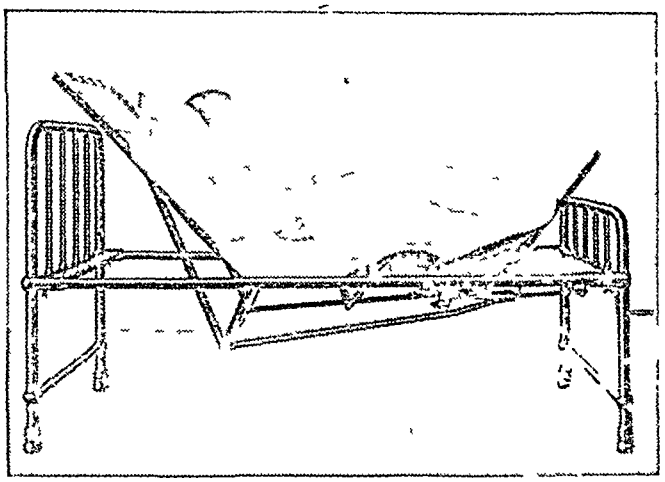
Lymphatologie (Heft 5) gives an account of about fifty researches in lymph carried out at the Anatomical Institute of the Imperial University at Kyoto The present section deals with the physiology of the lymph glands and biochemical and immunological problems connected with this system The various researches therefore cover a wide variety of problems and Professor Funaoka the head of the department is to be congratulated on the manifold activity he has inspired

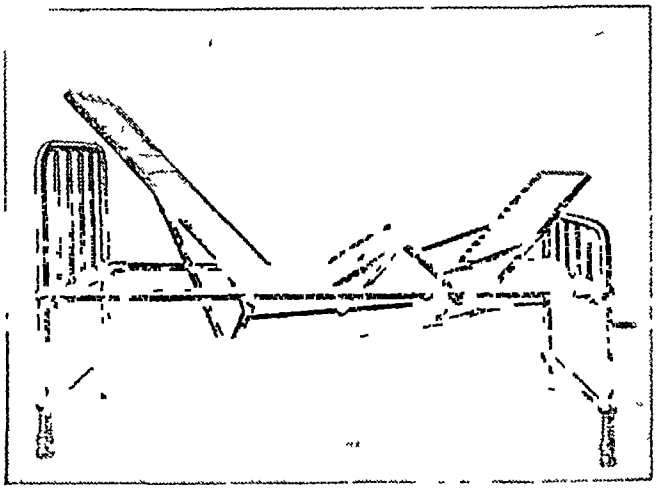
Preparations and Appliances

BEDSTEAD OF NEW DESIGN

Dr MELBOURNE THOMAS (medical superintendent, Llwynypia Hospital, Rhondda) writes The bed frame about to be described was built after long residential experience in hospital had taught me something of the value, in convalescence, of muscular relaxation and postural comfort I do not think the importance of these factors in convalescence is commonly or sufficiently appreciated They are worthy of elaboration, but this is outside the scope of this communication Furthermore, I believe that patients often leave a bed at home to enter a less comfortable one in hospital

These observations stimulated me to design the bed-frame illustrated, wherein the shortcomings of the 'Fowler bed-





stead" as commonly designed have been minimized in the following ways (1) causing the buttocks to rest in a ⌒ shaped interval in place of the customary ⌄ shaped interval, (2) supporting the proximal two thirds of the thighs in place of the knee-joints, (3) providing a foot-rest, and that at a variable inclination No 1 results in greater comfort to the lumbar region—a point of considerable importance—and prevents the usual tendency in a 'Fowler bed' in a weak patient to gravitate towards the foot-end No 3 gives the patient a feeling of postural security, prevents the tendency to plantar flexion at the ankle joint, and relieves the toes of the weight of bedclothes

The bed is further designed to accommodate comfortably either a tall or a short patient The designs have been implemented by the makers with a simple and neat mechanism which appears durable and is easily worked by a nurse I recommend the bedstead to be used in conjunction with a sponge rubber mattress Experience of the use of this bedstead with a variety of patients in the sick wards has confirmed what was expected of it It gives I believe, to the patient a degree of comfort hitherto unavailable

The bedstead is manufactured by Albert Phillips Ltd, Excelsior Works, Birmingham, and may be obtained from the Surgical Manufacturing Co Ltd, 83-85, Mortimer Street, London, W 1

BLOOD-TRANSFUSION CANNULA

Dr J H DIXON (Royal Free Hospital) writes

The method described below of drawing blood from donors for transfusion is simple to perform and certain in obtaining the quantity of blood required The instrument used consists of a trocar and cannula not unlike that used for the induction of artificial pneumothorax, only it is smaller and its stuff box at the handle end contains no washer The size of the cannula is practically the same as that supplied with Jube's transfusion syringe The apparatus might well be described as a mixture of the good points of a Jube's cannula and an artificial pneumothorax induction cannula without their disadvantages

A vein in the ante-cubital space is located and the skin is anæsthetized by injecting subcuticularly a few minims of 2 per cent novocain The point of the needle touches the skin over the vein This skin is then pulled laterally before the injection is made, thus ensuring that the vein is not punctured In the same position a small nick is made in the bleb of novocain with a tenotome (this greatly facilitates the passage of the

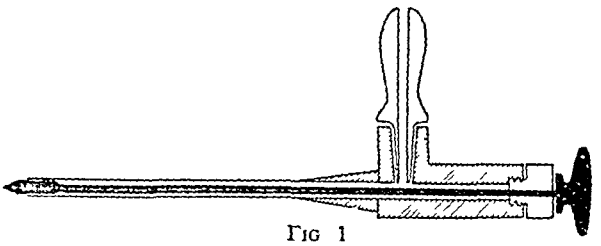


FIG 1

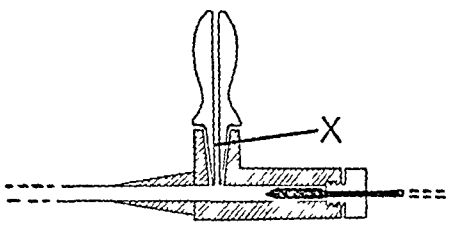


FIG 2

trocar and cannula through the skin) Both trocar and cannula must be held while venipuncture is made, when in position the trocar will be as in Fig 1 The trocar is now withdrawn to the position shown in Fig 2 Blood will then flow down the cannula and out at the opening X, into which is fitted a nipple to which a length of rubber tubing is attached The following are points worth mentioning (1) Patients have expressed surprise that no pain was caused to them after the first prick to admit novocain (2) When the cannula is in and the trocar is withdrawn no damage can be done to the inside of the vein because the end of the cannula is quite blunt (3) The cannula can be cleared without disconnecting the rubber tubing or spilling any blood by pushing back the trocar This procedure is carried out at three to four-minute intervals to ensure that blood does not stick to the sides of the cannula It is better to do this early, because if left till the blood stops flowing solid blood clot might be dislodged and cause trouble later (4) Using the above technique it appears that the vein will deliver any amount of blood, whereas with the older methods the needle tends to become blocked after about 400 c cm, with the above method however, 800 and 1,000 c cm may be withdrawn (not quickly though) with ease (5) No blood need be seen by the donor at any time during the operation (6) It is an advantage to have two nipples with tubing so that a change may be made should the tubing become blocked The trocar and cannula can be had in any size required, and is made by the Medical Supply Association of Gray's Inn Road W C

vertebrae The constriction at the level mentioned was amply confirmed there was no pulsation below this level and the posterior projection of the disk was verified In addition the constriction of the dura appeared to be circumferential in nature This was widely opened up in the midline the disk was not interfered with and the wound was closed Immediate and complete relief was experienced after recovery from the operation The man was present at the meeting All objective evidence of sciatica had disappeared He reported that since leaving hospital he had been back at his usual work which occasionally involved coaling the furnace There had been no suspicion of any return of pain and he was very enthusiastic about the benefit from the operation

Mr Capener illustrated this case with radiological films taken at all stages He also showed on the screen x ray photographs of the lumbo sacral spine in support of his contention as to the rotatory movements

Mr A A GAIRDNER asked if it would be possible to avoid opening the dura and to remove the obstruction without so doing Mr CAPENER agreed in the main with Mr Gairdner s views but said that in this particular case it was essential to open the dura in order to let out the lipiodol, and there was the further complication of the constriction He did not wish to suggest that the elaborate investigations and treatment were likely to be necessary in very many cases of sciatica but he stressed the point that in intractable cases particularly where there was a history of violence in the flexed position of the spine, such a course should seriously be considered

HEPATITIS AND CHOLECYSTITIS

At a meeting of the Liverpool Medical Institution held on February 4, with the president Professor R E KELLY in the chair, Professor J W MCNEE read a paper on the medical treatment of hepatitis and cholecystitis

Professor McNee dealt first with the definition of hepatitis describing it as the response of the liver to injury He argued that, apart from conditions such as abnormalities and tumours most of the conditions of hepatic disease described in textbooks under separate names could be united as examples of hepatitis The pathological process varied from cloudy swelling in fevers through fatty infiltration or degeneration to the most severe hepatitis of all—necrosis of the liver cells or of large areas of liver tissue so called acute necrosis or yellow atrophy of the liver Even the condition commonly known as cirrhosis of the liver was readily included as "chronic interstitial hepatitis, analogous with chronic interstitial nephritis Various factors influenced the effects of hepatitis whether this was acute or chronic temporary or severe The two most important were first the great excess of liver tissue over normal needs which nature had provided and secondly, the amazing power of regeneration of liver cells which could resume full functional activity The essential point in the treatment of all forms of hepatitis was to allow the damaged liver the best chance to regenerate, and glucose was the only support that could be given

Cholecystitis

Turning to cholecystitis Professor McNee remarked on its commonness and on its infrequent diagnosis in its earliest stages when medical treatment was of avail The possibility of catarrhal cholecystitis must be considered in every case of indigestion not due to obvious organic disease of the stomach such as ulcer and not responding to simple treatment The suspicion of cholecystitis was increased if flatulence was a notable symptom The varieties of cholecystitis were discussed and a division made between those of more interest to the surgeon and those essentially of medical importance In discussing the aetiology of cholecystitis three factors were considered the metabolic, especially as affecting cholesterol metabolism, the infective and the problem of bile stasis

A serious difficulty in interpreting the problem of infection was pointed out was the infection deep in the gall bladder wall only, as surgeons suggested or was it in the fluid contents of the gall bladder? If the former no biliary antiseptics excreted in the bile would be likely to have great therapeutic effect, but only some remedy acting through the blood stream It was of the utmost importance for the patients that this problem should be satisfactorily solved Methods of certainty in the diagnosis of catarrhal cholecystitis were discussed great emphasis being laid on the use of the duodenal tube to obtain samples of bile for microscopical examination

Finally the medical treatment of cholecystitis by diet medical drainage olive oil magnesium sulphate and at times by the duodenal tube was discussed and reference made to prognosis after medical treatment Once gallstones had formed no curative medical treatment was possible but even in such cases much medical treatment might be required before and after operation

Cholecystography

In the discussion which followed Dr N B CAPON referred to some of the forms of hepatitis seen in childhood and agreed that glucose was useful in these cases especially when combined with insulin Dr R E ROBERTS said that while in certain cases the information obtained from cholecystography was unreliable in the majority of cases it was more exact than that available from any other source In a normally functioning gall-bladder or in a frankly non filling gall bladder the presumptive evidence in favour of normality or disease of the gall bladder was very strong In the case of opaque gall stones direct radiography might suffice but in the case of non opaque gall stones cholecystography might give incontrovertible evidence There was however a type of gall bladder in which the results of oral cholecystography were doubtful—namely the type which filled well emptied normally but throughout the examination showed a shadow of subnormal density It was not at all clear whether the radiologist was justified in regarding such appearances as showing subnormal concentration and being an indication of cholecystitis or whether they were merely evidence that something was amiss with the absorption of the dye from the bowel and with its subsequent excretion by the liver So many factors had to be considered in the transit of the dye from the mouth to the gall bladder that many possibilities in the nature of faulty absorption or elimination might have to be excluded before the diagnosis of cholecystitis was justifiable Such exclusion seemed at present to be impossible without subsequent resort to intravenous cholecystography

Diagnosis

Professor HENRY COHEN, while acknowledging the value of duodenal intubation as a diagnostic measure stressed the importance of correlating the evidence it afforded with that derived from clinical and radiological investigation Cholecystitis might be the sole manifestation of such lesions as gall stones or neoplasms in the biliary tract and its adequate treatment depended on a recognition of the underlying causative factors Of the value of cholecystography there was no doubt it was in that Institution that he showed with Dr R E Roberts the first series of cholecystographs taken in England but as a clinician he was alive to its dangers Pain in the right upper quadrant of the abdomen in the days before cholecystography was an exercise in careful anamnesis Now too often the mere hint of discomfort in this area associated with slight flatulence led to a radiological examination of the gall bladder and if gall stones were revealed cholecystectomy followed But gall stones were not uncommonly symptomless and their association with certain symptoms might be accidental and not causal

in the presence of pus always with the precaution of an antiseptic oil afterwards and usually before, and always doing the minimum for I have a great respect for the inferior turbinate because of its function and of the way it behaves when maltreated I never use a snare to it except for moniforms Rarely I have excised a small piece and brought the flaps together or even done a *small submucous resection if the bone were the offender*

Sir Robert alludes to the interesting question of the function of the turbinates a question which the physiologists have never properly faced I have discussed this elsewhere so will here just repeat the question Why, if the function of the turbinates, especially the inferior, is that of warming, moistening and cleansing the entering air, are they most in evidence when least needed (as when one is sitting in a warm room, when they almost block the airway the inspiratory current then taking mostly the olfactory path along the septum to the upper reaches of the nose) and least in evidence when most needed (as during violent exertion when they are drawn tight to the bone, the air passing over the ostia of the sinus and around the spongy ethmoid, and so gaining accessory warmth)? Certainly the turbinates have directional function—I am, etc,

Glasgow Feb 15 JAMES ADAM

Koch's Work on Tuberculin

SIR—In your issue of January 23 (p 162) Dr Robert Aitken refers with surprise to the statement that no entirely satisfactory or adequate examination of Koch's work on this subject has hitherto appeared, certainly not in this country[1] It is well that this statement should be challenged as it has been made before, and, if true, constitutes a grave indictment of medical research

It will be useful to define the words Koch's work on tuberculin By those words must be understood Koch's completed work It is not sufficiently realized that the old tuberculin of 1890 and the ideas underlying its use represent only the first steps in an evolution which by 1897 led to a totally different conception of specific treatment In 1890 the violent focal destructive effect was the obvious phenomenon—not destruction of the living tubercle bacilli but destruction of tuberculous tissue It was only after six more years of work under the searching influence of world-wide criticism, misconception, and denunciation that Koch quietly published in 1897 a small article on New Tuberculin Preparations," embodying the results of his completed work and claiming for the new tuberculin 'a quite decided immunizing action' It is on TR and the closely related BE, used with a full knowledge of immunization as understood by Koch, that we must concentrate for an adequate trial of Koch's specific method of treatment

In his article of 1897 Koch states that he seeks with TR to avoid reactions as much as possible and by gradually increasing the dose—certainly as quickly as possible but also with the utmost restraint—to immunize against TR and with it he believed, against the tubercle bacilli themselves Application and dosage he describes as very simple The fluid contains in 1 ccm 10 mg solid substance One begins with 1/500 mg or less with which only *exceptionally a reaction* occurs The injections are given about every second day with such a gradual increase of dose that rises of temperature of more than half a degree are as much as possible avoided Any rise should have completely settled before the next injection *As a rule he raises the dose to 20 mg and then if no reaction follows desists or only injects after long pauses In immunizing the sound and treating the sick everything depends on attaining as large a dose as possible* absorption *may* be gauged by the behaviour of the injection site In the beginning such small doses are given that no immunization worth speaking of can be expected first when one rises to larger doses 1/2 to 1 mg do unmistakable workings of immunity appear In cases of lupus it is especially remarkable that the local reactions remain very small notwithstanding which a steady continuous improvement takes place He ventures not to assert that TR is the best preparation perhaps the whole substance of the bacillus would be better (BE) or combination with a serum Under the guidance of agglutination Koch subsequently gave preference to the whole substance (BE) and at one time under the same guidance he was of the opinion that not too small reactions favoured a rise in the agglutination values but the general principles remain the same and with BE the dose to which he rose was 20 mg or in certain cases even more

It is in the light of the publications of 1897 and 1901, small portions of which are here briefly epitomized, that investigations of Koch's work on tuberculin must be scrutinized It is astonishing how few investigators seem to have studied the originals Clinicians still constantly confuse the ideas and preparations of 1890 with those of 1897 and 1901, which are of a totally different order, and no satisfactory examination of Koch's work is possible except under the most scrupulous adherence to his ultimate directions

Now Sir, where in the annals of British Dermatology is there the record of a single case in which a dose of 20 mg of TR or of BE has been administered?—I am, etc

London S W 18 Feb 12 ROBERT CARSWELL

[1] *Proc roy Soc Med* January 1934 p 291
[2] *British Medical Journal* 1928 1 375

A Clot in the Cannula

SIR—In the *Journal* of January 23 in the description of his intravenous trocar and cannula Mr Reginald A King writes If clotting should occur in the cannula the obstruction can be overcome by one stroke of the trocar In such circumstances does Mr King clear the cannula while it is in the donor's vein? As one who has frequently to withdraw blood from the excellent donors of the British Red Cross Blood Transfusion Service I have never dared to remove a clot from a needle by such a method for fear of causing embolism Is my fear groundless?—I am, etc

London W1 Feb 10 W E COOKE

Temporary Treatment in Mental Hospital Practice

SIR—Dr W J Barbour's article on temporary treatment in mental hospital practice (*Journal* February 6 p 281) will be enlightening to many who like myself have been engaged in applying, or attempting to apply Section 5 of the Mental Treatment Act during the past six years for the benefit of their patients In a letter which appeared in your columns in November 1930 about a month before the Act came into force I pointed out the ambiguity of Section 5 and asked for an official interpretation Although no official pronouncement was ever made on the subject it became clear that the Board of Control's view was—and remains—that as Dr Barbour himself points out the section applies only to a strictly limited number of cases This number I suggested in a later letter in all probability amounted only to about 5 per cent of the admissions to mental hospitals an estimate which was accepted by the late Professor George M Robertson Dr Percy Smith and others

How comes it then that at the Derby Borough Mental Hospital in 1936 the incredible proportion of 51 per cent

He had seen the gall-bladder and its contained stones removed for pain, later proved to be due to spinal tumour, caries, carcinoma of the lung, myocardial ischaemia, right pyelectasis, and other morbid conditions in which a careful recognition of the true significance of the patient's symptoms should have pointed to the cause of the pain

He considered Professor McNee's analogy between liver and kidney infections most helpful, and proposed that it should be carried a step further Might it not be that some cases of cholangitis and cholecystitis occurred independently of hepatitis, although the liver had excreted the infecting organism, while in other cases the liver itself suffered also from the infection, and might not the infection persist in the gall-bladder after the organism had ceased to be excreted by the liver? If so it was to be expected that some cases of gall-stones with associated cholecystitis would show hepatitis whilst others would not

The medical treatment of established cholecystitis, apart from the mild catarrhal types which might resolve without any treatment, was still, on the whole, disappointing Appropriate foods caused biliary drainage as efficiently as concentrated solutions of magnesium sulphate when judged by cholecystography Massive doses of hexamine often produced gastric and urinary discomforts whatever dose of alkalis was given with them Professor Cohen doubted if removal of the gall-bladder as a suspected source of focal sepsis was ever justified unless the gall-bladder itself was giving rise to sufficiently severe symptoms, which even in the absence of general toxic disturbances would justify its removal There was a danger in some centres of the gall-bladder becoming Bernard Shaw's "nuciform sac"

CYSTIC DEGENERATION OF THE ENDOMETRIUM

At a meeting of the North of England Obstetrical and Gynaecological Society held in Manchester on January 22, Professor D DOUGAL read a note on cystic changes in the endometrium associated with pseudo-mucinous ovarian tumour He said that in the last few years he had met three such cases the respective ages of the patients being 58, 60, and 61 The first patient was single, but the others were married and had borne children Each had a large abdominal cystic tumour and complained of a blood-stained vaginal discharge In each case a panhysterectomy with removal of the appendages was performed, and in each the tumour was a pseudo-mucinous cystadenoma In one instance an inoperable carcinoma of the descending colon was also present On opening each uterus after operation a quantity of blood stained pseudo-mucinous material was found on the endometrium, it was raised up to form a number of thin-walled cysts In two cases this was also found in the cervix Professor Dougal said that although it was possible that some of the pseudo mucinous material had gravitated through the tubes and formed implants there, this was not supported by microscopical examination He demonstrated slides showing extreme activity of the endometrium, the cysts appeared to arise from distension of the uterine glands, and not from proliferation of tumour cells He thought that the endometrial changes were due to attempts on its part to absorb pseudo-mucinous material which had gained entrance to the uterus If this theory was correct the uterine condition was really a pseudo-myxoma and comparable with the lesion found in the appendix in some cases of pseudo myxoma of the ovary

The PRESIDENT said that he had frequently seen a blood stained discharge in these cases Mr W R ADDIS (Manchester) thought it possible that the primary growth might be in the endometrium Mr ST G WILSON (Liverpool) suggested that the ovary might be producing oestrin, and that this in turn caused an active endometrium Mr MALPAS considered it possible that the ovarian cyst was malignant, and the growth in the colon not independent

Professor DOUGAL in reply, said he did not think the endometrium was primary, neither did he believe that there was any oestrin production In his opinion the carcinoma of the colon was quite independent.

Hormone Therapy in Gynaecology

Dr J W A HUNTER (Manchester) read a note on the results of six months' working of his hormone clinic at St Mary's Hospital, Manchester He expressed his indebtedness to his colleagues at the hospital for permission to record the results, it was premature to draw any conclusions but he hoped the results might be helpful to those who were considering setting up a similar clinic

During the first six months some ninety patients came to the clinic, most of whom were referred from the out patient departments Some of these were deemed unsuitable for treatment Others had only commenced treatment in the latter weeks, and had therefore not attended long enough, but there remained fifty two patients who had received sufficient treatment to justify a criticism of the results The cases treated were secondary amenorrhoea, 20, sterility or dysmenorrhoea, 6, hypomenorrhoea, 11, menorrhagia of puberty, 4, pruritus vulvae 5, repeated miscarriage, 3, menorrhagia 2, and primary amenorrhoea, 1 Of the twenty cases of secondary amenorrhoea fourteen had been temporarily cured—the periods had returned after treatment by varying amounts of intramuscular oestrin—but in only two had the restoration of function been permanent In four cases treatment in large doses had failed to restore the menstrual flow, a result at variance with those recorded by Kaufmann In five cases of pruritus vulvae associated with the menopause four had been definitely cured by oestrin therapy In four cases of adolescent menorrhagia three had been cured by treatment with intramuscular progestin injections In seventeen cases of scanty menstruation associated with dysmenorrhoea or sterility eleven had shown no improvement with prolonged treatment, and in six there had been some slight increase in the flow In no instance had the dysmenorrhoea been affected and no patient suffering from sterility had become pregnant Three cases of repeated miscarriage had gone to term with progestin treatment associated with the administration of vitamin E One patient with primary amenorrhoea had been treated with large doses of oestrin without effect, but two cases of menorrhagia in patients 30 years old had much improved under progestin treatment Dr Hunter said the preparations he had used were supplied by Messrs Schering In the cases of amenorrhoea he had used progynon B oleosum forte, he had found that the small single dosage necessary in any case to produce a menstrual flow was 300,000 units, the largest amount required in any one case was 1,250,000 units In the case of menorrhagia of puberty the average monthly dose found necessary to control the menstrual flow was 10 international units Dr Hunter added that most of the treatment employed had been replacement therapy, and that little had been done in the direction of activating therapeutically the pituitary hormones As regards permanent cures the results had been disappointing, with the exception of menopausal pruritus, other climacteric symptoms and adolescent menorrhagia The chief criticism of such a clinic was that one tended to be working in the dark with no certain knowledge of the underlying condition Cases might be essentially ovarian or primarily due to pituitary deficiency, but apart from clinical signs there was no method of establishing a diagnosis He thought that some help might be obtained by routine estimations of the basal metabolic rate, and also perhaps by estimation of the blood hormone content but for this a chemical laboratory and a skilled staff would be necessary It seemed to him that future progress was only possible along these lines

of their admissions were temporary patients? Are we to assume that they are breaking the law in Derby or is the explanation that, as I have heard seriously suggested, more confusional cases occur in Derby than elsewhere in the country? Even accepting Dr Barbour's own statement that it is "cases following childbirth, the various types of stupor, and cases where confusion is marked" which have the right to receive treatment on a temporary basis, I doubt if he will contend that these cases, as ordinarily diagnosed, amount to 51 per cent of admissions

The fact is that Section 5 of the Mental Treatment Act is differently interpreted in different parts of the country It seems to be the case that the visiting committees of the county and borough mental hospitals can interpret and apply the section as they think best The Board of Control may disagree, but as they visit these hospitals generally only once in a year they are not in a position to exercise any effective control in the matter In those hospitals, on the other hand, in the metropolitan area, more frequently visited by the Board, their more restricted interpretation is imposed—I am, etc,

FREDERICK DILLON

London, W 1, Feb 12

SIR—In the interests of those who may be asked to make statutory recommendations for temporary treatment, may I be permitted to offer the following comments on Dr W J Barbour's refreshingly enthusiastic description of what appears to be a legally indefensible use of Section 5 of the Mental Treatment Act, however worthy the motive Only where a truly medical mind is associated with characteristically Caledonian contempt for apparently valueless intricacies in the law is it possible to conceive that one-half of the direct admissions to an ordinary mental hospital could be complacently received as temporary patients

It will, no doubt, be recalled that when the Act (as a Bill) was in its committee stages an undertaking was given that volition meant, in effect, the unqualified expression of a wish to go (or not to go) to hospital It did not mean rational volition and no matter how insane the patient's reasons for his wish or how disjointedly or oddly it might be expressed it was made clear that if he expressed his wishes on this point at all he should not be deprived of his liberty and civil rights against his will, except on judicial authority By these criteria the presence or absence of volition is not a matter of opinion it is a matter of fact This is borne out by the wording of the statutory form of recommendation in which the practitioner declares—he does not state the opinion—that volition is absent So there is not now much room for controversy

Inasmuch as Section 5 makes inability to express volition an essential condition of reception as a temporary patient it would add considerably to the interest of Dr Barbour's series of cases in fact it would raise it to the status of a phenomenon- if he could assure us (*a*) that every one of his temporary patients had been asked effectively on the day of admission the question Do you wish to enter the mental hospital for treatment? and (*b*) that not one of them had expressed a wish one way or the other The thought that every other patient received into his hospital is either mute or unintelligible is an astonishing one I am not by any means opposed to temporary treatment but I should be very sorry to see a wise legal measure brought into contempt—a thing which would inevitably happen if every mental hospital in the country received half its patients on a temporary basis

So far as the general practitioner is concerned it is his duty to utilize those legal procedures which are best suited to the individual needs of his patients For example it is not at all certain that a practitioner could successfully defend the signing of a certificate (for Reception Order) in a case where it could be shown that volition was absent at the material time, and that the patient could have been properly recommended" for temporary treatment, any more than he could successfully defend the making of a statutory recommendation in the case of a patient who was capable of expressing his wishes, no matter how grossly insane the patient might be It is all very simple really, but even if it be admitted that there are complexities it is, after all, the practitioner's duty to know what he ought to do

There is a very simple formula which meets almost every case seen in practice If the practitioner is satisfied that the case is one for a mental hospital he should always put (in whatever form may be most appropriate) the question "Will you enter the mental hospital for treatment?" The answer gives the key to the proper legal procedure for admission ("Yes" = Voluntary, "No" = Certified, mutism, unintelligibility, or gross irrelevance = Temporary) The fact of question and answer, especially if entered in the records of the case, protects the practitioner and the patient This simple measure, even when carried out in one of the most conservative English counties, covering a scattered area where opportunities for disseminating knowledge of new enactments are limited, has already resulted in practically one-half of the direct admissions to the mental hospital being received without certificate—but not without volition—I am, etc,

Bucks County Mental Hospital, Feb 8 IAN SKOTTOWE

Abortion and the Law

SIR,—In a recent case before the courts, which resulted in a woman doctor being struck off from the *Medical Register*, we notice the defence stated that the practitioner in question had only completed the operation in cases where a partial abortion had already been procured This defence was not commented upon, and no doubt the courts and the General Medical Council had ample evidence of other causes of offence However, we should be very grateful for information as to the legal position of any medical practitioner in the actual circumstances as cited on behalf of this defendant That is, a patient who has already attempted to procure an abortion, comes for treatment, she is bleeding, possibly septic, another medical opinion is not immediately available What is the doctor's position in law if he proceeds to empty the uterus by surgical means?—We are, etc,

MARGARET HOLLIDAY, F R C S I, D T M and H
CLAUDE H MARSHALL M B, B S, F R C S Ed
P P D CONNOLLY M B, D P H, D T M

Kenya, Dec 28, 1936

*** Some reference to the subject of this letter is made in a leading article at page 393—ED, *B M J*

"Rachi-resistance" and Spinal Anaesthesia

SIR,—It is gratifying to find out that our short paper on rachi-resistance and spinal anaesthesia has aroused the interest of Mr Norman C Lake In the first paragraph of his letter (*Journal* February 6, p 297) he assures us that there is no "lack of knowledge of the ideas put forward many years ago by Sebrechts" We for our part would like to assure him that we do not think that other users of spinal anaesthesia are ignorant of these ideas and are at a loss to understand how Mr Lake could read this meaning into our opening paragraph Mr Lake also says "they [Black and Walters] fail to realize, however, that even with a perfect technique there are yet other sources of failure than the assumed idiosyncrasy" Near the beginning of our article we stated "Failure may also

MR J. E. STACEY (Sheffield) asked whether Dr Hunter had discovered anything about the time in the cycle at which these hormones should be used. He had seen good results in pruritus vulvae. He thought that many of the effects obtained by substitution therapy were the result of psychological influences. DR F. H. LACEY (Manchester) asked whether Dr Hunter had compared the results in repeated miscarriages with those obtained from anti-syphilitic treatment. His own results in the latter had been very good, and he used the treatment whether the Wassermann reaction was positive or not.

DR HUNTER replied that regarding the times of treatment he had used Kaufmann's table. Unfortunately they had not been able to afford the cost of the huge doses used by Kaufmann. In his opinion menstruation tended to continue so long as there was any hormone secreted. He thought that secondary amenorrhoea was due to a sudden cessation of hormone production. His series of repeated miscarriages had not revealed any history of syphilis. In most of his cases there had been a history of scanty menstruation. He believed that diet was a very important factor.

ACUTE ENTERITIS

A discussion on acute enteritis was held by the Fever Hospitals Group of the Society of Medical Officers of Health on January 30, with the vice-president, DR H. S. BANKS, in the chair.

DR ROBERT CRUICKSHANK (North-Western Group Laboratory, L.C.C.) emphasized the necessity of co-operation between the clinician and the pathologist in this condition. Material for examination must be sent to the laboratory at the earliest possible moment since invading pathogens were rarely found after the third or fourth day although in dysenteric infections the organisms concerned might persist occasionally for several weeks. If delay was inevitable 30 per cent. glycerin in 0·6 per cent. saline solution should be used as a preservative. The rectal swab should be more frequently employed. The patient's blood should be tested for specific antibodies between the seventh and twenty-first days. Although sometimes entirely negative the presence of specific agglutinins might confirm a diagnosis of Sonne or Flexner dysentery in cases when the stool examinations had proved to be negative; a titre of 1 in 10 to 1 in 20 in the former condition and of 1 in 50 in the latter would be diagnostic in children. Aetiologically infectious and non-infectious dysentery should be differentiated, although it was difficult sometimes to separate these forms on clinical grounds alone. In the first of these the most important infecting organisms were *B. dysenteriae* Flexner and *B. dysenteriae* Sonne; the first was usually associated with a true dysentery or ileocolitis; the second might cause gastro-enteritis or dysentery. The infectivity was often great and the spread was by human contact or convalescent carriers. Another important cause of infection was by the Salmonella organisms; animals were the main reservoirs of infection, the mouse being a not uncommon carrier of *B. aertrycke* (or *B. typhi murium*). Again *B. paratyphosus* B might be concerned in a gastro-enteritis. The importance of *Staphylococcus aureus* had been stressed particularly by American observers. This infection was often milk-borne and in the examination of suspected food bacteriologists should always look for this organism. Non-infectious gastro-enteritis might be divided into primary and secondary types, the former being synonymous with summer diarrhoea (epidemic enteritis and zymotic enteritis), while the latter occurred as a complication of measles and bronchopneumonia. Summer diarrhoea particularly affected artificially fed infants of the poorer classes during the summer or autumn months, the four factors of artificial feeding, infancy, unhygienic surroundings and high temperature combining to produce the disease. A raised external or internal temperature affected adversely the gastric and intestinal secretions so that in infants the initially low gastric acidity tended to be neutralized by the highly buttered cows' milk, and there was interference with the sterilizing mechanism in the stomach and upper part of the intestine. The consequent rising of coliform organisms from the lower bowel up to this virgin soil, associated possibly with bacterial infection of the food, prevented proper digestion and the general irritative action produced gastro-enteritis. The use of low-buffered acidified foods would probably help in the prevention and treatment of this type of enteritis. It was well to remember that breast-fed infants were almost immune.

DR M. MITMAN (Eastern Hospital, L.C.C.) said that in enteric infections in children diarrhoea was the pivotal symptom but parenteral infections and digestive disorders had to be excluded. Clinical diagnosis might often be difficult especially in infants in whom the typical syndromes might be replaced by those of gastro-enteritis. The diagnosis of parenteral infections depended upon the detection of the focus and in the other forms of diarrhoea differentiation was difficult in the absence of bacteriological and serological assistance. The practice at the Eastern Hospital in the past had been to segregate the dysenteries (almost exclusively Sonne infections) and to congregate the remaining cases in an enteritis ward. This heterogeneous group had been discovered to have a mortality rate ten times as high as that for the dysenteries. If as seemed probable these cases of enteritis included a number of infections of unknown aetiology it was not justifiable to nurse them side by side in an open ward. It was also illogical to segregate cases of dysentery with a relatively low death rate and to leave other infectious cases with a high mortality together. It was much more important to remove from an open ward a case of diarrhoea with a negative dysentery report than one with a positive finding. In the mixed group the mode of transmission was still uncertain. Infection by ingestion was probably the commonest method but there was evidence that some particularly those occurring in winter resulted in consequence of droplet carriage. This might explain the frequency of middle-ear and respiratory infections in some outbreaks of diarrhoea. It was proposed to treat in future all cases at the Eastern Hospital by a combined cell and diet-kitchen technique. Every case of enteritis whether primary or secondary to other infections such as measles and whooping-cough was to be considered as a separate infection from every other case. Patients were to be nursed in separate cells. Feeds were to be prepared in a special milk room by gowned masked and gloved nurses employing an aseptic technique. After use bottles and teats were to be sterilized in a special sterilizer in the kitchen and passed through a hatch into a drying chamber in the milk room. Scrupulous care was to be taken in the disposal of excreta. Destructible squares were to be used when possible. Sluicing of foul linen was to be avoided as far as possible; if unavoidable the nurse concerned would wear a rubber apron gloves and goloshes and would be forbidden to enter the milk room. By these measures it was hoped to minimize cross-infection in enteritis.

A Clinico-pathological Classification

DR DAVID HALER agreed with the two previous speakers but thought that his own views otherwise were heterodox to some extent. He favoured a clinico-pathological classification based upon the clinical examination of the child and a careful bacteriological investigation of the stools. Following a scheme set out in a paper read before the Edinburgh conference of the Royal Institute of Public Health last year he distinguished four groups. In the first there was a high mortality rate but no abnormality in the stools apart from their frequency. The child was overwhelmed by a severe toxaemia or perhaps septicaemia. The normal ratio of coliform to lactic acid

be due to the use of inactive solutions or very rarely to some pathological lesion such as a cord tumour This would seem to show an adequate realization that there are other sources of failure

With regard to the criticisms of the cases quoted about Case 2 Mr Lake says, 'it is common experience that secondary injections are subject to uncertainty if given immediately' In the 657 cases of which we have accurate records there have been fifteen cases in which after an interval of fifteen minutes adequate anaesthesia was not obtained and a second or third dose was given In fourteen of these a good result attended this procedure, the fifteenth being the case recorded With reference to Case 1, it is very unlikely that an individual would exhibit such idiosyncrasy to two anaesthetics as different in their chemical constitution as decicaine and percaine ' If Mr Lake would accept the possibility of undue resistance to the permeation of the drugs peculiar to the nerve sheaths of the individual, this is easily explained

Finally, it would seem that Mr Lake is not so sceptical about this condition as he would have us believe, surely a few fine adhesions in the arachnoid, an unusual arrangement of the dentate ligament scarcely provide a more concrete pathological explanation of a rachi resistant case than a variation in the permeability of the nerve sheaths, which we propounded—We are etc

G A BAGOT WALTERS
W R BLACK

Lincoln Feb 12

Blood Group Tests in Disputed Paternity

SIR—Dr Harley and Dr Roche Lynch raise an important point in connexion with M and N grouping in their letter to the *Journal* of February 13 (p 357) In discussing the necessity for the strictest controls in this work, a point with which I am in complete agreement, they mention that the immune rabbit serum may contain group specific anti-A and anti-B agglutinins developed in response to the injection of the homologous cells This admittedly occurs when the animals have been immunized with AM or AN blood but it is even more important to realize that the same agglutinins may be present in the sera of animals which have been immunized with OM or ON blood.

The anti A agglutinin occurs normally in about 40 per cent of rabbits and the anti B in 15 to 20 per cent, the sera of the remaining 40 per cent failing to agglutinate any human cells The titre of these agglutinins ranges most commonly from 32 to 128 It is essential that this fact should be borne in mind so that the appropriate absorptions may be made even when OM or ON cells are used for immunization It is preferable to test the rabbits before injection rejecting those which contain the agglutinins, thus obviating any error from this source—I am etc,

JOHN C THOMAS
Serologist Metropolitan Police Laboratory

Hendon Feb 13

Inhalational Therapy

SIR—The correspondence in your columns on inhalational therapy prompts me to mention that in 1911 I began to institute a London inhalatorium After visiting and examining the methods at Ems, Homburg Baden-Baden Mont Dore, etc, it seemed to me to be well worth attempting to form one I explained to a good many leading men what I thought of doing and they heartily agreed with me I have still the signed list of those interested who became supporters—namely, Sir James Goodhart, Sir StClair Thomson Sir Leonard Hill, Dr Arthur Latham, etc The scheme was printed and sent out to a number of likely subscribers several of whose names were given by Dr Latham But nothing came of it Money was not advanced and the thing collapsed

I have not had much experience of inhalation treatment, and have no reason to challenge the good work which the physicians have related to you But I may say that I agree most emphatically with your remarks on the necessity of having this practice first thoroughly examined by a competent staff (*Journal* February 13, p 360) One of my chief reasons is that I have found some asthmatic patients using a spraying machine I observed in two or three cases that they were quite unable to give up the inhalation using it day and night, and continuing it until their condition became hopeless, and they had to be sent to an institution It is therefore of high importance to know what to give in the inhalation, and how and when to use it—I am, etc

London W 1 Feb 13

A G AULD

Psychological Factors in Rheumatism

SIR—I have been deeply impressed by Dr James L Halliday's articles on the psychological factors in rheumatism (*Journal* January 30, p 213 February 6 p 264) Ten years ago my interest in this approach to disability and disease was aroused by the work of my friend Mr W S Inman who was investigating the emotional factors in various functional, infective and haemorrhagic conditions of the eye I proceeded to apply his belief in "the language of the emotions to every kind of ailment and illness that came under my care as a general practitioner with amazing results for I found with monotonous regularity the precedence of a distressful state of mind in almost every case

Often the patients recognized and even called my attention to this precipitating cause of their ill health but I noticed that the more obviously neurotic or the very highly religious patient would often indignantly repudiate any such factor ' Psychological rheumatism of the severer types is hard indeed to dislodge, for it represents the expression of a profound and often unconscious personal disharmony Such a case is the following

In January 1933 a colleague sent me a young working class woman who had been on the panel for ten years with severe rheumatoid arthritis Fingers wrists ankles and knees were swollen deformed and rigid and she used to hobble in with a stick She had constant pain in the shoulders spine and other joints and had had every conceivable treatment

I saw her for an hour twice weekly for fifteen months for talks and superficial analysis Her mental improvement was remarkable her physical improvement was slower but received a great impetus when she went to the country for two weeks here she started walking for miles and using her hands On her return she took a post as general help signed off the panel and is still in whole time work after three years After working for a few weeks the swelling round the joints disappeared though when aroused by anger or jealousy large painful lumps would come up and last for a few days and on two occasions of emotional upset she developed a skin urticaria Both her wrists became loosened quite suddenly one during sleep and the knees also suddenly decided to bend one day in church having refused to kneel for ten years' This suggests that the swelling and rigidity of arthritis may be sometimes due not to ankylosis but to unconscious muscular action and some kind of chronic angioneurotic oedema

This illness started in a very acute fashion when the patient was in service with a mistress who she considered ill used her and treated her as a maid not as a member of the

bacilli was maintained as estimated by direct films Cultures showed no abnormality In the second group there was a rather lower mortality rate, the disease was less acute and was associated with focal sepsis The cardinal finding was a reduction in the lactic acid to coliform bacillary ratio The third group was a complex one, in it the infection was associated with cocci or bacilli actually attacking the gut, and it comprised the usual enteral infections The stools usually contained pus and blood The fourth group was associated with depression of the general bodily resistance by other diseases and the invasion of the gut by proteiform bacilli The prognosis in the third group was very good relatively, while in the fourth group it depended on the associated diseases Groups 1 and 2 were truly parenteral, group 3 and its subdivisions were enteral, and group 4 was secondarily enteral in character Dr Haler emphasized the extremely high infectivity of the true dysenteries and their relatively low mortality

Dr A. JOE (North-Western Hospital, L C C) stated that he proposed to use the method of cell isolation, including steps designed to exclude the possibility of droplet infection Those present, including himself would probably be somewhat unwilling to abandon the hypothesis of manual infection in explaining the spread of these diseases, but the work of W F Wells in America, if confirmed, would reopen the whole question of air-borne infection and introduce a new conception of this method of spread Under experimental conditions Wells had shown that intestinal organisms had maintained their viability in air currents when attached to droplet nuclei, and these might account for such a rapidly spreading outbreak as had been already described in Bristol by Parry and Peters He himself had had one such experience, but had been unable to exclude the possibility of food contamination by a ward maid who had had an acute attack of diarrhoea three weeks before the outbreak this attack had not been disclosed until a rapid succession of cases of Sonne dysentery had caused the fullest inquiries to be made

Dr J S ANDERSON (Grove Hospital, L C C) agreed that it was important to decide whether diarrhoea was infectious Since it was sometimes impossible to differentiate, every case of diarrhoea should be isolated as being potentially infectious He mentioned an outbreak of twelve cases of Sonne dysentery, among which was that of a child 10 months old, to whom attention had been drawn by the passage of one green motion without there being any other signs or symptoms That green motion had been found to contain the Sonne bacillus He stressed the need of paying more attention to the anal toilet in children's wards, and of the staff reporting even the slightest attacks of diarrhoea in themselves

Dr D S SUTHERLAND (Manchester), recalling war experiences, suggested that amoebae might be the cause of recurrent diarrhoeal attacks in this country A mild but highly infectious outbreak of dysentery had occurred during October to December in Monsall Hospital, the cases being mainly confined to two wards, though occasional cases had appeared in others Of the forty-five cases forty-one involved patients and four were in nurses There were no deaths or severe illnesses, the main feature was the occurrence of frequent, relaxed, and offensive stools In thirty-one cases mucus was present in them, and in eighteen there were blood streaks, though no altered blood The organism isolated was of the Sonne type, and the original source was not detected Dr Sutherland was inclined to think that as regards the source of such outbreaks the organization of the hospital kitchen was an important factor In the storage of food dust originating from earth attached to unprepared vegetables might easily infect the food supply and he stressed the necessity of completely separating the preparation of food, particularly vegetables from its cooking It was important to ensure that minced meat was used up on the day of cooking and not added to the next day's supply

ASSESSMENT OF DISABILITY IN MINERS' NYSTAGMUS

The proposition "That the institution of medical boards would be an advance on single referees in cases of miners' nystagmus" was debated at a recent meeting of the North of England Ophthalmological Society held at Leeds The feeling of the meeting was against the proposition, which was lost by a large majority

In Favour of Medical Boards

Mr HERBERT CAIGER of Sheffield, the principal speaker in support of the motion, pointed out certain basic facts to be borne in mind in connexion with miners' nystagmus The great majority of miners working at the coal face were affected by it as they grew older, but they were not disabled, and many were quite unconscious of the oscillations of the eyes and had none of the associated symptoms Only a small minority were seriously disabled and a few completely and distressingly disabled There was no generally recognized and satisfactory method of readily distinguishing the serious cases from the others, and the ophthalmic medical referee was presented with a problem of great difficulty The leading symptom—oscillation of the eyes—came, it was true, within the province of the ophthalmic surgeon, but in many cases the disabling symptoms were dizziness, headache, or other troubles which the physician was better qualified to assess, and yet, even when oscillations of the eyes were absent it had been the custom to refer these cases to the ophthalmic referee The decisive factor which determined the question of disablement was not the presence of oscillations but the failure of the nerve centres concerned to inhibit their disabling consequences The problem was a neurological, not an ophthalmic, one, and the case was clearly one calling for team work, with the ophthalmic surgeon and the physician bearing a more or less equal share of responsibility He sketched the points which would come within the province respectively of the ophthalmic examiner and of the physician In diagnosing the presence of the disease the chief responsibility seemed to fall upon the ophthalmic surgeon, but in assessing the disablement the physician should have at least an equal voice He also referred to the considerable dissatisfaction with regard to single referees chiefly owing to the diversity of opinion In one district the referee would certify as fit for work at the coal face men who still showed oscillations, and in another the referee would take the view that a man who had once had nystagmus should never return to the face, however complete his recovery A single ophthalmic referee's decision ought not to be final and without appeal A system similar to the medical boards that regulated pensions after the war would restore public confidence

In Favour of the Single Referee

The motion was opposed by Mr JOHN FOSTER of Leeds who said that the question had arisen because miners were aggrieved that re employment had been refused to men with an idiosyncrasy to nystagmus and light work refused to men who were recovering Both these matters were outside the sphere of the medical profession There was also dissatisfaction with the view of individual referees The estimation of disability in this disease was unquestionably very difficult because of the variability of the signs of the disease from time to time in the man affected the fact that every other miner over the age of 50 had oscillations without incapacity, and that nystagmus might produce a neurosis which disabled a man long after the oscillations had disappeared All this allowed for a great many shades of opinion, and it was often the case that referees might disagree with the usual finding of judges in their area If the proposed committee were formed of whom would it consist? A psychiatrist would probably be the first choice but he suspected the psychiatrist would merely develop his own formulae for the disability or perhaps not alter them at all A physician would be added for his opinion on the arteriosclerotic aspect of

family, and she has refused to submit to the indignity of uniform ever since She had a severe character neurosis, exhibiting intense resentful pride, self pity, and jealousy, and had a tremendous struggle to overcome the desire to return to the position of the helpless and pitied invalid

During the first two years of her treatment I came up against much hostility in helping her to face "the consequences of becoming well" Of course she is not fully cured of her character defects or neurotic tendencies, and has still some limitation of hand movements, but at least she is now a happier, self-respecting, and self-supporting member of the community instead of being a charge upon the State—I am, etc,

Southsea, Feb 14 OLIVE B SHARP, M B, B S

Prevention of Silicosis

SIR,—In my turn I am obliged to Dr J A Goodfellow for pointing out the facility with which iodization of the atmosphere may be carried out I am enlightened also by the description of the experiments which he has made and proposes to make with the object of demonstrating the potency of his method in prophylaxis against Koch's infection It is a method which would certainly appear to have far-reaching possibilities, since the infection occurs in confined spaces which would lend themselves readily to iodization, but the question of iodine sensitization, possible harmful effects from absorption, and other similar questions would require and no doubt receive careful consideration and experimental control Some degree of absorption may, of course, be desired, and after reading Dr Goodfellow's letter I was left wondering whether the success of the method is presumed to depend on the effects of the iodine absorbed or on disinfection of the atmosphere prior to inhalation I imagine the latter, although the former would appear more likely to be the event in the sterility cases, unless these suffered from pulmonary infection before treatment

I trust Dr Goodfellow will in due course favour us with the results of his investigations, I shall await these with interest—I am, etc,

London, E 1, Feb 15 A L CRADDOCK

The Transit of Pregnant Women by Air

SIR,—The question of the transit of pregnant women in aeroplanes has come up for consideration, and is one of importance to the medical profession as well as to the general public Several factors are involved, such as the distance to be travelled and the facilities which exist for medical aid at the landing grounds, as well as the condition of the patient herself The rules formulated would presumably differ for those flying within European limits and for those flying across Africa or Asia or to Australia, and tentatively one might suggest a limit of one clear month from the expected date of delivery in the former and two months for the long distance passengers I should be grateful to members of the profession who would give their views on this question, either in the columns of the *Journal* or in private correspondence—I am, etc,

Stafford Road Wallington Surrey Feb 12 F P MACKIE, Colonel I M S (ret), Medical Adviser Imperial Airways Ltd

A report of Sir Francis Fremantle's Chadwick Public Lecture The Doctor's Mandate in Parliament," appeared in these columns on December 5, 1936 (p 1157) The full text of the lecture, with an account of the discussion following it has now been published in pamphlet form by P S King and Son, Ltd, Orchard House, Westminster (price 6d)

Obituary

W S PAGET-TOMLINSON, LL D, M D, F R C P

Kirkby Lonsdale

Dr W S Paget-Tomlinson, one of the best-known figures in Westmorland, died on February 8 in his eighty ninth year at his home, The Biggins, Kirkby Lonsdale He is survived by two sons and a daughter, Colonel W Paget Tomlinson, Dr E E Paget-Tomlinson, and Miss A M Paget-Tomlinson

Born at Forton, near Lancaster, in 1848, he was the youngest son of Thomas Paget, who died in 1852 Destined for the medical profession, he began his studies at the Liverpool School of Medicine in 1866 and worked under the late E A Bickersteth in the old Royal Infirmary From Liverpool he went to University College, London, taking his diplomas M R C S, L R C P, and subsequently the M B, Ch B Lond in 1871 For a time he studied in Berlin and Vienna, and on his return to England practised at Blundellsands in the neighbourhood of Liverpool, and while in active practice obtained the M D Lond and in 1883 became M R C P Able, alert, kindly, and energetic, he rapidly built up a sound practice, which he reluctantly abandoned in 1889 after eighteen years, when he succeeded to the estates of the late Miss Elizabeth Tomlinson, and by Royal Licence changed his surname from Paget to Paget-Tomlinson Professor Lyon Blease, as public orator, aptly said in 1934, on the occasion of the granting of the honorary degree of LL D to Dr Paget-Tomlinson by Liverpool University "He was compelled by a change of circumstances to retire, but only from one active life into another When he assumed the responsibilities of a Westmorland landowner he showed that in changing his home he had suffered no change of spirit" He was then the oldest known former medical student of the Liverpool Medical School of the 'sixties In 1924 the Royal College of Physicians of London indicated its appreciation of his work in Westmorland by electing him a Fellow

His training in medicine and his eighteen years in general practice had peculiarly fitted him for the new sphere in which he found himself, and his special knowledge, ability, energy, tenacity, and tact found full scope It was not long before this was recognized In 1890 he was appointed a magistrate and in 1897 was High Sheriff and received the Queen's Jubilee medal From 1896 he became a member of Westmorland County Council, and in 1906 chairman of the Agricultural and Diseases of Animals Committee, and in this position took special interest in anthrax and bovine tuberculosis In 1908 he became chairman of the new Committee for School Medical Inspection, and from that time onwards education occupied his earnest attention When the question of dental treatment for school children arose he provided the funds for an experimental trial of two years' dental care and supervision to all the children attending the Kirkby Lonsdale Elementary School The results were so satisfactory that he successfully urged the appointment of a whole-time dental surgeon

For many years he was one of the governors of Sedbergh School, and up to the time of his death chairman of the Queen Elizabeth School and that at Casterton In furthering their best interests he spared neither himself nor his money One of his most ambitious and valuable endeavours was the establishment of the Westmorland Sanatorium for Consumption at Meathop His partner in this was Dr W R Parker of Kendal It is noteworthy

these ageing men, but the ophthalmologist's knowledge of giddiness arising from cerebral arteriosclerosis was as good as a physician's and he was able to detect its first sign (in the fundus) with greater accuracy If a physician were added to such a committee he was bound to dominate it The training of an ophthalmic surgeon put him at a disadvantage where there was a gross difference between signs and symptoms Miners nystagmus was the only disease in which the ophthalmic surgeon was an expert in dealing with this divergence But the whole of the specialist physician's training was devoted to this particular type of explanation, and the ophthalmic surgeon would soon find himself in a secondary position The next debate—if this were handed over to a board—would be one in which physicians would decide whether ophthalmic surgeons need see these cases at all The board would presumably include other oculists, which would certainly diffuse the odium of an unpopular decision and be in line with the present demand for impersonal judgements on all sorts of matters but it did not follow that the opinion of a committee of oculists was necessarily sounder than that of an individual As matters stood the ophthalmic referee could have a second (physician's) opinion in any particular case on a letter to the Home Office

As already stated the general feeling of the meeting *was against a board or committee The question is one* which is now being considered by the Departmental Committee on Miners Nystagmus

SUBCLAVIAN ANEURYSM

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on February 5 with the president Mr A A McCONNELL, in the chair, Mr C J McAULEY showed two cases

Mr McAuley said the first case was a female patient, who in 1933 had suddenly developed pain and pulsation in her right arm In due course there was loss of power A swelling about the size of an egg could be seen above the right clavicle, there was no bruit, the blood Wassermann was negative and x ray showed the heart to be quite normal, the radial pulse could not be felt The swelling proved to be a subclavian aneurysm and was treated by ligature of the innominate artery after removal of the right half of the manubrium sterni The carotid was not ligatured Mr McAuley stated that there were only about sixty cases of this condition on record, and of these three had been successfully operated upon in Dublin Mr J J FITZSIMONS said that it was very interesting to see a fusiform aneurysm of a non specific nature The case showed that good surgery depended to a large extent on sufficient exposure

Thrombo angiitis Obliterans

Mr McAULEY also showed a case of thrombo angiitis obliterans The patient a man of 36 said that in 1934 his right foot began to feel cold and numb in the morning later it became extremely painful He also felt numbness of two or three fingers of his right hand when swimming He was admitted to hospital in 1935 when no pulse could be felt in the right radial artery nor in either anterior or posterior tibial arteries He improved somewhat after treatment, but returned in 1936 when the condition had become very much worse and the big toe showed signs of gangrene Lumbar sympathectomy was performed and after removal of the big toe the gangrene did not progress and the temperature of his foot came back to normal The PRESIDENT referred to the very rapid onset of the condition in this case He asked if there was any effect from the injection of novocain into the posterior tibial nerve Mr J J FITZSIMONS asked was it not very unusual for spasms to occur in the upper and lower limbs at the same time? To him the case would rather suggest a type of Raynaud's disease Mr T A BOUCHIER HAYES referred to two cases of this disease which he had recently seen He asked if a vasomotor index had been taken in the present case Mr F J MORRIN said that no one could state what were the indications for treatment in this case since its cause was not known Efforts at treatment were directed to enhancing the collateral circulation It had not been definitely established that operation on nerves was the ideal treatment Mr A B CLERY asked if spinal anaesthesia had been tried in this case, as it was supposed to give a good indication as to the probable result of sympathectomy He referred to a recent paper in which cases were described which had been treated by excision of the tibial nerves Professor W J JESSOP asked how the skin temperature had been taken It was said that the only really accurate way of doing this was by the electric method which was very troublesome He had used the test mentioned by Mr Clery giving the patient a spinal anaesthetic and afterwards taking the temperatures in the healthy and diseased limbs Dr E HARVEY said that tobacco had been suggested as a possible cause of the disease and although this idea had now been given up, it was interesting to note that the present patient was a very heavy smoker Mr J C FLOOD asked what was Mr McAuley's view regarding prognosis He thought a diagnosis was very difficult to establish, and said that skin thermometers of any sort had been proved to be rather unreliable He suggested the giving of acetylcholine in the early stages Mr McAULEY in reply, said that it was very difficult to know what one could promise in the way of prognosis Injections of novocain had no effect whatever He felt that the case was definitely not one of Raynaud's disease

Local News

SCOTLAND

Carnegie Trust for the Scottish Universities

At the annual meeting of the Carnegie Trust held on February 10 it was stated that an unusual feature had been the exceptional number of resignations of Fellows and Scholars due to appointments Out of thirty two Fellows and Scholars in organic and physical chemistry nearly one half had resigned and it was believed that this was due to the revival of prosperity in the chemical industries The report of the superintendent of the laboratory of the Royal College of Physicians of Edinburgh a laboratory largely financed by the Trust shows that during 1935–6 sixteen workers were engaged in medical research within the laboratory Sir H Arthur Rose chairman of the Trust, stated that in the past year 3 735 students received sums amounting to £56 279 in respect of tuition fees or 41 72 per cent of the funds available He believed that this was a fair proportion as between the main objects of the Trust which were the payment of fees for necessitous students the support of the universities and the encouragement of research The capital sum allocated in grants to universities and extramural institutions was £45 460 or 33 68 per cent of the total while research accounted for £19 000 or 14 14 per cent Lord Macmillan, referring to what had been done by the Trust to improve the general condition of students said that people interested in education now seemed to be chiefly concerned over nutrition and physical exercises While it was very desirable that students should be physically fit there was a danger that we might fuss a little too much over the physical condition of young men and women He intended this merely as a word of warning, and not in any way in derogation of the schemes now so widely advertised The Trust had been doing a good deal in support of the students unions which

that there was no such sanatorium for the poor at that time in England the Mouthop institution was the pioneer He was intimately associated with its activities and its development, towards which he was a liberal contributor, and he was its president at the time of his death It was opened by the late Lord Derby in 1900, and it stands as a permanent memorial to the foresight and public spirit of Dr Paget Tomlinson

No reference to Dr Paget Tomlinson would be complete if mention were not made of his intense love of music Wherever he lived he took a leading part in its musical life more particularly that of its choral societies He was choirmaster of Kirkby Lonsdale Parish Church up to his death and president of the Choral Society Nature had endowed him with a fine mellow voice, which constant practice had preserved in a remarkable manner Gentle and sympathetic it was natural that he should love animals and children He was the author of a small book entitled *Kindness to all Created Things* and the well known quotation with which he begins gives us the key to his life

> I shall pass through the world but once any good thing therefore that I can do or any kindness that I can show to any fellow creature or dumb animal let me do it now let me not defer it nor neglect it I shall not pass this way again

Dr Paget Tomlinson joined the British Medical Association as long ago as 1873 On his 80th birthday a presentation in recognition of his public services was made to him by the inhabitants of Kirkby Lonsdale and his tenants in Westmorland, Lancashire, and Yorkshire

THEODORE JUST, M.B., F.R.C.S.

Aural Surgeon in Charge of Out-patients St Bartholomew's Hospital

We regret to announce the death on February 13, of Mr Theodore Just after a long illness from which at one time he seemed to have made recovery

Theodore Hartmann Just was born in Bristol on April 23, 1886, the only son of the late Sir Hartmann Just, K.C.M.G., C.B. From St Paul's School where he distinguished himself alike in work and play, he went to Trinity College, Cambridge, in 1905 as an exhibitioner At Cambridge he gained a blue for athletics, representing the University in the half-mile and mile races against Oxford, and was president of the C.U.A.C. in 1908, in which year he won the amateur half-mile championship of the United Kingdom and took part in the Olympic games After obtaining his B.A. degree, with first class honours in the Natural Sciences Tripos Just went on to St Bartholomew's, winning the half-mile in the United Hospitals Sports four years in succession He qualified M.R.C.S., L.R.C.P. in 1910 and held in succession the posts of house surgeon, house surgeon to the throat, nose, and ear department, and demonstrator of pathology at Bart's He graduated M.B., B.Ch. at Cambridge in 1912 On the outbreak of war he joined the R.A.M.C. as a temporary lieutenant, and returned to civil life in 1919 with the rank of major, in that year he obtained the F.R.C.S. Specializing in oto-rhino-laryngology he was soon appointed *surgeon to the Throat Hospital, Golden Square*, and some years later assistant aural surgeon to St Bartholomew's and assistant surgeon to the throat nose and ear department of the National Hospital, Queen Square He also became consulting aural surgeon to the Lord Mayor Treloar's Hospital for Cripples at Alton to the Foundling Hospital, and to the Harrow Hospital, and consulting surgeon to the ear and throat department of the West Suffolk General Hospital, Bury St Edmunds

Just was honorary secretary of the Section of Laryngology and Otology at the Annual Meeting of the British Medical Association at Bradford in 1924 and vice-president of the same Section at the Bournemouth Meeting ten years later During his war service he contributed *notes on the bacteriology of wounds to the Journal of the R.A.M.C.* and afterwards wrote on the treatment of collapse following operation on the tonsils in the *British Medical Journal* He also published papers on otological subjects in the *St Bartholomew's Hospital Reports* and the *Proceedings of the Royal Society of Medicine* His death at the age of 50 is a loss to the specialty in which he had done admirable work, and to a wide circle of friends and colleagues

Mr H. B. STALLARD writes

The death of Mr T. H. Just is not only a tragic loss to his friends and his profession but also to athletics He was president of the C.U.A.C., and in 1908 won the half-mile for Cambridge against Oxford in 1 minute 55 4/5 seconds a remarkably fast time under such weather conditions that exist in March, when the inter-university sports are held In the same year he was amateur half-mile champion and represented Great Britain at the Olympic games held in London His athletic prowess continued during the time he was a student at St Bartholomew's After he had relinquished active participation in athletic sports he continued to show a constant and faithful interest in the inter-university sports, the inter-hospitals annual athletic contest St Bartholomew's sports and other such events, at which he was often seen in an official capacity as a referee judge, timekeeper or starter His generosity in giving much of his valuable time to these causes *his constant cheerfulness and fund of good* humour earned him great popularity among many generations of young and old athletes who will always remember him with very genuine appreciation and warm affection To them his loss is irreparable

Dr HENRY THOMAS SAMUEL, D.S.O., formerly of Newport Road, Cardiff and late A.D.M.S. of the 53rd Division, died at his residence in Bournemouth on *January 10 at the age of 57 Born in Merthyr Tydvil* he received his medical education at University College, Cardiff and at St Bartholomew's Hospital In 1903 he obtained the diplomas M.R.C.S., L.R.C.P. and his earlier appointments included those of assistant house physician house surgeon, and resident medical officer at Cardiff Infirmary He then engaged in private practice in Cardiff and removed to practise in Bournemouth two years ago He joined the *Cardiff Volunteers in 1906* and *from 1908* until the outbreak of war held the commission of captain, R.A.M.C.(T.) in the 2nd Welsh Field Ambulance *In 1914* he was mobilized with his unit, and was promoted to the rank of major In *1915* he went to Gallipoli as second in command, took part in the landing and evacuation of Suvla Bay, and was promoted to command the unit in November of that year He subsequently served with it in Egypt and Palestine was mentioned in dispatches and was awarded the D.S.O. With the exception of one short period of leave in January 1917 he served overseas from 1915 to 1919 At one time he commanded the 117th Indian Combined Ambulance in Palestine and towards the end of the campaign was *A.D.M.S. of the 53rd* Division After demobilization he held the post of medical referee to the Welsh Region of the Ministry of Pensions For twenty-five years he had been a member of the Territorial Force retiring in 1934 with the rank of colonel In his civilian life he was a very popular practitioner first in Cardiff and latterly in Bournemouth For many years he was a clinical assistant in the out-patient department of Cardiff Royal Infirmary, and as

formed a very important feature of Scottish university life, and attention had also been paid to the physical aspect by aiding provision for athletics

Edinburgh Dental Students

The Edinburgh Dental Students Society held its annual clinical at-home on February 5 This included an address by Dr Sydney Blackman, radiologist to the Royal Dental Hospital, London, on ' Dental Radiography," and various demonstrations dealing with aspects of dental work At a luncheon it was decided to form a National Dental Students Society of Great Britain to be carried on under a regional system with centres in Edinburgh, Leeds, and at Guy s Hospital in London The objects of the society will be to facilitate intercourse among dental students throughout the country in the interests of dental science and also of their own welfare, and it was agreed that conferences of the new body should be held every two years At a dinner held in the Roxburghe Hotel Mr A C W Hutchinson, dean of the Edinburgh Dental School, replying to the toast of this school, said that in 1892 there were only thirty students, but to-day there were 260 on the roll, and the work of the hospital had increased correspondingly Some parts of the hospital and school were badly in need of renovation and reconstruction was to be undertaken accordingly Professor Sydney Smith, dean of the Faculty of Medicine at Edinburgh University, proposing the toast of "The Edinburgh Dental Students Society,' said that this was the oldest society of dental students in the British Empire Fifty years ago it had consisted of twenty members, but now the membership exceeded 150 The society was second in size to that of Guy's Hospital, but it might still be extended Mr T L White, president of the society, in replying, said that one of its latest achievements had been to secure, with the co operation of the board of governors, a sports ground and pavilion on the outskirts of Edinburgh

ENGLAND AND WALES

Recreational and Athletic Gymnastics

A gymnastic demonstration organized by the English Gymnastic Society (founded in 1934 to further the interests of recreational gymnastics in England) was given at the Albert Hall, London, on February 6 In addition to a display by a team of English women, a party of Danish men—farmers in everyday life and leaders of village gymnastic classes in Denmark—under the leadership of Mr Niels Bukh, from the Gymnastic High School, Ollerup, carried out a series of exercises in a faultless manner Mr Niels Bukh has created a new method known as Danish primary gymnastics, a modification of Ling which has influenced the gymnastic teaching for men in a number of countries It was stated that since 1920 the courses at Ollerup have been taken by 5,000 women and 4,000 men leaders The women, who gave an equally effective demonstration under the leadership of Miss Gladys Wright, have been members of weekly gymnastic classes arranged by the English Gymnastic Society Their training has been based upon the principles of the Swedish system following the Elli Bjorksten modern method of gymnastics for women, adapted to suit conditions in England Those who took part were London professional and business women, their ages ranging from 19 to 47 They accomplished many difficult exercises with precision, and gave a very graceful exhibition of the rhythm of movement Lord Dawson in a short speech said that the British people were bad starters but good stickers, and now that the need for physical education had been brought home he was sure that, with their customary ability to adjust themselves to new situations, they would quickly make up any leeway One reason why physical fitness was more important to day than ever before was the declining birth rate, which meant that quality was becoming more important, and quality was not to be attained without planning Another reason was the constant urbanizing of the population, with the need for compensating for the ill effects of the cramped life in towns Then industry was constantly becoming more specialized which meant that there was a tendency for the overuse of one part of the body and the under use of the body as a whole He pointed out the rhythm, the balance and the ease of the gymnastic movements the audience had witnessed, and said that physical culture trained not only body but mind, enabling those who undertook it to be more understanding, receptive, and adaptable, fortifying them also against the storms of life He welcomed warmly the Danish guests Mr Niels Bukh, he said was a genius who had sprung from the Danish countryside, and not only a genius but a man of purpose and determination a prophet who had shown the people of his country that health and happiness were within their reach through physical training But Denmark must not be allowed to monopolize Niels Bukh , he was a leader whose influence had extended to many lands The Danish Minister also addressed the gathering referring to the many ties between his country and England

Manchester Royal Infirmary

Sir Walter Cobbett in his address as chairman at the annual general meeting of the Manchester Royal Infirmary on February 12 protested vigorously against the proposal of the Ministry of Labour and the Office of Works to erect a large labour exchange which will overshadow the Infirmary s central branch in Roby Street This branch which relieves the Infirmary of twenty urgent surgical cases each week has fifty-four beds It seems that the proposed labour exchange will restrict the access of light and air to the wards and render them completely unsuitable for the present purpose The financial burden of replacing these fifty to sixty beds will be considerable especially in view of the deficit of £23 812 on the last year s working which brings the total of the Infirmary s debt up to £79,817 The *Manchester Guardian* describes the proposal to build the new labour exchange alongside the Roby Street Branch as "a piece of thoughtless bureaucracy"

Deep X-Ray Department at Samaritan Hospital

A new department for deep x ray therapy, costing £8,000 and fully paid for, was opened by Viscount Dawson of Penn at the Samaritan Hospital, Marylebone Road London, on February 12 Dr A W Oxford, chairman of the hospital, presided over the ceremony Sir Eu Maclean, president of the British College of Obstetricians and Gynaecologists, in a few preliminary remarks referred to the spirit of progress which had always characterized the Samaritan In gynaecology the special hospitals, and the Samaritan in particular, had been pacemakers to the London hospitals in general This was true of the Samaritan alike in respect to its surgery and to its nursing and this new radiological department was another instance of its enterprise No radiological department to-day could claim to be fully equipped if it did not include an installation for deep therapy There was a large class of cases—benign chiefly—which could be treated better by x-ray therapy than by radium, and another large class in which radium treatment was quite properly given in the first instance but was supplemented by x ray treatment Both these agents in unskilled hands could be extremely dangerous, but rightly used any ensuing morbidity or result was likely to be less marked with x ray therapy than with radium Deep x-ray therapy should certainly be available, either as an adjunct to radium or, in some cases, as a substitute for it

Viscount Dawson of Penn, in declaring the department open, said that the Samaritan Hospital, now approaching its centenary, had been remarkable for its enterprise and courage all through its history He mentioned some of the great surgeons and gynaecologists who had been

such was in the most cordial relations with the remainder of the staff, his great clinical abilities being allied to unfailing loyalty, insight, and sympathy In 1903 he married Clari Selkirk, daughter of the late William James Selkirk of Cheltenham, and is survived by his widow, two sons, and a daughter He became a member of the British Medical Association in 1906 He was buried in Cardiff, the funeral being attended by a large gathering of his professional colleagues and many other friends

We regret to learn of the death abroad of Dr FREDERICK ERNEST WITHERS of Bradford-on-Avon, who had been a member of the Representative Body of the British Medical Association at the Annual Meeting in 1914 He was born at Barnstaple in July, 1868, and studied medicine at St Bartholomew's Hospital, where he distinguished himself in anatomy After obtaining the M R C S and L R C P diplomas in 1892 he served in turn as house-surgeon at Bart's and chief assistant in the skin department, and as surgeon to the Reading Dispensary From 1915 to 1919 Ernest Withers was on active service in France as officer in charge of the Medical Division of No 9 General Hospital, and afterwards as registrar and liaison officer at the same unit when it became the Lakeside General Hospital of the U S Expeditionary Force He attained the rank of major R A M C (T A) and was mentioned in dispatches, and for four years after the war held the post of medical superintendent of the Ministry of Pensions Hospital at Netley

Dr DAVID LAWRIE died on February 13 at his home in Grosvenor Crescent, St Leonard's-on-Sea He was born at Kilmarnock in 1860 and from Kilmarnock Academy went to study medicine at the University of Glasgow, graduating M B and C M in 1881 From 1891, the year in which he obtained the Cambridge D P H, until 1899 he was medical officer of health and police surgeon for Kilmarnock Burgh, assistant physician to the local infirmary, and surgeon-captain in the Ayr and Galloway Artillery Volunteers During the South African War he was for a time civil surgeon at Netley Hospital Dr Lawrie afterwards settled at Glastonbury becoming M O H under the urban district council and certifying factory surgeon for the district He had been a member of the British Medical Association for fifty-four years

Dr JULES FREDERICK REY, who died at Bognor on February 13, was born at Ashford, Middlesex, in 1879, and spent his schooldays at Boulogne He studied medicine at Guy's Hospital, qualifying M R C S, L R C P in 1904 after which he served for two years as resident medical officer to the Royal Boscombe and West Hants Hospital Bournemouth Actively interested in various departments of medical science and a frequent contributor to medical journals, Dr Rey combined general practice with work in radiology and electrotherapeutics He was a member of the Roentgen Society, and joined the British Medical Association immediately after qualification In recent years he was one of the honorary medical staff of the Bognor War Memorial Hospital

Dr ALFRED LLEWELLYN PERKINS who died on January 28 was born at Garnant Carmarthenshire in 1857 He studied at St Thomas's Hospital and Edinburgh University and qualified as L R C P and L R C S Ed in 1881 After practising some while in Wellingborough Northants, he became the first resident doctor in Sketty Swansea, where he carried on his practice for forty-six years, retiring in April 1933 During that time he held various public appointments among these being medical officer under the Swansea Board of Guardians During the war in addition to doing the work of three practices he acted as medical officer to the troops stationed in Sketty and Swansea Dr Perkins was a very keen sportsman and played cricket for the Surrey colts, and later for the Sketty team, which he captained He was the oldest member of the Swansea Cricket and Football Club He was a keen member of St Paul's Church, Sketty, where he was a sidesman for a number of years He joined the British Medical Association in 1891

Dr FREDERICK WILLIAM ROBERTSON of Bletchingley, Surrey, died on February 9 after a few hours illness He was born in Renfrewshire on December 24 1866 and was educated at the Glasgow Academy After graduating M A of the University of Glasgow in 1888 he came to London to study medicine at St Bartholomew's Hospital He obtained the English Conjoint diplomas in 1895 and the M B and B S Lond degrees with honours in 1897, proceeding to the M D two years later At St Bartholomew's he was house-surgeon and clinical assistant in the throat department, and then served as casualty officer to the East London Hospital for Children (now Princess Elizabeth of York Hospital for Children) Dr Robertson started work at Bletchingley in 1909, and had held appointments as M O H for the Godstone Rural District medical officer to the Isolation Hospital and the Union Infirmary, public vaccinator, and medical officer to the Post Office For his services in the war he received the O B E He joined the British Medical Association immediately after qualifying and remained a member for some years after retiring from active practice

We regret to record the death in London on February 11 of Dr JOHN MAXWELL GOVER, D S O, T D at the age of 59 Dr Gover received his medical education at Newcastle, and graduated M B B S of the University of Durham in 1898 He proceeded M D in 1922 He then came to London to St Bartholomew's Hospital, and took the diplomas of M R C S, L R C P in 1900 His early appointments included those of house-physician at Brompton Hospital, house-surgeon and house-physician at the Royal Victoria Infirmary, Newcastle, and assistant demonstrator of anatomy and physiology in the Newcastle College of Medicine Dr Gover joined the British Medical Association in 1903 and held office as chairman of the Newcastle-on-Tyne Division in 1925-6 He was keenly interested in the Territorial Army and at the time of his death held the rank of lieutenant-colonel, R A M C T A He served in the war of 1914-18, and received the D S O in 1918 and the Territorial Decoration in 1924 The funeral took place at South Gosforth on February 15

The Services

ARMY MEDICAL SERVICES

The War Office announces that Dr H Letheby Tidy has been appointed Honorary Consulting Physician at the Queen Alexandra Military Hospital, Millbank in succession to Colonel A G Phear, C B, whose tenure of appointment has expired

DEATHS IN THE SERVICES

Lieut Colonel RONALD WILLIAM EDWARD HUNTLY NICHOLSON R A M C (ret) died at Wokingham on November 23, 1936 aged 79 He was born at Exeter on May 2 1857 was educated at King's College Hospital and took the M R C S in 1879, the L R C P Ed in 1880, and the D P H of the Royal Colleges in 1903 Entering the Army as surgeon on July 31 1880, he became lieutenant colonel after twenty years service and retired on April 16 1902 He served on the North West Frontier of India in the Chitral campaign of 1895 taking part in the relief of Chitral and getting the Frontier medal and in the South African War in 1899-1901 when he took part in the relief of Kimberley in the operations in the Orange Free State including the actions at Paardeberg Poplar Grove and Driefontein and in operations in the Transvaal receiving the Queen's medal with four clasps He rejoined in December, 1914, for service in the war of 1914-18

associated with it, especially Spencer Wells, its surgeon for twenty years and afterwards consulting surgeon, whose tradition, he said, lived on at the Samaritan. Medicine and surgery were making great strides. Lack of advertisement must not be taken to mean lack of achievement. By tradition in this country the profession did not rush into print or blow its own trumpet on every occasion. It made progress through a wise restraint, and anything like premature publicity within the profession was decried. Only when a discovery was sufficiently advanced was it announced, and then it was submitted by the discoverer to his colleagues in the profession for their criticism. Such caution and prudence in the long run was for the good of the public, otherwise the public would be constantly made the prey of false hopes. He congratulated the Samaritan on its enterprise in putting in the new installation to forward what was now becoming an established method of treatment. The vote of thanks to Lord Dawson was proposed and seconded respectively by Mr William Gilbatt and Dr Russell Reynolds.

Medical Treatment of London School Children

The arrangements of the London County Council for the medical and dental treatment of school children for the year beginning April 1 next follow the proposals generally approved for the present year. Further provision is to be made, however, for the treatment of cases of squint, including the additional employment of orthoptists working under the supervision of ophthalmic surgeons. For the treatment of minor ailments an additional centre is to be opened in a Council school at Balham. This centre will also be utilized as an extra one for the supervision of children suffering from rheumatic affections. During the present year the age group 11 years has been included in the arrangements for dental inspection. It is now proposed that school entrants and leavers shall be included which will complete the arrangements for the inspection of children by the dentists, as contemplated by the three year programme. The Council will also enter into arrangements, where metropolitan borough councils so desire, for the medical inspection and treatment at school treatment centres of children under the age for compulsory attendance at school provided that the borough councils concerned are prepared to reimburse the Council the actual cost of treatment. A grant of £400 is to be made to the London Child Guidance Clinic. The cost of the arrangements for medical and dental treatment for 1937–8, apart from administrative charges, will be £123,308, an increase of about £3,000 compared with the estimate for the current year.

H. Herscovici (*These, Paris*, 1936, No. 806), who records seven illustrative cases, states that the frequency of occupational chancres in doctors and medical students is greater than might be supposed, as most of the cases occur in private practice, and a considerable proportion of them are not recorded. Syphilologists are not affected more often than other specialists, but it is rather the obstetricians and oto-rhino-laryngologists who pay the heaviest tribute. The commonest localization for the professional chancre is the hand, the index and middle fingers and the thumb being most often affected. The next most important localization is the conjunctiva. The true nature of the occupational chancre is often not recognized, as it assumes the appearance of a banal affection such as a whitlow or ordinary conjunctivitis. The difficulties in diagnosing occupational chancres are the same as in detecting other extragenital chancres; the true nature of which is often not recognized until the secondary stage. The prognosis is no worse than that of other syphilitic chancres. Prophylaxis is of the utmost importance and should be carried out by wearing gloves, careful disinfection of the hands, and protection of the eyes by spectacles during examination of the nose and throat.

Correspondence

An Oxygen Tent Service

SIR,—Rather over a year ago the British Red Cross Society deposited in each of the twelve teaching hospitals of London an oxygen tent of the Guy's Hospital pattern so that a wide experience of this method of treatment might be gained. We who were appointed as a small medical advisory committee would in the first place like to thank the society for their public spirited action, the value of which is indicated by the reports received from the various hospitals. All these reports emphasize the value of the oxygen tent in the treatment of grave cases of anoxaemia.

One of these reports that from St Bartholomew's by Dr Reavell, has already been published (*Lancet* 1936 2, 250) and we may quote his statement that from the clinical point of view the results were better than with any previous method of oxygen administration and patients were kept in the tent continuously for periods up to twelve days without any difficulty. A report from another hospital emphasized its value in the treatment of children suffering from bronchiolitis or bronchopneumonia: once in the oxygen tent these small children appear to resent being taken out [this point was also observed at another hospital] and there is no question that this apparatus is highly successful and almost the only method of achieving the results attempted. In another hospital a child who had had one lung removed by operation was in the tent for a considerable time and the treatment proved of the greatest benefit. Another report describes a girl aged 11 months whose colour improved and who appeared much happier within about half an hour of entering the tent; the pulse rate and the respiration rate fell and the child made a good recovery. Another patient aged 65 with chronic bronchitis and asthma strongly objected to the tent when it was first used for him but was later readmitted to hospital very cyanosed and dyspnoeic and almost moribund. This time he felt so much better in the tent that he willingly persisted with it and made a remarkable recovery after some four days. Later he did not remember ever having been in the tent at all. It is perhaps unnecessary to multiply instances of the beneficial effect of a treatment which merely ensures that the patient is getting a known high percentage of oxygen.

When the details of managing the patient are considered it is perhaps natural that there should be some difference of opinion. Dr Reavell stated that the tent could be set up and new people instructed in its management in two hours; when once running no undue call was made upon the house physician and apart from general supervision by the house physician it could be managed entirely by the ward clerks and nurses when once the sister and nurses had become accustomed to the tent it was little or no hindrance to general nursing. Another report says that the oxygen control presents no difficulty and a concentration of 50 per cent could easily be obtained and maintained. The gas analyses of which oxygen is the most important can easily be carried out and can soon be taught to sisters and nurses. In one hospital it was noted that the tent could be used satisfactorily for surgical cases but in another hospital the nursing of these cases in the tent was found to be extremely difficult. Several reports emphasized the difficulty of controlling delirious and fractious patients in the tent. This difficulty is common to all methods of oxygen administration.

Some criticisms of the details of the manufacture of the tent were expressed but this is perhaps not surprising, considering that it was the first time that this particular type of tent had been made up in quantity in this country and the firm employed had had no previous experience of this kind of work. The chief criticism is the flimsiness of the material so that a stronger and more substantial material is now being used in all the tents that are being made at present.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated

DIPLOMA IN MEDICAL RADIOLOGY
A P Booth J Bouchard A B
C J C Cooke M W Dinab (dist
Evans T H T Gaitby Muriel O Gibson, D Gold W Irwin
J L King M Lederman C T MacCarthy M A M Marei
J R M Martin V Prakash H Pringle R R Rishi A Sirry
C P Theron D C Virmani J W Winchester

UNIVERSITY OF MANCHESTER

The Vice-Chancellor Professor J S B Stopford has been appointed as the representative of the University at the Coronation Ceremony on May 12

The following appointments have been made Dr P M Crowe as assistant lecturer in mental diseases Dr F A Gill as special lecturer in mental diseases Dr H B May as assistant lecturer in bacteriology and Dr C H Adderley as assistant bacteriologist in the routine section of the department of bacteriology and preventive medicine

UNIVERSITY OF SHEFFIELD

At the meeting of the University Council on February 12 it was announced that a further grant of £250 in aid of research in the department of pharmacology would be made by the Rockefeller Foundation of New York Dr M A MacConaill was appointed representative of the University on the Joint Committee of Anthropological Research and Teaching The Council accepted with regret the resignations of Mr G H Froggatt M R C S of the honorary lectureship in dental mechanics and Dr J Mathewson Webster of the honorary lectureship in forensic medicine and accorded them its thanks for their services to the University

UNIVERSITY OF DURHAM

The *London Gazette* of February 2 1937 contains an announcement giving notice that Statutes for the University of Durham under the University of Durham Act 1935 have been submitted to His Majesty in Council and that copies of these Statutes can be obtained at the Privy Council Office Whitehall S W

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council was held on February 11 with the President Sir Cuthbert Wallace in the chair

A loyal address to His Majesty King George VI was approved

The following L C C hospitals were recognized under Sections 21 and 23 of the Fellowship Regulations Dulwich St Giles St Olaves Fulham St Leonard s Mile End St Alfege s St Andrew s St James Lambeth Lewisham St Mary Islington St Charles St Mary Abbots Bethnal Green Hackney Candidates who wish to qualify for admission to the Final Fellowship examination by holding a resident post at one of the above L C C hospitals are however required to produce evidence of the suitability of such post before accepting the appointment

Sir Charles Gordon Watson was appointed Bradshaw Lecturer and Sir Charles Sherrington Thomas Vicary Lecturer for 1937

It was announced that the Council election occasioned by the retirement in rotation of Sir Holburt Waring Mr C H Fagge and Mr W Sampson Handley would take place on Thursday July 1

Diplomas

Diplomas of Membership were granted to W J C Crisp and to the 178 candidates whose names were given in the report of the meeting of the Royal College of Physicians of London published in the *Journal* of February 6 at page 306 as were the names of the seven candidates who have been granted Diplomas in *Tropical Medicine and Hygiene*

Diplomas in Medical Radiology were granted jointly with the Royal College of Physicians to G G Binnie F Constant Mary J Cronin and J M Lees

Diplomas in Anaesthetics were granted jointly with the Royal College of Physicians under the special conditions of the regulations to H Richards R D Pramanik and to the nineteen candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London in the *Journal* of February 6 at page 306

CONJOINT BOARD IN ENGLAND

The following hospitals have been added to the list of institutions recognized by the Examining Board in England during the year 1936

For the Diploma in Anaesthetics Kettering and District Hospital North Middlesex County Hospital West Middlesex County Hospital Oldchurch Hospital Romford County and City of Perth Royal Infirmary *Hospital for Sick Children Great Ormond Street London W C

For the Diploma in Child Health Belgrave Hospital for Children Clapham, S W Evelina Hospital for Sick Children Southwark S E Hospital for Sick Children Great Ormond Street W C Paddington Green Children s Hospital W Princess Elizabeth of York Hospital for Children Shadwell E Queen s Hospital for Children Hackney E Royal Waterloo Hospital for Children and Women S E South Eastern Hospital for Children Sydenham S E Victoria Hospital for Children Tite Street S W Alder Hey Hospital for Children Liverpool Booth Hall Hospital for Children Manchester Jenny Lind Hospital for Children Norwich St Mary s Hospital Portsmouth

For the Diploma in Laryngology and Otology East Suffolk and Ipswich Hospital Ipswich Radcliffe Infirmary Oxford Royal Hospital Wolverhampton Royal Infirmary Doncaster

For the Diploma in Ophthalmic Medicine and Surgery East Suffolk and Ipswich Hospital Ipswich Royal Infirmary Doncaster Sussex Eye Hospital Brighton

For the Diploma in Psychological Medicine Erdington House Birmingham

For the Diploma in Tropical Medicine and Hygiene Usher Institute Edinburgh

* Under special conditions

Medical Notes in Parliament

The report of the Committee of the Privy Council for Medical Research and Report of the Medical Research Council for 1935–6 was presented to both Houses of Parliament on February 11 On the same day a scheme for increasing the demand for milk by publicity and propaganda within the area of the Milk Marketing Board for England and Wales was laid on the Table in both Houses

The Factories Bill was read a second time by the House of Commons on February 15 without a division and was sent to a Standing Committee Sir Ernest Graham Little has been added to this committee

The Consolidated Fund (No 1) Bill and the Unemployment Assistance (Temporary Provisions) (Amendment) Bill were read the third time and passed in the House of Lords on February 16 On the same day the Lords passed the Regency Bill and the Architects Registration Bill through committee

The Registration and Regulation of Osteopaths Bill was down for second reading in the House of Commons on February 12 but was not reached

In the House of Commons on February 16 Sir Kingsley Wood introduced the Local Government (Finance Provisions) Bill, which amends Part VI of the Local Government Act, 1929, and repeals Section 45 of the Unemployment Assistance Act 1934 and the proviso to paragraph (c) of subsection 2 of Section 9 of the Rating and Valuation Act 1925

The Maternity Services (Scotland) Bill was reported to the House of Commons from Standing Committee with amendments on February 16

Mr Chamberlain on February 17 moved a resolution to authorize the borrowing during the next five years of sums up to £400 000 000 for defence expenditure

New proposals were published in a White Paper on February 17 for revising the block grant to local authorities in England and Wales These proposals (with which the local authorities agree) are the result of investigation into the working of the formula whereby £44,000 000

The Red Cross Society offered the tent to the hospitals for purchase at a little under half their original cost and seven of the hospitals accepted this offer It may perhaps cause surprise that this offer was not accepted by five of the hospitals, but in four cases the refusals are thought to be due to certain technical imperfections in the tent, or to a preference for a tent of another type or some simpler method In the remaining hospital the patients who had been ill enough to require this treatment were so few that it was felt that for the time being a tent could be hired when desired, and that an improved model might be forthcoming later

A final word may be said about the action taken by the London County Council, which controls a very large number of beds For about a year now they have had twelve tents in operation, and are hoping to increase the number so that each general hospital and each fever hospital will have at least one tent

In our previous letter we stated that arrangements had been made by one of us to send a tent to any part of the country at the request of any medical man, and that a physicist, not medically qualified, would accompany the tent The demands on this "Oxygen Tent Service" have steadily increased during the year, so that it has now been possible for it to launch out on its own account as an independent concern Applications should now be made to T W Adams, A Inst P, "Oxygen Tent Service," 33, Devonshire Street, W 1 (telephone number Welbeck 2003, and at night Gerrards Cross 1163) This service, which supplies British-made tents, together with the two other services in London, which supply American tents, should be sufficient to meet all the demands for this particular type of treatment at the present time—We are, etc,

REGINALD HILTON
W J PEARSON
E P POULTON

London, W, Feb 12

Specific Antitoxins for Gonococcal and Meningococcal Infections

SIR,—The careful and critical observations recorded by Dr T Anwyl-Davies in the *Journal* of February 13 (p 321) on the treatment of cases of gonorrhœa during the past three years with antitoxic serum leave little room for doubt that we are witnessing the first stage of a definite practical advance, long overdue, in the specific therapy of gonococcal infection I feel sure that Dr Mellanby will agree with me that the credit for this important achievement is due primarily to Dr Anwyl-Davies himself, to Messrs Parke Davis, whose London representative, Dr Stanley White, has co-operated with him whole-heartedly in the work, and to Dr Ferry, who has prepared the serum by the method that he himself devised for the preparation of similar antitoxic serum for cases infected by that closely related organism the meningococcus

But with your permission, Sir, I would like to point out that in your editorial comments on this paper there is an oversight The starting-point of this valuable work on the gonococcus was not the studies of Corbus and his colleagues in America, but, as Dr Anwyl-Davies generously and specifically states at the beginning of his paper, the striking success obtained in this country during the war in the treatment of military cases of cerebro-spinal fever with serum definitely capable of neutralizing the intracellular toxin of the meningococcus The manner in which this close association between the anti-endotoxic capacity of the serum and its therapeutic potency came to notice was as follows

Although large supplies of anti-meningococcus serum were available and its use in military cases compulsory, the mortality among troops in training in this country during the winter of 1914-15 who contracted cerebro-spinal fever was approximately 50 per cent, and many able clinicians considered the serum valueless When the disease recrudesced during the following winter (1915-16) while the death rate in cases among the general military population remained at 50 per cent, the late Martin Flack and his clinical colleagues in the London district by employing a particular batch of serum succeeded in reducing the mortality to 18·5 per cent Comparison of this clinically potent serum with other batches of serum that had proved inert when given clinically showed that the former alone was capable of neutralizing the endotoxins of the two most prevalent types of the meningococcus The other antibodies paraded then and now in orthodox text-books—agglutinin, opsonin complement-fixing antibodies and lysin—were apparently useless, as several of the 'dud' sera contained them in full abundance At this point the batch of clinically potent serum ran out and the mortality in the London district began to mount' Clinicians were in despair because in contrast with their previous experience the serum supplied had no effect The secret of the potency of the good serum, however, had come to light Twenty batches of serum were in store, and it was found that while eighteen of them were inert two possessed definitely anti-endotoxic capacity Some of this antitoxic serum was at once sent to the special hospital for treating military cases of cerebro-spinal fever in the London district, with the result that their patients forthwith began to improve and the mortality for the season fell to 15 per cent

As it was found that the makers of these batches of antitoxic serum had meantime supplied batches devoid of that property it was clear that if the best therapeutic results were to be secured the preparation and standardization of the serum must be undertaken at the Central Laboratory The War Office and the Medical Research Council gave every possible help, and Dr Stanley Griffith of the Cambridge Field Laboratories undertook the preparation of the serum The Army Veterinary Department provided excellent horses and fodder Monotypical sera were prepared, and no serum was sent for trial clinically unless it had been proved at the Central Laboratory to contain anti-endotoxin for the particular meningococcus type concerned A pooled serum was put up for use in cases before the type of coccus at work had been determined The results exceeded all expectations The gross mortality among troops contracting cerebro-spinal fever fell to 35 per cent when the case mortality from the same disease among men of a similar age group in the civilian community remained at 58 to 60 per cent as in previous years The chief success, however, was in cases infected by Type I the chief epidemic strain of the meningococcus then and since and apparently the most fatal one Out of sixty-five cases due to Type I, of which forty-eight were regarded by experienced clinicians as fulminating, severe or very severe, no fewer than fifty-nine recovered The serum, moreover, was clearly antitoxic in its action, for the clinicians frequently observed striking and definite improvement in the condition of the patients within half an hour of its administration

In view of this experience, which has since been confirmed by similar experience when testing specimens of serum for use at Aldershot during the meningitis outbreak of 1931, I have no doubt at all that in case of meningococcus infection the chief antibody requisite for clinical potency is anti-endotoxin Owing to the close similarity between gonococcus and meningococcus it seemed more than likely that cases infected by the former would also respond to treatment by antitoxic serum in the same way Dr Anwyl-Davies has now shown that this is the case

With some of the other remarks in your annotation, § I am in the fullest agreement

has been distributed every year from the exchequer to help provide health and other local services This assistance will now be increased by some £5,000,000 a year to £49,000,000 in grant or £46 000,000 in cash payments A larger proportion than hitherto will benefit the poorer areas by giving greater weight to the amount of local unemployment and also to sparse population The necessary Bill has been introduced

A petition "from inhabitants of the United Kingdom" for prohibition of experiments on dogs has been presented in the House of Commons

Grounds for Divorce

A Standing Committee of the House of Commons resumed on February 2 consideration of the Marriage Bill introduced by Mr De la Bere

RECURRENT FITS OF INSANITY OR EPILEPSY

On Clause 5 (New Grounds for Nullity) Mr SPENS moved to leave out as a ground for nullity that a person was 'in a state of mental unsoundness which has become definite within six months of the marriage, or was at the time of the marriage, subject to recurrent fits of insanity or epilepsy' Mr Spens said he could not perceive what the expression "recurrent fits of insanity" was intended to achieve The phrase appeared to be covered by other provisions of the Bill It was a new suggestion that recurrent fits of epilepsy should be a ground for annulling any contract, and would introduce a new principle into the law Epilepsy often developed into some form of mental deficiency or insanity, in which case it would be covered by the other provisions

Sir ARNOLD WILSON said these provisions were recommended in 1912 by both the majority and minority of the Royal Commission on the Marriage Laws which sat immediately after the detailed inquiry into mental deficiency from 1905 to 1908 The committee reached the unanimous conclusion that recurrent fits of insanity or epilepsy should constitute a ground for nullity, and that conclusion has never been challenged in the controversial literature since issued The difference between lunacy and recurrent fits of insanity was partly legal There were times in certain cases when a person of unsound mind was sane and judged to be capable of fulfilling a contract Questions of eugenics should be in the minds of the committee, but he preferred to take the point that the marriage contract would not have been undertaken had the other party known of those recurrent fits As regards epilepsy, it was normally hereditary and the consequences were disastrous The epileptic parent was a terror to children and to the other parent and although the Bill did not seek to upset the contract if it was undertaken with full knowledge that the other party was epileptic he wished to give effect to the ordinary law of contract where there had been concealment or fraud There had been no progress by medical science in dealing with epilepsy It had to be recognized as a malady for which there was no certain cure, and for which isolation was the only remedy The Mental Deficiency Committee reached the unanimous conclusion that epileptics in general should be segregated, and that people subject to recurrent fits of epilepsy or insanity should be cared for at the expense of the State in colonies of various types but not regarded as fit members of society

The amendment was by leave withdrawn

Sir ARNOLD WILSON moved an amendment dealing with the same passage as that on which Mr Spens had spoken He proposed to substitute the words 'was at the time of the marriage or has been within twelve months of that time, placed in an institution or guardianship under Section 3, Section 6 Section 8 or Section 9 of the Mental Deficiency Act 1913' Sir Arnold summarized the relevant sections of the Mental Deficiency Act and said there was full provision in them for medical examination by two doctors and medical certificate Section 8 related to mental defectives who had been found upon medical inquiry at the instance of justices to be medically defective, and were certified as such Section 9 referred to persons who had been placed in a lunatic asylum, criminal or other, but were thereafter certified by doctors not to be insane but to be mentally defective The new words he proposed did not differ in general scope from the original ones, which referred to mental unsoundness that had become definite within six months of marriage His amendment would prevent any persons being made the subject of a petition for nullity on this ground unless they had appeared before the court with full medical evidence and had opportunity of having their own doctors

The committee then agreed to the amendment

VENEREAL DISEASE

Commander BOWER moved to leave out the paragraph establishing as a ground for nullity that the respondent was at the time of the marriage suffering from a venereal disease in a communicable form" Commander Bower said medical opinion was divided on whether venereal disease was curable or not Great strides had been made in recent years in curing it, particularly in cases of hereditary venereal disease of the third or fourth generation The paragraph under discussion proposed to allow a breach of the marriage tie on account of a possibly curable bodily state Venereal disease was often contracted innocently Why, then, put in venereal disease and not diabetes?

Sir ARNOLD WILSON said the promoters of the Bill intended at a later stage to define more closely venereal disease, which had not yet been defined in any statute They were at work to produce a definition that would restrict it to those forms of disease unquestionably perilous to the offspring as well as to the other spouse, and were probably incurable so far as recurrent possibilities of infection presented themselves He thought it would be possible to exclude forms of venereal disease innocently contracted—cases generally ascertainable, and, if properly treated, not transmissible

Commander BOWER withdrew his amendment and the committee agreed to delete the words "in a communicable form" on Sir Arnold Wilson's undertaking to produce a definition of venereal disease

The amendment was agreed to

The other grounds for nullity were not challenged, and Clause 5 was approved as amended

Clause 7, "Abolition of decree nisi' and Clause 8 "Further provision for custody, etc, of children, were struck out of the Bill, and the committee adjourned

On February 9 Sir ARNOLD WILSON moved a new insanity definition clause, which enacts that a person of unsound mind shall be deemed to be under care and treatment (*a*) while he is detained in pursuance of any order or inquisition under the Lunacy and Mental Treatment Acts, or of any order or warrant under the Army Act the Air Force Act, the Naval Discipline Act, the Naval Enlistment Act, or the Yarmouth Hospital Act, or was being detained as a criminal lunatic or in pursuance of an order made under the Criminal Lunatics Act, 1884, and (*b*) while he is receiving treatment as a voluntary patient under the Mental Treatment Act, 1930 being treatment which follows, without any interval a period of such detention as stated above, and not otherwise The new clause was added to the Bill

This concluded the committee stage, and the Bill was ordered to be reported to the House

Maternity Services in Scotland

The Standing Committee on Scottish Bills began on February 4 the consideration of the Maternity Services (Scotland) Bill

On Clause 1 (Provision of Maternity Services) Mr PETHWICK-LAWRENCE moved to include among the facilities which should be available when required by the Department of Health "The services of an anæsthetist when recommended by the medical practitioner Mr Elliot agreed to this amendment

In Clause 1, Subsection 5 Mr LEONARD moved to omit the provision for consultation between the local authority preparing a scheme and 'such local organization (if any) of

The anti meningococcus serum referred to above was standardized by collecting strains of the meningococcus as soon as possible after isolation from cerebro spinal fluid Their pathogenicity for mice by intraperitoneal injection was then compared and the most toxic selected Several hundred plate cultures were made from the most active strains and after incubation overnight at 37 C the growth of each was scraped off in a minimum amount of saline examined microscopically and then pooled The bodies of the meningococci were then concentrated by centrifuge, the supernatant fluid discarded and the deposit dried in Petri dishes in a vacuum desiccator overnight at 37 C Next morning the brown flakes of the dried meningococci were scraped off and powdered Approximately 2 mg of this powder was found to be fatal to mice on intraperitoneal injection For testing a number of specimens of serum an extract was made by grinding up the dried and powdered bodies of the meningococci in distilled water to which N/40 NaOH had been added in order to dissolve the powder Two milligrammes of the powder or 0 1 to 0.2 c cm of the solution of the bodies were next put out into a number of watch glasses 0 5 c cm of normal serum was added to each of the first pair and a similar amount of each of the serum specimens for test to remaining pairs of watch glasses containing the endotoxin The watch glasses were incubated at 37 C for half an hour to allow the serum to neutralize the toxin and then the contents of each were injected intraperitoneally into a mouse The next morning the control pair of mice were moribund or dead and the same thing happened to the remaining mice unless the serum contained anti endotoxin in which case the mice appeared to be unaffected Many hundred specimens of serum were tested in this way and although most batches of serum were rejected the clinical results obtained with serum standardized in this way proved the soundness of the method Further details are given in the official *Medical History of the War* and in Report No 50 of the Medical Research Council

I agree with you, Sir that it is far more likely that this toxin obtained by Ferry by filtering young cultures of either meningococcus or gonococcus is an endotoxin than that it is an exotoxin Unlike true exotoxins such as those of diphtheria and tetanus the endotoxin of the meningococcus is remarkably thermostable and even stands boiling for thirty minutes as pointed out in the Medical Research Council report referred to Both meningococcus and gonococcus autolyse very rapidly so that in fluid cultures one would expect that their intracellular toxin must be quickly liberated

Finally I would add that it seems to me to be a great pity that in this country we have no State Serum Institute where problems of this kind of great practical importance to the community can be continuously investigated Advances in specific serum therapy are too urgently wanted to be left to the initiative of individual firms, however enterprising and progressive But if it is to prove a success such an institute must be in close touch with both laboratory workers and actual cases For that reason it is worth considering whether the institute should not form part of a hospital or group of hospitals It should certainly not be isolated or little practical progress can be expected A farm would be required where the horses could be kept, and care should be taken to see that the main object should be not the routine testing of serum specimens but the advancement of knowledge by experiment so that clinical improvement can be obtained in cases where the infecting organism is known but specific therapy is at present either ineffective or unavailable Unlike meningococcal meningitis which is comparatively rare, gonococcal infection is so constant and ubiquitous and the injury caused by it so widespread, that the public importance of improvement in its specific therapy can hardly be overestimated—I am etc,

St Bartholomew s Hospital Feb 14 M H GORDON

SIR—The extremely interesting paper by Dr T Anwyl Davies in your issue of February 13 may well prove to be a landmark in the long history of gonorrhoea if his clinical results are in due course confirmed Your annotator refrains from discussing these results but directs some criticism at the theory that the serum with which they have been produced is an antitoxin I am aware that pathologists in this country have not been able to confirm fully Ferry s work on the production of exotoxin from the meningococcus and the corresponding antitoxin I am not qualified to discuss the pathological aspect, but in view of Dr Anwyl Davies s striking clinical results with the so called gonococcus antitoxin it may be opportune to state briefly my own experience to date with the corresponding meningococcus antitoxin in cerebro spinal fever Elsewhere I have given some account of this (*Lancet* 1935 **1**, 856) I can now summarize the results of cases treated during the last three years (1934–6) In order to evaluate the effect of this treatment in the acute stage I must exclude the following

(*a*) Three cases recovering on admission (*b*) one case dying within six hours of admission (*c*) four cases admitted late in the chronic stage with permanent paralysis (three were infants in the stage of post basic meningitis) (*d*) three successive cases treated with a batch of serum which had been faultily stored for over six months in summer and which was according to its agglutination reactions inert (*e*) one case proved at necropsy to have died from cisternal haemorrhage the meningitis having cleared up (*f*) one case fatal from pneumococcal meningitis some weeks after recovery from the meningococcal meningitis

There remain twenty five patients of whom twenty four recovered Even the one fatal case recovered from the primary attack—it was a relapse that was fatal Not a single case failed to respond and respond rapidly in the primary acute stage none of them entered the chronic stage There was only one relapse The only complications were two cases with transitory paresis and one with permanent deafness A large proportion of the cases were very acute all memory of events being blotted out for several days All cases were bacteriologically verified and all but three were typed—namely Group I (fifteen) Group II (five) agglutinable (two) The age grouping was 0 to 1 (*nil*) 1 to 4 (four) 2 to 5 (five), 5 to 20 (eight), 20 to 40 (eight)

It should be added that the treatment was *intensive* during four to six days from admission and in all cases included one large intravenous dose It may be considered that the intensiveness of the treatment was the predominant factor but with one exception I have never had such consistent results with other sera even when used similarly The exception was the Type I serum containing anti endotoxin prepared by Gordon (1918–19) which I had the privilege of using in a few cases in the year 1919 It is difficult to escape from the conclusion that whatever the nature of the antibodies contained in Ferry s serum it is capable of exerting a highly specific effect—I am etc,

H STANLEY BANKS
Medical Superintendent Park Hospital

London S E 13 Feb 15

SIR—Dr Anwyl Davies s interesting paper in the *Journal* of February 13 on the specific antitoxin treatment of gonorrhoea gives rise to certain pertinent questions regarding the clinical technique used No mention is made of the orthodox treatment (irrigations prostatic and vesicular massage etc) and it is of the utmost importance to know whether Dr Anwyl Davies s patients received orthodox treatment concurrently with antitoxin

registered medical practitioners as appears to the authority effectively to represent the opinions of such practitioners practising in their area He proposed to substitute medical registered practitioners practising in their area who in the opinion of the Department are specially qualified in midwifery He said many doctors in large towns were not keen on this work In Glasgow in 1935 an analysis of notifications of births indicating an attendance in the homes was made and revealed that a small number of medical practitioners in Glasgow undertook this work A local authority should have a panel of doctors specially qualified in this work and efforts should be made to consult with the groups of medical practitioners specially qualified to give guidance on it

Mr ELLIOT said this was a far reaching proposal Trade union representatives would be indignant if the Department of Health for Scotland made itself the judge whom it should consult in an organized trade That the Department should be empowered to go over the head of the organization which those interested had set up and select the people it wished to consult on conditions of employment would be a delicate business and a dangerous precedent What was to be the test of this special qualification? Merely the opinion of the Department

Mr Leonard withdrew his amendment

TEACHING OF MIDWIFERY

Mr ELLIOT begged to move in the same clause the proviso that

> The Department before the concluding proposals under this section shall satisfy themselves that as far as reasonably practicable the proposals make provision for co operation between the local authority and recognized medical schools and institutions or other organizations engaged in the training of midwives and for reasonable facilities for the teaching of midwifery

He said that the amendment enjoined co operation upon those concerned It might be that the services would be developed in future along lines which could not be exactly foreseen therefore the words should provide in most general terms for the purposes which all desired The amendment left it possible for the administrative services of the medical schools and of great hospitals and institutions to make in future years a service of more advanced type than could be conceived to day

Mr GRAHAM KERR said his friends were grateful for the step which had been taken but were not satisfied that it was long enough The clause seemed too vague On receiving an assurance from the chairman that the new clause which he had tabled would be considered later Mr Graham Kerr said he would accept the amendment and the committee agreed to it

MATERNITY BENEFIT AND PATIENTS' FEES

On Clause 2 (Fees for Services Provided) Sir ARCHIBALD SINCLAIR moved to omit Subsection 2 which secures that maternity benefit under the National Health Insurance Act 1936, should to the extent that the woman authorized be paid to the local authority toward the fees for which the woman would be liable under the Bill for services provided by the local authority Mr ELLIOT pointed out that the subsection was purely an enabling one but he recognized that there seemed a general desire for its deletion The committee then agreed to Sir Archibald Sinclair's amendment and Clause 2 as amended was added to the Bill Clause 3 passed unamended

On the question that Clause 4 stand part of the Bill Mr PETHICK LAWRENCE remarked that in some parts of the Bill the lying in period was referred to without specifying any particular time but that Clause 4 used the words ten days immediately after childbirth He suggested that before the report stage Mr Elliot should substitute the words the lying in period and not limit it to any particular number of days Mr ELLIOT said the reference to ten days in Clause 4 was because the rules of the Central Midwives Board for Scotland rightly prescribed that midwives should be responsible for cleanliness and give all necessary directions for securing the comfort and proper dieting of the mother and child during the lying in period, which should be held, for the purpose of those rules and in a normal case to mean the time occupied by the labour and a period of ten days thereafter If the committee desired ten days might be altered to fourteen but not to a general term such as lying in period because this was a matter on which a prosecution might take place and it was therefore desirable that it should be referred to in days There was no specific consultation on this point with the organization of midwives

The committee agreed that the clause should stand part of the Bill and adjourned

Consideration of the Bill was resumed on February 11

On Clause 6 (Prohibition of Unqualified Person Acting as Maternity Nurses for Gain) Major NEVEN SPENCE moved to extend the prohibition to persons attending the lying in whereas the Bill limited the prohibition to those receiving any remuneration for attending He said the clause opened the way to a whole host of busybodies taking part in nursing maternity patients The greatest danger to which a woman could be exposed was to allow any person who did not understand antiseptic methods to come near her Mr T M COOPER said that the clause should be read along with the existing provisions contained in the Midwives and Maternity Homes (Scotland) Act 1927 Section 1 which penalized any person not being a qualified person who attended a woman in childbirth otherwise than under the direction and personal supervision of a duly qualified medical practitioner The person against whom Clause 6 of the Bill was directed was the woman who carried on the trade of a handywoman attending women in childbirth or during the period immediately thereafter

Major NEVEN SPENCE withdrew his amendment and said the case which he had put must occupy attention in the future if further progress was to be made

On the motion of Mr PETHICK LAWRENCE four een days was substituted for ten days as the lying in period if it should be increased to the larger term by the Central Midwives Board Mr COOPER said he would examine the Bill to see at what other places a similar alteration might be necessary

ATTENDANCE IN MENTAL HOSPITALS

Mr JAMES BROWN moved to leave out the exemption applying to mental hospitals and said he had yet to learn that there was any large training in midwifery in asylums Mr COOPER said asylums and mental deficiency institutions were under a separate code of control under the supervision of the General Board of Control This was a complete and skilled control and full medical supervision and assistance was made available when confinements took place in these institutions It seemed to the Government that the proper method of approach was to use the existing administration and control applicable to asylums and mental deficiency institutions and not apply the drastic course of imposing penalties upon salaried officials of those institutions who might under supervision render service as nurses to a woman after confinement He was willing to satisfy the House on the report stage that the existing control on the medical side of these institutions was ample to secure full protection for those who underwent confinement

The amendment was withdrawn

Mr COOPER moved a drafting amendment to enable the operation of the Bill to be postponed until May 16 1937 so as to get the benefit of the new awaited formula under the block grant The committee agreed to the amendment and the clause as amended was added to the Bill

QUALIFICATIONS OF MEDICAL SUPERVISORS

On Clause 8 (Miscellaneous Amendments of Midwives (Scotland) Act 1915) Major NEVEN SPENCE moved to add in the subsection dealing with the appointment of supervisors the words such qualifications shall include practical experience in midwifery and maternity nursing subsequent to training He said it was essential that anybody who was to supervise midwives in their work ought to have thorough practical experience Mr GRAHAM KERR seconded the amendment

If this was the case it is equally important to know (as a matter of control) the effect of orthodox treatment alone under the same conditions That this is of supreme importance in evaluating any new treatment of gonorrhoea is made evident by some of the results annotated (p 335) For instance, Dr Anwyl-Davies's figures of two clinical cures in sixteen days of cases of uncomplicated gonorrhoea out of thirty-six cases is in my opinion, taking into consideration the ideal conditions under which the treatment was applied, nothing startling nor are four (about 10 per cent) cures in three weeks any more so One knows that the problem of gonorrhoea would almost cease to exist with the universal hospitalization of all acute and uncomplicated gonorrhoea cases treated under research conditions by experts With regard to epididymitis, to say that patients discharge themselves from hospital in five or six days because "they felt so well" is, in my submission, no advance on the results obtained by purely orthodox methods—that is, local (non-specific) symptomatic treatment in otherwise similar surroundings

Gonorrhoea is notorious for its innumerable methods of treatment (as in all incurable or "difficult" diseases), and no hell is paved with better intentions than the cure of gonorrhoea It is for these reasons that results of any new gonorrhoeal therapy must be rigidly controlled, contrasted, and correlated with results obtained by the orthodox methods Nothing less will satisfy those who, while retaining their enthusiasm, have learned from painful experience to temper it with caution—I am, etc,

Enfield, Feb 13 W LESTER

Cancer of the Breast

SIR,—Who was the first to do so-and-so and who was the first to put pen to paper on the subject are not always the same people Many minds reach the same stage of thought about the same time Mr Keynes (*Journal*, January 30, p 242) has gained his reputation with regard to radium in the treatment of carcinoma of the breast as being the first to conduct a series of experiments on a really systematic basis, and this in the face of the Paris pronouncement that radium held no place in the treatment of carcinoma of the breast What Paris said in those days no one gainsaid—they led the world

It was only by trial-and-error methods that this treatment was established in this country, and many of us thought in those days very differently from what we think now I remember Mr Sampson Handley's recommendations They were well and conscientiously tried both with regard to the glands in the anterior mediastinum and the spread in the subcutaneous tissues A diagram illustrating his views appears in *Radium and Cancer* (1930) His recommendations, like many others of those days, had, I thought, completely disappeared I am surprised to see he still uses radium for the intrathoracic spread The real cause for the diminution (not abolition) of the local recurrence is earlier diagnosis rather than the nature of the modern operation If Mr Sampson Handley will forgive me for saying so, we have all enjoyed better results during the last fifteen years, and this can hardly be due to details of operating or placing of radium as he thinks The only denominator common to us all is earlier diagnosis An axiom I hope accepted by all workers now is that radium is practically useless in inaccessible cancer glands that can neither be seen nor felt are certainly inaccessible, we cannot even be sure of their existence in all cases

I hope the feeling is growing among those interested in breast surgery that wide infection of the glands in the axilla and the likelihood of intrathoracic spread render the case inoperable, this I have taught for years If the circulatory spread of the disease was more widely recognized more cases would be considered inoperable, but the modern pathologist has never had the vogue which Mr Sampson Handley enjoyed

No procedure for dealing with carcinoma of the breast is free "from a trying period of uncertainty" whether the treatment is by operation or radium, or by both Early recurrence after radium treatment alone must depend on how the radium is used My experience is that it is rare, and this is, I believe, the opinion of my colleagues at Mount Vernon Hospital My views as to the modern treatment of carcinoma of the breast are that in really early cases (without signs or symptoms and only a shadow by transillumination) local operation and radium is sufficient In the ordinary case radium alone or operation and radium is the best treatment, operation alone has quite fallen from my use Anything beyond the ordinary case I consider as inoperable and treat with radium alone

I heartily endorse Dr Gilbert Scott's remark (February 6, p 297) "Too much stress is laid upon the possibility of 'cure' and too little upon relief of symptoms and prolongation of useful life" It is the individual and not the disease that we treat—I am, etc,

London, W 1, Feb 9 DUNCAN C L FITZWILLIAMS

SIR—May I as a former colleague of Mr Cecil Rowntree add my appreciation of his excellent and impartial treatise on the above subject (*Journal*, January 23, p 153) It is at least an answer to those who are inclined to decry x-ray therapy and use the radiologist merely as a scapegoat I cannot, however, share his optimism regarding higher-voltage x rays, though until we know more about the chemical, and more especially the physical, characteristics of the cancer cell we can only surmise their effect

Dr Webster is right, I think, when he states that effect is proportional to the quantity, or energy, absorbed, and it seems logical to assume that this will be less when more penetrating rays are employed Reasoning upon these lines, it follows that there must also be an optimum wave length, I firmly believe that the future of x ray treatment lies in contact therapy At present we are compelled to work at too great distances, with too large ports of entry, and with excessive filtration It seems to me that the sole virtue of radium lies in our ability to place it in contact, or nearly so, with the growth The ideal to aim at should be what for lack of a better term I will call adequate "ray density" per square centimetre of tissue Under present methods too many cells escape efficient irradiation Without enlarging further I predict that when contact therapy at 130 kV is possible our results will be equal and probably superior to those obtained with radium Here is a golden opportunity for the British manufacturer —I am, etc,

Colwyn Bay, Feb 15 W GRIFFITHS

Sclerosing Submucosal Injection of Turbinates

SIR—In his letter in the *Journal* of February 13 (p 350) Sir Robert Woods, whose opinion always demands respect, says that the puncture method of using the cautery for reduction of the turbinates came into vogue twenty five years ago, but was found dangerous For the last twenty five years I have regularly used it, and have never found it harmful Quite the reverse, in fact and this is possibly because I have taken care how and when I did it never

Mr COOPER accepted the amendment subject to omission of the words 'and maternity nursing' He said he was advised that in some parts of Scotland it would not be practicable to obtain supervisory medical men with practical experience in maternity nursing subsequent to their training

With the proposed alteration the amendment was inserted in the clause Major NEVILL-SPENCE then questioned the meaning of subsequent words in the clause, and Mr COOPER explained that the whole subsection would enable the Department to prescribe the qualifications to which applicants for the position of supervisors would be required to conform, but there were sparsely populated districts in the Highlands where it was not possible to get persons in a position fully to comply with the general requirements Elasticity was therefore essential, but relaxation of the general qualifications would be as sparing and infrequent as possible On this explanation the clause as amended was ordered to stand part of the Bill

A new clause dealing with facilities for instruction in midwifery and running as follows

> "In every area where there is a recognized medical school the local authority of that area and the Department of Health shall take steps to secure that adequate facilities are made available for the practical domiciliary instruction in midwifery of any person undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife"

was brought up and moved a second time by Mr GRAHAM KERR He said this new clause was pressed by four universities, three maternity hospitals, and the extramural medical schools of Scotland He said that in civilized communities the operation of childbirth was apt to be interfered with by disturbing factors, which would often be detected only by the trained medical man, who perceived abnormalities by the heart, or the nervous system, or the internal organs of the body These considerations showed the importance of the Scottish procedure of having a medical man in control during both the ante natal and post-natal periods The need for the new clause arose from the fact that the universities and other bodies believed the safeguards which they had provided so far were not sufficient The training which a student underwent before he was 'turned loose' on maternity cases was thorough and carefully defined by experts He had to go through a training in obstetrics in a medical school, then went to a maternity hospital and got a specialist training there, and then began domiciliary work, at first under the supervision of someone from the hospital The training authorities wished to maintain that system, but also to do more The General Medical Council put it to universities and schools that present facilities must be improved and not merely maintained That was why he moved the new clause, which had definite expressions instead of vague expressions

The discussion was adjourned until February 16

Physical Training of the Nation

In the House of Commons on February 8 Mr OLIVER STANLEY moved a supplementary estimate for education services in England, Wales, and Scotland He said he was asking for an excess amount of £96 000 on elementary education There was an increase, among other things, in the special services—the school medical service nursery schools, clinics, and the feeding of children Dealing with the Government's new plans for physical training he said that the supplementary estimate would only enable them to carry on till the end of March Legislation would be necessary for the new scheme which had had a most encouraging response from the general public The scheme was designed to deal with physical training and recreation it was not and never had been meant to be a plan to deal with nutrition Physical training and nutrition were complementary not exclusive No one would regard physical training and recreation as a substitute for good nourishment but to give the impression that the great mass of our people were so underfed and so weak from lack of nutrition that they were unable to derive enjoyment or profit from physical training in games was a grotesque mistake He believed that the scheme of physical training might be of assistance to nutrition and that in working out the scheme they would gain a great deal more knowledge on this complementary problem Mr Stanley then explained the scheme in detail, and announced that Lord Aberdare had consented to become president of the advisory council

Sir FRANCIS FREMANTLE said it was true that to get the best use out of physical exercises there should be proper nutrition and medical and dental attention at school It did not follow, however, that they should wait until they had perfection before they made any advance with physical training The medical profession as a whole would be out to help the Government in its scheme It was essential that there should be a considerable change in medical education, which in the past had been the training of doctors in hospital to treat those who were sick Students had not been properly taught this ideal of producing healthy bodies

Sir ERNEST GRAHAM-LITTLE asked what methods were going to be adopted to see that positive harm was not done by the physical training of persons who were under nourished He said that the voluntary associations which were being entrusted with so much of the work under the Government's scheme were completely unequipped to undertake medical service

Mr ELLIOT, in replying to various questions, said that the supply of suitable clothes for physical training was a matter for the advisory council and the local committees It would be very advisable that grants should be made for that where associations were unable to meet the need themselves A Scottish organization would be set up under the scheme, which would be completely self governing There would be five regional committees for the whole country Four of these would be grouped round university centres, which would permit of close association with the medical schools and other such organizations

The House approved the Supplementary Estimate

Instruction of Doctors in Anti gas Treatment

Mr GEOFFREY LLOYD told Mr Duncan Sandys on February 9 that up to the end of January rather over 1,500 medical practitioners had completed courses of anti gas training given by the ten Home Office medical instructors originally appointed Six additional medical instructors were now at work The aim was to give this training to all medical practitioners in the country willing to receive it, and there should be no need to allocate individual doctors to particular districts Lists were available from which it would be possible at any time to notify to local authorities the names of those who had been trained in their respective areas

Mr SANDYS asked at what rate these practitioners were being trained, and whether all practitioners had been notified personally of the existence of the course Mr LLOYD said that practitioners had not been notified at present, though arrangements were available locally for the purpose Doctors were being trained at the rate of 2,000 a month

Poison Gas · Protective Measures Criticized

The House of Commons, on February 9 considered in committee of supply a supplementary vote not exceeding £153,000 for expenditure on public buildings Mr PRITT moved to reduce the vote by £100, and called attention to the expenditure on the Home Office civilian anti gas schools He urged that the expenditure of more money on these buildings was a criminal waste of public money because the policy behind it was wrong He said that the Government proposed to teach people at Easingwold that, first, they should have gas-proof rooms and use them, and, secondly, that gas masks should be a second line of defence in the event of the gas proof rooms being broken up, or if the people happened to be out and unable to get into the gas proof rooms when trouble began He wished to demonstrate on scientific grounds, that this policy was really little better than a sham

Mr HUDSON said that the reason the Government was asking for the increase was that instead of thirty students being accommodated as at first intended, it was now proposed at the request of the Home Office, to provide accommodation for sixty at Eastwood Park

Mr PRITT said it had been calculated that something like 8,000,000 people in the country were housed too badly for

BRITISH MEDICAL JOURNAL
LONDON
SATURDAY, JANUARY 2 1937

THE NEW TYPE

By an agreeable coincidence the *British Medical Journal* appears in a wholly new dress exactly eighty years after it assumed that name When the Provincial Medical and Surgical Association was founded in July, 1832, it had no weekly or fortnightly periodical to report its proceedings and represent its interests Like other medical societies of the day it published an annual volume of *Transactions* which appeared between 1833 and 1853, the last eleven volumes were overlapped by those of the *Provincial Medical and Surgical Journal* a weekly publication of which the first number appeared on October 3rd, 1840 The title of that paper—our direct ancestor—was changed in January, 1853, to the *Association Medical Journal* and four years later on January 3rd, 1857 the organ of the renamed British Medical Association took the title *British Medical Journal* "With a more comprehensive name" said the Editor, "we hope to be able to present to the Association a journal more comprehensive than it has hitherto been possible to furnish"

For many months past special committees of the Association have had under consideration a thoroughgoing reform of the typography and lay-out of the *British Medical Journal*, and they were fortunate in enlisting the services of Mr Stanley Morison, who had been largely responsible for the complete change of type face undertaken by the *Times* in the latter part of 1932 The main purpose of the change now made under Mr Morison's advice is to help the reader and the reader's eyes The type used to day for the whole of the letterpress of the *British Medical Journal* and its title page and table of contents was the product of some years of experiment in Printing House Square and it had been subjected to severe tests before adoption by the *Times* It is a clear plain print especially designed for easy reading when set up in columns and produced under newspaper conditions The designers put it forward in 1932 as "a common-sense type for an everyday purpose free from anything in the nature of gratuitous novelty or pleasantry" It is bolder and more legible than any type face we have hitherto used The types used for headings and cross headings of articles are based on the letter of the text fount, thus achieving harmony and unity of design throughout the pages of print—a feature still lacking in many periodicals which in other respects conform to the modern demand for legibility and "readability" The device printed in red on our title page is the work of Mr Eric Gill At page 32 this week we publish an article explaining the changes that have been made in the outward appearance of the *British Medical Journal* and the principles that underlie them

THE MILK REORGANIZATION COMMISSION

After intensive work lasting over a period of nearly two years the Reorganization Commission for Milk has presented its report to the Government [1] The terms of reference comprised an inquiry into the working of organized milk marketing schemes in Great Britain with power to make recommendations for their improvement It will be remembered that a Milk Marketing Board for England and Wales was established in October 1933, and in Scotland three distinct boards were set up, which came into operation between December, 1933 and October, 1934 The effect of these boards on milk production and distribution has been complex The producer has benefited by the virtual abolition of price competition and by the provision of a guaranteed market for all the milk he can produce The distributor has benefited from fixation of the *minimum retail price of milk which has thus* eliminated undercutting, but has been allowed no effective say in the final settlement of either the retail or the wholesale price The total volume of milk produced does not seem to have increased much, but the fact that producers have found it more remunerative to sell their milk than to use it on the farm has led to an enormous increase in the volume of milk sold for manufacture Since the use of milk for this purpose is unprofitable the retail price of liquid milk has had to be fixed at a high level in order to prevent the pool price for producers from falling too low In other words the loss on manufacturing milk has been paid for by the consumers It is not therefore surprising that in spite of the increased purchasing power of the public the consumption of liquid milk has shown practically no tendency to increase

After discussing general principles the Commission lays down three fundamental objects of organized milk marketing The first is to ensure that all the various sections interested in the milk industry are treated equitably The second is to secure that production is carried on in the areas and by the methods providing the greatest efficiency

[1] Milk Commission for Great Britain Ministry o Economic Series No pp x and London (1s)

and economy, and that the processes of distribution are conducted at the lowest cost consistent with the quality standards required and the type of service given The third is to increase the amount of liquid milk consumed by all classes of the community, but particularly by those who need it most The existing marketing boards, which are essentially organizations of producers, are unfitted to carry out all these objectives It is therefore recommended that a permanent Milk Commission should be set up to act as an independent and impartial authority, watching over the interests of producer, distributor, and consumer alike, controlling production, fixing wholesale prices, co-ordinating research, education, and publicity and planning the progress of the industry to the advantage of the nation as a whole Numerous other proposals are made It is suggested that the burden of subsidizing unprofitable milk manufacture should be transferred from the consumer to the State Taken in conjunction with proposals for rationalizing the production and distribution of milk, this would probably result in a lowering of the retail price of milk by at least a penny a quart Producers' prices and buying prices should be fixed not by bargaining but on the basis of past experience and future estimates, while retail prices should be decontrolled The resultant undercutting which might occur would be prevented by fixation of the wholesale price and by public health regulations governing the sale of milk, in areas where a monopoly was feared a maximum retail price might be laid down A system for increasing the consumption of milk, similar in principle to the present scheme for milk in schools, might be introduced, enabling milk to be supplied at a reduced cost to certain areas of the country or to certain sections of the population, such as expectant mothers, miners, factory and office workers, and so on

All these are interesting and important suggestions From the public health point of view, however, none is of such importance as that dealing with the quality of the milk supply In the words of the report, "the necessity for ensuring to the consuming public an ample supply of clean, safe milk at a reasonable price must be the overriding consideration" To do this the Commission insists on the payment of the producer according to the quality of the milk he supplies, independent of whether or not the milk is sold to the public at a higher price The importance of this last clause will be realized by all those who are anxious to improve the quality of milk production and to eradicate disease on the farms So long as the effort of the producer is made contingent on the willingness of the public to pay a higher price for its milk, no real progress in the cleaning up of the herds can be expected For the furtherance of the same object the Commission recommends that early consideration should be given to the advisability of setting up a central veterinary service for the control of cattle disease and for ensuring the proper administration of regulations governing the various milk grades The force of these considerations is amplified in an addendum to the report by Sir John Orr, who is so impressed with the public health aspect of the milk problem and the urgent need for supplying the public with milk free from risk of carrying disease that he recommends that special attention should be devoted to this aspect of the subject by the proposed Commission

It is needless to add that the recommendations made in the report for improving the quality of the milk supply will receive the unhesitating support of the medical profession, which knows only too well that any substantial increase in consumption of milk must await the establishment of confidence in its cleanliness and safety The attainment of this object involves not only the production of milk under clean conditions from preferably healthy animals, but also the pasteurization or equivalent heat treatment of all milk destined for human consumption

NASAL SINUSITIS IN CHILDREN

An important contribution to paediatrics is contained in the current issue of the *Archives of Disease in Childhood*,[1] in which Mr James Crooks deals in a masterly manner with disorders of the nasal sinuses in children His material consists of examples of infection of the maxillary antrum in 100 children Any or all of the accessory air sinuses may be diseased in children, but the maxillary antrum offers distinct advantages to the investigator The work here summarized comprised two groups of investigations One consisted of twenty-four children in whom infection of the maxillary antrum was proved by routine puncture of the antra in 100 children undergoing tonsillectomy at the Hospital for Sick Children, Great Ormond Street Such children had presumably some upper respiratory disorder, possibly due to antral infection, secondly, they could be readily punctured while under the anaesthetic for the tonsil operation, thirdly, operation would not be taking place if a "cold" was present (thereby eliminating the possibility of temporary antral infection), and, fourthly, it has been stated that removal of the tonsils and adenoids usually results in the clearing up of antral infection Any antrum found to con-

[1] December 1936 Published by the British Medical Association Yearly subscription 25s, single number 4s 6d

it to be possible for them to set aside spare rooms as gas proof rooms None of the methods which the Government had disclosed so far and which had been tested in London would make a room gas proof at Easingwold or elsewhere Experiments which had been worked out demonstrated that this gas proof room at Easingwold would never be worth the money spent on fitting it up and sealing it Those experiments had been carried out recently on four separate and typical rooms These rooms were sealed with the greatest care and in exact accordance with the Government's method It was not unfair to say that each of the first three rooms leaked like a sieve after the attempt had been made to make them gas proof and even the fourth room which was almost ideal for the purposes of sealing leaked like a subsidized ship

The whole fallacy of the Government's experiments was the idea that the walls did not admit air The walls of this building at Easingwold as of any ordinary building admitted air with such rapidity that on a windy day the volume of air which could enter or leave an ordinary room made gas proof by the Easingwold method in fifteen minutes was equivalent to the total volume of air in the room at any particular moment If the room at Easingwold was typical of the experimental rooms then a gas which would kill a person exposed in the open air in six minutes would kill a person inside the gas proof room in sixty minutes If the gas was so weak that it would take twenty four minutes to kill a man outside the room it would kill him inside in two hours If it took fifty minutes to kill a man outside the room it would kill him in the room in three hours We ought not to spend one penny on Easingwold to teach people to proof rooms in that ridiculous fashion If the rooms had applied to them everything that the Government desired in the way of making them gas proof they would still be in the position that a quantity of phosgene liberated three miles to windward would kill everybody in the room within two hours If by any chance the room could be made gas proof the only result would be to suffocate the inhabitants He understood that the Government proposed that five persons could live in a gas proof room 10 × 10 × 8 feet for twelve hours That worked out at half a cubic yard of air per hour per person The general Home Office figures allowed a little more than that—namely, 3/5 of a cubic yard the French allowed three times as much space and the Germans four times as much Long before twelve hours were passed all the persons in the room in order the keep alive would be breathing at four or five times the normal rate

It had been said that in many respects gas masks were fairly satisfactory, but what was being done about the people who could not wear gas masks? A very large number were under 5 years of age and they could not wear the masks and a great many persons especially in prominent positions were far too old to wear them He was told that gas masks offered a good protection against most gases but was the Home Office satisfied that if all this money was spent on this new school it would help anybody to discover whether gas masks would keep out poisonous or otherwise dangerous dusts and smokes?

Mr HUDSON replying for the Office of Works said that an air raids precaution scheme was being arranged A committee was engaged in drawing up the necessary plans for old as well as new buildings

The amendment was negatived and the vote agreed to

Mr GEOFFREY LLOYD told Mr O E Simmonds on February 10 that rubber so far as the Home Office knew was not attacked by any form of poison gas Certain gas in liquid form was absorbed by rubber but the gas could be neutralized by subsequent treatment leaving the rubber unaffected The face pieces of the gas masks now being manufactured by the Government were made of rubber

Mr GEOFFREY LLOYD replying to Mr Duncan on February 15, said that the recommended methods of gas proofing houses were taught at the Civilian Anti Gas School at Falfield and gas was discharged against a number of wooden structures which had been erected on the range there for demonstration purposes The Home Secretary was satisfied that the recommended methods of gas proofing would be effective in affording a very great measure of protection against any type or concentration of gas which might be expected in the event of gas attack from the air A room rendered gas proof by the method used at the Falfield Air raids Precautions Training School would be effectively protected if a quantity of phosgene gas were liberated three miles to windward to drift down wind on the building

On February 15 Mr DUNCAN further asked the Home Secretary if the gas masks now being produced by his Department could be worn by children and old persons without discomfort and with adequate protection against gas Mr GEOFFREY LLOYD said the respirator intended for the civilian population had been specially designed to provide less resistance to breathing than the respirator issued to the Services For this and other reasons it could be worn without discomfort by elderly persons and by children over 4 or 5 years For infants and very young children a special device was being designed The Government was satisfied as a result of exhaustive trials that the civilian respirator would effectively protect the face eyes and lungs against any type of gas which so far as was known could be used in war

Mr SORENSEN asked if Mr Lloyd was aware that a group of scientists of some distinction after investigating this alleged precaution had declared that there was no effective precaution whatever Mr LLOYD said he was aware that some persons calling themselves the Cambridge Scientists Anti War Group had made some observations on the subject, but it was not clear whether their interest was primarily scientific or political

Declining Birth Rate

Mr J R H CARTLAND moved in the House of Commons on February 10

> That this House is of opinion that the tendency of the population to decline may well constitute a danger to the maintenance of the British Empire and to the economic wellbeing of the nation and requests His Majesty's Government to institute an inquiry into and report upon the problem and its social and economic consequences and to make recommendations in regard thereto

He said the birth rate had fallen steadily and persistently since 1875 At the same time population had increased but that increase had been brought about entirely by decrease in the death rate Within three years the number of birth would for the first time no longer exceed the number of deaths If every child that was born to day was to live to the age of maturity the birth rate would still not be sufficiently high to maintain the population at the present level The nation had twenty years in which it was possible to reverse this trend of declining population or if that was not desired then steps should be taken in the twenty years to mitigate the disadvantages which appeared likely to arise The first practical step was the appointment of an official inquiry and the question why people were having fewer children to day would be the first question that inquiry would have to consider In the next eight years 500 000 fewer juveniles would be available for employment What was going to happen when the stream of juvenile labour became a mere trickle?

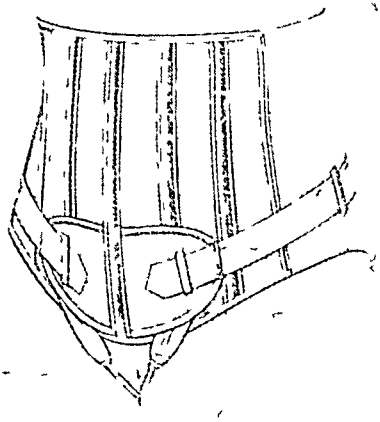
The report of the Chief Medical Officer of Health for 1935 stated

> It is probable that the change in age-distribution will continue If this forecast be correct the outlook upon the provision of many of the social services must undergo a gradual alteration on the one hand are for example maternity and child welfare work schools institutions for the normal and abnormal young and isolation hospitals on the other hand institutions for the care of the aged and old age pensioners

The point the Chief Medical Officer made was that there was bound to be a reorganization of the health services But what about housing? At the moment the supply of houses was about 1 000 000 a year It had been estimated that in twenty years from now the housing need would drop to 400 a year and that in twenty years the House would also have a problem of redundant schools There was bound to be a big increase in the number of pensions paid to people of old age and to widows and also to blind persons The Ministry of Health could not do much more in lowering the death rate which had been pretty steady since 1910 The expectation of life in this country had been increased by twenty years,

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and tribute was due in that connexion to the work by the Ministry of Health It was likely that the Ministry would be able to extend maternity services considerably and make a greater reduction in the number of deaths of mothers and children of early age, but that saving of life would not reverse the whole trend, which had been going on since 1875

THE QUESTION OF BIRTH CONTROL

Mr E D SIMONS seconded the motion He said the main reason for the decline in the birth rate was increased knowledge and practice of birth control To forbid birth control by making it illegal would, in the opinion of most members, be a retrograde step, and they did not wish by legislation to create large unwanted families The course which would commend itself was to alter social and economic conditions to make people desire large families One practical thing could be done immediately on the committee stage of the Factory Bill by incorporating in that Bill six weeks' cessation of work before as well as after childbirth, with a maintenance allowance for the woman and her child Extension of nursery schools and crèches would bring great relief to the mothers, and no inquiry would be complete without investigation of the relation between housing conditions and population The cost of education played a big part in the limitation of families among certain sections of the population

Mr H PARKER said the Labour Opposition welcomed the suggestion that the Government should hold an inquiry into the population question If the birth rate was to be increased people must be convinced that the maintenance of the race was desirable There must be better maternity services, proper nutrition, and jobs for children when they became adults Although at the present time a decline of birth rate was observed when the conditions of the people began to improve, yet good conditions made possible a longer period of childbearing and Professor Carr Saunders had pointed out that this came to an end earlier among the labouring than among the richer classes

ECONOMIC AND SOCIAL CAUSES

Mr RICHARD ACLAND said birth control had not yet reached its maximum effect and he believed it would be wholly improper to oppose it Children's clinics to day were spreading healthy methods of birth control The number of patients who came to the clinics to obtain advice as to how to have a child was equal to the number who came to ask for advice on how to avoid having one The trouble was that the nation was profoundly ignorant of the causes which induced childlessness They should point out to potential parents that their children at the age of 20 would not suffer the competition for jobs which the present men of 20 suffered

Sir FRANCIS FREMANTLE said it was true that contraceptive methods enabled the decline in the birth rate to take effect rapidly, but long before these came within reach of the general mass of the people the decline had begun Luxury in its real sense was possibly one of the greatest factors Everyone wanted to be equal with his fellow, and there had come a stage when the desire for luxury and comfort had become a real factor in the question of population The time was ripe for further inquiry, but the House must expect more from general publicity and from open discussion of the subject

Mr F A BROAD said the question was one of the psychology of life of the mass of the people and not one of poverty people at the means test level had the biggest families One of the factors preventing younger people having families was lack of housing accommodation

GOVERNMENT INQUIRY

Mr ROBERT HUDSON speaking for the Ministry of Health, said the Government proposed to accept the motion Since 1933 for the first time in our history the birth rate had remained stationary for four years in succession, and had not continued to fall The actual birth rate for the last two years had shown a slight rise Contraceptive methods were the means and not the cause of the declining birth rate Some believed that recent propaganda in favour of the maternity services had decreased the birth rate by inducing a fear of confinement, but out of an average death rate of 1,355 per 100,000 among women only sixteen deaths were the result of pregnancy and childbirth That could have no material effect in reducing the birth rate, but was more likely to be a psychological factor The badness of rural housing might have a serious effect on the birth rate in the country, and the Ministry of Health was persistent in urging local authorities to improve it They had still to decide whether there was any economic urge to reduce families and any possibility of altering it At present there was a large preponderance of persons in the prime of life, and a time must follow when there would be an excess of older age groups The present adult population resulted from years when the number of births per annum was around 900,000 The juvenile population of to day sprang from years when the birth rate was between 500,000 and 600,000 per annum, and the number of old people was also the result of that time The estimates of the future population which were being made to day and had been quoted in the debate were quite possibly equally wide of the mark with those made one hundred years ago *The Government did not propose to set an inquiry on foot* but to intensify its own inquiry It would welcome any assistance, but the matter was essentially one for the Government, not for outside societies He hoped that the inquiry would obtain enough information to indicate what the future policy should be

Mr MORGAN JONES asked if it would be a Departmental inquiry Mr HUDSON indicated assent, but said he could not now give any pledge that an interim report would be issued during the lifetime of the present Parliament

After further discussion the motion was agreed to

Non-tuberculous Employees at Papworth

Mr ROWSON asked on February 11 if the Minister of Health knew that young men from the distressed areas and from Government training centres who were not suffering from tuberculosis were employed in Papworth workshops Cambridgeshire, and worked side by side with persons suffering from tuberculosis, and if he had obtained the opinion of his medical experts whether or not this practice, from a health point of view, was desirable and should be allowed to continue Sir KINGSLEY WOOD said he was aware of these facts The young men worked in hygienic workshops and also in the open air They knew before they came that they would be employed in a tuberculosis village settlement They did not reside there The tuberculous patients were under constant medical supervision and were trained in the necessary precautions to guard against conveyance of infection Under these circumstances he was advised that no special risk was involved

Sir FRANCIS FREMANTLE asserted that every precaution was taken at Papworth, and that there was practically no risk in these persons working side by side

Mr ROWSON said that the sole purpose of setting up sanatoria was to avoid infection and contagion He gave notice that he would raise the matter on a motion for the adjournment and give the House further information

Divorce in Scotland

In the House of Lords, on February 11, Lord ALNESS moved the second reading of the Divorce (Scotland) Bill which extends the grounds on which decrees for divorce may be granted in Scotland He said that the first ground for divorce in the Bill was that of desertion, and the second insanity The period provided by the Bill during which the insanity must subsist was three years The majority report of the Royal Commission held that insanity (*a*) defeated the purpose of the marriage relationship; (*b*) made marriage as a contract impossible of fulfilment, (*c*) lay outside the reasonable contemplation of the parties at the date of the marriage, and (*d*) differing from all other bodily disorders, involved the removal of the insane person and so brought to an end every phase of marriage The first of two objections which had been taken to insanity as a ground for divorce was that the



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insane person might recover The evidence before the Royal Commission established that after five years the cases of recovery were only 1 per cent, and after three years a very slightly higher ratio Moreover, in the rare cases of insanity it was surely eugenically and otherwise undesirable that the parties should resume cohabitation and should breed Insanity might recur at any time Again, it was objected that lunacy was a misfortune not a fault That was true but after all divorce decrees were not handed out on the footing either of punishment or reward There were in Scotland 20 000 insane persons confined in asylums and many of them were married The Board of Control had not been able to provide him with the precise figures of those who were married but it could not be disputed that there were at any rate thousands Other grounds for divorce under the Bill were cruelty penal servitude following on a sentence to that effect or a death sentence which had been commuted to penal servitude for life The Bill also provided that conviction three times of a crime since the marriage and within five years of the raising of an action for divorce and sentence of imprisonment for not less than six months—the crime involving either dishonesty or personal violence—should be grounds for divorce Habitual drunkenness was to be another ground

Lord MACMILLAN in supporting the Bill, said that although lunacy had not hitherto been a ground for divorce in Scotland it had commended itself to the Royal Commission Lord STRATHCONA said at that stage he could not express either approval or disapproval of the principles of the Bill It must rest with their lordships to decide according to their convictions

The Bill was read a second time

Regional Store Depots for Gas Masks—Mr GEOFFREY LLOYD announced on February 4 that two regional store depots for the storage of gas masks had been acquired one at Manchester and one in the London district These had between them a capacity of about 4 000 000 gas masks and facilities for their inspection and preservation Eleven more regional store depots would be needed and urgent steps were being taken to obtain them The system of distribution from these regional store depots was under investigation and it was hoped that a suitable working arrangement would be devised which would include the use of local store depots each with a capacity of about 30 000 gas masks More detailed information on the preparation of air raid shelters in private houses would be given by the handbook now in preparation A handbook for factories and business premises was already published by the Air Raid Precautions Department

Scottish Maternity Homes Nursing Staff—Mr ELLIOT replying to Mr Leonard on February 9 said that there were 129 maternity homes registered under the Midwives and Maternity Homes (Scotland) Act 1927 He had no particulars at present of the numbers and qualifications of the nursing staffs employed in them, but he was taking steps to obtain information from the local authorities by which the homes were registered These authorities had wide powers under the Act to secure an adequate standard of nursing

Post Dental Surgical Treatment—On February 9 Mr HUDSON informed Mr Duckworth that the Minister of Health had no power to submit to any tribunal the general question whether post dental surgical treatment should be a matter for the dentist or for the surgeon The question whether any particular treatment was a service which a doctor could be called on to render under his insurance contract could be settled only on the facts of each individual case

Investigation of Silicosis Deaths—Captain CROOKSHANK replying on February 9 to Mr J Griffiths said that inspectors made full inquiries into all cases of deaths of miners alleged to be due to silicosis in order to study the causes and give advice on appropriate preventive measures Experience had shown that the present methods of inquiry were more effective for these purposes than the attendance of inspectors at inquests and he did not propose to revert to that arrangement which ceased in August 1935, on his instructions

Medical News

A conference of the British Health Resorts Association will be held at Bournemouth Town Hall on Saturday, March 13, when there will be discussions on Wintering in England and The Curative Action of Sea Climate All medical practitioners are invited to attend

The British Association of Radiologists invites medical members of the British Institute of Radiology to a meeting at the Royal Society of Medicine to day (Friday February 19) at 5 30 p m, when Dr E Lysholm of Stockholm will give an address on Radiological Possibilities of Demonstrating the Exact Location Size and Pathology of Intracranial Expansive Processes

At the meeting of the Central Midwives Board for England and Wales on February 4 the following resolutions were passed (1) That as the term of office of every examiner on the list, as set out in a resolution of the Board dated April 4 1933 has not yet expired the list of examiners as submitted be approved for the year commencing April 1, 1937 (2) That the list of lecturers as submitted be approved for the year commencing April 1, 1937

The St Vincent Association has arranged a dinner to be held at the Old Cheshire Cheese Fleet Street on February 26, at 6 30 p m when Mr Hector Hughes K C, and Dr F W Crossley Holland will speak on Some Legal Aspects of Medical Representation The hon secretary is Mr H A Mumford Chalfont Court Baker Street, N W 1

The next meeting of the European Society of Orthodontia will be held in Brussels under the presidency of Dr De Coster on May 17 and 18 Further information can be obtained from the secretary, Mr G F Cale Matthews, 95, Newhall Street Birmingham

The seventeenth salon for the exhibition of works of art by doctors dentists pharmacists and veterinary surgeons will be held at the Galerie Bernheim Jeune 83 Faubourg St Honore Paris from March 14 to 21 Further information can be obtained from the general secretary Dr P B Malet 46 Rue Lecourbe Paris 15e

A joint meeting of the Fever and School Medical Groups of the Society of Medical Officers of Health will be held at 1, Thornhaugh Street Russell Square W C on Friday, February 26, at 5 30 p m when there will be a discussion on the control of whooping cough

A meeting of the Medico Legal Society will be held at 26, Portland Place, W on Thursday February 25 at 8 30 p m when a paper will be read by Mr Paul C Davie on Silicosis An Administrative Experiment

The annual court of King's College Hospital over which Lord Wakefield will preside on Tuesday February 23 at 5 p m, will be followed by the opening of a new wing for private patients which has been given by the generosity of friends of the hospital on the Stock Exchange

A meeting of the Section of Medicine of the Royal Society of Medicine will be held on Tuesday February 23 at 5 p m when a discussion on 'Milk as a Factor in the Cause of Disease' will be opened by Dr W G Savage, Professor G Selby Wilson and Professor F C Minett

The German Society of Internal Medicine will meet at Wiesbaden from March 15 to 18 under the presidency of Professor Siebeck when the subjects for discussion will be the new foundations of nutrition dietetic treatment of diabetes, the pathology of the thyroid, the origin of endemic goitre and tuberculosis as a general disease Further information can be obtained from Professor Siebeck, 1 Medizinische Klinik Berlin N W 7

At a meeting of the Illuminating Engineering Society to be held at the Lighting Service Bureau 2 Savoy Hill W C at 6 30 p m on Tuesday February 23 a paper on diffusion and shadows will be read by Mr Howard Long



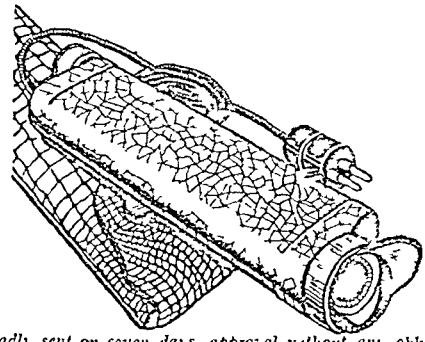
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Speaking at the annual dinner of the Yorkshire Association of Medical Women at Harrogate, Dr Letitia Fairfield said 'From the day that women were allowed to join the British Medical Association the Association had realized that in our interests and in their own it is essential that we should have equal pay for equal work That sticks very hard in some people's teeth'

The issue of the *Bulletin de l'Office International d'Hygiene Publique* for December, 1936, is devoted to yellow fever

The *Journal of the American Statistical Association* for December, 1936, contains a fine appreciation of Karl Pearson, who died on April 27, 1936, by Professor Raymond Pearl of Johns Hopkins University

The issue of the *Wiener medizinische Wochenschrift* for February 6 is dedicated to the memory of Professor Leopold von Schrotter on the occasion of the centenary of his birth

The current issue (August–October) of *Cirugia y Cirujanos*, the official organ of the Mexican Academy of Surgery, contains a sympathetic obituary of Lord Moynihan, with his portrait

Dr Edward E Prest, who is retiring after twenty-nine years as medical superintendent of Glenafton Sanatorium, New Cumnock, Ayrshire, attended a meeting on February 13 to receive a silver salver from the staff and a canteen of cutlery and a wireless set from subscribers in and outside the county

During the week ended February 13 the number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales was 697, compared with 976 in the preceding week In London the number of deaths from influenza was 50, against 101 in the preceding week, and the notifications of influenzal pneumonia in London were 94, against 132

Letters, Notes, and Answers

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The address of the B M A Scottish Office is 7 Drumsheugh Gardens Edinburgh (telegrams *Associate Edinburgh*, telephone 24361 Edinburgh) and of the Office of the Irish Free State Medical Union (I M A and B M A) 18 Kildare Street, Dublin (telegrams *Bacillus Dublin*, telephone 62550 Dublin)

QUERIES AND ANSWERS

Nephritis Following Gastric Ulcer Therapy

DR H TREVOR RYAN (Cork) writes People treated for gastric disorders with colloidal kaolin or magnesium trisilicate sometimes show signs of renal damage after a prolonged course of treatment The albuminuria may be very slight and the presence of red blood cells will be overlooked unless they are sought for in the centrifuged deposit Severe nephritis which I ascribe directly to the use of these compounds, has developed in three cases that have come to my notice I should be interested to know if any of your readers have had any similar experience

LETTERS, NOTES, ETC.

Memorial to Dr Hennessy

The proposal to found a memorial to Dr Thomas Hennessy who was Irish Medical Secretary of the British Medical Association from 1914 until his death at the beginning of last year, was announced in a circular letter reproduced in the *British Medical Journal* of August 29, 1936 (p 440) The chairman of the fund Dr C J MacAuley the honorary secretary, Dr J P Shanley, and the Medical Secretary of the Irish Free State Medical Union (I M A and B M A) inform us that the fund will be closed definitely on March 1 1937, and that further contributions will be gladly received before that date These may be sent to the honorary secretary, Hennessy Memorial Fund, 18, Kildare Street, Dublin

Obstetrics and Gynaecology at Otago

The second report of the Department of Obstetrics and Gynaecology in the University of Otago, New Zealand, deals with one thousand consecutive deliveries and the concurrent work of the Gynaecological Section, covering the period from March, 1934, to May, 1936 inclusive The previous report, issued in 1934, recorded a similar series of one thousand deliveries conducted without a maternal death In the series now reviewed three deaths are reported, comprising one case of eclampsia admitted moribund one of cerebral haemorrhage in the thirty first week of pregnancy, and one of post partum haemorrhage at full term The maternal morbidity, however, is unusually low, with a rate of only 0 7 per cent of cases classed as morbid in accordance with the B M A standard During the same period there has been a marked diminution in the death rate from puerperal sepsis through the whole of New Zealand Of the seven cases of maternal morbidity cited in the report six were of mild pyrexia, and one only of notifiable puerperal sepsis In the last named case the condition followed a combination of adverse circumstances —namely contracted pelvis, high forceps, episiotomy, lacerated vagina, post-partum haemorrhage and manual removal of the placenta The report also deals with 1 056 gynaecological cases, of these 268 underwent abdominal and 51 vulval or vaginal operations, the remainder receiving conservative treatment Of the total 935 are noted as cured and a further 103 as relieved Post operative mortality was only 0 77 per cent, and three of the six deaths in this group were due to *pulmonary embolism*

Academic Costume

"X Y Z" writes The approach of the Coronation has stimulated an interest in uniforms and robes Anyone who has attended medical meetings at which academical dress is worn must have noticed the inadequacy of that present day for the holders of certain qualifications, including very high qualifications, of the various medical corporations in contrast with those of the universities Those who have studied academic costume are aware that from time to time alterations have been made I suggest that this year is an appropriate time and would be a gracious act if the authorities of the great institutions whose robes do not at present possess a hood added an appropriately coloured one and made it retrospective (it would affect approximately 75 per cent of registered medical practitioners) in commemoration of the Coronation of King George VI

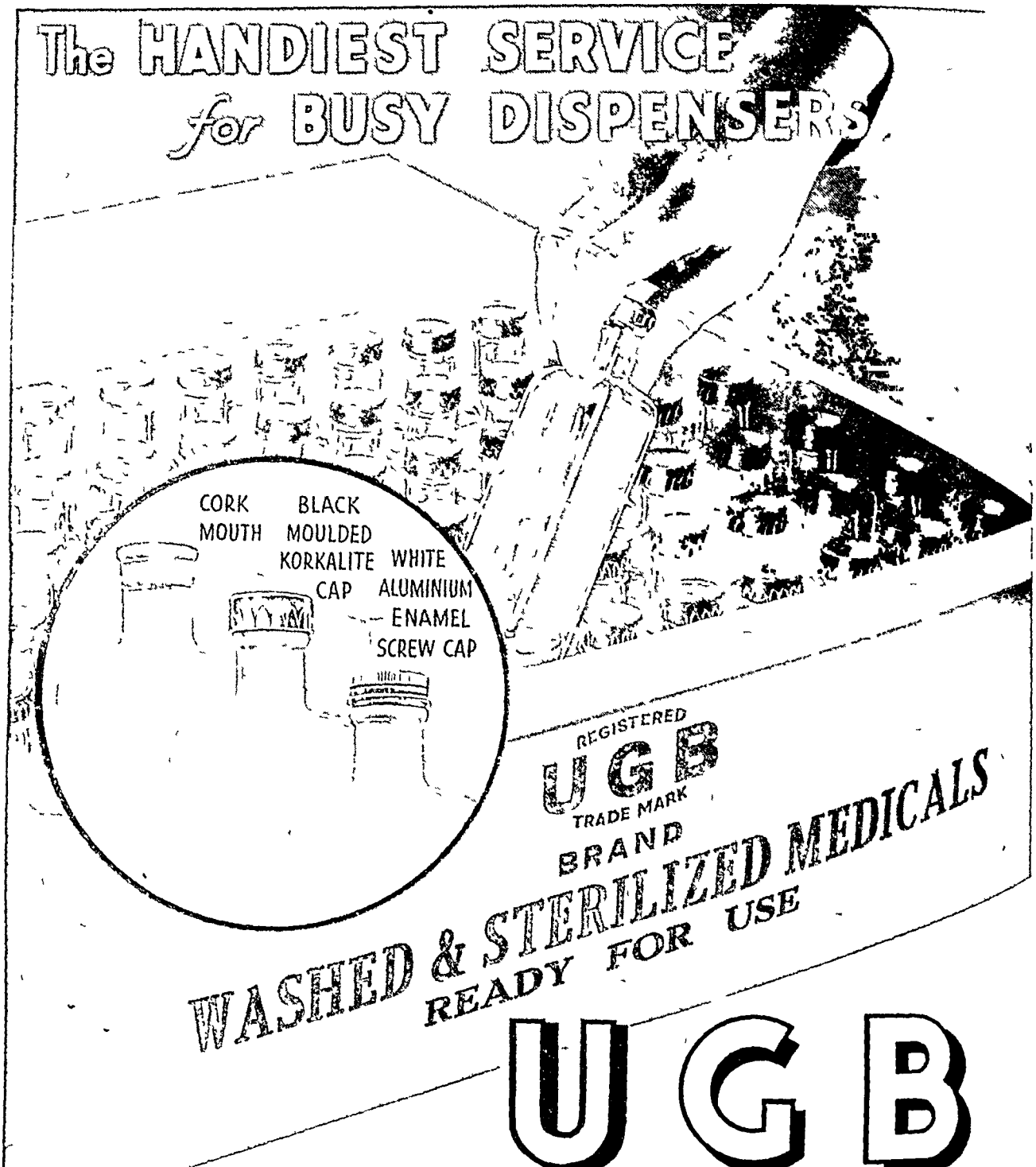
*** The hood is a badge worn over the gown to indicate a degree Since corporations other than universities do not confer degrees 'X Y Z s' suggestion seems to be impracticable

Corrigenda

We regret that in our account in the *Journal* of February 13 (p 347) of the discussion on peripheral nerve injuries at the Royal Society of Medicine *Mr John P Hosford's* name was wrongly given as Mr Reginald Hosford (p 348)

In our review of *An Ethiopian Diary* by Dr J W S McCullough (February 6, p 273) the University Press of Liverpool should have been mentioned as publishers

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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

132 Gastro intestinal Affections and Haematopoiesis

A ADLER (*Zbl inn Med*, January 2, 1937, p 2) discusses the relationship between gastro intestinal affections and haematopoiesis The anaemia in gastric achylia is well known It is most common in women and is undoubtedly partly of endocrine origin Anaemia has also been described following gastro enterostomy or resection of the stomach Pernicious anaemia has also been observed in megacolon, in Herter's infantilism, in disturbances caused by goat's milk, sprue, and cirrhosis of the liver The author cites in detail a number of cases of gastrogenous anaemia and of enterogenous anaemia

133 Prognosis of Hyperpiesis

C SCHWENSEN (*Ugeskr Laeg* December 17 1936 p 1264) has investigated the subsequent careers of the 412 patients who between January 1, 1925 and January 1, 1935 were admitted to a public hospital in Denmark with a blood pressure of 170 mm Hg or more These were unselected cases which as a class differed from the patients found to be suffering from hyperpiesis on application for life insurance in that hospital material must represent a comparatively advanced stage of hyperpiesis 64 per cent of the author's patients were women Inquiries made in 1935 yielded information about 85 per cent of these patients In the first five years of the period under review there were 188 patients of whom 159 were traced By the spring of 1935 ninety five (60 per cent) had died The mortality in this group was 74 per cent for the men, 50 per cent for the women *It should be noted in this* connexion that nearly all the men were over 50, whereas about one third of the women were under this age As for the men the mortality was not proportional to the height of the blood pressure but the prognosis for the women grew worse with rising blood pressure A classification of the material according as the hyperpiesis was or was not associated with demonstrable renal disease emphasized its seriousness The author concludes that from the life insurance point of view hyperpiesis by itself is a very inadequate guide to prognosis that one or two measurements of the blood pressure yield little valuable information, and that only a comprehensive survey of the whole situation, with due reference to the cardiovascular and renal systems can enable the examiner to form a sound opinion of value to a life insurance company and the patient And if insurance refers to invalidism account must be taken of the high proportion of hyperpietic patients who, even if they escape early death, are more or less unfit for work

134 Allergic Skin Tests in Rheumatism

O B BODE and A SCLUETER (*Dtsch med Wschr* December 25, 1936, p 2125) have conducted a series of skin tests on rheumatic patients and controls with the object of verifying the claims recently made by Professor F Gudzent of Berlin Following his technique and employing the same reagents (rheuma—and gichtallergenine of the Sachsischen Serumwerk), the authors tested fifty rheumatic patients, of whom forty two suffered from arthritis or gout, five from muscular rheumatism and three from sciatica Among the fifty non rheumatic controls were no patients suffering from diseases which could be interpreted as allergic Positive reactions were observed in forty five of the rheumatic group among the five giving no reactions were two patients suffering from typical subacute polyarthritis Skin tests with a variety of antigens representative of fish meat vegetables milk, eggs, bacteria etc, showed that fish came first numerically in importance as a generator of positive reactions Among the fifty non rheumatic controls there were as many as forty giving positive reactions and in this group too sensitiveness to fish was numerically and comparatively important Comparing their own findings with those of Gudzent the authors note that he obtained positive reactions in 96 per cent of his rheumatic patients and in only 11 per cent of his non rheumatic controls The authors are also unable to confirm Gudzent's observation that several of his patients experienced an exacerbation of their symptoms after the consumption of foods towards which skin tests had shown them to be very sensitive The authors do not however, disclaim all belief in the allergic character of the rheumatic diseases but in their opinion factors other than the original causative agent overshadow it when the disease has lasted for some time *This is probably as true in rheumatism as it is in asthma* and desensitization in many cases of rheumatism is probably effective without being strictly specific in the sense that the remedy corresponds exactly to the original morbid agent

135 Tuberculous Bacilluria

F STUDER (*Dtsch Tuber bl* January, 1937 p 7) has investigated the urine of 700 tuberculous patients for the presence of tubercle bacilli The urine sediment was injected into guinea pigs In 615 cases the result was negative and in eighty five cases positive In the positive cases the presence of tubercle bacilli in the urine could be traced to a tuberculous focus in the genito urinary system True tuberculous bacilluria could not be demonstrated in a single case In every case where leucocytes are present in the urine in increased quantities the urine should be investigated for the presence of tuberculous bacilli not only microscopically but also by culture and by animal experiment

Surgery

136 Oesophageal Surgery

RADLINSKI (*Bruv med* December 6 1936 p 202) describes a case of cardiospasm in which the oesophagus was dilated to a diameter of 12 cm and greatly increased in length Barium was visible in the oesophagus for forty eight hours The patient had suffered from pain digestive disorder and loss of weight for several years Operation was carried out after laparotomy the upper part of the stomach and cardia was freed the oesophagus was dissected free and drawn down into the abdomen the cardia was then resected and the oesophagus invaginated into the gastric opening After suturing the anastomosis was reinforced by an omental graft The result was excellent the gastrostomy previously performed closed spontaneously at the end of three weeks and radiography showed that the oesophagus had diminished in calibre and length and emptied in twelve hours A second case is reported in which carcinoma of the cardia was removed although it had invaded the end of the oesophagus The procedure was as follows the site of the growth was freed and the oesophagus was mobilized and drawn down through the oesophageal opening of the diaphragm into the abdomen The oesophagus was then ligatured above the tumour the ends of the ligatures being left long and the oesophagus was divided below the sutures The stomach below the tumour was also divided and the growth removed Suture of the incision in the stomach was then carried out followed by a gastrostomy The ligatured portion of the oesophagus was drawn into the upper part of the wound Eight days later it was found that the lower end of the oesophagus was fixed by adhesions Eventually it is

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hoped to join the exteriorized oesophagus with the opening of the gastrostomy by means of a rubber tube, thus allowing fluids to be taken by mouth

137 Kohler's Disease of the Scaphoid

WILLY SMETS (*J Chir*, Brux, November, 1936, p 390) in a study of Kohler's disease of the scaphoid has distinguished two characteristic forms that which is typical of the disease and that which is complicated A study of the literature in 171 cases has enabled the author to give a detailed review of the subject The disease is primarily one of childhood, occurring between the fifth and tenth years as ossification of the scaphoid takes place It is seen twice as often in boys as in girls, and in the case of boys the disease appears to develop at a rather later age The condition is usually unilateral, and out of 157 cases it was bilateral in only thirty-three Changes in the scaphoid are not always accompanied by symptoms, and may only be discovered as a result of x-ray In the typical form of the disease the child limps, complains of pain on the inside of the foot, and walks with the outer side on the ground Slight oedema may be seen over the instep The skin may be slightly reddened, with increased warmth, and there is pain on pressure localized over the scaphoid The movement of the tibio tarsal joint is painless, but torsion or adduction of the foot causes pain The general condition is usually good, the x-ray appearances are characteristic and unmistakable In typical cases the prognosis is good, but in the complicated form there may be abscess or sinus formation, necessitating subsequent amputation This development is seen particularly in cases of tuberculous scaphoiditis In these cases treatment should consist of immobilization in plaster and heliotherapy, with treatment on general lines If a cold abscess is present it should be aspirated after injection of a modifying liquid When a sinus forms curetting or removal of the scaphoid may be necessary In the simple typical form of the disease it may only be necessary to guard the foot against any rough usage, to give local irradiation, calcium, and vitamins If the scaphoid is painful and swollen rest in bed combined with ultra-violet ray therapy and medical treatment may be sufficient, unless the child is particularly active when immobilization in plaster may be necessary Flat-foot may be avoided by wearing a raised sole Anti-rachitic treatment should be given in all cases, and when thyroid insufficiency is present this should also receive attention

138 Blood Vessel Tumours of the Scalp

LAMBERT ROGERS (*Austral New Zeal J Surg* October, 1936, p 99) states that the majority of blood vessel tumours of the scalp represent developmental anomalies in the vascular bed of a particular region of the scalp rather than true tumours Sometimes a haemangioblastoma is present as well as the irregular arterio-venous anastomosis, which constitutes the bulk of the lesion If untreated these tumours may cause fatal haemorrhage or much discomfort through the buzzing and throbbing sensations they produce They are liable to recur if radical treatment is not carried out, but this presents the danger of haemorrhage Two cases are reported in the first of these an associated angiomatous malformation and haemangioblastoma were seen in a man of 21 years He suffered from headache and shooting pain in the region of a dark red scalp tumour on the forehead, which was ulcerated and discharging The lesion was excised successfully In the second case an angiomatous malformation was seen in a man of 20 years He complained of buzzing whirring and throbbing noises in the head, especially when lying down There was an extensive, diffuse pulsating swelling over the right side of the skull Operation was carried out and the greater part of a vascular mass was dissected out The patient made a good recovery and was completely free from discomfort and symptoms The lesion is most often seen in young men between the ages of 20 and 30, who complain of headache and of buzzing and whirring, caused by the blood flow through the anastomosing vessels The ideal treatment is by complete excision of the lesion, and a procedure is described by which haemorrhage is controlled Before excision the lesion is almost surrounded by overlapping sutures, passed through the thickness of the scalp down to the outer table of the skull, these sutures are tied and left in position for a week During excision haemostasis is further controlled by reflecting the epicranial aponeurosis over the edges of the incision by means of multiple artery forceps In the two cases reported there was practically no loss of blood

Therapeutics

139 Blood Transfusions in Scarlet Fever

A ZUKOV, A CHERKET, V SAVOIKO and V MYSTCHITSKY (*J med*, Kiev, vol vi, F 3, p 842) report the results of treatment of ninety-three cases of scarlet fever by means of blood transfusions In the majority of cases the blood came from donors who have never had scarlet fever The transfusion usually took place at the beginning of the disease, mainly between the second and fifth days The quantity of blood varied between 100 and 300 c.cm according to the age of the patient In sixty one cases the results were very good The temperature fell to normal in six to ten hours, and at the same time there was a subsidence of the toxic and exanthematic symptoms The cure was complete in two to three days In twenty four cases there was a marked improvement The fever subsided partly and the disease followed an attenuated course In eight cases complicated by other affections there was no change In six severe cases there was a pronounced reaction following the transfusion, then the fever subsided and remained normal The effect of the transfusion was particularly marked where the toxic symptoms were more pronounced than the inflammatory symptoms The blood transfusion was more effective than the injection of anti toxic sera The authors are of the opinion that the blood transfusion has no specific effect, but that the curative effect is due to colloidoclasty The blood transfusion does not prevent complications occurring in scarlet fever The authors recommend blood transfusion in all severe cases of scarlet fever, particularly in the toxic forms The injected blood should be fresh, citrated, and given as early as possible The authors have also tried in thirteen cases of scarlet fever small doses—0 25 to 0 5 c.cm —of cytotoxic anti-reticular serum The results were the same as after blood transfusion

140 Exophthalmic Goitre

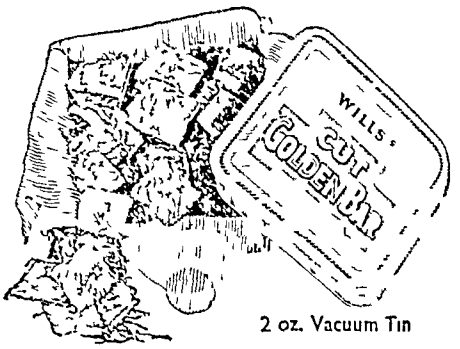
O CHIEVITZ, A HECHT JOHANSEN, and E MOLLER (*Hospitalstidende*, December 8, 1936, p 1297) report from the Finsen Institute and Radium Station in Copenhagen their observations on forty-seven women and six men between the ages of 17 and 70 treated for exophthalmic goitre between 1933 and 1935 The average duration of the disease between its onset and the patients' admission to hospital was just over two years Thyroidectomy was performed on forty-nine of these patients, one of whom died of thyroid intoxication after the operation The immediate results in all the other cases were excellent, the patients expressing their delight with the results In their survey of the whole position the authors find three great recent changes (1) There is a growing appreciation of the importance of careful pre operative treatment which is capable of greatly reducing the operative mortality The ten to fourteen days hitherto considered adequate for such pre-operative treatment are, in the authors' opinion, not enough (2) Thanks to the benefits of pre operative treatment the indications for operation have been widened and efforts are now made to operate earlier than heretofore, not only on moderately severe cases but also on both mild and severe cases (3) The indications for



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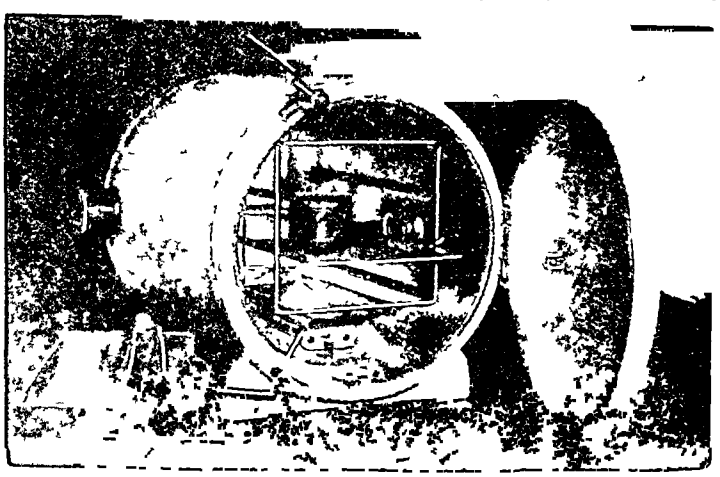
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operation have become more precise In the authors opinion the contraindications to operation are a basal metabolism exceeding 140 per cent absolute circulatory insufficiency any age under 18 and pregnancy But in four cases the first contraindication was ignored and in one case the patient was under the age of 18 at the time of operation The evolution in the treatment traced by the authors points they consider to the drafting of this class of patient into certain hospitals in which intimate co operation has been established between specialist surgeons and physicians, and it is such co operation which has been secured at the Finsen Institute

Diseases of Children

141 Measles and Tuberculosis

N Carrara (*Pediatria* Naples, December 1 1936 p 1041) reviews the literature dealing with the relations between measles and tuberculosis and records his observations on 1470 children aged up to 12 years admitted to the Paediatric Clinic at Milan during the period 1932–5 His conclusions are as follows (1) The incidence of reactivation of tuberculosis following measles is only moderate (11·2 per cent) The old doctrine, therefore, according to which measles is almost inevitably a tuberculogenic disease no longer holds good There are however certain cases in which there is an obvious relation between the two diseases, especially acute forms of tuberculosis (2) Reactivation of tuberculosis following measles is four times more frequent in the first five years of life than subsequently (3) It does not seem that measles increases the predisposition to tuberculosis as this is not more frequent in patients who have had measles than in those who have not had it (4) The prophylactic use of convalescent serum is an excellent method of preventing reactivation of tuberculosis

142 Banti's Syndrome

L C Martin (*Arch Dis Childh* October 1936 p 233) points out that haematemesis is a rare event in childhood but it is found in splenic anaemia and in Banti's disease The distinction between these two conditions is ill defined they are commonly regarded as synonymous and either diagnosis is applied to a case exhibiting splenomegaly and anaemia of obscure origin with or without haemorrhages, hepatic enlargement and anaemia Four cases of Banti's disease are recorded in full and a complete blood picture is given in all the children The diagnosis of Banti's disease is seldom made before one of the major symptoms such as haematemesis or grave anaemia has arisen Syphilis and acholuric jaundice must be excluded before such a diagnosis is made Syphilis may exactly simulate Banti's disease as in a case recorded, and enlargement of the liver and spleen is found in acholuric jaundice—hence the Wassermann test and a determination of the fragility of the red blood cells are essential investigations It is suggested that the term Banti's disease be confined to those cases showing splenomegaly and secondary anaemia with or without haemorrhage and hepatic cirrhosis but in which no aetiological factor is present Two of the recorded cases had splenectomy with good results and no untoward symptoms at the time or after operation were seen

143 Prematurity

Daniel A Wilcox (*Amer J Dis Child* October 1936 p 848) gives an account of the methods followed and the results obtained in a series of 330 premature infants The period chosen was five years and the infants were born in the public wards of a city hospital Three standards are available for defining prematurity (1) the period of gestation (2) the length or (3) the weight of the infant at birth Of these the period of gestation has been honoured by tradition, but is discarded here on account of its unreliability Similarly it is difficult to exactly measure the length of an infant so that the criterion of weight is taken as the most reliable A separate nursery is provided where all premature infants are segregated Here there is a large ward containing incubators and cots together with a small adjoining room with facilities for giving baths and treatment The temperature of the room is under automatic control at 80 F No attempt is made to regulate the humidity of the room Immediately after the infant has been born in the delivery room he is wrapped in a sterile heated blanket and carried as quickly as possible to the nursery All those weighing under 2 050 grammes (4½ lb) are placed in incubators beside which an oxygen cylinder is kept in case cyanosis develops Irrespective of weight at birth each infant is given breast milk which is supplied by his own mother when possible The records show that the longer the breast milk is kept up the lower the mortality even though the infants are only partly breast fed Among the 330 infants there was a mortality of 28·5 per cent—the smaller the infant the higher the mortality The mortality of those under 3½ lb was over 50 per cent The mortality among boys was greater than among girls A prominent factor in those that died was an injury sustained at birth, and only a small percentage of deaths were due to infection The smallest infants lost more weight in the first four days after birth than the heavier ones Prematurity and birth injury were found to be the most common cause of death in infants weighing under 3½ lb at birth while in the heavier infants infection was the most common

144 Gonococcal Arthritis in the Newborn

J P Garrahan and C Ruiz (*Sem méd* B Aires, December 10 1936 p 1620) record the case of a female infant who seven days after birth developed gonococcal conjunctivitis and a week later swelling of the left wrist followed by a similar swelling of the right The swellings subsided in twenty days and were accompanied by bony changes revealed radiologically which also cleared up spontaneously The mother was also suffering from gonococcal arthritis and vaginitis The writers emphasize the fact that during the first months of life a gonococcal infection however slight may give rise to lesions resembling those produced by congenital syphilis

145 Enlarged Tonsils and Intelligence

T Brander (*Finska Läksällsk Handl* November 1936, p 969) has examined at the University Children's Hospital at Helsingfors 373 children whose weight was 2 500 grammes or less at the time of their premature birth The ages of most of these children at the time of examination were between 7 and 15 years In 48 per cent the tonsils were enlarged They were classified according to the degree of enlargement and a comparison was made between it on the one hand and the school records and the results of intelligence tests on the other It was found that the various forms of mental backwardness increased in frequency with the degree of enlargement of the tonsils Conversely the proportion of mentally normal or gifted children diminished as the degree of enlargement of the tonsils increased There would therefore seem to be a definite connexion between the mental condition of these children and the enlargement of their tonsils but the author does not claim to have demonstrated that the former is due to the latter It is possible he thinks that both may be due to the same cause or that mental backwardness may promote hypertrophy of the tonsils If there is a common cause for both conditions this may be found in premature birth A distinction is drawn between school reports and the findings of intelligence tests and the suggestion is made that while the removal of enlarged tonsils may often improve a child's career in class and in the eyes of its teachers such treatment is not likely to have much effect on the intellectual functions of a mentally backward child as judged by the Binet Simon Terman tests

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146 Fractures in the Newborn

A THORNDIKE and F R PIERCE (*New Engl J Med*, November 26, 1936, p 1013) reviewed 6,000 fractures at the Children's Hospital, Boston, and found that many cases of previously unrecognized birth fractures were brought at the age of 1 year because of some deformity Bowing of one leg was common The old teaching that mere fixation is the only treatment required to produce good results is no longer considered satisfactory The authors feel that in the great majority of cases the obstetrician cannot be blamed for a fracture arising during the course of delivery It is pointed out that breech presentations are especially liable to cause fractures as well as other injuries In this series 113 consecutive cases of birth fracture are reviewed, and fifty-three fractures of the clavicle, thirty-eight of the humerus, twenty of the femur, and four of the tibia were found In most of these cases intervention for the delivery of a living baby had been necessary A large number of these fractures were not recognized at the time of birth, but the authors point out that this is often difficult Unrecognized and untreated fractures in the newborn heal very rapidly, so that it is impossible to alter the position of the fragments manually after five days Early diagnosis and efficient treatment are of utmost importance to ensure good results leaving no deformity in later life Reduction of these fractures does not involve the complicated manipulation necessary in older children A description of the fixation for each type of fracture is given, with illustrations Many cases of fracture of the clavicle heal well even though untreated, and are only recognized by a callus enlargement There was no case of intra-uterine fracture found in this series, and this type of fracture is regarded as rare In most cases in which fracture occurred the weight of the baby was above the average, and so caused more manipulative measures at birth

Obstetrics and Gynaecology

147 Induction of Labour

K EHRHARDT and E HENSS (*Med Klinik*, December 11, 1936, p 1700) summarize their experience with castor oil-quinine-hypophysin treatment, which was successful in 80 per cent of properly selected cases The treatment was carried out according to the following plan at 7 a m two tablespoonfuls of castor oil, at 8 a m 4 grains of quinine the same dose of quinine repeated again at 9 a m and 10 a m, at 11 a m an intramuscular injection of 0 2 to 0 3 c cm of hypophysin, the same dose of hypophysin repeated again at 12 noon, at 1 p m, and 2 p m Multiparae respond to the treatment better than primiparae In successful cases the duration of labour was shortened in primiparae The artificial induction of labour was particularly successful in cases where delivery has been overdue one to two weeks The proportion of forceps cases was not higher than in deliveries at term The proportion of uterine atony was 2 2 per cent This percentage is approximately the same as in spontaneous deliveries The castor oil–quinine–hypophysin treatment may facilitate the expulsion of a dead foetus or of a hydatid mole

148 Action of Insulin on the Uterus

E KLAFTEN (*Zbl Gynak* November 28, 1936, p 2834), who has previously reported that insulin causes in the isolated uterus of the guinea-pig an increase in strength and regularity of the spontaneous contractions, as well as considerably increased sensitiveness to applications of posterior pituitary extract, now finds that the same is true of the uterus of the mouse or rat The response is completely absent however in the rabbit's uterus (which also differs from that of the other animals in showing not a diminution but an increase of tonus on treatment with adrenaline, and in losing tonus in response to corpus luteum hormone) The insulin effects are given only by crystalline or dry preparations, not by the liquid solutions, which contain preservatives, they have also been obtained in virginal, gravid, and puerperal uteri *in situ* and would appear in the living animal to be obtained partly through the ovary as intermediary The minimum uterotonic dose is one quarter unit Concerning clinical applications of insulin treatment Klaften speaks hopefully, he recommends it for certain cases of dysmenorrhoea, polyhypermenorrhoea, and metropathia haemorrhagica, and for uterine haemorrhage reports an early therapeutic effect from the direct uterotonic action of insulin on the myometrium For metrostasis twenty units of insulin are injected mixed with 10 c cm of 10 to 20 per cent calcium gluconate

Pathology

149 Gonococcal Complement-Fixation Test

GERDA KJELLBERG (*Nord med Tidskr* December 12, 1936, p 2030) points out that one important reason for the campaign against gonorrhoea being less effective than that against syphilis is that the former presents comparatively great difficulty in discovering sources of infection She asks if this difficulty may be overcome by the application of the complement-fixation test to persons suspected of being sources of infection or involved in mutual accusations of infection She has applied this test to 464 persons accused of conveying gonorrhoea and attending the St Goran's venereal disease polyclinic in Stockholm There were 138 males and 326 females in this group, and they were examined between May, 1933 and September, 1935 Three of the persons concerned were each accused of transmitting gonorrhoea on two occasions and the sum total of examinations was therefore raised from 464 to 467 In as many as 379 of these 467 examinations the complement-fixation test was negative, being so in 109 male and 270 female cases There were also several cases in which the fixation was only partial or faintly positive, and the number of cases in which it was definitely positive was only twenty eight Hence the author's conclusion that there is little to be expected of the complement-fixation test in gonorrhoea as a means whereby the discovery of sources of infection can be promoted

150 Blood Platelet Disintegration

I OLEF (*J Lab clin Med* November, 1936, p 128) describes methods for simultaneous total and differential platelet counts and determination of the rate of disintegration of platelets that he has applied to normals and in various diseases In 85 per cent of twenty six normals 11 to 60 per cent of the platelets disintegrated in eight hours Abnormal stability of the platelets occurred when less than 10 per cent disintegrated in eight hours, abnormal fragility (over 60 per cent disintegration) was infrequent The differential platelet formula underwent changes during disintegration of the platelets, the large platelets undergoing disintegration first In many chronic conditions—anaemia, haemophilia, polycythaemia malignancy, etc—the fragility of the platelets was normal and uninfluenced by the total platelet level and the differential platelet formula Changes in total platelet count were usually associated with changes in fragility and differential formula In thrombopenic states fragility decreased as the total count rose to normal, in thrombocytosis fragility increased as the platelet count rose and decreased as normal platelet level was reached Abnormal stability of the platelets was found in thrombopenias as in scurvy, nephrosclerosis, etc, and was frequently associated with spontaneous haemorrhages Increased stability, reduction in total count and changes in differential formula followed roentgen-ray irradiation

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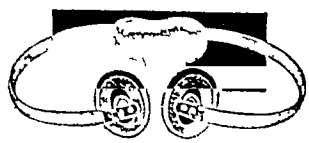
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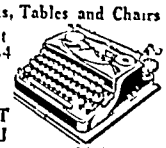
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Lancet p 999 *May* 2 1936 *A Report on* 25 *treated cases*

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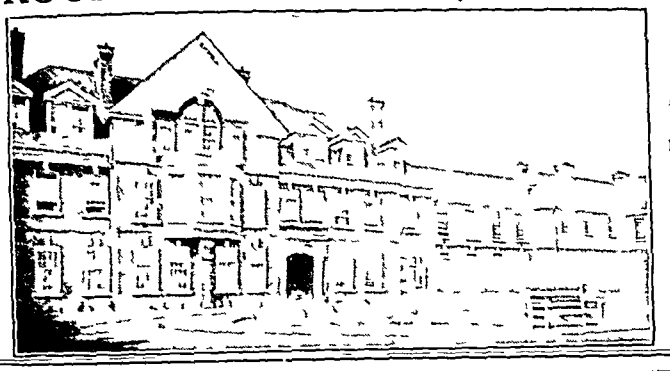
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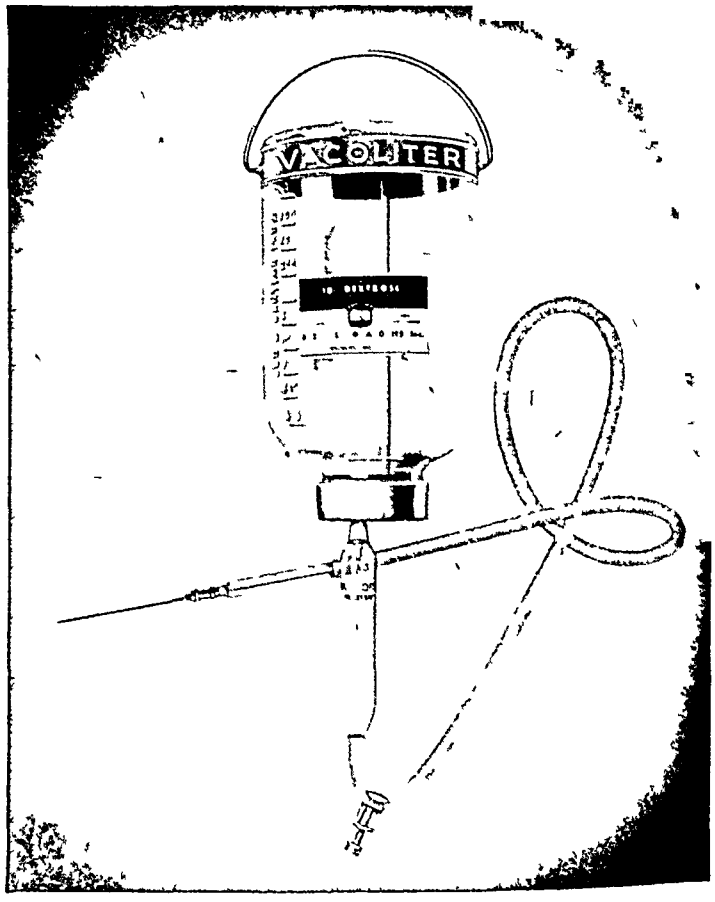
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tain pathological material was subjected to re-aspiration six months later such a period being allowed for spontaneous recovery or that due to removal of the tonsils and adenoids Such re-examination showed that in only nine out of the twenty four children were the antra then clear of pathological material In other words 15 per cent of children being operated upon for removal of the tonsils and adenoids had chronically diseased antra This is a startling fact which may go far to explain the trying group of "failures" after tonsillectomy in which symptoms of respiratory tract infection and other disorders recur despite efficient removal of obviously diseased lymphoid tissue in the naso-pharynx

The second group of seventy six children in Mr Crooks's analysis were collected upon a clinical basis as presenting the signs and symptoms including x ray evidence of antral disease The average age of these children was 7½ years and thirty-seven of them could be classified as cured after treatment This consisted of antral lavage (with an average number of washes between two and three) in all but two children in whom intranasal antrostomy was necessary Twenty six of the remainder were improved after treatment and thirteen failed to show improvement Mr Crooks discusses these successes and failures in some detail, emphasizing that local measures must be supplemented by general measures such as a good diet and a stay at the seaside The clinical manifestations of sinus disease have been analysed for the 100 children in the two groups and these may be listed as follows (with the percentage incidence indicated in brackets) nasal discharge (84), colds (83) cough (82) snoring and mouth breathing (62) headache (44), otitis media (44), cervical adenitis (37), sore throat (25), together with a less well defined group of systemic manifestations resulting in a pale tired child with difficulty in concentration, loss of interest in work and play, and a change of temperament towards a morose ill tempered disposition This last is of great interest in view of the claims made for the frequency of sinus infection in certain mental disorders Discussing the relation between sinusitis and infection of the tonsils and adenoids, Mr Crooks affirms his belief that sinusitis is a common cause of inflammation of the adenoids and to a lesser degree of the tonsils Certainly he appears to have proved conclusively that removal of the tonsils and adenoids alone will not cure infected sinuses, and he regards such an operation as of secondary importance to treatment of the sinusitis itself

Many other problems are dealt with by Mr Crooks which cannot be extensively discussed here The bacteriological aspects of the subject for example, are treated at some length Routine swabs were taken from the nose in the 100 children undergoing routine removal of tonsils and adenoids and the results of bacteriological examination (carried out by Dr A Signy) were compared with bacteriological investigation of the contents of the 200 antra aspirated in this part of the work A notable difference was discovered since the staphylococcus was often present in the nose but rarely in the antrum and the same applied to the *Micrococcus catarrhalis* The streptococcus was often found in the nose, and was the cause of antral infection in a number of cases The pneumococcus was the most frequent cause of antral infection but was less frequently found in the nose It was characterized by thick yellow green pus usually present in large quantity Another important point can be mentioned in conclusion—namely diagnosis Mr Crooks claims that x ray examination is the most sensitive of all the diagnostic tests for sinusitis Transillumination is not so accurate and presents several fallacies Puncture aspiration (the technique of which is described in detail) affords an absolute proof of antral infection and therapeutic lavage can be carried out at the same time Mr Crooks is to be congratulated on a study full of interest for all those concerned with the health of the child

ASTHMA RESEARCH

The latest annual report of progress of the Asthma Research Council states that this body is continuing its policy of using funds received from the general public for the remuneration of qualified workers who publish their results in the medical press The Medical Advisory Committee keeps itself informed concerning investigations in asthma at home and abroad and the programme of research is arranged accordingly Reports are appended recording the year's work at several asthma clinics The policy at Guy's Hospital has been the most thorough and careful study of small groups of cases representing the product of ruthless exclusion and elimination Following a report that asthma in the Channel Islands was frequently associated with bronchiolar infection by monilia and often improved by treatment with the appropriate vaccine Dr F A Knott studied the prevalence of monilia infections in asthma patients in London The incidence of such infection in London asthmatics was found to be extremely low and no evidence of specific cutaneous hypersensitivity to monilia was obtained Dr Rogerson investigating asthmatic children from the psychological standpoint found that their intelligence was above the general level he also noted such features in personality as over anxiety and fear of failure With regard to the effect of psychological factors in facilitating or inhibiting the allergic antigen thought to be responsible for an attack he noted in many cases a latent period of about one hour between

the psychological stimulus and the attack At King's College Hospital interest has been concentrated on the value of remedial breathing exercises, and cases have been followed up over a period of four years In cases so treated it is the improvement in the reserve air rather than the total vital capacity that is of chief importance To achieve this improvement proper control of diaphragmatic breathing is considered essential At St Mary's Hospital the special hay fever clinic, which functions from March to July each year, has promoted the principle of self-inoculation with satisfactory results in the majority of cases The demand for pollen continues to grow, and special reference is made to the work of Miss Noon, who collected during the season over 31 lb of various grass pollens in addition to a large amount from rye and maize In experiments at King s College the liberation of potassium observed in the intact animal after injection of adrenaline has now been demonstrated in the isolated liver A quantitative relationship is shown between the amount of adrenaline injected and the amount of potassium liberated It is thought that these observations may provide corroborative evidence of Professor Burn's view that the circulating blood of asthmatics contains a deficiency of adrenaline Copies of the report are obtainable free from the secretary of the Asthma Research Council, c/o King's College, Strand, W C 2 The council also publishes an illustrated pamphlet, *Physical Exercises for Asthma*, price 2s , post free

SCARLET FEVER AT DONCASTER

An epidemic of scarlet fever in the county borough of Doncaster began on December 11th, and up to date 186 cases have been notified, with three deaths—one in a child aged 2 and two in women aged 38 and 48 respectively The source of the epidemic has been traced to an infected milk supply, 148 cases and two of the deaths being directly associated with this supply, and illustrates once more the danger to the public of drinking milk which has been neither boiled nor pasteurized For the following information we are indebted to Dr Ralph Watson medical officer of health for the county borough of Doncaster, and to Dr Penman, medical officer of health for Doncaster rural district On December 11th a child whose father was a dairyman was notified as a suspected case of scarlet fever The dairyman called at the Public Health Office and gave the information that several of his customers were suffering from sore throats and that some had rashes A house-to-house inquiry of the dairyman's customers subsequently showed that at least 100 persons had been suffering from tonsillitis of varying degrees of severity On the same date (December 11th) seventeen further notifications of scarlet fever were received It was discovered that the milk which had been supplied to the infected houses had in every case been obtained from one farm the supply from which was immediately stopped pending further investigations A visit to the farm revealed that one of the milkers had been suffering for a fortnight from a sore throat from swabs of which cultures of haemolytic streptococci were grown It was further found that one of the milker's children had had a running ear for over a fortnight, and haemolytic streptococci were isolated from the aural discharge The child had been attending a school in which there were cases of scarlet fever towards the latter end of November, but she herself had never had a rash Examination of samples of milk between December 11th and 14th did not disclose the presence of haemolytic streptococci Instructions were issued on December 12th to all consumers to boil their milk, and arrangements for pasteurization were completed on December 16th Approximately 60 per cent of those infected were children, and about 70 per cent of those suffering from clinical scarlet fever were moved to hospital It would appear that in the majority of cases the onset occurred on the 10th, 11th, and 12th of December, there was a marked fall on the 13th, a further small rise on the 15th, 16th, and 17th, after which cases rapidly decreased

LIFE WITHOUT BACTERIA

What part do bacteria play in the economy of the host? This question, which numerous observers have tried to answer, is of far-reaching importance One way of approaching the problem is to find out whether it is possible to rear animals under conditions of complete asepsis This has been done to a limited extent, and enough data have been collected to show that insects and certain cold-blooded animals can live and grow in the absence of bacteria Mammals present a more difficult problem, and credit must be given to Nuttall and Thierfelder in 1895–6 for being the first to succeed in rearing a guinea-pig for eight days under sterile conditions Success in this direction was also recorded by Cohendy and Wollman and by Kuster in 1912 Since then little has been done The problem, however, has now been taken up afresh in Sweden, where Dr Gosta Glimstedt[1] of the University of Lund has carried out a very thorough and painstaking investigation into the growth and mortality of guinea-pigs reared under aseptic conditions The animals were removed by Caesarean section and reared in an apparatus so constructed as to exclude the access of bacteria They were not allowed, of course, to suckle their mothers, but were put immediately on to a carefully balanced diet which had been sterilized by heating in the autoclave on three successive days To compensate for the destruction of vitamins, cod-liver oil, yeast extract, and lemon juice all sterilized by filtration, were added A number of animals were raised under these conditions, and among them three were reared for twenty-eight days, two for thirty-two days, and three for as long as sixty days Compared with animals that were fed on a similar sterilized diet but not maintained in a bacteria-free environment the animals in the "sterile" group showed approximately the same mortality within the period of observation, but their increase in weight appeared to be rather less Histological examination revealed a comparative failure of development of the lymphoid tissue, particularly of the glands normally

[1] *Bakterienfreie Meerschweinchen Aufzucht Lebensfahigkeit und Wachstum Nebst Untersuchungen uber das Lymphatische Gewebe* Levin und Munksgaard—Ejnar Munksgaard, Kobenhavn 1936

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Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House, Tavistock Square W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands.

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LOWESTOFT MEDICAL INSTITUTE *(Medical Officer)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE. *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*
LLWYNYPIA CLYDACH VALE TENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association, B M A House Tavistock Sq, W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St Georges Terrace Perth West rn Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane.				

Feb 17 1937 By Order of the Council G C ANDERSON, *Medical Secretary*

ABERDEEN ROYAL INFIRMARY

The Board of Directors invites applications for the post of HONORARY ASSISTANT PHYSICIAN

Each candidate in his application should submit a full statement of qualifications and experience, along with testimonials and four copies of each should be lodged with the undersigned not later than Monday March 1st

JOHN A MCCONACHIE Clerk & Treas
230 Union Street Aberdeen
February 10th 1937

ADDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the post of HOUSE SURGEON vacant on March 14th The appointment will be for six months but is terminable at an earlier date by one month's written notice on either side Salary at the rate of £130 per annum with board residence and laundry Candidates (male) who must be unmarried
requested to forward
age qualifications et
not more than four
signed on or before Saturday February 27th

W H HEAD Sec Supt

DUCHESS OF YORK HOSPITAL FOR BABIES MANCHESTER (80 Beds)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER Appointment is for six months from April 1st Salary at the rate of £125 per annum with laundry Previous Hospital experience essential

Also JUNIOR RESIDENT MEDICAL OFFICER for six months from April 1st Salary at the rate of £75 per annum with laundry

Application together with copies of testimonial to be sent to the Secretary by March 8th

LOUISE BAILEY Secretary

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tions stating the under
three recent
signed by
house Governor

BRISTOL EYE HOSPITAL

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Applications stating age qualifications and experience to be forwarded to the Secretary by Saturday March 6th

---

BURTON ON TRENT GENERAL INFIRMARY

Applications are invited for the position of HOUSE PHYSICIAN AND CASUALTY OFFICER (male) Salary at the rate of £150 per annum with board residence and laundry Duties to commence March There are three residents.

Application giving age and qualifications together with copy of testimonials to be sent to E W THORNLEY Secretary

---

TAUNTON AND SOMERSET HOSPITAL TAUNTON (104 Bed)

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DERBYSHIRE ROYAL INFIRMARY DERBY (General Hospital—362 Beds)
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[illegible] Surgery and
[illegible] and regi ed
[illegible] um with apart
ments board etc

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Duties to commence March 1 t

ARTHUR TAYLOR
Supt & Sec

February 9th 1937

DERBYSHIRE ROYAL INFIRMARY DERBY (General Hospital—362 Bed)

Applications are invited for the post of CASUALTY OFFICER AND ORTHOPAEDIC HOUSE SURGEON

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February 9th 1937

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(Appointments continued on p 59)

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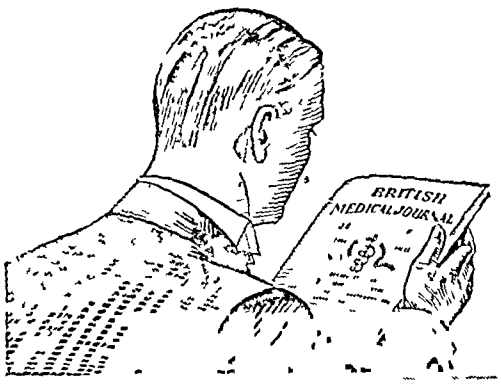
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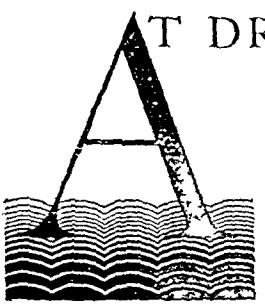
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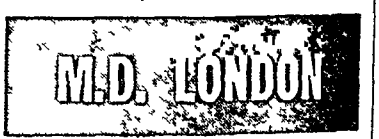


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Names and addresses of members practising in any district can be obtained from — The Secretary C S M M.G, Tavistock House (N) Tavistock Square London W C 1 Telephone Euston 1676 8

THE IRAQI GOVERNMENT REQUIRES THE services of a PROFESSOR OF PATHOLOGY in the ROYAL COLLEGE OF MEDICINE, BAGHDAD His duties will include the teaching of theoretical and practical pathology but will not include bacteriology also he will be Director of the Vaccine and Vaccine Lymph and Pasteur Institute

The necessary assistants are provided

The contract will be for three or five years salary £150 per mensem leave 2½ months for each completed year of service Income Tax up to 9% One first class passage provided on first appointment and on termination of contract Age not under 35 years

Further particulars may be obtained from the Royal Iraq Legation or from the Director General of Health Baghdad Applications should be addressed to the Royal Iraq Legation 22 Queen's Gate S W 7 on or before February 28th

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LADY HARDINGE MEDICAL COLLEGE NEW DELHI INDIA

Applications are invited from suitably qualified women for the post of PROFESSORSHIP OF PHYSIOLOGY in the above College Special experience including teaching essential Preference will be given to applicants with a Medical qualification Pay according to experience and qualifications

Applications with testimonial should reach the Principal not later than April 15th

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CITY OF NORWICH

RESIDENT MEDICAL OFFICER, ISOLATION HOSPITAL ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer Isolation Hospital Assistant Medical Officer of Health and Assistant School Medical Officer Salary £450 per annum rising to £550 per annum plus emoluments valued at £150 per annum Board allowance at the rate of £60 per annum granted when absent from Hospital on leave For particulars and stamped addressed envelope to the Medical Officer of Health 68, St Giles Street Norwich to whom applications for the post must be sent not later than March 2nd

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CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

ROMSLEY HILL SANATORIUM (120 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER (Male)

Applications are invited for a Resident Assistant Medical Officer Candidates must be unmarried and have held a resident hospital appointment since qualifying Experience in the diagnosis and treatment of tuberculosis will be a recommendation

The appointment will be limited in the first instance to six months and subject to satisfactory service may be extended for a further six month The salary will be at the rate of £240 per annum for the first six month and £275 per annum for the second six months with board and residence in each case

The Officer appointed will be required to pay to the Council all fees allowances and emoluments (other than the foregoing) received by him

Form of application may be obtained from the Medical Superintendent Romsley Hill Sanatorium Hale owen near Birmingham and should be returned to him not later than Saturday March 27th

F H C WILTSHIRE Town Clerk

CITY OF BIRMINGHAM

DUDLEY ROAD HOSPITAL (926 Beds)

Applications are invited from fully qualified Medical Practitioner for whole time appointment as JUNIOR MEDICAL OFFICER (male) at the Dudley Road Hospital Birmingham The appointment will be for a period of six months but may be extended for a further period of not exceeding six months Salary at the rate of £200 per annum and full residential emoluments The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by him

Further particulars may be obtained from the Medical Superintendent at Dudley Road Hospital to whom applications stating age experience and qualifications with copies of recent testimonials should be forwarded not later than February 24th

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CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (

JUNIOR MEDICAL OFFICER (M)

Applications are invited from fully qualified Medical Practitioners for the whole time appointment of Junior Medical Officer (male) at the Selly Oak Hospital Birmingham The appointment will be for a period of six months in the first instance but may be extended at the end of that time for a further period of not exceeding six month

Salary at the rate of £200 per annum and full residential emoluments

The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by him

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital to whom experience recent testimonials and later than Wednesday

own Clerk

The closing date February 1937

CITY OF BRADFORD

MUNICIPAL GENERAL HOSPITAL ST LUKE'S

HOUSE PHYSICIANS and HOUSE SURGEONS required Salary in each case £100 per annum plus board and lodging The appointment are for six months renewable for a further period of six months

Application forms may be obtained from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than February 26th

N L FLEMING Town Clerk

Town Hall Bradford

THE ROYAL EYE AND EAR HOSPITAL BRADFORD

Wanted HOUSE SURGEON (male) Salary £100 with board residence and laundry Applications stating qualifications age with copies of recent testimonials to be forwarded to the undersigned on or before February 23rd

F BRIGGS Secretary Supt.

HULL ROYAL INFIRMARY

Applications are invited from registered Medical Practitioners for the following posts (mal)

(1) HOUSE SURGEON to the Ophthalmic and Ear Nose and Throat Department vacant March This post is recognised by the Conjoint Board of the Royal Colleges for the clinical work required in the regulations for the D O M S and D L O

(2) SECOND CASUALTY OFFICER vacant now In addition to carrying out duties in the Casualty Department the Officer appointed will act as House Surgeon to one of the Honorary Assistant Surgeons and will thus obtain Ward and Theatre experience He will be eligible for promotion to a more senior post when a vacancy occurs

Salary (for each post) at the rate of £150 per annum plus residence board and laundry

The appointments will be for a period of six months but will be determinable at any time by one month s notice on either side

Application giving particulars of age experience and nationality together with copies of recent testimonials should be addressed to the undersigned

R J CARLESS
February 15th 1937 House Secretary

GRANTHAM HOSPITAL
(100 Beds)

Applications are invited for the appointment of RESIDENT MEDICAL OFFICER (mal) The appointment is for six months (renewable) and will commence on March 1st Salary £200 per annum with board residence and laundry Preference given to applicants who have already held a resident appointment

Applications stating age nationality qualifications and experience with copies of three recent testimonials should be sent to the undersigned

JOHN E RAY Secretary Supt

ROYAL DEVON AND EXETER HOSPITAL EXETER

HOUSE SURGEON (Male)

Applications are invited for this post which is shortly becoming vacant

The appointment is for six months but candidates are eligible for re election

Salary at the rate of £150 per annum with board lodging and washing

Applications giving particulars as to age and qualifications together with copies of three recent testimonials should be sent to the undersigned on or before Wednesday 24th inst

S S COLE
February 16th 1937 Sec & Manager

ROYAL UNITED HOSPITAL BATH

HOUSE SURGEON required for Ear Nose and Throat Department who will also be expected to give anæsthetics in other Departments

Salary £150 per annum with board residence and laundry

The appointment is for six months and candidates must be male unmarried and of British nationality

Applications with copies of three testimonials to be addressed to the undersigned immediately

J LAWRENCE MEAPS
February 2nd 1937 Secretary Supt

ROTHERHAM HOSPITAL

Wanted SENIOR HOUSE SURGEON or PHYSICIAN (male) qualified Salary £200 with board residence and laundry 150 bed Excellent experience to be gained

Also HOUSE PHYSICIAN (male) qualified Salary £180 with board residence and laundry 130 beds Excellent experience to be gained

Application with copies of recent testimonial to be sent to the Secretary G W ROBERTS 8 Moorgate Street Rotherham

SCARBOROUGH (N R) HOSPITAL
(140 Bed)

Wanted urgently HOUSE PHYSICIAN (female) with Anæsthetics experience Salary at the rate of £130 per annum with board residence laundry etc

Appointment for six months

Applications stating age together with copies of testimonials and essential particulars to be sent to the Hon Secretaries not later than first post Monday February 22nd

NOTTINGHAM & MIDLAND EYE INFIRMARY

RESIDENT HOUSE SURGEON required end of March 36 beds Large Out patient Department Salary £200 per annum with board and laundry Applicants should state age qualification experience and send copies of three recent testimonials to the Secretary The Ropewalk Nottingham

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
GLOUCESTER (255 Beds—5 Residents)

Applications are invited for the post of HOUSE SURGEON (male) to the Ear Nose and Throat Department Salary at the rate of £150 per annum with board residence, and laundry

The Hospital is recognised for the D L O and the F R C S Final Examination

The appointment is for six months which may be extended for similar periods by re election from time to time

Applications stating age qualifications, experience and nationality with copies of not less than three recent testimonials should be sent to the undersigned not later than Wednesday March 3rd

The elected candidate will be required to enter upon his duties on March 14th

F J SIMMONS
February 11th 1937 Secretary

THE COTTAGE HOSPITAL STOURBRIDGE WORCESTERSHIRE
(94 Beds Special Departments and Visiting Specialist Staff)

Applications are invited for the post of RESIDENT SURGICAL OFFICER (male) which will be vacant as from March 1st next Salary £200 per annum The appointment is for a period of one year but may be renewed annually for a period not exceeding three years Candidates must possess the F R C S and be unmarried

Applications to other with copies of recent

HOUSE SURGEON (male) wanted for April 1st Seven months appointment Candidates must be single and legally qualified Salary £150 per annum with board residence and washing

There are 345 beds and 10 Resident Officers

Applications stating age qualifications and previous experience with copies of recent testimonials should be sent to the undersigned not later than February 23rd

Sec Supt

There will be for Two
House Physicians Surgeons

HOUSE PHYSICIAN AND CASUALTY OFFICER required at once Salary £150 per annum with board residence The appointment must be held for at least six months The Hospital has 100 beds and there are two Resident

Applications stating age accompanied by copies of three recent testimonials should be sent to me forthwith

Stafford A E COLLINS
February 18th 1937 Secretary

ROYAL NORTHERN HOSPITAL
Holloway N 7

for the post of The appointment is at with eligibility £300 per annum ided s of testimonials 12th to the under signed from whom forms of application and rules may be obtained

GILBERT G PAINTER Secretary

ROYAL NORTHERN HOSPITAL
Holloway N 7

Applications are invited for the post of CONSULTING PHYSICIST Full particulars of the office may be obtained from the undersigned to whom applications should be sent by March 14th

GILBERT G PAINTER Secretary

NORTH ORMESBY MIDDLESBROUGH HOSPITAL (195 Beds)

HOUSE SURGEON male and unmarried required Salary £135 per annum with board residence and laundry There are three resident s Applications stating age qualification experience (if any) with copies of three recent testimonials should be sent to the undersigned

GEORGE WATTS Sec Supt

THE WOMEN S HOSPITAL CATHERINE STREET LIVERPOOL
(Gynæcological Hospital—120 Beds)

HOUSE SURGEON required for six months commencing April 1st Salary £100 per annum Applications with copies of three testimonials to be sent to the Hon Secretary of the Medical Board.

ROYAL LONDON OPHTHALMIC HOSPITAL (MOORFIELDS EYE HOSPITAL)
City Road London E C 1

Applications are invited for the post of SENIOR RESIDENT OFFICER

Candidates must be registered Medical Practitioners and must be prepared to be in duties on May 1st

Salary at the rate of £150 per annum with board and residence in the Hospital Additional income will accrue to the post the care of private patients being included in the duties

In the event of the First House Surgeon being appointed other candidates are requested to state whether they would accept the office of First House Surgeon at the rate of £100 per annum Second House Surgeon at the rate of £125 per annum or Third House Surgeon at the rate of £100 per annum

The appointments are for a period of six months

Applications with testimonials stating age and qualifications must be received not later than March 3rd by—

A J M TARRANT Secretary

WEST LONDON HOSPITAL
Hammersmith W 6 (241 Beds)

Required ONE HOUSE PHYSICIAN ONE HOUSE SURGEON and ONE HOUSE SURGEON (with Throat Nose and Ear duties) The duties of the House Physician include one week in the Children s Department one House Surgeon will have some work in the Genito Urinary Department and the House Surgeon (with T N and E duties) will also act as Resident Casualty Officer The three appointments (male) are tenable for six months from April 1st next subject to one month notice on either side Salary at the rate of £100 per annum with board lodging and laundry allowance Candidates must be registered under the Medical Act

Applications (which must be made on printed forms obtained from me) must reach me not later than first post on Thursday March 11th Selected candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at the Medical Council Meeting on Friday March 19th at 4 30 p m and the House Committee Meeting at 5 p m the same day when the appointments will be made

H A MADGE Secretary

ROYAL EYE HOSPITAL
St George s Circus Southwark S E 1

SENIOR HOUSE SURGEON and two ASSISTANT SURGEONS required at the above Hospital The appointment is in the first instance for a period of six month with board and residence as from April 1st Salaries Senior House Surgeon at the rate of £150 per annum Assistant House Surgeons at £100 per annum Candidates must be registered Practitioners

Applications with copies of three recent testimonials should be sent to the Secretary not later than Monday March 1st

I E DALTON Secretary

CROYDON GENERAL HOSPITAL
(200 Beds)

A vacancy occurs on the Honorary Staff of the above Hospital for an ASSISTANT SURGEON to the Ear Nose and Throat Department and candidates are requested to forward age qualification with copies of three signed not later than

February 16th

CITY OF LONDON MATERNITY HOSPITAL
City Road E C 1

Applications are invited for the post of MALE ASSISTANT RESIDENT MEDICAL OFFICER for three months from April 1st Salary at the rate of £80 per annum At the end of the period the candidate will if satisfactorily be appointed Senior for three months at a salary at the rate of £100 per annum

Forms of application returnable not later than March 1st may be obtained from the Secretary

RALPH B CANNINGS

KING EDWARD MEMORIAL HOSPITAL
Ealing (133 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (male) Six months appointment commencing March 21st but candidates are invited for re election Salary £150 per annum with usual residential allowances Applications stating age experience and qualifications together with copies of two recent testimonials to be sent to the undersigned immediately

R A MICKELWRIGHT Sec Supt

ROYAL NAVAL MEDICAL SERVICE.

A number of vacancies exist for Medical Officers in the Navy, and applications are invited for entry in April, 1937

Candidates must not be above the age of 28 years and must be registered under the Medical Acts No examination in professional subjects will be held but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance which may be extended to five years at the discretion of the Admiralty

At the end of three years service officers may retire with a gratuity of £100, but those who serve for five years will receive £1,000

At the end of five years Short Service permanent Commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post graduate study

Copies of the regulations for entry and conditions of Service, including rates of pay and allowances, may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than March 1st, 1937

THE ARMY DENTAL CORPS

Applications are invited from Dental Surgeons for appointment to eight commissions in the Army Dental Corps

Candidates, who should not be over 28 years of age will for the present be selected for commissions without competitive examination, and will be required to present themselves in London for interview and physical examination about the middle of March 1937 They must hold the Degree or Diploma of a British University or College of Surgeons and be registered under the Dentists Acts or Medical Acts

Successful candidates will in the first instance be given short service commissions for six years at the end of which period they will retire with a gratuity of £1,000 unless during the fifth year they have applied for and have been granted permanent commissions Permanent commissions will be given to officers selected from among those who wish to make the Army their permanent career

Particulars including Regulations for Admission pay and allowance and forms of application may be obtained on request either in writing or in person to the Director Army Dental Service The War Office London S W 1

NORTHUMBERLAND COUNTY COUNCIL

WOOLLY SANATORIUM Near HEXHAM

For the Treatment of Adults suffering from Tuberculosis (180 Beds)

Applications are invited for the appointment of an ASSISTANT MEDICAL OFFICER at the above Sanatorium Salary £350 per annum rising by annual increments of £25 to a maximum of £450 with board lodgings and laundry

The salary will be subject to a percentage deduction in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 for which purpose the selected candidate must undergo a medical examination

Applicants should be unmarried

The appointment may be terminated by three months notice on either side

Application forms to be obtained from the undersigned should be returned to him together with copies of three recent testimonials as soon as possible

WILLIAM F J WHITTY
County Hall County Medical Officer
Newcastle upon Tyne 1

PERTH AND KINROSS JOINT COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Lady Medical Practitioners for the whole time appointment of Assistant Medical Officer of Health at the commencing salary of £500 per annum rising by £25 annually to a maximum of £700 per annum

The possession of a Diploma or Degree in Public Health is essential and approved previous experience will be taken into consideration Duties will be mainly in connection with routine medical inspection and treatment of school children

Forms of application may be obtained from Dr D J McLEISH, County Medical Officer York Place Perth with whom completed applications accompanied by copies of three recent testimonials should be lodged not later than Monday March 8th

County Chambers T B MARSHALL
York Place Perth County Clerk
February 15th 1937

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND MEDICAL OFFICER OF HEALTH

Applications are invited for the joint whole time appointment of an Assistant County Medical Officer of Health for the Administrative County of Stafford and Medical Officer of Health for the Stone Urban (population 6,310) and Rural (population 12 000) Districts The salary will be at the rate of £800 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act, 1922

Applicants must be fully qualified medical men with experience in public health duties and must hold the Diploma in Public Health The person appointed will as regards his duties as Assistant County Medical Officer of Health act under the direction of the County Medical Officer of Health and will be required to perform such duties as may be from time to time prescribed As regards his duties as District Medical Officer of Health the officer will be subject to the sole control and direction of the Local Sanitary Authorities

The joint appointment is subject to the approval of the Minister of Health and the Board of Education and also, so far as the office of District Medical Officer of Health is concerned to the provisions of the Sanitary Officers (Outside London) Regulations 1935

The joint appointment will be subject to three calendar months notice on either side subject so far as the office of District Medical Officer of Health is concerned to the consent of the Minister of Health

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

Forms of application may be obtained from the undersigned and should be returned by first post on February 25th together with copies of not more than three testimonials

H I UNDERWOOD,
Clerk of the County Council
County Buildings Stafford
February 8th 1937

GLAMORGAN COUNTY COUNCIL

PUBLIC ASSISTANCE COMMITTEE

PENRHIWTYN INFIRMARY NEATH

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners not over 35 years of age for the appointment of Resident Assistant Medical Officer at Penrhiwtyn Infirmary Neath

Applicants must have held resident hospital appointments and experience in treatment of diseases of children is desirable

Salary £350 per annum rising by £25 annually to £450 per annum with residential emoluments valued for superannuation purposes at £75 per annum

The appointment which will be terminable by two months notice on either side is a designated post under the Local Government and Other Officers Superannuation Act 1922 The successful candidate will be required to pass an examination as to physical fitness

Applications stating age and qualifications and accompanied by copies of not more than three recent testimonials must be received by the County Medical Officer, Glamorgan County Hall Cardiff not later than the first post on Tuesday March 2nd

HENRY ROWLAND
Clerk of the County Council
Glamorgan County Hall Cardiff.
February 2nd 1937

LONDON COUNTY COUNCIL

CONSULTANT AND SPECIALIST SERVICES

Applications invited for appointment as part time Consulting Ophthalmologists (one or more positions) for duty at the undermentioned hospitals

DULWICH HOSPITAL East Dulwich Grove S E 22 ST GILES HOSPITAL Brunswick Square, S E 5 NORWOOD HOSPITAL FOR CHILDREN West Norwood, S E 27 QUEEN MARY'S HOSPITAL FOR CHILDREN Carshalton Surrey THE DOWNS HOSPITAL FOR CHILDREN, Sutton, Surrey

Salary £125 a year for one routine session a week, and £75 a year for each session in addition Additional remuneration at rate of £2 12s 6d a visit for emergency visits made in excess of number of routine sessions

Application forms containing full particulars obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division), County Hall Westminster Bridge S E 1 returnable by March 9th Persons appointed required to carry out duties assigned by Medical Officer of Health Women eligible Canvassing disqualifies

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LONDON COUNTY COUNCIL

ASSISTANT MEDICAL OFFICERS (men or women) required for mental hospitals department Candidates (under 35 years of age) must (i) be registered to practise both in medicine and surgery in England (ii) have at least one year's professional standing and (iii) have held residential position in general hospital for six months or comparable general experience Salary £470 rising by £25 to £570 (additional allowance of £50 to holder of D P M) No emoluments Charges for board lodging etc (at present £2 9s a week) if required to be resident In the case of women marriage terminates contract of service

(i) At the MAUDSLEY HOSPITAL Denmark Hill S E 5 (for treatment of neurotic and curable mental disorder) Optional whether pensionable

(ii) Appointment to MENTAL SERVICE generally (i e for duty at mental hospital or certified institution for mental defectives) Pensionable

Application forms for both appointments obtainable from Chief Officer (B) Mental Hospitals Dept Shell Mex House Strand W C 2 and returnable by February 25th Canvassing disqualifies

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CHESHIRE COUNTY COUNCIL

CLATTERBRIDGE (COUNTY) GENERAL HOSPITAL, NR BIRKENHEAD (300 Beds)

SENIOR AND JUNIOR RESIDENT ASSISTANT MEDICAL OFFICERS

Applications (male or female) are invited for the above appointments which fall vacant on April 1st

The appointments are for a period of six months at a salary of £250 per annum for the Senior post and £200 per annum for the Junior post, together with the usual residential allowances

The appointments may be renewed for a further period of six months

There is a Non Resident Medical Superintendent a Resident Deputy Medical Superintendent and a Consulting Staff from the Visiting Hospitals

Applications to be made on forms obtainable from the undersigned and returned to them not later than March 1st

24 Nicholas Street IAN MACKAY
Chester County Medical Officer of Health

ALL SAINTS HOSPITAL (FOR CYNITO URINARY DISEASES) Austral Street West Square St George's Road S E 11

RESIDENT HOUSE SURGEON (male) required on April 1st for nine months being six months as Junior House Surgeon with salary at £100 per annum followed by three months as Senior House Surgeon, with salary of £150 per annum

Applications giving particulars of age experience qualifications and enclosing copies of three recent testimonials should reach me not later than February 25th

D H EADE Secretary

DREADNOUGHT HOSPITAL, Greenwich S E 10
(Seamen's Hospital Society)

HOUSE SURGEON required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Duties include attendance once a week at V D Clinic, and charge of V D beds for which there is a special honorarium of £25 Applications with copies of three testimonials to be sent in by March 10th, to the undersigned

T A LYON
February 16th 1937 Secretary

DREADNOUGHT HOSPITAL, Greenwich S E 10
(Seamen's Hospital Society)

HOUSE PHYSICIAN required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Applications with copies of three testimonials to be sent in on or before March 10th to the undersigned

T A LYON,
February 16th, 1937 Secretary

EAST HAM MEMORIAL HOSPITAL, Shrewsbury Road E 7 (100 Beds)

Applications are invited for the post of PHYSICIAN in charge of the Skin Department

Candidates must hold a University Degree in Medicine and Surgery and be Fellows or Members of the Royal College of Physicians of London and engaged solely in Dermatological practice

Applications should reach the undersigned on or before March 1st

Candidates will be expected to send copies of their applications and testimonials to and call upon, members of the Honorary Medical Staff

REGINALD PERRY Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N W 1

Applications are invited from qualified women for the resident post of THIRD HOUSE SURGEON The appointment is for six months duties commencing in April Salary at the rate of £50 per annum with board residence and laundry Further particulars can be obtained from the undersigned to whom application with copies of three testimonials, should be sent on or before March 4th

HANNER MURRAY Secretary

CENTRAL LONDON OPHTHALMIC HOSPITAL Judd St St Pancras W C 1

Applications are invited from registered medical practitioners for the posts of SENIOR and JUNIOR HOUSE SURGEON vacant on March 31st The Junior House Surgeon is a candidate for the Senior post Salary £120 and £100 per annum respectively, with board and residence

Applications with copies of three testimonials should reach the undersigned on or before February 25th

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HOSPITAL FOR DISEASES OF THE SKIN, BLACKFRIARS

The Committee of Management will shortly appoint ..... of the HONOR ARY ..... must either be Member ..... of Physicians (London) or Fellows of the Royal College of Surgeons (England)

Application with testimonials in support, must be sent before February 28th to F MUNDY Secretary to the Hospital for Diseases of the Skin 71 Blackfriars Road S E 1 from whom any further information may be obtained

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LONDON HOSPITAL, E 1

There is a vacancy for the post of FIRST ASSISTANT to the Ophthalmic Department Candidates must be fully qualified medically Applications should be made to the House Governor from whom further particulars may be obtained and should arrive not later than Saturday March 13th

ARTHUR C LILIOTT House Governor

MILLER GENERAL HOSPITAL, Greenwich Road, S E 10

Applications are invited for the following posts

HOUSE SURGEON, male unmarried Salary £100 per annum Board, residence and laundry are provided

CASUALTY OFFICER male part time Afternoon session Salary £150 per annum non resident Fuller particulars on application

The appointments are for six months from April 1st There are six Resident Officers

Application forms can be obtained from the Secretary and must be returned not later than February 25th

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POPLAR HOSPITAL FOR ACCIDENTS, East India Dock Road, Poplar, E 14

The Committee invites applications for the appointment of SECOND RESIDENT OFFICER (male) at a salary at the rate of £175 per annum, all found Candidates must have held appointments as House Surgeon at a Hospital Applications must be accompanied by a statement of the candidates qualifications and forwarded to the Secretary with three recent testimonials, not later than Friday February 26th The appointment is for a period of six months

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ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

Applications are invited for the posts of HOUSE SURGEONS (two male unmarried) for a period of six months commencing April 1st renewable for a further period of six months on the recommendation of the Medical Board £150 per annum with full board quarters, and laundry Applicants should be registered medical practitioners

Applications, with copies of testimonials should be sent to the House Governor 234, Great Portland Street, W 1, not later than March 10th

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THE PRINCE OF WALES'S GENERAL HOSPITAL, London, N.15

The following Resident Posts will be vacant on March 15th next

(a) ONE JUNIOR HOUSE PHYSICIAN
(b) TWO JUNIOR HOUSE SURGEONS

Salary at the rate of £90 per annum board, residence and laundry

Appointments held for six months but holders are eligible for a further term as Senior

Candidates (male and unmarried) must be fully qualified and registered, and applications (on the prescribed form), together with copies of three recent testimonials, should be sent to the undersigned on or before March 1st

J C BURDITT,
Director and House Governor

THE PRINCESS BEATRICE HOSPITAL Earls Court London S W 5
(General Hospital—81 Beds)

CASUALTY OFFICER AND OBSTETRIC HOUSE SURGEON (male or female) required for a period of six months as from March 1st Salary at the rate of £110 per annum with board, residence and laundry (together with £10 to cover all duties during the six months relating to Private Patients) Previous resident experience desirable but not essential Full particulars may be obtained from the Secretary Manager, by whom applications with copies of three recent testimonials should be received not later than 9 a m February 24th

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THE PRINCESS BEATRICE HOSPITAL Earls Court London S W 5
(General Hospital—81 Beds)

HOUSE PHYSICIAN AND CASUALTY OFFICER (male or female) required for a period of six months as from April 1st Salary at the rate of £110 per annum with board residence, and laundry (together with £10 to cover all duties during the six months relating to Private Patients) Previous resident experience desirable but not essential Full particulars may be obtained from the Secretary Manager, by whom applications with copies of three recent testimonials should be received not later than 9 a m March 2nd

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THE PRINCESS BEATRICE HOSPITAL Earls Court London S W 5
(General Hospital—81 Beds)

RESIDENT SURGICAL OFFICER (male) required for a period of six months in the first place from April 1st eligible for re election Salary at the rate of £200 per annum, with board residence and laundry (together with £25 to cover all duties during the six months relating to Private Patients) Previous resident experience and F R C S essential

Full particulars may be obtained from the Secretary Manager by whom applications with copies of three recent testimonials should be received not later than 9 a m March 2nd

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WEST LONDON HOSPITAL Hammersmith Road, W 6 (241 Beds)

Applications are invited for the post of FULL TIME ASSISTANT PATHOLOGIST Salary at the rate of £300 per annum plus fees for private work and various other duties (including teaching) which the holder will be required to perform The appointment is terminable by three months notice on either side

Applications, with full particulars of age qualifications experience, etc accompanied by copies of testimonials must reach me not later than first post on Thursday March 4th Candidates will be required to attend a meeting of the Medical Council at 4 30 p m on Friday March 5th and prior to that date to call upon and send copies of their application and testimonials to each member thereof The appointment will be made by the House Committee on the same day

H A MADGE Secretary

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shadwell London, E 1 (135 Beds)
(Formerly East London Hospital for Children)

A HOUSE PHYSICIAN is required on April 1st by the above Hospital Candidates are invited to send in their applications addressed to the Secretary by noon on Monday March 8th at the latest accompanied by copies of not more than three recent testimonials and particulars of previous appointments if any

The appointment is for six months

Salary at the rate of £125 per annum, with board residence and laundry Candidates must be registered with the General Medical Council Forms of application and copies of the rules can be obtained from the Secretary Superintendent

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THE QUEEN'S HOSPITAL FOR CHILDREN Hackney Road London E 2

HOUSE PHYSICIAN required April 1st

CASUALTY OFFICER required April 1st Some Ear Nose and Throat work additional

Six months appointments Salary at the rate of £100 per year with board lodging and laundry in each case

Applications must be made on forms to be obtained from the undersigned and must be sent in with copies of not more than four testimonials, on or before March 8th

CHARLES H BESSILL
February 9th 1937 Secretary

BMF

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LANCASHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE COMMITTEE

LAKE HOSPITAL AND DARWEN HOUSE ASHTON-UNDER-LYNE AND MANCHESTER

APPOINTMENT OF JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners for the appointment of Junior Resident Medical Officer at the above Hospital and Institution, comprising 300 and 525 beds respectively.

The Hospital is recognised as a complete Training School for Nurses.

Candidates must be unmarried.

Salary at the rate of £225 per annum together with the usual residential emoluments.

The appointment will in the first instance be for a period of six months the successful applicant being eligible for re-appointment for a further period of six months at the end of that period.

Forms of application may be obtained from the County Medical Officer of Health Public Assistance (Hospital and Medical) Department County Offices, Preston, to whom all application accompanied by copies of not more than two recent testimonial must be forwarded not later than Monday March 8th.

County Office, Preston. GEORGE ETHERTON
Clerk of the County Council
February 13th 1937

LANCASHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE COMMITTEE

WHISTON PUBLIC ASSISTANCE INSTITUTION INFIRMARY NEAR PRESCOT

RESIDENT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners for the appointment of Resident Medical Officer at the above Institution (500 Hospital beds). Candidates must be unmarried.

Preference will be given to candidates having previous Hospital experience particularly in Midwifery.

Salary at the rate of £350 per annum together with the usual residential emoluments.

The appointment will in the first instance be for a period of six months the successful applicant being eligible for re-appointment for a further period of six months at the end of that period.

Forms of application may be obtained from the County Medical Officer of Health Public Assistance (Hospital and Medical) Department County Office, Preston, to whom all applications accompanied by copies of not more than two recent testimonials must be forwarded so as to be received not later than Monday March 8th.

County Offices, Preston. GEORGE ETHERTON
Clerk of the County Council
February 13th 1937

LANCASHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE COMMITTEE

WHISTON INSTITUTION INFIRMARY NEAR PRESCOT

APPOINTMENT OF VISITING ANAESTHETIST

Applications are invited for the appointment of a Visiting Anaesthetist at the Whiston Institution Infirmary, near Prescot.

The salary will be at the rate of £275 per annum and the Anaesthetist appointed will be required to attend at the Institution on three sessions per week.

Applications accompanied by copies of not more than three recent testimonials to be forwarded to the County Medical Officer of Health Public Assistance (Hospital and Medical) Department County Offices, Preston, so as to be received not later than Monday March 8th.

County Office, Preston. GEORGE ETHERTON
Clerk of the County Council
February 13th 1937

HULL ROYAL INFIRMARY

Applications are invited for the post of HONORARY ASSISTANT SURGEON. The appointment will be for a period of five years and may be renewed.

During the term of his appointment the successful candidate shall not apply for or accept a post at any other hospital or clinic without the previous consent of the Board.

The present holder of the post is applying for reappointment.

Applications should be addressed to the Chairman, Hull Royal Infirmary, and should reach the hospital on or before March 6th.

February 15th 1937 R. J. CARLESS
House Governor

COUNTY BOROUGH OF WEST HAM

PUBLIC ASSISTANCE COMMITTEE

Applications are invited by the Council for the post of FIRST ASSISTANT RESIDENT MEDICAL OFFICER (male at the Central Home, Union Road, Leytonstone, at a salary of £525 per annum rising by annual increments of £25 per annum to a maximum of £600 per annum together with apartment, board and laundry valued for superannuation purposes at £150 per annum. The salary is inclusive and any fees received must be paid to the Council. The successful candidate must be prepared to serve in any of the Council's other institution and to carry out any other duties which may be assigned to him.

This institution accommodates chronic sick aged and infirm patients.

Candidates must be qualified registered medical practitioners, preference being given to candidates who have had in addition to a general hospital appointment experience in Poor Law Institution.

The successful candidate will be required to join the appointment provisions of the Officers' Superannuation Act, 1896, and the statutory contributions will be deducted from the salary.

Forms upon which application must be made can be obtained from the Medical Officer of Health, Municipal Health Offices, Romford Road, Stratford, E.15, on the receipt of a stamped addressed envelope, and should be returned to the undersigned not later than February 27th.

Canvassing Members of the Council is prohibited, and will disqualify.

CHARLES E. CANFIELD, Town Clerk.
Public Assistance Offices,
Union Road, Leytonstone, E.11.
February 6th 1937

COUNTY BOROUGH OF SMETHWICK

ST CHAD'S HOSPITAL

RESIDENT OBSTETRICAL OFFICER (Male)

Applications are invited for the post of Resident Medical Officer for Obstetrics in the Council's Municipal Hospital. Duties will include the supervision of 27 maternity beds in the hospital and attendance at antenatal and Postnatal Clinic.

The Officer appointed will work under the direction of the Visiting Consulting Obstetricians and will also be required to assist in the General Medical and Surgical work at the General Hospital under the direction of the Medical Superintendent. Candidates should have held previous resident appointments in a Maternity Hospital and have had experience in [illegible] reference will be given to [illegible] College of [illegible]ing Ob[illegible] 350 per [illegible] £25 to [illegible]ained at £4[illegible] will be £1[illegible] on either [illegible] obtained side. Forms of [illegible]dals from the Medical and Hospital Hagley[illegible] by must be returned copies of three recent testimonial not later than first post on February 27th.

Canvassing directly or indirectly will disqualify.

Council House, Smethwick. FRANK CHAPMAN
Town Clerk.
February 9th 1937

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE
COUNTY INSTITUTIONS OSTER HOUSE ST ALBANS

APPOINTMENT OF HOUSE SURGEON

Applications are invited for the post of House Surgeon at the above Institution.

Salary will be at the rate of £150 per annum rising by £25 at the end of six months satisfactory service with an allowance of £3 3s. per week until such time as board and residence can be provided in the Institution. The appointment will be limited to one year and not renewable.

The House Surgeon must reside near the Institution at an address to be approved by the Guardians' Committee.

Candidates must be duly qualified and registered.

Application, stating age, qualifications and experience with copies of not more than three recent testimonial, should be sent to the Clerk of the St. Albans Guardians' Committee, Oster House, St. Albans, from whom any further details may be obtained.

ELTON LONGMORE, Clerk of the County Council.
Hertford, Herts.

BOROUGH OF SWINTON & PENDLEBURY

APPOINTMENT OF MEDICAL OFFICER OF HEALTH & SCHOOL MEDICAL OFFICER

Applications are invited from duly qualified persons for the appointment of Medical Officer of Health of the Borough subject to the provisions of the Sanitary Officers (Outside London) Regulations 1935. The person appointed will be required to perform all duties imposed on him by statute and by any orders, regulations or directions from time to time made or given by the Minister or by the Bye-laws or instructions of the Council applicable to his office and to act as School Medical Officer, Superintendent of the Maternity and Child Welfare Centres and all Clinics and to carry out all such duties in connection therewith as the Council may with the consent (if necessary) of the Ministry of Health from time to time direct.

He must reside within a distance of three miles from the new Town Hall devote all his time to the duties of the office and not engage in private practice as a Medical Practitioner.

The appointment will be subject to the approval of the Minister of Health and the [illegible] required to pass [illegible] Officer of Health [illegible] a designated post for purposes of superannuation under the Local Government and Other Officers' Superannuation Act 192[illegible].

The salary will be at the rate of £800 per annum rising by annual increments of £50 to a maximum of £1,000 per annum. There will be an allowance of £75 per annum for travelling expenses. The Council will provide any necessary clerical and other assistance.

The appointment will be subject to termination on three months' notice from either side.

Application on form to be obtained from the undersigned and accompanied by copies of not more than three recent testimonials should reach me not later than noon on Tuesday March 2nd. Envelopes should be endorsed "Medical Officer."

Canvassing either directly or indirectly will be a disqualification.

Town Hall, Swinton, Lancs. WILLIAM CARTER
Town Clerk.
February 13th 1937

COUNTY BOROUGH OF BRIGHTON

SANATORIUM AND INFECTIOUS DISEASES HOSPITAL

Applications are invited for the post of Male JUNIOR RESIDENT MEDICAL OFFICER at a salary of £250 per annum with board and apartments, laundry and [illegible].

The appointment is for a period of six months.

The post is [illegible] under the Local Government and Other Officers' Superannuation Act 1922 and the successful candidate will be required to pass a medical examination before being appointed to the position.

Particulars and form of application can be had from the undersigned.

Applications must be delivered at my office before 10 a.m. on Monday March 1st.

DUNCAN FORBES
Medical Officer of Health
Royal York Building, Brighton 1.
February 4th 1937

COUNTY BOROUGH OF HUDDERSFIELD

ASSISTANT SCHOOL MEDICAL OFFICER.

Applications are invited for the above post for which a good knowledge of diseases of children and experience in bacteriology are essential.

Salary £500 per annum rising by annual increments of £25 to £700. The commencing salary will be based on the candidate's previous experience.

The post is designated under the Superannuation Act 1922 and the appointment therefore is subject to a satisfactory medical examination.

Application, stating age and giving full particulars regarding training, qualifications and appointments held, in own handwriting, should be forwarded to the Medical Officer of Health along with copies of two testimonials as to character not later than Friday February 26th.

BRISTOL ROYAL INFIRMARY

Application are invited for the [illegible] of CLINICAL ANAESTHETIST to the [illegible] Department. Honorarium £150 per annum. Candidate who must be registered Medical Practitioner to send in their application together with copies of not more than three testimonials to the undersigned on or before March 6th.

ELLIS C. SMITH, F.C.I.S.
Secretary and House Governor

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MON —Old established industrial PRACTICE Detached house rented on lease at £65 p a Receipts over £1 000 p a Panel 1 440 Appointments Premium 1½ years purchase A four-fifth share may be purchased if desired with view to succession

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FOR DISPOSAL

1 LONDON S E —Old established PRACTICE Vendor ill Receipts average nearly £550 p a panel nearly 600 Very nice house and garden rent £90 Locum in charge Premium about 1½ years purchase
2. LONDON N —Well established working class non-panel PRACTICE Receipts average £1 460 p a Scope for panel if desired Nice accommodation Premium £1 850 £1 000 down rest easy on talliment
3 LONDON S E —Well established mixed class PRACTICE Receipts average over £900 p a Good panel Very nice house and garden can be had on rental For quick sale any reasonable offer can be considered
4 A number of small PRACTICES at very low premiums excellent opportunities for practitioners wishing to get a practice with scope
5 30 MINUTES FROM PADDINGTON —Old established PRACTICE Receipts average £1 800 p a panel 1 700 Very nice house rent £100 p a Premium to include drugs furniture fittings linoleum etc £5 000
6 KENT —Large Coast Town Well established PRACTICE Receipts average about £500 including panel Very nice corner house for sale or might be let Opposition not strong Premium moderate
7 LONDON SUBURB — Well established mixed class PRACTICE Receipts average £1 000 p a panel over 1 350 increasing Nice house on lease Offers invited
8 LONDON SUBURB - E — Old established PRACTICE Receipts average nearly £4 000 p a Panel nearly 3 600 Nice house on rental Vendor going abroad Premium 2½ years purchase or near offer
9 WANTED IN LONDON OR PROVINCES PRACTICES with incomes £800 to £2 000 Many purchasers waiting and quick transactions for immediate cash

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2 NORTH WEST MIDLANDS — Good mixed PRACTICE with substantial panel and income of from £1 500 upwards IMMEDIATELY REQUIRED CAPITAL AVAILABLE

FOR DISPOSAL

1 SOUTH COAST —Good mixed PRACTICE Receipts well over £1 200 p a (auditor's figures) Panel 1 300 Excellent house All services
2 EAST COAST —Old established hospital and panel PRACTICE Receipts av £1 400 p a Panel over 800 and both increasing Good house all services
3 BIRMINGHAM —Old established City PRACTICE Receipts av £450 p a House to rent But offer for quick sale
4 BIRMINGHAM —In a very pleasant Residential Suburb well established better class PRACTICE Receipts average £2 000 p a Panel about 500 Good house
5 STAFFS — Definite PARTNERSHIP after preliminary Assistantship of six months to single man either English or Scotch Protestant and not over 30 Further details on application

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FOR DISPOSAL

LONDON S E — £520 P A PANEL 580 Clubs over £70 p a Vendor retiring through ill health Premium 1½ years purchase 10 roomed house Rent £90 p a or sell —1
LONDON, N W —OVER £600 P A WITH ample scope Panel over 400 P M S about 50 Fees 5/6 to 10/6 Premium £1 200 Good house 4 bed 2 recep etc —2
LANCS — OLD ESTAB TOWN PRACTICE About £1 700 p a Panel 1 870 Visits 5/ to 6/ Not much midwifery Half share for sale at 2 years purchase —3
BIRMINGHAM —AVERAGE OVER £480 P A Non-panel No midwifery Visits 7/ to 12/6 Worked as lock-up but 3 bed and 1 sitting room available Rent £60 p a Premium £500 or near offer —4
KENT —ABOUT £700 P A PANEL 400 approx Fees 3/6 to 10/6 Sev appts House 3 recep 4 bed etc garden Rent £70 p a —5
EASTERN COUNTS —1/3 OF OVER £2 500 p a Panel nearly 1 800 Very old established Practice Premium 2 years purchase or near House £55 p a 4 bed 2 recep surgery etc and large garden —6
SOUTH COAST —£850 RAPIDLY INCREASING Panel about 600 Club £100 p a Little midwifery Good accom available Premium 2 years purchase —7
HANTS NEAR SEA —NEARLY £2 600 P A Panel about 600 Fees 5/ to 21/ Premium 2 year purchase Good family house and garden For sale —8
HAMPSHIRE —SEASIDE RESORT —AVERAGE over £3 200 Panel 1 200 increasing Two good [illegible] £1 600 [illegible] 9 [illegible] 2 years [illegible] doubles etc Sell or let —10
HOME COUNTIES WITHIN EASY REACH of London (S) —Steadily increasing PRACTICE now over £3 500 p a including panel of 3 000 also growing rapidly and appt £200 p a Excellent investment for two friends Two houses available one large to rent other smaller for sale freehold —11
ESSEX SUBURB — ABOUT £1 450 P A Medium panel Fees 3/6 up Prem 2 years purchase Detached house (4 bed etc) Sell or let —12
OUTER S W SUBURB —£2 100 P A PANEL 2 400 Club £450/£500 p a and appts Premium £5 000 Detached house 2 recep 4 bed surg etc garage and yard £2 000 —13
HANTS — COUNTRY PRACTICE ABOUT £1 900 p a steadily increasing and cope Old estab Panel 1 300 Club £130 Two houses available Would suit two friends in Partnership —14
NORTH EAST ENGLAND —LUCRATIVE OLD established Town PRACTICE Over £2 000 p a Panel 2 200 Clubs and appts about £600 Good fee Premium 2 years purchase Detached house 5 bedroom 2 reception etc To be sold or let —15
ESSEX SUBURB —AVERAGE £600 P A AND ample scope to young active man Panel 430 Visits 4/ up House on arterial road 2 recep 4 bed etc Rent £90 p a —16
LONDON S E — RAPIDLY INCREASING PRACTICE in good position Nov £900 p a Panel 500 Fully worked Premium £1 800 or near offer 8 roomed house available Price only £800 —17
LONDON E —£350 P A OR MORE PANEL over 350 Densely populated district Good cope to increase Surgery waiting living room and 2 bed to rent Prem £325 —18
KENT —WITHIN 12 MILES —ABOUT £1 100 p a Panel 985 increasing Growing neighbourhood No midwifery Just completed house Premium £2 250 —19

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ASSISTANTS —MANY VACANCIES IN TOWN and Country Indoor and Outdoor Lists on application.

LANCASHIRE COUNTY COUNCIL

PARK HOSPITAL DAVYHULME Near MANCHESTER

APPOINTMENT OF RESIDENT MEDICAL SUPERINTENDENT

Applications are invited for the position of Resident Medical Superintendent at the Park Hospital Davyhulme near Manchester (500 beds) The duties will also include those of Medical Officer to the Green Lane Public Assistance Institution Latricroft

Candidates must be duly qualified Medical Practitioners of at least five years standing have held an appointment as House Physician or House Surgeon in a public general Hospital and have had experience of hospital administration

The successful applicant for the above appointment will be required to pass a medical examination and unless at present a contributor under the Poor Law Officers Superannuation Act 1896 to contribute to the Local Government and Other Officers Superannuation Act 1922

The person appointed will be required to work under the direction of the County Medical Officer of Health

The salary will be as follows £850 per annum rising by annual increments of £25 to £950 per annum (subject to satisfactory service) as Medical Superintendent of Park Hospital Davyhulme £150 per annum as Medical Officer to the Green Lane Institution Latricroft and in addition an unfurnished house free of rates and valued at £100 a year will be provided Until the house has been erected a sum at the rate of £100 a year will be paid

Forms of application may be obtained from the County Medical Officer of Health (Hospital and Medical Department) County Offices Preston to whom all applications accompanied by copies of not more than three testimonials, must be forwarded so as to be received not later than Monday March 8th

County Offices GEORGE ATHELTON
Preston Clerk of the County
February 15th 1937 Council

BARRY URBAN DISTRICT COUNCIL SURGICAL HOSPITAL

HOUSE SURGEON (Male)

Applications are invited for the above appointment

Candidates must be duly qualified and registered Salary £150 per annum with board and lodging

The appointment will be for a period of six months to be renewed if thought fit for another period of six months but not for any subsequent period

The successful candidate will be required to commence duties immediately

Applications stating age qualifications positions held with copies of three recent testimonials to be sent to Dr L I DAVIES Medical Superintendent Public Health Office Barry

Council Offices T D HOWELLS
Barry Clerk
February 15th 1937

CITY OF SALFORD

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICER

Applications are invited for the above mentioned appointment at a commencing salary of £500 rising by annual increments of £25 to a maximum of £700 per annum with allowance for previous approved service subject to a deduction of 5 per cent for superannuation purposes

Applicants should have had special experience in Midwifery and the Diseases of Children

Forms of application and conditions of service may be obtained from the Medical Officer of Health 145 Regent Road Salford 5 Lines to whom the form should be returned accompanied by lists of not more than three recent testimonials not later than Friday March 5th

H H TOMSON Town Clerk

CITY OF LEICESTER

RESIDENT MEDICAL OFFICER

Junior Assistant Medical Officer (male) required at the CITY ISOLATION HOSPITAL AND SANATORIUM Groby Road Appointment for six months renewable if satisfactory for a further period of six months Salary at the rate of £300 per annum with board residential emoluments The officer appointed may be required to assist with Tuberculosis work Applications on form to be obtained from and returned to the undersigned not later than 1 p m on Friday 27th

Health Offices L B MACDONALD
City Hall Leicester Medical Officer
February 1937 of Health

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL AND THE COUNCIL OF THE BOROUGH OF THORNABY ON TEES

APPOINTMENT OF BOROUGH MEDICAL OFFICER OF HEALTH AND ASSISTANT TO THE COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified and registered Medical Practitioners holding the Diploma in Public Health or its equivalent for the above named whole time joint appointment

Candidates must not be over the age of 45 Salary £800 per annum with a travelling allowance on the County Council's Scale when engaged on their work Office accommodation will be provided by the Borough Council and clerical assistance will also be provided by the Borough Council for the duties of Medical Officer of Health The Officer will be required to reside within the Borough or at an approved place within easy reach thereof

The appointment will be made in accordance with the Local Government Act 1933 the Sanitary Officers Order 1926 and the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930 The Local Government and Other Officers Superannuation Act 1922 will apply to the appointment, and the person appointed will be required to pass a Medical Examination

In addition to the duties of Medical Officer of Health for the Borough of Thornaby on Tees (which is a Maternity and Child Welfare Authority) the Officer will be required to carry out such duties as may from time to time be required of him by the County Council such duties will be discharged under the direction of the County Medical Officer of Health and will include School Medical Inspection

Applications on forms obtainable from the undersigned must be received by him with copies of not more than three recent testimonials not later than March 6th

Canvassing in any form, will be a disqualification

Town Hall J R CARR
Thornaby on Tees Town Clerk
February 16th, 1937

COUNTY OF DENBIGH

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications are invited from Medical Practitioners possessing the Diploma in Public Health for the appointment of Deputy County Medical Officer of Health and School Medical Officer

Applicants must have had at least three years experience in a Public Health Department of a Local Authority and the successful applicant will be required under the direction and control of the County Medical Officer of Health to perform duties appertaining to Maternity and Child Welfare and the School Medical Services and such other duties in connection with the Public Health Services as he may be called upon to perform and to devote his whole time to the duties of the office

The commencing salary is £700 rising by two annual increments on April 1st 1938 and April 1st, 1939 subject to satisfactory service to a maximum of £750 The post is designated as established for the purposes of the Local Government and Other Officers Superannuation Act 1922 and the successful applicant will be required to contribute the statutory deduction to the Superannuation Fund

Applications stating age, full particulars of experience and qualifications accompanied by copies of not more than three recent testimonials must be sent to me the undersigned by not later than Saturday March 6 h, endorsed Deputy County Medical Officer

County Offices WILLIAM JONES
Ruthin Clerk of the County
February 16th 1937 Council

KENT COUNTY COUNCIL

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Resident Assistant Medical Officer at the CHATHAM PUBLIC ASSISTANCE HOSPITAL (700 beds)

The salary is £250 a year with residential emoluments which are valued at £120 a year A superannuation scheme is in operation and the successful candidate will be required to pass a medical examination

The appointment is a whole time one and will be for a period of one year only, and not renewable

Forms of application can be obtained from the Public Assistance Officer Tonbridge Road Maidstone to whom applications must be sent by 10 a m on Monday March 1 t

Sessions House W I DAVIS
Maidstone Clerk of the County
February 15th 1937 Council

URBAN DISTRICT OF RUISLIP NORTHWOOD

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

Applications for the above post are invited from duly qualified and registered Medical Practitioners The the provisions of 1933 and the London) Regulation 1933

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and Orders and will also be required to carry out such other duties as the Council may with the consent of the Ministry of Health (where necessary) from time to time direct

The Council are not the Local Authority under the Maternity and Child Welfare Acts or the Education Acts

Preference will be given to applicants who are registered in the *Medical Register* as the holder of a Diploma in Sanitary Science Public Health, or State Medicine, but the Council will be prepared to consider applications where the applicant has had previous experience of the duties although not holding such Diploma

The person appointed must reside either within the Council's district or in a district so situated as may be approved by the Council

He will not be required to devote his whole time to the duties but may, if he so desire engage in private practice

The successful candidate will be required to furnish a satisfactory medical certificate of health The salary will be at the rate of £250 per annum with an allowance of £75 per annum for travelling and other expenses

Canvassing either directly or indirectly will disqualify

Applications, on forms which may be obtained from the undersigned, accompanied by not more than three recent testimonials and endorsed Appointment of Medical Officer of Health must be delivered to the undersigned on or before March 8th

Council Offices B BARNES
Northwood, Clerk of the
Middlesex Council
February 10th 1937

COUNTY BOROUGH OF DUDLEY

PUBLIC HEALTH DEPARTMENT

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications from qualified medical practitioners are invited for the appointment of an Assistant Medical Officer of Health and Assistant School Medical Officer

Applicants must be medical practitioners holding a special qualification in State Medicine or a Diploma in Public Health, and must have had three years experience of the practice of medicine since obtaining their medical qualifications

Preference will be given to applicants who

(*a*) Have had some definite experience of School Medical work

(*b*) Have enjoyed special opportunities for the study of Diseases in Children

(*c*) Have held one or more Resident Hospital appointments

The candidate appointed will be required to produce a recent satisfactory medical certificate of health and to devote the whole of his time to the duties of the office and he must reside in the Borough

The salary will be £500 per annum rising by annual increments of £25 to a maximum of £700 per annum

The post is designated under the Local Government and Other Officers Superannuation Act, 1922 and deductions will therefore be made for superannuation purposes

Application forms may be obtained from my office to which they should be returned together with copies of three testimonials of recent date not later than March 3rd

Canvassing in any form will be a disqualification

Council House, GEO C V CANT,
Dudley Town Clerk
February 16th 1937

CLAYTON HOSPITAL WAKEFIELD

Applications are invited for the combined post of HOUSE SURGEON AND HOUSE PHYSICIAN There are three other House Surgeons in residence The successful applicant should be interested in Pathology and will be required to take charge of the Pathological Laboratory

The appointment is for six months in the first instance and the salary is at the rate of £150 per annum plus board residence laundry

Applications stating age qualifications experience together with copies of three testimonials should be sent to the undersigned as early as possible The appointment is to male applicants only of British nationality

H J LANCASTER, Gen Supt &

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)

(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W.C.1

Tele. Address: Triform, Westcent—London

Telephone: Euston 1644, 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent.

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them.

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts, furniture, drugs, fittings and other effects (excluding sales of any freehold or leasehold property, or of practices, effects etc. outside Great Britain) is limited to a maximum fee of Fifty Pounds.

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. **Full particulars sent free.**

1. MIDLANDS.—DEATH VACANCY.—Old-established PRACTICE about £1,730 p.a. in pleasantly situated Market Town with Cottage Hospital. Panel about 1,000. Visits 3/6 to 10/6, without medicine. Nice modernised residence (6 bedrooms and surgery with separate entrance). Electric light. Central heating. 2 garages. Large garden, Tennis court, etc. in all about 4 acres. Price of freehold £3,000 or would be let.

2. ESSEX.—Old-established Practice in outlying Suburban District. Receipts average £2,125 p.a. including appointments worth about £260 p.a. and a panel of 1,784. Well situated corner house (about 6 bedrooms) and surgery accommodation with separate entrance. Garage and fair size garden. Rent £120 on lease. Premium two and a quarter years' purchase. Purchaser must be English, Scottish or Irish.

3. S. MIDLANDS.—Partnership (with succession in three years) in Practice averaging £1,320 p.a. in a county town. Panel about 900. Visits 5/- upwards, medicine extra. Suitable accommodation to rent. Premium one half share (to include share of surgery fittings, drugs, etc.) £1,400.

4. LONDON, N.—Well established Practice averaging £450 p.a. in pleasant growing District. Panel about 600. Well situated house on main road to rent at about £65 p.a. Good scope—building going on. Premium £600.

5. LONDON, S.E.—Old-established Practice averaging over £850 p.a. in thickly populated district. Panel 1,188. No midwifery. House on main road (4 bedrooms) with separate entrance to surgery, accommodation for sale or rent. Good scope. Premium £1,700.

6. SURREY.—Increasing middle and working class PRACTICE about £1,600 p.a. in thickly populated Suburban District. Panel over 500. Suitable house available.

7. LONDON, S.W. — High class non dispensing PRACTICE about £1,000 p.a. in residential district close to Mayfair. Fees 5s. 5s. to £5 5s. Excellent accommodation for purposes of practice, rent £200 p.a. Scope for increase. Premium one and a half years' purchase.

8. LANCS.—Partnership in rapidly increasing mixed Practice about £3,200 in Manufacturing Town. Panel over 2,700. Suitable house to rent. One fourth share at first, at two years' purchase.

9. LONDON, S.W. (near Putney).—Old established PRACTICE at about £550 p.a. in good suburb. Panel 170. Maisonette of 10 rooms to rent. Premium £650.

10. S. COAST. — Well established Practice in residential town and Favourite Watering Place. Receipts average over £3,100 p.a. including panel between 1,200 and 1,300. Good detached corner residence (5 bedrooms etc.) with garage and good garden for sale. Premium two years' purchase.

11. S. OF ENGLAND.—Practice in growing residential district within easy reach of Favourite Watering Place. Cash receipts 1936 £900 including appointment and panel returning together about £400 p.a. Semi-detached corner house (3 bedrooms and attic bedroom etc.) on main road with nice garden and garage for sale. Scope for increase. Premium £1,450.

12. LONDON, W.—Well-established non dispensing PRACTICE about £500 p.a. including P.M.S. and about £85 p.a. from panel. No midwifery. Maisonette containing 6 rooms etc. Rent £100 p.a. exclusive. Scope for increase. Premium £700.

13. ITALIAN RIVIERA. — Small well-established good class non dispensing Season PRACTICE. Further particulars on application.

14. SOUTH SUFFOLK.—Partnership in sound old established Practice over £6,000 p.a. in most desirable Country Town. Good appointments and panel over 3,000. Not much midwifery. Choice of suitable houses. One-sixth share at first, at two years' purchase.

15. S. ENGLAND.—Unopposed Country Practice in beautiful part. Receipts about £480. Panel and appointments approximately £430. Easily worked. House (4 bedrooms) with garage and garden to rent. Premium one and a half years' purchase.

16. HOME COUNTY. — Partnership in old established non dispensing Practice in good Residential District within 15 miles of London. Suitable house to rent. Share worth about £1,100 p.a. at two years' purchase. Scope for surgery if desired.

17. S.E. COAST. — Partnership in old established country Practice within easy distance of a popular summer resort. Cash receipts between £1,900/£2,000 p.a. including appointments and panel. Large old historic corner house (6 bedrooms etc.) garage and garden for sale. Scope, district growing rapidly. Premium one half share, two years' purchase.

18. LONDON, N. — Medical Woman's Practice in populous district. Receipts average £560 p.a. including panel 470. House (4 bedrooms) to rent at £100 p.a. Premium £850.

19. WITHIN 15 MILES (S.) OF LONDON.—Rapidly increasing PRACTICE in outlying suburban district. Cash receipts 1936 £2,100 including appointment and club worth over £500 p.a. and a panel of 2,400. Specially built house with 4 bedrooms, large garage and good garden for sale. Branch surgery rented at 10/- weekly. Ample scope. Premium £5,000.

HULL CORPORATION HEALTH DEPARTMENT

ANLABY ROAD INSTITUTION (HOSPITAL)

MALE ASSISTANT MEDICAL OFFICER

The Corporation of Hull invite applications from registered Medical Practitioners under the age of 40 years for the appointment of Male Assistant Medical Officer at the above named Hospital for a period of one year

Salary is at the rate of £350 per annum together with an allowance at the rate of £150 per annum for board and residence outside the Hospital. Experience in surgery will be considered an additional qualification

The Hospital Section contains 540 beds and is equipped with modern X Ray and Radium Department

- with conditions duties may be to whom communication returned not March 8th

NICOLAS GEDDES, D
Medical Officer of Health
Health Department (185), Guildhall Hull
February 16th 1937

HEBBURN URBAN DISTRICT COUNCIL

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

The Urban District Council invite applications from fully qualified Medical Practitioners for the whole time appointment as Medical Officer of Health and School Medical Officer at a total inclusive annual salary of £800 There is no Superannuation Scheme in force in the Urban District.

The successful applicant will be required to devote the whole of his time to the duties of the appointment and will not be allowed to engage in private practice

Further particulars together with a form of application may be obtained from the undersigned

Applications, accompanied by copies of not more than three - ed
Medical Officer of he
undersigned not la h
Canvassing the in
any form will be
Council Office.
Hebburn
Co Durham

COUNTY BOROUGH OF HALIFAX

THE HALIFAX GENERAL HOSPITAL
(405 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (Male)

Applications are invited from duly qualified registered Medical Practitioners for the above appointment Experience in Obstetrical and Ante-natal work is essential

Salary £250 per annum together with board residence and laundry The appointment is for a term not exceeding one year and is not renewable.

Form of application and conditions of appointment can be obtained from the Medical Officer of Health, Powell Street Halifax

Completed applications together with copies of not more than three recent testimonials endorsed Junior Resident Medical Officer must be forwarded so as to be received by the undersigned not later than Saturday February 27th

Canvassing either directly or indirectly will be a disqualification

The Council has not adopted a superannuation scheme

Town Hall PERCY SAUNDERS
Halifax Town Clerk
February 16th 1937

BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE-ON-TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry

The appointment is for six months in the first instance re-appointment may be applied for Applications stating age and experience with copies of three recent testimonials, to be sent to the undersigned immediately

C. E. LOWNDES, Secretary

THE ROYAL INFIRMARY BRADFORD

The Election Committee at their next meeting on March 16th will proceed to the election of an HONORARY PHYSICIAN

The successful candidate will be required to practise as a Consulting Physician

Applications together with certificates of registration and copies of three recent testimonials should be lodged with the undersigned not later than February 26th

J. J. BARROW Secretary Supt.

LEICESTER ROYAL INFIRMARY
(500 Beds)
Vacancies for April 1st 1937

HOUSE SURGEONCIES

Salary £125 per annum Applicants must have held a resident Hospital post or had similar experience of Hospital work Unsuccessful candidates will be considered for Senior Casualty Officer if they so intimate

CASUALTY OFFICERS

Senior Casualty Officer Fellowship standard Salary £125 per annum

Junior Casualty Officer Salary £100 per annum

HOUSE PHYSICIANCIES

Salary £125 per annum Applicants must have held a resident Hospital post or had similar experience of Hospital work

RESIDENT ANAESTHETISTS

Salary at the rate of £150 per annum for first six months £200 per annum for second six months £225 per annum for third six months and £250 per annum for fourth six months.

Applications giving full details to be forwarded to the House Governor not later than February 28th together with copies of three testimonials

Appointments for six months will be made on March 10th

February 8th 1937

ROYAL HALIFAX INFIRMARY
(290 Beds.)
Hospital recognised by the Royal College of Surgeons of England

Wanted a SECOND HOUSE SURGEON (male unmarried) Candidates must be duly qualified and registered The appointment will be from March 11th to September 30th 1937 Salary including all services required in connection with Paying Patients Ward £175 per annum with residence board and laundry The Resident Staff consists of Resident Surgical Officer and three House Surgeons The Hospital contains 250 beds including Maternity Department and Paying Patients Block There is a department Radiological and a large Eye department desirable may be obtained on whom applications etc together with ment

A. MIDGLEY
February 15th 1937 Secretary

ROYAL MANCHESTER CHILDREN'S HOSPITAL PENDLEBURY

Applications are invited for the post of NON-RESIDENT ASSISTANT MEDICAL OFFICER at the Out-patients Department Gartside Street Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months commencing April 1st. Candidates must be on the *Medical Register*

Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a.m. till 1 p.m. or until the work of the Dispensary is finished Patients attendances number about 100,000 per annum

Applications stating age and accompanied by copies of not more than three testimonials to be sent to the undersigned not later than Thursday February 25th

Canvassing directly or indirectly may disqualify

By Order
H. HEARDMAN Secretary

ROYAL WEST SUSSEX HOSPITAL, CHICHESTER
(114 Beds including 12 in the Private *Patients Block* Two Resident)

JUNIOR HOUSE SURGEON wanted from March 1st Salary at the rate of £125 per annum with board residence and laundry

Applications should reach the undersigned by February 26th together with not less than three recent testimonial stating age nationalities experience and qualifications

By Order of the Board of Management,
ALAN PUDDLE, A.H.O.A.
February 16th 1937 Secretary

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON (Bed 272—Six R.M.O.s)

CASUALTY HOUSE SURGEON (male) required in March Salary £120 per annum with board residence and laundry

Candidates must hold M.R.C.S. and L.R.C.P. qualifications of the British Empire and be duly registered under the Medical Act

They must be unmarried and when elected under 30 years of age

Applications with copies of recent testimonial to be forwarded to the undersigned

L. L. W. LANCASTER GALE
Secretary Supt.

THE LEEDS MATERNITY HOSPITAL AND THE HOSPITAL FOR WOMEN AT LEEDS

APPOINTMENT OF JOINT PATHOLOGIST

The Board of Management of the above Hospitals are prepared to receive applications for the post of Joint Pathologist with salary at the rate of £600 per annum The post will be a full time one involving a half day service at each Hospital daily The work will include Gynæcological Pathology Bacteriology and Biochemistry Private practice will be allowed The elected candidate will it is hoped be appointed as Honorary Demonstrator in Pathology at University of Leeds to terminate should on or before February the particulars may be obtained

DAVID W. CURRIE
Honorary Secretary
Joint Medical Faculties
The Hospital for Women at Leeds

THE PRINCE OF WALES'S HOSPITAL GREENBANK ROAD PLYMOUTH
(Formerly South Devon & East Cornwall Hospital) (264 Beds)

Applications are invited for the two vacant posts of HOUSE PHYSICIAN and HOUSE SURGEON Salary £120 per annum with board residence and laundry

Appointments are tenable for six months and are subject to renewal. Duties to commence March 16th and March 22nd respectively

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applicants must be registered under the Medical Acts Applications stating age and *qualifications with copies of three recent testimonials* to reach the undersigned by Feb 26th

ARTHUR R. CASH
February 9th 1937 Gen. Supt. & Sec.

THE GENERAL INFIRMARY AT LEEDS
(655 Beds)

- - -ital for the post of OFFICER Salary board residence and laundry

The appointment is for twelve months subject to renewal Candidates must be legally qualified and registered and have held a Resident Surgical post and had special experience in Orthopædic work

Applications with copies of testimonials to be received by the undersigned not later than March 2nd

S. CLAYTON FRYERS
House Governor & Secretary

THE GENERAL INFIRMARY AT LEEDS
(655 Beds)

- - -ital for the post of OFFICER Salary board residence and laundry

The appointment is for twelve months subject to renewal Candidates must be legally qualified and registered and have held a Resident Surgical post and had special experience in Orthopædic work

Applications with copies of testimonials to be received by the undersigned not later than March 2nd

S. CLAYTON FRYERS
House Governor & Secretary

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL (112 Beds)

HOUSE PHYSICIAN

Applications are invited for the above post, which becomes vacant on March 1st next Salary £125 per annum To have charge of Medical and Ophthalmic beds also to act as Casualty Officer and Resident Anæsthetist The post is for six months in the first instance and offers valuable experience in both In-patient and Out-patient work

Applications stating age nationality and experience with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH E. SEARJEANT, F.C.C.S.
Hon. Consulting Surgeon

THE JESSOP HOSPITAL FOR WOMEN SHEFFIELD

The Board of Management invite applications for the post of HOUSE SURGEON (unmarried) for a period of six months commencing March 1st

Salary £100 per annum together with board residence and laundry

Application stating age together with copies of testimonials should be addressed to the undersigned immediately

DAVID OSWALD Supt. & Sec.

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Tele Address
Triform Westcent—London.

Telephone Euston {1644 1645

Practices and Partnerships for Disposal (continued)

20 SURREY —Better class Practice about £500 in growing residential part of a town easy reach of London Panel 150 Nice modern detached house (8 bedrooms) in own grounds with garden and garage for sale Scope as building is going on Reasonable offer to effect quick sale

21 N DEVON —Old established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 330 Visits 5/ upwards Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting shooting fishing golf etc Premium one and a half years purchase

22 DEATH VACANCY —LONDON S E —Old established PRACTICE Receipts average 3 years ended April 5th 1936 £620 p a Panel about 700 Ten roomed house in good position on main road with separate entrance to surg Garden no gar Rent £130 p a Scope for increase

23 ESSEX —Well established better working and middle-class PRACTICE averaging £600 p a in outlying Suburban District Panel 430 House on main road with small garden front and back Rent £90 p a on lease Good scope—building going on Premium £1 200 cash

24 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3 300 p a in Market Town No panel Fees 5/ to £1 1s Suitable house obtainable Premium one-half share two years purchase

25 S MIDLANDS — Old established steadily increasing PRACTICE averaging £1 170 p a in small Country Town Club worth £175 p a and panel of 745 House (5 bedrooms etc) with garage and garden Rent £65 p a Premium £2 100

26 CO DURHAM —Well established Practice about £1 100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £85 p a and panel 840 Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent Premium one and a half years purchase

27 LONDON S E —Working and middle class PRACTICE occupying commanding position near large L C C Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Prem £1 500

28 S BUCKS —Well established Practice between £500/£600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope Premium one and a half years purchase

29 N WALES WATERING PLACE —Good class non panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired Prem one years purchase

30 S W OF ENGLAND —Partnership (with early succession) in old established good class Practice about £1 600 p a in beautifully situated Watering Place Visits up to £2 2s No panel or midwifery Patients are of high class and include county families Share of about £800 p a at first at two and three quarter years purchase Cottage Hospital Short preliminary Assistantship Applicant should be graduate of Oxford Cambridge or London

31 LONDON N W —Well established Practice in desirable residential district Receipts average £767 p a including panel about 240 Visits 5/6 upwards Modern semi detached house (4 bedrooms) with garage and garden Price of leasehold £1 600 Very good scope Premium £1 150

32 HOME COUNTIES —Old established Practice of £500 p a in first rate town 20 miles from London Panel over 500 Visits 5s No midwifery Modern nine roomed house with garage and attractive garden—about quarter of an acre Premium freehold house and Practice £2 500

33 LONDON S E — Well established Practice in suburban district Receipts average over £650 p a including appointment worth £80/£100 p a and a panel of 630 Semi detached house (12 rooms) with garden for sale Scope Premium one and a half years purchase

34 LONDON W —Practice of about £700 p a in residential district Panel 500 Large corner house (7 bedrooms) with separate surgery entrance and good garden Price of lease £1 350 Scope Premium £1 250

35 ESSEX —Old established Practice in outlying suburban district run by two medical men averaging nearly £2 900 p a Panel 2 849 House (4 bedrooms etc) for sale or rent Premium two and a quarter years purchase

36 S OF ENGLAND — Partnership (after Preliminary Assistantship) in old established Practice of about £3 500 p a in an important town Appointments £250 Suitable house available to rent A one third share would be sold at two years purchase to a suitable man preferably one holding the M D or M R C P

37 LONDON S E — Old established Practice of about £1 000 p a in outlying residential district Panel 100 Detached house (4 bedrooms etc) for sale Premium two years purchase

38 MIDLANDS —Old established Practice of about £930 p a in country district Panel 530 House (7 bedrooms etc) for sale Premium two years purchase

39 LONDON N —Old established Practice in suburban district Cash receipts 1936 (10 months) £1 450 Panel 1 240 increasing Fees 2/6 upwards Suitable house (9 rooms) to rent at £160 p a Premium £3 400

40 HOME COUNTIES —A small Practice about £400 p a in first rate town about 30 miles from London Panel 140 Visits mostly from 5/ House with small garden to rent 25s weekly Excellent cope Premium one and a half years purchase

41 N MIDLANDS —Partnership in old established country Practice averaging over £3 000 p a close to county town Panel over 1 800 Visits 3/6 to 10/6 and a few at £1/1/ Medicine extra Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented Scope for increase as building is going on Premium one third share two years purchase to include share of drugs etc

42 EAST COAST — Partnership in well established Practice in seaport town Receipts about £3 700 p a including good appointments and a Panel about 900 Corner house (9 bedrooms) for sale or rent One fourth (possibly one third) share two years purchase

43 WELSH COAST —Old established country and seaside Practice Cash receipts average £948 p a including appointments and Panel 272 Visits 5/ to 7/6 Not much midwifery Suitable accommodation could be had Bathing boating sailing etc Premium £750

Purchasers for cash are available for Practices with Incomes of £1 250 to £2 000 p a
Purchasers can raise additional capital for the purchase of approved practices or shares
Particulars will be forwarded on application

A number of Assistantships can be offered to suitable applicants

All communications to be addressed to The Manager

CUMBERLAND INFIRMARY CARLISLE
(Beds—160)

RESIDENT MEDICAL OFFICERS (Male)

Applications are invited for the following resident posts vacant on April 1st Six months appointment in each case
(a) HOUSE SURGEON
(b) SECOND HOUSE SURGEON
(c) HOUSE PHYSICIAN
(d) HOUSE SURGEON to Special Departments (Eyes Ear Nose and Throat)
Salaries at the rate of (a) £175 per annum (b) (c) and (d) each £155 per annum Board residence etc in each case
Applications stating age nationality qualifications etc with copies of not more than four testimonials must be received by first post on Monday March 8th by the undersigned who will supply further particulars if desired
J G HOWITT,
February 15th 1937 Secretary

ANCOATS HOSPITAL MANCHESTER, 4

MEDICAL REGISTRAR required (Lady or Gentleman registered Medical Practitioner) Duties to assist the Honorary Physician in the Out patient Department on Monday and Friday mornings (9 30—12 30) Honorarium £50 per annum Appointment for twelve months renewable on January 1st of each year
Applications to be forwarded at once to—
HERBERT J DALLORNI
Gen Supt & Sec

BIRKENHEAD GENERAL HOSPITAL
(156 Beds)

—ired for the post of (e) for the six months he duties include the beds Salary £100 per annum with board, residence and laundry Applications stating age, nationality and qualifications together with three recent testimonials to reach the undersigned as early as possible
W H DANIELS, F C I S,
February 15th 1937 Secretary Supt

EAST SUFFOLK AND IPSWICH HOSPITAL
(350 Beds—8 Residents)

Wanted middle of March HOUSE PHYSICIAN (male British) Salary at the rate of £144 per annum, with board apartments, and laundry
Applications stating age qualifications, and experience, to be sent to the undersigned together with copies of three recent testimonials, on or before March 1st
The Hospital ARTHUR GRIFFITHS
Ipswich Secretary
February 20th 1937

FORSTER GREEN HOSPITAL FOR CONSUMPTION AND CHEST DISEASES BELFAST

There is a vacancy for a HOUSE PHYSICIAN at the above Hospital The appointment will be for six months renewable for a further six months
Salary £150 per annum with board residence, and laundry
Applications with copies of testimonials to be sent to the Secretary 99, Scottish Provident Buildings Belfast on or before February 27th
Canvassing will be a disqualification

CARNARVONSHIRE AND ANGLESEY INFIRMARY BANGOR
(A General Hospital)

Wanted a SENIOR and a JUNIOR HOUSE SURGEON (males) Salary respectively £150 and £100 per annum with residence board and laundry Duties of Senior HS to commence April 15th and Junior HS on April 1st Applications stating qualifications age and nationality to reach the Secretary on or before March 5th

DARLINGTON MEMORIAL HOSPITAL
(200 Beds)

Wanted HOUSE SURGEON for Casualty and Orthopædic Department Male British fully qualified Salary £150 per annum with board residence and laundry Applications stating age *qualifications with copies of at least two* recent testimonials to be addressed to the undersigned
WILFRED FACEY Secretary Supt

HARROW AND WEALDSTONE HOSPITAL HARROW MIDDLESEX

It is desired to appoint an HONORARY PHYSIOTHERAPIST in charge of the Electrical Department Applications are invited by February 25th accompanied by duplicate copies of not more than three testimonials
Further particulars may be obtained from the undersigned
SYDNEY GARBUTT Secretary

HULL CITY MENTAL HOSPITAL, WILLERBY, Near HULL

The Visiting Committee of the above Hospital invite applications for the post of MAIN ASSISTANT MEDICAL OFFICER (married)
The commencing salary is £500 per annum rising by annual increments of £25 to a maximum of £600 per annum, with an additional £50 for possession of the D P M together with emoluments comprising furnished house coal, light laundry, and vegetable produce for his household (valued for Superannuation purposes at £150 per annum) also permission to buy provisions out of store at contract prices
The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909
Forms of application may be obtained from the Medical Superintendent, and should be returned to him together with not more than three recent testimonials

HARROGATE AND DISTRICT GENERAL HOSPITAL (132 Beds)

Applications are invited for the following posts on the Resident Staff, to commence April 1st
CASUALTY OFFICER (who will also act as House Surgeon to the special departments, including Obstetrics)
HOUSE SURGEON
Salary for each post £150 per annum with board residence and laundry
Candidates male, must be of British nationality be unmarried and possess registered qualifications Applications on forms to be obtained from the undersigned, should be forwarded as soon as possible
FRANK A THROWER Secretary

KENT AND SUSSEX HOSPITAL, Royal Tunbridge Wells (204 Beds)

Applications are invited for the appointment of HOUSE SURGEON (male) who is also Casualty Officer and House Surgeon to Fracture Clinic Salary £150 per annum Board residence, and laundry in the Hospital
The Hospital is approved by the University of London for the purpose of the M D and M S Examinations
Successful candidate will be required to take up duty on March 1st and applications stating qualifications, together with certificate of registration and copies of not more than three would be sent to the
HARRISON
February 12th 1937 Supt Secretary

LINCOLN COUNTY HOSPITAL

Wanted SENIOR HOUSE SURGEON male unmarried Salary at the rate of £250 per annum rising to £300 per annum at the conclusion of six months approved service
Also JUNIOR HOUSE SURGEON, male unmarried Salary at the rate of £150 per annum rising to £200 per annum at the conclusion of six months approved service
Board, residence, and washing will be provided
Applications stating age and other particulars with copies of not more than three testimonials are to be sent to the undersigned from whom further particulars may be obtained
Lincoln ARTHUR MOORE
February 13th 1937 Sec Supt

NEWCASTLE UPON TYNE EYE HOSPITAL

SENIOR HOUSE SURGEON

Applications are invited for the post of Senior House Surgeon to the above Hospital Applicants must have had considerable experience in Ophthalmology The Hospital presents great opportunities for both clinical and operative work and the post is well suited to any body wishing to specialise in Ophthalmology The commencing salary is £300 per annum all found Applicants should state when they are prepared to take up the appointment
Applications with testimonials to be sent to CHARLES J V UTTON Secretary Eye Hospital St Mary's Place Newcastle-upon-Tyne

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART

HOUSE PHYSICIAN (male or female) wanted April 1st
Facilities for writing Thesis Salary £100 per annum with board residence and laundry Applications to Miss LEWIS Secretary 14, Cook Street Liverpool

LIVERPOOL HEART HOSPITAL

Applications are invited for the post of ADDITIONAL HONORARY ASSISTANT PHYSICIAN also a FIRST ASSISTANT
Applications to be sent not later than April 15th to the Secretary Miss LEWIS, 14, Cook Street Liverpool

NORTH ISLE OF MAN HOSPITAL AND DISPENSARY, DOUGLAS ISLE OF MAN
(112 Beds)

The Committee of Management invite applications for the post of MAIN RESIDENT HOUSE SURGEON Candidates must be single have double qualifications and be registered under the Medical Acts
The duties in addition to Ward and Dispensary work, comprise about 300 visits per annum to Out patients in their own homes
Salary (with board and laundry in addition) £175 per annum, which is usually augmented to about £250 per annum through opportunities which arise for special services
Applications stating age and experience with copies of recent testimonials, must reach the undersigned before Friday, March 5th
The candidate appointed will be required to begin his duties on April 1st, and the post will be tenable for twelve months only
Westmorland Road I K KELLY
Douglas Isle of Man Hon Sec
February 2nd 1937

MONKWEARMOUTH AND SOUTHWICK HOSPITAL, SUNDERLAND

Applications are invited for the position of JUNIOR HOUSE SURGEON (there are two)
Commencing salary £120 per annum with board and attendance Duty to commence at once
The appointment is for six months with option of re-engagement for further six months
The Hospital is an entirely new one, equipped with all modern apparatus
The post offers exceptional opportunity to enthusiastic candidates
Applications, stating age nationality, and previous experience together with copies of testimonials should be forwarded to the Secretary not later than Wednesday, February 24th

PRESTON AND COUNTY OF LANCASHIRE ROYAL INFIRMARY
(General Hospital—405 Beds)

HOUSE SURGEON, Eye, Ear, Nose and Throat Department
Applications are invited from unmarried gentlemen doubly qualified and registered for the post of House Surgeon Duties in the Eye Ear Nose and Throat Wards under Specialist Surgeons
Hospital Resident Staff seven Six months appointment
Salary at the rate of £150 per annum with board residence and laundry
Applications stating age, qualifications and experience together with copies of recent testimonials to be forwarded to Mr JOHN CHEW Superintendent Royal Infirmary Preston
February 15th 1937

PRINCE OF WALES ORTHOPÆDIC HOSPITAL CARDIFF

Applications are invited for the post of HOUSE SURGEON (male unmarried) at this Hospital (64 beds) with Country Branch at Cross ways (70 beds) Salary £200 per annum with board quarters and laundry The appointment is for six months in the first instance Duties to commence on March 1 or as soon thereafter as possible
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Envelopes to be marked House Physician in the top left hand corner
H J WORWOOD
Clerk to the Visiting Committee

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1 LONDON S E —Very sound good mixed class PRACTICE averaging £646 p a Receipts have decreased owing to Vendor s ill health, but they are stated to be capable of considerable increase Panel of nearly 600 and appointments worth over £70 p a Ten roomed house with ample accommodation For sale or on rental Premium 1½ years purchase

2 MIDLANDS — SUBURB OF LARGE TOWN — PARTNERSHIP —A SHARE representing about £1,000 p a (with early increase) is offered in old established better class Practice Very good house available or if single purchaser could reside with Vendor Prospects of surgery Premium 2 years purchase part by instalments

3 SOUTH EAST COAST —RESIDENTIAL TOWN.—Old established non dispensing better class PRACTICE averaging for last 3 years about £1 450 p a Selected panel of 500 Fees 3/6 to 21/ Ground floor flat containing large hall consulting room 2 reception 3 bedrooms etc Inclusive rent £190 p a Premium 2 years purchase

4 WILTS —PARTNERSHIP WITH VIEW TO SUCCESSION —A ONE HALF SHARE is offered in old established mixed class Practice having excellent scope Average gross cash receipts about £1 500 p a Panel of 1 200 Very moderate expenses Suitable house available Premium 1½ years purchase Sport of all kinds

5 EASTERN COUNTIES —LARGE TO ONE THIRD SHARE or as arranged is offered in old established steadily Assistantship Average gross cash receipts £2 535 p a Purchaser can select his own house Premium 2 years purchase

6 CORNWALL —SMALL TOWN NEAR SEA PRACTICE producing for last 12 months about £5 over 500 Visits from 5/ Small house can be rented at £ p a Premium 1½ years purchase or near offer

7 SURREY — LARGE TOWN — Mixed class PRACTICE established 35 years is for disposal as Vendor wishes to specialise Gross cash receipts approximately £1 200 p a Panel of 1 400 Considerable scope Suitable house can be rented at £104 p a Premium 2½ years purchase or near offer

8 SOUTH LONDON — RESIDENTIAL DISTRICT —PARTNERSHIP — Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £4 400 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

9 NORTH LONDON —Chiefly better class PRACTICE averaging about £1 000 p a with excellent prospects for further development Suitable opening for panel work If wished Fees 5/ 7/6 upwards Very attractive freehold house for sale with half an acre of ground or smaller accommodation obtainable If wished Low premium for quick sale

10 NORTH WELSH COAST —PARTNERSHIP —A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle class rapidly increasing Practice Gross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

11 HOME COUNTIES —WITHIN EASY REACH OF LONDON —PARTNERSHIP —A SHARE representing nearly £1,000 p a with increase later is offered in old established good mixed Practice averaging approximately £2 600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc garden There is a Hospital and very good scope for Surgery if wished

12 FAVOURITE SOUTH COAST TOWN —Well established better class PRACTICE producing approximately £2 500 p a, including selected panel Fees 3/6 to 21/ Specially built freehold house for sale containing 2 reception 5 bedrooms, etc Garden Garage Premium 2 years purchase

13 SOUTH COAST RESIDENTIAL TOWN —Recently established PRACTICE offering large scope for development averaging about £650 p a (last year £850) Suitable freehold house for sale Premium 2 years purchase

14 S E LONDON —Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p a Premium £4 250

15 LONDON —WESTERN DISTRICT —Old established PRACTICE producing about £1,800 p a, including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

16 HOME COUNTIES —PARTNERSHIP —A SHARE producing about £1 200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a, including panel of about 1 800 Nice house with 2 reception 6 bedrooms etc can be rented at £85 p a Ingoing partner must be experienced accustomed to better class work and aged between 30 and 40

17 MIDLANDS — COUNTRY DISTRICT —PARTNERSHIP —ONE THIRD SHARE (with prospects of increase later) is for disposal in good middle and working class Practice within easy reach of three good towns Gross cash receipts for past 12 months £3 238 Panel (increasing) brings in over £900 p a House specially built for Practice contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

18 SOUTH EASTERN DISTRICT —Mixed-class PRACTICE producing for past 12 months over £1,300 Panel of about 650 9-roomed house with garden and garage can be rented Premium 14 years purchase payable £500 down and balance by instalments

19 OUTLYING EASTERN SUBURB —Well established PRACTICE producing £600 p a, but capable of good increase Fees 3/6 to 10/6 Panel of 450 Suitable house can be rented at £90 p a Premium £1 200

20 LADY DOCTOR S PRACTICE —Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 50 Fees 3/6 to 10/6 House can be rented Reasonable premium

21 LONDON S E.—LOCK UP PRACTICE —Recently established PRACTICE producing about £330 p a No panel or appointments Suitable premises can be rented at 15/ per week Premium £350

22 LONDON WEST —Old established PRACTICE producing about £700 p a, including panel of 500 Well situated house with 2 reception 7 bedrooms etc Garden Leasehold for sale Reasonable premium

23 S E LONDON —Recently established PRACTICE in advantageous position close to new building estate Exceptional opportunity Gross cash receipts for past 12 months £900 Panel of 500 increasing House in good repair containing 2 sitting 3 bedrooms etc

24 MIDDLESEX —Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house with 2 reception 4 bedrooms etc For sale or on rental

25 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANTSHIP with view after 6/12 months to an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Applicants must hold the F R C S and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1,000 p a Salary £7/7/ per week and all found

26 MIDDLESEX RIVERSIDE —Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £52 p a alternatively practice can be worked as a lock up Premium 1½ years purchase

27 WALES —Unopposed country PRACTICE producing approximately £2 000 p a, including panel and appointments bringing in about £1 000 p a Visits and medicine 3/6 to 21/ Suitable house with 2 sitting, 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years purchase Knowledge of Welsh desirable but not essential

28 MIDDLESEX — OUTLYING SUBURB —PARTNERSHIP —ONE HALF share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced, married and good worker

29 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE is recently established and stated to offer considerable scope for increase Gross cash receipts for past 12 months approximately £400 Small house can be rented at 25/ per week Premium one years purchase

30 SOUTH CORNWALL —FAVOURITE COAST TOWN —Well established PRACTICE averaging over £1 100 p a including elected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room and professional rooms Freehold for sale Premium £2 000 Scope for increase with good knowledge of medicine or surgery

31 SURREY —Recently established PRACTICE producing over £200 p a including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms consulting room Large garden Price for freehold £850 or might be rented Premium £250

32 LONDON — SOUTH EAST —Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house containing 4 reception 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800 or near offer

WANTED TO PUR PRACTICE producing abou capital (?) BRADFORD OR £1 500 to £2 000 p a W WEST, OR erally n NORTH WEST RESIDENTIAL panel producing £1 200 p a upwards (4) GOOD RESIDENTIAL DISTRICT —PRACTICE producing £1 500 to £2 000 p a upwards with large panel (5) PRACTICE in any good locality suitable for two friends in Partnership

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draining the respiratory and intestinal tracts Taken in conjunction with the loose unformed nature of the stools and the small size of the thymus the author concludes that the animals must have suffered from a moderate degree of nutritional disturbance The poor development of the lymphatic glands is referred to the absence of bacteria which under normal conditions appear to be largely responsible for stimulating the development of lymphatic tissue The author is guarded in his general conclusions but there seems little doubt that though bacteria are not essential for life and growth their presence particularly in the intestinal canal is favourable to the nutrition and development of the host In conclusion the attention of laboratory workers may be drawn to the interesting data recorded in this monograph on the effect of dietetic seasonal and other factors on the growth and mortality of normal guinea pigs

CAFFEINE INTOXICATION

Every adult in these islands consumes on an average about 6 grains of caffeine a day and it is somewhat remarkable that cases of caffeine intoxication are rarely encountered There are few other drugs with a well-marked pharmacological action which could be taken with equal impunity in full therapeutic doses every day by nearly the whole population Cases of caffeine intoxication due to chronic over indulgence in tea or coffee do however occasionally occur Powers[1] stated that he had observed thirty six cases and that the commonest symptoms were vertigo headache and nervousness visual disturbances and insomnia were rarer McManamy and Schube[2] describe a case in which acute intoxication was produced in a woman who took 60 grains of caffeine citrate in tablet form She became delirious and was removed to hospital and a few weeks after discharge she again took another huge dose of caffeine (75 grains) from which she also recovered The patient in addition to being highly emotional was also hypersensitive to many drugs and to proteins The fact that a person could take two huge overdoses of caffeine within a month without suffering permanent injury is noteworthy for it provides further evidence of the low toxicity of this drug

CHRONIC CO POISONING

The signs and symptoms of acute poisoning by carbon monoxide are well known but much less is known of the dangers of chronic intoxication by this gas According to H G Beck[3] there is a definite clinical entity which can be recognized in patients who have been repeatedly subjected to sublethal doses of carbon monoxide at varying intervals over prolonged periods Based on a series of nearly a hundred patients Beck puts forward a somewhat complicated clinical picture The source of the carbon monoxide was natural gas illuminating gas motor car exhaust and blast furnace fumes in that order of importance The chief complaints were headache giddiness nervousness muscular pains digestive disturbances dyspnoea and palpitation The headache was usually of a dull character felt in the frontal region and sometimes throbbing One third of the patients complained of weakness and unsteadiness in the legs several having completely lost the use of these limbs Feelings of depression restlessness anxiety and fears were common as was also vaso motor instability manifesting itself in morbid flushing local sweating cold extremities and purplish congestion of the hands and feet. Muscular pains felt in the back shoulders abdomen or chest or even generalized throughout the body were common Among the digestive symptoms difficulty in swallowing loss of appetite and constipation were the usual manifestations The symptoms arise predominantly from organs rich in blood supply and appear to be due to a mild but definite degree of oxygen deprivation Beck summarizes the existing pathological investigations which support this view Usually the red cell count and the haemoglobin estimations are above normal and there was clinically a tendency towards slowing of the pulse and lowering of the blood pressure Once symptoms have developed they are very difficult to get rid of suggesting that organic changes may rapidly occur when organs such as the heart or brain are kept chronically starved of oxygen It follows that proper preventive measures are of great importance and the solution of the problem is largely one for engineers

OESTROGENIC HORMONES AND THE NASAL MUCOSA

During the last twenty years or so the question of a naso genital relationship has been rather neglected but before this period the problem received a good deal of attention mainly on the clinical side without much light being thrown on the subject In an illuminating paper on carefully controlled observations on monkeys Drs H Mortimer R Percy Wright and Professor J B Collip[1] now revive this question Their interest was first aroused by finding evidence of dyspituitarism in a family of nine children and both parents all of whom suffered from atrophic rhinitis and later in 80 per cent of a moderately large series of cases of atrophic rhinitis From these clinical observations they concluded that the constitutional factor in this disease may be related to pituitary function and in view of the possibility that the anterior pituitary may exert an influence on the nose either directly or indirectly through the gonads by virtue of its gonadotropic hormone they have investigated first the effect of crystalline oestrogenic hormones on the monkey's nasal mucosa Throughout the experiment independent examinations of the nasal mucosa by means of a nasal speculum were made weekly by one group of observers and the condition of the sex skin face nipples and back and the presence or absence of vaginal bleeding were recorded independently by a second group all observers being ignorant of the treatment each animal was receiving Examination of a control group of twelve untreated immature and adult female monkeys over a period of

[1] *Med J Rec* 1925 121 745
[2] *New Engl J Med* 19 6 215 616
[3] *J Amer med Ass* September 26th 1936 p 1025

[1] *Canad med Ass J* November 19 6 p 503

several months revealed that there is a coincident increase in the degree of colour of the nasal mucosa and of activity in the sex-skin areas at intervals of about twenty-eight days, and that the peaks of nasal activity are chiefly premenstrual in time It was found that such "nasal peaks" were 8 per cent more regular as a manifestation of sexual activity than uterine bleeding, and that they were most marked in September and October, when conception is most likely to take place, and least in January and February Fourteen immature and adult monkeys, three of which were males and four castrated females, were treated daily with varying doses of oestrogenic hormones (oestrone, oestriol, and emmenin) Positive responses, characterized by marked reddening of the nasal mucosa, were obtained after seven days in males and females, immature and castrated as well as adults, and there was an increase in the reaction after a further week's treatment These changes were synchronous with those known to occur in the nipple, sex-skin, face, and back, and appeared to be definitely a specific response The best responses were obtained in adolescent animals that had been previously untreated Very immature animals did not respond so well, and in animals which had been mature for some considerable time the changes may have been masked by spontaneous coloration Responses were not obtained in castrated females with pituitary gonadotropic hormone, but no mention is made of its effect in the intact animal These experiments may open up a new field in the treatment with sex hormones of certain pathological conditions of the nose, and the subject is worthy of further investigation on clinical and experimental lines

RHEUMATIC FEVER AND VITAMIN C DEFICIENCY

Since our last comment on the subject[1] still greater interest has been taken in the relation of vitamin C deficiency to rheumatic fever and to infections in general, an exhaustive review[2] of the present status of the clinical use of crystalline vitamin C (ascorbic or cevitamic acid) has been made by Irving Wright The lowered urinary excretion of ascorbic acid recently reported by Abbasy, Gray Hill, and Harris[3] in rheumatic fever has been observed in a wide variety of infective conditions and is probably an index of an augmented metabolism of, and hence a greater requirement for, vitamin C on the part of the body But the evidence that vitamin C subnutrition is an aetiological factor in rheumatic fever is no more firm than it was On the experimental side the identity of the heart lesions described in animals by Rinehart and his colleagues with those of human rheumatic fever has still to be established On the clinical side Sendroy and Schulz at the Rockefeller Hospital remain unconvinced that either saturation tests or the results of treatment indicate any specific relation between vitamin C and rheumatic fever Wright and his colleagues have been unable to affect the course of rheumatic fever cycles even by massive doses of vitamin C Warner and Winterton[4] have added another careful argument to the belief that subnutrition is a factor in the aetiology of rheumatic fever, but they found no evidence that vitamin C deficiency is specific Abbasy, Gray Hill, and Harris are impressed by the fact that the low excretion of vitamin C continues even in convalescence in the case of rheumatic fever, whereas in surgical tuberculosis the urinary excretion returned to normal during convalescence But the balance of evidence at present is against the view that vitamin C deficiency is an aetiological factor in rheumatic fever A warning note has been sounded by Irving Wright on the rapidity with which ascorbic acid disappears when urine is allowed to stand He found a loss of 30 per cent in four hours even in the presence of glacial acetic acid

[1] *British Medical Journal* 1936 1 269
[2] *Amer J med Sci* 1936 192 719
[3] *Lancet* 1936 2 1413

SAMUEL JOHNSON AND JOHN HUNTER

The interesting literary method of "the dialogues of the dead," employed by Lucian in the second century A D, by Fontenelle and by William King in the seventeenth century, George "the good" Lord Lyttelton in the eighteenth century, and by H D Traill in the nineteenth century, has seldom been employed in connexion with medical history Attention may therefore be directed to an example of how successfully this can be done—namely, "A Meeting Which Never Took Place A Play in Half an Act," by Dr William B Howell[1] of Montreal, who wrote a volume on *Canadian Medicine* in the Clio Medica Series It is remarkable that the two great men—Samuel Johnson, who had so many medical attendants and friends, and John Hunter—never met The scene in Dr Howell's *jeu d esprit* opens in the White Hart Tavern, Borough, on a December evening about 1780 Johnson has fallen asleep over a copy of the *Natural History of the Human Teeth* by Hunter, who, coming in, salutes the stranger, and picking up the volume which had dropped on the floor turns the conversation on to the subject-matter Johnson, probably antagonized by Hunter's accent, dismisses it as a dull book on a dull subject, and refers to the author as a well-known surgeon, reputed to be an honest enough man, though an ignorant one They then disagree about the value of the classical languages and education, Johnson criticizes the Scots and says of Hunter that "he is a dirty fellow he stinks," and the other becomes so angry that he has an anginoid attack, Johnson gives first aid and Hunter, recovering, thanks him quotes from Johnson's *Vanity of Human Wishes* with approval and after some further sparring they reveal their identity to each Curtain

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[4] *Quart J Med* 1935 4 227
[1] Howell W B (1936) *Annals of Medical History* New York, New Series 8 541

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YORKSHIRE —PARTNERSHIP in good old-established middle and [illegible] Practice in Cathedral City [illegible] Partner to [illegible] £2 000 p.a. [illegible] Excellent house [illegible] Rent £[illegible] p.a. [illegible] Premium—2 years purchase — 912

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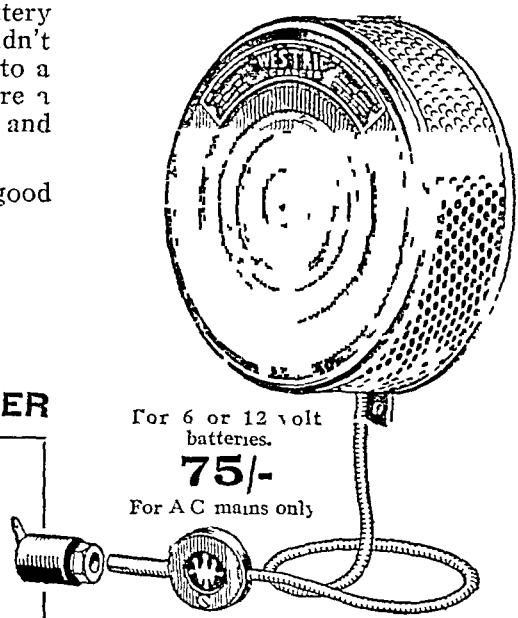
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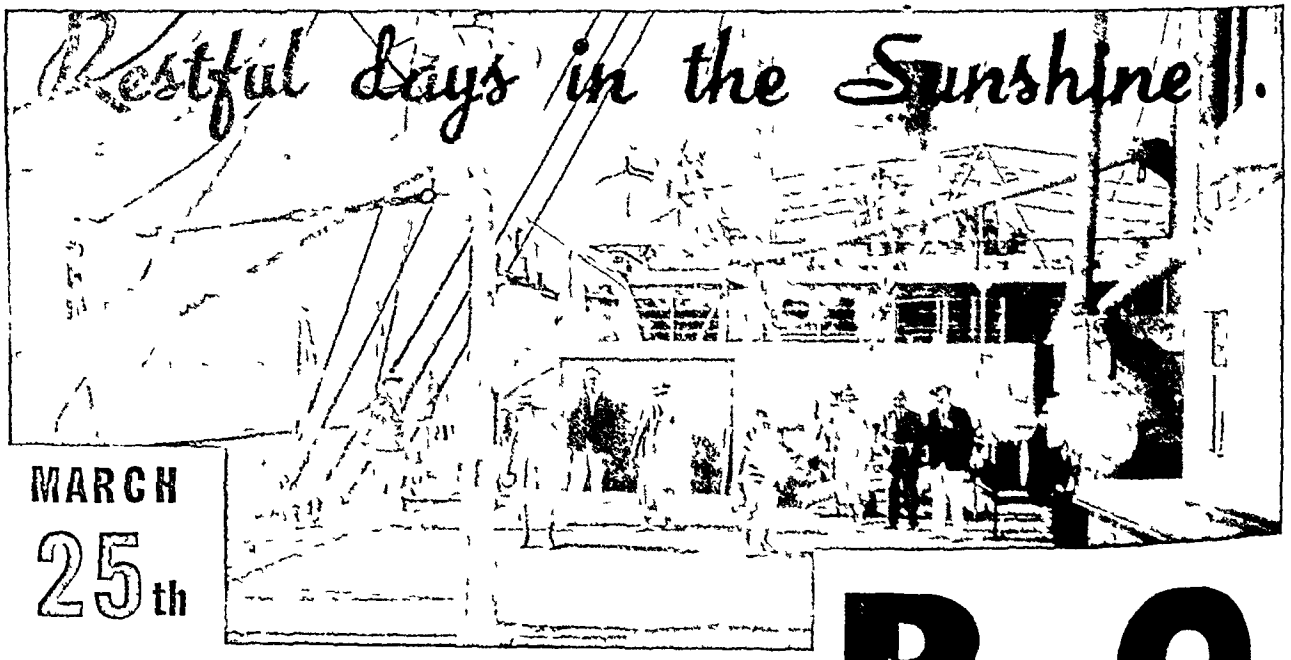
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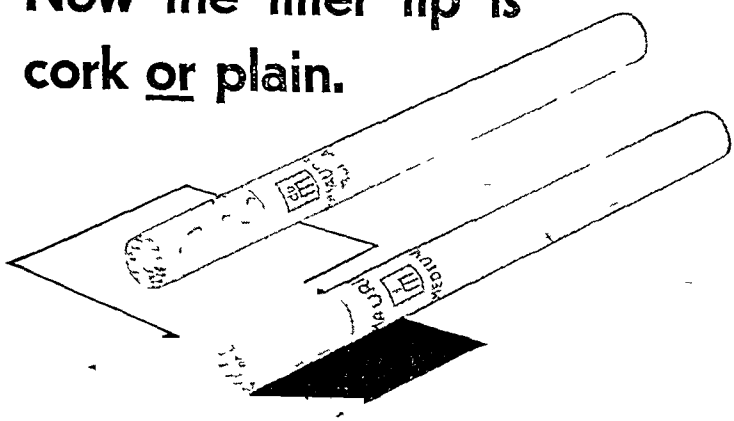
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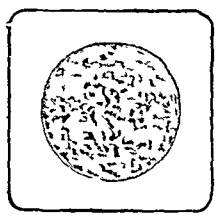
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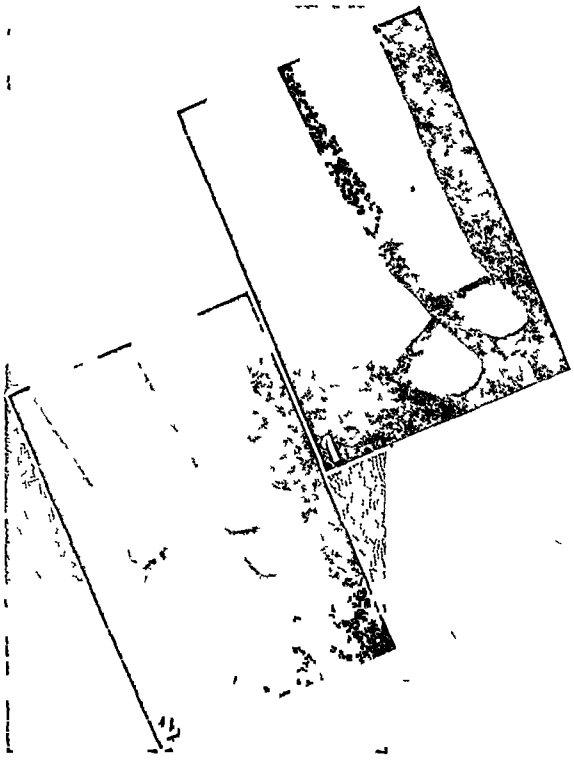
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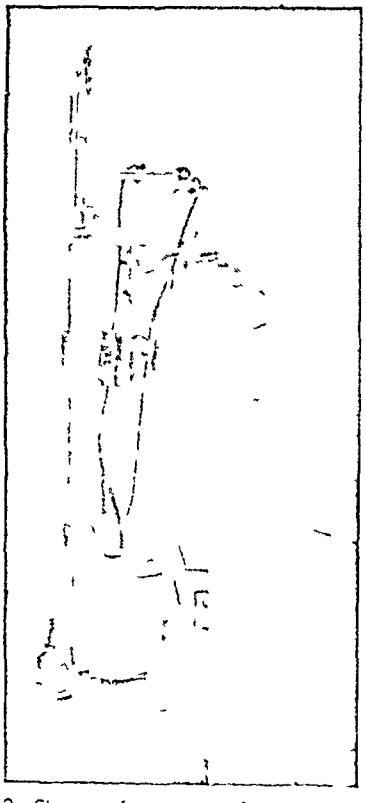
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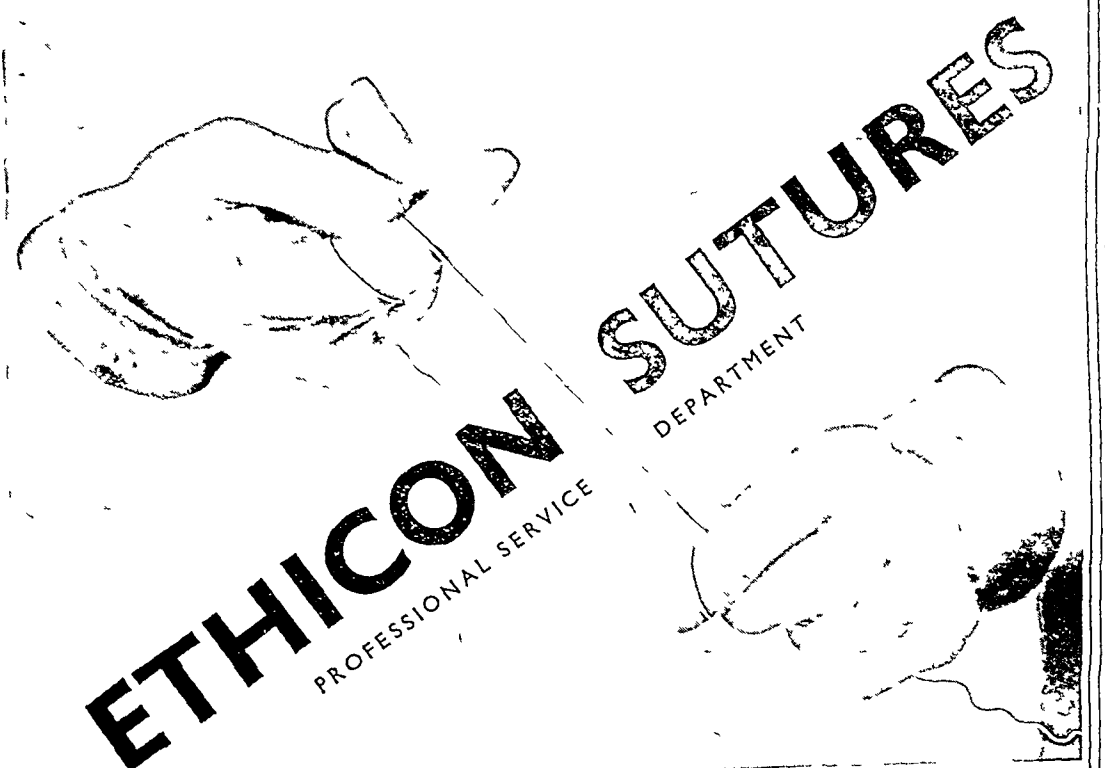
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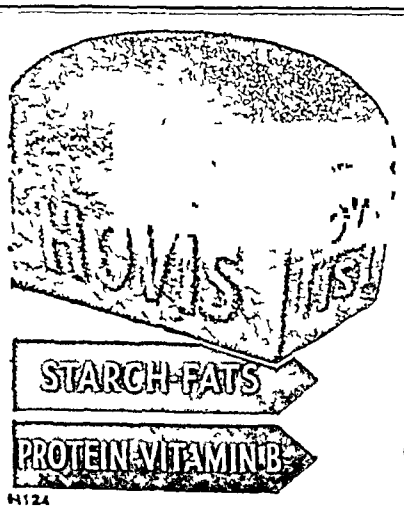
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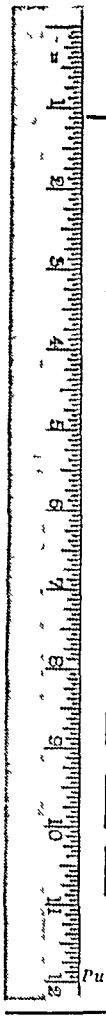
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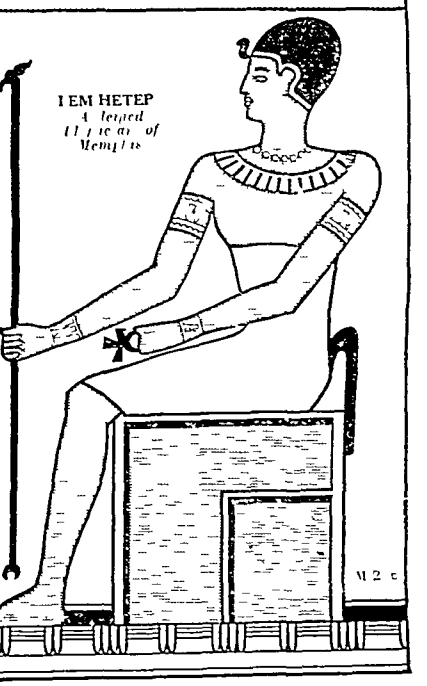
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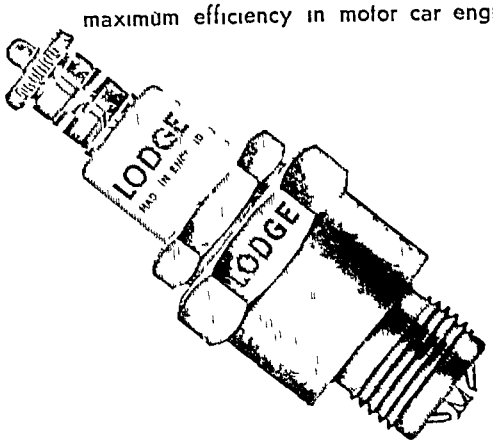
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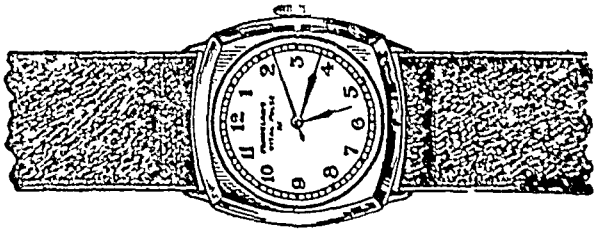
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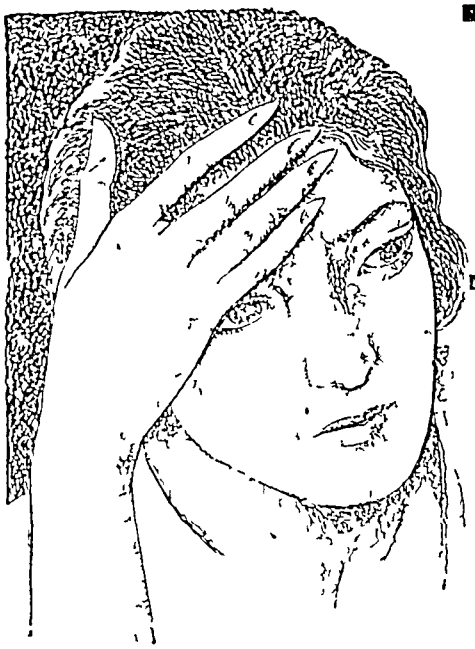


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ENDOCRINES IN THEORY AND PRACTICE

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THE PROBLEM OF ENDEMIC GOITRE

BY

SIR ROBERT McCARRISON, C.I.E., M.D.

D.Sc., LL.D., F.R.C.P., MAJOR-GENERAL I.M.S. (ret.)

There are two types of endemic goitre, with many transitional forms between them, differing in their histological features, in their distribution, and in the constitutional states produced by or associated with them. It can hardly be doubted, so marked are these differences, that the two types differ also in their aetiology.

Two Types of Endemic Goitre

The first is the classical type prevalent in mountainous regions such as the Alps and Himalayas, occurring as a colloid poor diffuse *parenchymatous goitre* in childhood and as an *adeno-parenchymatous* nodular goitre with its degenerative forms in adults. The second is the *diffuse colloid goitre* prevalent in lowland regions such as the plains of Central Europe, and in England. The geographical limits of these two types are not clearly defined. Both may occur together in the same locality, but in general the former predominates in mountainous and the latter in lowland regions. The former is rarely associated with hyperthyroidism or Graves's disease; the latter is commonly associated with both. The former is usually associated with congenital goitre, cretinism, deaf-mutism and various grades of physical and mental deterioration; the latter is rarely associated with these congenital manifestations of the disease. The former in its adeno-parenchymatous form, increases in incidence as age advances, attaining to its acme between the ages of 50 and 60 years; the latter is more prevalent about the age of puberty, lessening rapidly or gradually disappearing after the age of 25 to 30 years. Both vary greatly in incidence in different localities. In regions of high endemicity the two sexes are affected in approximately equal proportions. In regions of low endemicity the incidence is higher in females.

The Parenchymatous Type

The parenchymatous type is a true hypertrophy of the gland; hence the name *chronic hypertrophic goitre* by which it is sometimes known. In this state of sustained hypertrophy the excretion of the gland's hormone tends to predominate over the secretion and storage of colloid, hyperplasia is pronounced, and many new vesicles are formed. Overstrain or it may be toxic action on the gland itself, ultimately leads to fibrosis with the appearance in the organ of circumscribed areas of more or less solid glandular tissue (adenomata) or of colloid containing follicles (colloid adenomata) or of both. The gland is constantly straining to satisfy the needs of the tissues for its hormone but just falling short of doing so; consequently evidence of hypothyroidism is often to be seen in sufferers from this type of goitre; hyperthyroidism rarely or never. In the pregnant female this sequence of events may result in failure of the maternal thyroid adequately to satisfy the needs of her own tissues and those of the developing foetus for the gland's products, especially when some additional burden (fright, worry, acute infections, or intestinal toxaemia) is placed on its resources. As a result the foetal thyroid is unduly stimulated and congenital goitre may arise in the offspring. Or the developing gland may be destroyed by overstrain and/or toxic action, with the production of cretinism. Such toxic action may be due to some unknown toxin or to poisons absorbed from the maternal intestine as in the experimental production of cretinism (*vide infra*) by the oral administration throughout pregnancy of a watery extract of faecal material. The congenital manifestations of adeno-parenchymatous goitre are as much a feature of the endemic as the goitre itself.

Diffuse Colloid Type

The diffuse colloid type is one in which the whole gland is made up of follicles of diverse shapes and sizes distended with and distorted by the accumulation of colloid within them. These follicles are lined with flattened epithelium and evidence of antecedent epithelial hypertrophy and hyperplasia may or may not be present usually it is. In normal circumstances the secretion of colloid with its storage in the follicles and the excretion of the gland's hormone—elaborated by special cells from the stored colloid—proceed in balanced adjustment one with the other. In diffuse colloid goitre some influence is at work which causes the former process to predominate over or to outstrip the latter. Following a period of hyperplasia and its cessation colloid may accumulate in the gland in large amount. This is the usual explanation of the diffuse colloid goitre but it is not wholly satisfying. It presupposes alternating periods of iodine want and iodine supply—iodine being the outstanding substance which increases colloid storage. It appears probable that other factors may be concerned in causing the undue accumulation of colloid. One of these seems to be the excessive ingestion of calcium relative to iodine and or phosphates which has been shown to cause such accumulation in animals. The recent investigations of Stott (1933, 1934) and his collaborators in the United Provinces of India, where diffuse colloid goitre prevails, have again brought into prominence the importance of lime as a goitrogenic factor in that locality, if not in others.

Colloid tends to accumulate in the gland when there is a deficiency of vitamin C in the diet and this accumulation may result in the production of small goitres. In this condition the gland exhibits a *tendency to diminution* in alkalinity, suggesting that the accumulation of colloid may be related to concentration of H ions within the organ. Finally certain infections as by organisms of the type of the bacillus of Koch may cause colloid to accumulate in the gland (*Thomas* 1933). These then are factors whose possible influence in determining the histological characters of goitre cannot be ignored particularly as they may vary with locality and as variation in histological structure with locality is an outstanding characteristic of endemic goitre.

A Cause of Confusion

It would seem that some of the confusion in regard to the causation of endemic goitre may be due to the

failure to distinguish between these two types of the disease A further source of confusion is the common practice of estimating the prevalence of goitre by surveys confined to school children These surveys conducted, as a rule, by visual methods of examination, clearly admit of many sources of error It cannot be too insistently stated that unless some reliable index of the normal size of the thyroid gland is employed in making such surveys the incidence of goitre in school children may be greatly exaggerated, erroneous inferences may be drawn as to its cause, or its prevalence be proclaimed in localities where, in truth, it may be practically non-existent Further, it is not generally recognized that during early life the thyroid gland normally grows more rapidly than the body as a whole and may exhibit this phenomenon as a visible swelling Without a knowledge of this fact, and without some reliable means of measurement of the size of the gland (McCarrison and Madhava, 1932), physiological swellings may be mistaken for pathological enlargements "If you can measure that of which you speak, you know something of your subject, but if you cannot measure it, your knowledge is meagre and unsatisfactory" (Kelvin)

Endemicity of Goitre

What determines the endemicity of goitre? In attempting to answer this question a distinction may be drawn between the cause or causes of the endemicity of goitre and the cause or causes of the incidence of goitre Clearly the endemicity is determined by something that is definitely localized in the localities where goitre prevails Up to the present time research has failed to reveal any *positive* agency to which the endemicity of the disease can be attributed Of *negative* agencies the only one known to us, and likely to be so concerned, is deficiency of iodine in the soils, and in the foodstuffs produced upon them, of localities in which goitre prevails McCarrison and Madhava (1932), as a result of their statistical study of all available data dealing with this question, came to the conclusion that "a low intake of iodine may, in certain circumstances of diet and hygiene, be a potent factor in predisposing to the occurrence of goitre, and may even be a determining cause of its endemicity" A low iodine-intake makes the operation of positive goitrogenic agents potentially possible, the first may determine its endemicity, the second its incidence

It seems probable that in the attempt to establish an inverse relation between the iodine-content of soil, food, and water, and the incidence of goitre we are again being led astray There is no reason why such an inverse relation, though possible, should be invariable For given a low-iodine intake the incidence of goitre will depend on the potency of the goitrogenic agents, or summation of agents, exercising their unhampered action in the absence of a sufficient intake of iodine to prevent it There is nothing more certain in regard to goitre than that a sufficient intake of iodine, or more properly a sufficient absorption and utilization of iodine, does counteract the action of all goitrogenic agents at present known to us, with the exception of vitamin deficiency In the absence of such agents a low intake of iodine may not by itself, cause goitre, while their presence will result in its occurrence, and if they be present in exaggerated degree they may even overcome the anti-goitrogenic action of a relatively high intake of iodine It becomes important therefore to know what these goitrogenic agents are and to continue the search for others Even though future research may reveal the existence of a goitre-nova to which both endemicity and incidence of the disease can be related, this nova, too, is amenable to a high degree of control by the prophylactic use of iodine In answer to the question above propounded it may therefore be said that, while there is much evidence connecting *the endemicity* of goitre with a low iodine-intake relative to goitrogenic agents, there is no sufficient evidence to justify the supposition that an inverse relation exists between *the incidence* of goitre and the amount of iodine available in a district

Goitrogenic Agents

These are (1) faulty diet (2) chemical substances, (3) insanitary conditions, and (4) infections

DIET

The more perfect the constitution of the diet the more normal the frequency distribution diagram of thyroid weights and sizes, the more stable the thyroid gland in point of size, and the less likely is goitre to arise The faults in diet that may give rise to goitre in animals under experimental conditions, and presumably therefore in man, are (A) Excesses of certain substances—fats, fatty acids, and lime (B) Deficiency of certain substances —iodine, vitamin A, vitamin C, protein (in association with vitamin A deficiency) and phosphates (relative to an excess of lime) (C) Goitre-producing substances—cyanogen compounds—in certain foodstuffs such as cabbage (D) Insufficiency of certain anti-goitrogenic substances, of unknown nature but other than iodine, present in certain fresh plants such as green grass, alfalfa, the expressed juice of steamed cabbage, and in sprouted legumes and carrots All these faults can be remedied and their goitrogenic action counteracted by the use of a properly constituted diet containing adequate supplies of iodine

Among foods rich, or comparatively rich, in iodine are those derived from the sea, eggs, goat's milk, lettuce, the outer leaves of cabbage, carrots, and, among condiments, ginger, black pepper, cumin, coriander, and cloves Sophisticated cereal foods, pulses, tubers root vegetables meat, sugar, jam, etc, are, in general, relatively poor in iodine The iodine content of foodstuffs varies within wide limits in different localities Thus that of green vegetables of different kinds may vary between 4 γ and 77 γ per kilo, that of cereals between 18 γ and 65 γ, that of pulses between 22 γ and 33 γ The minimum requirement of iodine is said to be 45 γ daily for adults and 150 γ for children of school age, yet in the goitre-free locality of Coonoor, S India, the average daily consumption of iodine by vegetarian schoolboys was found to be only 31 γ, or 11·3 milligrammes per annum, illustrating the fact that in the absence of positive goitrogenic agents a relatively low iodine consumption may not be associated with the occurrence of goitre

CHEMICAL SUBSTANCES

Among those capable of causing goitre in animals under experimental conditions are calcium boron, silica, tellurium, organic acids, amines (Pighini 1933), and cyanides (Webster, 1933) The goitrogenic action of all these substances is annulled by the administration of iodine The continued application of carcinogenic petroleum and shale oils or tars to the skin of mice causes thyroid enlargement in a proportion of them (Twort and Twort) it is preventable by the enrichment of the diet Anterior pituitary gland extract causes marked thyroid hyperplasia when injected for a few days into healthy animals thus indicating the close interrelation between the thyroid and pituitary glands Cyanide appears to act in the production of goitre by depressing tissue oxidation, with con-

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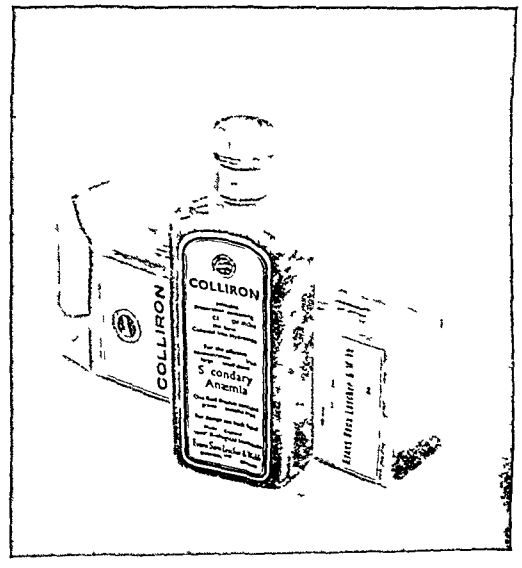
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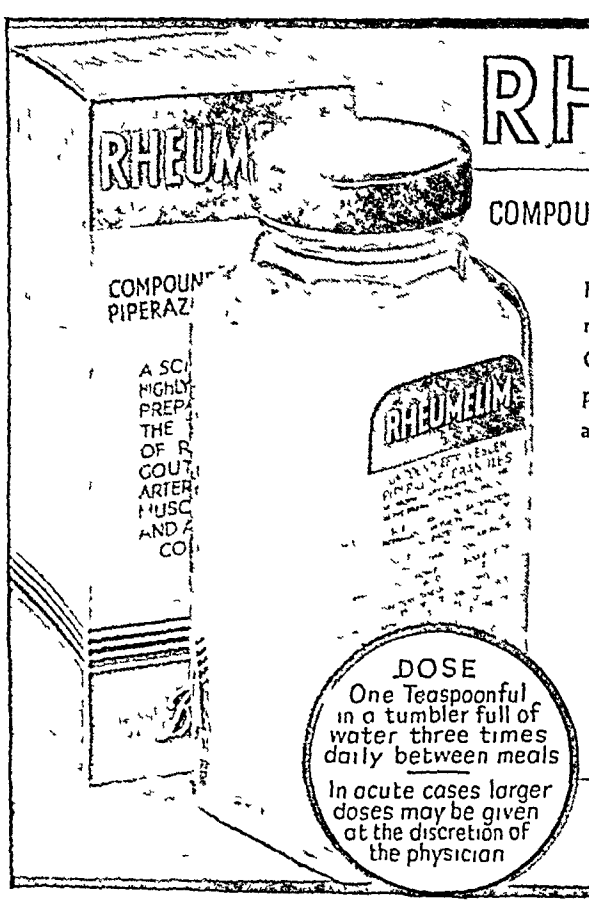
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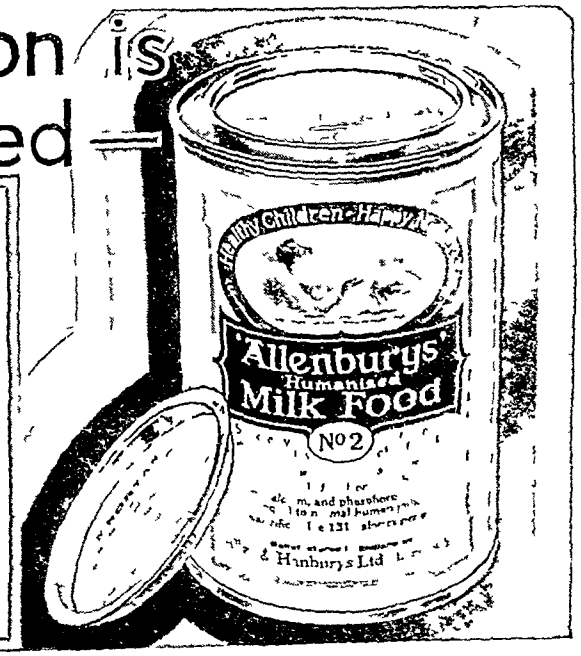
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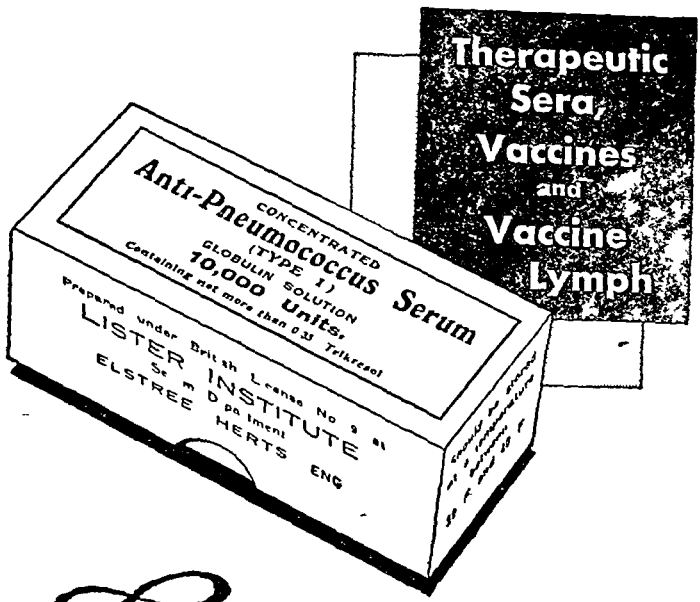
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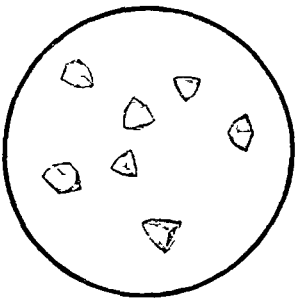


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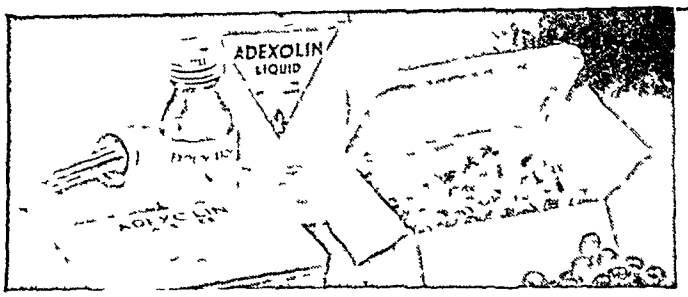
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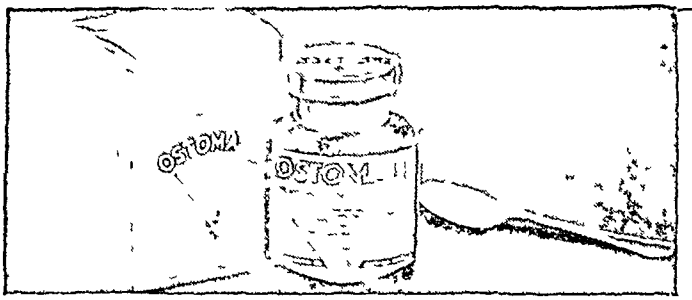
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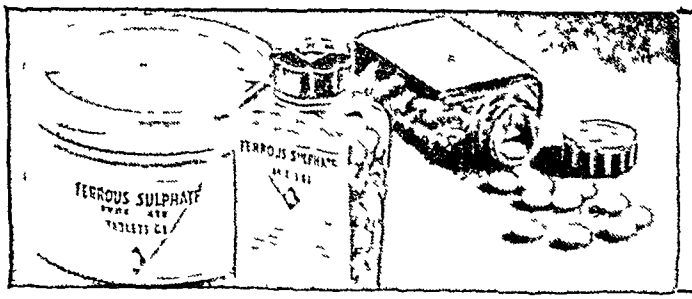
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BRITISH MEDICAL JOURNAL

LONDON SATURDAY FEBRUARY 27 1937

THE NOCIFENSOR SYSTEM OF NERVES AND ITS REACTIONS*

BY

SIR THOMAS LEWIS, M D, F R C P, F R S

Physician to University College Hospital London

LECTURE I

In these lectures I propose first of all to give an account of some recent discoveries of fact which have led me to believe that the superficies of the human body, including skin and mucous membrane is supplied by a hitherto unsuspected system of nerves, subserving a special function The nerves are distinct from those conveying sensory impulses though like the latter, they are comprised in the posterior root system I shall begin by describing briefly the chief observations and experiments†, which were directly responsible for these conclusions—evidence for a "nocifensor system of nerves, as I have termed it—and shall then proceed to discuss the relation of the reactions displayed to other reactions that have been recognized previously in skin

1 Spreading Hyperalgesia from Local Injury

It is well known that when skin is injured locally tenderness develops This is common to all subjects and to all kinds of injury provided that these are sufficiently severe and extensive But in many people tenderness develops readily even when the area of injury is quite small, as when a minute fold of skin is gripped and crushed by the points of a forceps, and the tenderness is found not only at the site of injury but as a delayed effect in a more or less widespread area of surrounding skin I must emphasize the fact that this tenderness around an area of local injury varies much in its degree and in its extent in different subjects Thus a tiny crush of the skin may yield in some no recognizable hyperalgesia in others it is sufficient to produce tenderness over a considerable area of skin It will be understood that subjects in whom this outlying tenderness is displayed in response to quite small injuries and in whom the tenderness is readily detected and wide spread are alone suitable for demonstrating the reactions to be described

Crushing the skin is perhaps the most convenient form of injury to employ because it is effected so easily and so quickly is so readily confined to a tiny area and is yet severe in its degree A tiny crush of the skin of the forearm in suitable subjects causes the development of a small area of surrounding hyperalgesia within a few seconds and this area gradually spreads to become full in about ten to twenty minutes The full area is oval in the length of the forearm and may be as long as 5 to 20 cm (Fig 1) It lasts for several or many hours

The hyperalgesia is not primarily caused by the effect of painful impulses on the central nervous system that is to say it is not referred from the brain or spinal cord Let a small cutaneous nerve of the forearm, such as the anterior branch of the external cutaneous be anaesthetized by injecting 1/2 to 1 c cm of novocain in the immediate neighbourhood of its stem and the injury then be made in the centre of the affected area when the skin is fully anaesthetic and analgesic The crush is unfelt nevertheless as soon as the nerve recovers the usual area of hyperalgesia is found around the injury It arises through a local mechanism and this mechanism is nervous This is suggested by the observation that if the injury has been made near the centre of the territory of a small cutaneous nerve, as ascertained by anaesthetizing the latter the area of hyperalgesia subsequently developing will be found to occupy a closely corresponding area of skin It is proved

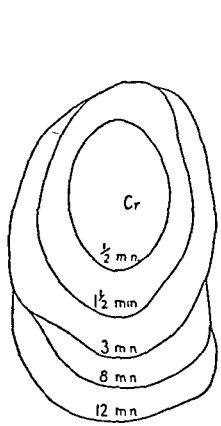


FIG 1

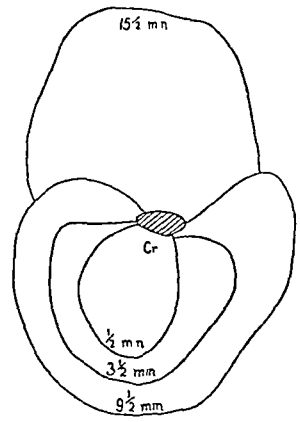


FIG 2

FIG 1—Half natural size A tiny fold of skin was picked up in the points of forceps and crushed at Cr Hyperalgesia was mapped out as it developed in the surrounding skin the contours are marked with the corresponding times in minutes

FIG 2—Half natural size An area of skin was anaesthetized (shaded area) with 1 per cent novocain to act as a barrier A tiny fold of skin (Cr) was crushed Hyperalgesia was mapped out as it developed the contours are marked with the corresponding times in minutes The anaesthetic barrier recovered between nine and a half and fifteen and a half minutes

* The George Hallibarton Hume Lectures delivered at Newcastle on Tyne February 4 and 11 1937

† A full account will be found in my original article in *Clinical Science* 1936 vol 2 p 373



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by using local cutaneous anaesthesia The skin is injected intradermally with novocain, and the crush is made painlessly upon the centre of the small insensitive wheal of novocain Surrounding hyperalgesia does not develop in these circumstances The skin may recover sensation ten minutes or an hour after its injection, according to whether adrenaline has been introduced with the novocain or not, as it recovers, early or late, the usual hyperalgesia appears in the surrounding skin

This experiment is important from two points of view First the failure of hyperalgesia to appear while the local anaesthetic holds shows that hyperalgesia, when it occurs, is not due to the spread of a pain-producing substance which might be conceived to be released at the site of injury and to spread out into the surrounding skin it shows that the action depends on the functional integrity of the nerves of the skin Secondly, the development of surrounding hyperalgesia, as the area of crush recovers sensitivity, demonstrates that the capacity to provoke distant hyperalgesia resides in and is maintained by the crushed skin, the products of injury, so it may be conceived, act through local nerve channels as soon as these become unblocked The products of injury and not the pain of injury, are responsible, for as we have now repeatedly seen pain may be eliminated by blocking the nerves without affecting the reaction Further, the unanaesthetized skin may be injured painlessly as by suitably freezing it, and yet the result is the same That tissue products of injury are responsible is also supported by the fact that the time at which hyperalgesia develops depends on the intensity of injury, the time is shortest when the skin is smashed, it is long when the skin cells are injured but not killed, as when a faradic current or freezing is employed It is to be emphasized that the action happens through purely local nerve channels, the central nervous system is not concerned in this It is a reaction explicable only on the basis of what has been termed an "axon reflex," the impulse travelling up a nerve fibre and returning shortly through a side branch

We may proceed further to consider the arrangement and kind of nerve fibres that are involved When hyperalgesia fills a large territory in response to injury confined to a central and quite small injury it is clear that, if we conclude hyperalgesia to be provoked through local nervous channels, the small area of injury must be connected by nerve paths to all parts of the large territory Thus we are brought to believe that the nerves under consideration are nerves the axons of which divide freely to form arborizations or networks in the skin Further observations support this idea It has been stated that, when a tiny piece of skin is crushed in the centre of a small circular area of skin anaesthetized by intradermal injection of novocain, hyperalgesia appears only when the anaesthesia recedes and exposes the crush If the injury is made eccentrically then it becomes exposed earlier during the recovery and while the skin still remains anaesthetic on one side of it Under these conditions the hyperalgesia appears early on the side of exposure it fails to appear on the other side until the intervening barrier of anaesthesia has recovered Similarly, if the skin is crushed quite near to a barrier of locally anaesthetized skin (Fig 2) hyperalgesia develops, but again it fails to pass beyond the barrier Crush the skin a little further away and the hyperalgesia in this case tends to creep around the barrier Observations of this kind indicate that the nerves through which the reaction develops lie largely in the skin itself and seem to indicate that the fibres concerned belong to complex and overlapping arborizations rather than to networks

Hyperalgesia of the kind discussed is the ultimate result of a reduction in the threshold of sensory nerves subserving pain, but while this is to be accepted it should not mislead us into believing that the nerves through which the local state underlying hyperalgesia is provoked are pain nerves Consideration, indeed, shows that this cannot be so The nerve fibres primarily involved in provoking the reaction are freely arborizing because localization of painful stimuli, such as we know exists, could not be effected through a system of this kind, for impulses travelling from widely separated end branches of a given arborization would each finally travel by the same path and produce an identical effect upon the central nervous system An additional argument against nerves of pain being involved is that the nerves underlying the production of spreading hyperalgesia in response to local injury are very readily thrown out of action by asphyxiating them, while the pain nerves are much more resistant (unpublished observations) It is clear, therefore, that the pain nerves are concerned merely in registering an altered state of the tissues, and this altered state is produced through a distinct system of nerves But the argument, derived from our ability to localize stimuli, applies not only to the pain impulse but to all other forms of cutaneous stimulation, namely to touch, warmth, and cold, for all these sensory impressions are localized with accuracy, and none, therefore, can be subserved by a system of widely branching axons Of known nerves there remain only the sympathetic fibres, sweat nerves pilomotor nerves and nerves supplying blood vessels It is of interest to note that in the case of sympathetic nerves it has previously been concluded that freely branching axons having the required anatomical arrangement exist in skin, such has been proved for the pilomotor nerves (Lewis and Marvin 1927) But observation shows quite conclusively that the sympathetic system is not concerned in the production of spreading hyperalgesia, which can be as easily provoked by small injuries in skin deprived of its sympathetic nerves as in normal skin, this has been tested in patients from whom the cervical sympathetic ganglia have been removed and the nerves to the tested skin of the arm have been allowed to degenerate Now the sympathetic nerves and nerves of the posterior root system are the only nerves that supply skin, and complete destruction of the former leaves the reaction intact Therefore the nerves we seek must belong to the posterior root system, though as we have seen they are not sensory nerves Thus we are brought seriously to consider a system of nerves hitherto unrecognized That the sensory and sympathetic nerves form the complete cutaneous supply is an idea for which there is in fact no sure foundation We have come to recognize given systems of nerves by their manifestations first, sensory nerves, because they were found to convey sensory impressions to the brain, and afterwards vaso-motor, pilomotor, and sudoriic nerves as changes in blood supply, erection of hairs, and sweating have been recognized to be under the governance of nerve systems It will be evident that any system of nerve fibres, which in the exercise of its function gives rise to no obvious and distinctive external manifestations, will tend to escape recognition That is what has happened up to the present time in regard to the nerves now discussed The presence need to postulate a new system of nerves has arisen to explain hitherto unrecognized phenomena Because the nerves in question are associated with local defence against injury I call them "nocifensor nerves" The defence which I have primarily in mind is the protective hyperalgesia that has been described, but I also have in mind the possibility of other protective reactions to be described

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I pass to the second reaction

2 Hyperalgesia from Distal Stimulation of Cutaneous Nerves

Hyperalgesia of the skin can be provoked not only by injuring the skin locally but also by stimulating cutaneous nerve trunks The nerve can be stimulated by faradic current either through the skin or preferably by introducing a small and special electrode through the skin Such hyperalgesia is confined to and usually fills the territory of the corresponding nerve The change produced in the affected skin is undoubtedly the same as that produced as a spreading response to local injury, the hyperalgesia has the same qualities, develops after delay and slowly, and lasts for correspondingly long periods of time We may conclude without hesitation that in both instances the same special system of nerve fibres conveys impulses to the skin, though the impulses start from an area of injury in the one case, and directly from the nerve

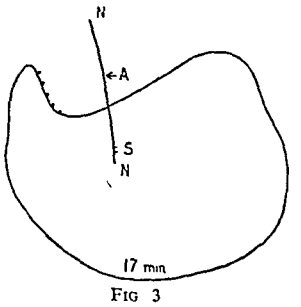


Fig 3

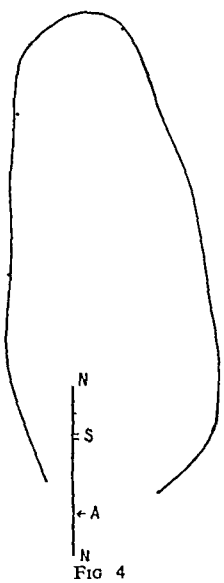


Fig 4

Fig 3—Half natural size A subcutaneous nerve NN was anaesthetized at A by local injection of novocain the area of defective sensibility resulting is mapped by the dotted line The nerve was stimulated by faradic current passing through the skin into the nerve at S proximal to the block The only hyperalgesia subsequently developed is shown by the area mapped by the solid line at seventeen minutes (From *Clinical Science* 2 386)

Fig 4—Half natural size The same nerve was anaesthetized at A and stimulated distal to the block at S The area of hyperalgesia developed after the recovery of the block is mapped by the solid line (From *Clinical Science* 2 386)

trunk in the other That the action in the case of nerve trunk stimulation is a distal one, and is not brought about through the conduction of impulses to the central nervous system, and by reflection or reference from this may be proved in this instance also If the nerve trunk is blocked by a little anaesthetic injected into it, and it is then stimulated above the block (Fig 3), hyperalgesia does not develop subsequently in the nerve's territory, though the central nervous system receives the full sensory stimulus But if stimulation is below the block (Fig 4) it is painless and when the block recovers the usual area of hyperalgesia is found Thus the evidence is harmonious in showing that there is a common end effect, a changed condition of the skin produced through a local and common effector mechanism

It will be of interest briefly to discuss the nature of this change in the skin which is common to the two reactions described, though it cannot be said that we are more than beginning to understand it When the skin is injured locally and surrounding hyperalgesia is allowed to develop, local anaesthetization of the damaged skin will not abolish the hyperalgesia, which continues unchanged under as much as an hour's observation Once hyperalgesia has appeared it is maintained, although receipt of new impulses has been brought to an end through the blocking of the nervous channels issuing from the site of original injury, the change which has happened in the affected skin is a relatively stable affair A precisely similar stability is shown in the case of the hyperalgesia provoked by direct nerve stimulation In this instance there is no durable change at the point of nerve stimulation, which might be thought to maintain a state of hyperalgesia in the skin, for nothing develops in skin which is guarded by peripheral nerve block over the actual period of nerve stimulation, when that block is released It is again clear that the skin supplied by the nerve is itself the seat of disturbance and that the change that happens there is a lasting one For reasons which I cannot satisfactorily and fully relate in these lectures I have interpreted this change (Lewis, 1936) to be an altered state of the skin cells, with a discharge from these of substances that by acting locally, reduce the threshold of the pain nerves In this connexion it is of interest to note that Foerster (1925) has recorded the occurrence of pain during distal stimulation of divided cutaneous nerves in man On the lines already laid down I attribute his interesting observation to the release of pain producing substance which acts on overlapping endings of neighbouring sensory nerves, and find support for this view in Foerster's statement that section of these neighbouring nerves abolishes the pain

While it is legitimate to conclude in my own observations that the hyperalgesia, accompanied as it often is by a little sense of burning, and the pain in Foerster's observation are both due to the onset of a new and relatively stable state in the affected skin, the view that this comprises a release of pain producing substance must be recognized as more hypothetical It will remain so until more direct evidence of actual release becomes available That the nerves act by increasing the permeability of the walls of the cutaneous cells, and thus cause a release of substance or substances is but one of several possible ideas which might plausibly be put forward in explanation But it is the conception which at the moment I am most inclined to favour

Clinical Applications

Before passing on to other reactions of the skin I pause to comment on certain practical clinical bearings of the observations that have been described The first reaction that of spreading hyperalgesia in response to local injury is an event of everyday life Such hyperalgesia is often to be found around abrasions and other small injuries of the skin for example those produced by insect bites Areas of hyperalgesia, extending widely around inflammatory lesions of the skin almost certainly arise through a similar mechanism So does tenderness referred from stimulation or inflammation of the mucous membrane of the maxillary antrum (Fig 5) or from teeth in the upper jaw, to skin in the territory of the maxillary nerve Thus it is evident that the observations and experiments described bring a clear understanding of

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many instances of superficial hyperalgesia such as are encountered in patients As to whether or nor referred cutaneous tenderness from visceral disease employs the same effector mechanism will be decided by new investigations

The second reaction the production of hyperalgesia through stimulation of cutaneous nerves, finds its counterpart in certain cases of peripheral nerve lesion The cases to which I refer are those relatively rare ones, examples of which were first recorded by Paget (1853) Charcot (1859), Weir Mitchell (1872), and others, in which as a result of bullet wounds or other injury the nerve in a limb (usually the median), though undivided is contused, or becomes involved in chronic inflammation In such cases and after a notable latent period of a few or many days the skin of the corresponding territory becomes exceedingly tender to friction and intolerant to warmth The pain like all continuous skin pains, is described as burning in quality—whence the term "causalgia"—and is so easily elicited and so severe when provoked that the patient guards the limb closely, holding it flexed and covered and shrinking from all threatened contacts Such cases have long been suspected to owe their suffering to

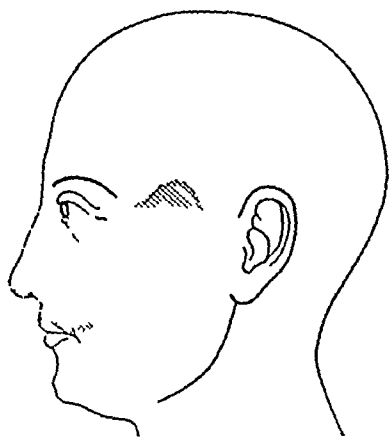


FIG. 5.—A diagram of hyperalgesia of the facial skin appearing within an hour of stimulating the mucous membrane of the outer wall of the maxillary antrum with a faradic current Similar hyperalgesia appears with catarrh of the same antrum (from *Clinical Science* 2 393)

irritation of the nerve trunks, sensory impulses being conveyed directly to the sensorium from the region of the wound But my observations provide a definite basis for a new suggestion namely, that the pain may arise from the irritation not of sensory but of "nocifensor" fibres in the nerve trunk In the latter instance it would arise indirectly and after a period of delay the state of the skin being changed and thus lowering the threshold of the pain nerves running to it The existence of such a mechanism the pain provoking agency being in the skin and not in the nerve trunk would explain those curious and otherwise inexplicable instances cited by Tinel (1918) in which section of the nerve distal to the nerve lesion has brought relief of pain Another reason for suspecting an action of the damaged nerve distally is found in the associated changes in the skin, including reddening and herpetic eruption but further discussion of this aspect of the question I shall defer to my second lecture

Another type of case is that in which a finger has been crushed torn or otherwise injured and in which though healing occurs similar intractable tenderness and pain develop and often spread to the adjoining finger In these instances of reference to an adjoining finger it has become quite probable that the painful phenomena are produced through the intervention of nocifensor nerves, though it is to be stated that further observations directed to this question are desirable as opportunity offers.

We pass on to the third reaction

3 Flare from Local Injury

The flare surrounding local injuries has been so fully described in my writings on the "triple response" that I shall here confine myself to what is relevant to the main thesis of these lectures If a small piece of skin is crushed or is injured in any other way a vascular flare appears around it This flare is due to the dilatation of the small arterioles in the skin over an area usually of about 5 cm diameter, though sometimes visibly extending for much greater distances It has been proved to occur through the intervention of a nervous reflex, the impulses travelling locally through branching axons of skin and directly underlying tissue Thus the flare can be provoked after all nerves to the skin have been divided It disappears when after section the fibres of the cutaneous nerves have had time to degenerate It is lost when the posterior root ganglia (or the fifth nerve ganglion) have been destroyed, but it is not lost after degeneration of the sympathetic nerves to the skin has taken place Thus the nerves underlying this reaction are known to belong to the posterior root system and for this reason have been thought to be sensory This latter view, based as it was on reasoning by exclusion, I am unable any longer to hold The resemblance between the nervous mechanism of this reaction and that of spreading hyperalgesia is so close as to draw strong attention to itself The reason for first suspecting the nerves underlying the hyperalgesia to be separate from any of the sensory nerves was that the phenomena displayed require for their explanation a branching system of axons a system regarded as incompatible with accurate localization of sensation A parallel argument applies in the case of the flare The stimulus that provokes this flare arises locally nerve impulses pass out from a small place of injury and travel to small cutaneous arterioles supplying the whole area flushed Thus each small area of skin must be united through axonic nervous channels to all regions displaying vasodilatation A branching system of axons incompatible with the function of sensory localization, is again needed to explain this local reflex

It is to be noted in the case both of flare and hyperalgesia that the original stimulus is a small local injury like a crush and that in each instance independent evidence has been obtained that the receptor endings of the nerves are stimulated by substance released The paths taken by the nerves through the skin, as displayed by the effect of anaesthetic barriers are remarkably similar in the two instances Asphyxia affects both reactions early, though the flare is affected distinctly later than the hyperalgesia (unpublished observations) All this evidence leads us to conclude as in the case of hyperalgesia so in the case of the flare, that the nerves concerned are not sensory but that those underlying the two reactions are related to each other But further than this in identification we cannot go

I have described the similarities that seem to me sufficient to allow us to place these nerves in a common system There are also important differences The substances released by (and at the point of) injury and responsible for the two reactions are different The flare is caused by the release of a histamine like substance the substance causing hyperalgesia is certainly distinct Again the end manifestations are different in character and they are of very different duration Each reaction may have its appropriate stimulus and receptor

SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 2 1937

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MEDICAL BENEFIT FOR YOUNG ADOLESCENTS

SPECIAL CONFERENCE OF REPRESENTATIVES OF LOCAL MEDICAL AND PANEL COMMITTEES, THURSDAY, JANUARY 7, 1937, AT 2 p m

Early Discussions

The programme of Government legislation for the current session in Parliament includes a measure for the extension of medical benefit under the National Health Insurance Act to young persons who are between the ages of 14 and 16 and in insurable occupations At the invitation of the Ministry of Health representatives of the Insurance Acts Committee met representatives of the Ministry on November 4th 1936, to hear certain *tentative* proposals in relation to the contemplated legislation These preliminary proposals may be summarized in the following terms

(1) The persons affected by the proposed legislation will be those males and females who have left school and entered insurable occupations

(2) It is estimated that the number of persons admitted to insurance at the outset will be in the region of 700 000 (The number is now estimated at 1 000 000)

(3) The benefits available to this class of insured person will be

(*a*) medical benefit identical with that available to other insured persons (subject to para 4)

(*b*) a reduction in the waiting period for dental benefit

(4) The existing terms of service will apply except those referring to certification In the absence of sickness benefit, certification will not be required of insurance practitioners

(5) In the view of the Ministry there is justification for suggesting a capitation fee of less than 9s on the *following two grounds*

(*a*) No medical certification will be required

(*b*) The amount of medical attention required of insurance practitioners in respect of these insured persons will be *less* than that required in respect of the existing insured population It is argued that the stage of childish infections has passed and that the stage of adult illness has not arrived

(6) The capitation fee tentatively suggested as a basis of discussion was six shillings

During the explanations and discussion which followed the Insurance Acts Committee's representatives made it clear that in their view the financial proposal in the present form would prove entirely unacceptable to the Insurance Acts Committee They emphasized that the suggestion that the medical care of these young persons would prove less onerous than the care of other insured persons generally was one which could not for one moment be accepted

Action of Insurance Acts Committee

At the meeting of the Insurance Acts Committee on Thursday November 19th the following three resolutions were passed

Min 70 Resolved That the Committee is of opinion that there is no ground for differentiation of the standard capitation fee for treatment on account of the incidence of sickness amongst the proposed new class of insured person

Min 71 Resolved That any variation of the standard capitation fee for treatment is opposed to the principle of insurance upon which national health insurance is based

Min 72 Resolved That it be represented to the Ministry that whilst certificates for national health insurance purposes may not be required for insurance purposes some form of certification of incapacity will in practice be necessary and that it is desirable that *this* should be included in the contract of the insurance medical practitioner

The following general statement of the Committee's views was approved as a basis of representations to the Ministry

(i) The Insurance Acts Committee has given careful consideration to the report of its representatives who met representatives of the Ministry at *the latter's invitation* on November 4th 1936 It understands that it is proposed shortly to introduce legislation to secure the inclusion in *national health insurance* of young persons under 16 who have left school and secured employment in an insurable occupation that it is intended to provide medical benefit and in the case of those who *join certain* approved societies a reduction in the period of qualification for dental benefit *that* except for medical certification the duties and obligations of medical practitioners in respect of these young adults will be identical with those undertaken in respect of the existing insured population that the Ministry is considering a capitation fee less *than the* standard rate on the grounds that medical certification will not be required and that these persons need less medical care than other insured persons

(ii) It is desired at the outset to refer to the important principle involved in the suggestion *that the young* adolescent requires less medical care than the adult It

is an understatement to say that the Insurance Acts Committee is astonished to learn of the view of the Ministry of Health that the duties of medical practitioners in respect of these persons are less onerous and less responsible than for the insured community generally The development of national health insurance in this country has been characterized by a growing recognition on the part of the community and the medical profession in particular of the profound importance of preventive medicine, of the early detection of disease, and of the speedy and efficient treatment of apparently trivial complaints The Committee had assumed that the outlook of the Ministry of Health had been expressed in such statements as the following, made by the Chief Medical Officer in his annual report for 1933

> 'The insurance medical service is that branch of the public health services which, under the terms of the National Insurance Acts is concerned with the prevention and treatment of disease as it affects the individual members of the insured population The importance of the service to the national endeavour towards raising the level of the health of the people as a whole and increasing the value of the life and capacity of each citizen can scarcely be overestimated The medical practitioners who provide the service, by virtue of their opportunities for the early detection of disease in the individual form the first line of defence against communal disease and they provide also in most cases the best instrument for the prompt application to individuals of those preventive measures and improved methods of treatment which science puts at our disposal

(iii) While the items of service which medical practitioners render to these young people are different in kind, they are *more* rather than *less* important than those rendered to older members of the community

(iv) While the conditions which bring the young adolescent to the doctor may, in some measure, be classified on clinical grounds as minor, they are major in their importance to the individual and to the community The Ministry's proposal to remunerate insurance practitioners at a 'cut' rate for services rendered to these young adolescents would, if adopted, inevitably damage the national health insurance service as an important agency of positive health—as opposed to its function of healing established disease—and would not encourage insurance practitioners to give to these young adults the full preventive and curative service which they need It should not be necessary to point out that the phase of transition from the sheltered years of school life to the early years of wage earning is very commonly a difficult and trying one, when the friendly supervision of the family doctor is of paramount importance The State ensures—and rightly so—that during school life the child is subject to careful medical supervision and the prompt treatment of defects, minor and major The suggestion that in the years that intervene between leaving school and attaining the age of 16 the need for medical supervision is not only less than that necessary during previous years, but also less than that which is necessary in the years following the sixteenth birthday is an extraordinary one Such a suggestion might be construed as an admission that the national health insurance system in this country is regarded by the Ministry of Health not as an enlightened progressive agency to promote health and prevent disease but as a narrow restricted service concerned only with the treatment of established disease It is a retrograde and reactionary proposal

(v) The suggestion was made by the Ministry representatives to those who represented the Insurance Acts Committee that the *number* of items of service rendered to these persons was to day less than those rendered to the adult community If this were so it would be contrary to the interests of the community to encourage and perpetuate such a state of affairs by governmental action But in fact there is no evidence that this suggestion is well founded

(vi) It was admitted by the Ministry representatives that there is no statistical evidence of any value on this subject Death rates provide no indication of the incidence of sickness demanding medical attention statistics relating to infectious disease show only that its incidence is less in this age group than in the school and pre-school age groups the figures for incapacity periods relate only to illness which incapacitates for longer than three days The distinguishing feature of much of the sickness experienced by the young adolescent is that it does not kill and does not incapacitate for work tonsillitis, anaemia septic infections, minor accidents, ear infections, and skin diseases are examples

(vii) The only reliable guide on the subject is the experience of general practitioners in actual practice, and it will not be denied that the Insurance Acts Committee is well equipped to express an opinion It is their experience that the number of items of service rendered to young adolescents in this age group are no less numerous than those rendered to the present insured population By governmental and other propaganda this section of the community is being encouraged to seek the advice of the medical profession To give an example of official encouragement to seek doctors services, the Ministry should bear in mind that the widely accepted policy for improving physical fitness will add to the profession's responsibilities in respect of these persons The young adult is looking more and more to his doctor for advice on minor troubles, an attitude which it is in the public interest to encourage and which, it is assumed, the Ministry of Health would desire to encourage in any extension of national health insurance The act of including these persons in national health insurance would inevitably and properly have the effect of encouraging them to seek the help of their doctor in increased numbers

(viii) At present the medical profession accepts, under national health insurance, a liability for all groups of both sexes of the insured population at an 'overall' capitation rate without seeking a precise relationship between the number and kind of items of service rendered to the different age groups The suggestion of a different rate for young adolescents involves the introduction of a new principle a differential rate for different age groups In the view of the Insurance Acts Committee and—at least on previous occasions, in the view of the Government—this is an undesirable and unwise proposal—directly opposed to the principle underlying the existing basis of remuneration If it were introduced the Committee would feel compelled to consider seeking as a logical step its wider application in national health insurance, and in particular, its application to the increasing proportion of old people in the insured community, and to female insured persons

(ix) The Ministry proposes that there shall be collected from the 14½–16 group the sum of 3d per week After setting aside a sum to be applied to the reduction of the period of qualification for dental benefit and meeting administrative costs, but six shillings is to pass, on this proposal, to the insurance practitioner Thirteen shillings is the "pegged' cost of medical benefit from which is met all costs of full medical benefit, the primary purpose of the contemplated legislation is to secure for these persons medical benefit While no one would desire to minimize the value of dental benefit it is a monstrous proposal that from the moneys collected there should pass to the approved societies sums of money which will in certain of them, and those only, find expression in a reduction in the period of waiting for dental benefit Any direct payment to approved societies for the purpose of dental benefit can only, under existing arrangements, aggravate the existing inequalities in relation to additional benefits

(x) It is recognized that certification for national health insurance purposes will not be required of insurance practitioners for these entrants to national health insurance Had certification been required it would

mechanism, each may have its distinct effector mechanism ending the one perhaps on skin cell and the other perhaps on arteriole These possibilities are all in accord with the facts as these are known, and we should be justified, therefore, in regarding the two series of nerve paths as separate The general conception would be similar to that which we take in the case of pilomotor and sudorific nerves Here also are two series of nerves following similar branching axonic paths in the skin, but they arise differently, end in connexion with different cells and produce for that reason dissimilar effects, but both belong to the same general system, the system of sympathetic nerves

[A full List of References will be given at the conclusion of the second lecture]

FOOD AND NUTRITION*

BY

E P CATHCART, C B E, M D, F R S

Regius Professor of Physiology University of Glasgow

[In the opening part of his lecture Professor Cathcart gave a brief review of the food side of the problem in the light of present day knowledge stressing the great gaps in this knowledge that still exist]

When we turn to the question of nutrition we enter a realm which is largely speculative There are those who hold that the state of nutrition is definitely and by inference only an index of the adequacy of the diet Personally, in common with many others, I believe the state of nutrition indicates much more than the adequacy of the diet

We all believe that we can decide, with a certain degree of assurance, whether the state of nutrition of a given individual is good or not, and yet at the same time if we were asked to state why we reached our degree of certainty we would be hard put to it to give an explicit answer In other words, we do realize that in this state there is something more involved than mere physical attributes like stature, bulk, bloom of skin, gloss of hair, and so on, that there are also intangible psychic factors which may be summarized in terms like alertness 'fitness' 'aliveness We judge normally by the 'whole ness of the picture It is a question of the primacy of the whole over the separate parts We arrive at our assessment by a kind of intuition based on our own particular experience

I have no doubts in my own mind that the term nutrition should be retained for a wide conception of the state of well being which characterizes the individual who is both physically and psychically sound Those who wish to refer only to the influence of food on the body who in other words wish to limit their conception would have quite a useful and sufficient word in *alimentation* They could speak then of states of good and bad alimentation—that is the states resulting from the ingestion of adequate or inadequate diets If the words were not quite so exotic we might adopt, for differentiation, the words used by the Greeks—*eusitia* and *eutrophia* I understand from my classical colleagues that the Greeks more precise in the use of words than we are, differentiated between well fed (eusitia) and well nourished (eutrophia) These words have the additional advantage that a negative form dysitia and dystrophia may be used I believe it must be accepted that when we speak of, say excellent nutrition (eutrophia) and malnutrition (dystrophia) we are speaking of clinical syndromes because in everyday practice it is found there is no physical yardstick by which the degree of nutrition can be measured Moreover, every medical man realizes the extent to which physical conditions like weight can be dominated by psychical states and how, for instance, an immobilized limb can atrophy despite an adequate food intake It is quite clear to me at least that when we use that much abused term malnutrition we are referring to a state of the body which is not solely dependent on the inadequacy of the food intake, that many other factors like lack of sleep, of play, of fresh air of happiness absence of worry and so on play parts in the determination of the condition It is admitted of course that an adequate supply of proper food is absolutely essential but food alone cannot work miracles

"Malnutrition"

I have stated that there is no measure by which the degree of malnutrition can be defined, hence it is not surprising that where each individual medical officer makes his own subjective judgement, a judgement which can be distorted by all manner of personal, but probably in the majority of cases unconscious predilections wide variance in the extent to which malnutrition is reported to exist in given areas is to be expected Until some standard some method can be devised which will rule out these individual predilections no finality can be reached It is not that the search for such a measure has been neglected Repeated attacks have been made on the subject and each time the examining committee has fallen back on the clinical findings

The question of the extent of malnutrition, be the cause what it may has given rise in recent times to great debate, much of it extraordinarily ill informed One of the greatest of statisticians in this country Mr Udny Yule speaking recently on the fall which had taken place in the death rate, said

> That such a change must mean a very great improvement in the condition of the poorer part of our population which forms the great majority of it seems to me obvious and I think this cheering story deserves some special emphasis at present when there is much talk some of it sensible but some of it a bit lurid and some of it—I think it is hardly too much to say—a little hysterical on such matters as housing unemployment and nutrition Some of it indeed is to me almost incredible for if any large proportion of our population be as seriously undernourished as it is sometimes represented the existence of such low death rates becomes difficult to explain and if unemployment were as grave a factor as is sometimes alleged it would be odd that unexampled unemployment should be accompanied by record low mortalities

This comment receives support from the evidence collected by school medical officers which despite its variable quality, does not disclose the existence of much serious and widespread malnutrition

To my mind the comment of Mr Udny Yule is just timely, and proper No one could be stupid enough to claim that all diets in this country are ideal when it is well known that many are faulty but I do not believe they are so desperately bad as claimed by some writers As Mendel said

> There is no field of practical importance related to human well being in which there is greater opportunity for dogmatism and quackery for pseudo science and unwarranted prescrip-

* Sir Charles Hastings Lecture (abridged) given under the auspices of the British Medical Association in the McLellan Galleries Glasgow February 23 1937

RONTOSIL ALBUM IN PUERPERAL SEPSIS

BY

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AND

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A rapidly growing literature, from both the experimental and clinical aspects, proves beyond reasonable doubt that prontosil constitutes an invaluable measure in the treatment of severe streptococcal infections Recent articles, both in this country and abroad, suggest that its usefulness may not be limited only to infections by haemolytic streptococci In puerperal sepsis, however, the treatment of this streptococcal infection is of paramount importance, since it is responsible for almost all the deaths

The following brief notes represent our experience of prontosil album ' (the sulphonamide) in the treatment of puerperal infections The use of this simpler ' reduction compound of prontosil seems logical in the light of recent experiments (Colebrook, *et al* 1936) which demonstrate that the original compounds, prontosil soluble and prontosil ' red, are active against haemolytic streptococci only in so far as they are broken down in the body to the sulphonamide or some closely related substance Certainly it has been shown that *in vitro* prontosil is not lethal to streptococci, whereas the sulphonamide, prontosil album, can destroy them under conditions of dilution fairly closely approaching those which might be encountered in the body

The Patients Treated

Prontosil album was used in treatment, in a ward given over to puerperal sepsis from November 1, 1936 and these notes may be regarded as covering the period from that date till January 31, 1937 During the period under review seventy patients all proven septic, came into hospital for treatment There was one death, giving a mortality rate of 1 4 per cent The average death rate over 1 988 patients all of whom were septic, treated between the years 1931 and 1936 was 13 5 per cent The use of prontosil album was limited to twenty two cases—namely, women who were severely ill, having repeated rigors, frank septicaemia, or peritonitis This group comprised eleven with septicaemia four with peritonitis and seven others Three patients each received up to 20 c cm prontosil soluble on occasion, owing to a temporary shortage of prontosil album One other received 40 c cm prontosil soluble on each of three successive days

The great drop which has occurred in the death rate raises prominently the possibility that the seventy cases under discussion were less severely ill than those treated in the past It is agreed that the death rate in puerperal sepsis is closely bound up with the occurrence of septicaemia and peritonitis In the present group there were eleven cases of septicaemia, eight of which yielded a growth of haemolytic streptococci on primary blood culture The incidence of septicaemia in the whole group is therefore 15 7 per cent , the average incidence from 1931 till 1936 being 18 6 per cent There were four instances of generalizing peritonitis without blood invasion and on laparotomy three yielded cultures of haemolytic streptococci The incidence of peritonitis of 5 7 per cent is to be compared with 4 per cent , which was the average incidence over the five years ending in 1936

It would seem therefore, that while there has been a slight drop in the incidence of severe sepsis the fall in death rate must be explained by improved treatment or lessened virulence of the infecting organism

Dosage and Toxicity

In the beginning the dosage used was small but with increasing experience this was raised to 7 2 grammes (twenty-four tablets of 0 3 gramme) spread over twenty four hours for averagely ill patients This dosage, it was discovered, could be continued for seven to ten days without harm It was found advisable to continue medication for two to three days after subsidence of the fever Increase in the dosage in more severely ill patients was almost always accompanied by a corresponding clinical improvement In one very severe case of septicaemia a daily consumption of 14 4 grammes (forty eight tablets) for four successive days and 7 2 grammes for a further three days was followed by nothing worse than a slight cyanosis possibly attributable to sulphaemoglobinaemia Another case of septicaemia received 40 c cm prontosil soluble and 10 8 grammes prontosil album for three successive days and 7 2 grammes each day for a further two days with again nothing worse than slight cyanosis possibly accounted for by the pneumonic septicaemia which demanded such heroic dosage Both cases recovered In one instance it was noticed that a daily dosage of 10 8 grammes was ineffective till 15 minims of dilute hydrochloric acid were given somewhat empirically, before ingestion of the tablets

From the remarks above it is obvious that the toxicity of prontosil album is low Sickness and vomiting occurred in one case after a total dosage of 75 grammes spread over nine days and ceased on discontinuing the drug The urine from several highly dosed patients showed no casts but mild albuminuria appeared twice where it had not hitherto been present In three patients difficulty in micturition developed amounting almost to retention of urine There was no oliguria In no case was jaundice recorded nor were there nervous symptoms Sulphaemoglobinaemia was noticed as a possibility in the two cases already mentioned when dosage was discussed In this respect it may be mentioned that magnesium sulphate which it is thought, may have some causal influence, was given in one case only In the other the probability of sulphur compounds being present in commercial glucose cannot be ignored

A much larger number of patients have been treated with the sulphonamide prontosil album than with the original injection preparation, *prontosil soluble* So far as the death rate gives any indication the two drugs are apparently of equal value The obvious advantages of an easily ingested preparation over large and sometimes painful injections need only be mentioned Some of the temperature charts reviewed suggest that the action of prontosil album is more rapid than that of prontosil soluble even allowing for the quicker absorption of the latter On present knowledge of the pharmacology of these drugs it would appear reasonable to combine the two preparations the injections acting perhaps as a depot of continuous sulphonamide therapy In severe peritonitis the ingestion of large numbers of tablets possibly roughly chewed by the patient and the swallowing of considerable amounts of fluid may be open to objection

tions and proscriptions, than in the domain of our daily diet '

The difficulty is that so many people think they are authorities on the subject of food and nutrition in general, and they do not hesitate to air their views, forgetting, or more often ignorant of, the number of problems, particularly quantitative ones, still unsolved They forget, moreover, that in problems where the factors concerned are for the most part incapable of accurate measurement their knowledge about the subject must, as Kelvin pointed out long ago, be meagre and unsatisfactory Under these conditions these would-be experts only too often darken counsel by words without knowledge

Indices of Nutrition

As measures of the state of nutrition the indices commonly adopted are height and weight and the relation of these to age Certainly both height and weight are capable of fairly accurate measurement Weight as an index is, however, of very little value, as it is a well-recognized fact that the capacity to put on weight varies considerably with the temperament and particular constitution of the individual child or adult The thin wiry child is, indeed, from the medical point of view fitter and more resistant on the whole than the fat overfed child Weight may be due to big heavy bones, to much muscle, or to excess fat

More emphasis has rightly been laid on the height factor The stunted growth of the child which has been brought up in a faulty environment of whatever nature is a well-recognized phenomenon There is no question that when such children are removed to a good environment the improved physique which results is remarkable These are established facts But recently there has been an active drive to transfer this possibility of improved physique from the particular to the general, the inference being that the bulk of the general population would respond in like manner In his presidential address to the British Association last year Sir Josiah Stamp gave currency to the following statement

> It has been computed that a benevolent dictator could, at a relatively small expense by applying our modern knowledge of diet, add some two inches to the average stature and seven or eight pounds to the average weight of the general population besides enormously increasing their resistance to disease

I do not think anyone would question the ability of the so called benevolent dictator to increase the body weight but there might be a considerable measure of doubt as to whether all his efforts in the way of selected diet would add two inches to the average height and also increase enormously the resistance of the population to disease I think it may be said it is generally believed that if it were possible to devise the perfect diet suited to the needs of each individual the resistance to disease might be increased so far as mortality is concerned but without much reduction in morbidity Tuberculosis is the one disease to which there does seem to be fairly good evidence that a well-fed body is more resistant

Rate of Growth, and Ultimate Stature

When we turn to the consideration of the possibility of increasing the average stature from a present average of approximately sixty seven inches to sixty-nine inches the food supply of the benevolent dictator would have to contain some very stimulating ingredients ingredients potent enough to defeat hereditary inertia At the outset we must differentiate between rate of growth in the young and ultimate stature in the adult Stature is not so subject to environmental influence as weight It is much more static, it is an inborn character, determined more by heredity than environment The hereditary influence has been stated to account for over 90 per cent of stature It is true there is a certain small amount of evidence to suggest that the Nordic races at least are gradually growing taller Such deductions have in the main been drawn from the growth of both male and female students in certain American universities, yet, on the other hand, the authors of the volume on statistics relating to the great mass of recruits for the American Army in the late war are more cautious They compared their data with the Army data of the Civil War some fifty years earlier and found little apparent change in height, although there was a few pounds increase in weight After due consideration of all the factors they inclined to the belief that the average stature in the United States had actually decreased by about one half-inch, due probably to the immigration of shorter races The same view concerning the increase of height of the student class has been put forward in this country Sir Arthur Keith holds, however that "the evidence so far leads us to believe that our present stature and size of body are part of an ancient inheritance, one which has not been altered by the passage of hundreds or thousands of years" Yet the environmental changes both as regards housing, hygiene (personal and public), the quantity and quality of food, during this long span of years are prodigious

So far I have been speaking of the average ultimate stature of the adult The evidence, I think is plain that it is largely dominated by racial or hereditary characteristics which, if they can be altered at all, must be altered extraordinarily slowly When, however, we turn to the consideration of the rate of growth in stature, the phenomenon characteristic of the young, we are faced with quite another problem There is no doubt that a faulty diet may be a most potent agent in inhibiting growth in general The experiments of Mendel and Osborne and many later workers are quite clear on this point But the evidence is equally clear that this power to grow is only inhibited, not destroyed The inhibition may even be of very long duration The urge to grow in the young is as strong as life itself Further, the capacity to reproduce is not lost when growth is inhibited nor is the capacity to provide milk suitable for the normal growth of the young despite the faulty diet consumed by the mother The growth capacity of the young from such mothers is not affected, for if after weaning they are put on a suitable and adequate diet they grow at the normal rate Moreover, it must be noted that all the evidence goes to show that although it is easy to inhibit increase in body weight by adverse environmental conditions it is difficult to check the persistent growth of skeletal structure

Factors in Limitation of Growth

It is probably, one might almost venture to say certainly, true that one of the most potent factors in limiting the growth of children is either absolute lack of food or the consumption of food qualitatively inadequate Still, if it be admitted that inadequate food is an important causal factor there are other factors, such as faulty housing, lack of exercise, lack of sleep, etc, which play contributory parts For instance, some very interesting Glasgow data on the growth of school children have been put forward to show the apparent close relation between growth and the size of the house occupied by the parents

Case Reports

Below are set out the abbreviated records of three cases illustrative of the type of result obtained The first case is one of septicaemia with peritonitis, the second one of what appears to have been, despite the absence of confirmatory blood culture, septicaemia associated with multiple bacterial emboli The third case is one of moderate severity, and is quoted to complete the clinical picture

Case 1—A 5 parous woman aged 30 years was confined on October 30, 1936, when the perineum was badly torn She sickened on November 1 with rigors cough and abdominal pain, and was admitted on November 3 On admission the temperature was 104° F, the pulse rate 128, and the respirations 34 a minute She was very pale, and had a gross patchy bilateral bronchopneumonia with extensive pleural friction Peritonitis was present up to a level higher than the umbilicus A blood culture which was taken on admission yielded a liberal growth of haemolytic streptococci An immediate laparotomy revealed a generalizing peritonitis, which was drained The sero pus yielded numerous colonies of haemolytic streptococci She was given 0 9 gramme prontosil album four hourly (three tablets) as soon as she could swallow The following day her peak temperature was 101° and within forty eight hours was normal Prontosil album was continued for five days at the same dosage The convalescence was interrupted by the development of phlegmasia alba dolens

Case 2—A woman aged 31 years, 2 para, was confined on December 30, 1936 There was no gross trauma, but she sickened on January 5, 1937, with rigors, headache, and a scarlatiniform rash We admitted her on January 11 with patchy bronchopneumonia and a widespread scarlatiniform rash tending to vesiculation on the face and soft palate There were numerous acutely inflamed painful indurated areas beneath the skin on the arms, knuckles, and legs There was possibly early effusion into the right elbow- and the left ankle-joint Blood culture was negative, but the patient was undoubtedly septicaemic At the beginning of therapy by prontosil album 1 8 grammes (six tablets) four-hourly her temperature was 103 2°, pulse rate 128, and respirations 24 a minute She was slightly cyanosed Allowing for doses missed during sleep she received a total of 250 tablets (7 5 grammes) prontosil album in four hourly doses over nine days by which time the illness was over The rash, induration and vesicles retrogressed on the fourth day of treatment, and the joints, once thought to be the seat of septic arthritis, were free of pain and swelling on the seventh day One larger induration which became semi fluctuant and from which it was hoped to culture an organism, was totally absorbed

Case 3—A girl aged 19 years was confined on December 8 1936 A persistent occipito posterior presentation resulted in a severe perineal tear She sickened on December 10 with an erythematous rash and a rise in temperature to 107° and a pulse rate of 160 a minute She was immediately given two tablets of prontosil album and this was repeated in four hours She was admitted to Robroyston Hospital on December 10 with a temperature of 99 pulse rate 104 and respirations 24 a minute Her symptoms were suggestive of acute metritis She was given prontosil album two tablets (0 6 gramme) four hourly for four days after which the temperature was normal A blood culture taken on admission, yielded scanty haemolytic streptococci

Summary

1 Out of a series of seventy cases of puerperal sepsis twenty two were treated with the "sulphonamide" preparation prontosil album Four of these had, in addition, occasional doses of prontosil soluble by injection The other forty eight cases were not considered sufficiently serious for chemotherapy

2 Eleven of the twenty-two cases treated with prontosil album had septicaemia, eight proved by blood culture to be due to haemolytic streptococci, and a further three cases of peritonitis without septicaemia all yielded haemolytic streptococcal colonies on culture of the peritoneal fluid The balance—seven cases—showed a haemolytic streptococcus on bacteriological examination of the vaginal discharge

3 The dosage of prontosil album was high, ranging from 3 grammes (ten tablets) to 14 4 grammes every twenty-four hours, but the preparation was well tolerated and toxic effects were minimal

4 The fall in temperature and the general improvement were rapid and striking

5 The success of the treatment is evidenced in the mortality rate of 1 4 per cent (one death) in the whole series, as compared with 13 4 per cent in a five-year period in the same hospital

REFERENCE

Colebrook, *et al* (1936) *Lancet* 2, 1323

Clinical Memoranda

Method of Removing Wax Foreign Bodies from the Bladder

From time to time reports are published of the removal of pieces of wax from the urinary bladder by means of rongeur forceps, lithotrites, or even by suprapubic cystotomy (One transatlantic clinician recently reported how a patient had succeeded in voiding a piece of wax by urinating while suspended upside down from a trapeze) It does not appear to be sufficiently widely recognized that a number of wax solvents, such as xylol, will deal with this type of case with a minimum of discomfort to the patient Hattinger was the first, I believe, to describe the use of xylol for this purpose

I have recently come across two cases in which wax had been introduced by a male patient along the urethra for erotic purposes, and, as so often happens, the distal portion of the improvised wax bougie broke off, the remainder entering the bladder, whence it did not escape, and set up an inflammatory reaction

The first case, a boy of 16, was brought to me a few days after the "incident" had occurred He was suffering from frequent and painful micturition, and no attempt was made to hide the origin of the trouble Cystoscopy revealed the presence in the dome of the bladder of a flattened piece of wax about the diameter of a shilling The cystoscope was withdrawn, a catheter passed, and the bladder filled with 6 ounces of sterile water, 10 c.cm of xylol was then introduced, and the catheter spigoted The catheter was left in position for two hours, the suprapubic region being massaged at frequent intervals to aid the solution of the wax by the xylol On removal of the spigot the bladder emptied, the terminal few cubic centimetres being a white milky fluid representing the wax in solution A cystoscope was then introduced, and no longer was there any evidence of the wax

A few weeks later a similar case came into All Saints' Hospital under the care of my colleague, Mr F. Loughnane The history in this case did not give an inkling as to the cause of the dysuria but cystoscopy revealed the presence of a piece of wax in the dome of the bladder I related my experience in the first case and the same procedure was adopted in this second case with complete success

London W 1 TERENCE MILLIN

It is possible to speed up the rate of growth in the underfed child both in height and weight, it is possible even to alleviate or cure malnutrition, but the height ultimately attained will be, in general, that predestined for the particular individual As Deniker wrote

The primordial characteristics of race seem always to get the upper hand and the modifications produced by environment can alter the stature of the race only within very restricted limits The miners of a high stature like the Scots for example will be still taller than the individuals of the well to do classes in for example Spain or Italy and much more so than those of Japan Stature is truly then, a character of race and a very persistent one

Food Not the Only Factor in Good Nutrition

My contention, then, is that without in any way detracting from the value of food as an all important factor in good nutrition, it is impossible to accept food as the only factor Food alone will never achieve the results claimed and apparently expected. Food intake, no matter how abundant and well selected, without, for example, exercise or adequate sleep, will not determine the state of good nutrition It is relatively easy to develop eusitia (well fed ness), but a much more complex and intricate problem to develop eutrophia (good nutrition) It is probable that on the whole it is easier to make up early deficiencies of diet than deficiencies of physical culture in the broadest sense of the term

I repeat, I do not desire to belittle the importance of food or to suggest for a moment that many of the diets in common use are beyond criticism Unfortunately we have had ample evidence that many of the present day diets leave much to be desired Far too often it is stated, more often perhaps assumed, that the defective diets are solely the product of lack of means It is common knowledge, knowledge confirmed for me at least by our dietary surveys, that frankly bad diets can be found in households not in the receipt of the lowest incomes It would on the other hand, be simply the height of folly to assert that income shortage is never to blame in whole or in part.

Diets and Budgets

The question is often asked why, if the needs of the organism be known, some body of experts does not sit down and work out–the cost of such provision If the assumption be made and it is only an assumption, that we know (*a*) the fundamental needs of the human organism, and (*b*) the sources from which these needs may be completely satisfied, it would seem to most people to require but a simple sum in arithmetic to solve the problem of the relation of an adequate diet to the family budget But unfortunately in practice the solution is neither easy nor simple It is not how much money is spent on food but what is obtained with the money spent and how the purchases are used which counts Academically it is perfectly easy to devise simple yet so far as our knowledge goes, complete diets which will satisfy all needs at a relatively low cost, but, again unfortunately the majority of human beings are not content, like many of the domesticated animals to live day in day out on a monotonous diet The difficulty is that the majority of mankind want and demand change and variety, a demand which in the end increases cost There is indeed, no hard-and fast scientific solution of the practical problem There are too many variables, and not the least of these are those which are associated with the likes and dislikes, the traditional beliefs customs, and conventions of the consumer It must not be forgotten that there is a definite psychological aspect to the problem of diet

We have only to turn over the pages of the recent report of the International Institute of Agriculture to find evidence for the diversities which exist in dietary demand If race A, which consumes 73 lb of meat per head per year, is fit and healthy, is race B, which eats 236 lb of meat per annum, overfed and pathological? Or is race C which consumes 6 71 bushels of wheat per head per year leading a physiological life when race D manages to get along on 2 5 bushels per head per year? Further even within the limits of a single country like our own for various reasons there is a very wide range in the prices of ordinary standard foodstuffs For which consumption of meat or wheat for which price level are we expected to budget, and are we to budget for the good housewife and cook or the bad and careless one?

I am convinced that a mere increase in wages or allowances will not solve the question of defective diets There is no guarantee that the extra money, if given will be spent in a proper fashion As Professor Forrester said in a recent address when speaking on the relation between incomes of the relatively poor and prices,

increase in purchasing power would only be partly spent in remedying deficiencies in dietary since people would attempt to increase their satisfaction on all items in the standard of living and not merely on food It would require some specific measure of public intervention to secure the whole of the increase for food expenditure

Moreover, even if it were all spent on food, there would be no guarantee that the proper materials would be purchased and utilized to the best advantage The solution where immediate action is required, would be the provision of cooked meals, as is done in schools But this is no permanent solution Although I do not believe that the average working class housewife merits the damning indictment of the Frenchman Siegfried, in his book *England's Crisis* it is probably true that as compared with the average Frenchwoman of her class she does not have their 'sense of or delight in economy Do not imagine, he concluded that the French workman though he receives less than half as much money [as the English workman] lives only half as well"

The Need for Education

Improved education on what can be done in the way of dietary is badly required—education in budgeting, marketing, and cooking Too often it is assumed these are easy arts to practise, that every woman receives them as inborn gifts On the contrary, they are difficult arts, only to be acquired by patience and time The education must be such that it is suited to the needs skill, and intelligence of those who require assistance and as the experience of such institutions as welfare centres clearly shows the majority of the mothers are eager and willing to be taught We are not an imaginative people where food is concerned, and the food shopping list is very limited Many of the really valuable foodstuffs are neglected If it be well to include in the diet a good supply of first class proteins why is greater use not made of fish? Why is herring one of the most excellent of protective foods relatively neglected? Why is more use not made of cheese, of liquid skim milk where available or of dried skim milk? Much of the modern cereal food stuffs could with great advantage be replaced by potatoes which provide vitamins B and C iron and readily available calcium and phosphorus The British Medical Association has made an excellent start with the recent publication of its small book, *Family Meals and Catering*

Reviews

SURGERY OF CANCER OF THE LUNG

a Chirurgie du Cancer du Poumon Bases Anatomo lniques et Experimentales Technique Operatoire By Lambret M Malatray and J Driessens (Pp 198 Illustrated) Paris Masson et Cie 1936

physician should always be on the alert for the sible presence of a neoplasm of the lung but it is the son who eventually establishes the diagnosis and es whether treatment is practicable Drs Lambret, Malatray, and Driessens of Lille have written a mono which should therefore prove of great interest to thoracic surgeons It forms an admirably practical mmary of the present position in regard to a subject ch has only just passed the experimental phase The thors dismiss radiotherapy as having proved a failure in treatment of cancer of the lung, and confine themselves a discussion of lobectomy and total pneumonectomy latter is to be preferred, since in expert hands it gives superior results and is now carried out with only slightly greater operative mortality

As their subject is so recent (and the literature limited) authors have been able to present it in a succinct and cal manner The diagnostic basis of the surgical treat- is discussed in three stages (clinical, radiological d bronchoscopic), and there follows a description of e anatomo pathological details essential in decidin whether surgical intervention is justified The indications r surgery are then given, and the detailed description the operative technique of pneumonectomy—and less ily of lobectomy—is preceded by a chapter on the perimental work which has now been carried out for any years A chapter is devoted to the results of *rgical treatment of broncho pulmonary cancer Up to* e time of writing the book fifty eight cases had been ported in the literature (all confirmed histologically) which forty were treated by lobectomy Of the total mber twenty five (43 per cent) were "cured" eleven living four to seven years after the operation It is great interest that while the operative mortality of the ectomy cases was 30 per cent as against 50 per cent the pneumonectomy patients, the former show 'cures" to three years) in 10 per cent and the latter in 40 per nt (but of course, out of a total of only eighteen es) Certain points in regard to the lobectomy cases summarized in tabular form, and more detailed notes furnished of the pneumonectomy patients (with two sonal observations)

Throughout the book full credit is given to the Brompton hool of surgeons And a final point to be noted is insistence on the safety of exploratory thoracotomy, hich offers at present the only means of securing a larger mber of treatable cases The volume is exceptionally ll produced and contains several good plates and a full liography (since 1928 only) It is a work that can be rtily recommended

PATIENT, NURSE, AND HOSPITAL

he Patient Looks at the Hospital By Florence G idler Foreword by Joan Malleson M B B S (Pp 28 2s 6d net) London Robert Hale and Co 1936

en writing this indictment both of hospital manage- nt and of the whole nursing profession Miss Fidler got the value of understatement in the presentation of ase The chief faults of her book are so manifest that they can do little harm They are, that an entirely one sided picture is drawn in most exaggerated terms by generalizing from an isolated personal experience, and that while she has supplemented her first hand knowledge by an intelligently chosen course of reading she picks out only those portions which lend themselves to the heightening of the picture Illustrations of these faults can be found on many pages Here are two

'the quite peculiar mentality of the trained nurse—a queer mixture of expert knowledge of her subject an intense devotion to duty an unlimited capacity for self sacrifice on the one hand on the other immeasurable conceit abysmal stupidity complete lack of imagination often a mean petty attitude towards others and always a deficiency of common sense and intelligence in everyday affairs

'there are no really grateful patients and the reason why *persons* sometimes express themselves as such is that they have been so terrorized while in hospital that they feel obliged to pretend and to make false statements lest if they return there they may suffer from not having expressed the correct amount of gratitude demanded

A further point to be noted is that, although in her final chapter the author directs her case against the voluntary hospitals only and advocates a State service, there is no reason at all why the faults which she so strongly alleges should not be just as prevalent in council as in voluntary *hospitals* Nevertheless the book may be worth reading It at least draws attention to three things of importance that the conditions of work of nursing staffs are unsatisfactory that ward routine is defective, and that all subscribers to all voluntary hospitals (to whom the book is dedicated) should not be content with giving their subscription but ought to show an active concern in the conduct of the institution to which it has been given

MEDICAL GYMNASTICS AND MASSAGE

The Technique Effects and Uses of Swedish Medical Gymnastics and Massage By Dr J Arvedson Translated by Mina L Dobbie M D B Ch Third edition (Pp 262 131 figures 12s 6d) London J and A Churchill 1936

The third edition of Dr Arvedson's book, which appeared in Sweden in 1932, has been translated into English by Dr Mina Dobbie, to whom credit is also due for translating and editing the companion volume—*Medical Gymnastics and Massage in General Practice* Both books are well known, because they cover the course for students preparing for the examination of the Chartered Society of Massage and Medical Gymnastics The present volume contains all the material necessary for a thorough grounding in the movements and manipulations used in Swedish gymnastics and massage and is hence invaluable to those wishing to qualify for the examination and to practise the system All procedures are described clearly their effects and uses explained and the working muscles in each case enumerated The descriptions are supplemented by photographs numbering about eighty These fulfil their purpose clearly, but some of them are so antiquated in style as to be unsuitable for inclusion in a modern textbook If military recruits instead of women had been the models photographed there would be less cause for criticism but the rigid lordotic postures of, for example, Figs 17 and 32, should be suppressed rather than displayed as exemplary

It is unfortunate that Ling's system which was primarily intended to develop the physique of soldiers has had such a militaristic influence on gymnastics It was certainly successful in its purpose but has become too general in its application In other countries Denmark and America notably gymnastics for women and

Concluding Remarks

In conclusion I should just like to say a word regarding those who do not require to consider every penny spent on food Faulty dieting is not uncommon among this class, where appetite is, as a rule, the sole dictator of intake It is true that certain workers have stressed following the dictates of appetite, but it is very difficult to say whether this is always a sound line or no in the human being There is ample evidence that it is an effective guide in the case of certain animals like pigs, dogs, and rats, which are not pampered and are given a free choice in the selection of their food There is no question about the fact that apparently perfectly normal human beings exhibit wide variances in their food preferences, based often, I believe, on real but probably more often on imaginary needs Again I emphasize the point that in this question of food the problem is frequently as much psychological as physiological "Better a dinner of herbs, where love is, than a stalled ox and hatred therewith" is very sound doctrine The great danger is that people develop a pathological interest in food, that they become food-conscious due to the superfluity of ill advised chit chat concerning the virtues or evils of this or that article of diet It is infinitely more profitable to follow the advice,

> "Eat all kind Nature doth bestow,
> It will amalgamate below
> If the mind says it shall be so
> But if you once begin to doubt
> The gastric juice will find it out"

THE "DISPOSITION" AND THE SPECIFIC ALLERGEN IN ASTHMA, HAY FEVER, AND OTHER ALLERGIC CONDITIONS

BY

E M. FRAENKEL, M D.

The phrase "allergic disease" means no more as a diagnosis than the terms 'infectious disease" and "metabolic disease' Three alterations in the normal behaviour of the tissues are considered to be characteristic of allergic conditions and reactions The most striking of these is the constriction of the smooth muscles, such as takes place in the bronchial spasm of asthma, in the spasm of the bowel in spastic colitis, or in the vascular spasm that is presumed to take place in migraine The second alteration is a localized exudative increase in the water content of certain tissues, such as occurs in the skin in Quincke's oedema and in the mucous membranes in rhinitis and other catarrhal conditions The third alteration that is often present is a generalized or localized increase in the eosinophils In most cases a combination of all three of these conditions is characteristic

The Allergic Reaction

This type of so called "allergic reaction," particularly the constriction of the smooth muscle fibres, is an effect that can be produced by irritation of the parasympathetic nervous system It is therefore conceivable that anything and everything causing such an irritation would result in the same complex of symptoms and that everything capable of counteracting this irritation could be used as a therapeutic or prophylactic agent The parasympathetic irritation might be due to a reflex action from a special area An abnormally high irritability of an area, as in the conjunctivae and the nasal, bronchial, and intestinal mucous membranes, might therefore be responsible for the onset of reactions induced by irritants harmless to less sensitive parts or persons On the other hand, it shows that the hypersensitivity towards irritation at one spot does not usually mean that there exists a general hypersensitivity of all tissues of the body, and it is in this way that the localization of the irritability may be produced

The irritability of the parasympathetic nervous system, however, depends on such general metabolic factors as the balance of potassium and calcium salts in the mineral content of the tissues The calcium acts as a stabilizing factor, in a similar way other metabolic factors may act as sympathetic or parasympathetic irritants, and others may prevent this irritation For example, such endocrine products as pituitrin and adrenaline counteract the irritation of the parasympathetic by counter-irritation of the sympathetic, whereas a drug like atropine protects the parasympathetic from irritation It may thus be understood that the constitutional behaviour of different types of patients at different periods of life—as at puberty and during the menopause—or while subject to endocrine disturbance, can so alter their irritability that they become hypersensitive towards otherwise innocuous irritants The regulation of the sympathetic nervous system by the higher centres and by psychic factors may work in both directions, causing either an increase or a decrease in the irritability Cures brought about by suggestion therapy cannot therefore be used as proof of the psychological origin of the irritability

Disposition Towards Allergic Irritation

Irritability of the sympathetic nervous system cannot be neglected in the investigation and treatment of allergic patients It is the variation in the conditions mentioned above that we may call the disposition of the patient towards specific allergens A change in both local and general irritability may be brought about by a variety of factors To these is added the factor of the external irritant, the so-called allergen A number of allergens are so powerful that they produce an allergic condition in all persons exposed to their action These are followed by a number ranging in potency down to those so weak that they give rise to symptoms in only a few particularly susceptible persons Hay-fever pollen, for example, affects about 1 per cent of the population of large towns, whereas it has been found in Switzerland that the country people are affected only to the extent of about 0 2 per cent of the population This shows clearly that the same allergen has a different effect upon a population under different conditions, and that the disposition plays a definite part in allergic diseases

The mechanism of an allergic reaction is probably similar to that of an anaphylactic shock or to that of parasympathetic irritation in general It has been shown by Dale and others that both anaphylactic shock and nervous irritation are either followed or caused by the formation of acetylcholine in the tissues, acting in a similar way to histamine in causing contraction of the smooth muscles It is not yet quite clear whether these or similar compounds can be split off from the supposed allergen, or whether, in the case of allergic reactions, they are produced by the cells of the subject under the influence of a specific parasympathetic irritation

Theoretically any type of irritation, physical or chemical acting in conjunction with the factors described above could give rise to any one of the reactions known as allergic In point of fact the well defined allergens

children are not made to conform to this military mould, and the results are excellent from physiological and aesthetic standpoints In describing manipulations used in massage Dr Arvedson makes one statement which may cause confusion On page 219 we read "Colon-stroking aims also at giving a direct onward impulse to the intestinal contents", but it is well known that any mechanical propulsion would be dangerous and that reflex effects are the only justifiable aim

Though struck with admiration for the thoroughness and conscientiousness of Dr Arvedson's book, we are aware of a disquieting sense of the limitations of the system, and wonder if it is not time, "Lest one good custom should corrupt the world," for the whole outlook on Swedish gymnastics to be fearlessly revised There is a tendency to concentrate too closely on certain isolated groups of muscles, to strengthen these by repetitive work in the gymnasium, and then to discharge the patient with an exhortation (too often futile) to continue exercises at home The need would appear to be for a "far-off" view of the patient, so that the why and wherefore of faulty muscle habits may be understood before attempts are made to correct them And when correction is possible in the gymnasium the muscle action achieving it should be studied with a view to its incorporation, in the long run unconsciously, in the movements of everyday life Systems of "duly exercises" will not suffice, even if correctly performed, unless the muscles concerned are brought freely into ordinary use

DIXON'S PHARMACOLOGY

A Manual of Pharmacology By Walter E Dixon, M A, M D, F R S Revised by W A M Smart, M B, B S, B Sc Eighth edition (Pp 483 79 figures 18s net) London E Arnold and Co 1936

The first appearance of Dixon's *Manual of Pharmacology* in 1906 was an important event in the development of pharmacological science The outstanding features of the book were the manner in which the actions of drugs were clearly and dogmatically defined and the beautiful experimental records that illustrated these actions The textbook has maintained its popularity ever since, and it is pleasant to learn that it has survived the untimely death of its author and is to be carried on by Dr W A M Smart

The eighth edition has retained the general form and size of its predecessors, but the contents have been completely revised Some of the most obvious changes are that the graphic records are less prominent, while a great increase has been made in the use of structural formulae Clinical observations on the action of drugs are now included, and there has been a liberal insertion of prescriptions illustrating the practical application of the subject matter These changes have affected the general character of the work Dixon's textbook was primarily concerned with the action of drugs as revealed by animal experiment, whereas in its new form much more attention is paid to current therapeutic practice As regards the choice of prescriptions the author has deferred here and there to clinical traditions in a manner that we think unfortunate An elementary textbook of this kind is intended to introduce the student to the rational use of drugs, and it would seem desirable to choose prescriptions whose composition can be defended on logical grounds In some cases however, prescriptions are given containing traditional complexities, the rational basis for which is not immediately apparent—for example, the combination of ammonium, potassium, and sodium bromides, and the combination of the powdered leaves of stramonium, belladonna, and hyoscyamus Other prescriptions preserve clinical traditions that are now being discarded—for example, the three prescriptions for iron salts which are given contain 1 2, and 3 grains of iron salts respectively

In view of the fact that the book has been revised with a distinct trend towards therapeutics, it is rather surprising that more space has not been devoted to the hormones, but insulin and the thyroid together occupy less than a page Apparent irregularities such as these are bound, however, to occur in a textbook which is in a process of revision, and considered as a whole the manual gives a very clear account of the outstanding facts of modern pharmacology, and the free use of structural formulae has made it possible for Dr Smart to show clearly the important services that organic chemistry has given to therapeutics in recent years

PSYCHIATRY

Theory and Practice of Psychiatry By William S Sadler M D (Pp 1,231 42s net) London H Kimpton 1936

Dr William S Sadler, the chief psychiatrist and director of the Chicago Institute of Research and Diagnosis, has written a voluminous work on this subject He explains that while there is an abundance of literature dealing with the psychoses from the institutional point of view, there seems to be a dearth of practical literature on the non-psychotic groups of nervous disturbances, affording help to the physician in general practice or occupied with one of the many specialties in his efforts to aid those of his patients who are more or less neurotic or who may be suffering from more serious mental and nervous ailments It is with the idea of helping to meet this need that the book has been written

It has thus been the motive of the author to help professional readers of all classes rather than to confine his text to the recording of experience for the exclusive perusal of the psychiatric specialist He hopes in this work to contribute something which will assist the medical profession in divesting mental hygiene of many of its psychiatric mysteries and deliver it from the "confusion of tongues"—the sectarian clamourings—that have served so to obscure the "common sense" methods of study and practice which the rank and file of the profession are well qualified to undertake if they are once delivered from the "mystifications" of the multifarious teachings of the conflicting schools of psychiatry

This massive tome is perhaps rather heavy for those who have no training in psychiatry but it will certainly be most useful to those who have taken up psychiatry as a career

OSTEOLOGY

Bones A Study of the Development and Structure of the Vertebrate Skeleton By P D F Murray M A, D Sc (Pp 203, 45 figures 8s 6d net) London Cambridge University Press 1936

This is a new book written from a point of view somewhat different from that of the standard textbooks on osteology It deals with the development and structure of the vertebrate skeleton, and is partly founded on recent experimental work carried out by the author and his colleagues at the Strangeways Laboratories, Cambridge, and partly on that of previous workers at the same school and at others He discusses anew many of the problems bearing on the interaction of heredity and mechanical factors in the growth and determination of form of such long bones as the femur or humerus, and emphasizes the importance part played by heredity in determining the specific form of the primary cartilaginous model of a long bone

are usually thought to be of the nature of proteins, and with such chemical substances as 'sozol,' salicylic acid and pyramidon it is believed that a compound of these and of the proteins of the body has been formed and endowed with allergic properties The mechanism of such a reaction will be understood when I refer to Landsteiner's allergens, where a compound of such chemical substances as benzyl chloride with various proteins was effected These compounds produced group specific antibodies and reactions towards the chemical substance in question, and not towards the protein

The Specific Allergen

The specific allergen is well known in hay fever and the asthma occurring in furriers, as well as in certain other cases It is also recognized in the urticaria produced by foodstuffs—for example, strawberries and crayfish—or by primula These examples show that there exists a very wide range of substances that can act as allergens The allergen can enter the body by means of inhalation, as in hay fever and in furriers asthma Such air borne allergens are a very common cause of allergic conditions The allergen may enter the body in the form of a foodstuff in urticaria and in the eczema of babies who are given unsuitable food Foodstuffs may also provoke an attack of asthma or of mucous colitis

The entrance of allergens through the skin is known to occur in many eczemas of occupational origin, and an example of the subcutaneous mode of entrance is afforded by the 'serum sickness' that sometimes ensues from treatment with horse serum These examples demonstrate another important fact—namely, that the site of entrance of the allergen is not identical with the organ in which the symptoms are manifested A parenteral injection may give rise in the skin to urticaria or Quincke's oedema, in the bowels to colitis or in the respiratory tract to asthma or to rhinitis, the same is true of other modes of entrance of the allergen

Experience has shown that an allergic reaction is from the beginning as specific as any other immunity reaction The allergy usually begins with a hypersensitivity towards one or two well-defined allergens (monovalency) Gradually however, if the condition does not receive proper treatment, the body becomes more and more sensitive towards other allergens (polyvalency) It is to be recommended that in these cases the threshold of sensitivity be raised rather than an attempt be made to remove any allergen in particular This can of course be accomplished by the treatment of constitutional factors as well as by desensitization

In other cases however the role of the specific allergen is predominant and the detection of this and the subsequent protection from or immunization against it constitute the only satisfactory method of treatment There are allergens which, in a similar way to a universally pathogenic micro-organism result in allergic symptoms in all who come under their influence An example of this was afforded by Frugoni and Ancona who found that peasants suffered from asthma after working in fields infected with a certain species of tinea and there is also the example of the purified allergen produced by Bloch and his collaborators from primula which provoked urticaria in everybody who received an injection of it

Many attempts have been made to isolate the responsible chemical compounds from the various allergens It is for instance considered probable that in hay fever carbohydrates of a similar structure to the antigenic carbohydrates existing in bacteria are responsible We have, on the other hand, some experimental evidence, obtained from the use of masks equipped with filtration apparatus that in epidermal allergens such as feathers it is probable that they are more of the nature of an essential oil or of a protein in such a fine state of subdivision that it is dissolved with facility in the microdroplets of water present in the atmosphere

TWO EXAMPLES

The specificity of the allergen may be illustrated by two cases

A young lady recently married had before marriage suffered from asthma when living in her parents house but had been free when living in a boarding house in town After her marriage she invariably suffered from attacks of asthma at night As an extract of feathers produced a positive skin reaction she was sent to a sanatorium where she was advised to sleep on bedding free from feathers and here she was entirely free from any symptoms Subsequently while travelling she often slept on feather beds in hotels but never suffered from any attacks On her return home she slept once more on her own feather bed and the asthma immediately returned Extracts from the feathers in her bedding gave a very strong skin reaction and she admitted that her bedding had been brought from her parents home On my advice she disposed of the bedding in question not without first getting a violent attack after beating and cleaning it It is probable that some contaminating substance was present in these particular feathers and it was this substance that produced the marked specificity

Another lady suffered from severe attacks in Konigsberg but was completely free in Berlin It was possible to show that the inhalation of the street dust of Konigsberg was responsible for the asthma and positive skin tests were obtained with extracts of this dust whereas no such results were obtained with the street dust from Berlin

These two examples show that such substances as dust and feathers are in reality very complicated mixtures of a large number of individual substances, and are not comparable with a specific allergen from a definite mould bacterium, or grass pollen

Diagnostic Methods

The only real proof that a particular allergen causes the allergic condition is the production of this in the patient after exposure to the allergen and the cure of the condition subsequent to its removal *Such an experiment is of* course, disagreeable for the patient, and although the attack can be controlled by the judicious use of adrenaline involves a certain degree of risk Nevertheless the exposure test and the removal test are the diagnostic aids that finally decide the specificity of the causal allergen The first may be used with appropriate caution in a clinical institution, where every aid is at hand should it be necessary to deal with an unwanted reaction The second may be safely used in private practice In private practice however the most important diagnostic features are the history of the patient and of his family regarding allergic complaints and their relation to factors in their surroundings, both professional and domestic These diagnostic features also include an eosinophilia of the blood and of the excreta including both sputum and stools and the production of skin reactions with extracts of alleged allergens

With the exposure test I have been able to determine the exact mode of entrance of the air borne allergen by means of a mask that afforded protection to the conjunctivae, the nasal mucous membrane or the mouth or to any combination of these It was already known that the protection of the conjunctivae by goggles would prevent the onset of rhinitis and asthma in some hay fever patients

Beginning with the description of the differentiation—of an explant taken from the axial condensation of mesoderm the limb bud of a chick embryo—into the *cartilaginous* rudiment of a long bone the author proceeds to discuss the development of the *bony* skeleton from the cartilaginous model and the functional changes which take place secondarily as the result of mechanical stresses He further considers the microscopical structure of cartilage from the mechanical standpoint and the mechanism of bony adaptations in the later stages of development The author's comments on the following subjects are particularly interesting the formation of joints ankylosis pseudo arthroses, ectopic formation of bone, and changes in form due to variation in function, as illustrated by the form of the calcaneus in a child at birth an adult man the orang—which is arboreal in its habits—and the gorilla and baboon—which live chiefly on the ground A well marked similarity in form exists between the calcaneus of the orang and the human infant, whereas when the child begins to walk the heel bone assumes the flattened form which characterizes the plantigrade type present in the gorilla and baboon The bearing of the trajectorial theory on the architecture of bone and Triepel's hypothesis of the harmonic adaptation of structure to external form are well presented and discussed

The book is clearly written and singularly free from bias it is well illustrated and contains a representative list of references and should prove a useful stimulus to further work on the subject

Notes on Books

Mr GREGORY BATESON'S *Naven* (Cambridge University Press 18s) is an anthropological study based upon the author's two expeditions to the Iatmul people who live on the middle reaches of the Sepik River in the Mandated Territory of New Guinea Naven is the term applied to certain ceremonies performed in celebration of major or minor achievements and these ceremonies are characterized by the custom of men dressing up as women and women dressing up as men The achievement invariably honoured by naven is homicide which at any rate until recently was often perpetrated at a very early age, a small boy being assisted by the appropriate sponsor to drive a spear into the living body of a bound and helpless captive Minor cultural acts celebrated only on first achievement include the killing of certain animals the planting of certain plants making a canoe and spotting an opossum in the bush Mr Bateson's object is to relate the ceremonial behaviour of naven by means of a new technique not only to the structure and pragmatic functioning of Iatmul culture but also to its ethos From this it may be inferred that the book is written for anthropologists, and that some knowledge of this science is necessary for its proper appreciation

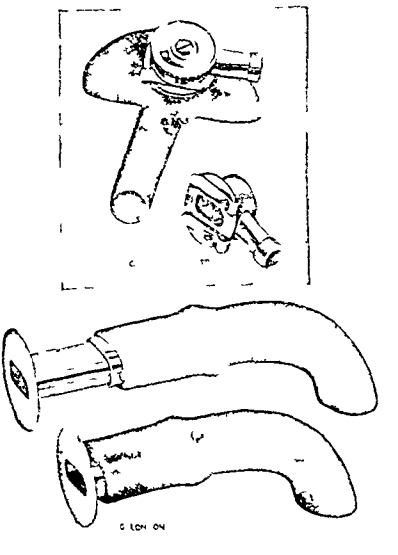
The Archaeology of Sussex by Dr E CECIL CURWEN is a further addition to Methuen's series of county archaeologies under the general editorship of Mr T D Kendrick of the British Museum Dr Curwen regards Sussex as a microcosm peculiarly suitable as a subject of regional archaeological study He states that until recently London's week end playground of to day was separated from the North by a barrier of clay land and forest Even as lately as 1818 Bishop Buckner advised the new curate of Waldron to take up residence before the onset of winter or risk an indefinite postponement of arrival The book opens with a chapter on archaeological methods Aerial photography has produced striking results By this means ancient sites may be delineated through the medium of standing corn which grows more richly over the greater depth of fertile soil covering prehistoric pits and ditches In excavation it is almost as improper for an inexperienced person to dig into an ancient site as it would be for such a person to perform a surgical operation Dr Curwen traces the history of Sussex from its earliest beginnings to Roman times correlating such famous county antiquities as the Piltdown Skull Chanctonbury Ring Cissbury, and Anderida with their appropriate periods As a doctor in active practice the author is to be congratulated on writing a book which shows evidence of remarkable industry and scholarship It is profusely illustrated and it should be a source of profit and pleasure to all who are interested in archaeology or who are acquainted with Sussex The price is 12s 6d

Preparations and Appliances

AN ANAESTHETIC AIRWAY CAP

Mr HERBERT CHARLES anæsthetist at Royal Masonic Hospital writes

The upper figure illustrates a metal cap for use where continuous gas or gas-oxygen-ether administration is required By means of two spring clips it can be attached to any ordinary flat topped airway and so bring the hole in the cap into position with that of the airway whichever size of airway is used The centre part with projecting arm is made to revolve so that this can be used in any position The top plate in which there is an oblong opening is also movable so that by twisting it round this opening can be made to coincide with a similar opening in the plate beneath and air admitted as required



The rubber flange illustrated is of soft rubber 3/32 in thick and when in position as in diagram is tucked inside the lips to prevent the escape of gases or air around the airway The flanges are made in three sizes suitable for men women and children the sizes being roughly 9 by 5 cm 7·5 by 4 cm 6·5 by 3·75 cm and the hole in the centre 1·5 1·25 1 cm respectively The hole being round causes the flange to curve downwards this corresponds better to the shape of the mouth and keeps more easily in position

The lower two figures show the metal part of an airway with a short telescopic slide which can be lengthened or shortened according to the length of airway required This saves the necessity of carrying several two or three being ample—one for children and the others for adults

Both appliances are manufactured by Messrs A Charles King Ltd

Illustrative Cases

In one of my patients who had a hypersensitivity towards dog's hair a mask protecting the conjunctivae and nose alone, with the mouth unprotected, prevented the onset of an attack of asthma. I was able to prove in the same case that the protection afforded by filtration apparatus and a mask was only of use so long as the filter remained in operation. As soon as the filter was replaced by a dummy, exposure to dog's hair was followed by an immediate attack of asthma. This result being obtained in a patient who believed herself to be protected is a proof that the asthma was actually produced by the allergen and that no protection was afforded by a mere psychological factor. There are, however, only a small number of patients in whom the intake of an allergen is immediately followed by the production of obvious allergic symptoms.

Another patient, who had observed that his attacks always occurred after eating a certain variety of pears, had an attack in hospital after eating such pears and at the same time gave a tremendous skin reaction on being injected with a small quantity of pear extract. Such specific cases are rare but characteristic, and they afford a reliable proof of the specific role of the allergen.

In another patient the history suggested that the onset of his attacks dated from the time he began work as a furrier. The skin tests in the case showed however, that he had a marked hypersensitivity towards bed feathers, and his condition was immediately cured by removal of feathers from his bedding.

Although the history was misleading in this instance I still believe that in most cases, especially where skin tests give inconclusive results it is of the greatest importance to employ the history as a guide in the choice of allergens that should be used in testing and for the interpretation of the results. A positive skin test, whether obtained by the cutaneous or intracutaneous method, should exhibit a marked wheal with a surrounding inflammatory zone which may be as large as a halfpenny or even larger, and which may or may not be accompanied by other distant or general allergic symptoms. Where specific reactions are expected, as in hay fever, it is desirable that only the cutaneous method of skin testing should be used in order to avoid disagreeable symptoms.

I have recently shown that the area of a reaction becomes, for the few hours following its appearance, insensitive to the injection of other allergens, but not to that of a solution of peptone. I would hesitate however, to conclude from these observations that in all these allergens the same substance is responsible for the reaction. This has been said of the hay-fever allergens derived from many types of pollen and it has for this reason been maintained that it is sufficient to carry out desensitization with only one or at most a few pollens and that this technique gives the same results as the use of individual extracts. My own experience, however, does not support this conclusion, as the following case shows.

A boy aged 15 years had suffered from a "status asthmaticus" from 1931 to 1933 in all parts of Europe both in low lying country and in the mountains. Skin tests showed him to be hypersensitive towards *Festuca rubra Dactylis glomerata Lolium perenne Cerale cereale Triticum vulgare Trisetum florescc Agrostis canina* and *Elymus gigantes*. After a course of injections in 1934 he had a few attacks of rhinitis but no asthma during the hay fever season of that year. During the next year the three last allergens were found no longer to give skin reactions and reactions to all the others except *Festuca rubra* and *Cerale cereale* were diminished. A fresh course of injections with a new mixture which included Timothy grass (*Phleum pratense*)—although this was negative in skin tests—and *Alopecurus pratensis* was given and although 1935 was a particularly bad season for hay fever sufferers complete freedom has been enjoyed during the subsequent two years.

Most allergic patients do not show the markedly specific reactions obtained in hay fever, and tend to react with an assortment of allergens. In such, comparison with a carbol-saline control and the comparison of the various tests, together with the history of the patient gives a certain guide in the judgement of the tests. But these reactions cannot be considered to be as reliable as the marked reactions mentioned above, and much experience and judgement is necessary for their correct interpretation. It must be remembered that bacterial allergens usually produce reactions after much longer intervals (up to as long as twenty-four hours), which can perhaps be explained as being due to the same mechanism as that responsible for Shwartzmann's phenomenon or to a similar one.

Another specific test that is perhaps too complicated to be employed for general purposes is the Prausnitz Kuestner reaction in which the passive transmission of the hypersensitivity from an allergic patient to a normal person is secured by means of an injection of the affected person's blood serum. The hypersensitivity, which is purely local, occurs at the site of the injection after a few hours. In some instances eosinophilia was of use in diagnosis as in nearly 50 per cent of the allergic cases there is an eosinophilia of the blood of over 5 per cent, and in one of my asthma cases the eosinophilia was as high as 53 per cent.

Clinical Experience

Up to the present time my experience comprises about 800 allergic cases. 200 of these were observed a few years ago in the Charité Hospital in Berlin, and the remaining 600 in private practice and at certain other hospitals. Most of these cases were asthmatic, but a part of them were cases of hay fever and other allergic diseases including vasomotor rhinitis, Quincke's oedema, urticaria, migraine, and mucous colitis. In a survey of 522 asthma cases published in 1934 I found allergic symptoms such as an eosinophilia of over 4 per cent in 221 cases, a family history of allergy in 128, and other allergic symptoms besides asthma in 165. Positive skin tests were obtained in 364. Among the most frequent reactions were those obtained with house dust, which gave 252 positive results. Feather beds and mattresses gave 199 positive results and eighty-four were obtained with extracts of moulds cultured from allergic surroundings. Bacterial extracts gave positive results in 108 cases, animal fur in forty two, and other allergens in fifty-five. The majority of cases gave positive results with more than one allergen.

In a previous paper in this *Journal* I discussed the part played by active and inactive tuberculosis in the course of allergic complaints. The role of infections in general and of tuberculosis in particular may be the same as that of any other sensitization, this being produced by the protein of the infecting organism. It may however, prepare a special part of the body such as the bronchial mucous membrane, and in tuberculosis the lymphatics and/or the lung tissue or streptococcal infections the antrum so that their threshold is lowered towards the entrance of other allergens. On the other hand, I have observed that cases of inactive tuberculous infection have flared up subsequent to or because of desensitization with other allergens. I have also drawn attention to some patients who with all the symptoms of a true bronchial asthma prove to have active and open tuberculosis. For this reason it is in my opinion, essential to examine the sputum for tubercle bacilli and to perform an x-ray examination of the chest as a routine in all asthma cases. In this way diagnostic errors, such as the overlooking of a bronchiectatic condition of the lung substernal goitre and other diseases will be avoided. *X*-ray examination of the nasal sinuses

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MEDICINE AND THE FACTORIES BILL

The discussions within and without Parliament regarding the new Factories Bill reveal a significant change of attitude on the part of the public Despite its shortcomings the Bill has served to show that it is now generally accepted that health is a function of economic life and that the maintenance of health entails the closest co operation of many diverse interests There are certain matters that from a medical standpoint we would wish to see amended in the Bill, others that can be corrected by such Orders as the Secretary of State will be empowered to make Rule by the Executive, as distinct from legislation by Parliament, may have many drawbacks and dangers The Lord Chief Justice has pointed these out from time to time, and we are not blind to the serious defects of this method of government It is, however, difficult to see how, in the absence of this more elastic system, codes can ever be devised to meet the rapidly changing conditions such as are presented by modern industrial technique The obvious moral to be drawn is that legislation is no substitute for education The operation of this measure will depend not only on the wisdom of Parliament, but on the influences that are brought to bear on the Secretary of State, H M inspectors, employers, workers, and medical men and women Given a good framework, which we hope this Bill will provide, the need for a fuller, wider and developing social conscience, and a deepening knowledge of the relevant facts, will grow in the future On the whole we have to admit that the method of rule by Order as envisaged so fundamentally in the Factories Bill is the only way to keep the code abreast of the changing needs of the time

Our profession has heavy responsibilities under this Bill, and we must see to it that from the start of medical education the student's mind is kept alive to the economic and industrial aspects of his professional work On the physical and psychological sides of clinical medicine in everyday practice industrial and occupational factors figure largely Within industry doctors are called on to adjudicate and advise, and therefore they must be prepared to understand more clearly than hitherto what are the basic desiderata of healthy life in industry

To start this new campaign with as few obstacles as possible we would wish the Bill amended in certain important particulars Many had hoped to see the total abolition of overtime for young persons, and provision made for educational facilities with pay We regret that the age of entry is not raised to 15, because it seems that this omission nullifies the recent legislation which apparently raised the school-leaving age to that level We believe, further, that young persons need a proper holiday every year, and that the labour of adolescents can hardly be so vital to industry that the provision of fourteen days' holiday with pay would prove unworkable In point of fact it is sound economics and should be enforced Everyone ought to have an annual holiday, but certainly adolescents need it as a factor in healthy growth and development We trust that in the committee stage pregnant and post-parturient women will receive the consideration that we know to be necessary if healthy babies are to be born to healthy and unfatigued mothers The safety clauses in the Bill are sound, but accidents will still happen It is urgently necessary that the whole standard of first-aid should therefore be raised It is still very badly done in large sections of industry, and should be subject to a new and strict clause All first-aid arrangements require medical supervision and approval

The many excellent features of the Factories Bill deserve praise Our object, however, is not to dispense laurel wreaths at this stage, but rather to use our influence to achieve amendments in the next few weeks which will make this a really good piece of legislation Now, therefore, is the time for constructive criticism With the main clauses of the Bill many readers will by now be familiar through the outline given on February 13 at page 367, and a report of the second reading debate in the House of Commons appears in our Parliamentary Notes to-day

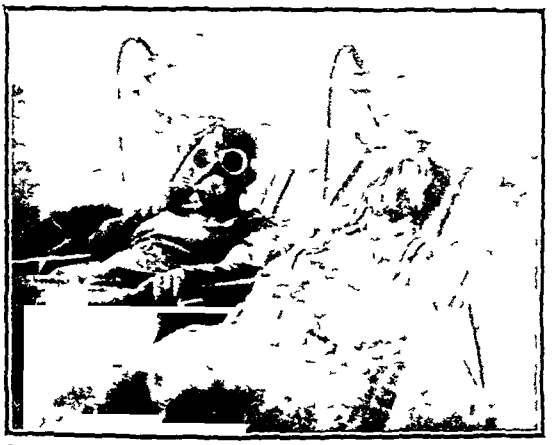
Washing arrangements should be statutory and not merely subject to special Order Women should not be classed with young persons but should receive the different treatment that biological reality and human dignity demand Canteen arrangements could with advantage receive full mention and be made more comprehensive and something should be done to impose on employers who put their works in the country or far from the main centres of population an obligation to ensure certain standards of transport and to adjust hours to meet the reasonable needs of the worker The provision of civilized conditions of work has been shown to be not a luxury for large firms but an economic asset, and no one, therefore, should assume that decent and humane standards are

seems to be of particular importance not only in asthma but more especially in vasomotor rhinitis and old foci in the antrum may be responsible for the exacerbation of symptoms in operations on the nose

Treatment and Prophylaxis

It is clear that treatment of allergic conditions especially of asthma can and must start from several different aspects When the specific allergen is the outstanding factor the discovery and removal of it may be followed by complete recovery It may be very easy in one case and impossible in another

As the complete range of allergens that are responsible can rarely be discovered in any one case, I make use of those specific allergens that have been detected mixed together with either peptone or small quantities of old tuberculin Such a mixture is of great use in the treatment of a case in which any doubt remains as to the identity of all the responsible allergens The treatment begins with a dose of a dilution that has been found by means of titration in skin tests to be considerably smaller than the smallest quantity producing a skin reaction The course of injections covering a period of ten to twelve weeks, should consist of doses of increasing size, and



The mask type of allergen filtration apparatus connected to a high pressure air supply in horizontal pipe behind chairs

should not in any way be interrupted Should, as the doses are increased, a severe reaction occur the addition of 0 25 c cm of adrenaline 1 in 1,000 and/or the reduction of the quantity of the next dose to that of the preceding one will in most cases allow treatment to be continued I have always tried to begin treatment in allergen-free surroundings For hay fever it is usual to begin and finish the treatment before the start of the hay fever season With house allergens such surroundings may be obtained by means of an allergen filter apparatus (see figure)—mask, sleeping bag or cubicle—or by the careful removal of feathers and dust In instances of food allergy the necessary conditions are obtainable by means of a special diet

As has been shown before the majority of cases in adults as well as in children are due to a hypersensitivity towards house allergens Those next most responsible are the bacterial allergens and I think it is for this reason that some asthma patients respond to vaccine treatment. The efficacy of such treatment depends very largely on the choice of the correct dose on the type of bacterial vaccine and on the time interval and the length of treatment I prefer to use autogenous bacterial allergens until the patient has acquired a high degree of desensitization and consequent immunity

Summary

The 'threshold towards the allergen varies not only in different persons but in the same person at different periods of life and under different conditions

Hypersensitivity is consequently a variable factor not only in general but also in particular localized areas

Thirdly, one has in these conditions to deal with a variety of causes changing the threshold of hypersensitivity Treatment consists in dealing with septic foci endocrine and metabolic changes special physical conditions of the upper respiratory tract and chest wall and with psychological factors influencing the sympathetic nervous system

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POST-HYSTERECTOMY AND PUERPERAL TETANUS

A STUDY OF THE BACTERIOLOGY OF OBSTETRICAL AND GYNAECOLOGICAL DRESSINGS*

BY

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The experiments related in this paper were undertaken to discover why a specific case of tetanus developed after hysterectomy and they were extended to establish the reason why post operative tetanus is peculiarly related to hysterectomy It was apparent as a result that the dressings used before the operation contained tetanus spores and other anaerobic spore bearing pathogens, they were made of 'cellulose wadding

Study of a Case

The clinical features of the case were as follows

A woman of 51 suffered from intermittent loss of blood per vaginam At operation an endometrioma of the posterior uterine wall was found attached to the pelvic colon Total hysterectomy and bilateral salpingo oophorectomy were performed Four days later tonsillitis developed and seven days later trismus with spasms on deglutition A diagnosis of tetanus was made by two clinicians experienced in the condition She died twelve days after the operation

At the post mortem examination the operation site was found in fair condition although less union of tissue was present than normal there was no definite naked-eye sepsis The spleen was soft and diffluent little evidence of tonsillitis was found and nothing explaining death.

Material from the wound site was collected and also a sample of faeces The tissue cultures yielded morphologically typical tetanus bacilli and spores the faeces did not A guinea pig injected with a mixed culture died with signs of tetanus

The catgut used at the operation had also been used on the same day on two other cases which had a normal con

* From the John Burford Carlill Laboratories Westminster Hospital Medical School

imposition If a firm cannot employ people properly, better that it should not employ them at all, and we would urge that at any rate in essentials the best industrial practice should be made standard by law, departures therefrom being allowed only in rare instances, for a limited time, and in special circumstances, by the Secretary of State In the end the community would benefit and, as has been the experience in the past, the "awful economic consequences" of imposing good social conditions would prove to be illusory

Rheumatism and respiratory diseases take a terrible toll of human efficiency and happiness It is therefore necessary that these subjects should receive fuller mention in the Bill Everyone should be able to wash when leaving work, and during working hours outdoor clothing should be so disposed that it will be dry when put on again Wet outdoor shoes require proper cupboards, and working kit needs airing and drying during the night. Clauses 41 and 42 ought therefore to be made general and universal and not merely applicable to workers on prescribed processes Those who work in exposed places need proper waterproof overalls and the small cost of these would be offset by a great reduction of sickness The worker ought not to be expected to bear the cost of special kit to keep him or her dry and comfortable in a wet, exposed, or cold occupation The care maintenance, and disinfection of respirators should be a task imposed on a single official in every factory where such apparatus is required It is inadequate to supply protective clothing and apparatus unless it is the duty of some one person to take care of this equipment and see that it is used correctly The time has also come to standardize stretchers and ambulance equipment, so that any risk of having to transfer patients in course of transit may be avoided A single clause could effect this very necessary reform within a few years While there are admitted difficulties in the universal adoption of a five-day working week, the premium and privileges outlined in the Bill in favour of those who adopt it are most commendable They should result in a substantial increase in the number of such schemes The long week-end is of the utmost value and results in better health better work and let it not be forgotten, increased consumption of goods and hence an additional benefit to productive industry

This Bill is very welcome Let us see to it that it becomes an even better Act by reason of improvements in committee The good will and help of all parties will not have been misplaced if they make a real contribution to the nation's health We close on a note of warning Legislation is no substitute for the voluntary co operative efforts of an enlightened people Education in industrial health must go on more energetically than ever, and we must remember that good health is but a facet of the economic and social life of a people and depends in the last resort on the general level of its technical and cultural education and insight

THE INFLUENZA EPIDEMIC

The influenza epidemic of 1936–7 has run its expected course, and there is little to be learned from it except that we are still largely ignorant both of the reasons why the disease should suddenly assume epidemic proportions and of the associated bacteriological problems Bacteriologists have made and will continue to make every effort to isolate the offending agent be it virus or bacillus or a combination of the two, it is to be hoped that epidemiologists will in time be able to adduce reasons for the apparently capricious nature of the epidemic manifestations We would suggest that a careful comparative study of the meteorological conditions obtaining in epidemic and non-epidemic periods might throw some light on the prevailing darkness The doctrine that such outbreaks are due to the increase in the number of susceptibles in the inter-epidemic years and that the incidence only falls when the supply of susceptibles is exhausted does not furnish such a satisfactory answer as it does in measles There appear to be definite variations in individual susceptibility and any immunity which develops is inconstant and transient There must be some undiscovered factor which either activates a normally harmless organism or lessens the usual body resistance

Influenza not being a notifiable disease we can only estimate the total number of cases and the rate and direction of the spread of the outbreak by the return of deaths and of primary or influenzal pneumonia Neither of these figures necessarily gives a true picture of the incidence of a disease in which death and serious complications have not been an outstanding feature, but the table given below may be taken as a fairly accurate indication

The deaths in the seven weeks of real epidemic prevalence in London and in the 122 great towns were 1,361 and 6,158 respectively in the corresponding period during the 1933 outbreak the figures were 1,802 and 9,092 The forecast made in our issue of January 16 that the epidemic would be less severe than that of 1933 has therefore been justified Generally speaking it is evident that the South Eastern area and London were affected first and that the spread was to the Midlands and the North Judging from reports from these areas the dislocation of trade and other activities consequent on the epidemic were even more pronounced in

valescence A sample was tested and gave no aerobic or anaerobic growth It was reissued for general use, and the whole batch a large one, was used over a period of months with no untoward results

Attention was then directed to the dressings After operation the vulval pads used were made of cotton wool autoclaved according to a routine found satisfactory by test No organisms were found in sampling a typical dressing tin Before operation, however a pad of unsterilized cellulose wadding had been used A specimen was taken and placed in a wide mouthed jar boiling broth was poured on to it, and the culture was examined after seventy two hours Morphologically typical tetanus bacilli were found, the culture was purified by subculture, and on injection into mice typical tetanus developed

The position, therefore, was that a woman not harbouring tetanus spores in her faeces developed tetanus after an operation in which catgut was almost certainly not to blame, and that the pads employed prior to operation were conclusively shown to contain tetanus spores It would scarcely be possible to obtain a better *a priori* case for the aetiology of this particular tragedy

Consideration of the Literature

An admirable account of the literature of catgut tetanus is given by Dalrymple Champneys The difficulty of proving a chain of events which had their origin some days or weeks back is obvious, the specific catgut used is rarely if ever obtainable, and it is not surprising that proof of the contamination is rarely to hand Although the material used is made from the relatively sterile small intestines of lambs, it is obviously a possible cause of post operative tetanus But there are a very large number of other possible sources, tetanus spores are everywhere There are, indeed strong reasons to suppose that post-operative tetanus is due most often to causes other than catgut

In the first place, if catgut were to blame as a rule we should expect a general operative incidence, or perhaps an incidence varying only with the amount of catgut used But, broadly considered tetanus is found to follow minor operations where no catgut is used more often than major operations involving much catgut Such conditions as tetanus neonatorum due to the knife used, tetanus following vaccination and corn cutting due to the dressings, and a series recently reported by Godwin where several cases after circumcision were found to be due to dressings applied by a Cypriot quack indicate that it is unreasonable to blame catgut, in whose preparation at least some care is taken rather than dressings and apparatus, in whose preparation far less care is taken

The observation that post-operative tetanus has a peculiar incidence following hysterectomy was made by Hildes who stressed the difficulty of proving a relationship between the catgut used and the infection He quoted cases recorded by Koch Audebert and Dyke Four further cases have been reported to me privately

Apart from cases following hysterectomy a large number of cases after abortion either criminal or natural, and after childbirth are recorded Le Doze collected nineteen cases of puerperal tetanus and stated that puerperal tetanus accounted for 3·5 per cent of all cases of tetanus The literature of tetanus has recently abounded in references to this condition, cases have for example, been recorded by Rossi and Bernardbeig Moreover, the female genital tract is a possible source of contamination in tetanus neonatorum and the case of tetanus developing after rupture of prepuce in coitus recorded by Kuzmin may perhaps have been of similar aetiology The importance of the condition in obstetrical and gynaecological practice must not, however, be exaggerated Reference to the literature indicates its development after compound fractures where the dressings or direct wound contamination by dirt may be the cause after operations on the gut, where the organism is possibly derived from the faeces and after extraction of teeth In the case of dental extractions again, the possibility of infection from the plug inserted into the socket must not be overlooked, although tetanus bacilli have been grown from saliva Enough has however, been said to show that tetanus is a disease sooner or later likely to bring itself to the attention of gynaecologists and obstetricians and that any explanation of its development in such practice deserves consideration on its merits

Tetanus Spores in Cellulose Wadding

The discovery of the unsuspected presence of tetanus spores in cellulose wadding dressings was made by Hildes, and two cases developing in orthopaedic practice from splints packed with this were described by him at a meeting of the Pathological Section of the Royal Society of Medicine in 1935 The cases were not published The technique used by him makes the isolation of tetanus, previously difficult, exceedingly simple Cellulose wadding produces a "reduction potential" which makes anaerobic culture easy without further elaboration and the climbing properties on agar slopes of the organism render purification again a simple matter No other anaerobe is so easily obtained pure

In view of the apparent relationship of the case here described to "sanitary towels," a number of different types of British make were examined They were made of bleached or unbleached, coloured or non-coloured cellulose wadding, or of cotton-wool, or of mixtures of both Some were advertised as hygienic, aseptic, or antiseptic No British towel is actually sold with a guarantee of sterility, though some have a vague certificate

It is difficult for the pathologist to see any difference of importance between the various makes, though of course the wearer may find preferences

Results of Cultures

The results of anaerobic cultures are tabulated below It will be seen that *Cl tetani* and *Cl welchii* are consistently present, and that in some cases death from tetanus followed in mice injected In many cases mild tetanus developed, but the mice recovered

No	Composition of Towel	Description of Towel	Anaerobic Bacteria	Litmus Milk	Mice Tests
1	White cellulose wool white cotton wool	Nil	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Negative
2	White cellulose wool coloured cellulose wool	Nil	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Positive
3	White cellulose wool	Certificate of Hygiene	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Positive
4	White cellulose wool	Nil	Cl tetani Cl sporogenes	Acid	Negative
5	White cellulose wool	Nil	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Negative
6	White cellulose wool	Certificate of Hygiene	Cl tetani Cl sporogenes	Acid	Positive
10	Brown and white cellulose wool white cotton wool	Nil	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Spasms Negative
11	Brown and white cotton wool	Nil	Cl tetani Cl welchii Cl sporogenes	Acid Stormy clot	Negative
12	White cellulose wool white cotton wool	Nil	Cl welchii Cl sporogenes	Acid Stormy clot	Negative
13	White cotton wool	Antiseptic recommended by medical profession	Cl welchii Cl sporogenes	Acid Stormy clot	Negative
14	White cellulose wool brown and white cotton wool	Antiseptic	Cl welchii Cl sporogenes	Acid Stormy clot	Negative

the weeks after the peak was passed in London than the number of deaths would suggest A large number of the pneumonias and deaths were in persons of over 50 years, and the tendency for serious sequels to develop in adolescents in the later stages of the epidemic was not observed, as it has been in previous outbreaks Cases of pneu-

Influenza Deaths Weekly from Week Ended December 5 1936

	Dec 5	Dec 12	Dec 19	Dec 26	Jan 2	Jan 9	Jan 16	Jan 23	Jan 30	Feb 6	Feb 13
London	3	11	12	25	128	311	344	273	154	101	50
Glasgow	3	4	N A	4	11	35	131	108	61	39	18
Manchester	3	2	5	4	4	5	12	41	40	51	46
Newcastle	—	—	—	—	1	2	5	3	9	9	15
Birmingham	3	4	3	7	8	22	50	51	56	50	53
122 great towns	43	54	57	97	325	768	1 100	1 137	1 155	976	697
South Eastern Area	9	15	24	54	252	631	743	575	342	246	143
Northern Area	27	27	20	24	45	87	219	394	578	504	365
Midland Area	5	11	12	19	48	98	180	175	192	173	150
Eastern Area	1	—	1	3	3	2	16	26	30	33	18
South Western Area	1	1	—	1	—	5	12	15	41	36	23
Wales and Monmouth	1	2	4	4	11	18	16	18	14	21	15
Notifications of Pneumonia in London	78	95	113	104	288	414	440	326	211	132	94

monia of the severe toxic or "heliotrope" type so common in 1918 were very rarely seen Clinically the disease has been generally mild the onset has usually been sudden with malaise accompanied by headache, backache, laryngitis, and tracheitis as the most constant features A temperature range of 99° to 103° has been the rule, pyrexia usually persisting for forty-eight hours A painful dry cough in the early stages followed by varying degrees of catarrh has been common Marked prostration has as a rule followed, and few patients have been really fit in less than a week, the majority feeling "washed out" for considerably longer Pains of a neuralgic type in the scalp have often persisted It is probable that we shall not have a further visitation on the same scale for at least two years, and it is to be hoped that before then further facts as to causation and spread will be forthcoming

CHEMOTHERAPY OF STREPTOCOCCAL INFECTIONS

We described not long ago the very striking developments which have followed the introduction of 'prontosil' as a remedy for streptococcal infections That the action of the drug is not direct but due to the formation in the body of para-aminobenzene sulphonamide is now certain and future treatment is likely to be conducted mainly with this substance itself It will be remembered that Colebrook and Kenny,[1] in reporting a second series of twenty-six cases of puerperal sepsis, all of which recovered after treatment with prontosil, announced their intention of treating such cases at Queen Charlotte's Hospital in future with "sulphonamide" only. In this issue will be found a report on the same subject by Foulis and Barr, who have treated eighteen cases of puerperal sepsis with sulphonamide only and four others with a combination of sulphonamide and prontosil These cases were chosen for their severity, the majority being either septicaemic or suffering from peritonitis, yet there was only one death in the series These results are of importance not only in confirming the expected efficacy of sulphonamide itself but in indicating to what lengths heavy dosage can be carried without apparent ill effect of any consequence As is to be expected, the literature of this subject is growing rapidly, and several recent papers contribute something to present knowledge of it Tréfouel, Nitti, and Bovet,[2] who were responsible for the discovery that prontosil becomes bactericidal only when converted into sulphonamide, have now synthesized no fewer than 116 compounds related to the latter, and tested their therapeutic efficiency in mice, without finding any which is superior or indeed apparently equal to sulphonamide itself, although twenty-eight showed some activity This study is of considerable interest in clearing the ground and in relating chemical structure to bactericidal efficiency Another experimental study of some interest is that reported by Berger,[3] who varied the usual procedure in mice by injecting virulent streptococcus culture subcutaneously instead of into the peritoneal cavity The administration of prontosil by the mouth five hours later limited the spread of the infection and saved the life of the mouse, but even when culture and drug were given simultaneously the development of a local abscess could not always be prevented This observation strengthens an impression gained from other work that these compounds act much more on streptococci freely circulating in the blood and other body fluids than on those still confined to the original lesion There is still much to be done in determining how far, if at all, susceptibility to this treatment depends on the site of the infection and the type of lesion produced One of the first clinical reports from the U S A, by Long and Bliss,[4] registers distinct but somewhat guarded approval of the results obtained in nineteen cases of which five had erysipelas, six scarlet fever or severe throat infections, three wound infections, two otitis media with complications, two uterine sepsis, and one impetigo These conditions fairly represent the manifold activities of the haemolytic streptococcus, and the reaction of each of them to this treatment merits extended and critical study Two other recent papers carry these investigations into new fields and remind us that the anti-bacterial activity of prontosil and sulphonamide is not entirely confined to one organism, although such investigations as have been pursued hitherto have revealed no other which is equally susceptible and some which for practical purposes are indifferent to it Huber[5] claims by treatment with

[1] *Lancet* 1936 2 1319

[2] *Ann Inst Pasteur* 1937, 58 30
[3] *Klin Wschr* 1937 16 53
[4] *Munch med Wschr* 1936, 83 2014

erobic cultures were then made on the same products, uch more difficult task, since spreading air organisms constantly present Results may be again tabulated, lytic staphylococci, non haemolytic streptococci, and *coli* were identified

	Description of Towel	Aerobic Bacteria	B Coli Test
1	Nil	Haemolytic staphylococci Coliform bacilli	Positive
	Nil	Staphylococci Streptococci	Negative
	Certificate of Hygiene	Staphylococci Streptococci	Negative
4	Nil	Staphylococci	Negative
5	Nil	Coliform bacilli Pneumococci	Positive
	Certificate of Hygiene	Haemolytic staphylococci Coliform bacilli	Positive
0	Nil	Streptococci Coliform bacilli B subtilis	Positive
1	Nil	Staphylococci Coliform bacilli	Positive
2	Nil	Haemolytic staphylococci Coliform bacilli	Negative
3	Antiseptic, recommended by medical profession	Haemolytic staphylococci Coliform bacilli	Negative
4	Antiseptic	Staphylococci Coliform bacilli B subtilis	Positive

In France several brands of towel are sold with vague rtificates of sterility one type was found with a clearly rased guarantee specifying the autoclave temperature he results of cultures were as follows

o	Composition of Towel	Description of Towel	Anaerobic Bacteria	Litmus Milk	Mice Tests
	White cotton wool	Aseptic and Ant septic	Cl welchii	Acid stormclot	Slight spasm Negative
	White cellulose wool Coloured	Aseptic	Cl tetani Cl sporogenes	Acid	Negative
	White cotton wool	A eptic and Antiseptic Sterilized 130 C	Cl tetani Cl welchii	Acid stormclot	Negative

No	Aerobic Bacteria	B Coli Test
7	Coliform bacilli	Positive
8	Haemolytic staphylococci	Negative
9	Coliform bacilli B subtilis	Negative

In America greater importance is attached to sterility f towels and one at least is sold with a specific guarantee f sterility It is a tampon of white cotton wool which es in the vagina It was the only towel examined which roved sterile No towel" of this vaginal type is sold a Great Britain, though, of course, dancers among others se such methods of absorbing menstrual flow

lo	Composition of Towel	Description	Anaerobic Bacteria	Litmus Milk
16	White cotton wool	American Nil	Nil	Sterile
			Aerobic Bacteria	B Coli Test
16	"		Nil	Negative

An accouchement set put up by a reputable maker was next examined It was, of course, sold as sterile The superficial wool was charred suggesting that dry heat was used for sterilization Results were as follows The anaerobic staphylococci may be neglected they were probably introduced during culture

Sterile Accouchement Set

No	Composition of Material	Description of Material	Anaerobic Cultures	Litmus Milk	Mice Tests
X	Brown and white cotton wool towel	Sterile	Cl tetani Cl sporogenes	Acid	Slight spasm
Y	Brown cotton wool		Staphylococci B subtilis	No change	Negative
Z	White cotton wool		Staphylococci B subtilis	No change	Negative
			Aerobic Cultures	B Coli Te is	
X	Ditto		Sterile	Negative	
Y	Ditto	"	S subtilis	Negative	
Z	Ditto		Sterile	Negative	

An accouchement set was next arbitrarily selected from the labour ward of a general hospital The vulval pads were made of cellulose wadding When cultured they were found sterile

A similar set sold by a private firm and issued under strict supervision and regular bacteriological test by an enlightened medical officer of health in London was next examined It had a closely fitting lid which is often not the case All the pads were made of cotton wool Three out of four were sterile *B subtilis* was obtained in one case, almost certainly a cultural contamination The practice of this medical officer of health appears not to be universal, in some districts at least no control or supervision of accouchement sets exists

It would appear from these findings that cellulose wadding is peculiarly apt, as Fildes showed, to harbour anaerobic spores The reason is not obvious, since cotton wool also consists of cellulose

The method of manufacture of cellulose wadding is as follows

1 Selected tree trunks mainly red spruce and pine are mechanically ground into chippings and then heated under pressure in an autoclave at a temperature of above 100 C with a strong aqueous solution of sodium hydrogen sulphite containing an excess of sulphur dioxide This treatment converts the lignin into lignone sulphonic acid which, being soluble in water is removed by washing leaving behind the pure cellulose The latter is then suspended in water bleached with strong calcium hypochlorite solution and then run out on a machine and converted into fairly thick boards

2 The sulphite wood pulp is taken as required macerated with water in a beating engine until it disintegrates into its constituent fibres and then treated again with calcium or sodium hypochlorite solution The pulp is then diluted with water and run on to a machine where it is made into plied wadding

These processes would be calculated to kill any spores and in fact material after stage 1 and stage 2 was found free from *Cl tetani* and *Cl welchii* by bacteriological tests The contamination therefore follows later

Measurement of the electrical charge and rate of leak by a Lindeman electrometer did not show a material difference between cotton wool and cellulose wadding nor does either of them attract lycopodium when rubbed with vulcanite or other rods A sterilized pad hung up in a room for seven days was not found on later culture

prontosil to have brought about rapid cure in acute *B coli* infections of the urinary tract in children and Rosenthal[6] finds that sulphonamide given subcutaneously in oil protects against pneumococcal infections in mice Although doubtless other uses for this drug will be found, the principal task which remains is to define in detail the conditions of its utility in infections by streptococci and to this study everyone in practice is capable of making some contribution

INTERMITTENT CLAUDICATION

Over a hundred years ago Boulay a French veterinary surgeon described a malady in the horse characterized by the development of lameness in one or both hind limbs after a certain amount of exercise the condition occurred in animals in which the main artery to the affected limb was obliterated Fifteen years later a similar condition was described in man by Brodie and by Charcot and it was established that the lameness was due to pain in the affected limb the pain developing with exercise and disappearing with rest. Many ideas were put forward concerning the nature of this pain but no attempt was made to provide more than circumstantial evidence until the condition was investigated experimentally in man by MacWilliam and Webster in 1923[1] and more completely by Lewis, Pickering and Rothschild in 1931 The latter authors showed that the pain is due to stimulation of the pain nerve endings (thought on experimental grounds to lie in the tissue spaces around the muscle fibres) by the action of some chemical substance released from the muscle fibre during and in proportion to its contraction In ordinary circumstances this substance is removed so quickly by the circulating blood that even in severe exercise pain does not occur when however the circulation to the muscles is deficient the substance accumulates during exercise to a level sufficient to give rise to pain In diseased subjects the amount of exercise necessary to produce pain in any group of muscles is thus a useful index of the extent to which their blood supply is curtailed Several workers particularly in America have since confirmed the observations on which these conclusions were based and have sought to define more closely the nature of the chemical substance causing the pain One major fact has emerged—namely that the pain-producing substance is one which is chiefly removed from the muscles by oxidation for even when the blood supply to the muscle is unimpaired exercise of a limb may be associated with pain if the oxygen content of the inspired air is sufficiently low,[3] or if the oxygen carrying power of the blood is greatly diminished, as in patients with severe anaemia[4] The pain producing substance thus seems to be a normal product of muscular contraction which diffuses readily and is easily oxidized Elliot and Evans[5] have recently pointed out that lactic acid fulfils these requirements and describe experiments devised to test the supposition that it is the accumulation of this substance in exercised ischaemic muscles which causes pain They argue that if this hypothesis is correct then any procedure which increases the blood lactic acid should diminish the amount of exercise needed to bring about pain in the arm whose circulation is arrested They sum up their results as follows

'Lactic acidaemia, as brought about by exercise (of the legs) epinephrine, or the introduction of sodium lactate into the body was regularly accompanied by an earlier appearance of ischaemic pain in the muscles of the forearm In most experiments this effect outlasted the rise in blood lactic acid content but in no instance did exercise tolerance return to normal in the face of continuing lactic acidaemia The converse of this was not always true—namely decreased forearm exercise tolerance often occurred without rise in blood lactic acid

As the concentration of lactic acid in muscle must be determined by factors other than the lactic acid content of venous blood these discrepancies do not invalidate the hypothesis which their main observations support—namely that ischaemic muscular pain is determined by the local concentration of lactic acid It may be noted in passing that these authors found the ingestion of 100 grammes of glucose or the injection of 20 units of insulin increased exercise tolerance in the ischaemic arm observations which may yet be found to have their clinical counterpart in the behaviour of intermittent claudication and angina pectoris in diabetic subjects

ARTHRITIS IN WOMEN

In a pamphlet based on a lecture delivered last year[1] Dr Fortescue Fox discusses *arthritis in women* He draws attention to the widespread disabling effects of chronic rheumatism at all ages and to the fact that the disease attacks women much more frequently than men This is especially the case in the more serious variety rheumatoid arthritis which is all the more important since it strikes down the adolescent and young women both married and single in the hey day of their productive and reproductive life The other two varieties of arthritis described by Dr Fox the climacteric and osteo arthritic occurring in middle and old age are not so devastating in their effects sociologically but none the less very distressing to the individual Emphasis is laid on the point that arthritis probably never attacks the completely healthy person and that the lowered resistance is at least as important as the invading or coexisting micro organism This lowered resistance is probably partly inherent and partly acquired and the conditions determining this require further study In considering treatment two factors must be weighed first that if it is to be effective at all it must be applied during the early stages and in consequence better ascertainment is desirable and secondly that treatment will have to be continued for a long period For this latter purpose as in the case of tuberculosis some sort of sanatorium or rest home is necessary especially for the young women afflicted by this disease It a philanthropic person were to start such an institution it is certain that its usefulness would soon become so

[1] *U.S Pub Hlth Rep* 1937 52 48
[2] *British Medical Journal* 1923 1 51
Heart 1929–31 15 359
Kissin (1934) *J clin Invest* 13 37
Pickering and Wayne (1933–4) *Clin Sci* 1 305
[4] *Amer Heart J* 1936 12 674

[1] *Arthritis in Women (A Clinical Survey) Also a Suggestion for Setting Up Rest Houses for Rheumatoid Arthritis* By R Fortescue Fox M D F.R.C.P London H K Lewis and Co (2s 6d)

to contain either *Cl tetani* or *Cl welchii*, whether its composition was cellulose wadding or cotton-wool However cellulose wadding is known to have characteristics which make it peculiarly useful in industry, it is used in filtering solutions in artificial silk manufacture, and in gas masks, where cotton-wool is much inferior The characteristics which make it of value in industry render its use, unsterilized, dangerous in medicine

Discussion of Results

There is a danger that results such as those here described may be given grossly exaggerated importance Tetanus spores are everywhere, and in this work such things as artificial and real silk handkerchiefs were found to contain them It is not the presence of the spores but the use which is made of the products containing them which matters No one has ever contracted or is ever likely to contract tetanus during the use in menstruation of these towels Equally obviously, they should not be used before or after parturition or pelvic operations, even if they have been "sterilized"

Certain considerations, however, present themselves to a pathologist who studies for the first time the apparently neglected subject of the "hygiene of menstruation," and the "accouchement set" Sanitary towels are a recent development of civilization They are not towels, are they sanitary? Is it really desirable to retain the menstrual flow at the vulva, particularly in pads apparently selectively impregnated with most of the better-known anaerobic and aerobic pathogens? Does this increase the "carrier rate" of the individual, and even if tetanus is a curiosity in the puerperium or after operation, is *welchii* infection so rare? Can women become carriers of virulent streptococci from this source, especially since so many women wear pads during pregnancy? Is the American technique of the sterile vaginal tampon preferable, whatever its aesthetic or other objections?

Moreover, it certainly seems strange that in these days of extreme care in the management of the puerperium no regulations exist for the sterilization or control of accouchement sets A patient who contracts a *welchii* infection will get a serum which must comply with elaborate regulations, but the dressing which gave her the infection need comply with none Yet the necessary regulations are few autoclaving and occasional bacteriological testing are all that is needed At present the sale of a tin of sardines is the subject of more official control than a tin of accouchement dressings All the resources of preventive medicine are making little impression on the incidence of puerperal infection The aboriginal, who uses no menstrual pad and no accouchement dressing tin, is safer from infection than her civilized sister

It is not intended to exaggerate the importance of these views there are unfortunately only too many known ways in which infection may occur in pregnancy It is just possible, however, that changes in the hygiene of menstruation and more care in sterilization of dressings might be of benefit

Technique of Examination

The bacteriological examination of a large object such as a vulval pad presents many difficulties Spore-bearing organisms are of course very numerous in the air and are apt to adhere to the pad during manipulation Moreover, where wide mouthed jars are used in culture, spores may drop in during manipulation, or might even survive in a cotton wool plug after autoclaving Control tests were therefore done with pads known to contain tetanus spores, and pads were autoclaved, impregnated with *Cl sporogenes*, which has a typical morphology and agglaved and then cultured To avoid the risk of contamination from unsafe plugs the culture jars were fitted with screw caps

These preliminary control tests showed that autoclaving for fifteen minutes at 130° C killed *Cl tetani*, *Cl sporogenes* in vulval pads

Such objects as the bristles of test tube brushes in the laboratory and the dust of the laboratory floor were found to contain tetanus spores A rigid technique involving the minimum of manipulation was then followed In no case were any pathogenic spore bearing organisms found in material sterilized in the laboratory or the theatre sterilizer of Westminster Hospital

On the other hand *B subtilis* grew, usually after a few of some days in about one control test in four, occasionally *Staphylococcus albus* was grown laboratory air, filtered through powdered sugar, was found to contain these organisms Even when manipulations are performed behind a glass screen complete sterility difficult to ensure

It is wise, therefore, to examine at least four pads a dressing tin, and to neglect an occasional contamination with staphylococci or *B subtilis* in criticizing an accouchement set

The pad, when placed in a sterilized jar, is immersed covered with boiling lemco broth (about 500 c.cm.) for seventy-two hours Subcultures are made into Robertson medium, and from this subcultures were made into litmus and on to the bottom of a tube of Fildes's medium which should be dry and horny at the top Subcultures are made into Robertson's medium from the horny part of slopes, and after seven days mice are injected Even if animal does not die with signs of tetanus mild cases may recognized by holding the animal up by the tail and pushing a pencil between the hind legs The animal clutches pencil with its legs, but if there be a mild tetanic intoxication the injected leg soon goes into spasm

A storm clot in litmus milk is taken as evidence *Cl welchii*

For aerobic culture pads are soaked in sterile filtered through a sterile Gouch filter, the filtrate is centrifuged and the deposit cultured on appropriate media

It may here be added that pads soaked in lochia have been examined by a similar technique Vast numbers of bacteria in great variety are present, even when pads are sold as impregnated with strong antiseptics however, is a separate problem

My thanks are due to Mr T Wilson senior laboratory assistant Westminster Hospital Medical School for assistance and to Mr L Bresloff for obtaining material the United States of America and from France

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On the occasion of the celebration of the centenary the Medical Association of Vienna there will be a festal "week" of medical meetings, receptions excursions in Vienna from May 19 to 29 during addresses will be given by leading authorities in European countries The preliminary programme obtained from the Kursburo der Wiener Medizinischen Fakultat, 4, Alserstrasse, Vienna IX

evident that the authorities would feel themselves justified in extending the scope and number of such treatment centres The International League against Rheumatism, of which Dr Fox is president, performs a useful function in co ordinating rheumatological work, and from all over Europe and North America corroborative details bearing out Dr Fox's conclusions are being received, many of which are quoted in an appendix to this pamphlet Public interest in the serious problem of chronic rheumatic disease is undoubtedly being awakened, but the nation as a whole has done little more than stir in its sleep, and Dr Fox's contribution should help still further to arouse the national conscience

CEREBRO-SPINAL FLUID PRESSURE

The importance of examining the cerebro-spinal fluid in the diagnosis and treatment of organic diseases of the nervous system is now generally recognized Researches on the hydrodynamics of the fluid are opening up a new field of therapy based upon a knowledge of variations in pressure, their causation, and their effects on the brain Most of the work on this subject has been done in the United States, where experimental study of a high order begun by Dandy and by Weed has been followed by that of Pollock and Boshes [1] Both by the ingenious construction of models representing the cerebro-spinal system and by animal experiments these authors have made a noteworthy contribution to the study of variations in pressure of the fluid Their observations on manometry are particularly valuable The cerebro-spinal fluid pressure is usually measured by an "open" manometer, one which allows the atmospheric pressure to act on the subdural contents, the pressure being determined by reading the height to which the fluid is allowed to flow into an open tube on connecting the manometer to a needle inserted into the subdural space This reading is not the absolute pressure before the escape of fluid (as fluid has escaped into the manometer), but the relative pressure In order to obtain the absolute pressure the ordinary practice is to use a "closed" or "bubble" manometer, in which a bubble of air is placed in a glass tube interposed between the manometer and the spinal fluid When the manometer is opened to the pressure of the fluid the bubble is displaced outwards The manometer having been raised until the bubble has returned to its original position the absolute pressure may be measured by the height of the column of fluid in the manometer above the needle in the subdural space Pollock and Boshes use another simpler method which is to let the cerebro-spinal fluid escape into the manometer, and then, by raising the manometer to push the fluid back into the subdural space until the original level at zero is reached The absolute pressure is the height of that point above the needle By means of this method, and by measuring both relative and absolute pressures on models and on dogs Pollock and Boshes conclude that if accurate studies of cerebro spinal fluid pressures are to be undertaken only the absolute pressure should be recorded Experiments on the effect of atmospheric pressure on the circulation of the fluid showed that the cerebro-spinal contents are exposed to atmospheric pressure solely through the blood vessels, and that the difference in the pressure of the cerebro-spinal fluid in the head-down and tail down positions depends on the difference in pressure in the blood vessels in these positions The conception that the cranial contents are encased in a rigid covering is criticized, and Weed's conception of the elasticity of the cerebral coverings is subjected to experimental trial

[1] *Arch Neurol Psychiat* Chicago 1936 36 931

"RADICULONEURITIS"

The war gave a unique opportunity to those medical men serving with the forces of investigating many rare and ill-defined clinical syndromes in a large number of individuals living under standard conditions Outstanding work was done in neurology both in this country and in France Among the disease entities previously unrecorded were two distinct types of peripheral neuritis The one, acute febrile infective polyneuritis, was described by Gordon Holmes and by Rose Bradford, the other, called "radiculoneuritis" by Guillain, Barre, and Strohl, was later known as the Guillain-Barré syndrome Lately there has been a renewal of interest in this syndrome, as numerous cases have been seen in France Guillain[1] has recently reported ten cases and has re-defined the characteristics of the syndrome It occurs in both sexes during the middle period of life, it is very rare in childhood and in old age He is convinced that the cause of the polyneuritis is a neurotropic virus which becomes actively noxious as the result of some previous infection, usually of the upper respiratory tract Absence of fever forms one of the distinguishing features between this syndrome and that described by Holmes and Bradford Pain, both spontaneous and provoked by pressure on the muscles, is often severe, especially at the onset of the illness Motor weakness, spreading as a rule from the lower to the upper limbs presents all the characteristics of a peripheral neuritis The sphincters are but rarely involved, but paralysis of cranial nerves, particularly of the facial nerve, is not uncommon Abolition of tendon reflexes is the rule, and may persist as the sole remaining sign of the neuritis long after complete clinical recovery The chief distinguishing feature of the syndrome is according to Guillain, the great increase in protein in the cerebro spinal fluid without a corresponding increase in cells He refuses to recognize those cases of polyneuritis which do not show this protein cell dissociation as belonging to the same syndrome He has found it constant in every case, and his observation has been confirmed by others The prognosis is favourable in spite of the initial severe paralysis, and recovery is usually complete within a few months A few fatal cases have, however, been recorded Morsier and Steinmann[2] reported two cases, both with exactly the same clinical picture In one complete recovery ensued in a short time, in the other death occurred from respiratory failure owing to paralysis of the respiratory muscles At post-mortem examination the spinal cord

[1] *Arch Neurol Psychiat* Chicago 1936 36, 975
[2] *Presse méd* November 21st 1936, 1890

not of itself prove a serious burden for as has been pointed out earlier in this memorandum the responsibilities of the insurance practitioner in respect of these persons is to a not inconsiderable extent preventive and advisory The practitioner would have had less duties in relation to incapacity and more in relation to positive instruction on health and in the *early* detection and treatment of disease Although he will not be required to undertake the actual filling in of national health insurance certificates his responsibility in so far as certification is necessary for other purposes remains unchanged For example the employer will require certification of evidence of incapacity in most cases It would be in the interest of the insured person if no charge were made for these certificates and if the standard rate were paid the profession would agree officially or unofficially to provide these certificates without separate charge to the insured person

(xi) If the principle of differentiation of age groups is carried to its logical conclusion it will be found that the duties and responsibilities in respect of medical care are greater in this age group and those in relation to certification would be less than for adult age groups This being so there is in the view of the Insurance Acts Committee no case for differentiation between the capitation fee from that of other classes of person In any case the proposal of a modified capitation fee is inconsistent with the general principle underlying the present national health insurance system

Finally the Committee decided that unless an offer of the standard capitation rate less a deduction of not more than 5 per cent in respect of certification were made a Special Conference of representatives of Local Medical and Panel Committees should be immediately called and recommended not to accept the Ministry's proposals

The Ministry's Reply

On Christmas Eve the reply of the Ministry of Health was received

In regard to the Insurance Acts Committee's submission on the general question of the amount of medical care involved it is stated that while the Minister

> 'remains satisfied that persons within the age group in question are likely having regard to their comparatively low sickness experience to make fewer demands on the services of practitioners than persons of older ages he does not wish to press this point unduly since he recognizes that in the interests of public health it is desirable that juvenile workers should remain as far as possible under medical supervision

On the question of certification it was stated that it seemed clear to the Minister

> that account must be taken not only of the medical and clerical work involved in the actual issue of certificates but also of the fact that patients who are not entitled to weekly payments of sickness benefit will not present themselves to their doctors with such frequency as those who are so entitled and therefore require the certificates in support of their claims The Minister cannot accept the contention that in view of requests for certificates required by the patient's employers practitioners would not in effect be relieved of this work to any considerable extent
>
> In all the circumstances the Minister is prepared to provide for a capitation fee of seven shillings and sixpence on the understanding that if the standard capitation fee for adults should be increased or reduced in future the rate for juveniles should be varied proportionately

In conclusion it is stated that the Minister has consulted the Secretary of State for Scotland and the Ministry of Labour for Northern Ireland and that they wish to be associated with him in the terms of his letter

The Special Conference

In accordance with the decision of the Insurance Acts Committee this Conference has been called for Thursday January 7th 1937 at 2 p m It will be observed that while the original contention of the Ministry that less work will be involved in the care of these young adolescents is not pressed certification has been valued for the purposes of deduction at 1s 6d and a capitation fee of 7s 6d is offered

In accordance with its resolution the Insurance Acts Committee will recommend the Conference to reject the offer A meeting of the Insurance Acts Committee will be held on the morning of the day on which the Conference meets when it will consider the questions of procedure to be recommended to the Conference in the afternoon

NOTES OF THE WEEK

British Guiana

A committee appointed by the Governor of British Guiana to inquire into the administration and organization of the medical services of the Colony has recently submitted its report The report contains a number of recommendations relating to the salaries scales and the personnel of the different branches of the medical service including some with which the British Guiana Branch of the Association has expressed strong disagreement The Dominions Committee will consider at its next meeting the report of the committee and the memorandum prepared by the Branch

Gifts for Medical Research

Medical practitioners are often asked by patients and other persons to advise them in the matter of bequests or gifts for medical research The Medical Research Council has issued a leaflet explaining the facilities possessed by the Council for the reception and administration of private benefactions entrusted to it for the promotion of medical research and offering advice on the method of making gifts to this purpose The Council already administers a number of bequests and funds derived from private sources and the leaflet points out that private benefactions are used to supplement and not to relieve grants from public funds

Fees in Kent

The Kent Education Committee considered at its last meeting two questions concerning fees for medical services The first related to the fees payable for radiological examinations to the Royal Victoria Hospital Dover which has recently adopted the British Medical Association scale of charges The committee is to ask the hospital to agree to a flat rate of £1 11s 6d for all x-ray examinations in orthopaedic cases instead of the scale in which the charge varies according to the type of examination involved It was decided to amend the scale of charges made to parents for tonsil and adenoid operations on school children so that the fee charged to a family whose income lay between 7s 6d and 10s per head per week should be reduced from 10s 6d to 7s 6d

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At a meeting of practitioners recently convened by the Belfast Division a committee was appointed to consider the question of a Public Medical Service for the area

Dr W Ainslie has retired from the appointment of honorary surgeon to the Herefordshire General Hospital a post which he has held for twenty four years

Dr S A E Griffiths has retired after thirty five years practice in Meopham

COUNCIL HOSPITALS AND THEIR MEDICAL STAFFS

The Local Government Act of 1929 has been the means of introducing a new type of hospital and of placing the provision of hospital services on a new basis Before the passing of this Act two parallel uncoordinated hospital services were being administered by two different types of statutory authority Local government authorities, under the powers conferred on them by various Acts of Parliament, provided institutional accommodation in connexion with their public health functions Although under the Public Health Act of 1875 they were empowered to provide general hospital accommodation, for the most part they confined their hospital provision to the treatment of infectious disease, tuberculosis, mental disease, normal and abnormal maternity, venereal disease, and diseases of children These facilities were available for the whole of the local population Boards of guardians as local Poor Law authorities, also provided institutional accommodation but they were interested in only a limited section of the population—namely, the destitute Their provision, on the other hand, included all types of hospital accommodation for all kinds of illness, both acute and chronic and for children, adults, the aged, and the infirm The test for admission was destitution, and not, as in the case of the local authorities' institutions, medical need

Appropriation of Poor Law Hospitals

One of the objects of the Local Government Act was to substitute for this dual hospital service a unified service administered by the local government authority and available for all the inhabitants of the area The boards of guardians were abolished, and their functions, including that of hospital provision, were absorbed by the local government authorities The Act enabled the latter to appropriate institutions or hospital beds formerly reserved for the sick poor and to provide therein for the general population of the district services under the authority of the Public Health and allied Acts The stigma of the Poor Law has thus been removed from the nation's hospital services, and the destitute person is offered the same service as those in more fortunate circumstances, the sole test for admission to a local authority's institution being now not financial means, or lack of means, but medical need Moreover, as the lower income limit has been abolished, so there is no higher income limit, any local resident has the right to enter any of the local authority's institutions which can offer the advice or treatment that his condition requires, and the local authority must charge him for those services according to his capacity to pay for them

Substantial progress has already been made with the appropriation of institutions, more especially in London and Middlesex and the county boroughs Progress has been slower in the county areas, where the population is more scattered and the organization of a unified hospital service more difficult The London County Council assumed responsibility on April 1st 1930, for seventy-six general and special hospitals and institutions containing more than 42,000 beds It has undertaken an extensive scheme of reorganization of services and equipment, it has introduced a complete consultant and specialist service for its unified hospital system, and it has arranged a scheme of affiliation of general hospitals with certain medical schools for the purpose of the training of undergraduates The Middlesex County Council appropriated, on April 1st, 1936, five county hospitals and one convalescent home and it also is engaged in extensive reorganization Of the eighty-three county boroughs, thirty-four have appropriated one or more institutions and seven county councils have begun the task of appropriation and reorganization Some figures extracted from recent reports issued by the Ministry of Health will illustrate the extent of the local authorities' hospital service It was estimated in 1934 that local authorities controlled 860 hospitals of all types, containing 143 000 beds, and that there were 1,000 voluntary hospitals with a total of 72,000 beds In 1935 local authorities were administering ninety-three general hospitals with 50,508 beds under the Local Government Act or the Public Health Acts, and 448 hospitals or institutions with 71,856 beds as Poor Law accommodation

The transference of institutions to the local government authority means something more than the mere substitution of one administrative body for another The appropriation of hospitals enables the local authority to conduct a single efficient co ordinated hospital service for its area, to concentrate special services in special units, and to co-operate with the voluntary hospitals The appropriated institution itself benefits by being utilized for public health purposes, for the range and standard of medical treatment and the facilities for diagnosis and treatment tend after the appropriation to be improved and the equipment to be modernized Such improvements and the wider scope of professional experience consequently available attract medical and nursing staffs of a better type, and practitioners may now find in the new council hospital service a career worthy of their best endeavours The facilities for post-graduate study will no longer be confined to the voluntary hospitals, and council hospitals will be able in the future to play an important part in the progress of medical research and treatment In short, the Local Government Act constitutes a revolution in the history of hospital development in this country

Co-operation With Voluntary Hospitals

One of the great advantages of the new administration is the opportunity for useful co-operation between the council and voluntary hospitals, and, by this means, of promoting still further economy and efficiency in the nation's hospital service as a whole Section 13 of the Local Government Act imposes upon county and county borough councils the obligation of consulting, upon questions relating to the provision of hospital accommodation, with committees representative of the governing bodies and medical staffs of the voluntary hospitals in the area concerned Such consultation is in the interests of both the voluntary and the council hospitals In spite of the magnificent work and the enormous resources of the voluntary hospitals, they are unable to provide accommodation and treatment for all acute cases, and their efforts must be supplemented by those of the local authorities Friendly consultation between the two services will prevent inefficiency and wasteful competition The voluntary hospitals themselves will derive mutual advantage from the appointment of a joint representative body, for, through it, they will be able to co-operate in such matters as the interchange of staff, the selection of cases, and equipment and beds

The effective development of the opportunity offered by the Local Government Act presupposes co-operation between the responsible authorities and the organized medical profession The successful organization of a local hospital service depends to a very large extent upon the attitude of the profession, and such questions as medical staffing, the admission of patients, the provision of special services and the treatment of private patients

was normal In the peripheral nerves the lesions were wholly interstitial the axis cylinders remaining intact There was lymphocytic infiltration of the nerves, especially round the blood vessels many small haemorrhages and a great increase in number of the nuclei of the sheath of Schwann Guillain believes that the course of the disease can be favourably influenced by treatment He recommends intravenous injections of sodium salicylate from 1 to 2 grammes daily in serum containing 10 per cent. of glucose intravenous or intramuscular injections of quinine or colloidal silver and inunction with colloidal silver Arsenical preparations have been found definitely harmful

PEKING MAN

At the close of 1927 news came from China of the discovery of three more skulls of Peking Man (Sinanthropus) In this way Professor Weidenreich who took charge of the Cenozoic Laboratory in Peking after the death of Professor Davidson Black came to have six skulls of this extinct race of humanity at his disposal for study—besides fragments—mostly of jaws and skulls—of other twenty individuals In a recent communication to the *Times* (February 18) Professor Weidenreich sums up the chief conclusions he has reached concerning the place which must be given to Sinanthropus in the gallery of extinct humanity Hitherto the pride of lowest place has been assigned to the Java Man (Pithecanthropus) Professor Weidenreich shows cause why China must now oust Java as the home of the lowest known form of humanity He finds that in brain size a member of the Sinanthropic family had even a smaller brain than Pithecanthropus Still this claim will be seen to be not a strong one when it is remembered that among the Australian aborigines of to day individuals do occur with a brain as small as that of the smallest Sinanthropus—850 c cm Professor Weidenreich's claim of a low position for Peking Man in the scale of humanity does not rest only on small brainedness He cites characters which ally this ancient form of humanity—at least half a million years old having lived at a very early phase of the Pleistocene Period—with anthropoid apes on the one hand and Neanderthal Man of Europe on the other Sinanthropus being a sort of stepping-stone from the one to the other Very remarkable too is the fact that the Peking men and women differed from each other in size and strength almost as much as a male gorilla differs from the female gorilla Noteworthy too is the range of variation in jaw tooth and brain size which prevailed in the humanity of Pleistocene China In his article in the *Times* Professor Weidenreich puts forward the idea that Mongolian features can be recognized in the anatomical make up of Sinanthropus and that Peking Man may prove to be the modern Chinaman in the rough This revolutionary conception will not surprise those who are familiar with the address given by Sir Arthur Keith to the newly founded Speleological Association in the summer of last year In that address it was maintained that the evidence provided by fossil remains indicates that the chief races of modern man—white, brown yellow and black—were already separated early in the Pleistocene and that since their separation all have undergone parallel changes which have given them their "modern" characteristics—reduction in jaw and tooth with planing down of their rugosities of skull and limb bones

"SIMPLE PNEUMONITIS"

Pneumonia in childhood is notoriously different from that disease as it affects adults, and Dr A Morton Gill[1] has recently described a series of cases in which he believes there is a low grade inflammatory process affecting chiefly the pulmonary alveoli which can be diagnosed from pneumonia and recognized as a separate entity for this he suggests the term "simple pneumonitis" The child is brought to hospital for a persistent cough of recent origin loss of weight and loss of appetite There may have been expectoration of blood stained sputum and the mother may be suspicious of tuberculosis The child is listless with normal or only slightly raised temperature normal respiration rate, and a slightly increased pulse rate Physical examination of the chest will show one or more areas with slight impairment of percussion note normal or slightly weakened breath sounds and rales which are particularly persistent and "sticky" in character The x ray film reveals mottling in areas of the lung corresponding to those in which abnormal physical signs were found. There is nothing in the history to suggest that this is but the end of a pneumonia and within a week or two the symptoms signs and x ray changes have disappeared *Dr Gill cites* four examples of this observed in the children s department at the Middlesex Hospital He eliminates the possibility of any of the ordinary types of pneumonia or their sequels and discards the idea that the "pneumonitis" is a non resolution of a pneumonia dated from some past illness because of the comparative rapidity with which the child becomes completely well The importance of recognizing this condition lies in the facts that its prognosis is not so serious as the acute pneumonic infections and that it does not appear to follow the chronic course of those inflammatory conditions of the lung accompanying for example measles or whooping cough

QUARTERS ON SHIPBOARD AT BELFAST

In our *Supplement* this week will be found particulars of the arrangements made for the visit to Belfast of a liner the s s *Alnanzora* providing accommodation for 450 people for the Annual Meeting of the British Medical Association in July next In order to ensure that these arrangements are carried into effect bookings must be made in the immediate future

We regret to announce the sudden death on February 23 of Sir Henry Jackson Bt M B chairman of the London and Home Counties Traffic Advisory Committee and M P for Central Wandsworth

[1] *Middlesex Hosp J* 1937 37 20

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Diary of Central Meetings

FEBRUARY

26 Fri Maternity and Child Welfare Subcommittee 2 p m

MARCH

2 Tues Joint Subcommittee *re* Provident Schemes and Payment to General Practitioners for Treatment 2 30 p m
4 Thurs Conference of Representatives of Provident Associations 2 15 p m
5 Fri Science Committee 2 p m
9 Tues Organization Committee 2 p m
10 Wed Hospitals Committee 12 noon
11 Thurs Insurance Acts Committee 11 30 a m
12 Fri Journal Board 11 30 a m
Public Health Committee 2 p m
16 Tues Central Ethical Committee 2 p m
18 Thurs Dominions Committee 2 15 p m
19 Fri Journal Committee 2 p m

APRIL

7 Wed Council, 10 a m
15 Thurs Radiologists Group Committee 2 30 p m

Proposed Bihar Branch

Notice is hereby given by the Council of the Association to all concerned of a proposal made by members of the Association resident in the Bihar and Orissa Province of India that a Bihar Branch be formed of area coterminous with that Province

Any member affected by the proposal and objecting thereto is requested to write to the Medical Secretary by May 27, 1937, stating the objection and the ground therefor

CHARLES HILL
Deputy Medical Secretary

February 27 1937

Branch and Division Meetings to be Held

BORDER COUNTIES BRANCH CUMBERLAND DIVISION—At Workington Infirmary Thursday March 11 3 30 p m Report of Executive Committee on its negotiations with the Public Assistance Committee of the Cumberland County Council followed by clinical meeting

BORDER COUNTIES BRANCH DUMFRIES AND GALLOWAY DIVISION—At Commercial Hotel Glenluce Wigtownshire Wednesday March 3 4 p m Meeting to discuss the reorganization of the activities of the Division in Wigtownshire Address by Dr R W Craig (Scottish Medical Secretary) Non members are especially invited to attend

DUNDEE BRANCH—At University College Medical School Dundee Tuesday March 2 8 30 p m Major T P Buist R A M C Anti gas Methods

GLASGOW AND WEST OF SCOTLAND BRANCH DUMBARTONSHIRE DIVISION—At North British Station Hotel Wednesday March 3 4 p m Mr John Hewitt Maternal Mortality in Childbirth A discussion will follow

GLASGOW AND WEST OF SCOTLAND BRANCH LANARKSHIRE DIVISION—At St Enoch Station Hotel Glasgow Wednesday March 3 3 30 p m Annual general meeting and election of officers

HERTFORDSHIRE BRANCH EAST HERTFORDSHIRE DIVISION—At Cromwell Hotel Stevenage Thursday March 4 8 p m Lord Horder Acute Streptococcal Infections and their Treatment

LANCASHIRE AND CHESHIRE BRANCH BLACKBURN DIVISION—At Old Bull Hotel Blackburn Tuesday March 2 8 45 p m Dr J Ralston Paterson (Manchester) Radium and X Rays in the Treatment of Malignant Disease

LANCASHIRE AND CHESHIRE BRANCH WIGAN DIVISION—At Town Hall King Street Wigan Friday March 5 8 30 p m First of a series of eight lectures on air raid precautions by Dr L T Chillenor medical instructor for the Liverpool Centre under the Air Raids Precautions Department of the Home Office

METROPOLITAN COUNTIES BRANCH CITY DIVISION—At Metropolitan Hospital Kingsland Road E Tuesday March 2 9 0 p m Dr E G B Calvert Modern Views on Nephritis and their Application in General Practice

METROPOLITAN COUNTIES BRANCH NORTH MIDDLESEX DIVISION Wednesday March 3 First of a course of six lectures and practical demonstrations on Air Raid Precautions and Anti gas Measures

METROPOLITAN COUNTIES BRANCH WOOLWICH DIVISION—At Woolwich War Memorial Hospital Friday March 5 8 45 p m Clinical evening

NORTH OF ENGLAND BRANCH MORPETH DIVISION—At Grand Hotel Ashington Friday March 5 8 p m Mr H Evers (Newcastle upon Tyne) Midwifery Meanderings Members of the Blyth Division are invited to attend

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION—At Alnwick Wednesday March 17 Mr T A Hindmarsh Surgical film

SHROPSHIRE AND MID WALES BRANCH—At Royal Salop Infirmary Shrewsbury Tuesday March 2 3 30 p m B M A Lecture by Dr Arnold W Stott Some Aspects of Cardiac Disease of Practical Importance from a Clinician's Point of View

STAFFORDSHIRE BRANCH NORTH STAFFORDSHIRE DIVISION—At North Staffordshire Royal Infirmary Stoke on Trent Thursday March 4 4 30 p m Mr A Lawrence Abel Common Diseases of the Rectum and Anal Canal 7 30 p m Dinner at Grand Hotel Hanley

SURREY BRANCH KINGSTON ON THAMES DIVISION—At Kingston and District Hospital Friday February 26 8 30 p m Clinical demonstration Film illustrating Professor Bohler's technique for ambulatory treatment of fractures having special regard to fractures of the humerus and demonstration of application of plaster of Paris

SUSSEX BRANCH WEST SUSSEX DIVISION—At Dolphin Hotel Chichester Wednesday March 3 7 30 p m Annual meeting of the West Sussex Clinical Society followed by dinner at 8 p m

Meetings of Branches and Divisions

ASSAM BRANCH

The annual general meeting of the Assam Branch was held at Jorhat from February 2 to 4 The attendance included Dr G C Anderson (Medical Secretary) Dr L E Napier representing the Calcutta School of Tropical Medicine and Major H Lockwood Stevens organizing secretary of the London School of Hygiene and Tropical Medicine

The following officers were elected

President Dr F C McCombie *Honorary Secretary and Treasurer* Dr B A Lamprell *Representative in Representative Body* Dr C G Terrell *Deputy Representative in Representative Body* Dr G C Ramsay Assam Valley Division *Chairman* Dr McCombie *Honorary Secretary* Dr Lamprell Surma Valley Division *Chairman* Major J L Donnel I M S *Honorary Secretary* Dr J O Gordon Northern Bengal Division *Chairman* Dr J H Arthur *Honorary Secretary* Dr C C Harrison

Dr Ramsay was elected delegate for the Surma Valley Division at the annual meeting of the British Medical Association at Belfast in July and Dr M E T Burke delegate for the Assam Valley Division Dr Ramsay was also appointed the representative of the Branch at the joint meeting with the Bombay Branch to be held at Bombay before the departure of Dr Anderson

DORSET AND WEST HANTS BRANCH BOURNEMOUTH DIVISION

A meeting of the Bournemouth Division was held at Boscombe Hospital on January 27 when Dr F W Broderick was in the chair A resolution was unanimously passed approving the principle of free choice of doctor by public assistance patients

Dr Doris Odlum read a paper on Psychotherapy Its Uses and Failures Dr Odlum opened by saying that there were four different methods of employing psychotherapy The first was by suggestion This played an important part in all medicine and depended entirely on the personality of the doctor but was not considered by most psychologists as very successful The second method was by hypnosis The mental state of a patient under hypnosis was not fully understood hypnosis had to be used with great caution or more harm

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE CHEMISTRY AND ASSAY OF MALE HORMONES

BY

R K CALLOW, M A, D.Phil

AND

A. S PARKES, Sc D, F R S

The more obvious effects of castration, some of which have been known since early times, comprise atrophy or non development—according to whether the operation is pre-pubertal or post-pubertal—of the accessory organs and secondary sexual characters The former include the prostate, seminal vesicles, Cowper's gland, and penis, the latter, the comb of the fowl, the horns of the stag, and the body configuration, the deep voice, and the special distribution of hair in many species, including man Grafting experiments showed that the control of the testes over the accessory organs and secondary sexual characters was probably endocrine in nature In 1927 McGee prepared extracts of testis capable of restoring the atrophic comb of the capon, and an endocrine function of the testis was definitely established Since then androgenic* substances have been found elsewhere in the body, but the effects of castration indicate that the testis is the essential and primary source Various procedures such as x-irradiation, or ligation of the efferent ducts, which cause atrophy of the testis tubules, suggest the interstitial tissue as the site of origin of the testis hormone

Detection and Assay of Androgenic Activity

Reversal of any of the changes which follow castration or the production of a state of hyperorchidism might be used to detect male hormone activity The Chicago workers, Moore, Koch, and Gallagher, used first the capon comb as a test object, but they subsequently described a number of tests on castrated rats and guinea-pigs, based on the cytological condition of the epithelium of the seminal vesicles, prostate, and Cowper's glands, the survival of motility of epididymal spermatozoa, and the power to ejaculate [See Koch (1932) and Moore (1935) for reviews of this work] Voss and Loewe (1930) attempted to assess gross size changes in the seminal vesicles of castrated mice but finally used epithelial changes Martins and Rocha (1930) measured the size of the seminal vesicles of the castrated mouse before and after treatment Korenchevsky and his co workers (1932–3) developed a method based on the weight of the seminal vesicles and prostate of castrated rats In addition, such tests have been described as the increase of spontaneous activity of castrated mice the growth of the crest of the male salamander, the production of the nuptial coloration of the male bitterling growth of the ovipositor of the female bitterling and blackening of the beak of the anoestrous or capon sparrow

The only generally employed quantitative tests, however are those based on production of growth in the comb of the caponized domestic cock or in the accessory glands of the castrated rat Of these the former is the easier and less equivocal test The Second Conference on the Standardization of Sex Hormones (*Quart Bull Hlth Org L o N*, 1935, **4**, 618) recommended that "on the information before the conference the test based on the induction of growth in the comb of the capon is, at present, the only one sufficiently specific for the quantitative determination of activity in comparison with the standard preparation" The conference also agreed that the international standard preparation for male hormone activity should consist of crystalline androsterone and that "the unit of activity shall be defined as the activity of 0 1 mg of this standard as tested by a specific biological reaction, this weight is approximately the daily dose required to give an easily measurable response in the comb after five days" An increase in comb size of about 5 mm in length plus height or 15 per cent increase in area may be expected from one international unit (I U) daily for five days Detailed techniques have been described by Dodds *et al* (1930), Schoeller and Gehrke (1931), Freud *et al* (1932), and Greenwood *et al* (1935) as well as by the Chicago workers referred to above

However, it is clearly desirable that quantitative work should be carried out on mammals Increase in weight of the prostate and seminal vesicles of castrated rats is the simplest mammalian criterion of androgenic activity, and has been used extensively by Korenchevsky (1932 *et seq*) Freud (1933 *et seq*), Callow and Deanesly (1935), and Tschopp (1936) With the amounts of androgenic substance now available a readily assessable degree of enlargement can easily be obtained The total weight of the seminal vesicles and prostate of the castrated rat is between 20 mg and 50 mg according to the technique of dissection, and increase to an average of 660 mg has been produced by only ten days' treatment with male hormone (Parkes, 1936) The chief difficulty lies in the fact that the several accessory glands respond in different degrees to the different androgenic substances so that the comparative activities of the different substances depend largely upon which organ is employed as a basis for comparison Androsterone, for instance, is comparatively ineffective on the seminal vesicles, and produces quite an abnormal ratio of growth between these and the prostate A second difficulty is that the effectiveness of a preparation is greatly influenced by the conditions of absorption (Deanesly and Parkes, 1936a)

Natural and Artificial Sources

The demonstrable male-hormone activity of testis tissue is comparatively small, as might be expected from the small proportion of interstitial tissue present Thus extract equivalent to 0 5 kg of tissue may be necessary to induce good comb growth in a five day test Favourable clinical results have been reported from time to time with dried tissue or testis extracts of low concentration but in the absence of objective laboratory tests it is likely that these results are due to psychological rather than to direct physiological action Testis extracts of sufficient potency, as measured by animal tests, for clinical use could only be prepared at enormous cost The isolation of crystalline testosterone from bull's testes by David in 1935 was of great importance, but the process is not commercially economical

* The terms androgenic in the sense of causing the development of male organs and characters and androgen a substance with this property have been used by American writers They supply very necessary parallels to the terms oestrogenic and oestrogen applied to female sex hormones

than good could be done In the majority of cases it was a failure as it did not rouse the active help of the patient In some cases it did relieve the patient of symptoms of which he or she complained, but it did not get rid of the cause and therefore other symptoms which might be worse occasionally appeared subsequently The third method was by persuasion The patient had to be persuaded to talk over his troubles and his past life, in some cases this was a very successful form of treatment The fourth method was by mental analysis, which was originated by Freud and modified by Adler The great objection to mental analysis was that it took a great deal of time, sometimes extending over four or five years, thus limiting its uses Mental disorders might be grouped into (1) mental deficiency (2) insanity and (3) psychoneuroses In cases of mental deficiency psychotherapy was useless This was also true in cases of insanity, except perhaps where a patient was recovering, when some benefit might result It was in the psychoneuroses that it was employed

An interesting discussion followed which was opened by Dr L A WEATHERLY Drs S WATSON SMITH WALTER ASTEN SIMMONS HORWICK BRODERICK, C F PEDLEY JENKINS C E GAUTIER SMITH, and N F ADENEY also took part in the discussion A hearty vote of thanks was then proposed by the CHAIRMAN to Dr Odlum for a very instructive and interesting paper and this was carried with acclamation

DUNDEE BRANCH

A meeting of the Dundee Branch was held at University College Dundee on February 2, when MISS AGATHA H BOWLEY clinical psychologist to the Dundee Child Guidance Clinic gave an address on The Psychological Aspects of Child Development in the course of which she outlined the history of the child guidance movement In conclusion Miss Bowley emphasized the importance of such positive factors in child upbringing as security in home conditions serenity in family relationships and the value of constructive outlets and companionship to the child

EAST YORKSHIRE BRANCH

At a meeting of the East Yorkshire Branch, held at Hull on February 10 with Dr S F FOURACRE in the chair, Professor JOHN HAY (Liverpool) delivered an address on The Life History of Mitral Stenosis

Professor Hay stated that this disease occurred chiefly among females Acute rheumatism was the essential aetiological factor, chorea being included in this heading Mitral stenosis was almost entirely rheumatic in origin and was really a pancarditis The types encountered were (1) buttonholed (2) funnel shaped and (3) a type encountered in older people who also had an aortitis in which there was sclerosis of the auriculo ventricular ring and so some degree of mitral stenosis developed It took a number of years for stenosis to develop Aortic regurgitation developed in a few weeks Dr Rosier's form occurring mostly in females was accompanied by a small left ventricle a large left auricle and a late development of regurgitation The first stage in mitral stenosis (up to the age of 15) was usually a grumbling infection with perhaps a slight rise in temperature The second stage between 15 and 30 years showed doubtful activity of infection while in the third stage (over 30) there was no grumbling infection

With regard to clinical manifestations usually a pancarditis occurred and there might be polyarthritis Chorea was liable to appear and rheumatic nodules to develop Young children might exhibit a syndrome—wasting with anaemia and a slight pyrexia This might be early rheumatism If there was a systolic bruit and also a mid diastolic bruit or third sound it was definitely a rheumatic heart There were no symptoms pathognomonic of mitral stenosis A child might be without symptoms The earliest of physical signs were the systolic bruit alteration in mitral first sound which was louder—a crescendo bruit which was presystolic and might be accompanied by a slight high pitched systolic bruit If substernal heaving was present it was indicative of advanced mitral stenosis with an enlarged right ventricle Mild exercise accentuated the presystolic sound The diastolic sound of an aortic leak might be mistaken for a mitral systolic Increase pulse pressure meant aortic lack Mitral stenosis might be missed when auricular fibrillation was present—the bruits might disappear with the onset of fibrillation there might be a short systolic and a low rumbling diastolic sound or there might be a diastolic sound running into an extra first sound

The mode of development of mitral stenosis depended on the original infection home conditions and recurrent exacerbations In females puberty pregnancy and the menopause seriously reacted on grumbling infections or stenosis On leaving school a girl's first job might precipitate cardiac failure The disease might spread along two lines in the first the patient dies at the age of 40, having had a normal cardiac rhythm and a period of cardiac failure of probably ten years, in the second a patient might fibrillate and die at 35 having had cardiac failure for fifteen years The outlook was generally better for those with fibrillation as the latter could be dealt with and the life and heart controlled Once mitral stenosis had settled down it might go on for years Pregnancy was not contraindicated so long as there was no fibrillation, death occurred in 2 to 3 per cent of cases The cardiac reserve depended on the myocardium The first attack of fibrillation was usually recovered from in twenty four hours with adequate treatment Dyspnoea was an outstanding symptom of mitral stenosis The ease with which it came on was a gauge of the severity of the disease as there was no interference with the normal supply of oxygen

Cyanosis meant a defective ventricular drive The left ventricle had not enough blood The alveolar walls were engorged there might be haemorrhage and emphysema might develop due to the diminished elasticity of the alveolar walls There was an oxygen starvation of the tissues In children a form of dwarfism might occur due to oxygen lack Paroxysmal fibrillation or flutter might be preceded by extra systoles arising in the auricles Sometimes a mania developed with the disease Cerebral embolism might develop on the cessation of the fibrillation

The pain with mitral stenosis was not the typical anginal substernal pain In subacute infective endocarditis there was a rise in temperature bruits recurrent sweats and general weakness Blood cultures might help but many were sterile There were embolic manifestations—petechiae under the nails tender pads changes in the retinae rheumatic nodes

Up to the age of 15 years the infection was alive therefore exercise should be restrained The patients needed a dry sunny climate or artificial sunlight If the tonsillar glands were tender the tonsils should be removed Any infected teeth should be extracted Underfeeding and damp should be avoided Massive oedema in a child with a bad heart was very rare Influenza tonsillitis pneumonia, and any other septic conditions were dangerous to a rheumatic heart as the myocardium was affected thereby Cases of this kind required more rest

The CHAIRMAN and Drs L LAVINE G GRIFFITH and L I HARDY took part in the discussion which followed A vote of thanks was proposed to Dr IRVINE and seconded by Dr GRIFFITH

ESSEX BRANCH MID ESSEX DIVISION

At the annual general meeting of the Mid-Essex Division held at Chelmsford Hospital on January 21 the following officers were elected

Chairman Dr W S Willmore *Vice chairman* Dr S G Corner *Secretary and Treasurer*, Dr J T Whitley

Dr F E CAMPS and Dr J L MILLER WOOD opened a discussion on a proposed scheme for puerperal investigation in Mid-Essex Dr Miller Wood summarizing his remarks said that the local scheme should include (*a*) better understanding on the part of doctors and nurses of the sources and modes of spread of puerperal infection (*b*) better education of patients on similar lines (*c*) encouragement of freer co operation between general practitioners and the county medical officer with a view to earlier reporting in contradistinction to notification of all doubtful or suspicious rises of temperature in the puerperium (*d*) fuller use of the services of an up to date centrally placed laboratory

GLASGOW AND WEST OF SCOTLAND BRANCH

At a meeting of the Glasgow and West of Scotland Branch held on January 20 when Dr J G MCCUTCHEON was in the chair Mr A G TIMBRELL FISHER delivered a British Medical Association Lecture on Manipulative Surgery The attendance of almost 200 included members of the Chartered Society of Massage and Medical Gymnastics the Corporation of Certified Masseurs and the College of Nursing Mr Timbrell Fisher emphasized the need in medical education in this country for facilities for the teaching of manipulative surgery Those who castigated the profession in the matter of manipulative surgery overlooked the work of notable pioneers If the profession endeavoured to place manipulative surgery upon a firm scientific basis there would be no need for unqualified bone setters and they would regain the public confidence that they had to a certain extent lost The medical historian of the future when he came to view this period would doubtless be surprised at the lack of vision by those responsible for medical education in this country

Loewe and Voss (1929) first reported that extracts capable of reversing castration changes could be prepared from the urine of normal men This discovery led to the preparation of large quantities of androgenic concentrates for physiological and clinical investigation, but it is now known that the substances in the urine androsterone and dehydroandrosterone, are different from the active substance, testosterone isolated from the testis Crystalline androsterone was first isolated in very small yield from urine by Butenandt in 1931, but it was later found that male hormone equivalent to about 3 mg androsterone per litre is present From androsterone the reduction product, androstanediol has also been made in crude or in pure form In 1934 Ruzicka and his collaborators prepared androsterone from cholesterol by way of *epi*cholestanol On the theoretical side this brilliant piece of work confirmed and amplified the details of the constitution for androsterone suggested by Butenandt (1933) practically, it has led to the artificial production on a manufacturing scale of both androsterone and testosterone, and to the ready accessibility of many related compounds for investigation of their physiological activity The so called 'synthetic' pure male hormones are now far more readily available than the same substances from natural sources

Although the compounds mentioned above account for most of the androgenic activity of the testis and of urine, it cannot be assumed that other active substances are not present For instance, the isolation of a crystalline compound from boar's testes, tentatively identified with androstanedione, has been reported The nature of the androgen detected in bull's blood amounting to 1 to 2 units per litre is not yet known Finally, the substances are as yet unidentified to which the urine of normal women owes its androgenic activity (Womack and Koch, 1932, Koch, 1936) which is about the same as that of male urine and the significance, if any of the presence of male hormone in the female is unknown The phenomena of virilism are outside the scope of this article although its association with adrenal hyperplasia, and with the excretion of large amounts of androgenic material in the urine coupled with the isolation from adrenals of a series of steroids which includes a weak androgen adrenosterone (Reichstein 1936) indicate that glands other than the gonads must be considered in the story of androgen metabolism

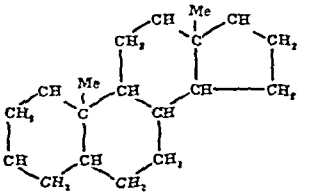
Constitution and Nomenclature

Work now published and in progress on a multiplicity of compounds with androgenic activity makes it necessary to give some attention to the systematic nomenclature

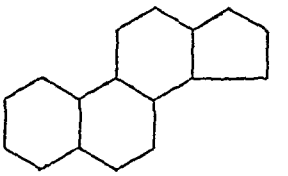
The natural or artificial androgens so far known are all simple derivatives of the tetracyclic hydrocarbon androstane (Formula I) This is the dimethyl derivative of fully hydrogenated *cyclo*pentenophenanthrene the skeleton of which (Formula II) is regarded as the schematic parent of all the steroids—that is the sterols bile acids, male and female hormones cardiotonic aglucones saponins and toad poisons

The systematic nomenclature of the male hormones is based on the root androst with the addition of appropriate suffixes and of numbers in the usual way to indicate the nature and position of substituent groups The numeration is somewhat illogical for historical reasons, and it is fortunate that only five positions need be considered—namely 3, 4 5 6 and 17 (Formula III)

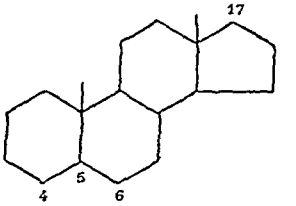
The known derivatives of interest are either dihydroxy derivatives (diols) diketo-derivatives (diones) or mixed hydroxy ketones (olones) with the groups in positions 3 and 17 and these may either be saturated (ane-) or have an unsaturated linkage at 4 5 or 5 6 (Δ^4 or Δ^5 ene) A series of 17 alkyl derivatives (for example 17 methyl- -17-ol) has also been prepared In certain cases which need not be dealt with here it is necessary to consider the configuration (*cis* or *trans*-) of the groups round carbon atoms 3 5 and 17 Nearly all the possible permutations and combinations of these substituent groups and double linkages are represented among the artificially prepared compounds which provide a happy hunting ground for the investigator of relations between chemical constitutions and physiological activity



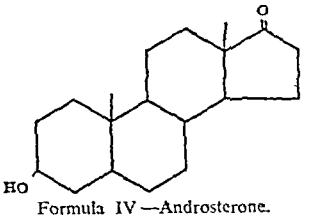
Formula I—Androstane



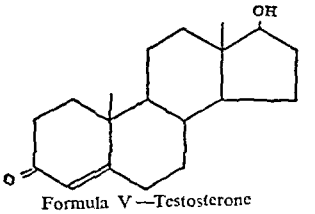
Formula II—*cyclo*Pentenophenanthrene



Formula III—Numeration of androstane derivatives



Formula IV—Androsterone.



Formula V—Testosterone

The two compounds of greatest importance possess common names androsterone which is androstan 3 ol-17-one (Formula IV) and testosterone which is Δ^4 androsten 17-ol 3-one (Formula V) and some names (of unfortunate ambiguity) have been derived from these—for example dehydroandrosterone (Δ^5 androsten 3 ol 17 one) and dihydrotestosterone (androstan 17 ol 3 one) and are used in preference to the less euphonious systematic names

Physical and Chemical Properties

The male hormone compounds are colourless crystalline substances readily soluble in most organic solvents moderately soluble in oil but very sparingly soluble in water or aqueous media. It is therefore necessary to administer them therapeutically in oil solutions Such

There should be chairs of physical medicine in every university or teaching centre so that medical students might learn something about that enormously important branch of medicine As success in manipulative work demanded a long and exacting course of training they should encourage the young men now entering medicine to specialize in it Mr Timbrell Fisher said that the theories on which osteopathy was founded were untenable and the evidence on which they were based did not bear scientific scrutiny If those theories were harmless one could safely ignore the cult but unfortunately there were many instances in which osteopaths paid little or no attention to diagnosis In this way patients with malignant disease often wasted precious time and money while their condition steadily deteriorated

At the close of his interesting address Mr Timbrell Fisher gave a demonstration of technique and also replied to a number of questions on various points At the conclusion of the meeting he was accorded a hearty vote of thanks for his address

LINCOLNSHIRE BRANCH LINCOLN DIVISION

A general meeting of the Lincoln Division was held on February 4 when Dr G C WELLS COLE was in the chair Dr H B Willoughby Smith was elected representative in the Representative Body and Dr G Douglas Summers representative on the joint committee (with the Lindsey County Council) on the domiciliary relief scheme Dr Willoughby Smith was also appointed to represent the Division in the Treasurer's Cup golf competition at the Annual Meeting at Belfast in July The meeting unanimously adopted binding resolutions under its ethical rules regarding whole time medical officers and domiciliary attendance The SECRETARY outlined the Lincoln city scheme for maternity and child welfare and after a discussion it was agreed to give the scheme a trial

METROPOLITAN COUNTIES BRANCH STRATFORD DIVISION

Public Education in Health

Under the auspices of the Stratford Division a conference on public education in health was held at Queen Mary's Hospital for the East End when Dr R A WOODHOUSE was in the chair and there were present the delegates of the Division (Drs Wilson Welply Barker and Boyde) Sir Henry Brackenbury representatives from the West Ham Borough Council the Urban District Councils of Dagenham Hornchurch and Romford the Insurance Committees for East Ham Essex and West Ham the Medical Committee of Queen Mary's Hospital for the East End and the General Committee of St Mary's Hospital for Women and Children

Sir HENRY BRACKENBURY summarized the views of the British Medical Association on the question before the conference and emphasized the need for a wider conception of health—that attention should be directed not merely to the diseased organs of the individual but to his whole physical (and especially) mental make up Education of the general public not so much in the avoidance or recognition of disease as in the maintenance and development of physical fitness was necessary Sir Henry spoke of the importance of the work of local authorities in what he termed the community health service nutrition housing smoke abatement and noise abatement being matters in which local authorities could (and did) have a progressive influence While recognizing that much was already being accomplished in this direction by local authorities Sir Henry suggested that a necessary weakness in their work as at present organized lay in the difficulty of getting the propaganda *to the individual on a mass scale* This difficulty could be largely overcome if the general medical practitioners organized through the British Medical Association could be brought into co operation with local authorities Such co operation he concluded was the policy of the British Medical Association nationally and in the Stratford Division

Dr HARRY C BOYDE secretary of the Division pointed out the marked propensity on the part of very large sections of the community (especially the youth of both sexes) in recent years to search for positive physical health and fitness This was a good thing and should be encouraged Some form of co operation of all the bodies interested—chiefly local authorities insurance committees hospital committees and the local organization of medical practitioners—was necessary to further and develop this movement The British Medical Association had no new methods of propaganda to offer but if the usual methods of lectures films exhibitions posters etc were organized by some body representative of these authorities then much better results would accrue Dr Boyde suggested that if such organized co operative propaganda were to be attempted it might be directed very effectively industry by industry or to special industrial or professional groups of persons With regard to the suggestion of a standing joint committee of all bodies concerned in the area Dr Boyde expressed the view that difficulties (especially of finance) would have to be overcome He felt however that given enthusiasm for the work and friendly consultation such difficulties were not insuperable

Twelve speakers took part in the discussion which followed There was complete agreement with the general propositions and the hope was expressed that after the delegates had reported back it might be possible to draft some concrete scheme on the lines suggested As regards finance it was pointed out that only local authorities and insurance committees might be in a position to offer financial backing and some of the delegates of the local authorities stated that the question of finance presented a difficulty It was felt however that a scheme could probably be made largely self supporting If the voluntary co operation of local practitioners could be secured that in itself would represent a very positive contribution from the British Medical Association in addition Sir Henry Brackenbury assured the conference that the head office of the Association would be prepared to make a grant to assist the Division in other respects On behalf of the insurance committees it was emphasized that their funds for this purpose if any were very limited An insurance committee delegate described some of the attempts that had been made in the past along the lines suggested with varying degrees of success He had always felt that the results of those attempts had suffered through the absence of the wholehearted co operation of the medical practitioners which it would seem was now to be made available

At the close of the debate it was resolved unanimously that a report of the conference be drafted by the chairman Mr C A Clark clerk of the West Ham Insurance Committee and the honorary secretary of the Division and circulated to all the authorities and committees concerned so that the matter might be further discussed

SUSSEX BRANCH BRIGHTON DIVISION

The annual joint meeting of the Brighton Division and the Brighton and Hove Association of Pharmacy was held at Brighton on February 11 The meeting was preceded by an informal dinner which was attended by a representative gathering of members of both bodies Mr W DEACON gave an interesting address on The Romance of Hospitals in which he traced the development of hospitals from the very earliest times to the present day The address was illustrated by coloured lantern slides Mr H J MCCURRICH on behalf of the medical members of the audience moved a hearty vote of thanks to Mr Deacon for his address and this was seconded by Mr A W PHILIPS secretary of the Brighton and Hove Association of Pharmacy

POST-GRADUATE COURSES AND LECTURES

MARCH AND APRIL

The following post graduate courses and lectures to be held in London during March and April have been notified to the British Medical Association Further particulars may be obtained direct from the hospitals concerned or in the case of arrangements made by the Fellowship of Medicine (F M) from the Secretary of the Fellowship 1 Wimpole Street W 1

Subject	Date	Place of Meeting	Nature of Instruction
Endocrine Diseases and Disturbances	March 2 9 12 23	*British Post Graduate* Medical School Ducane Road W 12	Last four lectures of course of five
Fractures	March 5 12 19		Last three lectures of course of six
Gynaecology Present day (continued)	March 4 11 18 25 April 1 8 15 22, 29		Course of thirteen lectures
Neurology (continued)	March 1-19	National Hospital Queen Sq W C 1	Course of lectures and demonstrations
Proctology	March 1 6	St Mark's Hospital for Diseases of the Rectum City Road E C 1	F M course
Tissue Culture	March 3 10 17	British Post Graduate Medical School Ducane Road W 12	Course of three lectures

evidence as is available indicates that they are relatively ineffective when given by mouth, and intramuscular injection is almost invariably employed The stability to heat, light, and oxygen, so far as is at present known, indicates that there is little danger of deterioration under ordinary conditions of storage Both testosterone and androsterone are secondary alcohols and therefore readily form esters, which have modified biological activity The ketonic group is also able to combine with suitable reagents, but the compounds have so far been used only for chemical separation or characterization and their physiological properties have not been systematically investigated

Relative Activity of Principal Androgens

The chief compounds with which the clinician is likely to be concerned are testosterone, androsterone, the main active constituent of urine extracts, and androstanediol, which is a reduction product of androsterone not known to occur naturally Tested on capons the same amount of comb growth is produced by 0 18 mg testosterone, 0 30 mg androstanediol, or 1 mg androsterone The relative activity on castrated rats cannot be stated simply, for in the first place it involves the different activities on the various accessory glands, and, secondly, conditions of administration and absorption exert a controlling influence on comparative activity Roughly, androstanediol is about twice as active on the prostate as androsterone and about four times as active on the seminal vesicles Given under conditions permitting of rapid absorption testosterone is only slightly more active than androstanediol, but where rapid absorption is prevented testosterone is much more effective

Modifying the Effectiveness of Androgens—"X-Substances"

In the course of their work on testis extracts the Amsterdam group discovered that acidic fractions of extracts from testis, or even from other organs, inactive by themselves, increased the efficiency of certain male hormones when injected at the same time Any idea of a strictly specific co hormone and of synergy at the site of action of the hormone was dispelled when Miescher, Wettstein, and Tschopp (1936a) showed that the same adjuvant effect was exerted by a number of pure fatty acids, but only when the hormone was mixed with the fatty acid at the site of injection The Amsterdam group maintains that the material from testis is of peculiarly high activity, but the balance of evidence is in favour of the view that there is a non-specific effect at the site of injection which may be simulated and replaced for clinical purposes by the choice of a suitable ester and a suitable solvent The effect of esterification of the male hormones is very marked as it is with the female hormones and it seems likely that this is a result of influences on the availability which depends in turn on absorption and ease of hydrolysis in the body Androsterone is excreted in normal urine in a combined form, probably an ester with glycuronic acid, which is readily soluble in water and is inactive, perhaps because of rapid elimination Water-soluble derivatives, the alkali salts of the hydrogen succinates of androsterone and androstanediol have also been prepared in the laboratory, and according to Korenchevsky *et al* (1935), their activities are only one ninth and one-third respectively of those of the free hormones The important esters from the therapeutic point of view are those with simple fatty acids Ruzicka and Wettstein (1936) have prepared the complete series of testosterone esters from formate to valerate and certain others and Miescher, Wettstein, and Tschopp (1936b) have tested these biologically, reaching the conclusion that optimal activity is possessed by the propionate This ester, unlike free testosterone, retains effectiveness even with 10-day intervals between injections (Parkes, 1936)

Anomalous Activities of Male Hormone Compounds

The fact that extracts of testis and male urine might show oestrogenic properties has been known for a number of years but this was usually held to indicate the presence of oestrogenic substances, probably of the oestrone group in addition to male hormone It is now known however, that certain members of the androstane series are oestrogenic Androsterone was originally reported not to show oestrogenic properties, but it now appears that heavy doses may do so (Wolff and Ginglinger 1936) Butenandt and Kudszüs (1935), however, showed that dehydroandrosterone, androstenedione and testosterone caused opening of the vagina in the immature rat and Butenandt (1936) later drew attention to the oestrogenic activity of *trans* androstenediol, which will cause cornification of vaginal epithelium (Deanesly and Parkes, 1936b) These compounds will feminize the plumage of capon fowl Androstanediol and testosterone cause enlargement of the uterus of the ovariectomized rat (Korenchevsky and Dennison 1936) The dual activity of these compounds is important in view of the increasing evidence that prostatic enlargement in man is due to oestrogenic stimulation

The 17-methyl and 17-ethyl derivatives of testosterone and certain of the other compounds possess the progesterone-like power to evoke progestational proliferation in the rabbit uterus (Klein and Parkes, 1936) Further, testosterone and androstanediol have the progesterone like power to modify the action of oestrone on the rat vagina, resulting in extensive mucification, and, further, they have the progesterone-unlike power to cause mucification directly when given alone to the ovariectomized rat (Korenchevsky and Dennison, 1936) Testosterone also has some effect on the mammary glands (Selye, McEuen and Collip, 1936) The biological significance, if any, of these anomalous activities is not yet obvious Androstanediol (Zuckerman and Parkes, 1936) and also testosterone (Zuckerman, 1936) have the power to protect the male organism from the effects of oestrone

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In addition to the above courses the following for the higher qualifications have been arranged

Subject	Date	Place of Meeting	Degree or Diploma
Anatomy and Physiology (cont.)	Mar 1-24	Infants Hospital Vincent Sq S W 1	F R C S (Primary
F M Course in Neurology	Mar 8-19	West End Hospital for Nervous Diseases	M R C P
F M Demonstrations of Clinical Cases and Pathological Specimens	Mar 2-4	National Temperance Hospital Hampstead Road N W 1	M R C P
L C C Course XX Part II Psychological Medicine (cont.)	Mar 1-29	Maudsley Hospital Denmark Hill, S E 5	D P M
F M Course Diseases of the Heart and Lungs	Mar 1-19	Royal Chest Hospital City Road E C 1	M D or M R C I

POST-GRADUATE NEWS

The Fellowship of Medicine announces that surgical tutorial classes will be given at the National Temperance Hospital at 8.30 p.m. as follows: March 2, hernia; March 4, intestinal obstruction; March 9, testicle and prostate. The following courses have been arranged: proctology at St. Mark's Hospital March 1 to 6; orthopaedics at Royal National Orthopaedic Hospital March 8 to 20; infants diseases at Infants Hospital March 8 to 13; urology at All Saints Hospital March 20 and 21; chest and heart at Royal Chest Hospital March 1 to 20; neurology at West End Hospital for Nervous Diseases March 8 to 20. A mock trial of a motorist accused of being under the influence of drink will take place on March 11 at 8.30 p.m. Admission by ticket only. Application for particulars of all courses and of the trial should be made to the Fellowship of Medicine, 1, Wimpole Street, W.

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily* 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics and Operations. *Tues.* 4.30 p.m., Dr. Gardiner-Hill: Endocrine Diseases and Disturbances. *Wed.* 12 noon, Clinical and Pathological Conference (Medical). 2 p.m., Dr. King: Calcium Phosphorus Metabolism. 3.15 p.m., Clinical and Pathological Conference (Surgical). 4.30 p.m., Dr. Honor Fell, Tissue Culture. *Thurs.* 12 noon, Clinical and Pathological Conference (Obstetrics and Gynaecology). 2.30 p.m., Dr. Duncan White: Radiological Demonstration. 3.30 p.m., Mr. A. K. Henry: Demonstrations on the Cadaver of Surgical Exposures. 3.30 p.m., Prof. Gilbert Strachan: Malignant Neoplasms of Uterus. *Fri.* 2 p.m., Operative Obstetrics. 2.30 p.m., Prof. E. W. Hey Groves: Fractures. 3 p.m., Department of Gynaecology, Pathological Demonstration.

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION, 1 Wimpole Street, W.—*National Temperance Hospital*, Hampstead Road, N.W. Surgical Tutorial Classes—Tues. 8.30 p.m., Mr. A. E. Porritt: Hernia. Thurs. 8.30 p.m., Mr. T. Meyrick Thomas: Intestinal Obstruction. Tues. and Thurs. 8 p.m., Clinical and Pathological Medical Course. *Royal Waterloo Hospital*, Waterloo Road, S.E. All-day Course in Medicine, Surgery and Gynaecology. *Brompton Hospital*, S.W. Twice weekly, 5 p.m., M.R.C.P. Course. *Royal Chest Hospital*, City Road, E.C. Mon., Wed. and Fri., 8 p.m., M.R.C.P. Course in Chest and Heart. *St. Mark's Hospital*, City Road, E.C. All-day Course in Proctology.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—*Fri.* 4 p.m., Mr. Archer Ryland, Adventures in the Gullet.

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL.—*Wed.* 4 p.m., Dr. H. V. Morlock: Haemoptysis.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—*Thurs.* 2 p.m., Clinical Lecture, Sir Lancelot Barrington-Ward: Indications for Operation in Diseases of the Abdomen. 3 p.m., Clinico-Pathological Lecture, Dr. Reginald Lightwood, Indications for and Interpretations of Bismuth Meals and Barium Enemata. Out-patient Clinics mornings 10 a.m. to 12 noon. Ward Visits afternoons, 2 p.m. to 3.30 p.m.

INSTITUTE OF MEDICAL PSYCHOLOGY, Malet Place, W.C.—*Mon.* 5.45 p.m., Dr. H. V. Dicks: Hysteria. *Wed.* 6 p.m., Dr. A. Hutchison: Early Difficulties and Principles in Training. 7 p.m., Dr. A. Maberly: Case Histories. *Thurs.* 5.45 p.m., Dr. T. Mitchell: Character Formation.

NATIONAL HOSPITAL, Queen Square, W.C.—*Mon.* to *Fri.* 2 p.m., Out-patient Clinics. *Mon.* 3.30 p.m., Dr. S. A. Kinnier Wilson: Congenital and Heredo-familial Diseases. *Tues.* 3.30 p.m., Mr. Jackson Burrows, Orthopaedic Treatment of Paralysis. *Wed.* 3.30 p.m., Dr. Kinnier Wilson, Clinical Demonstration. *Thurs.* 3.30 p.m., Dr. M. Critchley: Vascular Diseases of the Brain. *Fri.* 3.30 p.m., Dr. J. Purdon Martin: Poliomyelitis.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.—*Tues.* 5.30 p.m., Dr. F. W. Price: Heart Disease and Child-bearing.

ST. JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE, Ranelagh Road, S.W.—*Fri.* 4.30 p.m., Dr. C. A. Robinson, Electrotherapy in Rheumatic Diseases.

SOUTH WEST LONDON POST GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, S.W.—*Wed.* 4 p.m., Mr. C. D. Read: Vaginal Discharge.

WEST LONDON HOSPITAL POST GRADUATE COLLEGE, Hammersmith, W.—*Daily* 2 p.m., Operations, Medical and Surgical Clinics. *Mon.*, 10 a.m., Skin Clinic, 11 a.m., Surgical Wards, 2 p.m., Surgical and Gynaecological Wards, Eye and Gynaecological Clinics. *Tues.*, 10 a.m., Medical Wards, 11 a.m., Surgical Wards, 2 p.m., Throat Clinic, 4.15 p.m., Mr. Rocher: Haematuria and Bladder Growths. *Wed.* 10 a.m., Children's Ward and Clinic, 11 a.m., Medical Wards, 2 p.m., Eye Clinic, Gynaecological Operations, 4.15 p.m., Mr. Harvey Jackson, Applications of Radiology in Neuro-surgery. *Thurs.* 10 a.m., Neurological and Gynaecological Clinics, 12 noon, Fracture Clinic, 2 p.m., Eye and Genito-Urinary Clinics. *Fri.* 10 a.m., Medical Wards, Skin Clinic, 12 noon, Lecture on Treatment, 2 p.m., Throat Clinic, 4.15 p.m., Dr. Eric Hudson: Pleurisy with Effusion. *Sat.* Children's and Surgical Clinics, 11 a.m., Medical Wards. The lectures at 4.15 p.m. are open to all medical practitioners without fee.

GLASGOW POST GRADUATE MEDICAL ASSOCIATION.—At Royal Infirmary. *Wed.* 4.15 p.m., Mr. James Harper, Sinus Infection.

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS.—At Leeds General Infirmary. *Tues.* 3.30 p.m., Dr. J. R. H. Towers: Short Paper on the Heart in Middle Age and a Demonstration of Cardiac Cases.

MANCHESTER ANCOATS HOSPITAL.—*Thurs.* 4.15 p.m., Mr. E. S. Brentnall, Common Injuries of the Knee-joint.

MANCHESTER ROYAL INFIRMARY.—*Tues.* 4.15 p.m., Dr. F. F. Tylecote: The Preventive Aspect in Treatment and its Importance in Practice. *Fri.* 4.15 p.m., Mr. John Morley, Demonstration of Surgical Cases.

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—*Tues.* and *Thurs.* 5 p.m., Goulstonian Lectures by Dr. D. E. Denny-Brown: The Nervous Control of Micturition and its Disorders.

ROYAL SOCIETY OF MEDICINE

Section of Pathology.—Tues., 8.30 p.m., Laboratory Meeting at Guy's Hospital. Demonstrations, 9.15 p.m., Short Papers.

Section of Orthopaedics.—Tues., 8.30 p.m., Discussion: Prevention and Treatment of Ununited Fractures. Openers: Mr. A. M. A. Moore and Mr. Reginald Broomhead. Followed by Mr. H. A. T. Turbank, Mr. G. R. Girdlestone and Mr. K. H. Pridie.

Section of History of Medicine.—Wed., 5 p.m., Dr. E. Ashworth Underwood: Medicine and Science in the Writings of Smollett.

Sections of Surgery and Radiology.—Wed., 8.30 p.m., Special Discussion: Value of Pre- and Post-operative Irradiation in Malignant Disease. Openers: Mr. W. Sampson Handley, Dr. W. M. Levitt, Mr. G. F. Stebbing and Dr. J. R. K. Paterson.

Section of Otology.—Fri., 10.30 a.m. (Cases at 9.30 a.m.). Paper by Dr. W. J. McNally (Montreal): Labyrinthine Reactions and their Relation to the Clinical Tests. Cases will be shown.

Section of Laryngology.—Fri., 5 p.m. (Cases at 4 p.m.). Short Paper by Dr. McNally: Carcinoma of the Pharynx and Cervical Glands Treated by Deep X-Ray Therapy. Cases will be shown.

Section of Anaesthetics.—Fri., 8.30 p.m., Discussion: Impressions of Anaesthesia in U.S.A. and Canada. Openers: Dr. R. R. Macintosh, Dr. H. W. Featherstone, Dr. Hunter, and Dr. W. S. Sykes.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—*Mon.* 9 p.m., Lettsomian Lecture by Sir Thomas Dunhill: Surgery of the Thyroid Gland. *Thurs.* 7.45 p.m., Annual Dinner at Claridge's Hotel.

ROYAL INSTITUTION, 21 Albemarle Street, W.—*Tues.* 5.15 p.m., Dr. Edward Mellanby, F.R.S.: Digestion and Indigestion.

SOCIETY OF CHEMICAL INDUSTRY, LONDON SECTION.—At Chemical Society's Rooms, Burlington House, Piccadilly, W., *Mon.* 8 p.m., Prof. F. Paneth: Natural and Artificial Radio-elements and their Practical Applications in Chemical and Biological Research.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At West London Hospital, Hammersmith, W. *Fri.* 8.30 p.m., Discussion: Diseases of the Colon. Speakers, Dr. A. F. Hurst, Prof. G. Grey Turner and Dr. H. W. Post.

SUPPLEMENT TO THE
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THE BELFAST MEETING, 1937

ACCOMMODATION AND CRUISE ON s s "ALMANZORA"

Reference was made in these columns on January 30 (p 53) to the anxiety of the local committee to meet all the requirements of visitors to Belfast for the Annual Meeting of the British Medical Association next July and also to the advisability of an early application to Messrs Thomas Cook and Son, 27, Royal Avenue, Belfast in whose hands the booking of hotel accommodation has been exclusively placed

To supplement the limited accommodation in an attractive manner, however arrangements have been made with the approval of the Council of the Association, for provision of accommodation on board the s s *Almanzora* During the period of the meeting the liner will be anchored in Belfast Lough in order that members may take a full part in all the social and scientific activities At the close of the meeting the liner will leave Belfast and proceeding via the Inner and Outer Hebrides and Scapa Flow will cruise in the Norwegian Fjords, visiting Trondhjem Merok Hellesylt, Oie and other places of interest The liner will return to Southampton on August 3 This cruise has been planned by Pickfords Travel Service in conjunction with the Royal Mail Lines and members of the Association who propose to attend the Belfast meeting and are interested in these arrangements are asked to make an early application to Messrs Pickfords at 205 and 206 High Holborn W C 1 or at any of their branches

Travelling Arrangements and "Conference" Tickets

As on this occasion the journey to the place of meeting necessitates travel outside the limit of the English railways, arrangements have been made for the issue to members and those accompanying them to Belfast of a special Conference Ticket at the rate of the ordinary first or third class single fare plus one third for the return journey This 'conference rate is more favourable than the special summer or monthly ticket available to all travellers by rail and can only be obtained on presenting a voucher at the booking office of the station of departure The vouchers can be obtained from the Financial Secretary, B M A House, Tavistock Square, London, W C 1, a separate voucher being required for each individual travelling

Members must make their own individual arrangements for sleeping accommodation on steamers crossing to Ireland and Messrs Pickfords help can be sought in this matter Those who propose to travel by the Stranraer–Larne route are warned that on account of the Glasgow Fair holiday traffic little or no accommodation will be available on the steamers operating on this route The railway company however, has offered to provide a special steamer for the benefit of members of the Association provided an early indication can be obtained of the probable numbers travelling To assist the railway and shipping companies concerned therefore, early communication with Messrs Pickfords is urged

Conveyance of Motor Cars

The following details regarding the conveyance of privately owned motor cars accompanying passengers to Belfast have been furnished by the Railway Clearing House

Motor cars accompanying passengers holding not less than one first class or two third class adult tickets per car are conveyed by passenger train between the points for which the tickets are available at the following specially reduced rates at owner s risk

Single rail journeys Minimum 50 miles 3d per mile per car

Return rail journeys Minimum 50 miles (outward journey) 4½d per mile per car on the single journey mileage provided return passenger tickets are taken out and the motor car is booked for the double journey at the starting point

The foregoing arrangement applies in Great Britain only

Privately owned motor cars are also accepted for conveyance between British and Irish ports and charged rate and a half for the double journey at owner's risk provided not less than two adult passengers accompany each car in both directions and that the motor cars travel by the same route on both the outward and return journeys The motor cars are only booked through to the destination shown on the passengers tickets and no break in the journey is allowed Passengers must produce their tickets for the journey before the motor car will be accepted for carriage under these arrangements Arrangements must be made beforehand in all cases

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Captains K H Hole O B E to the *Drake* for Royal Naval Hospital Plymouth G G Vickery O B E to the *Victory*

The services of Surgeon Commander R G Anthony have been lent to the New Zealand Division for three years

Surgeon Commanders A J Tozer to the *Wildfire* A W Cocking to the *Pembroke* for Royal Naval Barracks H Hurst to the *Lucia* D M Beaton to Royal Naval Hospital Plymouth

Surgeon Lieutenant Commanders C T Hyatt to the *Drake* for Devonport Dockyard F Dolan and F W Besley to the *Drake* for Royal Naval Barracks T L Cleave and T G B Crawford to the *Pembroke* for Royal Naval Barracks J J Keevil and D A Newbery to the *Victory* for Royal Naval Barracks

Surgeon Lieutenants C V Harries to Royal Naval Hospital Malta H de B Kempthorne to Royal Naval Hospital Cape of Good Hope

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant G H Sellers to be Surgeon Lieutenant Commander

Surgeon Lieutenants A F Griffiths to the *Pembroke* for Royal Naval Barracks F T Land to the *Iron Duke* P M Inman to the *Victory* for Royal Naval Barracks

ROYAL AUSTRALIAN NAVY

Surgeon Lieutenant Commander C A Downward to the *President* for course

ROYAL ARMY MEDICAL CORPS

Captain J H Anderson to be Major

Lieutenant (on probation) E W O Skinner has been seconded under the provisions of Article 213 Royal Warrant for Pay and Promotion 1931

R D Menzies from Supplementary Reserve of Officers R.A.M.C to be Lieutenant (on probation)

ROYAL AIR FORCE RESERVE MEDICAL BRANCH

Flight Lieutenants M Clancy and L O'Connor have relinquished their commissions on completion of service

TERRITORIAL ARMY

Col A P Watson O B E T D has vacated the appointment of A D M S 52nd (Lowland) Division on completion of tenure

Col F T Rees M C has vacated the appointment of A D M S 53rd (Welsh) Division on completion of tenure

Lieut Col and Brevet Col G J Linklater O B E from general list R A M C to be Colonel and has been appointed A D M S 52nd (Lowland) Division

Lieut Col W H Kerr from general list R A M C to be Colonel and has been appointed A D M S 53rd (Welsh) Division

ROYAL ARMY MEDICAL CORPS

Majors J P J Jenkins and C D Bruce to be Lieutenant Colonels and to command the 158th (Welsh) and the 155th (Lowland) Field Ambulances respectively

Lieutenants T H Dockrell K M Morris and M K Brimbrooke to be Captains

Major A H D Smith M C T D to be Lieutenant Colonel

Lieutenant A D Davidson from 51st (Highland) Divisional Signals to be Captain with seniority May 1 1934

To be Lieutenants N J Nicholson (seniority March 1 1936) G D Matthew

Supernumerary for Service with the O T C—Lieut Col C H Carlton M C to be Brevet Colonel

TERRITORIAL ARMY RESERVE OF OFFICERS ROYAL ARMY MEDICAL CORPS

Major W Baxter from active list to be Major

Captain A W Henderson from active list to be Captain

INDIAN MEDICAL SERVICE

The services of Lieut Col D H Rai M C have been replaced at the disposal of the Government of the Punjab as from January 15

The dates of promotion of Lieut Col H S Anand to the ranks of Major and Lieutenant Colonel have been antedated to May 26 1926 and May 26 1934 respectively He qualified for accelerated promotion on September 9 1936

Major G V Ram Mohan to be Lieutenant Colonel

The services of Major R K Misra have been placed temporarily at the disposal of the Government of the United Provinces as from December 30 1936

The services of Captain M S Purvis have been placed temporarily at the disposal of the Government of Burma as from November 21 1936

The services of Captain W Scott have been placed permanently at the disposal of the Government of the Central Provinces as from February 11 1934

VACANCIES

ACTON HOSPITAL W—Consulting S

ALBERT DOCK HOSPITAL Connaught Road E—R M O (male) Salary £110 p a

ARMY DENTAL SERVICE War Office S W—Eight Dental S

ASHTON UNDER LYNE DISTRICT INFIRMARY—H S Salary £150 p a

AYR ROYAL BURGH—R M O (male unmarried) at Heathfield Infectious Diseases Hospital Salary £350 £25 £450 p a

BARKING BOROUGH—A M O (male) Salary £600 £25 £700 p a

BATH ROYAL UNITED HOSPITAL—H S (male unmarried) for Ear Nose and Throat Department Salary £150 p a

BIRKENHEAD GENERAL HOSPITAL—C O (male) Salary £100 p a

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL—(1) Assistant Hon P (2) H S (female) Salary £175 p a

BIRMINGHAM CITY—(1) R A M O (male unmarried) for Romsley Hill Sanatorium Salary £240 £275 p a (2) J M O (male) for Selly Oak Hospital Salary £200 p a

BLACKBURN COUNTY BOROUGH—R.J.A M O (male) for Queen's Park Hospital and Institution Salary £150 £200 p a

BLACKBURN ROYAL INFIRMARY—C O (male) Salary £175 p a

BRADFORD CHILDREN'S HOSPITAL—H S (female) Salary £100

BRIGHTON ROYAL SUSSEX COUNTY HOSPITAL—Casualt H S (male unmarried) Salary £120 p a

BRISTOL ROYAL INFIRMARY—Clinical Anaesthetist to the Dental Department Honorarium £150 p a

BRITISH HOSPITAL FOR FUNCTIONAL MENTAL AND NERVOUS DISORDERS Camden Road N W—Hon P

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W—C O Salary £150 p a

BURTON ON TRENT GENERAL INFIRMARY—H P and C O (male) Salary £150 p a

BURY INFIRMARY—First and Second H S s (males) Salaries £175 p a each

BUXTON DEVONSHIRE ROYAL HOSPITAL—H P (male) Salary £150 £175 p a

CAMBRIDGE BOROUGH—Whole time A M O for Maternity and Child Welfare Salary £600 £50 £800 p a

CANTERBURY KENT AND CANTERBURY HOSPITAL—H S (male unmarried) Salary £125 p a

CARDIFF ROYAL INFIRMARY—(1) H S to the Ear Nose and Throat Department Salary £100 p a (2) Three H P (3) Four H S (4) Two Gynaecological H S (5) Casualty Surgical Officer Salaries £50 p a each

CARLISLE CUMBERLAND INFIRMARY—(1) H S Salary £175 p a (2) Second H S (3) H P (4) H S to Special Departments Salaries £155 p a each Males

CITY OF LONDON MATERNITY HOSPITAL City Road E C—A R M O (male) Salary £80 p a

CONNAUGHT HOSPITAL Walthamstow E—Two Hon Anaesthetists

DOUGLAS NOBLE'S ISLE OF MAN HOSPITAL AND DISPENSARY—R H S (male unmarried) Salary £175 p a

DREADNOUGHT HOSPITAL Greenwich S E—(1) H S (2) H P Males unmarried Salaries £110 p a each

DUDLEY COUNTY BOROUGH—Assistant M O H and Assistant School M O Salary £500 £25 £700 p a

DUNBARTON COUNTY COUNCIL—A M O and Assistant Tuberculosis Officer Salary £500 £25 £700 p a

EDINBURGH ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL—District M O and J H S (female) Honorarium £30 p a

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN—(1) Senior H S (2) H P Females Honorariums £50 p a each

ELIZABETH GARRETT ANDERSON HOSPITAL Euston Road N W—(1) Hon Psychiatrist (female) to the Out patient Department (2) Third H S (female) Salary £50 p a

FRODSHAM LIVERPOOL SANATORIUM—Senior Assistant (male unmarried) to the Medical Superintendent Salary £325 p a

GLOUCESTER GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION—H S (male) to Ear Nose and Throat Department Salary £150 p a

GRANTHAM HOSPITAL—R M O (male) Salary £200 p a

GUILDFORD ROYAL SURREY COUNTY HOSPITAL—H S (male) Salary £150 p a

GUY'S HOSPITAL S E—A M O to the Salomons Infant Welfare Centre for one session weekly

HALIFAX ROYAL HALIFAX INFIRMARY—(1) Assistant Hon P (2) Two Hon Anaesthetists (3) Second H S (male unmarried) Salary £175 p a

HASLEMERE AND DISTRICT HOSPITAL—R M O Salary £150 p a

HEBBURN URBAN DISTRICT COUNCIL—Whole time M O H and School M O Salary £800

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C—(1) R H P (2) R H S (male) Unmarried Salaries £100 p a each

HULL CORPORATION HEALTH DEPARTMENT—A M O (male) for Anlaby Road Institution Salary £350 p a

HULL ROYAL INFIRMARY—(1) H S to the Ophthalmic and Ear Nose and Throat Departments (2) Second C O Salaries £150 p a each Males

ILFORD KING GEORGE HOSPITAL—H P (male) Salary £100

IPSWICH COUNTY BOROUGH—Medical Officer of Health Salary £1 000 p a

KINGSTON UPON THAMES SURREY COUNTY COUNCIL—J A M O (male unmarried) for the Surrey County Mental Hospital Service Salary £350 £25 £450 p a

LEEDS UNIVERSITY—Medical Tutor and Registrar Salary £500 p a

LEIGH INFIRMARY—(1) Senior R H S (male unmarried) (2) J H S Salaries £250 p a and £150 p a respectively

NOTES OF THE WEEK

Practitioners of Physical Medicine

The committee of the Group of Practitioners of Physical Medicine of the B M A began at its meeting on February 19 the work delegated to it by the Group Conference of devising some means of improving the status of physical medicine It has decided as a first step to prepare a statement setting out the scope, the methods, and the value of physical medicine and emphasizing the importance to all practitioners of some knowledge of physical methods The committee hopes also to be able to dispel the idea that physical medicine denotes only electrotherapy and to show that an important part of the work of the practitioner of physical medicine consists in the application of the principles of rest and exercise and in the study and practice of the medical aspects of physical education Another problem which the committee considered was the control of the advertisement and sale of electro medical apparatus with a view to reducing the number of extravagant and sometimes even fraudulent claims made by the manufacturers and retailers of such apparatus It had before it some information on the Science Committee's work in connexion with the examination of proprietary preparations, and it proposes to investigate the practicability of some similar scheme for the testing of electro medical apparatus

Consulting Pathologists Group Committee

The Consulting Pathologists Group Committee of the B M A met on February 20 and gave its final approval to the revised schedule of charges for pathological work for insured persons and passed a resolution, for submission to the Public Health Committee concerning charges for the testing of designated milk in accordance with the requirements of the Ministry of Health It devoted considerable time to the question of the effect on private pathologists of the competition of commercial laboratories which are able to advertise the services they offer The discussion of this subject will be resumed at the next meeting Investigations are being made into the methods of payment of pathologists in respect of work performed for private patients in voluntary hospitals, and the committee will consider at its next meeting a report on the replies to a questionary issued to pathologists at voluntary hospitals concerning their remuneration, representation on medical committees, and superannuation

Radiologists Group Committee

The Radiologists Group Committee held its first meeting on February 18 The majority of the questions considered affected the position of radiologists in hospitals One of these for example concerned the use for purposes of litigation of reports of x-ray examination performed in hospitals another was a complaint that in hospitals where pay beds had been established the charge for radiological work was included in the charge for maintenance, while a third was from a radiologist member of the honorary staff of a hospital where private cases were being attended by the whole time staff instead of by the honorary staff The committee accordingly decided to prepare a memorandum concerning the general standing of radiologists in hospitals and their relation to the treatment of private patients who are admitted

Midwifery Schemes

The East Sussex County Council has prepared its midwifery scheme It has been arranged that the Nursing Federation and the district nursing associations affiliated to it shall supply the county council with the names and addresses of the certified midwives employed by them, keep records of the cases, and furnish financial and other returns In return the county council will pay each association a grant of 52 per cent of the approved expenditure in respect of the salaries and allowances of the district nurse midwives and the whole of the expense of whole time midwives after deducting the amount received by the association in fees It is proposed that ninety certified midwives shall be employed for the county, and a scale of fees varying with the patient's income has been arranged

Some details have been received of the Portsmouth midwifery insurance scheme, which came into force on April 1 last The object of the scheme is to enable women within certain income limits to insure against the fees of a doctor whose assistance may be required by the midwife during pregnancy, the confinement, or the lying in period The insurance fee is 7s 6d for a first pregnancy and 5s for each subsequent pregnancy It is payable to the medical officer of health by the patient when she engages a midwife but it does not cover the cost of the doctor's services until twenty-eight days have elapsed from the date of the receipt of the fee The income limit is £160 per annum for a man and wife, £170 for a man and wife and one child, and £175 for a man and wife and two children

THE MEDICAL SECRETARY'S VISIT TO INDIA

The following additional notes have been received from Dr Anderson by air mail from Calcutta The earlier notes appeared in the Supplement of February 6 (p 68)

We left Hyderabad on January 10, arriving at Madras twenty-two hours later, to be met at the station by Sir Frank Connor (president of the South Indian and Madras Branch) and Dr A S Mannady Nayar (honorary secretary) After a short talk concerning the arrangements made in connexion with my visit we went early to bed On Tuesday morning I attended a meeting of the Branch Council and discussed with the members the affairs of the Branch A luncheon given by the president followed and at 4 30 p m I addressed a meeting of the Branch to which representatives of the other medical organizations in Madras had been invited On Wednesday I visited the Eye Hospital under the charge of Lieut Colonel R I Wright This splendidly equipped institution, where the late Colonel Elliot worked for so many years, is, I believe the largest in-patient eye hospital in the world, and is an excellent post-graduate training centre At the time of my visit a number of practitioners from different parts of India were undergoing an intensive course of study Afterwards I visited the Women and Children's Hospital at Egmore, under the charge of Lieut Colonel C M Plumptre I was fortunate also to meet Dr A I Mudaliar, professor of obstetrics and Fellow of the College of Obstetrics and Gynecology and most of the medical staff of this institution, and to have an opportunity of talking with them In the afternoon I had a number of interviews with prominent medical men in Madras, chief of whom were Dr T Sathkopan honorary physician at the General Hospital Madras member of the Madras Medical Council, Dr C R Krishnaswami honorary neurologist at the Government Royapuram Hospital

LINCOLN COUNTY HOSPITAL —(1) Senior H S and (2) J H S Males unmarried Salaries £250 p a and £150 p a respectively
LIVERPOOL DAVID LEWIS NORTHERN HOSPITAL —C O (male) Salary £120 p a
LIVERPOOL HEART HOSPITAL —(1) Hon Assistant P (2) First Assistant
LIVERPOOL WOMEN'S HOSPITAL —H S Salary £100 p a
LONDON COUNTY COUNCIL —(1) A M O s (Grade II) at (a) Fulham Hospital, W (b) Hackney Hospital, E, (c) Highgate Hospital N, (d) New End Hospital Hampstead, N W, (e) St Charles Hospital, Ladbroke Grove, W, (f) St Clement's Hospital Bow Road, E, (g) St Olave's Hospital, Rotherhithe S E (c), (d) and (f) males only Salaries £250 p a each (2) Temporary District M O for Area V, District B (City of Westminster) Provisional salary £150 (3) Part time Consulting Ophthalmologists to (a) Dulwich Hospital, S E, (b) St Giles Hospital S E, (c) Norwood Hospital for Children, S E, (d) Queen Mary's Hospital for Children Carshalton (e) Downs Hospital for Children Sutton Salaries £125 p a each for one routine session
LONDON HOSPITAL E —(1) Paterson Research Scholar and Chief Assistant in the Cardiac Department (2) First Assistant to the Department of Thoracic Surgery Salaries £400 p a and £150 p a respectively
LOWESTOFT AND NORTH SUFFOLK HOSPITAL —J H S (male) Salary £120 p a
MANCHESTER ANCOATS HOSPITAL —Medical Registrar Honorarium £50 p a
MANCHESTER EAR HOSPITAL —R H S Salary £120 p a
MANCHESTER ROYAL EYE HOSPITAL —J H S Salary £120 p a
MANCHESTER ST MARY'S HOSPITALS —(1) Two H S for Whitworth Street West Hospital (2) Two H S for Whitworth Park Hospital Salaries £50 p a each
MANSFIELD AND DISTRICT GENERAL HOSPITAL —R S O Salary £250 p a
MITCHAM WILSON HOSPITAL —R M O Salary £150 p a
NEWCASTLE UPON TYNE EYE HOSPITAL —Senior H S Salary £300 p a
NORTHAMPTON GENERAL HOSPITAL —(1) H P (2) Three H S (3) H S to the Ear Nose, and Throat Department (4) C O Males Salaries £150 p a each
NORTHWOOD URBAN DISTRICT OF RUISLIP NORTHWOOD —Medical Officer of Health Salary £250 p a
NORWICH CITY —R M O to the Isolation Hospital and Assistant M O H and Assistant School M O Salary £450 £550 p a
NOTTINGHAM GENERAL HOSPITAL —(1) H P (2) H S Males Salaries £150 p a each
OXFORD RADCLIFFE INFIRMARY —(1) H P (2) Obstetric H P (3) H S to Ear, Nose, and Throat Department (4) Two H S Males Salaries £120 p a each
PERTH AND KINROSS JOINT COUNTY COUNCIL —A M O (female) Salary £500 £25 £700 p a
PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY —H S (male, unmarried) to the Eye, Ear Nose and Throat Department Salary £150 p a
PRESTON LANCASHIRE COUNTY COUNCIL —(1) Resident Medical Superintendent for Park Hospital Davyhulme Salary £850 £25 £950 p a (2) J H S (unmarried) at Biddulph Grange Orthopaedic Hospital Salary £200 p a
PRINCE OF WALES'S GENERAL HOSPITAL N —(1) J H P (2) Two J H S Males unmarried Salaries £90 p a each
PRINCESS BEATRICE HOSPITAL Earl's Court, S W —(1) R S O (male) Salary £200 p a (2) H P and C O Salary £110 p a
PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shirdwell E —H P Salary £125 p a
PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue, W —Part time Registrar Honorarium £100 p a
QUEEN'S HOSPITAL FOR CHILDREN Hackney Road E —(1) H P (2) C O Salaries £100 p a each
ROYAL CANCER HOSPITAL (FREE), Fulham Road S W —(1) H S (2) H S for Radium Department Salaries £100 p a each
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street W —Two H S (males unmarried) Salaries £150 p a each
ROYAL NORTHERN HOSPITAL Holloway N —(1) Surgical Registrar Honorarium £300 p a (2) Consulting Physicist
ROYAL SOCIETY OF MEDICINE Wimpole Street W —William Gibson Research Scholarship for Medical Women Value £292 p a
ST ALBANS AND MID HERTS HOSPITAL —R H S Salary £150 p a
ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Rimelagh Road, S W —Ear Nose and Throat S
ST JOHN'S HOSPITAL Lewisham S E —Hon Assistant S
ST MARY'S HOSPITAL W —Surgical Registrar Salary £200 p a
ST MARY'S HOSPITAL FOR WOMEN AND CHILDREN Plaistow, E —Hon Assistant Gynaecologist
ST PETER'S HOSPITAL FOR STONE etc, Henrietta Street, W C —H S (male) Salary £75 p a
SALFORD CITY —Assistant Maternity and Child Welfare M O Salary £500 £25 £700 p a
SALFORD ROYAL HOSPITAL —(1) H P (2) Two H S (3) Casualty H S Males Salaries £125 p a each
SEAMEN'S HOSPITAL SOCIETY Greenwich S E —(1) Hon Assistant P in charge of Psychotherapeutic Department (2) Associate S in the Dreadnought Hospital Greenwich
SOUTH LONDON HOSPITAL FOR WOMEN Clapham Common, S W —Senior Clinical Assistant (female)
SOUTHAMPTON CHILDREN'S HOSPITAL AND DISPENSARY FOR WOMEN —R M O (female) Salary £150 p a
SOUTHEND ON SEA GENERAL HOSPITAL —C O (male) Salary £100 p a
STAFFORD COTON HILL MENTAL HOSPITAL —A M O (male, unmarried) Salary £350 p a
STAFFORD STAFFORDSHIRE COUNTY COUNCIL —Second Assistant Bacteriologist and Pathologist Salary £700 £50 £850 p a
STAFFORD STAFFORDSHIRE GENERAL INFIRMARY —(1) H S (2) H P and C O Salaries £200 p a and £150 p a respectively
STOCKPORT COUNTY BOROUGH —R A M O (male) to Stepping Hill Hospital Salary £200 p a
STOCKPORT INFIRMARY —H P (male, unmarried) Salary £150 p a
STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL —R H P Salary £150 p a
SWANSEA CLYN CORD HOSPITAL —Deputy Medical Superintendent (male) Salary £525 £25 £575 p a
SWAZILAND —M O (male) Salary £500 £20 £700 p a
SWINTON BOROUGH OF SWINTON AND PENDLEBURY —M O H and School M O Salary £800 £50 £1 000 p a
TAUNTON AND SOMERSET HOSPITAL —Senior R M O (male) Salary £200 p a
TAUNTON SOMERSET COUNTY COUNCIL —Temporary School M O Salary £12 12s per week
THORNABY ON TEES NORTH RIDING OF YORKSHIRE COUNTY COUNCIL AND THE COUNCIL OF THE BOROUGH OF THORNABY-ON-TEES —Borough M O H and Assistant to the County M O H Salary £800 p a
WALLASEY VICTORIA CENTRAL HOSPITAL —Hon Assistant Gynaecologist
WARRINGTON INFIRMARY AND DISPENSARY —(1) Second Resident (2) Third Resident Unmarried Salaries £175 p a and £150 p a respectively
WEIR HOSPITAL Grove Road, Balham S W —J R M O (male unmarried) Salary £150 p a
WEST LONDON HOSPITAL Hammersmith W —(1) Full time Assistant Pathologist Salary £300 p a (2) H P (3) H S (4) H S with Throat Nose and Ear duties Males Salaries £100 p a each
WHITCHURCH CARDIFF CITY MENTAL HOSPITAL —H P (male) Salary £200 p a
WHITEHAVEN AND WEST CUMBERLAND HOSPITAL —H S Salary £150 p a
WORCESTER ROYAL INFIRMARY —H S —Salary £160 p a

CERTIFYING FACTORY SURGEONS —The appointment at Calne (Wiltshire) is vacant Applications to the Chief Inspector of Factories, Home Office, Whitehall S W 1, by March 9

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 47 48 50 51 52 53 54 55 58 and 59 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 56 and 57

APPOINTMENTS

BARNETT Trevor, M D, F R C S, Honorary Assistant Surgeon, Royal Portsmouth Hospital

HUTCHINSON C A F R C S, Assistant Surgeon, Bath Ear, Nose, and Throat Hospital

ROTER R D, M B B Ch, Anaesthetist to the Hospital of St John and St Elizabeth Grove End Road, N W

SUMMERS D V, M B, Ch B, Certifying Factory Surgeon for the Kettering District (Northamptonshire)

TERRY L H, M D, Admiralty Surgeon and Agent for Goodwick Pembrokeshire

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue

BIRTH

GRIBBEN —At Nursing Home, Baghdad, on January 26 1937 to Violet (née Bartrom), wife of Grant R Gribben, M B, Ch B D T M, of Kut, Iraq, a son

DEATHS

BEAUMONT —On February 21, 1937 at Stannary House Stainland Halifax, Yorks, Noel Charles Beaumont M R C S L R C P aged 63 Interred at Stainland Parish Church Cemetery February 24

McDONALD —On February 17, 1937 Katie wife of Dr D T McDonald, South Bank Belford, Northumberland Interred at Belford Churchyard on Saturday February 20

SHEPHERD —On January 27, 1937 suddenly, at his home 4 St Mary's Road, Doncaster Alfred Edward Sheppard, M R C S Eng, L R C P, L S A Lond, in 69th year

(Stanley Medical School) and Dr V Rama Kamath the editor of *The Medical Practitioner* a local medical journal In this way I was able to gain intimate knowledge of many of the problems peculiar to the Presidency During the next two days—namely Thursday and Friday—I had unfortunately to take to my bed when Lieut Colonel G R McRobert professor of medicine at the Medical College kindly looked after me This indisposition interfered with the programme which had been arranged for me and much to my regret I was unable to visit Madura Mysore and Bangalore On Saturday evening we left Madras—a day earlier than was intended—so that I might have a quiet day in Calcutta before beginning what I realized was to be a very intensive spell of work My temporary indisposition unfortunately prevented me from doing all that I would like to have done in the Madras Presidency where we were treated with the utmost kindness and cordiality

Extended Stay in Calcutta

After leaving Madras we spent the next thirty six hours in the train and arrived rather weary at Calcutta on Monday morning During the day I met Lieut Colonel E W O G Kirwan I M S the president of the Branch and Dr J P Chaudhuri, the honorary secretary and learnt in greater detail the way in which my time was to be occupied during our stay in Calcutta My first visit on Tuesday, January 19 was to the Acting Surgeon General Lieut Colonel T Crawford Boyd I M S, and my next to the Presidency Government Hospital under the charge of Lieut-Colonel H E Murray I M S This is an institution of 230 beds with public and private accommodation and it was here that Lieut Colonel Proctor the present dean of the Post Graduate School at Hammersmith officiated for a number of years In the afternoon I attended a tea party of the Branch members arranged in our honour to which had been invited representatives of the Calcutta Medical Club and the Calcutta Branch of the Indian Medical Association In the evening the Branch kindly entertained us to dinner about seventy persons being present but before dinner Lieut Colonel Kirwan and Mrs Kirwan and my wife and I were garlanded On Wednesday, January 20 I visited the Eye Hospital under the charge of Lieut Colonel Kirwan the representative of the Calcutta Branch at the Oxford meeting and professor of ophthalmology at the Medical College Then I met and had a talk with Dr S K Mukerjee honorary physician attached to the Eye Hospital and Lieut Colonel J C De I M S acting principal of the Medical College In the Government group of hospitals in Calcutta there is a medical staff of 116 of whom twenty-four are officials and ninety two non officials which goes to prove that the system of appointing honoraries to these hospitals is firmly established in this Province Treatment in the hospitals is free to all although those who wish and can afford to pay may have private or semi private accommodation for which a moderate charge is made After seeing the Eye Hospital where as in all eye hospitals in India a tremendous amount of work is carried on I paid a visit to the Obstetric Hospital in charge of Lieut Colonel P Fleming Gow, I M S, the Surgical Hospital in charge of Lieut-Colonel F J Anderson, I M S and the Medical Hospital in charge of Lieut Colonel E H V Hodge I was also shown over the physiology department and the pathology department under the care of Dr P De and Dr M N De respectively, and I was fortunate also in meeting most of the members of the staffs of the various departments I visited

In the afternoon my wife and I were the honoured guests of Dr T N Majumdar, president of the Calcutta Branch of the Indian Medical Association, at a garden party which was attended by over 300 medical practitioners There we were both garlanded in the Indian fashion On the morning of January 21 I was shown over the Tropical School of Medicine (which owes its existence to Sir Leonard Rogers) by the director Brevet Colonel R N Chopra I M S and over the School of Hygiene by Dr P D Lal being introduced during the course of my tour to the members of the staff of both these institutions On the following day Dr Chaudhuri took me to Chittaranjan Seva Sedon, a private maternity and gynaecological hospital of 145 beds My pilot round this institution was Dr Bidhan Chandra Roy a former mayor of Calcutta and also a former president of the Indian Medical Association and one of the most forceful and influential medical politicians in India I was then taken to visit the Tuberculosis Hospital of 130 beds at Jadabpur one of the few tuberculosis institutions in India Considering the prevalence of tuberculosis in India there is a deplorable lack of institutional provision The doctor in charge at Jadabpur is Dr K S Roy the present secretary of the Indian Medical Association On Saturday my visits were to the Calcutta Medical School (a private institution) the principal of which is Dr J C Chatterji where licentiates are trained and to the Campbell Medical School a Government training school also for licentiates In the latter institution Lieut Colonel P C Banerjee I M S is acting principal Thus ended a very busy week for it must not be forgotten that in addition to seeing the institutions over which I was conducted and meeting many medical men there I was busy fulfilling the numerous social engagements which had been arranged for me through the kindness of members of the profession in Calcutta

Instead of going to Darjeeling as arranged we prolonged our stay in Calcutta, thus enabling me to devote more time to studying the many problems which I had heard raised during the previous week I occupied the two days which I had set aside for an unofficial visit to Darjeeling in making further inquiries in Calcutta On Monday I had a meeting with a number of the medical men prominent in the Calcutta Branch of the Indian Medical Association and the Calcutta Medical Club chief of whom were Sir Upendranath Brahmachari at whose house the meeting took place Sir Nilratan Sircar Dr B C Roy and Dr K S Roy There was a very useful discussion which lasted for nearly three hours and I came away considerably enlightened as to the views held by the Indian practitioners present at the meeting Sir Upendranath Brahmachari kindly entertained a number of us at dinner later in the evening in the Calcutta Club The next day I visited a rural hospital and dispensary situated outside Calcutta the Sagore Dutt Charitable Hospital and Dispensary the chief medical officer in charge being Dr S N Ghose and in the afternoon I had several interviews with medical men who expressed a wish to see me

Special Problems of Assam

We left Calcutta on January 27 and arrived at Shillong the following day after twenty two hours travelling The first part of the journey was by train to Amingaon which we reached at 5.45 in the morning We crossed the Brahmaputra by ferry from Amingaon to Pandu and continued the journey by motor to Shillong It was a wonderful drive through jungle and mountain scenery along a road with innumerable hairpin bends which neces

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Parkes A S (1936) *Lancet* 2 674
Reichstein T (1936) *Helv chim Acta* 19 223
Ruzicka L, *et al* (1934) Ibid, 17 (1935) 18 210 986 994 1264 1487
—— and Wettstein A (1936) Ibid 19 1141
Schoeller W and Gehrke M (1931) *Wien Arch inn Med* 21 329
Selye H, McEuen C S and Collip J B (1936) *Proc Soc exp Biol N Y* 34 201
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Voss H E, and Loewe S (1930) *Dtsch med Wschr* 30 1
Wolff E and Ginglinger A (1936) *C r Soc Biol* Paris 121 1476
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—— and Parkes A S (1936) *Lancet* 1 242

COAL-TAR NAPHTHA DISTILLATES FOR DESTRUCTION OF BED-BUGS*

BY

S A ASHMORE, B Sc, A I C.

Government Laboratory

AND

A W McKENNY HUGHES, D I C, F R E S

British Museum (Natural History)

A number of experiments both in the laboratory and in the field have been carried out which show that the vapour of certain coal tar naphtha distillates is lethal to the bed bug (*Cimex lectularius* Linn) Toxicity experiments have also been carried out by Dr G R Cameron at University College Hospital Medical School, London and these tests have shown that animals kept for prolonged periods in an atmosphere saturated with the vapour have not been injuriously affected in any way and afford some considerable assurance that no danger to man from this cause is to be apprehended

A method for applying these naphtha distillates to the disinfestation of houses has been developed and consists essentially in spraying the walls and ceilings of rooms which have previously been made gas tight by any of the usual methods of sealing Special attention is given to likely harbourages such as skirting boards architraves, etc a high pressure hand syringe being used for spraying such harbourages Gas masks with a suitable filter are worn during the process To ensure satisfactory results it is important that sufficient vapour concentration be maintained, and for this purpose fumigation should not be begun at a temperature of less than 60 F It is an advantage to work at as much above this temperature as is practicable

The quantity of naphtha used in the experiments is on the basis of 1 gallon for each 750 cubic feet of room space The rooms are kept sealed for eighteen to twenty-four hours and at the end of this time are rapidly ventilated by opening doors windows fireplaces etc The vapour clears very quickly, and it is possible to enter a room after a few minutes ventilation without experiencing any discomfort It has moreover been shown that there is no tendency for a concentration of vapour to build up if after ventilation the doors and windows are again closed for several hours

The desirability of a high initial temperature is emphasized and only in very hot weather with air temperatures of 70 to 80 F should pre heating of houses be dispensed with In the experiments a very effective paraffin stove, working on the primus principle has been used but in any case sufficient time must be given to warm walls, ceilings, etc, thoroughly Owing to the inflammable nature of the naphtha fires or other sources of heat must be extinguished and, if portable removed from the rooms before fumigation is started and smoking and the use of naked lights must be prohibited while the naphtha is being handled in any way The experiments indicate that after a house has been warmed it is advisable in most instances to spray the roof space before the rooms are treated

Results

Successful results have been obtained in the disinfestation of upwards of two hundred houses and flats of varied constructional detail Failure has been reported in a few cases but this we think has been incidental to the development of a suitable technique for applying the naphtha After fumigation for twenty four hours dead bugs will sometimes be seen on the floors but usually they will be found dead in their customary hiding places —for example behind skirting boards picture rails etc

The naphtha used is derived by the distillation of coal tar, and consists of a complex mixture of aromatic hydrocarbons and associated bodies and the constituent or mixture of constituents which is toxic to the bed bug is not known The following specification has been drafted to govern the supply of coal tar naphtha as used in these experiments

SPECIFICATION FOR HEAVY COAL TAR NAPHTHA

1 *Colour*—Shall not be darker than a freshly prepared solution of 1 ml of N/10 iodine in 1 000 ml of distilled water

2 *Specific Gravity*—Not less than 0 835 and not greater than 0 910

3 *Water*—Shall be free from water and other visible impurities at 15 5 C

4 *Distillation Range*—Method as defined in B S I Specification No 479 for Coal tar Naphthas

Up to 160 C not more than 5 ml
Up to 190 C not less than 90 ml

5 *Flash point (Abel)*—Not less than 105 F

6 *Tar Acids and Tar Bases*—Not more than 0 25 per cent of tar acids and 0 25 per cent of tar bases

Further research into various aspects of the question of the use of heavy coal tar naphthas for the destruction of bed bugs is in progress and new methods for more effective application are in course of development As will be seen from these preliminary notes the use of coal tar distillates for the destruction of the bed bug is still in the experimental stage, but the results so far achieved are promising and indicate that further research on these lines may produce valuable results

As was to be anticipated failures have occurred, not however owing to defects in heavy naphtha as a toxic agent for destruction of bed bugs, but owing to defects in the methods of employing it for that purpose If therefore, those responsible for the management of house property adopt this method of treatment for eradication of bed bugs it is important that they should realize that the technique of fumigation with heavy naphtha is still the subject of test and research and that the cause of any failure is first to be sought in the method used In the event of failure the circumstances of the particular case should be carefully investigated especially in regard to the temperature at the time of fumigation to the sealing of the premises and to the distribution of the vapour

* Abstract of a report to the Bed bug Infestation Committee of the Medical Research Council

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The eighth International Congress of the Haute Culture Médicale will be held at Algiers from March 25 to April 6 There will be sessions on tropical and subtropical diseases syphilography and dermatology cardiovascular affections blood disorders, and social medicine During the congress there will be a special commemoration of the pioneers in the campaign against malaria and also excursions receptions and entertainments in the first of these which will be broadcast Dr P H Manson Bahr will participate At the end it is hoped to arrange visits to Morocco and Tunis The travel arrangements are in the hands of Messrs Cook Wagons lits and further information can be obtained from the congress secretary M Tomarkin Institut Alfred Fournier 25 Boulevard Saint Jacques Paris XIV

sitates strictly regulated one way traffic In the latter part of the drive we passed through a large patch of tall stately pine trees and arrived at the appropriately named Pinewood Hotel, about 5 000 feet above sea-level "travel weary and hungry We were met by Lieut-Colonel L A P Anderson I M S, who is in charge of the Pasteur Institute over which I was conducted in the afternoon The next day I visited the Civil Hospital under the charge of Major R A Haythornthwaite, I M S, and in the evening addressed a meeting of the medical practitioners in the district, about twenty being present

We left for Gauhati the following day, travelling over the road by which we had come two days before and at Gauhati entrained for Mariani which we reached at 7 40 on Sunday morning Dr Ramsay and Major Lockwood Stevens, both of the Ross Institute, and Mrs Stevens joined the train en route, and we were met at Mariani by our hostess Mrs Manson, the wife of Dr Manson of Cinnamara, Dr Lampiell, honorary secretary of the Assam Branch, and Dr Macdonald of Mariani A drive of nine miles followed to our destination at Cinnamara, which is situated in the tea district of the Assam Valley On Monday I was driven round the area of Dr Manson's practice and thus had an opportunity to see at first hand the various biological control measures which have been adopted to combat malaria I also visited the Central Estate Hospital and the Experimental Station of the scientific department of the Indian Tea Association at Tocklai The next day, Tuesday was the first of a three days annual general meeting of the Assam Branch of the British Medical Association, at which twenty-two members about one third of the membership of the Branch, turned up The Branch is a real live body, and shows great interest in the scientific, ethical and medico political problems peculiar to the district I was privileged to address the members, and was immensely struck by the keen interest shown in every item of the agenda Many men had travelled hundreds of miles to be present, and the spirit of camaraderie was very pleasing The meeting which was under the presidency of Dr Whaley, terminated in the evening of the third day with a dinner, to which many of those interested in the management of the tea estates in the locality were invited

We left Mariani at 2 46 a m on Thursday February 5, for the Surma Valley

During the journey we passed through some of the most magnificent hill jungle scenery in Assam before we reached our next halt at Lalbag in Cachar Dr Fraser who was our host for the next two days showed me a number of interesting patients suffering from a variety of tropical diseases who were being treated in the Lalbag Central Hospital and explained as he conducted me round the tea garden the preventive measures against malaria and dysentery etc which are being carried out in the neighbourhood On Sunday we motored into Silchar when I had the good fortune to meet eight of the members of the Division some of whom had travelled considerable distances by train and car Silchar is an interesting place if only for the fact that it was there that the first polo club in the world was started Leaving Silchar on Sunday evening February 7 we arrived in Calcutta again the next morning after a journey by train to Chandpur by steamer to Goalundo on the River Padma and then by train again Our visit to Assam left me much impressed by the preventive measures which are being adopted by the local tea estate managements on the advice of their medical officers to safeguard the health and well being of the coolies who are employed in such large numbers The next three days we spent in Calcutta when I was privileged to see over the Ramkrishna Sisumangal Pratishthan a maternity hospital and child welfare centre, and the Carmichael Medical College As arrears of note-recording and correspondence required to be tackled I was glad to be able to devote some time also to this before we left on Thursday morning, February 11, for Patna in the United Provinces Of the hospitality and kindness received in Calcutta and in Assam my wife and I cannot speak too warmly

PUBLIC HEALTH NOTES

Acute Poliomyelitis

A revised version of an earlier memorandum on poliomyelitis has recently been issued by the Ministry of Health [Memo 166/Med (revised)] It deals with the pathology epidemiology, clinical character, diagnosis and treatment of the disease, In the study of its epidemiological features it is suggested that "infection may be spread directly not only by patients but by persons apparently healthy," and that though the incubation period is variable its average length is three to four days

Dealing with the clinical character of the illness the memorandum describes the three stages the initial, the pre-paralytic and the paralytic The initial stage, which may be followed by no other or may, and more commonly does, merge into the second phase, is indefinite comprising the signs and symptoms found preceding the exanthemata If present the signs in the pre paralytic stage are pyrexia, headache, pains in the back and limbs, stiffness of the neck and spine, muscular twitchings, and hyperaesthesia Two signs are mentioned as an aid to diagnosis The first is the spinal sign

'The patient is disinclined to bend the head forward on account of pain experienced in doing so and there is resistance to passive anterior flexion of the neck When the patient is raised by the shoulders the head falls backwards and the patient cannot easily bring it forward again A simple way of eliciting the spinal sign is to ask the patient to kiss his knees'

The second is Amoss's sign, which is useful in the case of older children

> When placed in the sitting posture and asked to fold his arms the child may attempt to do so but quickly reverts to the position in which part of the body weight is borne by the arms which thus make two legs of a tripod, the spine being the third '

The cerebro-spinal fluid at this stage is usually under moderately increased pressure, colourless, or slightly hazy in appearance, with a cell count of 50 to 250 per c mm with an increase in mononuclear and polymorphonuclear cells In the poliomyelitic form the last stage is reached by the paralysis coming on usually three or four days after the onset of the illness, appearing as a flaccid paralysis affecting one or two muscles or a group of muscles or one or more limbs When the upper motor neurones are chiefly affected the polioencephalitic form is seen, this being more commonly found in children over the age of 5 years As regards treatment reference is made to the use abroad of convalescence serum The reports, however are as yet inconclusive

The patient is assumed to be infectious for six weeks and children from affected households should be excluded from school for three weeks from the date of isolation of the patient, although no restriction is placed on apparently healthy adult contacts continuing their occupation

SURGERY OF THE THYROID GLAND

LECTURES BY SIR THOMAS DUNHILL

The first two Lettsomian Lectures, under the auspices of the Medical Society of London, were delivered on February 15 and 24 by Sir THOMAS DUNHILL, K.C.V.O., whose general subject was the surgery of the thyroid gland.

In his first lecture Sir Thomas Dunhill remarked that the thyroid gland had only once before provided the theme of the Lettsomian Lectures, and that was twenty-four years ago, the lecturer being Mr (now Sir) James Berry. It was just thirty years since he himself performed his first operation of partial thyroidectomy for toxic goitre. In the course of thirty years opportunities for testing theories and practice had multiplied, and he apologized to his audience for giving a few minutes to personal reminiscences, which constituted his own historical background to the subject.

The circumstances of his first operation were of some interest. He had at that time about half a dozen toxic goitre patients in the out-patient department. One of these was a cook who had become far too ill to earn a living and said that any risk was preferable to her wretched existence. A kind senior lent him a bed, and the operation was successfully performed on this woman, with the result that the other patients, one after another, asked him to operate on them.

Early Operations

At that time (1907) and for long afterwards surgeons were writing that resection of one lobe together with ligation of an artery of the opposite side was a cure for the majority of patients. He soon realized that his own experience differed from theirs, and that if anything approaching cure was to be obtained the amount of gland remaining had to be further diminished by resection of a portion of the second lobe. It became his practice, as he reported in the *British Medical Journal* in 1909, to resect as much as possible of both lobes. In those early days the amount of gland to be removed to obtain maximal relief could only be learned by experience. Sometimes even at the second operation an insufficient amount was taken and a third operation became necessary. Through such stages was it necessary to pass before it became the custom to perform the bilateral resection in one stage in all patients for whom it was deemed safe. His first operative death was in the same year (1907), and the superstitious might observe that it followed his thirteenth operation. It was due to the same cause as the majority of such deaths at the present day—namely, a misjudgement of the capacity of a very ill patient to withstand a double resection in one stage.

Evolution of the Goitre

Apart from inflammation and malignancy—and he doubted whether malignancy should be excluded—all goitres begin as hyperplasia, and the different types of goitre were only stages in a pathological sequence, which was inevitable as soon as hyperplasia began. Probably the thyroid was singular among the endocrine glands in that normal physiological activities so readily crossed the borderline and became pathological. The commonest deviation from the normal was a symmetrical enlargement of the gland noticed most often at or soon after puberty. He said "or soon after" because hyperplasia at puberty might be slight with a quick return to normal. But when the hyperplasia began to be replaced by colloid storage increase in size became obvious and the stage was set for all the processes that followed.

The hyperplasia was induced by the normal demands of the body on a subefficient gland. Its significance was that in many instances recurrent phases of hyperplasia and involution led ultimately to secondary toxic goitre. The enlargement seen in adolescence might be scarcely more than physiological, though the fact of the enlargement indicated that the epithelium was vulnerable. The single nodule was usually of altogether different origin and character. It was an adenoma, a true neoplasm, not necessarily single but usually so. The statement had been made that thyrotoxicosis could exist without a goitre, but this was extremely rare. He suggested the terms "diffuse toxic goitre" and "nodular toxic goitre". The disease was essentially the same in that some stimulus had affected the thyroid epithelium and induced an alteration such that it became toxic.

In primary toxic goitre, occurring at all ages, in the majority of cases around the third decade of life, the stimulation was applied to a gland hitherto normal. The gland had its full complement of normal epithelium. Nothing hindered the whole of this from responding to stimulation—the "factory" was set for maximum output. Exophthalmos was usual because of the amount or toxicity of the secretion. Such a case was to be contrasted with the patient in whom a small goitre had been present for twenty years, becoming more toxic in the fifth or sixth decade. He could show every intervening stage, both clinical and pathological, linking up the two extremes. What he was not sure about was whether goitres apparently not toxic for many years and then becoming so might not have been mildly toxic from an early stage.

Incidence and Aetiology

The deaths from toxic goitre in England and Wales had increased from 812 in 1925 to 1,561 in 1935. This rise in a decade was rather startling. At Liverpool Dr Robert Kemp had recently stated that thyrotoxicosis was by far the commonest condition in the female medical wards of the Royal Infirmary. The aetiology was difficult to determine. The multiplicity of the alleged causes might well make one doubt the essential significance of any of them. They ranged from emotional frustration to business anxieties, from motor accidents to endocrine imbalance, from infections to vitamin deficiency, from heredity to some personal or sex factor. Some factors, however, were so often associated with the inception of the disease and so influenced its course that they could not be ignored. Might it not be that the thyroid gland took the brunt of the buffeting of life? The endocrine glands were the delicate buffers and springs taking up and adjusting shocks. The factors to be considered were (1) the gland, (2) heredity, and (3) the stress of life.

It had already been shown that the gland was responsive to stimuli to an extent that could be demonstrated and made the subject of experiment. Few patients who carried a small goitre into middle life escaped the development of toxic symptoms. As for heredity, toxic goitre frequently occurred in several members of a family. He had several times seen it in three sisters. The quality of the protoplasm was handed down as certainly as the characteristics of the Hapsburg face. As for the stress of life, the changes that were induced in all subefficient glands by the biologically high but still normal demands of life were not in doubt, and efficiency might be vitiated in an individual by, for example, lack of iodine or vitamins.

For many years it was argued whether or not thyrotoxicosis was essentially a disease of the thyroid gland. Many believed it to be a disease affecting the body more widely. One physician went so far as to write that it was as logical to remove the kidney for albuminuria as to resect a portion of the thyroid gland for Graves's disease. There was much dogmatic statement on both sides, and there might not have been so much progress had not thyroid surgeons pressed their views with some vigour. It was necessary to take stock of the position and see where the truth lay. Shocks, anxieties and infections were experienced and the hyperplastic gland resulted,

In regard to residential schools it is stated that the balance of advantage is in favour of *not* closing the school on the appearance of poliomyelitis Those in attendance on the patient are advised to take such precautionary measures as are dictated by the assumption that the secretions from the nasopharynx the urine and the excreta are infectious Spraying or douching the nose and gargling the throat with normal saline or potassium permanganate is recommended while reference is made to spraying or inhaling into the nostrils sodium alum tannic acid, or picric acid

Future of General Medical Practice

In his inaugural address as President of the British Medical Association at the Annual Meeting at Oxford Sir Farquhar Buzzard envisaged central boards representative of all interests and institutions concerned with the health of the district whose chief duty would be that of co ordinating all the preservative preventive and curative services within the district Whilst admitting that 'the saving of life has become the job of institutional team work' he submitted that the saving of health and the prevention of illness in the long run of far greater interest to the welfare of the community must be initiated by the general practitioner in the home Moreover for this work to be performed efficiently it was essential that the staffing of those medical services preventive and curative which had passed into the hands of local authorities should be by general medical practitioners It should be the obligation of the health centre in its capacity of co ordinator of all services public as well as private to make sure that general practitioners are rightfully regarded and employed as priests of preventive medicine

At what was considering the importance of the subject a very meagrely attended meeting of the Society of Medical Officers of Health Dr Charles Hill Deputy Medical Secretary of the Association, opened a discussion on the future of medical practice Basing his case on the Association's proposals for a general medical service for the nation he visualized that development would be on the ground work of the national health insurance scheme The defects of the present service were considered—namely that it was a general practitioner service only a defect to be remedied by making provision for consultants and it applied only to a section of the community not being extended to the dependants of the insured The gap left in this latter respect was being filled to some extent by public medical services provided on an insurance basis but more so by the activities of local authorities an arrangement he submitted which was not in the best interests of the community The administration of the more comprehensive scheme should in Dr Hill's opinion, devolve on the larger local authorities, and to ensure success some changes in medical education would be necessary

Dr Maitland Radford medical officer of health for the metropolitan borough of St Pancras put forward the case for the development of full time salaried services He contemplated the necessity for full time services on economic grounds, as he failed to see how the independent doctor could carry on indefinitely Sir Farquhar Buzzard also referred to the economic aspect in the address already mentioned He said

> The chief flaw in a badly organized service such as that which had evolved in this country during the last century was lack of time and both the general practitioner and the consultant in order to earn a living wage were frequently obliged to undertake far more work than they could deal with efficiently in the hours at their disposal Under the present system it would be necessary to double the number of doctors in order to obtain an adequate service and such a measure would rapidly lead to their starvation That in a world was the problem and if the community could afford to support 100 000 instead of 50 000 doctors every effort should be made to ensure that time and energy as well as money were not wasted in any system of service

Dr Alfred Cox an opponent of any development on the lines of the clinic system submitted that general medical practice must be based on a contract scheme as it was unsound that the practitioner's remuneration should be dependent on the illness of his patient Sir Francis Fremantle was in favour of the incorporation of the general medical practitioner in the health services of local authorities He spoke from his experience as county medical officer for Hertfordshire of the efficiency of the part time medical officer of health who from his intimate touch with the people in their homes possessed real advantages in carrying out preventive work over the full time medical officer of health He deplored the fact that in the education of the medical student the preventive aspects of medicine were insufficiently emphasized He saw no remedy for this except as a result of action by the General Medical Council which would ensure that those responsible for the education of the future doctors were recruited to some extent from persons other than those whose interests lay solely in curative medicine

Public Health Appointments

The following changes have recently been made in the public health medical service staffs

Dr J L Bevan medical officer of health for Hebburn to be medical officer of health for Barnsley

Dr Kathleen S Bruce to be deputy medical officer of health and assistant school medical officer for Keighley

Dr T J Hennelly to medical superintendent of Cardiff Mental Hospital

Dr H J L Mackinven to be medical officer for the Morven district of Argyllshire

Dr R R H Mitchell assistant medical officer at Westgreen Asylum Dundee to be senior medical officer at Springfield Asylum

INSURANCE MEDICAL SERVICE WEEK BY WEEK

Sending to Hospital Without Examination

The following note may be appended to those given last week on hospital problems

An insured person was involved in an accident and received a shock but did not feel that he had sustained any injury He continued to follow his employment but on December 20 an attack of rheumatic gout developed and his hands and feet became very swollen and painful His wife went to the practitioner's surgery at about half past ten in the morning on that day She produced her husband's medical card and after giving the practitioner the above details requested him to visit the patient She also showed the practitioner a letter which she was sending to her husband's employers in respect of her husband's accident insurance The practitioner read the letter and advised the messenger to take her husband to a hospital for an x ray examination in order to ascertain whether there were any broken bones The wife explained to the practitioner that it was not possible for her to comply with this suggestion but he merely repeated it and said that he could do nothing for the patient until the x ray examina

but these stimuli reached the thyroid by way of a hormone which originated in the anterior lobe of the pituitary gland, so that the thyroid, although the effect there was obvious, was only indirectly affected Nevertheless it was the thyroid which produced the secretion causing the manifestations associated with toxic goitre

Need for Continual Observation

The course of the disease was familiar, but the lecturer wondered whether the havoc which toxic goitre played in the life of the individual or the amount of life it wasted was realized

He instanced the case of a woman patient whose practitioner had always accepted the condition as natural She suffered always from epigastric discomfort and sometimes vomiting which was put down to persistent indigestion The patient was always keyed up driven by some remorseless internal restlessness There was no placidity with her and the nerves were always raw She was a married woman but in consequence of what the husband thought to be her temperament domestic happiness was ruined Her doctor was not willing to admit that what he regarded as a simple goitre could be at the root of the trouble At length she met a friend who had been through a similar experience and by appropriate treatment it was possible to improve her condition though unfortunately not to restore the domestic situation

He instanced another patient whom he saw in September last This man said that he did not feel ill, and asked to be allowed to go on with his sedentary occupation until after Christmas He turned up at the hospital in February with a pulse rate of 140 to 150, and his weight was 6 st 6 lb, a loss of 4 st in four months on the top of the 1½ st which he had lost previously

Making every allowance for those restored to health by medical measures there remained an incalculable amount of suffering and mortality that could be avoided He was not recommending every case for operation, but he urged that any patient with this condition should never be allowed to escape observation and at the first sign of any downward tendency active measures should be taken

(To be continued)

THE HUNTERIAN TRADITION

ORATION BY LORD HORDER

At a meeting of the Hunterian Society at the Mansion House, London, on February 22 Lord Horder delivered the annual Oration, on *The Hunterian Tradition* The president of the society, Mr H L ATTWATER was in the chair

Lord HORDER opened by saying that it was a compliment to him, a physician, to be asked to give an address on John Hunter, a surgeon, but Hunter was a physician as well as a surgeon, a better physician indeed, than some of his contemporaries who practised in that branch of medicine, and he was more than either of those things, he was, first and foremost, a pathologist a man who sought out the causes and nature of diseases He was also a great anatomist and physiologist, making his researches so wide as to embrace the whole of the animal kingdom But his chief distinction was in pathology, not so much a branch of surgery as its root, which before Hunter's day scarcely existed

After he had chosen the title for his address he discovered that it had already been used by a Hunterian Orator before the Royal College of Surgeons, Sir D Arcy Power, who had said that Hunter left a double legacy to medicine first the technical skill which he bequeathed to his pupils and secondly the pathological trend which he gave to the study of surgery, and through which for the first time it became a living thing, moving away from pure empiricism and emerging as an art based upon accurate knowledge and guided by principles Lord Horder said that it was the second of these which had been in his mind when he elected to speak on the Hunterian tradition He was not qualified to say much on Hunter's technical ability as a surgeon It might have been exceptional even in his day, when a quick and accurate manual dexterity being of so much greater consequence to the life of the patient than in these days of expert anaesthesia and antisepsis, this was more general among surgeons than now But Hunter's personal gifts in this direction did not appear to have attracted special notice and were of far less moment than his achievement in opening up the vast field of pathology which laid the foundation of the surgery of the future It did not seem that he had introduced much in the way of new operative procedures, though an exception was his method of curing aneurysm of the popliteal artery, saving thereby thousands of limbs and lives in this operation he united the multitude of facts he had gained from his study of anatomy and physiology, his clinical experience his post mortem examinations, and his experiments on animals

The Real Greatness of Hunter

The real greatness of Hunter however, was that he called a halt to empiricism, dug the heels of reason in and asked disturbing questions What is it we are doing and why? Here was the essence of the Hunterian tradition In his attempts to answer these questions Hunter not only raised the level of surgery to a plane it had never reached before but gave impetus to inquiries that awakened the whole of medicine What was surgery before Hunter? In these days when surgeons had taken such high rank among them there was a savour of quaintness in Paget's eulogium, when he said that before Hunter the surgeon held a subordinate place in the medical profession, generally inferior to the physician, who was a man of higher culture an educated gentleman and associate of gentlemen The physicians then were the teachers of all the medical sciences, teachers even of anatomy to the surgeons But following Hunter in the pursuit of science surgeons soon became the chief anatomists equal as physiologists and pathologists and gained entrance into the ranks of the most educated classes Yes Hunter did more than anyone to make us surgeons gentlemen, so wrote Paget, himself one of the greatest gentlemen of them all

Before Hunter came to London to join in the work of his brother William's dissecting school he was a cabinet maker, and doubtless a very expert one But had he been only a surgeon who collected specimens he would have remained in spirit a cabinet maker He was responsible for that other stream of influence which brought about the development of surgery in its physiological aspects and its investigations into the causes of disease and this was the part of the Hunterian tradition which really mattered

Hunter's Inductive Method

In his oration before the Royal College of Surgeons Sir Henry Morris had discussed whether the mind of this pioneer worked mainly by the process of deduction or of induction Some critics had considered that those two philosophic methods were in a sort of conflict leading to confusion of thought and obscurity of language and appeared to have stressed unduly the tendency of the Scottish thinker to proceed deductively and of the English thinker to proceed inductively It might be conceived that a Scotsman living in London would find his native mental equipment considerably embarrassed But experi

tion had been made and the result reported to him She then left the surgery and as her husband required medical attention she obtained the services of another doctor under whose care the patient remained for some time

The Medical Service Subcommittee in the course of its report said

It might be urged on behalf of the practitioner that at the worst all that he did in this case was to commit an error of judgement in that the condition of the patient was not such as to require an x ray examination There would be some force in this contention if the practitioner had first of all seen the patient and satisfied himself that a reference to a hospital was necessary In our opinion the real fault on the part of the practitioner arose in his failure to attend the patient before giving the advice which he did

This case merely points out, though it hardly needs demonstration, that a doctor who is summoned to visit an insured person must make an examination before he sends the patient to hospital The committee censured the doctor, required him to refund the fees of the other doctor who was called in, and made a recommendation to the Minister as to a deduction from the practitioner s remuneration

Certification

Here is a note of a case in which the Insurance Committee contented itself with reminding the practitioner of the necessity for the strict observance of the medical certification rules The extract is from the report of a Medical Service Subcommittee

An insured person was certified to be unfit for work on August 12 1936 by the locumtenent who was at that time acting on behalf of the insurance practitioner The locum tenent in error completed an intermediate certificate instead of a first certificate The insured person remained under treatment by the insurance practitioner but did not ask for further certificates of incapacity until on or about September 12 1936, when she informed the practitioner that the secretary of her approved society had instructed her to ask for a first certificate in exchange for the intermediate certificate On that day the practitioner declined to issue another certificate, but subsequently on September 15 the insured person again visited the practitioner and informed him that she had consulted the secretary of her society who had instructed her to ask for a first certificate dated August 12 1936 and weekly certificates for the intervening period The practitioner handed to us a communication addressed to him by the secretary of the society in which he was asked to exchange the intermediate certificate for a first certificate Intermediate certificates dated August 19 and 26 and September 2 and 9 were issued by the insurance practitioner all on the same day

The practitioner told us that when he issued the revised certificate dated August 12 1936 the insured person took it to her society and returned in the evening of the same day saying that the society required intermediate certificates for the intervening period The insured person had been seen by him at least once a week for the period in question and as he was satisfied that she had been continuously incapacitated he issued the certificates as he thought in accordance with the request of the society, the insured person having told him that the approved society would not accept a voluntary certificate covering the whole period

The circumstances attending this case differ somewhat from other cases of irregular certification with which we have had to deal Clearly there could be no intention on the part of the practitioner to mislead the society and it is perhaps fortunate that messages should have been conveyed from society to the practitioner by an insured person who the society says experience difficulty in understanding English At the same time the practitioner signed statements in the intermediate certificates which were clearly misstatements of fact as regards the dates on which they were signed Whatever message may be delivered to an insurance practitioner he should remember that the medical certification rules obviously do not permit of his signing statements which he knows are incorrect

We have before referred to the practice, which has now become widely established, whereby societies clear up what are obviously misunderstandings by approaching the practitioner direct instead of calling for a formal *inquiry* by the Medical Service Subcommittee It seems reasonably clear that this is a case which might have been so settled

Another certification question in which there is frequent misunderstanding deals with the necessity for the issue of an ordinary certificate of incapacity whether the insured person is entitled to sickness benefit or compensation It is the doctor s duty to certify incapacity without regard to the nature of the claim which the insured person may make The secretary of the society in this particular case stated that he was prepared to accept the doctor s explanation, and so far as he was concerned the matter was now closed, but he added that he was continuously meeting the "misapprehension" that where compensation is in question panel certificates are not required, and many members have been held in arrears owing to the absence of necessary evidence of incapacity Even after this lapse of time since the Act started some doctors refuse to issue Form Med 40 in cases of accident, although they do not charge for the alternative certificate

Investigation of Prescribing

It is understood that the Minister has decided to refer to Panel Committees a somewhat larger number of cases than hitherto, in the belief that even if in a particular case the extent of any excess found may not be held to justify the withholding of money from the practitioner, the discussion between the Panel Committee and the practitioner will be productive of good, particularly in assisting the latter in his methods of prescribing

With regard to the costs of prescriptions generally it will be remembered that two resolutions of the Annual Conference of Panel Committees stand referred to the Insurance Acts Committee They are as follows

That this Conference is of the opinion that every effort should be made to devise more efficient means for the examination of the orders issued for the supply of drugs etc the prevention of waste and extravagance, and for safeguarding the limited funds available for the provision of drugs and that the Insurance Acts Committee be asked to take as soon as possible such steps towards this end as it considers necessary

That this Conference is of the opinion that the *National Formulary* for national health insurance purposes prepared by the Insurance Acts Committee and issued with the concurrence of the Ministry of Health is sufficiently comprehensive to cover the medicinal treatment of the majority of conditions with which the insurance practitioner has to deal and that a more general use of the *Formulary* would result in a considerable reduction in the cost of supplying insured persons with drugs without reducing the therapeutic efficiency of the treatment given

WITHDRAWAL OF AUTHORIZATIONS SUSPENDED

The Home Secretary has suspended until further order the the operation of the notice published in the *London Gazette* and *Edinburgh Gazette* on April 30 1935 withdrawing from John Alexander Ross M B B Ch now residing at Erskine Terrace Aberdeen the authority granted by the Regulations made under the Dangerous Drugs Act 1920 to duly qualified medical practitioners to be in possession of and to supply raw opium coca leaves and Indian hemp and the drugs and preparations to which Part III of the Act applies and has also suspended the direction given at the same time that it should not be lawful for Dr Ross to give prescriptions for the purposes of those Regulations

ence, of which there was quite a large amount, did not support that view Of course Hunter was chiefly inductive in his methods Most of the great minds in medicine had been inductive Here Lord Horder for a moment traced the influence of Plato and the metaphysical outlook upon medicine Had it not been that Hippocrates or the Hippocratic school was the contemporary of Plato and Aristotle and not their successor the world would probably have been denied not only the meagre discoveries of Hippocrates but the much more important stimulus which he gave by his example and what was termed the "Hippocratic method" But even Hippocrates was compelled to be largely deductive for the reason that medical science was not then born The metaphysical outlook on nature paralysed medicine for more than a thousand years, and would have done so longer had not Francis Bacon burst open the prison door through which, strangely enough, his namesake Roger three hundred years earlier had somewhat dangerously leaped The stranglehold of the metaphysician was too great for Celsus and even for Galen, for though the latter made some anatomical discoveries of importance he constructed dogmas and theories from the most meagre facts, and such was his reputation that he dominated medicine all through that evil time It was Bacon who led the way out of the morass, though he did not himself walk in it He was the great interpreter of the change in thought and activity in relation to the world of nature The world had agreed to date from Francis Bacon the systematic reform of natural philosophy

An analysis of Hunter's excursions into the deductive method would show that this was not really suitable to his mind Was not Hunter's mind in his face? Reynolds's masterpiece and the lovely statue in the Oxford museum alike showed the massive features square protruding jaws, prominent nose, strong determined mouth, and peering eyes Here was one who like Browning's Paracelsus, "must know" Some of Hunter's generalizations from observation and experiment had proved themselves to be sound and even prophetic For example, he concluded that anatomical abnormalities were an expression of arrest of development. He might be said almost to have anticipated Darwin in his teaching that structure was an expression of function He was fond of teaching that blood was alive, and although he seemed to be flirting with an old fantastic speculation he had nearly stumbled on a modern conception, and he got near to Pasteur and Lister in saying that air in itself had no power to cause inflammation

Master and Pupil

Lord Horder read extracts from Hunter's correspondence with Edward Jenner, further to illustrate his mind Jenner's own great discovery was not made until three years after Hunter's death but the stimulus and encouragement which Hunter gave his pupil might well have played a big though indirect part in this first and perhaps greatest step in preventive medicine What a contrast between these two men—the pertinacious Celt, raw and rugged in body and mind, lit by a constant flame of inquiry after knowledge and more knowledge, and the blue eyed, handsome, easy almost debonair Saxon, spending his days booted and spurred riding to hounds, and in the evening writing love verse How Jenner must have resented at first the disturbing demands of his master, until he too became fired by the same spirit and found that the chase of nature's secrets was more engrossing than the sport of kings To Jenner when he was disappointed in love came Hunter's consolation 'Let her go Never mind her I shall employ you with hedgehogs"

Of Hunter's teaching ability he must not stay to speak, but this, like his craftsmanship, was a minor matter His pupils, with some exceptions, were not greatly impressed by his personality in the lecture room Attendance was so scanty that on one occasion he had the skeleton brought in so that he might be able to say "Gentlemen" But those empty benches did not really matter The few who listened were enough, and even the skeleton "talked" after Hunter's lecture

So, after two hundred years, the Hunterian tradition came down to us What were we doing with it? Could we carry it on? Institutions were doing their utmost to carry it on—the Hunterian Society, the Royal College of Surgeons, with its enlarged laboratories and the Buckston Browne experimental farm—but what of themselves as individuals? Had they Hunter's power of concentrated industry, his capacity for taking pains? Lord Horder said that when he watched his colleagues in the van of research he felt ashamed of the laziness of his own mind and the ease with which it yielded to discursiveness Had they Hunter's inquiring mind, his lust to know for the sake of knowing, his intellectual courage, his spirit of accuracy, his divine discontent with any proof except that which carried inescapable conviction?

"And What About Ourselves?"

Perhaps they were saying that there was very little now to be found out They knew all about hedgehogs Did they? They were in a different part of the field, of course, for these pioneers had made a tremendous clearance But there was probably as much to be done as ever, though of a different kind

"To recognize the factors which go to make a balance or imbalance of the hormones and get control over those delicate adjustments—surely Hunter never had a task like that To solve the riddle of endocardial infection, to understand the mechanism of high and low arterial pressures, to diagnose cancer before as yet it yields what we call physical signs or suggests its presence by recognizable deviations from the average in the radiologist's shadow pictures, to determine how to prevent a whole heap of diseases which once established we cannot cure—do we excuse ourselves because we cannot say all these stand open or we have the keys?

'Let us think of our tools our technique, our team work our researches We have instruments of precision that Hunter never guessed at and laboratories of which he never dreamed and a corpus of knowledge to draw upon that was completely hidden from him In his day there was little physics and less chemistry So let us not try to escape from our tasks or our reasonable obligations No doubt we are deflected a good deal from our main purpose Man must be dominated by his age Life has us by the throat We are caught between instinct and reason We have let go the former but have not got a clear hold on the latter We are not savage, but neither are we sapient yet'

He had hope that much might be done—if only the politicians could keep the ring He supposed the politicians did know how vital these things were to all of them and to the future When Pitt was asked to buy Hunter's collection he replied "Why, I have not enough money to purchase gunpowder" History was repeating itself But even dictators were transient if not trivial, whereas these other things were eternal And surely it was better to know the behaviour of a cuckoo's stomach than to organize a nation for war

"Can you not see this little man (Hunter stood 5 ft 5 in in his boots) with his shock of red hair his exuberant vitality, his restless curiosity, making his attack upon the new world of facts probing, measuring, comparing his tools so elementary, and his method, all his own, grappling with Nature, living

should be subjects of consultation between the Voluntary Hospitals Consultative Committees appointed under Section 13 of the Local Government Act and the local Division or Branch of the British Medical Association For the purpose of organizing local medical opinion and of advising local hospital authorities each Branch (or Division) should appoint a Local Hospitals Advisory Medical Committee to which should be referred in the first instance all arrangements and disputes connected with hospital conditions in the area All local arrangements agreed to by the Branch or Division should be reported to the Hospitals Committee of the British Medical Association which acts as the central advisory body

Medical Staffing of Council Hospitals

While local hospital policy depends to a large extent upon local conditions certain general principles such as are contained in the Association's Hospital Policy are applicable to all areas As is well known the Association's ideal local hospital system consists of a series of special and cottage hospitals grouped round a central or base hospital Some of these hospitals will be voluntary hospitals others will be council hospitals The Association believes that the best results will be achieved if the medical staffing of the council hospital is arranged on lines similar to those of the voluntary hospital—that is to say if a part time visiting staff is employed—and it offers the following alternative suggestions for a council hospital staff

I

1 A whole time medical superintendent (resident) in full *administrative control responsible to the local authority* whose duties should be

(*a*) The general administration of the hospital

(*b*) The determination of the admission and discharge of patients

(*c*) The supervision of the work of resident assistant medical officers house physicians and house surgeons

(*d*) In some circumstances the responsible charge of some branches of professional service the demands of which are not incompatible with his administrative duties

2 A whole time resident staff

(*a*) Senior with responsibility for various classes of patients according to the size of the institution

(*b*) Junior with responsibility similar to that of house physicians and house surgeons in the larger voluntary hospitals

3 A part time consultant visiting staff whose duties should be (subject to the administrative control of the medical superintendent)

(*a*) In certain instances to have responsible charge of beds and also to be available for consultant service to all cases in the hospital at the request of the medical superintendent

(*b*) In other instances to be available for consultant services when required by the medical superintendent

4 Clinical assistants appointed from among the practitioners of the area

II

1 A medical superintendent whose duties and responsibilities should be as defined in I (1) above

2 A whole time resident staff with responsibility similar to that of house physicians and house surgeons in the larger voluntary hospitals

3 A part time consultant visiting staff as defined in I (3) above

4 A part time general practitioner visiting staff (subject to the administrative control of the medical superintendent) to have responsible charge of beds and clinics

5 Clinical assistants appointed from among the practitioners of the area

Role of the General Practitioner

The appropriation of Poor Law hospitals by the local authority has in many cases involved the regrading or reorganization of the medical staff The salaries recommended for whole time medical officers in council hospitals are included in the Memorandum of Recommendations approved by the British Medical Association and various associations representing local authorities and this scale has been adopted in the majority of areas The Association has also prepared a schedule of fees recommended for part time work of various kinds at council hospitals In some cases a salary will be arranged on a sessional basis in others a fee will be paid for each case treated The Association attaches very great importance to part time employment in council hospitals and it was gratified to learn from a recent inquiry that local authorities are appointing in increasing numbers part time consultants to council hospitals and are entrusting to them the main specialist work There is also room for a more extensive employment of general practitioners as part of the visiting staff of council hospitals The Association believes that the hospitals the public and the local profession would benefit if general practitioners were given responsible charge of beds under the general administrative control of the medical superintendent Such facilities indeed are almost a necessity in modern social and economic conditions for although a patient may need treatment which is essentially institutional it is often inconvenient or impossible for a general practitioner to treat him satisfactorily in his own home The general practitioner should therefore be able to treat such patients in hospital and the necessary accommodation should be provided either by the reservation of certain beds in general hospitals for the needs of general practitioners or by the creation of home hospitals The general practitioner would of course confine himself to general practitioner cases and would not be permitted to undertake treatment which involved the application of special skill or experience

Private Patients in Council Hospitals

Since the hospital services of local authorities have been extended to provide general hospital accommodation it has been observed that the average social status of patients seeking admission has risen and in a number of areas special arrangements have been made for the reception of private patients Not all the authorities making these arrangements however recognize the payment of the practitioner treating the case, and as it is probable that the custom of providing private wards in council hospitals will extend the local medical profession must be on its guard to prevent the exploitation of its services The question of provision for the medical and surgical treatment of private patients should be considered quite apart from the treatment of patients in the public wards The terms of service of medical officers appointed to council hospital staffs should not extend to private wards and the cost and maintenance charged to private patients should not include any amount in respect of medical services The fee for the medical and surgical treatment of a private patient should be a matter for arrangement between the patient and his medical attendant whether or not the latter is a member of the hospital staff

Questions for Divisions and Branches

Divisions and Branches will find that their most careful attention is required on many other subjects concerned with the development of council hospitals Out patient departments for example, are being developed by some

local authorities in their council hospitals, and the medical profession must do all in its power to prevent the migration to the out-patient departments of patients who ought to be treated by private practitioners The out-patient department should be reserved for treatment which cannot, in the best interests of the patient be obtained elsewhere, either by the usual arrangements between private practitioner and private patient or by contract arrangements Again, the relation of contributory schemes to council hospitals involves the question of payments to visiting medical staffs for the treatment of members of contributory schemes Council hospitals will, in future share with the voluntary hospitals the responsibility for the treatment of these members, and the consequent tendency of schemes to be applied to a whole region rather than to a particular hospital merits the watchfulness of the local profession

Hospital services are passing through a crucial phase of their development, and the present attitude of the medical profession will have a profound effect not only on the practice of the present generation of doctors but on the future of the profession and the nation s medical services Alertness and foresight in dealing with immediate problems will aid progress in the direction of an ideal medical service , indifference may result in the exploitation of the services of the profession and the permanent transfer to local authority services of work which properly belongs to the private practitioner

PUBLIC HEALTH NOTES

MEASLES PROPHYLAXIS

Attempts have been made but without success, to obtain from animals such as the horse, sheep, and goat sera which could be used therapeutically or prophylactically in measles Since 1916 much work has been done on the prophylactic use of serum from convalescent patients It was found that doses of 3 to 5 c cm injected intramuscularly within six days of exposure would, in a very high proportion of cases confer complete immunity for some three weeks The same dose given later would not prevent the attack, but was successful in profoundly modifying it The advantage of this latter procedure was that the child developed a permanent immunity to the disease as contrasted with the child in whom the attack was prevented and who on the passing off of the temporary immunity in a few weeks' time, was left in a susceptible state

Though successful in its use as a prophylactic agent this serum proved to be of insufficient strength to afford any benefit in the treatment of an attack Convalescent serum containing no foreign protein was found not to give rise to any of the manifestations of serum reaction which so commonly follow the injection of sera prepared from animals The early use of serum in this country was limited to children in hospital, much of the work being done at Great Ormond Street Children s Hospital As more satisfactory arrangements were made for the collection of the blood, limited supplies became available for the use of children in their own homes Experiments soon proved that serum obtained from adults who had suffered from an attack of the disease in childhood was potent though in general it was found advisable that the dose in this case should be double the dose found effective when the serum was obtained from one just convalescing from an attack

The report of the medical officer of health and the school medical officer to the London County Council on the measles epidemic 1931 to 1932, published in 1933, summarized existing knowledge

The findings at that time were that convalescent serum was approximately twice as potent volume for volume, as adult serum For prevention convalescent serum was advocated but for attenuation adult serum proved to be hardly less efficacious and being much more readily obtainable was therefore recommended The optimum time for collection of the blood from which the serum would be prepared was between the seventh and the tenth day after defervescence On these findings the London County Council issued instructions for the guidance of those proposing to use serum The securing of complete protection was advised for those contacts (*a*) under three years of age, unless their physical condition was very good and (*b*) all ages who were weakly or debilitated and those who were suffering from any serious intercurrent disease To secure this protection it was suggested that a minimum dose of 10 c cm of serum be given the dosage for those over 3 years of age being reckoned in cubic centimetres by multiplying the age in years by four To ensure protection serum should be administered in the first three days after the earliest known exposure to infection the earlier the injection being made the more likelihood of complete protection ensuing In those over three years of age in whom the physical state was satisfactory it was preferable to aim at a modified attack if circumstances permitted rather than prevention Attenuation might be achieved either by injecting the same dose of serum as that required for prevention but giving it between the fourth and the seventh day after exposure , or by giving within three days of exposure half the preventive dose Serum given after the seventh day is unlikely to effect any modification in the attack It was considered that the immunity which would follow on the attenuated attack would be permanent

1933-4 Epidemic

These findings were not all confirmed in the investigation carried out in the 1933 to 1934 epidemic, of which the following are some of the conclusions, set out by the London County Council medical officer of health

1 Amongst children who were inoculated with adult serum with a view to prevention a protection rate of 78 2 per cent was obtained, compared with 77 9 per cent during the previous epidemic Observations made during the previous epidemic suggested that approximately 25 per cent escaped attack whether injected or not In other words, as the result of serum administration approximately three times as many children escaped attack as would have escaped if serum had not been given Convalescent serum results were inferior to those recorded in the last report, the protection rate being 80 per cent compared with 87 8 per cent The attenuation results were also less successful, the rate being 38 5 per cent against 40 3 per cent in the previous epidemic

2 The superiority of convalescent serum over adult serum was not confirmed by the present study

3 The clinical results suggest that the shorter the "attack-bleeding" interval in respect of donors the more potent the resultant serum is likely to be Serum with an interval under ten years returned a protection rate of 100 per cent, but the number of observations was too small for a decisive test

4 In order to ensure prevention it is desirable to administer serum within six days from the earliest exposure , the differences between inoculation before and after the sixth day are statistically significant, particularly amongst children under the age of 5 years The previous conclusions on the advisability of injecting within three days of contact are not supported by the present findings

5 For the purpose of securing attenuation the desirability of injecting one half the standard dose within six days of exposure rather than the full dose at a later period is strongly emphasized

6 A dose of 10 c cm of adult serum is more successful in procuring protection than half that amount A flat dose of 10 c cm is just as effective as an age adjusted dose 10 c cm is probably too large a dose when attenuation is sought.

her under tribute wrestling with her like Jacob with the angel and saying I will not let thee go except thou bless me Let us imagine him living amongst us—as he does—in the tradition he left behind him, and let us be worthy of him and of it

The Orator was accorded a prolonged tribute of applause, and Mr Mortimer Woolf, Sir Frederick Hobday, Dr Ernest Young, and Dr W S C Copeman spoke to a vote of thanks

SOCIETY OF RADIOGRAPHERS DINNER

The sixteenth annual dinner of the Society of Radiographers, a very pleasant function took place on February 20 at the Holborn Restaurant Miss K C Clark the president of the society acting as hostess The company who numbered more than two hundred included representatives from the Midlands, Lancashire Yorkshire the West of England, and Ireland It was stated that the society had topped the thousand in its membership during the past year which had also seen the formation of two new branches one for Scotland and the other for the South West of England which were represented at the gathering by their respective chairmen Dr J Struthers Fulton and Mr A J Walton The president gracefully welcomed the guests who included Professor J A Crowther president of the British Institute of Radiology Dr L A Rowden past president of that body and of the society Dr G W C Kaye of the National Physical Laboratory and Dr Angus Macrae representing the British Medical Association which said Miss Clark held a watching brief in connexion with the National Register of Medical Auxiliaries and had been very helpful and considerate to the radiographers The radiographic societies of Manchester and district Liverpool the Midlands Scotland and Ulster were represented by their chairman or other officer and some hospitals were represented including King's College and the Woolwich Memorial A message was received from the American Society of X Ray Technicians extending greetings

It was announced that the Archibald Reid memorial medal had been gained this year by Miss M S Milln of the Western Infirmary Glasgow for a noteworthy thesis The first Stanley Melville Memorial medal—the late Dr Stanley Melville was the second president of the society the late Sir Archibald Reid being the first—was presented to Dr J Duncan White the Stanley Melville lecturer for this year The president also paid a tribute to the services of Mr Melville, who has completed ten years as honorary secretary of the society She said that although in the early period it was possible to cope with the work of the society by spare time employment the growth in membership had necessitated different arrangements and Mr Melville had now been made part time secretary

At the eleventh annual meeting of the Open Door Council to be held at the Midland Institute, Birmingham, on Saturday March 6, the first subject for discussion will be the Government's new Factories Bill, now before the House of Commons Members of the general public are invited to the morning and afternoon meetings to hear women's opinions on this and other subjects of national importance The text of the Factories Bill was issued on February 2, it is both a consolidating and a reforming measure, and comprises 152 clauses and four schedules Part VI, dealing with the hours of employment of women and young persons proposes important changes in the law In general the weekly working hours for such employees are not to exceed forty eight nor the daily working hours nine, exclusive of intervals for meals, but any factory may so far as regards women and young persons of 16 and over work overtime up to an aggregate of 100 hours in the year, subject to certain conditions Workers under 16 are not to be allowed to work overtime or to be employed in a factory without a certificate of fitness

WEIGHT LOST BY SWEATING

An interesting exchange of experiences and opinions on the subject of weight lost by miners in hot and deep mines as a result of sweating took place at the annual meeting of the Institution of Mining Engineers Mr A G R WHITEHOUSE of the Mining Research Laboratory, Birmingham University, had confirmed experimentally some previous work showing that with the subject at rest sweating becomes progressively less copious even when water is being drunk, and found in addition that this progressive decrease in the rate of sweating is much less marked when the subject is performing muscular work The sweat glands are apparently liable to partial exhaustion with prolonged sweating although during muscular work the exhaustion is less noticeable As for loss of weight, one of Mr Whitehouse's subjects a medical student showed a loss of weight of very nearly 5 lb an hour Throughout the experiments the subjects had seemed to be more comfortable when working than when at rest, although from the mouth temperature and the pulse rate the reverse would rather be expected Mr Whitehouse suggested that this might to some extent be a psychological matter, because to sit still in an experimental chamber for hours on end is rather depressing From his experiments he said, it seemed that the amount of sweating was not only due to a rise in body temperature, for with the same rise of body temperature as at rest the performance of muscular work considerably facilitated the sweating It seemed probable, therefore that some product of muscular metabolism was responsible for this, though the connexion might be a less direct one

Mining Experiences

Some rather extraordinary figures relating to loss of sweat were quoted by mining engineers in the subsequent discussion One of them stated that the sweat lost by miners in his pit varied from as little as 3 lb a shift up to as much as 10 lb He added that he himself when down in the mine lost 5 lb in three hours, but that he had always got the whole of the weight back after dinner in the evening He was accustomed to drinking copious amounts of weak tea One curious circumstance was that the men lost the greatest amount of weight by sweating after the week end rest The man who lost 10 lb on Monday would lose about 9 lb on Tuesday and progressively less until Friday, when his loss might be only 5 lb, but by the following Monday the heavy figures were again recorded Professor NEVILLE MOSS of Birmingham mentioned that among fourteen men observed in a mine the sweating loss varied from 11 to 18½ lb for a shift of five and a half hours work, and he said that the best workers were those who sweated most profusely He recalled one man from whose skin the perspiration poured off during the whole of the shift and he turned out more coal than anybody else in the pit Another engineer said that he had occasionally done work in a fairly hot pit but with intervals during which he was working under ordinary temperature conditions so that there was no opportunity to become acclimatized and his experience was that during the first day or two in the hot mine he felt uncomfortable and while wanting to sweat did not do so at all profusely Later on profuse sweating took place and the hot mine was then well tolerated It was the experience of another mining engineer that any mine that was strange to him brought about a profuse perspiration suggesting that there was a mental reaction as well as a physical cause but once he was in a pit which was familiar the sweating was in no way marked Finally another engineer told the rather doleful story—without a moral—of a miner who had been one of the best workers in his pit and who usually sweated profusely This man suddenly became a teetotaller whereupon his capacity for work went down tremendously, and eventually he had to give up the pit

necessary level Wash outs are not instituted until the bladder is empty In the few patients into whom an ordinary rubber catheter cannot be introduced a stylet inserted into a rubber catheter of Harris type (Eynard) always overcomes the difficulty

Compare the technique above described with that advised by Mr Irwin—a major operation saved no messy suprapubic box no suprapubic tube with all its acknowledged dangers of sepsis and bladder lavage *not once* but repeated two or three times daily As to the prostatectomy operation itself little need be said Those with any experience of prostatic surgery deplore the haemorrhage and sepsis notoriously associated with the Freyer operation (or "the blind operation,' as Mr Irwin chooses to call it) The haemorrhage may be controlled by packing the prostatic cavity Mr Irwin evidently removes this packing without anaesthesia (or is this the third anaesthesia he recommends?)

The method of prostatectomy advocated by Thomson Walker is an improvement on the Freyer operation—that is a fact generally acknowledged among urologists in spite of Mr Irwin Harris's method (*Brit J Surg* 1934 **21**, 434) is a tremendous advance on any previously known It involves a plastic procedure on the prostate bed and therefore I take it, this must be the plastic operation to which Mr Irwin refers It is not the method for the occasional prostatectomist as considerable experience in bladder surgery is essential and not a little skill It is obvious that Mr Irwin knows little about the Harris method or has been singularly unfortunate in his source of information This is shown when he mentions that in the plastic method (Harris) the bladder neck is sutured round the indwelling catheter ' Harris himself repeatedly condemned this technical error The sutures in the prostate bed are placed and tied and the catheter which is only *then* inserted must be a loose fit in the re formed prostatic urethra That is only one of his misstatements (to call them nothing worse), his whole paper bristles with them

Mr Irwin's post operative treatment seems devised to obviate or minimize sepsis His description of bladder wash-outs through the suprapubic wound and later through the urethra by Janet's method, followed after the ninth day by the daily passage of a catheter per urethram until natural micturition was resumed is illuminating After the plastic operation (Harris) which he so strongly condemns, no irrigation of the bladder is permitted apart from two ounces of fluid occasionally run in through the catheter should there be any obstruction to drainage In spite of such labours as those described by Mr Irwin to eliminate sepsis it persists in 90 per cent of patients after the so called blind operation This I have proved by bacteriological examination of urine taken from patients operated on by various surgeons at varying intervals after operation The most severely infected urines came from these patients on whom a two stage operation had been performed In contrast I have proved that within two months of the Harris operation the urine is usually sterile Has Mr Irwin ever made such an investigation on his patients?

The abdominal wound by the Harris technique is no larger than that described by Mr Irwin, but the Harris wound heals by first intention his obviously does not Does Mr Irwin wish us to believe that a wound in which healing is delayed is less likely to herniate than one healing by first intention? Mr Irwin makes no reference to the average length of time which elapses in his patients between the operation and natural micturition with a permanently healed suprapubic wound After the plastic operation (Harris) the vast majority of patients micturate naturally after the withdrawal of the urethral catheter on the tenth post operative day, and their abdominal wound is by then soundly healed and remains so Further misstatements on the plastic operation (Harris) are that patients so treated suffer from vesical neck pockets in which urine stagnates and obstruction at the vesical neck I have followed up my patients since I first performed a Harris operation in March, 1934 Vesical neck pockets are unknown, and so far as obstruction to micturition is concerned the patients themselves assure me that their urinary stream has the calibre and force they associate with youth

If your readers have not had an opportunity of seeing a plastic operation (Harris) performed by a surgeon experienced in the correct Harris technique and of noting the amazing wellbeing of the patient immediately following the operation and the smooth comfortable, and speedy convalescence, then I ask them to take the earliest opportunity of doing so and meantime I ask them to reserve judgement on Mr Irwin's statements—I am, etc,

Glasgow Feb 12 WALTER W GALBRAITH

Injection Treatment of Hernia

SIR—The letters from Dr E W Archer and Mr Maurice Lee on the above subject which have recently appeared in the *Journal* show that at last we in this country are beginning to realize that operation is not the only cure for hernia My experience of the last seven years in the injection treatment of hernia in selected cases (a most important point) convinces me that it is sound and should have a great future The vast amount of evidence that has appeared in American medical journals in the last few years cannot be lightly thrown aside Whoever reads it must be struck by the fact that all who have investigated and are using the method were sceptical at first but with increasing experience have become convinced of its value There is a clinic at the University of Minnesota for this treatment, and Professor Bratrud tells me that he is impressed with the good results Many who have witnessed Bratrud's work have become enthusiastic supporters of the treatment

The late Dr Ignatz Mayer of Detroit whose technique and solution I use, claimed 98 per cent of cures His cases were, of course, carefully selected He was either (1) a mountebank (2) honest but grievously self deceived or (3) a great pioneer Whichever be the correct answer it is in the public interest to verify or refute his statements My own experience convinces me that his claim is justified What failures I have had can be attributed to (1) faulty selection, (2) faulty technique (3) lack of intelligent co operation on the part of the patient One patient of mine who had a hernia of over ten years history, the size of a foetal head, remains free of all symptoms for over four and a half years

I should be very pleased to give anyone who is interested further details and references to literature—I am etc,

ST GEORGE B DELISLE GRAY F R C S Ed

London W 1 Feb 20

Sedimentometers

SIR—The letters which have appeared as a result of Dr Terence Lee's article in the *Journal* (October 24 1936 p 809) have shown that many of us have independently and almost simultaneously come to the conclusion that the old clinical method of measuring the sedimentation rate is unsatisfactory In the November 1936 issue of *Caduceus* the journal of the Hong Kong University Medical Society we published from this department the details of the method we have been using here for the past year or two

Briefly it consists in setting the blood samples in Wintrobe's tubes and photographing the fall of the corpuscle meniscus

Reports of Societies

RADIO-ACTIVE THERMAL WATERS

At a meeting of the Section of Physical Medicine of the Royal Society of Medicine on February 17, with Dr GEOFFREY HOLMES in the chair, the subject for discussion was the indications for the use of radio active thermal waters in Great Britain

Dr C W BUCKLEY said that some years ago an eminent physician called attention to the fact that all spas claimed to cure rheumatism if the advertisements of bathing establishments were to be taken at their face value, and that the claim of any and every spa to cure rheumatism was straining the credulity of all who knew the disease But inasmuch as Bath and Buxton had attracted rheumatic patients for hundreds of years the waters of these spas might at least be considered to have stood the test of time The action of thermal radio-active waters taken internally was diuretic and affected also the nitrogen metabolism Externally in baths there was evidence that the emanation passed through the skin, but absorption through the lungs was more important Dr John Jones, who was evidently a great spa practitioner in his day, practising probably at Bath in the winter and at Buxton in the summer, described in 1572 the waters of both spas in a way not derogatory to either, and Floyer more than a century later also wrote of Buxton, and both these writers give a list of conditions in which the treatment was indicated The list was not greatly different, allowing for certain changes of words—for example, by "leprosy" they probably meant psoriasis—from what would be given to-day Both these writers placed gout in all forms in the forefront They also included what would now be called fibrositis, rheumatoid and osteo arthritis, delayed convalescence and stiffness remaining after rheumatic fever, gravel, phlebitis, colitis of some kinds, and certain forms of hepatic and digestive disorder, and beyond these, and in common with other systems of warm bathing, local and general, pelvic disorders in women and climacteric disturbances chiefly associated with high blood pressure Some of the skin troubles for which the early physicians said the waters were suited might be dismissed because the washing of the whole body in those days was not very common, and the same results might have been obtained by a thorough bath in ordinary water at home Rheumatoid arthritis was better treated at the radio active thermal spas than elsewhere provided that rest was recognized as an essential part of the treatment and baths were used with the strictest attention to details There was probably a specific effect calling for further investigation, this had been variously attributed to protein shock, auto-inoculation from foci in the joints, and histamine

Clinical Experience

Dr F G THOMSON said that various attempts had been made to explain the therapeutic properties of these waters on the ground of their chemical and physical constitution, and naturally when radio-activity was discovered this was invoked to explain what had been regarded as obscure How far the various factors played a part had not yet been determined in such a manner as would satisfy a panel of scientific experts, but it was not necessary to demonstrate how any therapeutic agent exerted its effects before making a proper use of it It might be said that the use of radio active waters was empirical, and so it was, but so was the use of the greater number of drugs now employed

There were three kinds of conditions which appeared to him as a result of clinical experience to be most suitable for this treatment The first consisted of metabolic disorders—gout, obesity mild glycosuria, early hyperpiesia, and the derangements incidental to the menopause The relief of so called hepatic glycosuria was often very striking In the second place, rheumatic diseases had always been identified with spa treatment The good results were due not only to the specific action of the waters but to the methods commonly employed The deep pool bath with undercurrent douches had always been the most important feature, and this particular type of bath was of more value in chronic rheumatic diseases than any other It was suitable for the majority of rheumatoid and osteo-arthritis cases In cases of rheumatoid arthritis, apart from diminution of pain and stiffness, the general condition showed a remarkable improvement, either from detoxication, improvement in peripheral circulation, or relief of pain, or all combined In the treatment of osteo arthritis not more was to be expected than relief of pain and possibly some arrest of the progress of the condition The third class of cases consisted of diseases of the urinary tract Owing to their powerful diuretic effect radio active thermal waters were of use in catarrhal conditions of the renal pelvis and bladder With regard to sterility in women, it was at one time the custom to send patients to Bath or Buxton in the hope of overcoming this condition but the classic example was not a very happy one to cite The queen of James II went to Bath, and whether owing to the waters or not was in due time delivered of a son This son became the "Old Pretender" and the father of the "Young Pretender," Charles Edward, who caused a vast amount of trouble to this country and to Europe during a good part of the eighteenth century So perhaps the less said about the value of Bath in this respect the better!

Is Radio-activity a Deciding Factor?

Professor SIDNEY RUSS said that spa waters often contained radium or radon, or both, but it was equally true that practically every river and lake also contained these elements The proportions everywhere were minute In a million litres of Bath or Buxton water they amounted to only one or two millicuries, and in the natural gases up to 33 millicuries at Bath If any of the therapeutic effects were due to associated radio-activity it might be expected that the spa waters richest in these elements would be among the most sought, but this was far from the case Sweden had many spas, but the healing property of these spas could scarcely be connected with their radio activity because the drinking-water of Stockholm from the artesian borings in the granite was far more radio-active than the water of any one of the spas He went on to describe the work by Dr F D Howitt, Dr E C Pillman Williams, and himself, recorded in the *British Medical Journal* of January 30 (p 208), on the physiological effects produced on patients by ordinary tap water containing measured quantities of radon These workers had been forced to the conclusion that in cases of rheumatism no demonstrable change was found in the clinical condition through such treatment Doses were used of radio active gas in ordinary tap water ranging from one thousand to one million times as great as was found in the average radio-active spa water When the great benefits which patients derived at spas were considered, due no doubt to the medical advice they obtained and the regime they followed in taking waters containing a considerable variety of chemical compounds which might reasonably be held to have some action on the body processes it seemed a pity to drag in radio-activity Medical men, especially those in charge of important spas would be doing a service if they rejected a claim which led to exploitation by non-medical persons

Dr FRANK HOWITT said that it did not require a great knowledge of physiology to understand that the ingestion of small amounts of minerals and chemicals could alter the metabolism of the body A slight swing over of the *p*H to the alkaline side might perhaps effect a good deal, and it was possible that spa waters contained the exact amount required to treat the fundamental disturbances of chronic rheumatism He went on to give further details of the investigation into the action of radon introduced into ordinary tap-water He had been able to find no clinical

every six minutes, using a Leica camera The film is developed and the readings read off from the negative by means of a lens or a dissecting microscope The scientific advantage is that on the same sample the volume of packed red and white cells, mean corpuscular volume, and mean corpuscular haemoglobin concentration can all be measured The technical value of the method lies in the fact that a large number of samples (in our apparatus twelve) can be investigated at the same time, and this should commend itself to laboratory workers dealing with large numbers of blood samples

In the August issue of the same journal I discussed three other constants—namely, aggregation time, sedimentation time, and aggregate sedimentation rate—which are measured by this method, and I should be only too pleased to send reprints of these articles to anyone interested, and more than pleased to receive their criticisms of the arguments therein —I am, etc,

LINDSAY RIDT
The University, Hong Kong, Feb 4 Professor of Physiology

Prevention of Silicosis

SIR,—It was with great interest that I read the letter of Drs A E Barclay and Richard Fawcitt, and their tentative conclusion "that there must be at work some predisposing factor or factors which influence the incidence of silicosis" It is certain that many will look forward to the publishing of their findings supporting the hypothesis that dust diseases are (*a*) secondary to a probably infective primary condition, and (*b*) that this operates by impairment of the normal excretory action of the cilia

Just as a puncture may result whether the pin be forced into the finger *or* the finger on to the stationary pin, so, as Dr Goodfellow contends, *a priori* the lung tissues might be punctured by their surging movement over the sharp particles, although such sharp siliceous particles had themselves lost all momentum It is certainly difficult to grasp and on statistical grounds would seem "against nature" that the most widely distributed of chemical elements and a very inert one, should be poisonous to man even if introduced through the respiratory tract On the contrary, it seems natural to associate with poisons great potential activity allied with rarity of distribution And it must not be overlooked that even if silicosis were due to poisoning by silica, and not rather by bacteria introduced by silica to tissues predisposed, as suggested by Drs Barclay and Fawcitt, the tuberculosis which often ensues is incontrovertibly due to the introduction of bacteria If silica is even then still being added, then the silica particles will presumably play some part in introducing the tubercle bacillus—so why not initially?

It might even be that silicosis itself is a threshold form of tuberculosis—never otherwise met with—due to the possible modifying action of the silica particles on the tubercle bacillus, which they themselves are introducing That is to say, that whilst the silica particles introduce the tubercle bacillus they slow down its progression and in many cases prevent its full course into the commonly recognized tuberculosis, finishing instead with a specific type of "tuberculosis" recognized as silicosis May I also make the following suggestion

Both silica and carbon are powerful adsorbents, but carbon is the more powerful of the two Carbon also is much less hard than silica, and its particles will be relatively blunt, less irritating, and much less liable to puncture than those of silica The mechanism of the reception of silicosis may therefore be as follows Silica particles before inhalation may adsorb from the air, where they are known to circulate, bacteria and other micro organisms If the tissues in the lungs are even slightly punctured or scratched by their relative movement with regard to the silica particles, however set up, such bacteria, etc, may be readily introduced But the inhibiting effect set up by the simultaneous presence of coal particles—which was so strongly insisted on by the late Professor J S Haldane—might occur as a result of selective or rearranged adsorption by the stronger adsorbent—that is, carbon—of the bacteria first adsorbed by the silica particles, from the silica particles themselves That is, on introducing coal particles the venue of the bacteria might be changed from its original site around the sharp cutting edges of the silica particles, ideally positioned for introduction into small wounds, to the non cutting surfaces of the coal particles ideally positioned for non introduction into the small wounds by being retained at maximum distance from them In this case the possible slowing down of tuberculosis into silicosis by silica particles may be still further slowed until even silicosis were practically prevented The result would be that, though the lungs were maximally clogged with mixed dusts, their destruction would be prevented, as contrasted with lungs less clogged with silica dust alone Whether or not this is correct, it seems *a priori* much more likely that the cause of silicosis is mechanistic, physico chemical (adsorptive), and bacterial than due to organic poisoning by the earth's most common element For in the former case the various processes are known to exist and to be effective in certain ways, whilst in the latter the effects observed seem not even to be justified by expectation, and are, as it were, outside the "universe of discourse" —I am, etc,

Leeds Feb 9 S C BLACKTIN

Intraperitoneal Haemorrhage from a Graafian Follicle

SIR,—I was much interested in Mr R R M Porter's letter in your issue of February 6 (p 301) on the subject of rupture of a Graafian follicle simulating appendicitis, as I have had a similar experience in the last few weeks with a member of my own household

She had been complaining during the night of right sided abdominal pain, and had vomited When I saw her in the morning there was obvious tenderness and rigidity over the appendix region, and the temperature was 99 8° F On the strength of these symptoms I sent her into hospital with a diagnosis of appendicitis At operation the appendix was quite healthy, and the only thing found to account for her symptoms was a recently ruptured Graafian follicle which had escaped into the peritoneal cavity In this case the rupture in the ovary was no longer bleeding, so there was no occasion to remove the ovary

I had never heard of such an accident giving rise to symptoms of this kind before, and have been left wondering how common the association may be One certainly would not think the accident itself can be a very rare one —I am, etc,

Portsmouth, Feb 16 E W DEWEY

An Oxygen Tent Service

SIR,—I read with much interest the letter on the oxygen tent service from Drs Hilton, Pearson, and Poulton (February 20, p 413) There are two points I would like to raise The flowmeter supplied with the original tents issued was of the "dry" type and its accuracy appears to be easily upset As a result low oxygen concentration readings are obtained and the tent is quite wrongfully blamed I have had experience of two other flowmeters

advantage in any of the rheumatic conditions, endocrine disturbances, or other disorders which were mentioned in literature from time to time as being benefited by this agent When testing the effect of doses far in excess of those of spa water certain alterations were found, some good some bad, an alteration, for example in uric acid metabolism, and on the other side of the balance sheet a damage to the erythrocytes If the spa physicians could adduce laboratory evidence in explanation of the results which it was known they had obtained it would be of great value

The Bath Reaction

Dr GEOFFREY HOLMES said that in 1912 he began his balneological experience at a hydro where only tap water was used, and he was frankly surprised at the results obtained by the internal and external use of plain tap water without any drug treatment whatever Later he took up an appointment as house physician at the Devonshire Hospital Buxton and one day, after swimming about for twenty minutes in the large pool bath he felt the most unaccountable drowsiness, which he afterwards learnt was the bath reaction It convinced him that there was something in the effect of that particular bath different from any water he had been immersed in before Undoubtedly there was a difference in spa water, and perhaps some spa practitioners being at a loss to explain the difference had hailed the discovery of radio activity as a godsend

Dr J B BURT said that the easiest way to induce a sarcastic smile on the part of a London physician was to mention radio activity in spa water There were two schools of thought with regard to spa treatment People in America England and Holland said that spa treatment was simply cleverly applied ordinary hydrology (tap water) On the other hand, the physicians of France Germany, Austria and Italy looked aghast if it were suggested to them that tap water and spring water had the same action In these latter countries there were a large number of spas and the experience of their practitioners must be greater than that of the average London physician He had welcomed the paper by Professor Russ and his colleagues in the *British Medical Journal* because it had cleared away a certain amount of rubbish' talked about spa treatment As far as the emanation was concerned he thought it extremely doubtful whether, except in gout, there was any effect, but it was only fair to point out that spa water in a typically radio active spa like Buxton or Bath was in quite a different category Radium emanation he thought gave only the alpha rays, but at these spas all the breakdown products from uranium to lead were found Not only alpha but the extremely powerful beta rays were given off, and altogether the conditions were entirely different from those of experiments in which tap water was impregnated with radon Professor RUSS explained that if radon was in water there was essentially the same radiation as with radium—not only alpha rays but beta and gamma rays

A Question Still Obscure

Dr LEONARD WILLIAMS said he had come to the meeting to listen to something new, and had not heard it It seemed to him that it was not possible to talk about spa treatment as if it were only a question of climate or douches It was a composite effect of all these factors which produced the results He knew nothing about radium but he did know something about Bad Gastein, where there was an element in the waters which could not be accounted for by their chemical composition That was insisted upon a great many years ago by von Liebig, who investigated these waters, he found that there was a *tertium quid* which could not be explained by any chemical process—whether it was radium he did not know, but it did at any rate offer some explanation of the hitherto inexplicable The radium might be of the nature of a catalyst After all, what went on in Nature's laboratory was very different from what went on in the laboratories of Middlesex Hospital

Dr L C HILL mentioned that some years ago he spent a 'very miserable month in going through the literature mostly Continental, recording the experiments carried out in this field He found nothing but rubbish, deductions not worth the paper they were written on save for one experiment, which seemed worth quoting At Wildbad some twenty or thirty cases of fibrositis were being treated in the late autumn when a change of weather occurred, with freezing of the pipes conveying the spa water to the bathing establishment The establishment thereupon turned over to the town water The patients, about 70 per cent of whom had been showing the bath reaction immediately showed it no longer and all made remarks indicating that they felt a distinct difference—an improvement, in their view, because they lost the feeling of lassitude and tiredness when taking the baths A week later, when the spa water could again be used, the bath reactions reappeared as usual Dr A R NELIGAN argued that as radium in large amounts was manifestly able to produce striking effects, it was logical to assume that even the minute quantities in thermal springs were not without some favourable action

UTERINE PROLAPSE

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on February 19, with Mr CLIFFORD WHITE in the chair, the operation for prolapse was the subject of two communications followed by a discussion

Modified Gray-Ward Operation

Mr EVERARD WILLIAMS, with the aid of a series of excellent photographs described a modification of the Gray Ward operation for complete procidentia He reminded the Section that the principle of the Mayo technique for the cure of cystocele accompanied by prolapse was the same as in the interposition operation The uterus was removed and the broad ligaments were sutured together, interposed under the bladder, and anchored to the vagina in the same way In the experience of Gray Ward the weak point in the operation was that an otherwise perfect result might be impaired by the subsequent development of enterocele or high rectocele This was due to the extensive stretching of the posterior segment of the pelvic fascial supports which was usually found in complete procidentia The Gray Ward technique consisted in addition of the removal of the pouch of Douglas and the shortening and approximation of the utero sacral ligaments In the modification described by Mr Williams still further attention was paid to the dissection of the posterior segment and the definition of the layers of fascia This was accomplished by the inclusion of the necessary posterior colpo perineorrhaphy in one step with the hysterectomy and the complete reversal of the order of procedure The dissection began from behind at the posterior commissure of the vagina and not from the front below the urethra as in the technique followed by Gray Ward Mr Williams described a small series of cases operated on over the last five years

The Transposition Operation

Mr J ST GEORGE WILSON showed a film in natural colour photography of the transposition (interposition) operation He said that the nomenclature was somewhat indefinite The name interposition was first suggested by Wertheim and later transposition was proposed Most writers in America associated it with the name of Watkins and European writers with the name of Wertheim He gave a brief history of the operation bringing the story down to a paper by Everett in 1935 recording 117 cases operated in the Johns Hopkins Hospital, with four recurrences the author comparing it

one designed by Dr Poulton (to be published shortly), and the other marketed by the British Oxygen Co , both these are of the water depression type and appear to be more accurate I suggest that wherever a tent is in constant use one of these flowmeters is kept to check the accuracy of the model fitted to the tent for this purpose the inlet tube on the injector is stopped down with a cork and the outlet tube connected with the flowmeter

The other point which I think of great importance is in the matter of running the tent The service mentioned in the letter published on February 20 applies to small hospitals and other places which own no tent of their own , but it is essential that those hospitals which own a tent should ensure that they have easily available a member of their staff acquainted with the working of the tent If this is not done the tent will be wrongly assembled and will be blamed for the poor therapeutic result —I am, etc

Beckenham Feb 20 D C REAVELL, M D

Obituary

Dr WILLIAM BRAMLEY TAYLOR who died at Weybridge on February 12, aged 90, was for many years a prosperous and widely respected practitioner in Denmark Hill He was apprenticed to his father Charles Taylor at Apothecaries Hall studied at Guy s, and was made free of the Society of Apothecaries in 1868 In 1869 he obtained the L S A and in 1870 became M R C S thus holding the double qualification for general practice customary before the establishment of the Conjoint Board He served for a while as assistant medical officer at Camberwell House and then turned to private practice His public spirit was shown by his work for the Royal South London Dispensary and was recognized by his appointment as a justice of the peace for the County of London Apart from his professional work his interests were social and literary His father was an old loyal member of the Society of Apothecaries and was Master in 1890 Bramley Taylor followed in his father s footsteps In 1886 he joined the Friendly Medical Society—a dining club which was founded in 1723 to promote friendship between apothecaries who in those early days had abandoned trade and confined their activities to medical practice Taylor continued to attend the meetings regularly until he was elected to the Court of Assistants in 1905 Thereafter so long as he was able he gave all his energy and enthusiasm toward furthering the interests of the Society of Apothecaries In 1910 he became librarian, and with great industry arranged the books and compiled a card index In 1913 he published a catalogue of the books then possessed by the Society In 1912 he was elected Master after his year of office he continued his work in the library until 1930 when owing to failing sight, he was compelled to resign Shortly afterwards he retired from the Court of Assistants His courtly manner his enthusiasm, and his surprising energy will live long in the memory of the Society of which he was a member for so many years

Dr RUSTOM NUSSERWANJI COORLAWALA who died in Hyderabad last November at the age of 56, was well known for his work in surgery and radiology Born at Satara in 1880, he was educated at the Hyderabad Medical School and in Edinburgh London, and Paris In 1904 he qualified L R C P L R C S Ed , and L R F P S Glas and in the next year took the Cambridge D P H and the L M at the Coombe Hospital, Dublin He obtained the diplomas M R C S Eng L R C P Lond in 1907 and the F R C S Eng in 1909 He was also L M S Hyderabad He held at first clinical appointments in London hospitals and in 1911 began his service under the Nizam s Government as house surgeon in the Afzulgunj Hospital From 1912 to 1933 he held professorial rank, first in ophthalmology and then in anatomy and surgery, in the Osmania Medical College In 1922 he was appointed first surgeon at the Osmania Hospital, and was its acting superintendent from 1922 to 1929 During this time the new hospital was completed and opened under his active direction Until February 1936 when he was placed on the retired list he was Household Physician to the Nizam and his family , in 1933 he accompanied Prince Huazzam Jah Bahadur on his tour in Europe and subsequently received the title of Nawab In 1935 he again travelled with the Prince in Europe Dr Coorlawala s chief interest lay in surgery, and the radiological advances in this respect made a special appeal to him He contributed to the *Proceedings of the Hyderabad Medical Association* and the *Deccan Medical Journal* In 1920 he was elected a member of the British Medical Association

The late Dr JOHN WILLIAM ROWLANDS, J P received his medical education at the Glasgow Royal Infirmary, and in 1879 obtained the diplomas L R C P Ed and L M and L R F P S Glas and L M After holding the appointment of house physician in the Glasgow Royal Infirmary he engaged in general practice in Llanaelhaiarn, Llanwnda Glamorganshire where he attained wide popularity and was greatly esteemed for his clinical ability and his invariable kindness and sympathy for all in distress He took great interest in the development and social progress of the neighbourhood , for some years he served as a county councillor, and was a justice of the peace Dr Rowlands joined the British Medical Association in 1882 He was chairman of the South Caernarvon and Merioneth Division in 1909–10, and a representative in the Representative Body at the Annual Meeting of the Association at Belfast in 1909 He died at his residence in Llanaelhaiarn, where he had been in general practice for over fifty years, and had been medical officer and public vaccinator His son, Dr John L Rowlands practices at Llanaelhaiarn

The death has occurred in London of Dr LEONARD GREENHAM STAR MOLLOY who was Conservative M P for Blackpool in 1922–3 He was born at Nass Co Kildare, in 1861 and studied medicine in Dublin graduating M D of Trinity College in 1889 From 1891 to 1923 he practised at Blackpool and thereafter in Monte Carlo and Harley Street During the war he served in France and Belgium with the rank of major in the Duke of Lancaster s Own Yeomanry and was twice mentioned in dispatches and was awarded the D S O Dr Molloy was honorary consulting physician to the Victoria Hospital, Blackpool to Rossall School and to a number of charitable institutions He was an honorary life member of the St John Ambulance Association and a Knight of Grace of the Order of St John of Jerusalem He joined the British Medical Association soon after graduation but resigned in 1913 during the early days of the National Insurance Act

Dr NOEL CHARLES BEAUMONT who had been district medical officer for Stainland near Halifax for over a quarter of a century died from pneumonia on February 21 at his home Stannary House Stainland aged 63 years He studied medicine at St Bartholomew s Hospital obtaining the M R C S and L R C P diplomas in 1901 He then served as junior and senior house surgeon and anaesthetist at the Royal Portsmouth Hospital and was for some time chief Government medical officer at Port Moresby Papua After settling down in practice at Stainland in 1909 Dr Beaumont was appointed medical officer and public vaccinator for the district He joined the British Medical Association in 1911 the year in which he married

favourably with treatment by vaginal hysterectomy and colporrhaphy The indications for the operation were a large cystocele with a large prolapsed uterus in a woman past the menopause The operative technique was practically the same as described in Professor Blair-Bell's *Principles of Gynaecology* In the majority of cases the posterior vaginal wall was repaired together with the introduction of mattress sutures in the perineum

The advantages of the operation in cases of large anterior vaginal prolapse were that it gave greater support to the bladder and anterior part of the pelvic floor than could be afforded by an anterior colporrhaphy It was mechanically impossible for the bladder to sag down again, so that the recurrence of anterior vaginal prolapse was extremely unlikely In frail, debilitated women, whom it was dangerous to keep so long in bed after an anaesthetic, transposition could be done by itself and the women be out of bed within a week without unsatisfactory results The disadvantages of the operation were that the peritoneum was opened, with slight added risk—the only death in his series had been due to septic peritonitis—and that the operation could only be done safely after the menopause If done before the menopause great care must be taken to remove the Fallopian tubes or otherwise sterilize the patient Again in the event of the necessity of hysterectomy later on the operation was made more difficult He had carried out the operation fifty-two times with, as stated one operation death Of the thirty-five replies received to an inquiry among patients on whom the operation had been done for a longer period than six months twenty-nine testified to functional cure Three had symptoms—two of dyspareunia and one of backache, one of the patients with dyspareunia had stenosis and the one with backache had enterocele

General Discussion

Mr R H Paramore speaking with regard to Mr Williams's communication said that in all cases of marked prolapse it was very necessary to get rid of the redundancies of the vaginal wall, which could easily insinuate themselves into the aperture He did not believe anyone would succeed in this operation unless the pelvic floor musculature was in an efficient functional state During the period 1922–31 he had performed the interposition operation forty-four times, and though he had not sent round an inquiry as to the after-results, he was under the impression that the operation was followed in the great majority of cases by success It was specially an operation for women past the child-bearing period

Professor James Young considered it very important to recognize that no reconstruction directed to the repair of prolapse could possibly succeed unless it had as its underlying basis the recognition of the importance of the muscle With regard to rival types of operation he considered that no one type availed for all cases Those who had studied the results of the Donald-Fothergill procedure would probably feel that with that operation there was as high an incidence of success as was to be expected of any

Mr V B Green-Armytage congratulated Mr Everard Williams on his courage on coming 'amongst the Fothergillians' He considered it a very important thing to separate the base of the bladder completely, otherwise there was a tendency to stretch the trigone of the bladder, with unfortunate results He also noted Mr Williams's reference to the utero-vesical fold If this fold were sutured too far back on the uterus the floor of the bladder was below the level of the trigone with the same result as in a prostate case—residual urine and stone Great care should also be taken where the surgeon put the fixation suture which went from the vagina through the uterus If it was put through the uterus too low down the uterus tended to become acutely anteflexed, if too high up it tended to bulge and the patient came back with dysuria The uterus in some of these patients was long, and if the suture was put through the fundus it was likely that the patient would return with some form of dysuria or frequency The lower suture should go through at the angle of junction of the cervix with the body of the uterus Finally he pleaded that a self-retaining catheter be put in for forty-eight hours until the patient regained control

Professor J M Munro Kerr said that the interposition operation was ideal in cases of elderly women with cystocele, just as the operation which Mr Everard Williams had described was ideal in certain cases of prolapse of the posterior vaginal wall He had had the pleasure of seeing Mr Williams carry out this operation a day or two previously and had been very much impressed with his technique He had tried the Mayo operation in a few cases and the Gray-Ward operation in a few, but for certain cases—he would not say all—the technique advised by Mr Williams was a distinct advance The special point in his technique was that the utero-sacral ligaments were approached from below, giving he thought, a much better hold than would be afforded by working from above downwards He begged gynaecologists not to put one operation against another, but to select the operation for the particular case

Dr J P Hedley said that rectocele practically never occurred after the Fothergill operation Enterocele was a different thing altogether These operations of tightening up the ligaments were all very well but he had dem them from above with no success at all Mr Learoyd Walker related his experience with a patient who had become pregnant after an interposition operation in Vienna The patient went to term, and he carried out a Cæsarean section Although the case gave rise to a good deal of anxiety it turned out well The incision was somewhere well down the back of the uterus, and the opening of the internal os about three quarters up the posterior wall of the gestation sac

Mr Everard Williams replied that he was not contending that his operation should be done to the exclusion of any other He dissociated himself from the Manchester school who could "see 2,000 cases of prolapse and do 2,000 Fothergill operations No operation was completely successful in hundreds of cases Mr St Gross-Wilson said that formerly in America the interposition operation had been done on women of all ages but he thought it was now carried out only after the menopause or at least the patient was sterilized It was not a good operation before the menopause In the event of enlargement of the body of the uterus he imagined that it would mean a struggle to get it out and he recalled the bitter comments of a gynaecological surgeon in such a case on people who did interpositions With regard to the perineal body, he thought this a very much overrated structure from the point of view of the support of the uterus He was also against the self-retaining catheter It would be better to carry out repeated catheterization

Self-administration of Nitrous Oxide in Labour

Mr Chassar Moir exhibited a new type of apparatus for the self-administration of nitrous oxide gas during labour The machine differed from the automatic machines previously introduced by supplying full strength gas Labour pains were intermittent and the patient was not to be expected to go on inhaling a gas-air mixture during intervals between the pains The success of analgesia was determined by the amount of gas the patient could receive in a very short time Experiment had shown that if pure gas were inhaled for twelve seconds—that is over two deep breaths—the effect was considerably greater than with the usual method of using diluted gas over a longer period Safety was ensured by limiting the absolute amount the patient could inhale at one time This was done by means of a reservoir containing only enough gas for two deep inhalations, and then refilling very slowly, taking a minute to do so The number of patients so far observed with these machines was 120 Cyanosis, usually quite slight, had been seen in only five cases, and there had been no harm to mother or foetus

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Among the graces approved at a congregation held on February 20 was one abolishing the thesis for the completion of the M B degree, in accordance with recommendations made by the Faculty Board of Medicine (see *British Medical Journal*, February 6, 1937, p 278)

The following medical degrees were conferred on February 20

M B B CHIR—W L Petter, E B McDowall, J F Goodall, G S Steele Perkins, C Hardwick
M B—E L Pochin W F Richards
B CHIR—G O Brooks

UNIVERSITY OF LONDON

At a meeting of the Senate held on February 17, with the Vice Chancellor Mr H L Eason in the chair, Professor F A P Aveling D Sc., Ph D, was appointed a Fellow of King's College and Professor Raymond Pearl, LL D, Sc D, Ph D, was appointed Heath Clark Lecturer for 1937

UNIVERSITY OF BIRMINGHAM

Dr H P Newsholme medical officer of health to the city of Birmingham, has been appointed professor of hygiene and public health in the University in place of the late Sir John Robertson

UNIVERSITY OF LEEDS

At its meeting on February 18 the University Council appointed Dr R E Tunbridge at present medical tutor and registrar, to the new post of Reader in Medicine and Mr A J C Latchmore as second surgical tutor

UNIVERSITY OF GLASGOW

The Secretary of State for Scotland announces that the Regius Chair of Materia Medica in the University of Glasgow is vacant owing to the resignation of Professor Ralph Stockman and that it is proposed to take steps to fill the vacancy The professor will in future retire at the end of the academical year in which he attains the age of 65 Applications for the chair accompanied by two copies of recent testimonials should reach the private secretary Scottish Office Whitehall London S W 1 not later than March 31 Particulars of duties, salary, etc, may be obtained from the same address

The Services

LANGLEY MEMORIAL PRIZE

The Langley Memorial Prize value £21, is open to competition among officers of the Colonial Medical Service who are serving or who have served, in West Africa

The prize will be awarded for the best paper submitted on a topic falling within one of the following subjects (special consideration being given to original work) (*a*) tropical medicine or surgery, (*b*) tropical hygiene and sanitation, (*c*) tropical entomology and parasitology

Papers, which may consist of either published or unpublished work must be delivered to the Secretary, London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street W C 1, on or before October 1, 1937

DEATHS IN THE SERVICES

Inspector General JAMES HAMILTON MARTIN, D S O, R N (ret) died at Ealing on February 14 at the great age of 95 He was born at Truro on August 8, 1841, the son of Hamilton Duckworth Martin was educated at Truro Grammar School and at University College, London and took the M R C S and L S A in 1864 Entering the Navy soon after qualifying he became inspector general on January 1, 1900, and retired on January 1, 1902 He had a long record of war service He was surgeon of H M S *Nassau* during encounters with Sulu pirates, and was present at the destruction of Chrang in 1872, staff surgeon in charge of transports during the Zulu War 1879 mentioned in dispatches (medal and clasp), staff surgeon of H M S *Thalia* during the Egyptian War of 1882 was senior medical officer in charge of transports and received the thanks of the Admiralty (Egyptian medal and Khedive's bronze star), principal medical officer to the Royal Marine Battalion in Eastern Sudan in 1884, present at the battles of El Teb and Tamai, wounded, mentioned in dispatches and specially promoted to fleet surgeon (two clasps), fleet surgeon of H M S *Boadicea* the flagship, and served as principal medical officer of the Naval Brigade landed under the command of Vice Admiral the Hon Sir E R Fremantle, K C B commander-in chief of the East India Station for the punitive expedition against the Sultan of Vitu East Africa, in October, 1890, mentioned in dispatches (general Africa medal with clasp and D S O) He had received a Greenwich Hospital pension

Major CHARLES EDWARD GREY STALKARTT R A M C (ret) died at Bury Hall, Alverstoke, Hants, on February 18 aged 71 He was born on August 31, 1865, the son of the late John Stalkartt of Chopra Bihar, and was educated at Edinburgh University where he graduated M B C M in 1886 and M D in 1890 also taking the M R C S and L R C P Lond in 1889 While at Edinburgh he filled the post of prosector in the University dissecting rooms Entering the Army as surgeon on July 28, 1891 after a period in general practice he became major after twelve years' service and retired on July 28 1911 He served in the South African War in 1900 taking part in operations in the Orange Free State including the actions of Paardeberg and Karee Siding, receiving the Queen's medal with two clasps In September 1900, he was invalided home in consequence of enteric fever When the war of 1914-18 began he was recalled from the Reserve of Officers and served as officer in charge of the base depot of medical stores in France, finally relinquishing duty in October 1919

Major JOHN MILO RYAN R A M C died at Lahore on December 4 1936, aged 44 He was born on June 7 1892, and was educated at Trinity College, Dublin where he graduated M B B Ch and B A O in 1915 He took a temporary commission as lieutenant in the R A M C on November 8 1915, became temporary captain after 2 years service and took a permanent commission as captain on July 1, 1919, becoming major on November 8, 1927 He served in the war of 1914-18 He had been a member of the British Medical Association since 1925

Medical Notes in Parliament

In the House of Lords on February 22 Viscount Ghee presented a Bill to amend the description of the persons with whom arrangements may be made under the National Health Insurance Act, 1936, for the dispensing of medicines, and it was read a first time

In the House of Lords on February 23 the Regency Bill was read the third time and passed

The Coal Mines (Employment of Boys) Bill was reported to the House of Commons from a Standing Committee on February 17

The Geneva Convention Bill, which has already passed the House of Lords, was reported from a Standing Committee of the House of Commons without amendment on February 18

The report of the Select Committee on Medicine Stamp Duties was presented to the House of Commons, with minutes of evidence, on February 18

In the House of Lords on February 19 the Royal Assent was given to the Firearms Act, the Unemployment Assistance (Temporary Provisions Amendment) Act and to other Acts

In the House of Commons on February 23 Mr D Grenfell moved a resolution viewing with concern the conditions revealed by the inquiry into the Gresford colliery explosion, in which 265 lives were lost, and expressing the opinion that grave responsibility rested on the country and Parliament to prevent such disasters by adopting immediate and effective measures for ensuring

Dr R J MINNITT expressed some scepticism as to whether the required analgesia could be obtained in two breaths Mr D H MACLEOD asked whether the analgesia was sufficient for the delivery of the head Professor JAMES YOUNG said that he had found the method give more perfect analgesia than any other of the kind Mr MOIR replied that patients in labour were apprehensive and perhaps not in full control of respiratory function, but if the reservoir could not be emptied in two deep breaths it certainly could in three He did not think the machine could be depended on until the end of labour, though a few patients had continued to clutch the apparatus and had been delivered quite successfully under the influence of the gas

Ocular Changes in Pregnancy

Dr GRACE JONES read a short communication on the ocular changes in normal and hypertensive pregnancy It was based on an investigation of the retinal condition in 500 normal and 144 hypertensive cases Of the hypertensive cases ninety had been re examined five months to two years after delivery The higher the blood pressure and the longer the duration of toxaemia the greater was the amount of retinal involvement The subjective signs, on the whole, were few The most common symptom was the seeing of spots and flashes of light also dimness of vision, distortion of images occasionally discomfort and rarely pain The ocular picture included changes in the disk, retina, and vessels Swelling of the disk was the first change to be noted in the majority of cases, the swelling being due largely to oedema The whole fundus tended to have a steamy or hazy appearance The 144 cases of hypertensive pregnancy had been subdivided into three groups for the purpose of the investigation—namely, cases of moderate and of severe hypertension, and cases of eclampsia Four arbitrary grades of retinal involvement were marked mild oedema of the disk of the retina, marked oedema, small cotton-wool patches of exudate and haemorrhagic areas in the retina, and diffuse retinitis of the albuminuric type

In cases under medical care retinitis should never be allowed to develop, and the first sign of exudate or haemorrhage was an indication for immediate induction of labour To prevent retinal involvement and subsequent nephritis all cases of toxic pregnancy should be induced after symptoms had persisted for fourteen days Of the ninety cases re examined 21 per cent showed residual chronic nephritis or chronic hypertension Of these one in seven with normal fundi or with early retinal involvement showed residual lesions and four out of five of those with advanced retinitis The prognosis as regards vision in cases with retinitis was reasonably good

HAEMORRHAGIC DIATHESIS

A symposium on the 'haemorrhagic diathesis" was held at a meeting of the Manchester Medical Society on February 3

Dr J F WARD said that although the term 'haemorrhagic diathesis usually signified the group of purpuras it was also applied to other conditions in which repeated haemorrhages occurred from capillaries, either spontaneously or as the result of minimal trauma, and included the haemorrhagic disease of the newborn and haemophilia These various conditions differed in respect of hereditary influences, the most frequent site of haemorrhage, coagulation and bleeding time and the number of platelets in the circulation Varying figures given for the coagulation time by different workers were due chiefly to the lack of a uniform and satisfactory method of estimation Haemorrhagic disease of the newborn was a deficiency disease as it was satisfactorily treated by injections of whole blood, but the missing factor was not known In scurvy the haemorrhagic tendency was clearly due to lack of vitamin C It was doubtful if true haemophilia ever occurred in the female sex, although cases were reported in which it seemed possible Foulis and Crawford's case was difficult of explanation unless it were due to marriage of a haemophiliac with a female 'carrier Pseudo haemophilia differed from true haemophilia and some of the reported cases were probably examples of inherited purpura No treatment was known that would cure haemophilia, temporary arrest of haemorrhage was more satisfactorily obtained by blood transfusions and in the case of external haemorrhage application of the venom of Russell's viper, which shortened the coagulation time and would be used in high dilution without diminishing its potency Timperley and Naish's treatment with egg white or mucic acid was on trial and had given promising results in their cases

Primary and Secondary Purpuras

Dr JOHN F WILKINSON discussed the non familial haemorrhagic states or purpuras After considering the main features of these and classifying them into primary (idiopathic) and secondary purpuras he dealt in detail with the primary purpuras represented by Werlhof's purpura haemorrhagica and by the Henoch Schonlein purpuric syndrome The features of purpura haemorrhagica were the occurrence of haemorrhages or purpura in or from the skin or mucous membranes, with a reduction in platelets, prolonged bleeding time normal coagulation time and non retractile blood clot The initial manifestation might be epistaxis haematuria, haematemesis melaena, or intracranial haemorrhage, and case records were cited to illustrate this Spontaneous remissions were common, and there was a tendency to seasonal onset of symptoms Dr Wilkinson then described the blood changes in this group of purpuras and indicated their importance in association with the clinical findings in making a diagnosis and deciding upon the correct lines of treatment The various forms of treatment were assessed and the value of splenectomy in association with blood transfusion was demonstrated with the aid of case records The indications and contraindications for splenectomy and the need for choosing the right moment for operation were then considered

As distinct from these purpuras the group represented by the Henoch Schonlein syndrome was less constant The condition appeared to lie between the urticarias and the purpuras As a rule the blood findings were normal It was clear that Henoch's purpura and Schonlein's purpura were not distinct entities but merely varieties of the same syndrome Purpura was not the predominating symptom The condition was usually seen in girls and lasted throughout life with remissions and relapses but the symptoms might change in any individual at different times the main ones being pyrexia, pains in the joints gastro intestinal symptoms (nausea vomiting colic diarrhoea, blood and mucus in the stools) angioneurotic oedema and so on Treatment was unsatisfactory

Dr Wilkinson concluded with a discussion of the importance of vitamin C in relation to the purpuras In the subsequent discussion Dr WILLIAM BROCKBANK referred to two cases of purpura haemorrhagica that had responded to splenectomy and were well several years later Dr C P LAPAGE said that he had had good results with potato cream in the treatment of infantile scurvy Dr REID again emphasized the difficulties of estimating accurately the bleeding and coagulation times and described a method he had employed with success he also referred to a case of familial telangiectasis under his care

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The Belgian Society of Gynaecology and Obstetrics which administers the funds of the International Foundation of Gynaecology offers a prize of 10 000 francs for the best work published during the last four years in one of the official languages of the International Congress of Gynaecology Further information can be obtained from Dr Max Cheval Rue Alphone Hottat 16, Brussels

that the industry was carried on under conditions of maximum safety Captain Crookshank said that before the Government could produce proposals to deal with the greater matters relating to the mining industry they must await the report of the Royal Commission He has issued fresh instructions to inspectors and was considering drafting regulations to deal with the use of telephones and bells the question of fire precautions and of coal dusting He hoped that those regulations would be put into effect shortly He accepted the motion

The motion was agreed to

THE FACTORIES BILL

The second reading of the Factories Bill a summary of which appeared in these columns on February 13 (p 367) was moved in the House of Commons on February 11 by Sir JOHN SIMON Sir John said that questions of health were contained in Parts I III and IV of the Bill and these would be dealt with by Sir Kingsley Wood since they concerned the better health of the community in the widest sense

Mr CLYNES said the Bill proposed a large number of small changes but avoided the great issue of factory reform It omitted to provide a proper yearly rest for the average worker by *means of holidays* Lady ASTOR said the question should have been co ordinated with education and health Children were to be allowed to go into factories at 16 and to work a forty eight hour week with overtime working in many weeks up to nine hours a day Under 16 there was no over time but from 16 to 18 there would be Accidents occurred when young persons began to be tired and the hours for these should be limited to forty a week The Government must raise the age of entry of children in factories to 15 and the time was ripe for this She protested against the classi fication of women and young persons together and saw no reasons why women of a certain age and strength should not work overtime

Mr MANDER said the provisions to restrict the hours of work of women and young persons were an advance but why were not men brought in as well? Long hours affected men just as they affected women The present permitted hours of sixty per week were being worked in a number of cases at the present time particularly in the Midlands Mr BROOKE thought the Bill would do more than either the Board of Education or the Ministry of Health to keep the nation fit In the textile industry to day thousands of women and young persons worked a sixty hour week and ten and a half hours a day and the last two reports of the Chief Inspector of Factories showed that scandalously long hours were worked in some of the less efficient light industries There was too much overtime at this moment in the West Riding of Yorkshire

Mr BUCHANAN considered that a weakness in the present system was that the factory inspector had to carry out prose cutions The time of the inspector was taken up with pre sentation of cases when he ought to be inspecting The Bill should be changed so that prosecution of these cases should be undertaken by the Crown A forty eight hour week was not much advance on the pre war fifty four hour week in districts where people had been moved under slum clearance schemes and sent to suburbs four or six miles away

Mr BANFIELD appealed for the abolition of night baking Sir JOHN SIMON said he had already appointed a departmental committee under the auspices of the Home Office to go into this matter of night baking again and if the case was as overwhelming as Mr Banfield believed the report would pre sumably be in his favour Lord Alness had consented to be chairman and the committee had been asked to give its conclusions in time for them to be acted upon if necessary before the Factory Bill passed

MORE INSPECTION OF FACTORIES

Mrs TATE said the nation spent some £12 500 000 on health services for children in schools and that money must be wasted if their health deteriorated because they went to the factories too early or had to work under rigorous conditions At present there were 254 inspectors and 250 000 factories or one inspector for a thousand factories Under the Bill a much larger number of small factories would have to be inspected and it was imperative that the number of inspectors *should be sufficient* Of points in the Bill which needed to be safeguarded when the Bill was in committee she had noticed one enjoining the provision in every factory of a supply of drinking water That would be no use unless some form of sterilized vessel was provided from which to drink the water Every factory with 150 workers or over was to have a first aid outfit but she hoped that there would be somebody in the factory who understood first aid

Mr ELLIS SMITH said he had gone through a trade union report and was surprised at the extent to which workers suffered from hernia and ruptures It was common for five or six men to have to lift an object from one part of the factory to another He hoped the Bill would enforce the use of mechanical appliances for lifting extraordinarily heavy weights He had seen girls between 16 and 30 having to carry on for eight and a half hours a day afraid to leave their machines because of the economic effect on them if they did leave their work The Home Secretary should see that a provision was included in the Bill to allow women and girls in factories to have rest and attention if necessary He did not see in the Bill anything regarding the risk of lead poison ing in the decorative tile side of the pottery industry—risks mentioned in the annual report of the Chief Inspector of Factories and Workshops for 1935

Mr SHORT said that if factory inspectors could state their opinions freely they would express anger at the cautious manner in which the Bill approached matters concerning the health welfare safety and hours of labour of women and young persons Since 1918 the House had just tinkered with the problem and the Bill was stamped on every page with the word compromise The House ought to be legislating for a forty hour week He was disappointed that the Bill did not provide for expectant mothers *The Public Health Act 1936* provided that women should not have to work for four weeks after childbirth A period of six weeks before and six weeks after had been adopted in France Germany Russia Chile and possibly in other countries

The debate was adjourned

HEALTH PROVISIONS OF THE BILL

When the debate was resumed on February 15 Sir KINGSLEY WOOD commended the Bill to the House because many of its provisions embodied that advance in national health policy which was occupying attention to day *While it was right to* continue efforts to cure illness and physical defects more he said should be done to prevent them Many people looked forward to the time when doctors would be paid when people were well and fined when they were ill There was no doubt that incapacitating sickness and accidents in industry were still heavy and that much of that was avoidable Public Enemy No 1 was colds and influenza which accounted for about 25 per cent of absences from work The medical pro fession had not yet found an instant remedy for colds and influenza Some of the best safeguards against disease and illness especially of a minor character were in addition to shorter hours and longer holidays good housing airy schools good food *clean streets and open spaces*

Their efforts however could not stop short outside the factory door *and much could be done in promoting* the health of the working population by more medical supervision and more welfare provisions The need of further statutory pro vision for the lighting of factories was clearly established for *conditions* in many places were far from satisfactory Clause 5 of the Bill provided that there should be suitable and proper lighting in every factory and in every part of the factory The Home Secretary would have power to define by Order what was adequate and suitable illumination for factories or processes and certain minimum standards would be laid down

MEDICAL SUPERVISION IN SPECIAL TRADES

Under Clause 11 there was an important development towards assisting preventive medicine Under the existing Act

Local News

ENGLAND AND WALES

Maternity and Child Welfare

The seventh English-speaking Conference on Maternity and Child Welfare, of which Queen Mary is Patron, will be held in the Great Hall of British Medical Association House, Tavistock Square, W.C., on June 1, 2 and 3, under the presidency of the Minister of Health Sir Kingsley Wood The conference has been organized on behalf of the National Council for Maternity and Child Welfare and certain of its constituent bodies by the National Association for the Prevention of Infant Mortality, in co-operation with the Maternity and Child Welfare Group of the Society of Medical Officers of Health which will also hold a clinical course for medical practitioners on May 30 and 31 The subject for discussion throughout the conference will be "The Further Evolution of the Maternity and Child Welfare Movement throughout the British Empire and in the United States of America and the following aspects, among others will be included provision for the care of mothers and children the future of preventive psychology in relation to maternity and child welfare work nutritional problems in relation to mother and child the education of parents in the care of their children the chief health problems facing the administration of maternity and child welfare work—how they have to be overcome or what attempts are being made to overcome them, the training of health workers the special problems of rural areas, and of orphans, refugees, and destitute children The conference is open to all who are interested in maternity and child welfare, the fees for full membership, including the receipt of printed matter, are £1 1s per member, or in the case of two or of three members representing the same local authority or voluntary organization 15s and 14s each respectively Application for tickets, with remittance, should be sent to Miss Halford National Association for the Prevention of Infant Mortality 117, Piccadilly, W.1

It has been proposed to hold a maternity and child welfare exhibition at Woburn House opposite B.M.A. House, and that as part of this exhibition there should be a section devoted to historic exhibits in connexion with maternity and child welfare It is hoped that members of the medical profession might be able and willing to lend such things as early types of feeding bottles, cradles charms or other articles illustrative of the upbringing of little children in early Victorian times or earlier Any exhibit lent would be fully insured and every care taken while in possession of the committee Offers of exhibits may be sent to Miss Halford at the above address before the end of April

Air-raid Precautions in London

A report was presented to the London County Council at its meeting on February 23 on the steps which have been taken to co-operate with the Government in the formulation of a scheme of air-raid precautions Two officers of the Fire Brigade were trained at the Government civilian anti-gas school in Gloucestershire, and receiving certificates as first-class instructors, have trained twenty-four other officers as instructors and these are engaged in training the rest of the personnel of the Brigade About half the 2,000 officers and men requiring training have been instructed The question of first-aid posts for the immediate reception of casualties and of casualty clearing stations and base hospitals is being dealt with centrally by the Government for the metropolitan police district The medical officer of health has supplied particulars to the Home Office of the bed accommodation and ambulance facilities which the Council has available, draft proposals have also been prepared for the utilization of some of the mental hospitals The Government has not yet decided however, how to deal with the problem of base hospital accommodation for London casualties and further action by the Council must await its decision Courses of instruction have been arranged by the Home Office at certain of the Council's institutions for the medical staff of the public health and mental hospitals to become acquainted with the measures to be taken to secure protection against gas and to decontaminate personnel and material The medical staff thus trained will pass on their instruction to the nursing staff Measures are also being devised on a volunteer basis to deal with the decontamination of the parks from the effect of gases, and, by the chief engineer for the protection of the Council's pumping stations and other vital parts of the main drainage system After mentioning other measures such as the possibility of using sports pavilions as first-aid posts and the establishments of first-aid and decontamination rooms at County Hall, a reference is made in the report to the criticism directed by certain scientists and others against the effectiveness of the measures in which the Government has invited the Council to co-operate but it is pointed out that the responsibility for the effectiveness or otherwise of the proposed precautions must necessarily rest not with the Council but with the State and that the Council's duty in the matter is fulfilled by giving as it has given, the co-operation sought by the Government

SCOTLAND

Dundee Mental Hospital

Dr W Tuach Mackenzie physician-superintendent of Dundee Mental Hospital has intimated his resignation from this post, which he has held since 1903 Dr Mackenzie graduated M.B. Ch.B. at Aberdeen University in 1898, taking the M.D. degree in 1903 After holding resident posts he specialized in mental diseases, and was appointed first deputy medical superintendent and later physician-superintendent of Dundee Mental Hospital and lecturer on mental diseases at University College, Dundee

Health and School Clinics in Glasgow

Speaking at the annual meeting of the Glasgow Infant Health Visitors Association Dr A S M Macgregor, medical officer of health for Glasgow, referred to the valuable work which was being done by public health clinics recently established by the corporation The Town Council proposed to extend this scheme by building several new clinics in various parts of the city A recently opened one at Provan had started dental treatment for expectant mothers and this had proved a great success At the Cowcaddens clinic the experiment had been tried of conducting classes in mothercraft for schoolgirls, who had shown great keenness in the subject this work carried on at an impressionable age would undoubtedly produce good results in future The infant mortality rate of 109 per 1,000 last year in Glasgow had been disappointing and had been largely due to a widespread and prolonged epidemic of measles in the city

The benefits that have accrued to the physical condition of Glasgow school children are emphasized by Dr G Arbuckle Brown, senior deputy medical officer of health for Glasgow in the annual report of the education health service This report deals with the year to July, 1936, and records that the average weights of the children in each of the six main age groups and the average heights in most of the groups were the highest recorded for sixteen years There was a further fall in the incidence of rickets, and low percentages in the number of children notified to their parents as needing medical attention or

there was power to require medical examinations as a permanent arrangement in codes of regulations for dangerous trades, but it would be of great value to employers and workers that arrangements for medical supervision could be made from time to time in particular works and in certain circumstances He had in mind cases where there might be an outbreak of dermatitis where irritating substances were being used where there had been an introduction of new chemicals likely to be injurious to the workers, or where an outbreak of anthrax was suspected In such cases the Home Secretary could issue special regulations requiring reasonable arrangements to be made for medical supervision of the health of the people so employed This would be a useful provision for protecting the health of the workers and for reducing short time The Home Secretary would also be able to make special arrangements requiring reasonable medical supervision of young persons who were employed on work that might carry risk of injury to their health

Some of the welfare provisions in Clause 8 should also have an important bearing on the general health of the workers There was to be suitable accommodation for workers clothing with arrangements for drying wet clothes He also attached importance to the facilities laid down for the seating of women in preventing excessive fatigue and ill-health Another clause made an important modification of the law with regard to the prevention of injurious affections of the lungs The new provisions required workers to be protected not only against the breathing of dust or fumes of an injurious or offensive character as under the present law, but against the breathing of any kind of dust to a substantial extent

EMPLOYMENT OF WOMEN DURING PREGNANCY

The suggestion that the Bill should prohibit the employment of women in factories during the last six or eight weeks of pregnancy raised a matter of great difficulty and complexity The British Medical Association had put forward certain views on the matter, but the Association's memorandum said that there seemed no valid reason why a pregnant woman should not perform some work of a suitable nature up to the last week or two of pregnancy, and that it would be a hardship if cessation of factory work were to be made compulsory One of the difficulties was that if it were to be made a penal offence for a woman to be employed in a factory for a stated period before confinement it would be quite impracticable to penalize the employer, and the penalty would have to be imposed on the woman herself. Then there arose the question of who was to determine the period of pregnancy A good many women would resent a compulsory prohibition of the kind suggested, and it must be asked whether such a prohibition might not have a bad effect by discouraging a woman from availing herself of ante-natal services at an early stage of pregnancy

The Bill also proposed by amendment of the law and by administrative action to improve the medical arrangements for the examination of young persons by the certifying surgeon The certifying surgeon would in future be required to give a positive certificate that the young person was fit for employment and not merely a negative certificate that he was not unfit Steps were also being taken to ensure a greater measure of co-ordination of the various State health services The Bill made the important provision that education authorities should supply the school medical history to the certifying surgeon By that means the surgeon would have before him the whole medical history of the person being examined On behalf of the local authorities he (Sir Kingsley Wood) could say that they were anxious to co-operate in the efficient enforcement of the provisions entrusted to them by the Bill The Bill would mean a great betterment in the health and conditions of many millions of industrial workers

MEDICAL VIEWS

Sir FRANCIS FREMANTLE said that people working in modern factories were in a better state of health than they were under some of the deplorable housing conditions which the Government was doing so much to improve He hoped that the Government's measures for physical recreation would be considered as a complement to this Bill, the more leisure the workers had and the more they enjoyed it the better There was some medical opinion however, which showed that for some occupations and for some persons it was not a bad thing to work a good deal more than the actual hours laid down in the Bill Long hours of employment were not necessarily bad It had also been found that some workers enjoyed the monotony of their work, since it required less concentration Sir Kingsley Wood had referred to the necessity for providing for ventilation as well as for the temperature of the factories, but he had forgotten to mention a third factor—namely, humidity The thermometer told very little as to whether or not the atmosphere was agreeable unless two other factors were taken into account—the movement of the air and the humidity of the air It largely depended on the heat regulating power of the body whether one was able to breathe at the optimum required for one's work The katathermometer which registered the temperature the moisture, and the movement of the air was not used in our factory system An advance had been made in the appointment by the Home Office of certifying factory surgeons responsible to it and having nothing to do with the educational authorities or the sanitary authorities Under this Bill the description was changed, and the certifying factory surgeon was called an examining surgeon We needed a system where there was a medical officer whose job whether part-time or whole time would be to study the health conditions all the way through the factory, and, when he felt it necessary, to make suggestions concerning an individual the conditions of the factory, or the processes, so far as they affected health It had been said that there was difficulty in employing local medical officers in these conditions, the employers objecting to the local officials going into the factories because of secret processes which they had to guard from their competitors That was a difficulty which ought to be overcome Properly appointed and trained officials would never be guilty of revealing secrets of any kind There ought to be much closer connexion between the factory medical officers of the Home Office and the local medical officers of the health and the educational authorities than was aspired to in this Bill

NEED FOR TRAINING IN INDUSTRIAL MEDICINE

It was certainly an advantage that under the Bill a dossier from the schools was to be passed on to the examining surgeon, who would examine the children going into industry, for obviously the health history of a child during school life was of great importance when he or she went into a factory It was, however, not the same thing as he had suggested The medical officer who had been examining the child during the whole of his or her school life was the most qualified if he understood the conditions of the factory, to decide whether the child was fitted to go into that factory and under what sort of working conditions a certificate should be issued He regarded the Bill as only a temporary measure while they were thinking out a way in which they could improve the general liaison of the health services Industrial medicine had become a matter of vital importance to industry and to the health of the nation and must be under medical officers who were specially trained In factories at the present time the medical men had not been trained in industrial medicine Hitherto it had been entirely left out of the general education of the medical man In the special post-graduate services dealing with public health it was left out because the public health services did not deal with industrial medicine There was growing up a generation of medical men who were studying this question, but he was afraid that the ordinary medical men in the country were not being properly trained for what he believed would be the duties which would be cast on them in future in connexion with the health of the nation

NOTIFIABLE DISEASES OMISSION OF CANCER

Sir ERNEST GRAHAM-LITTLE urged that a larger measure of medical supervision should be provided under the Bill He did not think that there was any medical reason why they

as having to be excluded from school on account of some disease The medical officers during the year made 2,900 visits and examined 54,882 children in the ordinary schools and 1,903 in the schools for children who are physically and mentally defective In addition, 14,965 children were examined at the request of teachers on account of some suspected defect, and 27,005 were re examined as having been found abnormal The numbers of children treated at the school clinics showed an increase of 12 per cent over those of the previous year, this increase being due however, to improved arrangements for examination rather than to any increase in diseases or defects The total number seen and treated at the clinics was 79,843, and the defects included diseases of the ear 4 399, diseases of the eye, 4,324, diseases of the skin 17,569, defective vision, 11,282, defective teeth 26 020, operations on tonsils, 1,435, deformities for remedial treatment, 1,621, other minor diseases, 12,646 The housing conditions of school children were investigated, and it was found that the number of inmates in one-apartment houses had diminished from 5 1 in 1924 to 4 9 in 1936, although the average number of inmates was still excessive in the smaller houses of one or two apartments Comparison of the figures for height and weight of children showed that these bore a direct relation to the sizes of the houses occupied by the families, and that there were increases this year in the average measurements for children in each size of house, the improvement being most marked at the ages of 9 and 13 years

IRELAND

Gift to Belfast Hospitals

Various Belfast hospitals and charities are to benefit to the extent of £100,000 through the munificence of Sir George E Clark and his brother, Captain H Douglas Clark The gift has been made in memory of their parents, and will be an additional stimulus to the further development of the selected institutions The late Sir George Clark was one of the founders of the famous shipbuilding firm of Workman and Clark, which, with Harland and Wolff, enjoyed a great reputation among British shipbuilders for the high class liners and vessels they produced Outstanding among the numerous gifts is £15,000 to the paying patients block of the Royal Victoria Hospital, and a similar sum to the Belfast Hospital for Sick Children for the building and equipping of a paying patients department for children of all classes £5,000 has been given to the Pathological Institute of the Royal Victoria Hospital and to the Mater Infirmorum Hospital Among other recipients are the Benn Eye and Ear Hospital and the Ulster Hospital for Women and Children

Irish Free State Medical Research Council

The first meeting of the Medical Research Council of Saorstat Eireann was held on February 16, when the following members were present Professor R P Farman (chairman), Professors J W Bigger, J F Donegan W J E Jessop, H Moore, T G Moorhead, and J M O Connor, and Dr J McGrath The thanks of the Council were accorded to the Executive Council of Saorstat Eireann for facilitating the formation of the Council and for putting at its disposal an annual grant, to the Hospitals Commission for advice and assistance, to the Royal Academy of Medicine in Ireland, under the auspices of which the preliminary work was done, and to the directors of Hospitals Trust Ltd, who placed at the disposal of the Preliminary Committee their staff and premises and who bore all the expenses in connexion with the incorporation of the Council The following officers were appointed hon treasurers, Dr McGrath and Professor O Connor, hon secretary, Professor Bigger, solicitor, Mr P H O Reilly

Correspondence

Mental Disorder and the Endocrines

SIR—The relation between mental disorder and the activities of the endocrine glands, so ably presented by the openers, was the subject of discussion at a meeting of the combined Sections of Psychiatry and Medicine at the Royal Society of Medicine on February 9 (*Journal* February 20, p 404), but it related chiefly to the gonads The subject is no new text, for Sir George Savage in 1890 described cases of hypothyroidism in association with mental diseases, as did Kocher in 1883, Ord in 1880 Gull in 1873, and Schiff as far back as 1859 Victor Horsley referred to the influence of the thyroid as a necessary hormone in the physiology of metabolism and Halliburton referred to a nucleo albumin filling up the normal thyroid —and containing iodine—which exercised a profound influence on the body

The general symptoms following removal of the thyroid were fully described by Horsley who referred to myxoedema in adults and sporadic cretinism in the young both characterized by slow clumsy movements of the heavy body with its overgrowth of connective tissue and the thin and coarse hair and also mental apathy listlessness inactivity and depression —all of these symptoms improving after the administration of the gland Cases of this type are not infrequent in asylums (now mental hospitals) and my notes refer to nine marked cases which improved so much that they were discharged from Claybury One was readmitted owing to privation and inability to purchase the thyroid but she was again discharged recovered One suffering for twenty years from diabetes (as a complication) could not take the thyroid owing to faintness and it had to be discontinued There are other notes which need not be detailed

'I should like to refer to the pituitary, one of the mysteries of the human body, insomuch as 8 grains should be able to exercise such an enormous influence on the tissues of the body, especially the bony structures I think one of the first cases in an asylum was in Colney Hatch, the institution now so ably presided over by Dr John Brander

This was the case of a middle aged woman admitted in 1884 with the unmistakable symptoms of acromegaly She was under my care at the time and was suffering from delusions of persecution abnormal sensitiveness irritability headache, and vague lumbar pains There was general enlargement of the bones of the limbs (the hands and feet) and of the bony skeleton and the face was characteristic Her sight was not affected, and there were no symptoms of subthalamic pressure She lived for several years but the case was so unusual that I invited several of the then staff of St Bartholomew's Hospital to see her but no diagnosis was reached After her death a post mortem examination was conducted by my successor Dr Cecil Beadles afterwards one of the curators of the Royal College of Surgeons He found a much enlarged sella turcica and a tumour of the pituitary, and he believed it was the first recorded in this country Shortly afterwards Marie named the disease acromegaly and I sorrowfully record that I missed attaining immortality and an imperishable name!'

The case of Dr Leonard Mark described by himself, is well known and to day the literature of the subject is extensive, especially in regard to cases of hypopituitarism and Frohlich's syndrome or hyperpituitarism and gigantism No one has a wider knowledge of the pathology of the ductless glands than Sir Arthur Keith and he may have among his notes the case I refer to—I am etc,

London S W 1 Feb 20 ROBERT ARMSTRONG JONES

should differentiate between men and women in the Bill he would like the division simply to be between adults and adolescents the latter of course requiring some age qualification Special measures might be called for on account of age but not of sex with the one exception of pregnancy Pregnancy ought to be regarded as in the nature of an illness and treated according to the individual case There ought to be no hard and fast rule such as four weeks rest before and after delivery but individual patients should be treated according to their circumstances They ought to legislate with some attention to basic facts He pleaded for much better medical service in factories The Chief Inspector of Factories made a very impressive statement in 1932 when he said that they had come to the limit of usefulness in devising gadgets to prevent accidents and that more consideration should be given to the human factor That was borne out by statistics One could predict that a certain group of persons would have accidents It was the same in cases of idiosyncrasy Out of the total number of disabilities which caused absence from work in factories practically one half were due to external irritants and disease of the skin

Clause 62 of the Bill dealt with notifiable industrial diseases The five diseases declared notifiable were lead poisoning phosphorus poisoning mercurial poisoning arsenical poisoning and anthrax Why those diseases were singled out he did not know The figures for lead poisoning were much larger than the others For three years the figure was 535 cases of lead poisoning with 123 deaths In the case of phosphorus poisoning its inclusion seemed specially curious for the last recorded cases were in 1910 That was very easily explained In 1908 the Phosphorus Poisoning Act was passed and it immediately stopped accidents from that cause As regarded mercurial poisoning the total number of cases in the last three years was only two and there were no deaths while in the case of arsenical poisoning there were five cases and no deaths The most important section was that of anthrax which was decreasing very rapidly The number of cases of anthrax in the last three years was sixty and the mortality was ten By far the most important industrial accident or disease was cancer, which was on the increase all the time It was not notifiable In the last three years there were 535 cases and 123 deaths The cases of cancer referred to in certain reports arose from two causes—oil and tar Oil of course was the lubricant used in the cotton industry and it was the cause of an extraordinary large mortality In the last report of the Registrar General the figure for the mortality from cancer produced by oil was 4 per 1 000 000 of the ordinary population but among cotton spinners it was 134 per 1 000 000 It had been ascertained that the production of the disease by oil depended upon the nature of the oil—the heavier the oil the more cancer it produced and experiments which had been tried in Manchester chiefly showed that these oils could be identified and that it was possible to determine beforehand what would happen if a certain oil was used A formula was now available which could be very easily applied and by which it was possible to determine before a particular oil was used what was likely to result from its use in the matter of cancer production and the injury to the skin caused thereby Although that information had been quoted in the medical press for the last three or four years he saw no mention of it in any of the factory inspectors reports This information had been passed on to the body which dealt chiefly with petroleum manufacture Tar was another important cause of cancer It was very largely used in the manufacture of patent fuel and the mortality among tar workers was high The incidence of cancer caused by tar was 4 per 1 000 000 of the general population but in the case of tar workers it was 695 per 1 000 000 and in the case of chimney sweeps who were subject to somewhat similar conditions it was 534 per 1 000 000 A statement in the report of the Chief Inspector of Factories for 1935 showed what could be done by really efficient medical supervision The Inspector said that the cost for compensation in the group with periodical medical examination amounted to £1 390 whereas in the other group the cost was £1 624 so that there was a clear annual saving as a result of periodical medical examination The opportunity afforded by this Bill to increase the amount of medical supervision should not be lost Medical supervision should be provided for all workers irrespective of age or sex

GOVERNMENT REPLY

Mr GEOFFREY LLOYD replying to the debate said that the provision in the Bill in regard to medical supervision gave an important new power It enabled the Home Secretary in several circumstances to see that there was undertaken proper medical supervision on certain processes Fortunately they had one or two examples where medical supervision had taken place not compulsorily but voluntarily A few years ago there were developments in some of the factories making accumulators for motor cars which led to an increase in lead poisoning They had a considerable number of cases—over 100 in one year—and being progressive the firms approached the Home Office which arranged that there should be medical supervision in these works A young doctor was put in charge of the work and went into it very scientifically Immediately there was the slightest indication of lead in the body the man was either taken off the work in which lead was used or a radical alteration was made in the processes from the point of view of the elimination of lead Owing to the measures that were taken the cases of lead poisoning dropped rapidly and during the last three or four years there had been in one factory only one or two cases at most and in the others none

The Bill was read a second time without a division

Scottish Maternity Services Bill

Consideration of the Maternity Services (Scotland) Bill by a Standing Committee of the House of Commons was completed on February 16 The committee then resumed its discussion of the new clause proposed by Mr Graham Kerr which deals with facilities for instruction in midwifery Mr GRAHAM KERR said the object of the clause was to ensure that the existing method of training students would be maintained and if possible improved Mr WESTWOOD said the proposed clause would provide living experiments for those who had just entered on their studies as medical men or as midwives and would extend facilities to any persons undergoing training though this might be the first day of training Mr T M COOPER said he did not think the new clause was an appropriate measure for ensuring continuity in the supply of skilled doctors and midwives The clause literally read would involve an intolerable invasion of the liberties of private people and would require the local authority to secure that adequate facilities for domiciliary instruction were made available to any person engaged in training That was too wide Mr G A MORRISON said hospital instruction itself was not adequate He had figures which showed that 68 per cent of the births in maternity hospitals were abnormal and it was not advisable to study the normal from the abnormal Mr ELLIOT hoped that Mr Kerr would withdraw the clause

Mr Kerr did not feel prepared to do this and the clause was negatived without a division

PANEL OF DOCTORS PRACTISING MIDWIFERY

Mr MATHERS then moved a new clause as follows

> It shall be lawful for a local authority to appoint a number of registered medical practitioners to form a panel for the purposes of Section 22 of the Midwives (Scotland) Act 1915 and when such panel is so formed the medical practitioner called to her assistance by a midwife provided by a local authority under Subsection (1) of Section 1 of this Act shall be selected from the panel so formed

In proposing that the clause be read a second time Mr Mathers said his object was to ensure that a midwife who found herself faced with some difficulty or abnormality should be able to call in not merely a medical practitioner but one who was skilled in midwifery A statement provided by Glasgow Corporation showed that in Glasgow during 1935 out of 544 medical practitioners whose practice included service under the National Health Insurance Acts 144 did no midwifery 166 attended from one to five cases 82 attended from six to ten cases 86 attended from eleven to twenty cases and 66 attended over twenty cases during the year

When is Abortion Lawful?

SIR,—Referring to a letter and a leading article in your issue of February 20 (pp 393 and 418), I think that there can be no doubt that abortion, which, as the law stands, is undoubtedly criminal, has for many years been largely practised, and is probably now commoner than before

It is true that great discretion is used in instituting prosecutions It is extremely difficult to convict even the most notorious abortionists, who are, for the most part, not medically qualified Some forty years ago I interviewed the Director of Public Prosecutions of that time in regard to advertisements which were then common, and which were obviously for methods of criminal abortion by drugs, etc He told me of an enterprising policeman who laid a trap for a well known abortionist and was himself badly caught He took his own wife, who was pregnant, and asked him to procure abortion for her The abortionist got his blow in first by charging the man with inciting him to commit a felony The policeman had a bad time

A notorious medical abortionist saw his patients once only He used instrumental means to terminate the pregnancy, and told the patient to go home and call in her own doctor He warned her that she must tell her doctor nothing about the operation One such patient called in her doctor He gave her every care but she died and instrumental injury was detected As the patient had observed complete silence her doctor was in a most dangerous position, as there was no evidence that anyone else but he could have used the instrument He had never heard of the abortionist and knew nothing of him

Doctors are from time to time asked to procure abortion for patients, and refuse to do so Not infrequently they are sent for at a later date to deal with unavoidable miscarriage The patient in some cases proceeds to tell the doctor, in the presence of a nurse, how she succeeded in bringing about the miscarriage which he has to complete The doctor, of course, maintains professional secrecy It certainly looks, however, as though he might be regarded as *particeps criminis* with a patient guilty of criminal abortion—I am, etc,

Lingfield, Feb 21 HUGH WOODS M D

SIR,—Your leading article "When is Abortion Lawful?" in last week's *Journal* is not quite complete in its legal aspect In 1929 an Act of Parliament was passed entitled 'An Act to Amend the Law with regard to the Destruction of Children at or before Birth" This Act was passed to remedy a curious defect in English law, to which attention was called by Mr Justice Talbot during the trial of a case before him He pointed out that whilst it was criminal to destroy a child by procuring abortion or to kill it directly after birth (infanticide) it was no offence to cause the death of a child during the actual process of birth The essentials of the 1929 Act are as follows

Any person who with intent to destroy the life of a child capable of being born alive, by any wilful act causes a child to die before it has an existence independent of its mother shall be guilty of felony and shall be liable to penal servitude for life No person shall be found guilty unless it is proved that the act which caused the death of the child was not done in good faith for the purpose only of preserving the life of the mother Evidence that a woman has at any material time been pregnant for a period of twenty-eight weeks or more shall be prima facie proof that she was at that time pregnant of a child capable of being born alive

It is quite clear that the operation of procuring abortion is now legal under certain circumstances—namely, that it is done to save the life of the mother, and that the seventh month of pregnancy has been reached This still leaves the main question of the legality of therapeutic abortion for preserving the health or life of the mother during the first seven months or for preserving the health of the mother after seven months in the same uncertain condition as it was before the passing of the Act The law having made abortion legal under certain circumstances, it may well be argued that it is illegal under any other circumstances

In my book on *Criminal Abortion* (Bale Sons and Danielsson, 1932) I cited at pages 22 to 24 a case which bears directly on the matter discussed in your leader Although this occurred in France, it might just as readily have happened in our own country It cannot be too strongly emphasized that no doctor ought under any circumstances to procure abortion on a patient unless he has obtained agreement of a colleague of repute to the performance of the operation—I am, etc,

Hove, Feb 21 L A PARRY, F R C S

Specific Antitoxins for Gonococcal and Meningococcal Infections

SIR,—In the *Journal* of February 13 Dr T Anwyl Davies described the specific antitoxin treatment of gonorrhoea May I draw attention to a method of treating chronic gonorrhoea in women which effects an active immunization of the body and which was introduced fifteen years ago By this method the body itself is called upon to produce the necessary antitoxins, which in chronic gonorrhoea are no longer produced by the tissues

As a gynaecologist I have only studied chronic gonorrhoea in women Live gonococci are injected intracutaneously in certain predetermined quantities In contrast to the high temperatures frequently caused by the antitoxin employed by Dr Anwyl-Davies, the injection of live gonococcal cultures hardly produces a fever Usually only one single injection is required to heal chronic gonorrhoea The inoculation is perfectly harmless, and there is no danger of a gonococcal sepsis being caused by the injection because the live gonococci are killed very quickly in the skin Hitherto some 3,000 injections of this kind have been performed at the gynaecological and dermatological clinics in Berlin, Kiel, Konigsberg, Wiesbaden, etc Results have shown that about 60 to 70 per cent of cases of chronic gonorrhoea in women can be cured by this method This percentage is hardly reached with the antitoxin employed by Dr Anwyl-Davies At the Surgical University Clinic, Berlin, Professor Bier applied this method to a number of cases of acute gonococcal arthritis Within twenty-four hours after the intracutaneous injection of the gonococcal cultures the patients were free from pain and able to move the affected joint The cure of chronic gonorrhoea in women by way of intracutaneous injections of live cultures was only assumed when a negative finding of gonococci was maintained for one year after the treatment at least As far as I know this treatment, according to the method outlined above, was commenced last year at St Mary's Hospital—I am, etc,

London, W 1, Feb 21 ALFRED A LOESER

*** With reference to Dr M H Gordon's letter on this subject in last week's *Journal* (p 414) our annotator writes I have the greatest respect for Dr Mervyn Gordon's achievements in connexion with the serum treatment of meningococcal meningitis, a field of work in which he has had a wider and more fruitful experience than any man living I omitted reference to his work in discussing Dr Anwyl-Davies's paper only because the two subjects seemed to me only remotely connected The

It would not be possible in country districts to have medical practitioners devoting their time to special aspects of work, and the clause, therefore, was made optional In Glasgow in 1935 medical help was called for by midwives in 33 per cent of the births occurring in that year In 1934 the percentage was 32 and in 1933 it was 31 That proved the need for providing that the midwife should be able to call to her aid at the earliest moment one who could bring the proper skill to bear on the case

Mr ELLIOT said the proposed new clause could not be complete unless penal provisions were incorporated, and against whom would fine and imprisonment be proposed? Would it be against the midwife who summoned the doctor or against the doctor who attended? To suggest that a local authority should decide who should not carry out the practice of midwifery under the Bill would give a power never yet given to any local authority He sympathized with the object of the clause but, after all, the midwife was well acquainted with those who practised midwifery in the area where she worked Mr WESTWOOD and Mr STEPHEN suggested a voluntary panel of practitioners specially skilled in midwifery Mr ELLIOT said there would not be difficulty in compiling a list of those who were practising midwifery The local medical practitioners would be better able to give this information than anybody else, and such a list could be available to the midwife Before the report stage he would consider whether such a provision could be incorporated in the statute

Mr MATHERS then withdrew the proposed new clause

The committee approved the schedules of the Bill and consideration on the report was completed, the Bill thereafter being reported to the House

Unemployed Men at Papworth

Matters relating to Papworth Tuberculosis Sanatorium and Papworth Village Settlement were raised in the House of Commons on February 17 on the motion for the adjournment by Mr ROWSON He said disquieting information concerning Papworth had come into his possession, and he had received unsatisfactory answers on the subject from the Minister of Labour and the Minister of Health A case had been brought to his notice where a young man who had suffered from tuberculosis for a long time, and was known to be in a fairly acute stage, was asked to prepare himself to go to work in the printing shop, but collapsed and died within fifty minutes An alternative story was that this man was on his way to see the doctor, but Mr Rowson was convinced that he had died on the way to work He died from a pulmonary aneurysm It ought to be possible for medical men who continually supervised tuberculous cases to find out the stage in the disease when a thing like that might happen Mr Rowson recalled that he had already put questions to the Minister of Labour and the Minister of Health about men being sent to Papworth to be employed in the workshops side by side with the victims of tuberculosis All medical men with whom he had come in contact said there was a possibility of infection from merely breathing the same atmosphere as a tuberculous patient He could not appreciate the position which the Minister of Health had taken up, and the practice of sending non-tuberculous workers to Papworth should be ended as soon as possible Mr Rowson said he had lately visited Papworth, and found men there from the distressed areas who told him they had not been warned of the kind of place in which they were to be employed and that they dared not leave on their own account, because if they went away there would be no unemployment benefit for them In the place where these men were working there were other non tuberculous men, and also patients suffering from tuberculosis in various stages

Captain BRISCOE said that men employed at Papworth asked him to let it be known that the vast majority of workmen there were more than satisfied with their conditions

Mr ERNEST BROWN quoted a letter from Sir Kingsley Wood, who stated as a result of careful inquiry that it was not the fact that persons suffering severely from tuberculosis were employed until a few days before death save in the exceptional case of a patient, otherwise fit, dying from rupture of a pulmonary aneurysm, which could not be foreseen Mr Brown added that the man mentioned by Mr Rowson died on the way to a medical inspection, and that the only work given him to occupy his mind was moving a small lever with one finger Papworth was so valued by those who suffered from tuberculosis that the settlement was full Since August thirty-eight trainees from four different centres had come voluntarily to Papworth, and of these fourteen had left All fourteen left the institution without any harm whatever, and only one was disallowed benefit Besides twenty four trainees now working there, eighty eight ordinary workmen were engaged under similar conditions, who had no fear and received no harm

The discussion then concluded

In a reply to Mr Sexton on February 18, Sir KINGSLEY WOOD said Papworth Village Settlement including the sanatorium hospital, was registered as a war charity under the War Charities Act, 1916 In a further reply to Mr Rowson on the same date Sir Kingsley said he had approved the sanatorium hospital at Papworth as an institution for the treatment of tuberculous patients sent by local authorities It was inspected from time to time by his officers, and was to that extent under the supervision of the Ministry of Health but not under that Department's control

Inquests on Infants Doctors' Fees

Sir KINGSLEY WOOD told Sir Arnold Wilson on February 17 that his attention had not been called to the refusal of certain coroners to pay the usual fees to doctors in respect of statements made to the police as to the cause of death of infants The Ministry had not advised doctors in such circumstances to refuse to make statements Sir ARNOLD asked whether, having regard to the suffering involved to the persons immediately concerned and to the importance of avoiding unnecessary inquests, Sir Kingsley would endeavour to secure uniformity in the practice of coroners in this matter by introducing legislation if necessary Sir KINGSLEY, in reply suggested that Sir Arnold should supply him with particulars of any cases of hardship which he had in mind

Sale of Methylated Spirits in Scotland

The House of Commons, on February 17, gave Miss FLORENCE HORSBURGH leave to bring in a Bill to control the sale in Scotland of methylated spirits and of methylated spirits in admixture and for purposes connected therewith She said the evil effects of the drinking of methylated spirits in Scotland were well known The Bill was based on an enactment by the Parliament of Northern Ireland which had proved satisfactory Retailers of methylated spirits had to obtain a yearly Customs and Excise licence The Bill proposed to attach to the granting of a licence further conditions, such as registration of the applicants with the local authority, the keeping of a record of sales, and the selling only on receipt of an order signed by the purchaser stating the purchaser's address and the purpose for which the spirits were required The measure had the approval of a large section of public opinion in Scotland

The Bill was read a first time and its text was subsequently issued

Cambridge Scientists' Anti-War Group

On February 22 Mr PARKER asked the Home Secretary if he would make an investigation into the observations of the Cambridge scientists as the result of their examination of recommendations put forward by the Air Raids Precautions Department of the Home Office and if he would publish the full scientific evidence on which the proposals for the gas-proofing of rooms in private houses had been based

Mr GEOFFREY LLOYD said he presumed Mr Parker referred to the Cambridge Scientists' Anti-War Group This group must not be confused with the general body of Cambridge scientists The Government was advised in regard to these matters by the most distinguished scientific experts not only from Cambridge but from Oxford and other universities The observations of the Cambridge Scientists' Anti War Group had been carefully investigated, with the result that both the experiments themselves and the deductions made from them

whole literature of meningococcus and gonococcus 'antitoxin' claims that they are something totally distinct in nature from any anti bacterial serum, and indeed they are prepared and tested by methods quite different from those advocated by Dr Gordon His suggestion that filtrates of gonococcus culture really contain endotoxin is explicitly denied by Ferry himself, who states in his original paper (*J Immunol* 1931, **21**, 233) that lysed cocci do not produce the skin reaction by which the presence of his "exotoxin is deduced and recognized It will be seen that there are wide divergencies here in belief as well as in method In my opinion the whole of Ferry's work stands in need of confirmation and elucidation With Dr Gordon's plea for authoritative intervention in matters of this kind I am in whole hearted agreement It is supremely unsatisfactory that the production of therapeutic serum in this country should be undertaken only for profit commercial considerations, though admittedly an incentive to research and improvement can also act in more than one way prejudicial to the advance of knowledge It is perhaps not generally understood that all but very few of the leading bacteriologists in this country are excluded from participation in serotherapeutic research by the fact that the largest animal at their command is the rabbit The State Serum Institute which has brought international fame to Denmark could surely be emulated here, if only for research purposes rather than supply It would then be possible for independent research workers, unfettered by the obligations of a commercial laboratory, to attack the fundamentals of such a problem as this

Mandelic Acid in Urinary Infections

SIR,—In the interesting and helpful annotation in the *Journal* of February 20 (p 396) in which you write

> the real problem is the chronic case which though rapidly responding to treatment, relapses (often with an acute attack) within a few days or weeks Repeated courses of treatment only result in as many relapses

a misunderstanding is possible and your final remarks might lead physicians, without knowledge of this treatment to give it up It was emphasized in some of the original papers that treatment after cessation of the acute symptoms, should be carried on for many months far from forty-eight to seventy two hours every week, and my experience of many cases is that if this procedure is adhered to there are no relapses Patients do not care to have to go on taking the medicine and adhering to the restricted fluid diet for forty eight hours every week in some cases for the rest of their lives but I have had no difficulty in persuading them to do so, as, where the symptoms have been real, they are very grateful for the continuous relief from what is a very dreadful affliction —I am, etc,

Tain Ross shire Feb 21 E K MACKENZIE

Hypochromic Anaemias and Iron Deficiency

SIR,—In the interesting paper by Dr J F Brock which appeared in the *Journal* of February 13 (p 314) the author refers on several occasions to my published work on the iron deficiency anaemias, and draws certain deductions therefrom

Dr Brock bases his conclusion that 9 grains of ferrous sulphate is an insufficient dose of iron on the statement that only ten out of twenty one cases treated by me responded satisfactorily to this dose by a rise in the haemoglobin level of 1 per cent daily Reference to my paper (*Edin med J* 1934 **41**, 99) clearly indicates that only eleven out of the twenty one cases can be utilized for such an assessment—namely, Cases 1 to 11 The others, for reasons stated, must be excluded either because the dose was less than 9 grains of ferrous sulphate daily, or because of coexisting complicating factors, such as cancer, nephritis, and haemorrhage during treatment Of these eleven cases ten showed an increase in the haemoglobin level of 1 per cent or more daily, while in the eleventh case the haemoglobin rose by 0 86 per cent daily, a figure which would be considered satisfactory by many authorities In the experience of Professor Davidson and myself, comprising hundreds of cases of hypochromic anaemia, 9 grains of ferrous sulphate daily has been found to be a satisfactory dose in the great majority of cases

I should like also to draw attention to a misquotation of the figure calculated by me for the iron loss during lactation My figure for this loss during six months lactation was 180 mg (*British Medical Journal* 1936, **2**, 523), not 750 mg, as quoted by Dr Brock in the table on page 315 of his article—I am etc,

H W FULLERTON M A, M B, Ch B

Aberdeen University Feb 13

Cancer of the Breast

SIR,—In 1924 I read in Mr Duncan C L Fitzwilliams's book on the breast the following sentences

> that cancer can grow out in a ring for a distance of six eight or more inches all round the growth—Handley gives distances of nineteen, twenty and even twenty two inches—to a subcutaneous nodule and that the intermediate spread all disappears and leaves no trace is in my opinion not only incredible but absurd'

and—

> I can only conclude by saying that after giving very careful attention to all the writings and arguments on this subject I have not met a single fact which would support the argument in favour of permeation as everything can be explained by the far simpler method of blood borne or lymphatic emboli

I realized then that I could not count Mr Fitzwilliams among my supporters That impression is strengthened by his recent letter (*Journal*, February 20 p 416) But I have not hitherto replied to his criticisms because I had already published in full the facts and observations which drove me to the conclusions he finds so absurd (*Cancer of the Breast* 1922 second edition Murray) I also might have considered them absurd before I had studied the subject at first hand Mr Fitzwilliams still apparently has not done so He is a clinician not a histologist and microscopical evidence appears to mean little to him, or so I infer from the fact that his book on breast cancer contains many clinical illustrations but only four microscopical ones all borrowed

He has studied the subject of dissemination in the forensic manner of a lawyer getting up a case Barristers and judges avoid any first hand observation and rely upon the verbal statements of witnesses Mr Fitzwilliams has given careful attention to all the writings and arguments on dissemination, and as the advocate for embolic spread he presents his case with considerable skill in the form of a series of assertions ignoring all the troublesome facts which confront him The unshakeable rock upon which the permeation theory rests is the detection of the "microscopic growing edge of permeated lymphatics at considerable distances from the primary growth—for example in the deltoid region of the arm or midway between the umbilicus and the ensiform cartilage

had been proved to be open to grave criticism It would not be in the public interest to disclose details of the experiments on which the Government's plans were based but those experiments were conducted with actual war gases liberated under practical conditions and the precautions proposed would be effective in affording a very great measure of protection

National Health Insurance Regulations—Sir KINGSLEY WOOD told the House of Commons on February 17 that the coming into operation on January 1 1937 of the National Health Insurance Act 1936 necessitated the revision of all regulations and orders made under the Acts previously in force Good progress had been made with this work and as soon as it was complete the preparation of a new edition of the Statutes Regulations and Orders relating to national health insurance would be put in hand

Waiting Period for Health Insurance Benefit—Mr ERNEST BROWN informed the House of Commons on February 23 that the Government accepted a recommendation from the Unemployment Insurance Statutory Committee that the waiting period for the receipt of benefit should be reduced from six to three days and that there should be a relaxation of the conditions under which more than 156 days of benefit may be drawn in the benefit year A resolution would be tabled to make the reduction in the waiting period effective from April 1

Medical News

The Royal Society of Medicine is giving a reception on May 10 next, at 8.30 p.m., in order to celebrate Coronation Week It is the desire of the council to entertain on this occasion medical men from the British Empire from over seas, whether Fellows of the Royal Society of Medicine or not who will be in London for the Coronation As accommodation is limited it would be of assistance if medical men wishing to avail themselves of the society's hospitality on this occasion would communicate with the secretary, 1, Wimpole Street, W.1, not later than May 1

A course of lectures on 'Digestion and Indigestion will be delivered by Dr Edward Mellanby F.R.S., secretary of the Medical Research Council before the Royal Institution 21 Albemarle Street, W., on Tuesdays, March 2, 9 16 and 23 at 5.15 p.m.

A Chadwick Public Lecture on "Legal Aspects of Sanitary Science Public Health Acts 1875–1936" will be delivered by Mr W. T. Creswell K.C. in Gray's Inn Hall, Holborn W.C., on Tuesday, March 9, at 8.15 p.m.

The annual clinical meeting of Guy's Hospital Dental School will be held in the dental department on the morning and afternoon of Saturday March 6 when demonstrations of modern procedures will be given by members of the staff and cases of clinical interest shown to past students

The thirty eighth annual meeting of the Lebanon Hospital for Mental Diseases, Asfuriyeh near Beirut, Syria will take place in the Winter Garden of the Cora Hotel Upper Woburn Place W.C.1 on Tuesday, March 2 at 3 p.m. with the president, Dr R. Percy Smith, in the chair and Dr Nathan Raw as opening speaker

The third Conference of the Austrian Association for the Study of Diseases of the Throat, Nose and Ears will be held at Innsbruck on May 28 and 29 when various addresses followed by discussions, will be given The official report will be published in the *Monatsschrift fur Ohrenheilkunde und Laryngo Rhinologie* including the text of the addresses Notice of intention to participate should be received by the conference director, Schottenring 24 Vienna I. not later than April 15

During the week ended February 20 the number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales was 423, compared with 697 in the preceding week In London the number of deaths from influenza was thirty three against fifty in the preceding week and the notifications of pneumonia in London were eighty seven against ninety four

The twenty seventh Hospitals Nursing Midwifery and Public Health Exhibition and Conference will be held at the New Horticultural Hall, Westminster, S.W., on March 1 2, 3 4, and 5, and will be open from 11 a.m. to 7 p.m. daily (except the first day, opening 2.30 p.m., and the last day closing 6 p.m.) The sections of the exhibition include occupational therapy anti gas and air raid precautions, mothercraft, electricity, architecture and oxygen There will be conferences on nursing midwifery public health (under the presidency of Dr William C. Gunn) and medical gymnastics and receptions have been arranged for every day of the conference Members of the medical profession, municipal officers and health workers generally will be admitted to the exhibition on presentation of their visiting cards Particulars may be obtained from the honorary convener Colonel R. J. Blackham, C.B. C.M.G., 40, Holland Park, W.11

The 162nd anniversary dinner of the Medical Society of London will be held at Claridge's on Thursday, March 4 at 7.45 p.m., with the president Sir William Willcox in the chair

The German Society for Combating Rheumatism will hold a congress at Wiesbaden on Sunday March 14 Further information can be obtained from the general secretary, Dr Krone Potzdamer Platz 1, Berlin W.9

A Science and Building Exhibition to be held at the Building Centre 158 New Bond Street London W., is being arranged by the Department of Scientific and Industrial Research It will be opened by Mr Percy Thomas P.R.I.B.A., on March 1 and will remain open until March 25 The object of the exhibition is to illustrate the work carried out by the various organizations controlled by the Department or associated with it of interest to the industry in the solution not only of general building problems but also of some of the more specialized problems which the industry is called upon to face The exhibition is very wide in its scope and among those participating are the Building Research Station the Fuel Research Station the National Physical Laboratory the Water Pollution Research Board, and the Department's chemical research laboratory

A medical tour organized by the Societe Medicale du Littoral Mediterraneen, will take place from March 21 to 28 All the resorts on the French Riviera from Hyeres to Mentone will be visited and receptions and scientific demonstrations will be held All medical men and their families are invited to join at the inclusive charge of 1 000 francs plus a booking fee of 50 francs per family A reduction of 40 per cent will be granted by the French railway companies A children's welfare congress concerning climatic conditions will also be held during the period under the presidency of Professor Nobecourt of the Paris Faculty of Medicine Particulars can be had from the Societe Medicale 24 Rue Verdi Nice (A.M.) and the Federation of the Health Resorts of France Tavistock House (North) Tavistock Square London W.C.

Some months ago the *Veterinary Journal* announced a proposal to present Sir Frederick Hobday the principal and dean of the Royal Veterinary College with his portrait in oils—the artist being Mr John Hassall The portrait was presented to Sir Frederick by the Duke and Duchess of Portland on behalf of the subscribers at the Connaught Rooms on February 18

A committee has been appointed with Professor Sergent as chairman to collect funds for and deal with the erection of a monument to Laennec in Paris Contributions may be sent to the treasurer of this committee Monsieur Doury 4 Rue de la Meutte Paris XVI

In regard to blood dissemination I have never denied that it occurs As a very rare event it may take place early Usually it is late, and in a majority of cases there is no evidence that it occurs at all

I was interested but puzzled by Mr Fitzwilliams's new "axiom" that "radium is practically useless in inaccessible cancer glands that can neither be seen nor felt are certainly inaccessible, we cannot even be sure of their existence in all cases" It is not the first time his statements have surprised me It was he who made the discovery that the average life of a truth is twenty years He is naturally perturbed that my views on breast cancer and its treatment have not been replaced by his own within that period

I am indebted to my friend Mr Geoffrey Keynes for correcting in his letter in the *Journal* of February 13 (p 358) my not unnatural misinterpretation of an ambiguity in his letter of January 30 (p 242)—I am, etc,

London, W 1, Feb 22 W SAMPSON HANDLEY

SIR—I was very glad to see Dr J H D Webster's letter in the *Journal* of February 13 (p 358) While I am only a general practitioner, it seems obvious to me that in order to achieve a higher survival rate in breast cancer some method must be employed of attacking the intrathoracic extensions of the growth which are beyond the range of the scalpel I have had the opportunity in the past of examining breasts and axillary glands from cases in which the primary growth alone had been treated by radium Extensive necrosis had occurred in the growth itself, but cell division, as evidenced by the great number of mitotic figures present, was proceeding in the glandular extensions at a much greater rate than that observed in cases treated by radical operation alone I think that by now this stimulating action of radium is well recognized Since intrathoracic extension occurs as soon as, or perhaps earlier than, the invasion of the axillary glands, is it not possible that the application of radium is as rational as the use of manure as a weed killer?

I have not yet had the opportunity of looking into Dr Webster's results, but from the tone of his letter I judge that they are encouraging If for no other reason than that his technique is based on sound theoretical principles they deserve to be—I am, etc,

Lisburn, Feb 16 W A PAGE, M D

Ludwig's Angina Treated with Prontosil

SIR,—The death rate from acute Ludwig's angina is so great and the methods one can use to prevent a fatal termination seem often so feeble that I feel no apology is needed to report the case given below I fully realize that little can be proved by one case (fortunately in our area we rarely see one, and so cannot collect a series), but the results here were so rapid and dramatic that perhaps others would like to try the same remedy

The man aged 28 who had put up with the pain for a week, was seen with an acute and very offensive alveolar abscess of the right lower jaw Trismus was very marked, and so was oedema of the parotid area An x-ray showed a buried wisdom tooth and on admission to our local hospital his condition was rapidly getting worse Under gas and ether, with great difficulty, the tooth was extracted Rigors followed his temperature rose to 103°, and he became delirious and mentally confused The oedema went up to his right eye and down to the level of the thyroid cartilage with marked inflammatory signs as well On the suggestion of the R M O prontosil was tried in addition to short wave treatment for ten minutes at a time After three doses his condition was greatly improved, temperature came down, and rigors stopped A slight rise in temperature was immediately controlled by two more injections of prontosil The local inflammation, which had suggested the necessity of external incisions, rapidly subsided The improvement continued, and within three or four days trismus had disappeared sufficiently for him to eat some solid food, and his recovery has continued at a rapid pace The swab from the alveolus showed a culture of pure streptococcus, not, however, haemolyticus

The rapidity of the change from the acutely dangerous septicaemic condition to one which gave no anxiety has been the most remarkable feature of this case—I am, etc,

Hayle, Cornwall, Feb 19 W H PALMER, M B, B S

Prostatectomy by the Two-stage Method

SIR,—I have read with interest and some surprise Mr W K Irwin's paper (*Journal*, February 6, p 261) on prostatectomy by the two stage method I feel that as one who has made a special study of the various prostatic operations mentioned by Mr Irwin I cannot allow his paper to pass without comment

Six deaths in 158 patients (3 7 per cent) submitted to prostatectomy is an excellent record, but it is a record which should be equalled by any competent surgeon, no matter what method he uses, always provided that he operates on no patient whose renal function does not come up to standard and whose cardiovascular system is sufficiently resilient to stand the strain of the operation with its associated anaesthesia It is noted that in 89 per cent of Mr Irwin's cases on whom a two stage operation was performed the second stage followed the first stage within fourteen days It thus follows that in only 11 per cent of his cases might a two-stage operation have been said to be essential As I have stated above the method of prostatectomy described by Mr Irwin is no safer than any other method It is the choice of the suitable patient and the degree of care taken with the preliminary treatment which really determines the mortality rate I disagree with Mr Irwin as to the necessity for a two stage operation as I believe that a one stage operation is the operation of choice

The first stage (suprapubic cystostomy) should be replaced by continuous drainage by means of an indwelling urethral catheter Mr Irwin obviously dislikes this method of drainage and refers thus to the indwelling catheter To some patients [it] is an instrument of torture and to all a method of treatment conducive to sepsis' Such a statement might be believed by some of your readers lacking experience in the use of the indwelling catheter It is not my experience A soft rubber catheter, size 7 to 10, can be passed without difficulty and without pain in about 90 per cent of patients It is fixed to the skin of the penis by elastoplast adhesive, the parts previously having been shaved The catheter is then connected by tubing led under the thigh to a sterilized bottle at the bedside This bottle contains a measured quantity of antiseptic solution, in which the free end of the tube is immersed, thus providing a siphon drainage A small swab soaked in acriflavine is inserted under the adhesive around the catheter where it issues from the external urethral meatus This swab is changed daily Finally the penis and the proximal part of the catheter issuing from it are rolled in a sterile gauze swab The bladder is gently washed out through the catheter once each day with a weak solution of potassium permanganate followed by sterile water and then silver nitrate in 1 in 3,000 solution The patient hardly knows of the existence of the catheter He remains perfectly comfortable and any sepsis present in the bladder is rapidly eradicated Where gradual decompression of the distended bladder is necessary a Kidd's tube fixed to the end of the drainage tube is inserted into an empty sterile bottle fixed at the

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Cure for Chilblains?

CAPTAIN CHARLES STARR writes The following case may be of interest A woman I had been treating for severe chilblains of the fingers for two months by the conventional methods with no improvement developed influenza, which was accompanied by a pyrexia of 103° F for forty eight hours On the third day of the illness all her chilblains had disappeared and have not returned during the last three weeks The question arises as to whether their disappearance was incidental to the pyrexia and due to the patient remaining in bed and in an even temperature, or whether due to her pyrexia causing improved circulation to the fingers I can find no mention of this phenomenon in the literature at my disposal

External Use of Iodine

"E P" writes As regards Dr Macaulay's contention (February 13 p 374) that iodine is of no use applied to cuts and abrasions, I think there is a good deal of truth in his argument I should like, however, to know what he proposes in place of it

Income Tax

New Practice—Replacement of Car

"W B" bought a car in July 1933, and commenced in practice in November 1933 and hitherto has been allowed three quarters of the expense of running the car he intends to claim seven eighths for 1936-7 He now proposes to buy a new car retaining the old one for family use What should he claim?

*** So long as the old car is available for professional use—for example in the case of a temporary breakdown of the new one— W B may find it impossible to claim a replacement allowance In all the circumstances we advise him to claim depreciation" for the past and present years, starting with the value of the car as at November 1933 and claiming four fifths to seven eighths of 22 per cent on the usual "written down basis

Allowance for Bad Debts

"J H" explains that the inspector of taxes was 'dissatisfied with the old method of valuing the book debts,' and in consequence a specific valuation' was made On that basis the former reserve was excessive by £300, and the inspector proposes to assess that amount for the back years

*** The income tax authorities are entitled to rectify any under assessments arising from excessive reserves so far as the current and six previous years of assessment are concerned, but no more If therefore, the excess arose on the accounts for 1929 or a later year—1929 is the year determining the liability for the financial year 1930 1—the over allowance can be dealt with by additional assessment It does not seem necessary that the inspector should be able to show in which year the under assessment arose, the general evidence being available the allocation of the £300 between the various years would be a matter of agreement after discussion or for settlement by the commissioners on appeal

LETTERS, NOTES, ETC.

Uraemia in Ophthalmology

DR HORATIO MATTHEWS (ophthalmic surgeon to the King Edward Memorial Hospital, Ealing) writes Among the points to be watched in the treatment of eye cases are the occasional idiosyncrasies to atropine and hyoscine Recent cases of death after cataract extraction in aged people in whom uraemia spoilt an otherwise perfect cure suggest that possibly there is more than meets the eye in certain of the troublesome post cataract extraction mania with which one is worried from time to time Is it possible that blood urea tests before the operation might reveal both the cause of the so called atropine mania' and of the cataract itself? In the uraemic cases referred to there was no previous sign of renal disorder beyond a slight amount of seemingly innocent albuminuria

Academic Costume

DR R R PRIOR writes from the Infants Hospital, Vincent Square S W I beg to point out that the answer to 'X Y Z's suggestion of last week is not correct The right to wear an academic hood is by no means reserved to those who hold university degrees Most of the theological colleges in this country grant hoods to their diplomates and so do some twenty other learned societies and institutions If music, art, and philosophy are rewarded in this way it seems hard that physicians surgeons and dental surgeons should have only an incomplete academic dress I agree with "X Y Z" that the great medical corporations should prescribe hoods for their members and licentiates and thereby add to the dignity not only of their diplomas but of those corporations themselves

Cancer Cells and Revolutionary Groups

MR GEORGE SACKS F R C S, writes from Capetown Mr W H Ogilvie combines the art of writing with the art of instruction so admirably that you could have made no better choice for the first article in the new *Journal* In it he says truly that the humanity of surgery has three aspects—science, art religion, we know, we feel we believe I suggest that we need not confine these aspects of our humanity to surgery alone The three are necessary to a sane and balanced whole, he says They are just as necessary to a sane and balanced whole in our evaluation of social and political structure When he compares the appearance of lawless cancer cells in the human body to the emergence of revolutionary groups in the body politic I makes a comparison which a sane and balanced judgement might hesitate to accept Cancer is always an evil thing in the human body, and it never in any circumstances improves the health of the organism it has invaded Revolution, on the other hand, may transform the health of the body politic Since I know how anxious Mr Ogilvie is to know as well as to feel and believe, I implore him to read *Armed Intervention in the U.S.S.R* The book a much neglected one is written by Mr and Mrs Cortes and is published by Gollancz In the light of knowledge he might care subsequently to revise his opinion as to the responsibility for "the slaughter in cold blood of some three million innocent people' My point is that if we are to introduce social judgements into records of surgical reflections we should be as careful to use the three aspects of our humanity in our sociology as in our surgery

Bismuth Therapy

We have received from Pharmaceutical Specialities (May and Baker) Ltd a copy of their latest publication *Bismuth Therapy* This little book outlines present day views on the subject, and marks the twenty first year of this firm as manufacturers of anti syphilitic preparations

7 *Direct comparison of the clinical attacks among the inoculated individuals and the control group (uninoculated) shows a significant advantage to the former in respect of initial manifestations severity of main features and complication and fatality rates*

Failing the obtaining of convalescent or adult serum in emergency there is always the possibility of using the blood of either parent The dose recommended is 30 c.cm. half being injected into each buttock Encouraging results have been reported in regard to the use of globulin prepared from human placentas which if substantiated should prove a useful source in the future

New Legislation

Some of the recent legislation regarding public health comes into operation as from January 1st 1937 this date applying to the Consolidating Housing Act 1936 though not to the Consolidating Public Health Act which does not take effect until October 1st By the Shops Act 1936 lending libraries are to be brought within the scope of the Shops Acts as the expression retail trade or business is now to include the 'business of lending books or periodicals when carried on for purposes of gain The main provisions of the Act which will affect a commercial lending library whether carried on as a separate business or in connexion with any other business are those relating to hours of closing to assistants half holidays to the regulation of hours of work of young persons and to the health and comfort of shop assistants The Shop (Sunday Trading Restriction) Act 1936 will not come into force until May 1st

By Section 3 of the Housing Act 1936 the occupier or the landlord of a dwelling house who after the appointed date causes or permits it to be overcrowded shall be guilty of an offence subject to certain safeguards provided in the Act relating to the opportunities of the occupier to obtain other accommodation In most districts throughout the country the appointed day has been fixed as January 1st

The main provisions of the Milk (Special Designations) Order 1936 which prescribed new designations for the grades of milk, came into force during the year The Order prescribed plate count bacteriological tests for raw Tuberculin tested and Accredited milks until December 31st, 1936, but after that date a methylene blue reduction test The principle of this test is that the rapidity with which a solution of methylene blue is decolorized when incubated with a certain volume of milk is a measure of the dirtiness of the milk Memo 139/Foods recently issued by the Ministry of Health contains full particulars of the technique for the carrying out of the test

By Section 1 (2) of the Midwives Act, 1936 which came into operation on July 31st 1936 every local authority is required to submit within a period of six months from the commencement of the Act its proposals for carrying out its duties under the Act These proposals except in regard to any district to which the Minister has agreed to a longer period must therefore be in by January 30th

Public Health Medical Service

The following changes have recently been made in the public health medical service staffs

Dr R A C Herron to be assistant medical officer for Armagh County Mental Hospital

Dr R Lynn to be district medical officer for Bath

The death is announced of Dr John Wilkinson who for thirty three years was medical officer of health for Droitwich rural district

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

Advertising and Canvassing

No medical practitioner should attempt in any way to advertise himself or to gain reputation except by the legitimate means of proficiency in his work and by skill and success in the practice of his profession In this connexion attention is drawn to paragraph 6 of the warning issued by the General Medical Council

> The practices by a registered medical practitioner
>
> (*a*) of advertising whether directly or indirectly for the purpose of obtaining patients or promoting his professional advantage or of authorising or sanctioning or acquiescing in the publication commending or directing attention to the practitioner's professional skill knowledge services or qualifications or depreciating those of others or of being associated with or employed by those who procure or sanction such advertising or publication and
>
> (*b*) of canvassing or employing any agent or canvasser for the purpose of obtaining patients or of sanctioning or of being associated with or employed by those who practise such employment
>
> are in the opinion of the Council contrary to the public interest and discreditable to the profession and any registered medical practitioner who so conducts or advertises his practice renders himself liable on proof of the fact to his name erased from the *Medical Register*

The word advertising in relation to the medical profession must be taken in its broadest sense It includes those methods by which a practitioner is made known to the public either by himself or by others without objection in a manner which can fairly be regarded as having for its purpose the obtaining of patients or the promotion in other ways of the practitioner's individual professional advantage Any medical practitioner who furnishes or inspires any notice report interview or article which refers to himself professionally and which is calculated in any way to attract patients to him renders himself liable to severe penalties by the General Medical Council Not only should a practitioner avoid advertising but he should take care that others do not advertise on his behalf The recognized channels for discussion between members of the medical profession for research results and for bringing to the notice of the profession books published and facilities for treatment offered are medical societies medical journals and periodicals and works primarily intended for the medical profession

The publication of books and the delivery of lectures on semi medical topics which are of general public interest and require medical knowledge for their proper presentation have been recognized as legitimate subject to the avoidance of methods which tend to the personal professional advantage of their authors There are certain things innocent in themselves which may by the manner and frequency of their doing gravely contravene the principle that medical practitioners should not advertise

The lay press should never be utilized to publish a change of address or to announce the practitioner's surgery or consulting hours There is no objection however to a notice regarding such matters being issued by circular letter to the patients of the practice Such circular should be issued in envelopes and be confined to those whose names are on the books of the practice and are not known

to have transferred themselves elsewhere The issue by a practitioner of a circular or letter containing information regarding special practice or treatment which he proposes to undertake must be confined to members of the medical profession, and no laudatory allusion to his work in this connexion or any claims of special success should appear

The exhibition of professional cards in public places such as hotels, club-houses, workshops, or the dressing-rooms of theatres, even though the practitioner concerned is the usual medical attendant employed, is to be strongly condemned All that is required is the posting of a notice to the effect that in cases of accident or illness the services of a doctor can be obtained upon application to the office or to some responsible person Medical practitioners should take care that sickness benefit societies, clubs, or kindred institutions with which they are in any way connected do not make use of their names without consent The circulation of professional cards to chemists is regarded as a form of advertising just as much as is a similar circulation to members of the lay public Canvassing for patients, either directly or indirectly in any shape or form, should be strictly avoided It is an offence of which the General Medical Council takes a most serious view

INSURANCE MEDICAL SERVICE WEEK BY WEEK

A DECISION WHICH DECIDES NOTHING

It may be presumed in the ordinary course when a decision is given on appeal that one of the parties is satisfied, but this is a presumption which is capable of rebuttal, as the legal advisers to the Ministry of Health would say Indeed the Ministry's advisers used this expression in a decision on appeal reported in this column on August 8th last The report of this case in these notes was prefaced by the following paragraph

> Two cases of an unusual character, each having considerable interest for insurance practitioners, are reported this week In the first case an insurance committee has been left in a state of bewilderment by a decision of the Minister on an appeal, and has in effect said so in the terms of the resolutions which have been passed In the second the practitioner has at his own request, attended before a medical service subcommittee to argue not that the medical service for which he had charged a fee was outside his insurance contract, but that it ought to be

By a curious chance the second case referred to in the paragraph above is now the subject of a decision on appeal which it may fairly be expected, will also leave the Insurance Committee in a state of bewilderment

A doctor was called out of his bed at midnight to visit a patient and arrest an excessive haemorrhage of the gums following the extraction of teeth He reflected that this was a dentist's job and that therefore he was entitled to charge a fee for his services In due course he mentioned to his Panel Committee that it was really time that this sort of service ought to be excluded from the insurance practitioner's contract The Panel Committee thought that there was some force in this contention, and passed on the idea to the Insurance Acts Committee The Insurance Acts Committee felt unable to endorse the view of the doctor that he ought to be relieved of responsibility for this type of service In the meantime the patient, who was an insured person asked for his money back and the doctor expressed the desire that this application should go for formal hearing to the Medical Service Subcommittee The Medical Service Subcommittee, recognizing that the practitioner's desire was to raise a test case rather than to evade his obligations, was confronted with a most unusual circumstance The practitioner did not contend that the service rendered by him to the insured person involved the application of skill and experience which general practitioners as a class do not possess, nor did he argue that the service was not a medical service His arguments in fact were not directed to the contention that the service was outside his obligations under the Terms of Service but that it ought to be The practitioner, having been furnished with a copy of a report of referees in precisely a similar set of circumstances, would indeed have found it difficult to argue that the service was outside the scope of his obligations in view of the following statements made in the course of the referees report

> "It will be seen that the question is not whether the service is one which could properly be undertaken by a general practitioner of ordinary professional competence and skill but whether it was treatment—that is, medical attendance and treatment'—within the meaning of the practitioner's agreement with the Insurance Committee We feel some difficulty even in formulating the view that the arrest of haemorrhage of the gums occurring seven hours after the extraction of teeth is not medical treatment If the case of an injury of this nature, admittedly within the competence of the practitioner, is not medical treatment we are at a loss what meaning to attach to the term The contention may however mean that it was the duty of the dentist to stop the bleeding—though no evidence is offered that the dentist was available for the purpose On this hypothesis again we fail to see the relevance of this contention The failure in duty on the part of one person is not an excuse for the failure of another to perform a contract with, and for the benefit of, persons in no way privy to the failure The bleeding at 11 30 in the night was a matter calling for the medical treatment which the practitioner was bound to give, and his obligations were in no way affected by the origin of the bleeding

The Insurance Committee, upon the consideration of the report of the Medical Service Subcommittee, decided that the practitioner should refund the fee of 10s which the insured person had paid, and the practitioner appealed The Minister has now decided that the case may be determined summarily It appears to him that the question whether the service rendered to the insured person in this case was within the scope of the practitioner's obligations under the Terms of Service was a matter to be dealt with in the first instance by the Local Medical Committee in accordance with the provisions of Article 43 of the Medical Benefit Consolidated Regulations, 1928 and that in the circumstances the findings and recommendation of the subcommittee and the decision of the Insurance Committee based on them were invalid The Minister has accordingly decided that the practitioner's appeal must be allowed The Minister, however, invites the practitioner's attention to the fact that allowance of the appeal does not imply any decision on the question whether the service rendered to the insured person in this case—namely, the treatment of haemorrhage following dental extraction—fell within the scope of the practitioner's obligations under the Terms of Service or not

We have said that the presumption that one of the parties to an appeal would usually be satisfied with the result is capable of rebuttal The present decision cannot satisfy the insured person, who has paid a fee for a service which the practitioner did not seriously argue was outside his existing obligations The practitioner must be dissatisfied because he has not been given the opportunity of expounding his arguments in person to an appeal tribunal and because the "decision" tells him that he must not run away with the idea that his arguments have any validity The Insurance Committee must be

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

151 Recurrent Ulcers of Mouth and Vulva

O Michaelis (*Brun med* January 3 1937 p 336) describes a case of recurrent aphthous ulcers of the mouth and vulva in a woman of 47 years She was suffering from extensive superficial ulceration of the mucosa of the mouth Her teeth had previously been removed on account of gingivitis and pyorrhoea but this had not improved the condition of her mouth Ulceration recurred, often before menstruation, and similar but less widespread ulceration was seen on the vulva. The patient had lost weight and was in poor condition, but responded well to treatment At the end of a week nearly all the buccal ulcers had gone and she was gaining rapidly in weight A month later an attack of congestion of the liver, accompanied by menstruation was followed by a slight return of ulceration in the left cheek Treatment was continued for a further one and a half months, and *eventually all signs of ulceration disappeared* and menstruation ceased Some months later this was resumed, but without any untoward symptoms No direct cause for this ulceration such as syphilis gonorrhoea or tuberculosis could be found and the question of microbic origin was ruled out It is suggested that an endocrine factor may influence the production of these aphthous ulcers of the mouth and vulva They have been seen in children during an epidemic of measles and may occur at any age. They may be associated with some endocrine change such as castration or the menopause.

152 Recurrent Infectious Parotitis

C R Brown and W B Nevius (*Amer J Dis Child* December, 1936, p 1424) who record an illustrative case class infections of the parotid glands into the following four groups (1) the epidemic form, (2) the post operative form, (3) the type associated with typhoid, scarlet fever, and septicaemia, and (4) a chronic recurrent form the aetiology of which is obscure Of eighteen cases of the last form collected in 1933 by Londe and Pelz, nine were in boys and nine in girls whose ages ranged from 1 month to 16 years The involvement was bilateral in only five cases and the duration of the disease ranged from one month to six and a half years The present case was that of a boy who, from the age of 3 months to that of 5 years had had about ten intermittent attacks of swelling of the parotid glands The attacks which were associated with repeated infections of the upper respiratory tract, ceased after tonsillectomy and adenoidectomy

153 Permanent Cardiac Damage Following Diphtheria

A Beer (*Jhrb Kinderheilk* December, 1936 p 152) states that clinical and pathological findings are far from settling the question as to whether the heart can be permanently damaged after an attack of diphtheria Since the introduction of electrocardiography a large number of writers have discussed the question but without an agreement having been reached Beer now records his observations on forty two cases of diphtheria which had shown signs of severe cardiac disturbance during an attack of diphtheria at the Wilhelmina Hospital Vienna during the period 1928–35 Only seven of these showed obvious clinical signs of cardiac disease although the electrocardiographic signs were only slight In three cases the attack of diphtheria had been one year and in one case three years previously The three other patients who had left hospital from two to four years previously showed only slight changes in the electrocardiogram Beer comes to the conclusion that the damage to the heart caused by diphtheria disappears to a large extent in the course of a few years.

154 Lung Involvement in Bone Tuberculosis

W Deutschmann (*Dtsch Tuberk bl*, November 1936 p 228) considers the teaching that pulmonary tuberculosis is a rare sequel to tuberculosis of the bones and joints and that an extrapulmonary focus of disease has a beneficial effect on an already existing pulmonary tuberculosis to be fallacious As this fallacy dies hard the author has undertaken a special study of the material in his hospital during the past few years in order to disprove it statistically He has grouped his cases of tuberculosis of the bones and joints in two categories, according as the disease was recent or chronic To the first category belonged those cases whose clinical history and radiological findings did not date further back than three years Of the total of seventy eight cases thirty six belonged to this category, while the remainder represented chronic forms of bone and joint tuberculosis In the first category signs of tuberculosis of the lungs were found in 84 per cent In about 28 per cent these signs were only radiological and were for the moment at any rate of no clinical importance In more than half of all the cases in the first category there were signs of active pulmonary disease, in most cases of symmetrical distribution While active pulmonary disease was the rule rather than the exception in the first category the cases in the second category were for the most part characterized by the latency and clinical insignificance of the pulmonary disease. Active pulmonary disease was however, demonstrable in about 31 per cent of the cases in the second category The lessons the author draws from these findings are that active pulmonary tuberculosis is very common associated with tuberculosis of the bones and joints particularly when it is of recent origin and that though the pulmonary disease in such cases nearly always belongs to Ranke's second stage and shows a marked tendency to spontaneous healing an extra pulmonary tuberculous focus does not have a favourable influence on the course of the disease in the lungs

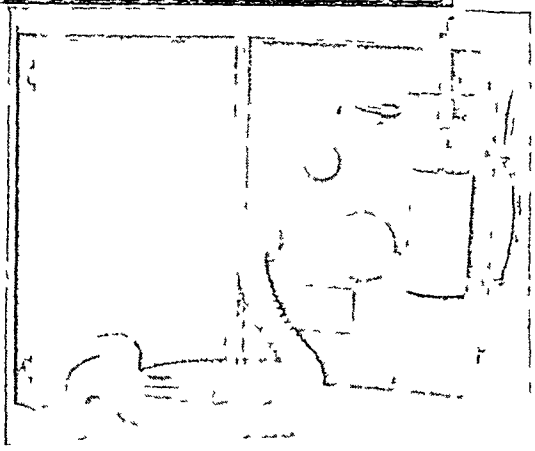
155 X Rays in Hyperthyroidism

J H Harris and E Rose (*Amer J Roentgen* November, 1936 p 610) analyse the results of x ray treatment in 244 patients suffering from hyperthyroidism The method of treatment varied according to circumstances At first a routine treatment was given This consisted of irradiations at 135 kV (peak) 5 mA, 30 cm focus skin distance with filtration through 0·25 mm of copper plus 1 mm of aluminium 400 r units (in air) were given in one sitting through an anterior single port of entry Occasionally a similar dose was given through a posterior field one to seven days later The series was repeated two or three times at three-week intervals When the response to this treatment proved inadequate the technique was altered to 165 kV (constant potential) 15 mA 50 cm focus skin distance with filtration through 0·5 mm of copper plus 2 mm of aluminium Three doses of 600 r units each were given at forty eight hour intervals through a single anterior port of entry the larynx being shielded Similar series were repeated at intervals of four weeks up to a total of 6·400 r units The authors have arrived at the following conclusions In unselected cases of hyperthyroidism irradiation is probably inferior to expertly performed thyroidectomy Irradiation possesses the advantages of negligible mortality of absence of major complications of low cost of absence of physical and psychic shock, and of maintaining the earning capacity of

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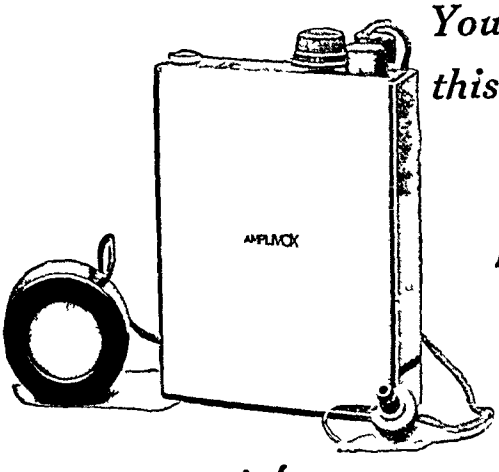
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the patients during the treatment in the majority of cases Its use is indicated in the following selected types of hyperthyroidism in children and adolescents, except in those with nodular goitres and cardiac complications, in mild to moderately toxic adults without visceral complications or marked loss of weight and who have a diffuse soft or elastic goitre with symptoms of sympathetic nervous disturbances The treatment is further indicated where the surgical risks are great or where the patient refuses operation, or in patients with recurrent post-operative hyperthyroidism which cannot be controlled by iodization In the presence of a progressive increase in the severity of the disease irradiation should be abandoned and the patient prepared for thyroidectomy

Surgery

156 Prognosis of Gastric and Duodenal Perforation

E Schneider (*Dtsch med Wschr*, November 6, 1936, p 1825) finds that, as far as his own experience is concerned at the University Hospital in Freiburg-i-Br, the frequency of acute perforations of gastric and duodenal ulcers has diminished during the past three years In the course of the past six years he has had to deal with fifty five ulcer perforations, only five of which were in women This comparative liability of males to ulcer perforations seems to be ubiquitous Professor Schneider has classified his fifty-five cases in four groups, according to the length of the interval between perforation and operation There was only one death among the twenty-five patients operated on within six hours of perforation There were four deaths among the fourteen patients operated on between seven and twelve hours after perforation When this interval was between thirteen and twenty-four hours four of the twelve patients in this third group died All the four cases operated on more than twenty four hours after perforation ended fatally The patient's life would therefore seem to hinge on the early advent of a doctor and his prompt recognition of the needs of the case With the patient's fate determined by the earliness of a correct diagnosis the simple clinical examination is of far greater importance than any highly technical test which, if it implies delay, is rather a danger and a hindrance than the reverse With regard to the character of the operative treatment the author is in favour of appropriate treatment for the peritonitis and the closing of the ulcer with sutures This is undoubtedly the simplest, quickest, and most conservative procedure, and only when this suturing has been completed and stenosis of the pylorus is found to exist should a posterior retrocolic gastro enterostomy be performed

157 Angioma Racemosum Capitis

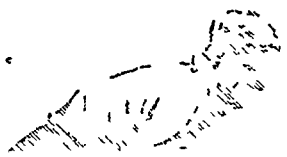
N v Hedry (*Zbl Chir*, January 2, 1937, p 22) describes the operative treatment of a case of angioma racemosum capitis which had been treated conservatively for over twenty years without result A female patient, aged 36, was said to have had the angioma since birth The tumour enlarged at puberty and during pregnancy She complained of continual headache, noises in the ear, and vertigo The angioma covered the entire scalp On palpation a "thrill" was felt, and the impression obtained 'as if worms were crawling between the fingers" Operation was carried out in three stages In the first operation the superficial temporal arteries were ligatured just in front of the ear Three months later both occipital arteries and their mastoid branches were ligatured Following *operation the "thrill" on palpation* disappeared At the third operation a month later the angioma was encircled by a continuous percutaneous suture through which a thin rubber tube was threaded By pulling on the suture the operation area became bloodless and the angioma was removed through a circular incision The rubber tube was removed in ten and the suture in twelve days The author insists that early operation is essential, for apart from cosmetic reasons there is ever-present danger from infection and haemorrhage

158 Local Infiltration of Post-traumatic Lesions

A Dumont (*Scalpel*, Liége, January 16, 1937, p 78) states that the method of treatment of post traumatic lesions by means of local anaesthesia has been tried for several years, but it is only recently that this treatment has been used extensively A series of fifty cases is reported of articular or periarticular injuries in which complete recovery of function took place after treatment by local infiltration In a typical case which is fully described a young man was suffering from a strain of the foot with localized oedema, ecchymosis, acute pain, and inability to walk The treatment of Leriche was carried out and consisted of the injection of 1 per cent solution of novocain into the affected joint Following injection pain was relieved and the patient was able to walk easily with no sign of claudication or limp, both of which were present before Pain may return after twenty four hours, when a further injection may be necessary It is urged that treatment should be carried out as early as possible after injury in order to give the best results Injury to the shoulder often leads to progressive loss of function by limitation of the movements of abduction and elevation of the arm Injection into the capsule of the shoulder has given most satisfactory results, with rapid recovery of all movements In cases of injury to the elbow or epicondylitis, which is common in tennis players, local injection has met with great success In one case it was necessary to give three injections, in another, pain which had been present for four months disappeared completely after one injection Treatment has been equally successful in cases of sprain or fracture of the wrist, thumb, or ankle As a result of personal experience this form of treatment is strongly recommended as a method which is simple, free from risk, capable of giving immediate relief and of avoiding the development of grave sequelae Emphasis is laid on the importance of early injection in all cases

159 Glyceryl Trinitrate After Cholecystectomy

J McGowan, W Butsch, and W Walters (*Ann Surg*, December, 1936, p 1013) refer to an apparatus used for measuring changes in pressure in the common bile duct It was found that recurrent attacks of biliary pain following cholecystectomy were associated with an increased intrabiliary pressure as high as 160 mm of water instead of between 0 and 20 mm of water Subcutaneous administration of 1/6 grain of morphine produced an increase in intrabiliary pressure up to 300 mm, and this was accompanied by severe attacks of biliary pain Inhalation of amyl nitrite produced an immediate but transitory relief of pain following a decrease in pressure to zero When 1/100 grain of glyceryl trinitrate (nitroglycerin) was placed under the tongue there was a moderate decrease in pressure and relief of pain five minutes after administration, which lasted for at least an hour Nine cases are reported in which repeated attacks of biliary colic developed after cholecystectomy In these cases injection of morphine sulphate produced pain which was relieved by glyceryl trinitrate or amyl nitrite In two of these cases stones were later found in the common bile duct In two cases biliary colic, which occurred before operation, was relieved by the administration of glyceryl trinitrate No untoward effects were seen except a transitory feeling of warmth, weakness, and tightness in the head The patient should be in a recumbent position when the drug is taken It was found that the tablets made for hypodermic use were more effective than the regular trinitrates It is suggested that the use of morphine may be of value as a diagnostic procedure in the study of patients who have the post cholecystectomy syndrome

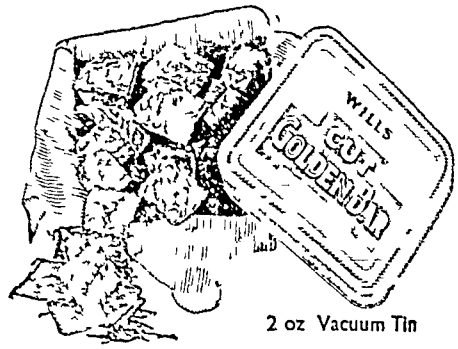


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Therapeutics

160 *Streptococcal Infections in Pulmonary Tuberculosis*

G F CAPUANI (*Ri Patol Clin Tuberc* December 31, 1936, p 886) records his observations on the treatment by prontosil of thirty cases of pulmonary tuberculosis in which the presence of a leucocytosis of about 10,000 indicated the probability of an associated streptococcal infection Two grammes of prontosil were given by mouth for the first six days, and then doses ranging from 1 to 2 grammes according to the tolerance of the patient Capuani came to the conclusion that in patients in the third stage of pulmonary tuberculosis prontosil causes some attenuation of the symptoms of septicaemia owing to its action on the streptococci Its curative action however, is slight or *nil* owing either to the association with other organisms or to the advanced stage of the disease

161 Hyperpiesis

W NONNENBRUCH (*Dtsch med Wschr* January 15, 1937, p 89) is sceptical as to the value of operative intervention with the endocrine system in an attempt to regulate the blood pressure, for the results hitherto achieved in this field have been unconvincing apart from some rare cases of adenoma of the suprarenals Professor Nonnenbruch objects in principle to the conception of a high blood pressure as a nosological unit and he twits certain hydropathic establishments and similar institutions with their weakness for measuring their clinical material more or less exclusively in terms of blood pressures He has often wondered if the gift of blood pressure-recording apparatus to the general practitioner has not on the whole been a bane rather than a boon to his patients Many a subject of hyperpiesis does not really feel ill till he has been bluntly told that he is suffering from it In some cases a high blood pressure may not be morbid and in certain families it may be over 200 mm of mercury for decades without any apparent ill effects In most cases there is no specific means for reducing an apparently too high blood pressure, and it is only by a careful study of the peculiarities of each case that a suitable regime can be devised Relaxation of the nervous system may require drugs, with or without baths and massage But jubilations over the fall in the blood pressure which follows may be misplaced For, in Professor Nonnenbruch's opinion, a high blood pressure is in itself often quite harmless Asceticism in the matter of salt food is to be deplored, although preference should be shown for food containing little salt The same spirit of compromising tolerance should be shown to nicotine, and it may be unwise to deny elderly men with a benign high blood pressure their beloved cigars Gymnastics respiratory exercises and mountaineering may often prove beneficial, and many a hyperpietic feels at his best at a high level

162 *Artificial Hyperthermy*

ALOIS STRASSER (*Wien klin Wschr*, December 11, 1936 p 1522) divides diseases into two categories those which are aggravated by a superadded febrile disease and those which are favourably influenced by the superadded febrile disease To the second category belong certain psychoses articular affections etc The fever may be artificially produced—for example by injection of proteins The effect of the injection is twofold it results in a rise of the body temperature and it produces a focal reaction The rise of the body temperature at first depresses and then increases the basal metabolism The protein injections can therefore be considered as a kind of shock therapy The author then analyses the action of hypothermy produced by physical means Experiments on animals have proved that the biological effects of physically induced hyperthermy are similar to the effects produced by protein injections The author advocates the combination of protein injections with physically induced hyperthermy applied simultaneously with the administration of specific drugs Finally he recommends artificial hyperthermy not only in general paralysis of the insane and tabes but also in rheumatic and articular affections and in neuritis and neuralgia

Dermatology

163 Pemphigus Vegetans

According to E LOMBARDI (*Rif med* November 28 1936, p 1615) pemphigus vegetans occurs more often in females, and may then be combined with pregnancy or ovarian dysfunction, it is most probable however, that it is of infective toxic origin, and that the morbid metabolic and nervous conditions are secondary rather than causal Bacteriological investigations have been inconclusive The *presence in the bullae of pyogenic organisms or B pyocyaneus* is probably due to secondary infection Eberson and others have isolated from anaerobic blood cultures a coccus which is possibly a pleomorphic form of streptococcus Radaeli's bacillus which has been found in the blood and by splenic or bone puncture is a short ciliated organism resembling the diplococci Lombardi's patient, a woman aged 60 became ill after acute stomatitis and pharyngitis, the lesions spread upwards from the external genitalia As is commonly found cultures and animal inoculations from the blood were negative from the bone marrow, however (during life), a *non motile Gram* negative aerobic streptococcus was isolated which was agglutinated by the patient's serum From guinea pigs inoculated in the femur with the marrow the same organism was recoverable, and one of them suffered from cutaneous lesions and a progressive and lethal wasting It is concluded that pemphigus vegetans is an expression of the sensitization of the organism to a toxin frequently that of a streptococcus

164 Lupus and Erysipelas

A A STEIN (*Urol cutan Rev*, January, 1937 p 30) who records five illustrative cases, states that erysipelas is the most frequent and most severe of the complications of lupus *Of 258 patients under treatment at the Lenin*grad Lupusorium in *1931 forty seven developed primary* and eleven secondary erysipelas, observations on whom led to the following conclusions (1) Lupus patients possess a heightened susceptibility to erysipelas (2) Erysipelatous inflammation in lupus patients originates from skin lacerations in consequence of traumatizing measures which serve as portals of entry for infection (3) Erysipelatous inflammation in lupus patients may also arise without any skin trauma, but as a result of biotropism (4) The erysipelas may assume any form or degree of severity, but usually the course is favourable (5) The erysipelatous process does not produce any improvement in the lupus
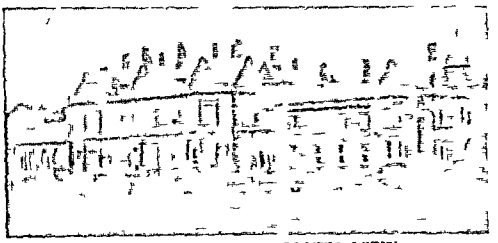
165 Hormones in Allergic Diseases

F LIPPERT (*Derm Wschr December 26 1936 p 1694*) stresses the importance of the two factors of the allergic constitution—namely, the predisposition of the individual and the noxious agent The last factor however cannot always be ascertained But the reactivity of the organism can be altered in such a way as to decrease its allergic sensitivity The main characteristics of the allergic constitution are an increased permeability of the endothelium and the degeneration and fibrinoid tumefaction of the stroma of the connective tissue These manifestations are the result of a lack of calcium ions in the blood of the allergic individual The author has tried to influence the allergic state by means of a substance called quotientin and his experience with this substance has been uniformly good Quotientin alters the potassium–calcium balance of the blood in favour of calcium It consists of a combination of hormones of parathyroid,

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166 Warts of the Feet

V HALBERG (*Hospitalstidende*, December 1, 1936, p 1273) finds that warts of the feet (verrucae plantae) have of late become very common, and that in 1934, at the dermatological department of the Finsen Institute in Copenhagen, 13 6 per cent of all the newcomers suffered from them Of the 677 patients as many as 443 were females, and the average number of warts per patient was considerably higher among them than among the males The scholastic character of this disease was emphasized by the fact that 67 per cent of patients were of school age (6 to 15 years) About half of all the patients were within the narrow age limits of 9 and 13 years There was no girl under the age of 6 years and no man over the age of 70 in this material the oldest patient was a woman aged 81 The author stresses the seriousness of this condition, in which response to trauma sets up a vicious circle, the morbid changes extending under pressure till veritable bursae are formed In one case a wart on the sole of the left foot kept a man for eight years from the enjoyment of walking, gymnastics, and dancing The warts which gave rise to symptoms were invariably situated at points of pressure and a painful wart on the middle of the transverse arch of the sole of the foot was inevitably associated with pes planotransversus if the sole of the shoe was not to blame The author's aetiological association of painful warts with trauma in every case implies that a wart which occurs at a point where there is no pressure requires no treatment, it will disappear of itself Not infrequently an old mother wart existed at a point of pressure surrounded by several recent warts which caused no symptoms, and disappeared of themselves when the mother wart was removed The author correlates the relative frequency of foot warts in women with the high heels and other orthopaedic tortures they endure The treatment at the Finsen Institute was primarily with radium, and relapses were rare

Obstetrics and Gynaecology

167 Hyperprolanuria and Pathological Pregnancy

K HEIM (*Med Welt* December 26, 1936, p 1868) states that although the Aschheim reaction has proved its worth as a diagnostic test for pregnancy in the past ten years the hopes that it might be used quantitatively in the problems of pathological pregnancy have not altogether been fulfilled In cases of hydatidiform mole and chorion epithelioma the values of prolan A and B in the urine may be increased or decreased In hyperemesis gravidarum and other toxaemias of pregnancy hyperprolanuria is the rule When chorion epithelioma occurs apart from pregnancy the quantitative test is of value in estimating recovery and the formation of secondary growths Heim believes that there is an aetiological connexion between hyperprolanaemia and retroplacental haemorrhage, for several cases have been published of haemorrhage in early pregnancy with hyperprolanuria in which at biopsy no hydatidiform mole has been present He has observed the same thing in twelve cases of antepartum haemorrhage with hyperprolanuria In twenty-five cases of eclampsia hyperprolanuria was present The amount of prolan excreted must be estimated in relation to the amount of urine excreted, whether this be normal or diminished and highly concentrated In the latter case prolan may be found in citrated blood and cerebro-spinal fluid The source of prolan production is the placenta, and a definite ratio between the quantity of prolan excreted and the placental mass has been proved in multiple births

168 Caesarean Section in Tuberculosis

R SCHWARCZ (*Sem méd*, B Aires, December 17, 1936, p 1706) records his observations on forty one cases in which Caesarean operation was performed in subjects of pulmonary tuberculosis with the following results In thirteen (32 per cent) there was an aggravation of the pulmonary lesions With the exception of one patient in the third stage of pulmonary tuberculosis all were in the first or second stage, and four died In sixteen patients (39 per cent) the operation was followed by improvement and in twelve (20 per cent) no change took place Schwarcz comes to the conclusion that the only indications for Caesarean operation in tuberculous women are of an obstetrical nature In all other circumstances Caesarean section is not only of doubtful benefit to the patient but may be actually dangerous

Pathology

169 Endemic Dysentery and Diarrhoea

G F MCGINNIS A L MCLEAN, F SPINDLE and K F MANCY (*Amer J Hyg* November, 1936, p 552) report an interesting field and laboratory study of endemic dysentery and diarrhoea during the years 1930–33 in Henrico County, Virginia During this time 295 cases were studied, of which 141 were classified clinically as dysentery and 154 as diarrhoea, though the distinction between the two was often arbitrary The highest incidence occurred during July and August The 1 to 4 age group was most severely affected Bacteriologically organisms of the Shiga type were never found Flexner bacilli were isolated from sixty-four of the dysentery and forty-five of the diarrhoea patients, Sonne bacilli were isolated from thirty four of the dysentery and eighteen of the diarrhoea patients That is to say, dysentery bacilli were demonstrated in about 70 per cent of the dysentery and 40 per cent of the diarrhoea cases, the Flexner bacillus accounting for about two-thirds and the Sonne bacillus for about one third of the infections During the inquiry faecal specimens were obtained from 625 healthy contacts No fewer than 110 of these—that is, 17 6 per cent—were infected with dysentery bacilli—93 with the Flexner and 17 with the Sonne type Carriers were frequent at all ages

170 Vaccination Against Yellow Fever

A W SELLARDS and J LAIGRET (*Arch Inst Pasteur Tunis*, 1936, Nos 3 and 4 p 424) summarize the evidence in favour of the use of a living neurotropic mouse strain of virus for the vaccination of human beings against yellow fever Observations on two vaccinated subjects showed that their blood serum before vaccination contained no demonstrable antibodies when examined by the mouse and the monkey protection tests, but that after vaccination antibodies were demonstrable by both methods Confirmation of this indirect proof of immunity was sought by a more direct method A subject whose blood was free from antibodies was vaccinated Antibodies appeared in his blood serum Seven months later he submitted himself voluntarily to being bitten by four presumably infected mosquitos (*Aedes aegypti*) Three control monkeys were bitten the following day each by one of the same mosquitos (one mosquito had died overnight) Two of the monkeys contracted yellow fever and died in six to seven days, the third monkey died a fortnight later without evidence of the disease Two of the mosquitos were therefore certainly infected The vaccinated human subject remained perfectly well In Africa about 20,000 human beings have now received the vaccine and in spite of the exposure of some of them to infection not one has yet contracted yellow fever It is concluded that the evidence in favour of the innocuity and the protective value of the vaccine is sufficient to justify its general extension though it is admitted that no adequate statistical proof of its efficacy is yet available

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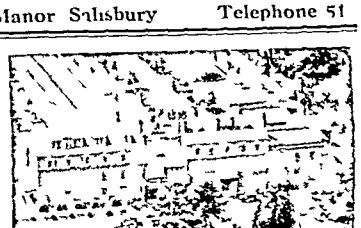
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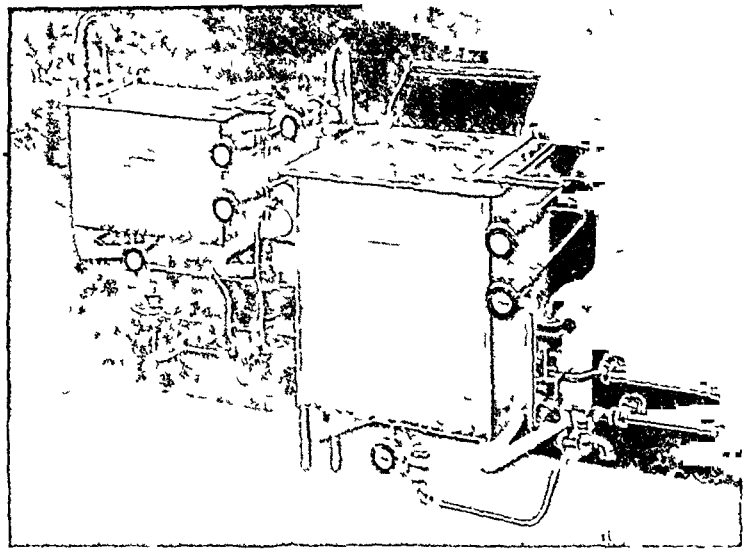


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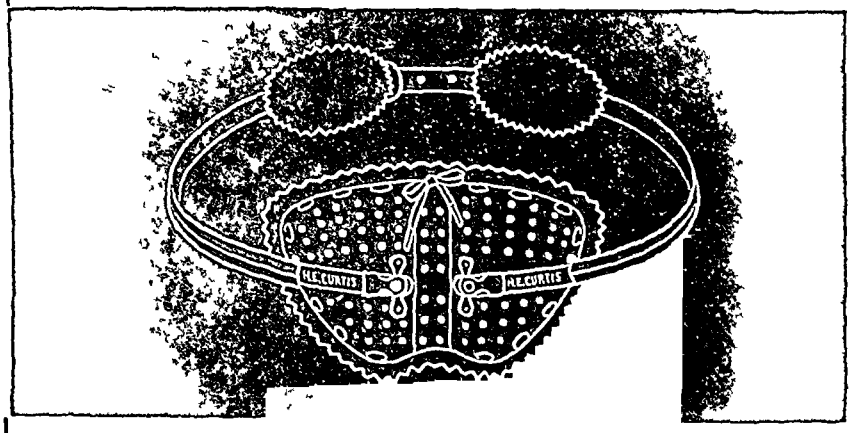
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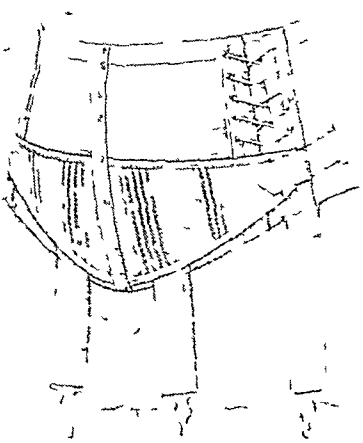
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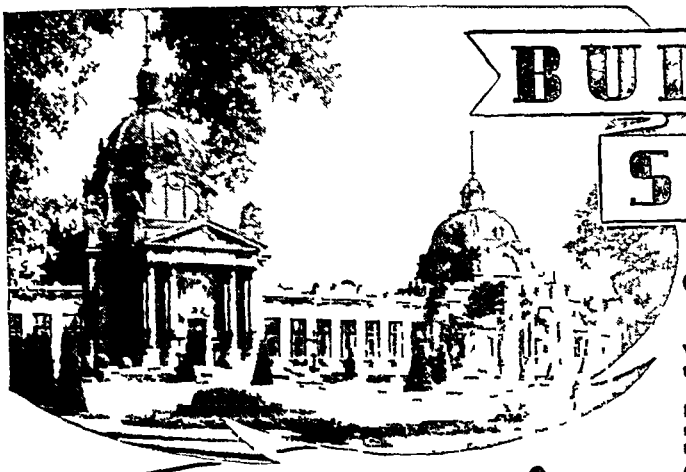
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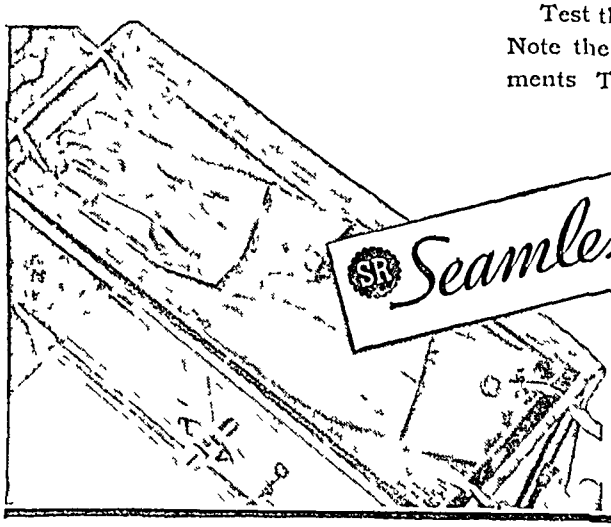
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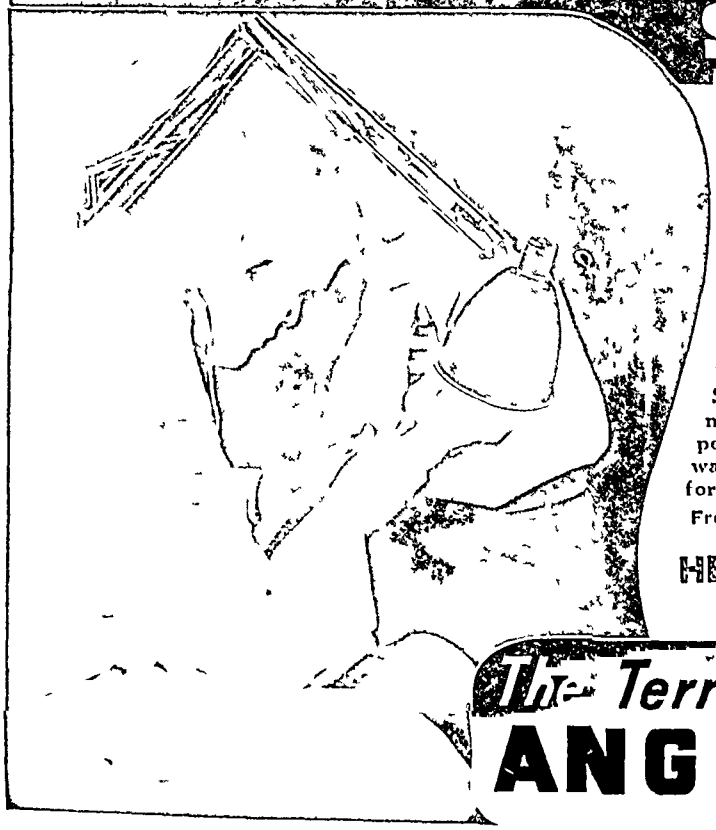
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Stations Wood Lane (Central London Rly) Ladbroke Grove (Metropolitan Rly) and No 7 (Acton Vale) Bus Buses No 7 (Acton Vale) No 93 to Bentworth Road, Westway Trams Nos 28 and 30

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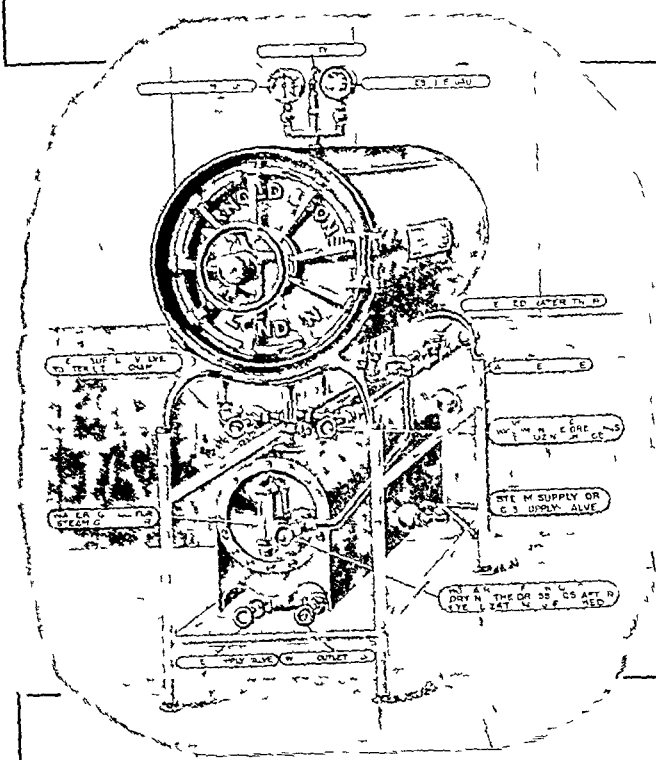
PROCTOLOGY (St Mark's Hospital, March 1st to 6th, all day), ORTHOPAEDICS (Royal National Orthopaedic Hospital, March 8th to 20th all day), M R C P NEUROLOGY (West End Hospital for Nervous Diseases March 8th to 20th afternoons), INFANTS' DISEASES (Infants Hospital, March 8th to 13th, all day), UROLOGY WEEK END (All Saints Hospital March 20th and 21st, all day) MOCK TRIAL of a Motorist "under the influence of alcohol," Thursday March 11th, 8 30 p m

Apply FELLOWSHIP OF MEDICINE, 1, Wimpole Street London, W 1 Langham 4300

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Continuous Clinical Instruction daily from 10 a m to 4 p m—Post Graduates may enrol at any time for any period from 1 week to 3 months—Special facilities for "Study Leave," and for those wishing to take a course under the "Grant aided Scheme for Post Graduate Study by Insurance Practitioners"—Anaesthetic Courses—Clinical Assistantships—Annual Membership Tickets at Special Terms available for General Practitioners who wish to attend the Hospital Practice at irregular intervals

Prospectus from the DEAN, West London Hospital, Hammersmith, W.6



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The Clinic will be open from March 15th until the end of the summer for the preventive and curative treatment of Hay fever

Patients recommended by their medical advisers will be treated at the Clinic either as Hospital or as private patients For further particulars apply to the Secretary Miss D M Fenn

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	Final 1919 36	183
M R C P (Lond),	1919 36	270
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Medical Prospectus gratis along with list of Tutors etc on application to the Principal 17 Red Lion Sq London W C 1 (Telephone Holborn 6313)

LIVERPOOL SCHOOL OF TROPICAL MEDICINE

(UNIVERSITY OF LIVERPOOL)

COURSES OF [illegible] three months) [illegible] Medicine commencing January 3rd 1938 and for the Diploma in Tropical Hygiene on April 22nd 1937 and January 6th 1938 (Candidates for the D T H must possess the D T M of this University)

For particulars apply to the Laboratory Secretary School of Tropical Medicine Pembroke Place Liverpool 3

TANCRED'S STUDENTSHIPS

Shortly after Midsummer next the Governors and Trustees propose to elect ONE STUDENTSHIP IN PHYSIC at GONVILLE AND CAIUS COLLEGE CAMBRIDGE ONE STUDENTSHIP IN DIVINITY at CHRIST'S COLLEGE CAMBRIDGE and ONE STUDENTSHIP IN LAW at LINCOLN'S INN

Candidates must have been born in England Scotland or Wales and be members of the Church of England unmarried and within the ages of 17 and 20 years for Physic and Divinity and 18 and 23 for Law

The annual stipend of each Student is £100

The last day for sending in Petitions is May 15th

Applications stating class of Studentship and mentioning this paper should be made to Mr CUTHBERT HARGREAVES CHOLMELEY 28 Lincoln's Inn Fields London W C 2 Clerk to the Governors and Trustees.

GUY'S HOSPITAL MEDICAL SCHOOL

DIPLOMA IN ANAESTHETICS

A Course of Instruction in preparation for the Examination for the Diploma in Anæsthetics of the Conjoint Examining Board in England will commence on April 26th 1937 The Course will cover a period of three weeks and will include lectures in Physiology Anatomy Pharmacology Clinical Investigations and Anæsthetics

The Course will be open to men and women graduates The fee for the Course will be £15 15s

Further information may be obtained from the Dean Guy's Hospital Medical School London Bridge S E 1

£100 GRANT FOR STUDY OF HOMOEOPATHY

Applications for the AUTUMN SESSION are invited from Graduates in Medicine under the age of 30 of Universities in England Scotland and Wales and the University of Calcutta for the above grant The successful applicant will be required to undergo a Course of not less than six months at the London Homœopathic Hospital for study of the principles of Homœopathy Applications to the Secretary British Homœopathic Society Chalmers House 43 Gordon Square W C 1 by July 1st

DIPLOMA IN ANAESTHETICS—D A DIPLOMA IN CHILD HEALTH—D C H

Courses of Postal and Oral preparation for these examinations may now be commenced

For full details write to the SECRETARY Medical Correspondence College 19 Wellington Street London W C 1

Preliminary Examinations

The COLLEGE OF PRECEPTORS holds Preliminary Examinations for Medical and Dental Students in London and at Provincial Centres in March June September and December For Regulations apply to the Secretaries College of Preceptors Bloomsbury Square London W C 1

MANCHESTER ROYAL INFIRMARY

POST GRADUATE LECTURES will be given by Members of the Honorary Staff on Medical Surgical and Special Subjects each week on Tuesdays from March 2nd to June 15th (with exception of March 30th and May 18th) On Fridays from March 5th to June 11th (except March 26th April 2nd and May 21st) Clinical cases will be shown in the Medical and Surgical Wards All lectures and demonstrations begin at 4 15 p m and are free Details may be obtained from the Secretary for the Post Graduate Lecture

UNIVERSITY HALL EDINBURGH

A COMMEMORATION DINNER to celebrate the 50th year of the foundation of University Hall Edinburgh will be held in the North British Station Hotel Edinburgh on Saturday May 29th at 7 30 p m

Past and present residents of University Hall are invited to attend Tickets price 10/ inclusive of wines may be obtained from Messrs WHITSON & METHVEN C A 21 Rutland Street Edinburgh to whom all communications should be addressed

ROYAL SOCIETY OF MEDICINE

WILLIAM GIBSON RESEARCH SCHOLARSHIP FOR MEDICAL WOMEN

This Scholarship of £292 per annum for two years will be awarded in June 1937 to a qualified Medical Woman (British subject) selected by the Scholarship Committee Applications should include schedule of proposed research two testimonials and statement of professional training and appointments and should reach the Secretary Royal Society of Medicine 1 Wimpole Street London W 1 by June 1st 1937

POST-GRADUATE COURSE IN ORTHOPAEDIC SURGERY

A Special Fortnight's Course will be held at the ROYAL NATIONAL ORTHOPAEDIC HOSPITAL 234 Great Portland Street London W 1 from March 8th to March 20th

The detailing the course will have access to operations and the practice of the Hospital

Applications should be made to the Secretary of the Hospital or to the Secretary of the Fellowship of Medicine at 1 Wimpole Street W 1

THE LONDON SCHOOL OF DERMATOLOGY

The Examination for the CHESTERFIELD MEDAL will be held at ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN 5 Lisle Street W C 2 on Monday and Tuesday March 8th and 9th 1937 at 10 a m

Open to all qualified Practitioners

Full particulars from the Dean or Secretary

UNIVERSITY OF LEEDS

FACULTY OF MEDICINE

The Council will shortly proceed to the appointment of a MEDICAL TUTOR AND [illegible] of £500 a year [illegible] Lecturer in Pathology [illegible] Leeds 2 from whom receive applications for the appointments on or before March 15th

EXPERIENCED COACHING IN PHYSIOLOGY Pathology and Medicine by M D L R C P (Hon) M R C P Lond B Sc Lond Lecturer All exams Classes held—Address No 200 Tavistock Square W C 1

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Application with recent testimonials and stating age not later than March 15th to— J W LONGLEY Secretary Supt

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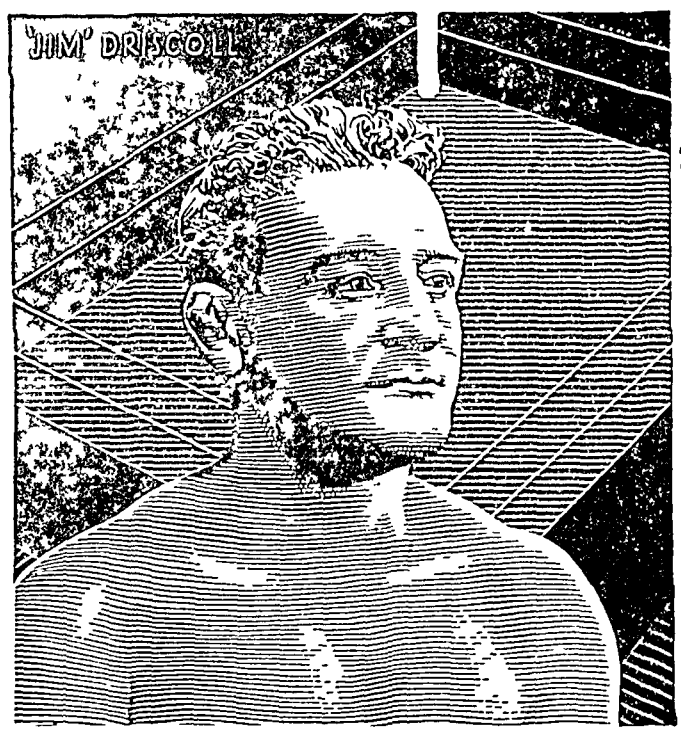
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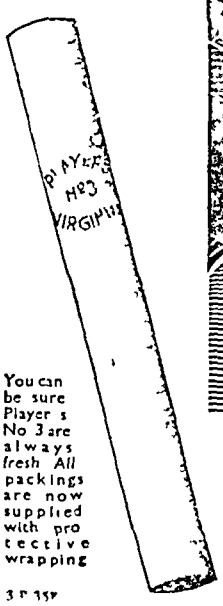
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ROYAL NAVAL MEDICAL SERVICE.

A number of vacancies exist for Medical Officers in the Navy, and applications are invited for entry in April, 1937

Candidates must not be above the age of 28 years and must be registered under the Medical Acts No examination in professional subjects will be held but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1 000

At the end of five years Short Service permanent Commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post graduate study

Copies of the regulations for entry and conditions of Service, including rates of pay and allowances may be obtained from the Medical Director General of the Navy, Admiralty, S W 1 and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than March 1st, 1937

THE ARMY DENTAL CORPS

Applications are invited from Dental Surgeons for appointment to eight commissions in The Army Dental Corps

Candidates who should not be over 28 years of age will for the present be selected for commissions without competitive examination and will be required to present themselves in London for interview and physical examination about the middle of March 1937 They must hold the Degree or Diploma of a British University or College of Surgeons and be registered under the Dentists Acts or Medical Acts

Successful candidates will in the first instance be given short service commissions for six years at the end of which period they will retire with a gratuity of £1 000 unless during the fifth year they have applied for and have been granted permanent commissions Permanent commissions will be given to officers selected from among those who wish to make the Army their permanent career

Particulars including Regulations for Admission pay and allowances and forms of application may be obtained on request either in writing or in person to the Director Army Dental Service The War Office London S W 1

SWAZILAND

A vacancy exists for a MEDICAL OFFICER in SWAZILAND

Candidates must be British subjects of European parentage preferably under 35 years of age, and must possess a medical qualification registrable in the United Kingdom

Salary £500 a year rising by annual increments of £20 to £700 a year Private practice is allowed but is to be regarded as subordinate to Government service

Duties Ordinary Medical Surgical and Obstetrical work amongst the population entitled to free medical attendance including work in any Government Hospital public health medico legal work inspection of gaols and treatment of prisoners examination and certification of lunatics

Free quarters or a house allowance of £84 a year

Free passage on first appointment for officer his wife and family not exceeding four persons in all

The appointment is pensionable subject to a period of two years probationary service

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service) 2 Richmond Terrace Whitehall London S W 1

ROYAL BURGH OF AYR

RESIDENT MEDICAL OFFICER AT HEATH HALL INFECTIOUS DISEASES HOSPITAL

Applications are invited for the above appointment from duly qualified male Medical Practitioners (unmarried)

The salary will be at the rate of £350 per annum rising by annual increments of £25 to £450 together with board and lodging at the above Hospital Preference will be given to candidates entering the public health services and in possession of the Diploma in Public Health

The appointment will be terminable by two months notice on either side

Particulars of the conditions and duties of the appointment may be obtained on application to the undersigned to whom applications stating age and experience and accompanied by copies of three recent testimonials must be delivered not later than March 10th

Town Buildings P A THOMSON
Ayr Town Clerk
February 18th 1937

COUNTY BOROUGH OF IPSWICH

MEDICAL OFFICER OF HEALTH

The Council invite applications from persons not exceeding 45 years of age for the appointment of Medical Officer of Health for the Borough

The commencing salary will be at the rate of £1 000 per annum together with a motor car allowance of £60 per annum

The person to be appointed must be a legally qualified Medical Practitioner and registered in the *Medical Register* as the holder of a Diploma in Sanitary Science Public Health, or State Medicine

The appointment will be subject to the approval of the Minister of Health and the Board of Education to the provisions of the Local Government and Other Officers Superannuation Act, 1922 and to the successful candidate passing the necessary medical examination

The person appointed must reside within the Borough The appointment is terminable by three calendar months notice in writing on either side

The person appointed will be responsible for the performance of all the duties imposed on the Medical Officer of Health under relevant Acts Orders, at to act as School ive Tuberculosis Off of the Maternity and Child Welfare Centres the Maternity Home the Isolation Hospital and the Small pox Hospital Medical Officer to the Port Sanitary Authority Medical Examiner of Entrants to the Council's Service, and to perform such other duties as may from time to time be prescribed by the Council He must devote his whole time to the duties of the office and will not be allowed to engage in private practice

Forms of application and particulars with regard to the appointment may be obtained from the Medical Officer of Health, Public Health Department, Elm Street, Ipswich and applications must be delivered to the undersigned not later than 12 noon on March 31st in an envelope marked 'Appointment of Medical Officer of Health'

Canvassing members or officers of the Council in any manner whatsoever is prohibited and will disqualify candidates

Town Hall A MOLLAT
Ipswich Town Clerk
February 27th 1937

COUNTY BOROUGH OF STOCKPORT

STEPPING HILL HOSPITAL (453 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Medical Practitioners for the post of Resident Assistant Medical Officer (male) at the above Hospital

Salary £200 per annum, with board residence and laundry

The person appointed will be required to devote the whole of his time to the duties of the office

The appointment is for six months but will at any time be determinable by one month's notice on either side

Experience in Anæsthetics will be a special recommendation

Applications stating age qualifications and experience together with copies of three testimonials are to be sent to the undersigned endorsed Assistant Medical Officer by not later than 10 a m on Monday March 1st

H BARLOW
Clerk to the Public Assistance Committee
Public Assistance Offices
Shaw Heath Stockport February 15th 1937

COUNTY BOROUGH OF DUDLEY

PUBLIC HEALTH DEPARTMENT

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications from qualified medical practitioners are invited for the appointment of an Assistant Medical Officer of Health and Assistant School Medical Officer

Applicants must be medical practitioners holding a special qualification in State Medicine or a Diploma in Public Health and must have had three years experience of the practice of medicine since obtaining their medical qualifications

Preference will be given to applicant who

(*a*) Have had some definite experience of School Medical work

(*b*) Have enjoyed special opportunities for the study of Diseases in Children

(*c*) Have held one or more Resident Hospital appointments

The candidate appointed will be required to produce a recent satisfactory medical certificate of health and to devote the whole of his time to the duties of the office and he must reside in the Borough

The salary will be £500 per annum rising by annual increments of £25 to a maximum of £700 per annum

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and deductions will therefore be made for superannuation purposes

Application forms may be obtained from my office to which they should be returned together with copies of three testimonials of recent date not later than March 3rd

Canvassing in any form will be a disqualification

Council House, CEO C V CANT
Dudley Town Clerk
February 16th 1937

CITY OF NORWICH

RESIDENT MEDICAL OFFICER ISOLATION HOSPITAL ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer Isolation Hospital Assistant Medical Officer of Health and Assistant School Medical Officer Salary £450 per annum, rising to £550 per annum plus emoluments valued at £150 per annum Travelling allowance at the rate of £60 per annum granted when absent from Hospital on duty For particulars send stamped addressed envelope to the Medical Officer of Health 68 St Giles Street Norwich to whom applications for the post must be sent not later than March 2nd

CITY OF SALFORD

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICER

Applications are invited for the above mentioned appointment at a commencing salary of £500 rising by annual increments of £25 to a maximum of £700 per annum with allowance for previous approved service subject to a deduction of 5 per cent for superannuation purposes

Applicants should have had special experience in Midwifery and the Diseases of Children

Forms of application and condition of service may be obtained from the Medical Officer of Health 143 Regent Road Salford 5 to whom the form should be returned accompanied by copies of not more than three recent testimonials not later than Friday March 5th

H H TOMSON, Town Clerk

dissatisfied because it has been told that its procedure has no validity Everyone concerned is therefore dissatisfied and in this respect the decision must surely be unique There is also the question whether the Minister or his advisers are satisfied with the decision but this must remain a matter of conjecture

General Medical Service in Ayrshire

The following particulars with regard to the general medical service in Ayrshire were given in the course of an address to the Scottish Association of Insurance Committees by the clerk to the Ayrshire County Insurance Committee who speaking in support of the recommendations of the Departmental Committee on Scottish Health Services particularly in regard to the treatment of dependants of insured persons said that the committee had unknown to themselves stated not opinions but facts which had been proved

At the beginning of last year the Branch in Ayrshire of the British Medical Association started a general medical service The object was to provide the dependants of insured persons and others whose incomes do not exceed £250 per annum with a medical service similar to the insurance medical service and with drugs and appliances also A weekly contribution is charged the amount (4d 8d 10d or 1s) depending upon the number of dependants or persons to be attended and treated The contributions may be reduced and are reduced in many areas to unemployed subscribers the amount charged being 4½d per week per family where the subscriber is entitled to medical benefit under the Insurance Act and 7d per week when he is not entitled In the districts in which the service operates there are 56 per cent of the population of the county Many of the remaining 44 per cent are in districts which are entirely rural or residential or in mining and industrial areas where there are already colliery and works medical schemes There are 9 700 subscribers who pay in respect of over 11 000 adults and 14 000 children a total of over 25 000 persons for whose treatment the members of the service—that is the doctors—are responsible There are slightly more than two dependants for each subscriber The Departmental Committee's report gives 1 900 000 as the number of insured persons in Scotland entitled to medical benefit and 1 600 000 as the number of dependants who would be brought in by an extension of medical benefit to dependants If these figures are correct it is clear that it is the men and women with more than the average number of dependants who have become subscribers That means that the man with a family is anxious about the health of his wife and children is eager to take advantage of a scheme which will save him doctors bills and is prepared to pay considerably more than he would need to pay for a similar service provided nationally

The insured population and persons under the scheme are 53 per cent of the population in the districts in which the service operates The Departmental Committee estimates that the 1 900 000 insured persons and the 1 600 000 dependants represent about 70 per cent of the population—that is only 17 per cent more than are now under a scheme of a purely voluntary nature There could not be a stronger argument than these figures that insured persons want a medical service for their dependants and are prepared to pay for it The committee would appear to underestimate the cost With a voluntary scheme the expenses of administration which include weekly collection and the keeping of an account for each subscriber are necessarily heavy These would in the main be absent in a national scheme The attitude of the unemployed to the medical service has been very interesting and significant Of the 9 700 subscribers 26·5 per cent are unemployed That is conclusive proof that the choice of doctor is valued Rather than ask for treatment by the public assistance medical officer these unemployed prefer to pay for and choose their own doctor Figures are available of persons under the scheme who are not insured persons—small tradesmen and others—who would come under the proposed Contributory Pensions Bill They number 1 478 of the subscribers—1 698 adults and 778 children a total of 2 476 or 9·9 per cent of the persons for whose treatment the doctors are responsible That supports the contention that medical benefit should be provided for these persons They evidently want it and are prepared to pay for it

Medical Service in Glasgow

At the December meeting of the Glasgow Insurance Committee there was submitted a letter from the Department of Health intimating that the Department had agreed to adopt the recommendation of the Insurance Committee to withhold the sum of £100 from fees due to a practitioner in respect of the failure by the practitioner to comply with his Terms of Service The Department drew attention to several cases of neglect of patients on the part of insurance practitioners and referred to such cases as reflecting on the national health insurance medical service It requested that a copy of the letter be sent to the Panel Committee The clerk reported that he had forwarded a copy of the letter to the Panel Committee and as requested by that committee had supplied it with a statement showing the number of cases considered by the Medical Service Subcommittee during the last ten years with the decisions arrived at

The Panel Committee stated that it had analysed the number of cases considered by the Medical Service Subcommittee during the last ten years and was definitely of the opinion that they do not disclose a state of affairs in any way justifying adverse criticism The cases referred to by the Department were serious but they were seriously dealt with and substantial penalties were imposed The fact that these complaints came closely together in point of time is an exceptional circumstance which has no necessary bearing on the standard of medical service in the city The Panel Committee considers that the medical service in Glasgow compares quite well with that of any area in the country

The Insurance Committee concurred in the observations of the Panel Committee on the letter from the Department of Health and decided that a reply should be sent to the Department stating that the facts do not appear to justify the observations of the Department and that in the opinion of the committee there is no necessity for the Department of Health to be perturbed regarding the national health insurance medical service in Glasgow

GENERAL MEDICAL COUNCIL EXECUTIVE

Indian Diplomas.—At the last meeting of the Executive Committee of the General Medical Council it was reported that the effect of a resolution by the committee at its previous meeting in May resuming the recognition of the degrees granted by the universities of Bombay and Lucknow had the effect of reviving the condition originally attached to such recognition by the committee in 1922 and 1923 that a certificate must be given by the dean of the faculty of medicine that the holder of a degree had fulfilled the requirements of the General Medical Council This had led to some correspondence with the Medical Council of India which assured the General Medical Council that inclusion in the lists of graduates of universities whose degrees had been approved by the Medical Council of India would be a guarantee that the graduates so included had satisfied the specific requirements On this understanding the Executive Committee agreed to rescind so much of its previous resolution as required such certificates to be given by the deans of the faculties

Central Midwives Board—The amendment of the rule of the Central Midwives Board whereby fourteen days is substituted for ten days as the period after labour during which the midwife must personally supervise the mother and child had been submitted to the President of the Council, and the committee approved a reply which he had sent to the effect that the committee did not desire to make any representations on the amendment

King Edward VII College of Medicine Singapore—The committee had before it a report from the director of medical services Straits Settlements indicating the steps which had been taken to give effect to the recommendations and suggestions made by the Council's visitor, Sir Richard Needham, in 1934 Sir Richard Needham in commenting on the report, stated that most satisfactory advances had evidently been made in the teaching organization in public health and ophthalmology In pharmacology and therapeutics there had been no advance on the position two years ago, but it was proposed in 1937 to appoint a separate part-time lecturer in these subjects The question of adopting a policy to concentrate the teaching clinics in medicine and surgery at the general hospital had advanced to the stage of being considered by a Government Committee Another important question of policy concerned the provision of an adequate and effective out-patient department as an organized link in the chain of medical education Any progress with regard to this provision was held up pending completion of the building of a new dental hospital, expected to be started during 1936

TESTIMONIAL TO DR. GUY DAIN

SECOND LIST OF CONTRIBUTIONS

The following is the second list of contributions to the Dain Testimonial Fund

	£	s	d
Dr R Godwin Chase (Leeds)	1	1	0
Dr P Macdonald (York)	5	5	0
Dr J I Brailsford (Birmingham)	5	5	0
Dr H M Traquair (Edinburgh)	2	2	0
*Nottinghamshire Panel Committee (first instalment)	10	10	0
Dr L Mann (London S E 7)		10	0
Dr J A Mister (London E 2)		10	0
Dr Kathleen S Campbell (London S W 1)		10	0
Dr L Lipman (London E 1)	1	0	0
Dr A S Herbert (London W 8)		10	0
Dr L L M Rusby (London S W 2)		10	0
Dr G P A van Rossum (London E 14)		10	0
Dr C W Empey (London S W 19)		10	0
Dr D W Scrimgeour (London W 2)		10	6
Northumberland Local Medical and Panel Committee (first instalment)	25	0	0
Dr G S Lindon (London S E 4)	1	1	0
Stirling Burgh Panel Committee	2	2	0
Leeds Panel Committee (first instalment)	20	0	0
Dr D B Marlin (London W 11)		10	0
Dr H S Revell (London S W 18)		10	0
Dr D L Powell (London S W 17)	1	0	0
Dr C N Foley (London W 11)		10	0
Dr C G Sloan (Bromley Kent)		10	0
Dr C L Mason (London N W 1)		10	0
Montgomeryshire Panel Committee	5	5	0
Herefordshire Panel Committee	15	15	0
Dr E R Sweeney (London W 11)		10	0
Dr Stanley Brass (London S W 10)	1	1	0
Dr C Belcher (Birmingham)		10	0
Dr D Lenihan (London N 19)		10	0
Croydon Panel Committee	10	10	0
Dr W B Mumford (London S E 1)		10	0

The total amount received up to December 18th, 1936 is £893 10s 11d

*The following promises of further contributions (in instalments) have been received

	£	s	d
Nottinghamshire Panel Committee	10	10	0
Northumberland Local Medical and Panel Committee	25	0	0
Leeds Panel Committee	70	0	0

Cheques should be made payable to the Honorary Treasurer of the Dain Testimonial Fund (Dr G C Anderson) and forwarded to B M A House Tavistock Square London W C 1

THE B.M.A AND PUBLIC HEALTH

Among the various matters of interest which came before the Public Health Committee of the Association at its December meeting was the question which has arisen in a Yorkshire town where the town clerk has given a special interpretation to the requirement that members of the local council shall not be present when matters which may be of pecuniary interest to them come under consideration At the instance of the town clerk the council has passed a resolution that no member should be present "during the consideration by any committee or sub committee of any matter in which he is by himself or by his partner pecuniarily interested or in which he is by himself or his partner professionally acting for any party concerned" A member of the Association who is a member of the town council protested against this rule pointing out that, for example, the medical officer of health's report on infectious diseases might come up for consideration at a time when he (the doctor) was attending a case and might be said to be professionally acting for the case The town clerk, however said that he had no such situation in mind, what he was intent on guarding against was for example an estate agent, a member of the council, being present when a proposition to buy land was under discussion when the result might be, if he informed his clients, to increase the price of land to the detriment of the council The answer to that is, of course, that while the town clerk might be inclined to put a reasonable construction on the resolution he could not bind his successor or the council The Ministry states that it has no authority to prevent a local council from passing any standing order it pleases as to whether a standing order is *ultra vires* is a matter for legal contention The section of the Act (Section 76 of the Local Government Act 1933) lays stress on 'pecuniary interest," which is obviously the governing principle The issue is confused by the use of the word professional" It was agreed to adhere to advice already given to the member in Yorkshire who had raised the question

Fees for Practitioners Called in by Midwives

The issue by the Ministry of the Medical Practitioners (Fees) Regulations, being the scale of fees for practitioners called in on the advice of midwives, raised some question Some time ago a deputation from the Association discussed with officials of the Ministry the proposals for modifying the scale of fees—proposals which eventually came before the last Annual Representative Meeting—and a promise was given on the part of the Ministry that when the detailed request for modifications was received from the Association it would be considered after it had been submitted to the associations of local authorities for their observations While the matter was still under consideration however the Ministry had issued the new regulations The reply of the Ministry was to the effect that it was by inadvertence that the Association was not informed when these regulations were issued that they had been made without prejudice to the due consideration of any proposals which might be submitted for a revision of the scale, and that careful consideration would be given to the proposals A deputation was appointed to discuss with the Ministry the resolutions of the last Annual Representative Meeting on this subject

Local Government Officers' Superannuation

It was intimated in the Speech from the Throne at the opening of Parliament that legislation would be submitted to make further provision for the superannuation of local government officers and it has been explained that the main object of the Bill would be to remove the bar to mobility to which the absence of a superannuation system gives rise When a Superannuation Bill was proposed in 1935 the Medical Secretary was asked to arrange for an amendment to be tabled to provide that medical officers employed by local authorities should be entitled to 'added years of service' for the purpose of super-

ROYAL AIR FORCE MEDICAL SERVICE

Applications are invited from medical men for appointment to commissions in the Medical Branch of the Royal Air Force for entry in May 1937

Candidates must be of pure European descent They must be British Subjects, the sons of British Subjects and registered under the Medical Acts

Candidates must be under 28 years of age and will be selected after interview by a selection board without competitive examination

Hospital appointments held since qualifying will, under certain conditions qualify candidates for antedate of commission up to a maximum of one year, the age on entry may, if necessary, be increased by a period equal to the "antedate"

Selected candidates will be appointed to short service commissions (for 3 years extendible to 5 years) followed by 4 years' service in the Reserve, and will be eligible to be considered for Permanent Commissions during their second or third year of service Officers not selected for permanent commissions receive gratuity as follows, on transferring to the Reserve —

On completion of 3 years—£400
On completion of 5 years—£1,000

Copies of the regulations for entry and conditions of service including rates of pay and allowances, also form of application, may be obtained on application from —

The Secretary,
Air Ministry (D M S),
Adastral House,
Kingsway, W C 2

Completed applications from intending candidates for the vacancies in May, 1937 must be received in the Air Ministry not later than the 17th of March 1937

ROYAL ARMY MEDICAL CORPS.

Applications are invited from medical men for appointment to commissions in the Royal Army Medical Corps

Candidates will for the present be selected for commissions without competitive examination and will be required to present themselves in London for interview and physical examination on or about April 22nd 1937 They must be registered under the Medical Acts and normally must not be over the age of 28 years

Successful candidates will in the first instance be given short service commissions for five years During the 4th year of this period they will be given the opportunity of applying for a permanent commission Those not selected will retire on completion of 5 years' service with a gratuity of £1 000

PROFESSIONAL WORK

Ample opportunity exists in the Army for professional work in Military Hospitals and in Military Families Hospitals

Candidates who are successful will, unless they are seconded to complete a hospital appointment assemble at the Royal Army Medical College, London, on May 1st 1937

Particulars of the Conditions of Service in the Royal Army Medical Corps pay and allowances, and forms of application, may be obtained on application either in writing or personally, to the Assistant Director-General, Army Medical Services, The War Office London, S W 1

ALBERT DOCK HOSPITAL
Connaught Road E 16
(Seamen's Hospital Society)

RESIDENT MEDICAL OFFICER required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male Application with copies of three testimonial to be sent in on or before March 10th to the undersigned

Seamen's Hospital Society F A LYON
Greenwich S E 10 Secretary

CITY OF LONDON MATERNITY HOSPITAL
City Road E C 1

Applications are invited for the post of MALE ASSISTANT RESIDENT MEDICAL OFFICER for three months from April 1st Salary at the rate of £80 per annum At the end of the period the candidate will if satisfactory be appointed Senior for three months at a salary at the rate of £100 per annum

Forms of application returnable not later than March 1st may be obtained from the Secretary

RALPH B CANNINGS

CONNAUGHT HOSPITAL
Walthamstow E 17

Applications are invited for two posts of HONORARY ANAESTHETISTS to attend at 9 30 a m on Thursdays and at 5 30 p m on Mondays respectively Candidates should furnish particulars of their qualifications nationality age and previous experience

Application should be received on or before Tuesday March 2nd

KENELM S ELLISON Gen Sec

DREADNOUGHT HOSPITAL
Greenwich S E 10
(Seamen's Hospital Society)

HOUSE SURGEON required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Duties include attendance once a week at V D Clinic and charge of V D beds for which there is a special honorarium of £25 Application with copies of three testimonials to be sent in by March 10th to the undersigned

F A LYON
February 16th 1937 Secretary

DREADNOUGHT HOSPITAL
Greenwich S E 10
(Seamen's Hospital Society)

HOUSE PHYSICIAN required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Applications with copies of three testimonials to be sent in on or before March 10th to the undersigned

F A LYON
February 16th 1937 Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL Euston Road N W 1

Applications are invited from qualified women for the resident post of THIRD HOUSE SURGEON The appointment is for six months duties commencing in April Salary at the rate of £50 per annum with board residence and laundry Further particulars can be obtained from the undersigned to whom applications with copies of three testimonials should be sent on or before March 4th

JEAN R MURRAY Secretary

ELIZABETH GARRETT ANDERSON HOSPITAL Euston Road N W 1

The Managing Committee invite applications from qualified Medical Women for the following appointment

HONORARY PSYCHIATRIST to the Out patient Department

Applicants must be Members of the Royal College of Physicians Applications with fifteen copies of three testimonials to reach the undersigned on or before March 22nd

JEAN R MURRAY Secretary

GUY'S HOSPITAL S E 1

Applications are invited for the post of ASSISTANT MEDICAL OFFICER to the Salomons Infant Welfare Centre for one session weekly on Thursday afternoons

Applications should be addressed to the Superintendent Guy's Hospital on or before Monday March 1st Further particulars as to the duties of the appointment may be obtained from the Superintendent

Copies of testimonials will not be required but candidates should submit the names of one or two persons to whom reference may be made

H L EASON Superintendent

SEAMEN'S HOSPITAL SOCIETY
Greenwich S E 10

The Committee of Management invite applications for the new post of HONORARY ASSISTANT PHYSICIAN in charge of the Psychotherapeutic Department Candidates must be Doctors or Bachelors of Medicine of a University in the United Kingdom and Fellows or Member of the Royal College of Physicians of London and must be engaged in Consultant Practice only

Applications to be sent in on or before March 10th to the undersigned from whom further particulars can be obtained

Greenwich F A LYON
February 16th 1937 Secretary

SEAMEN'S HOSPITAL SOCIETY
Greenwich S E 10

The Committee of Management invite applications for the appointment of an ASSOCIATE SURGEON at the DREADNOUGHT HOSPITAL Greenwich Candidates must be Fellows of the Royal College of Surgeons of England or Masters in Surgery of a University in the United Kingdom and must be engaged in Consultant Practice only

Applications to be sent in on or before March 10th to the undersigned from whom further particulars can be obtained

Greenwich F A LYON
February 22nd 1937 Secretary

LONDON HOSPITAL E 1

CARDIAC DEPARTMENT

The post of PATERSON RESEARCH SCHOLAR AND CHIEF ASSISTANT in this Department will be vacant on April 1st The salary is at the rate of £400 per annum Further particulars on request

Applications should be sent to the House Governor not later than Saturday March 13th

ARTHUR G ELLIOTT House Governor

LONDON HOSPITAL E 1

There is a vacancy for the post of FIRST ASSISTANT to the Department of Thoracic Surgery Candidates must be Fellows of the Royal College of Surgeons of England

The appointment is half time and for one year Salary £150 per annum

Applications should be made to the House Governor and should arrive not later than Saturday March 13th

ARTHUR G ELLIOTT House Gov

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds)
St Quintin Avenue North Kensington W 10

The Board of Management invite applications for the post of part time REGISTRAR An honorarium of £100 per annum is payable and the successful applicant will also be *required to take* charge of the London County Council Minor Ailments Clinic on one session a week commencing in April

Applications with copies of three recent testimonials should be sent to the undersigned from whom any further particulars can be obtained not later than March 31st

H J ELEY Secretary

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

Applications are invited for the posts of HOUSE SURGEONS (two male unmarried) for a period of six months commencing April 1st renewable for a further period of six months at the Medical Board at a salary of £100 per annum with full board residence and laundry Applications should be sent on forms which may be obtained from the Secretary Medical Committee Great Portland Street W 1 not later than March 10th

ROYAL NORTHERN HOSPITAL
Holloway N 7

[illegible] for the post of [illegible] The appointment is at the rate of £300 per annum with full board residence and laundry Applications should be sent on forms which may be obtained from the Secretary Medical Committee to whom completed forms of application and testimonials should be returned not later than 12th inst

CILBERT G PANTER Secretary

ROYAL NORTHERN HOSPITAL
Holloway N 7

Applications are invited for the post of CONSULTING PHYSICIST Full particulars of the office may be obtained from the undersigned to whom applications should be sent by March 12th

GILBERT G PANTER Secretary

ST PETER'S HOSPITAL FOR STONE ETC
Henrietta Street Covent Garden W C 2

The office of HOUSE SURGEON will fall vacant on April 1st and application are invited from male candidates with previous experience in a similar office at a General Hospital The salary offered is at the rate of £75 per annum with board lodging and laundry

At the expiration of six months term of office and subject to the recommendation of the Medical Committee the House Surgeon is appointed Resident Surgical Officer for a further similar period Candidates should therefore be prepared if successful to remain at the Hospital for twelve months in all

Application accompanied by copies of testimonials should be forwarded to reach the undersigned not later than the first post on Tuesday March 9th

BEECHEY ROGERS Secretary

ST MARY'S HOSPITAL W 2

SURGICAL REGISTRAR

The Board of Management invite applications for the above post

Candidates for the appointment must be registered Medical Practitioners and Fellow or Member of the Royal College of Surgeons of England or Graduates in Surgery of a University in the British Empire

The salary is £200 per annum with luncheon and tea

Copies of the regulations for the Surgical Registrar may be obtained on application to the Secretary's office

Applications with copies of testimonials not exceeding three in number should reach the undersigned on or before March 6th

W PARKES House Governor

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A RESIDENT HOUSE PHYSICIAN and a RESIDENT HOUSE SURGEON (male) are required Duties to commence on April 18th

The appointments are tenable for six months Salaries at the rate of £100 per annum

Candidates must be unmarried persons a legal qualification to practise, and have held a possible *resident appointment* at a General Hospital

Applications must be received by noon on Monday March 22nd and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday April 7th

Further particulars and form of application are obtainable from the undersigned

HERBERT F RUTHERFORD
February 1937 Secretary

THE PRINCESS BEATRICE HOSPITAL
Earl's Court London S W 5
(General Hospital—81 Bed)

HOUSE PHYSICIAN AND CASUALTY OFFICER (male or female) required for a period of six months as from April 1st Salary at the rate of £110 per annum with board residence and laundry (together with £10 to cover all duties during the six months relating to Private Patient) Previous experience desirable but not essential Full particulars may be obtained from the Secretary Manager by whom application with copies of three recent testimonials should be received not later than 9 a m March 2nd

THE PRINCESS BEATRICE HOSPITAL
Earl's Court London S W 5
(General Hospital—81 Bed)

RESIDENT SURGICAL OFFICER (male) required for a period of six months in the first place from April 1st eligible for re-election Salary at the rate of £200 per annum with board residence and laundry (together with £25 to cover all duties during the six months relating to Private Patient) Previous resident experience and F R C S essential

Full particulars may be obtained from the Secretary Manager by whom application with copies of three recent testimonials should be received not later than 9 a m March 2nd

CAVENDISH NURSES

★ MALE AND FEMALE

Head Office 54 BEAUMONT ST LONDON W 1
Branches WAVERTREE 1 The Orchard
CLASGOW 26 Bothwell Terr
DUBLIN 23 Upper Fitzwilliam St (2 lines)
Telephone London 1022 Wel (2 lines)
Manchester 3162 Ard
Dublin 62006 Glasgow Douglas
Telegram Tactear London Surgical Glasgow Tactear Manchester Tactear Dublin

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one years standing to undermentioned positions

ASSISTANT MEDICAL OFFICERS (GRADE II)—Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions) Candidates must have held a resident appointment in a General Hospital for at least six months The duties at each Hospital are mainly medical

FULHAM HOSPITAL St Dunstans Road, Hammersmith W 6

HACKNEY HOSPITAL High Street Homerton E 9 Experience in Anaesthetics and Ante natal work

*HIGHGATE HOSPITAL Dartmouth Park Hill N 19 Position at present non resident Non resident allowance of £120

*NEW END HOSPITAL Hampstead N W 3

ST CHARLES HOSPITAL, St Charles Square Ladbroke Grove W 10

*ST CLEMENTS HOSPITAL 2a Bow Road E 3

ST OLAVES HOSPITAL, Lower Road, Rotherhithe S E 16

* No accommodation for a woman

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A, County Hall S E 1 returnable by March 15th Canvassing disqualifies

LONDON COUNTY COUNCIL

CONSULTANT AND SPECIALIST SERVICES

Applications invited for appointment as part time Consulting Ophthalmologists (one or more positions) for duty at the undermentioned hospitals

DULWICH HOSPITAL East Dulwich Grove S E 22 ST GILES HOSPITAL Brunswick Square S E 5 NORWOOD HOSPITAL FOR CHILDREN West Norwood S E 27 QUEEN MARYS HOSPITAL FOR CHILDREN Carshalton Surrey THE DOWNS HOSPITAL FOR CHILDREN Sutton Surrey

Salary £125 a year for one routine session a week and £75 a year for each session in addition Additional remuneration at rate of £2 12s 6d a visit for emergency visits made in excess of number of routine sessions

Application forms containing full particulars obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division) County Hall Westminster Bridge S E 1 returnable by March 9th Persons appointed required to carry out duties assigned by Medical Officer of Health Women eligible Canvassing disqualifies

LONDON COUNTY COUNCIL

TEMPORARY DISTRICT MEDICAL OFFICER required for Area V District B (City of Westminster)—Provisional salary £150

Person engaged required to carry out duties prescribed by Public Assistance Order 1930 and to reside in or near district Engagement until March 31st 1938 in the first instance Remuneration and conditions subject to review

Application form obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division) County Hall S E 1 returnable by March 15th Canvassing disqualifies

SURREY COUNTY COUNCIL

MENTAL HOSPITALS COMMITTEE

APPOINTMENT OF JUNIOR ASSISTANT MEDICAL OFFICER (Male)

Applications are invited for the post of Male Junior Assistant Medical Officer (unmarried) in the Surrey County Mental Hospital Service

Commencing salary which will be subject to statutory deductions under the provisions of the Asylums Officers Superannuation Act 1909 will be £350 rising by annual increments of £25 to a maximum of £450 per annum together with apartments board laundry and attendance valued for superannuation purposes at £150 per annum The person appointed will also be paid in addition to his salary the sum of £50 per annum if he holds the Diploma in Psychological Medicine

The appointment will be subject to termination by one calendar months notice on either side and the person appointed will be required to undergo a medical examination

Applications stating age accompanied by copies of three recent testimonials and enclosed in an envelope endorsed Mental Hospitals Junior Medical Officer must reach me not later than Wednesday March 10th

DUDLEY AURLAND
Clerk to the Committee

Mental Hospitals Department
County Hall Kingston upon Thames
February 23rd 1937

LANCASHIRE COUNTY COUNCIL

PARK HOSPITAL DAVYHULME, Near MANCHESTER

APPOINTMENT OF RESIDENT MEDICAL SUPERINTENDENT

Applications are invited for the position of Resident Medical Superintendent at the Park Hospital Davyhulme near Manchester (500 beds) The duties will also include those of Medical Officer to the Green Lane Public Assistance Institution Patricroft

Candidates must be duly qualified Medical Practitioners of at least five years standing have held an appointment as House Physician or House Surgeon in a public general Hospital and have had experience of hospital administration

The successful applicant for the above appointment will be required to pass a medical examination and unless at present a contributor under the Poor Law Officers Superannuation Act 1896 to contribute to the Local Government and Other Officers Superannuation Act 1922

The person appointed will be required to work under the direction of the County Medical Officer of Health

The salary will be as follows £850 per annum rising by annual increments of £25 to £950 per annum (subject to satisfactory service) as Medical Superintendent of Park Hospital Davyhulme £150 per annum as Medical Officer to the Green Lane Institution Patricroft and in addition an unfurnished house free of rates and valued at £100 a year will be provided Until the house has been erected a sum at the rate of £100 a year will be paid

Forms of application may be obtained from the County Medical Officer of Health (Hospital and Medical Department) County Offices Preston to whom all applications accompanied by copies of not more than three testimonials must be forwarded so as to be received not later than Monday March 8th

County Offices GEORGE ETHERTON
Preston Clerk of the County
February 15th 1937 Council

LANCASHIRE COUNTY COUNCIL

BIDDULPH GRANGE ORTHOPAEDIC HOSPITAL

Applications are invited from duly qualified and registered Medical Practitioners (unmarried) for the post of JUNIOR HOUSE SURGEON at the above Hospital which contains 88 beds

Salary is at the rate of £200 per annum, together with board residence and laundry

Preference will be given to candidates who have held resident Hospital appointments and who are competent Anaesthetists The appointment will be for a period of six months in the first instance and for a further six months at the option of the Council but will not be renewable after that time

Applications with copies of two recent testimonials should be sent not later than March 11th to Dr F HALL School Medical and Child Welfare Department, County Offices Preston

Duties to commence as soon as possible

County Offices GEORGE ETHERTON
Preston Clerk of the County
February 22nd, 1937 Council

COUNTY COUNCIL OF DUNBARTON

The County Council of Dunbarton invite applications for the appointment of ASSISTANT MEDICAL OFFICER AND ASSISTANT TUBERCULOSIS OFFICER Salary £500 rising by annual increments of £25 to £700 Candidates must be fully qualified and registered Medical Practitioners and must hold a Diploma in Public Health and have had experience in the treatment and diagnosis of Tuberculosis The post is designated for the purposes of the Local Government and Other Officers Superannuation Act 1922

Applications (on a special form which will be supplied by the County Medical Officer) together with ten copies of three recent testimonials should be lodged with Dr T LAUDER THOMSON County Medical Officer 88 College Street Dumbarton not later than March 10th

ARCHD A TEMPLETON County Clerk
County Buildings Dumbarton
February 24th 1937

SOMERSET COUNTY COUNCIL

TEMPORARY SCHOOL MEDICAL OFFICER

An Assistant School Medical Officer required probably for about two month as soon as possible Salary £12 12s per week exclusive of travelling and out of pocket expenses

Apply Dr W G SAVAGE County Hall Taunton

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL AND THE COUNCIL OF THE BOROUGH OF THORNABY ON TEES

APPOINTMENT OF BOROUGH MEDICAL OFFICER OF HEALTH AND ASSISTANT TO THE COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified and registered Medical Practitioners holding the Diploma in Public Health or its equivalent for the above-named whole time joint appointment

Candidates must not be over the age of 45 Salary £800 per annum with a travelling allowance on the County Council Scale when engaged on their work Office accommodation will be provided by the Borough Council and clerical assistance will also be provided by the Borough Council for the duties of Medical Officer of Health The Officer will be required to reside within the Borough or at an approved place within easy reach thereof

The appointment will be made in accordance with the Local Government Act 1933 the Sanitary Officers Order 1926 and the Local Government (Qualifications of Medical Officer and Health Visitors) Regulations 1930. The Local Government and Other Officers Superannuation Act 1922 will apply to the appointment and the person appointed will be required to pass a Medical Examination

In addition to the duties of Medical Officer of Health for the Borough of Thornaby-on-Tees (which is a Maternity and Child Welfare Authority) the Officer will be required to carry out such duties as may from time to time be required of him by the County Council such duties will be discharged under the direction of the County Medical Officer of Health and will include School Medical Inspection

Applications on forms obtainable from the undersigned must be received by him with copies of not more than three recent testimonials not later than March 9th

Canvassing in any form will be a disqualification

Town Hall J P CAPP
Thornaby on Tees Town Clerk
February 16th 1937

PERTH AND KINROSS JOINT COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Lady Medical Practitioners for the whole time appointment of Assistant Medical Officer of Health at the commencing salary of £500 per annum rising by £25 annually to a maximum of £700 per annum

The possession of a Diploma or Degree in Public Health is essential and approved previous experience will be taken into consideration Duties will be mainly in connection with medical inspection and treatment of school children

Forms of application may be obtained from Dr D J McPHAIL County Medical Officer York Place Perth with whom completed applications accompanied by copies of three recent testimonials should be lodged not later than Tuesday March 9th

County Offices T B MARSHALL
York Place Perth County Clerk
February 15th 1937

HULL CORPORATION HEALTH DEPARTMENT

ANLABY ROAD INSTITUTION (HOSPITAL)

MALE ASSISTANT MEDICAL OFFICER

The Corporation of Hull invite applications from registered Medical Practitioners under the age of 40 years for the appointment of Male Assistant Medical Officer at the above-named Hospital for a period of one year

Salary is at the rate of £350 per annum together with an allowance at the rate of £150 per annum for board and residence out of the Hospital Experience in surgery will be considered an additional qualification

The Hospital Section contains 540 beds and is equipped with modern X Ray and Radium Departments

A form of application together with conditions of appointment and a list of duties may be obtained from the undersigned to whom completed applications should be returned not later than 10 a m on Monday March 8th

NICOLAS CERBIE M D
Medical Officer of Health

Health Department (185) Guildhall Hull
February 16th 1937

APPLICATIONS ARE INVITED FOR THE appointment of HONORARY PHYSICIAN to the BRITISH HOSPITAL FOR FUNCTIONAL MENTAL AND NERVOUS DISORDERS 72 Camden Road N W 1 and should be addressed to the Secretary, Miss IRVING

Established in 1893 by J A KLASIDP

THE MEDICAL AGENCY, Ltd.

DUDLEY HOUSE, 36-38, SOUTHAMPTON ST, STRAND, W C 2

Telephone—Temple Bar 1054 & 1034

YORKSHIRE — Old established middle and working class PRACTICE in large town Freehold house for sale Receipts average £1 400 p a Panel 1 680 Premium 1½ years purchase or near offer

MON — Old established industrial PRACTICE Detached house rented on lease at £65 p a Receipts over £1 000 p a Panel 1 440 Appointments Premium 1½ years purchase Four fifths share may be purchased if desired with view to succession

EAST LONDON — Old established middle and working class PRACTICE in thickly populated locality Local up Surgery in large building rented at £150 p a and sublet at £275 p a Receipts £850 p a Panel 1 150 Premium £2 000 or near offer including drugs etc

Financial Assistance arranged

LANCS —PARTNERSHIP in mixed Practice in residential locality Detached house to be rented on lease at £52 p a Receipts £2 800 p a Panel 2 900 Incoming man must be Roman Catholic, preferably Irish One half share at 2 years purchase

LONDON, E 17 — Old established middle class PRACTICE in thickly populated area Leasehold house for sale Large garden and garage Receipts £1 800 p a Panel 2 509 Premium for House and Practice £6 300

LANCS —Old establ hed working class PRACTICE in large Town Surgery on main road with flat above to be rented on lease at £60 p a Receipts £750 p a Panel 1 150 Premium £1 200 to include drugs fixtures fittings etc

Quotations upon application

THE

WESTERN MEDICAL AGENCY

LONDON and BRISTOL

Dr R H BENNETT and Dr W J PARAMORE who give personal attention to every client

Financial Assistance for Purchasers and all Classes of Medical Insurance arranged

LOCUM AND ASSISTANTS SUPPLIED WITHOUT CHARGE TO PRINCIPALS

For exclusive Agency maximum commission is £50 which includes everything sold except house property

1 BRISTOL —Good mixed PRACTICE Panel 1 360 Receipts £1 360 p a Good scope Premium £3 000 House rent £4 400 p a Shire

2 MIDDLESEX —PRACTICE in good part Panel 1 600 £1 800 p a 2½ years purchase House sale or rent

3 CARMARTHENSHIRE —Country PRACTICE near Coast Over £1 000 p a increasing Panel 500 Price £1 500 House rent

4 MIDLANDS —PARTNERSHIP in prosperous town Panel 2 000 £2 300 p a rapidly increasing Third share with early increase 2½ years purchase

5 OXFORDSHIRE PRACTICE —West of England —About £1 000 p a Premium £1 500 House £1 000

6 LONDON S —PARTNERSHIP in pleasant part Panel 2 900 £4 400 p a Share producing £1 000 p a at 2 years purchase

7 BRISTOL —Good class non panel PRACTICE Good scope About £800 p a Lease merely much more Item £700 Good house

8 WILTSHIRE —PARTNERSHIP in country town Panel 1 700 About £1 440 p a Good scope for young man Half share at 2 years purchase or near offer

9 LONDON S1 —Unopposed great scope Panel over 500 £950 p a Recently established 2 years purchase or offer House sale or rent

10 MIDLANDS — PARTNERSHIP offered to young English or Scotch Practitioner Short preliminary Assistantship

22, CLARE STREET, BRISTOL, 1

Teleg Medico Bristol *Tel* Bristol 22689

25, SOUTH MOLTON ST, LONDON, W 1

(Bond Street Station) *Tel* Mayfair 6941

ESTABLISHED 1877

LEE & MARTIN, LTD.

The Birmingham Medical Agency,

71, TEMPLE ROW, BIRMINGHAM

Telegrams Locum Birmingham *Telephone* 5963 Midland, Birmingham

Transfer of Practices and Partnerships arranged

MAXIMUM FEE £50, if exclusively entrusted to us

ACCOUNTS INVESTIGATED AND INCOME TAX RETURNS PREPARED

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORT NOTICE, also ASSISTANTS

WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof) —Good mixed PRACTICE with a panel of 1 000 upwards and receipts of from £1 500 to £3 000 URGENTLY REQUIRED CAPITAL AVAILABLE

2 MIDLANDS — Good mixed PRACTICE with substantial panel and in NORTH WEST MIDLANDS IMMEDIATELY REQUIRED CAPITAL AVAILABLE come of from £1 500 upwards

FOR DISPOSAL

1 MIDLANDS — HALF SHARE (Or Estate) privately owned no other Doctor allowed to build or open Surgeries Excellent opportunity for young married man should be British, and well qualified Modern house available

2 SOUTH COAST —Good mixed PRACTICE Receipts well over £1 200 p a (auditors figs) Panel 1 300 Excellent house all services

3 EAST COAST —Old established PRACTICE Receipts at £1 400 p a Limited over 800 and both increasing Good house all services

4 BIRMINGHAM —In very pleasant residential suburb well established better class PRACTICE Receipts at £2 000 p a Panel about 500 Good house

5 STAFFS — Definite PARTNERSHIP after preliminary Assistantship of six months to single man English or Scotch Protestant Not over 30 Further details on application

GOOD ENGLISH LOCUMS REQUIRED

FINANCIAL ASSISTANCE afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms Full particulars on application

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORTEST NOTICE

Telephone Welbeck 2728
Telegrams ASSISTANCE LONDON

NURSES

MALE OR FEMALE

TRAINED NURSES FOR MENTAL MEDICAL SURGICAL AND LEVER CASES

Nurses reside on the premises and are available for urgent calls Day and Night

THE NURSES' ASSOCIATION

(In conjunction with the MALE NURSES ASSOCIATION)

29, York St, Baker St, London, W 1

Mrs MILLICENT HICKS *Supt*
W J HICKS *Secretary*

ESTABLISHED 1868

PEACOCK & HADLEY Ltd

MEDICAL TRANSFER AGENCY,

67-68, Chandos Street, Bedford St, Strand, W C 2

Telegrams Herbaria, Lesquare London *Telephone* Temple Bar 5564

This old established Agency negotiates the Sale of PRACTICES and PARTNERSHIPS on reasonable terms which can be obtained on application LOCUM TENANS and ASSISTANTS supplied free of charge to principals

THE

NEW MENTAL NURSES CO-OPERATION,

66 Queen's Gardens Lancaster Gate W 2

(Late of 139 Edgware Road W 2)

Specially trained Nurses for Mental and Nervous cases (All Nurses are insured under the Employers Liability Act, 1906) Apply the Supt

Telegrams Psyconurse Taadd Lond *Telephone* No 6105 Padd

THE OLDEST AND LEADING MEDICAL AGENCY

ESTABLISHED 60 YEARS

PERCIVAL TURNER LTD

4 & 5, ADAM ST, STRAND, W C 2

Telegrams 'Epsomian London' 'Phone Temple Bar 9011 (3 lines)

After office hours FITZ Croy 2926

Assistants and Locums Provided without fee to Principals Practices Investigated Books kept Debt Collection etc

The maximum Commission charged on the sale of any practice or share placed exclusively in our hands is £50 No Commission is charged on the sale of anything else except house property

Scale of charges sent on application

SURREY —£1 500 PA PANEL 500 GOOD 10 DISPOSAL class family PRACTICE Fees 10/6 up Premium 1½ years purchase Charming house (3 recep 7 bed) and good garden for sale freehold —1

LONDON, ST MARYLEBONE —CASH PRACTICE £500 p a Panel 500 increasing rapidly Ample scope—rehousing area House with 3/4 bedrooms, etc Rent £80 p a —7

LONDON, SE — £520 PA PANEL 580 Clubs over £70 p a Vendor retiring through ill health Premium 1½ years purchase 10 roomed house Rent 90 p a or sell —3

LONDON, NW —OVER £600 PANEL WITH ample scope Panel over 400 Fees about 50 Fees 5/6 to 10/6 Premium £1 500 Good house, 4-bed, 2 recep etc —4

LANCS — OLDISH TOWN PRACTICE 3/ to 5/ About £1 700 p a Panel 1 800 Half share for sale at 2 years purchase —5

BIRMINGHAM —AVERAGE OVER £400 PA Non panel No midwifery Fees 4/ to 12/6 Worked as lock up Just 3 bed and 1 sitting room available Rent £60 p a Premium £500 or near offer —6

KENT —OVER £600 PANEL WORTH £220 approx Fees 3/6 to 10/6 Several appts House 3 recep, 4 bed etc, garden Rent £70 p a —7

EASTERN COUNTY —1/3 OF OVER £2 500 p a Panel nearly 1 800 Very attractive Practice Premium 2 years purchase or near offer House £55 p a 4 bed 2 recep surgery, etc, and large garden —8

SOUTH COAST —£850 RAPIDLY INCREASING Panel about 600 Club £100 p a Fully residents Good accommodation available Premium 2 years purchase or offer Well appointed double fronted house, with garden, tennis, etc Sell or let —10

HOME COUNTIES WITHIN FAST REACH of London (S) —Steadily increasing PRACTICE now over £3 500 p a including panel of 3 000 also growing rapidly and appt £ 00 p a Excellent investment for two friends Two houses available, one large to rent other smaller for sale freehold —11

ESSEX SUBURB — ABOUT £1 450 PA Medium panel Fees 3/6 up Item Purchase Detached house 6 bed, etc Sell or let —12

OUTER SW SUBURB —£2 100 P A PANEL 2 100 Club £450/£900 p a, and appt Premium £5 000 Detached house 2 recep 4 bed surg etc garage and yard £2 000 —13

HANTS — COUNTRY PRACTICE ABOUT £1 900 p a steadily increasing and appt Old established Panel 1 300 Clubs £130 Two houses available Would suit two friends in Partnership —14

NORTH EAST ENGLAND —LUCRATIVE OLD estab Town PRACTICE Over £2 000 p a Panel 2 200 Clubs and appts about £600 Good fees Premium 2 years purchase Detached house 5 bedrooms 2 reception etc To be sold or let —15

ESSEX SUBURB —AVERAGE £600 PA ample scope to young active man Fees 4/ up House on arterial road 130 Visits 4/ up Rent £90 p a —16

LONDON S1 — RAPIDLY INCREASING 2 recep 4 bed etc Rent £90 p a Non £600 p a Panel 500 Fees 5/ up

LONDON S1 — PRACTICE in good position Panel over 400 Fees 5/ up Premium £1 800 or near offer 8 roomed house recently worked Premium only £800 —17

LONDON, E —£350 P A OR MORE PANEL over 350 Density of district 6 to scope to increase to rent Premium £350 —1 room and 2 bed Surgery within Rent £90 p a Panel 985 increasing Good scope

KENT —WITHIN 12 MILES —ABOUT £1 100 neighbourhood No midwifery but scope Premium £2 250 —19

FINANCIAL ASSISTANCE ARRANGED IN SUITABLE CASES

NO CHARGE TO PURCHASERS

ASSISTANTS —MANY VACANCIES IN LONDON and Country Indoor and Outdoor List on application

BOROUGH OF SWINTON & PENDLEBURY

APPOINTMENT OF MEDICAL OFFICER OF HEALTH & SCHOOL MEDICAL OFFICER

Applications are invited from duly qualified persons for the appointment of Medical Officer of Health of the Borough subject to the provisions of the Sanitary Officers (Outside London) Regulations 1935 The person appointed will be required to perform all duties imposed on him by statute and by any orders regulation or directions from time to time made or given by the Minister or by any Bye laws or instructions of the Council applicable to his office and to act as School Medical Officer Superintendent of the Maternity and Child Welfare Centres and all Clinics and to carry out all such duties in connection therewith as the Council may with the consent (if necessary) of the Ministry of Health from time to time direct

He must reside within a distance of three miles from the new Town Hall devote all his time to the duties of the office and must not engage in private practice as a Medical Practitioner

The appointment will be subject to the approval of the Minister of Health and the [illegible] be required to pass a [illegible] Officer of Health is a designated post for purposes of superannuation under the Local Government and Other Officers Superannuation Act 1922

The salary will be at the rate of £800 per annum rising by annual increments of £50 to a maximum of £1 000 per annum There will be an allowance of £75 per annum for travelling expenses The Council will provide any necessary clerical and other assistance The appointment will be subject to termination on three months notice from either side

Applications on forms to be obtained from the undersigned and accompanied by copies of not more than three recent testimonials should reach me not later than noon on Tuesday, March 2nd Envelopes should be endorsed Medical Officer

Canvassing either directly or indirectly will be a disqualification

Town Hall WILLIAM CARTER
Swinton Lancs Town Clerk
February 13th 1937

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (520 Beds)

JUNIOR MEDICAL OFFICER (Male)

Applications are invited from fully qualified Medical Practitioners for the whole-time appointment of Junior Medical Officer (male) at the Selly Oak Hospital Birmingham The appointment will be for a period of six months in the first instance but may be extended at the end of that time for a further period of not exceeding six months

Salary at the rate of £200 per annum and full residential emoluments

The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by him

Further particulars may be obtained from the [illegible] Selly Oak Hospital age experience of recent testimonials not later than Wednesday March 10th

H C WILTSHIRE Town Clerk
The Council House Birmingham
February 1937

BOROUGH OF BARKING

ASSISTANT MEDICAL OFFICER (Male)

Applications are invited before March 15th from qualified Medical Practitioners with experience in public health work and registrable qualification in public health for the designated appointment of Assistant Medical Officer of Health and Assistant School Medical Officer

Salary scale £600—£25—£700

Particulars of duties and application form may be obtained from the undersigned

Town Hall S A JEWERS
Barking Town Clerk

BRITISH POSTGRADUATE MEDICAL SCHOOL

Applications are invited from fully qualified Medical Practitioners for the post of CASUALTY OFFICER to commence duty on October 1st

The appointment is for six months and non resident Salary is at the rate of £150 per annum and the post is specially suited to candidates studying

Applications should reach the Dean British Postgraduate Medical School Ducane Road W 12 not later than March 15th

BOROUGH OF CAMBRIDGE

MATERNITY AND CHILD WELFARE COMMITTEE

Applications are invited from qualified Medical Practitioners for the post of whole time ASSISTANT MEDICAL OFFICER for Maternity and Child Welfare at a salary of £600 per annum increasing by annual increments of £50 to a maximum of £800 per annum

The person appointed will be under the general direction of the Medical Officer of Health and will be required to

1 Act as Medical Officer to the Maternity and Child Welfare and Ante natal Clinics
2 Medically inspect school children under the age of 5 years in attendance at Nursery classes
3 Act as Inspector of Midwives practising in the Borough
4 Supervise the practice of the midwives in the service of the Corporation
5 Supervise the work of the Health Visitors
6 Inspect the Nursing Homes in the Borough
7 Discharge such other duties as the Council may from time to time require

Four weeks annual holiday will be allowed

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to three months notice on either side The selected candidate will be required to pass a medical examinaton

Forms of application may be obtained from the Medical Officer of Health The Guildhall Cambridge, to whom they should be returned together with copies of three recent testimonials not later than March 16th

The successful candidate will be required to commence duty on June 1st

The Guildhall C H KEMP
Cambridge Town Clerk
February 25rd 1937

COUNTY BOROUGH OF BLACKBURN

PUBLIC ASSISTANCE DEPARTMENT

Applications are invited from Medical Practitioners (male) for the appointment of a RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER at QUEEN'S PARK HOSPITAL AND INSTITUTION

The Staff consists of a Resident Medical Officer a Resident Assistant Medical Officer a Consulting Surgeon a Laboratory Assistant and an X Ray Attendant

There is a [illegible] separate Mental Block for children and [illegible] peri ence in all [illegible] ical Surgical and Midwifery [illegible] Ray apparatus is installed

The person appointed will be required to devote his whole time to the duties and also to act as may be directed by the Resident Medical Officer

The appointment will be limited to a term not exceeding one year

Salary for the first six months at the rate of £150 per annum and thereafter at the rate of £200 per annum, together with board apartments, and attendance

Applications stating age qualifications and experience accompanied by copies of not more than three recent testimonials must be sent so as to reach the Public Assistance Officer Public Assistance Offices Cardwell Place Blackburn not later than 10 a m on March 8th

Town Hall CHAS S ROBINSON
Blackburn Town Clerk
February 1937

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

ROMSLEY HILL SANATORIUM (120 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER (Male)
(AMENDED ADVERTISEMENT)

Applications are invited for a Resident Assistant Medical Officer Candidates must be unmarried and have held a resident Hospital appointment since qualifying Experience in the diagnosis and treatment of Tuberculosis will be a recommendation

The appointment will be limited in the first instance to six months and subject to satisfactory service may be extended for a further six months The salary will be at the rate of £240 per annum for the first six months and £275 per annum for the second six months with board and residence in each case

The officer appointed will be required to pay to the Council all fees allowance and emoluments (other than the foregoing) received by him

Form of application may be obtained from the Medical Superintendent Romsley Hill Sanatorium Halesowen near Birmingham and should be returned to him not later than Saturday March 6th

H C WILTSHIRE Town Clerk.

URBAN DISTRICT OF RUISLIP NORTHWOOD

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

Applications for the above post are invited from duly qualified and registered Medical Practitioners The appointment is subject to the provisions of the Local Government Act 1933 and the Sanitary Officers (Outside London) Regulations 1935

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and Orders and will also be required to carry out such other duties as the Council may with the consent of the Ministry of Health (where necessary) from time to time direct

The Council are not the Local Authority under the Maternity and Child Welfare Acts or the Education Acts

Preference will be given to applicants who are registered in the *Medical Register* as the holder of a Diploma in Sanitary Science Public Health or State Medicine but the Council will be prepared to consider applications where the applicant has had previous experience of the duties although not holding such Diploma

The person appointed must reside either within the Council's district or in a district so situated as may be approved by the Council

He will not be required to devote his whole time to the duties but may if he so desire engage in private practice

The successful candidate will be required to furnish a satisfactory medical certificate of health The salary will be at the rate of £250 per annum with an allowance of £25 per annum for travelling and other expenses

Canvassing either directly or indirectly will disqualify

Applications on forms which may be obtained from the undersigned accompanied by not more than three recent testimonials and endorsed Appointment of Medical Officer of Health must be delivered to the undersigned on or before March 8th

Council Offices B BARKER
Northwood Clerk of the
Middlesex Council.
February 10th 1937

STAFFORDSHIRE COUNTY COUNCIL

BACTERIOLOGICAL AND PATHOLOGICAL LABORATORY

SECOND ASSISTANT BACTERIOLOGIST AND PATHOLOGIST

Applications are invited from legally registered Medical Practitioner under 40 years of age for the post of Second Assistant Bacteriologist and Pathologist

Previous post graduate experience in either Bacteriology or Pathology is essential but the person appointed will be expected to become proficient in due course in all the branches of the routine work of the laboratory Adequate technical assistance is provided

Reasonable opportunity for research will be afforded

Commencing salary £700 per annum rising by annual increments of £50 to a maximum of £850, subject to the usual deductions under the Local Government and Other Officers Superannuation Act 1922 The appointment will be terminable by three months notice on either side

The successful candidate will be required to pass a medical examination and submit a birth certificate

Applications together with copies of three recent testimonials to be received by me on or before Saturday March 20th

County Buildings H L UNDERWOOD
Stafford Clerk of the County Council
February 22nd 1937

HEBBURN URBAN DISTRICT COUNCIL

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

The Urban District Council invite applications from fully qualified Medical Practitioners for the whole-time appointment as Medical Officer of Health and School Medical Officer at a total inclusive annual salary of £800 There is no Superannuation Scheme in force in the Urban District

The successful applicant will be required to devote the whole of his time to the duties of the appointment and will not be allowed to engage in private practice

Further particulars to be obtained from whom forms of application may be obtained and returned signed

Applications accompanied by copies of not more than three recent testimonials and naming two Medical Officers of Health from whom references may be obtained must be received not later than Friday May 5th

Canvassing the Members of the Council in any form will be a disqualification

Council Offices LIONEL F DOVALL
Hebburn Clerk of the Council
Co Durham.

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

(*FOUNDED* 1880)

NORTHERN BRANCH

33, CROSS ST., MANCHESTER, 2.

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Branch Offices at Leeds and Belfast

Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

FOR DISPOSAL

Full particulars free on request

SHROPSHIRE BORDER —Very old established PRACTICE (practically unopposed) in beautiful Country town Average cash receipts £1 100 p a Panel 700 and several small appointments Scope for energetic man Excellent house 3 reception 5 bedrooms garage for 2 cars garden and orchard For sale or may be rented Premium —Practice—best offer —No 924

NEAR MANCHESTER —Old established middle and better working class PRACTICE in residential suburb at present held by Medical Woman but previously conducted by a man and suitable for either sex Average cash receipts £1 600 p a Panel 400 Scope as district developing Good house 3 reception 5 bedroom garage for 2 car and large garden Premium best offer —No 923

LANCS TOWN —Very old established mixed Panel and Private PRACTICE in large town 7 miles from Manchester Cash receipts £2 300 p a Panel over 2 000 Good house 2 reception 4 bedrooms garage etc Prem —Practice—1½ yrs purch Vendor retiring —No 914

MANCHESTER —Old established and increasing middle and working class PRACTICE Cash receipts last year £1 333 Panel 1 400 Great scope for increase Excellent house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garage and small garden Premium—Practice—best offer —No 922

YORKSHIRE (N R) — Old established Country PRACTICE in beautiful district near to sea Cash receipts last year £1 040 Panel 600 Commodious house, 3 reception 6 bedrooms garage and large garden with tennis court Premium — Practice — 1½ years purchase Vendor retiring —No 893

MANCHESTER —Old established middle and better working class PRACTICE in present hands 34 years Average cash receipts £1 082 p a Panel 470 Scope for energetic man Good house 2 reception 5 bedrooms garage and large garden Premium 1½ years purchase Vendor retiring —No 875

CHESHIRE. —PARTNERSHIP in unopposed Country Practice Cash receipts £1 700 p a Panel 1 012 Expenses low Choice of houses at low rental Premium—half share—2 years purchase —No 905

MANCHESTER —Middle and better class PRACTICE in present hands 40 years Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms, garage and garden Premium —Practice and house—£3 000 Long introduction if desired Vendor retiring —No 858

DERBYSHIRE —Well established Country PRACTICE Cash receipts £800 p a including panel and transferable appointments £480 p a Good house 2 reception 5 bedrooms garage and garden Electricity and water Rent £50 p a Premium £1 350 —No 811

LANCS TOWN —Well established mixed class PRACTICE in large town Cash receipts £1 200 Panel 900 Scope Good house 2 reception 4 bedrooms 3 professional rooms and garage Rent £70 p a Premium—1½ years purchase —No 910

DERBYSHIRE — PARTNERSHIP in old established Country Practice near to large town Cash receipts last year £3 238 Panel 1 800 Scope as district developing Attractive house specially built, 2 reception 5 bedrooms garage and large garden Electric light and main drainage Rent £80 p a Premium—one third share—2 years purchase —No 854

MANCHESTER —Well established middle and working class PRACTICE in suburban district Cash receipts last year £1 630 Panel 1 100 Good house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garden Rent £60 p a Premium—Practice—1½ years purchase —No 913

DEATH VACANCY — LEEDS —Well established PRACTICE neglected by late Incumbent owing to ill health Cash receipts £584 p a Panel 413 Great scope Good house 2 reception 5 bedroom 3 professional rooms (separate entrance) large garden and garage Rent £50 p a Premium best offer —No 921

NORTHUMBERLAND —Mixed-class PRACTICE in beautiful country district Cash receipts last year £1 064 Panel 520 Good detached house 2 reception, 4 bedrooms 3 professional rooms good garden electric light main water and drainage Premium—Practice—and-house—best offer —No 832

NEAR MANCHESTER —Old established middle and better working class PRACTICE in present hands 35 year Cash receipt last year £1 851 Panel about 800 Good house 3 reception 4 bedrooms garage and large garden Premium 1½ years purchase Vendor retiring —No 850

NORTH WALES —Old established PRACTICE offering scope Cash receipts last year £843 Panel 765 Good surgery premises to rent at £52 p a Premium best offer —No 905

YORKSHIRE —PARTNERSHIP in sound old established middle and working class Practice in Cathedral City Cash receipts over £3 500 p a Panel 3 000 Scope Well built house available with garden Rent £75 p a Premium—one third share—2 years purchase —No 912

MANCHESTER —Well established PRACTICE in industrial district offering scope Cash receipts £700 p a Panel 950 Surgery premises to rent at 13/ per week (clear) Premium best offer —No 909

BEDFORDSHIRE —Small Country PRACTICE £400—£500 p a Panel 114 Good house 2 reception 7 bedrooms garage and garden Rent £65 p a Premium £450 —No 839

NEAR MANCHESTER — Old established PRACTICE conducted by Medical Man and Medical Woman in Partnership Average cash receipts £1 500 p a Panel 1 250 Scope for great increase as one of the partners is engaged in consulting work Two very good houses with ample accommodation garages and garden Premium best offer —No 889

LADY PARTNER to take over Lady Doctors share in large panel and private Practice in Cathedral City in York hire Quarter share worth about £900 p a to be sold at 2 years purchase Panel about 3 000 —No 919

LANCS TOWN —PARTNERSHIP in old established PRACTICE held by Indian Doctor Cash receipts approx £3 350 Panel 2 770 Scope House available Premium—1/4 or 1/3 share—best offer Alternatively would sell separate Practice with income of £1 900 p a and a panel of 1 870 —No 920

NORTH WALES —Good class PRACTICE in Seaside Town offering scope Cash receipts £500 p a Excellent house 3 reception 4 bedrooms garage and nice garden Premium 1 years purchase— No 916

NORTH WEST COAST — DEATH VACANCY —NUCLEUS established 2 year Income about £150 p a Panel 160 Great scope for energetic man Modern house 3 bedroom large garden and garage Premium best offer —No 918

MANCHESTER —PRACTICE in industrial district in present hands 40 years Cash receipts last year £840 Panel 904 Good corner house with ample accommodation to rent Vendor retiring Premium 1½ years purchase or near offer —No 855

AUSTRALIA —Four PRACTICES for sale all situated in Victoria Cash takings from £1 100 to £2 500 p a with appointment particulars supplied on application

— YORKSHIRE —£400 p a and car allowance CO heat and light HULL—£350 —MIDLANDS —£350 p a all and car allowance Many other Vacancies

LOCUM ENGAGEMENTS AND ASSISTANTSHIPS — Medical Men and Women are invited to register for IMMEDIATE engagement

SPECIAL NOTICE

The Commission payable on Sale of any Practice or Partnership where the Bureau is Sole Agent is limited to FIFTY POUNDS, exclusive of house property

REVISED TERMS ON APPLICATION

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS ST MANCHESTER 2

THE LIVERPOOL SANATORIUM, DELAMERE FOREST, PRODSHAM, via WARRINGTON
(175 beds for the treatment of patients suffering from pulmonary tuberculosis)

SENIOR ASSISTANT to the Medical Superintendent

Applications are invited from Male Medical Practitioners with suitable qualifications for the above-named appointment. Candidates must be unmarried and preference will be given to applicants who have held resident medical appointments since qualification and have had practical institutional experience in the treatment of pulmonary tuberculosis.

Salary will be at the rate of £325 per annum with board, quarters and laundry.

The appointment is normally tenable for twelve months but may be extended.

Particulars of duties and full information together with forms of application can be obtained from the Medical Superintendent.

Forms completed with copies of three recent testimonials should be returned as early as possible to the Medical Superintendent, The Liverpool Sanatorium, Delamere Forest, Prodsham, via Warrington.

WARRINGTON INFIRMARY & DISPENSARY

Applications are invited for the following posts:

SECOND RESIDENT,
THIRD RESIDENT

which fall vacant on April 1st.

Applicants must be duly qualified Medical Practitioners and unmarried. Salary of Second Resident (who must have had previous Hospital experience) at the rate of £175 per annum whilst Third Resident's salary is at the rate of £150 per annum together with board, lodging and laundry.

At the expiration of six months' term of office and subject to the recommendation of the Medical Board the Second Resident is appointed Senior Resident (salary £250 per annum) for a similar period whilst the Third Resident is appointed Second Resident and then Senior Resident for the same periods.

Applications stating age and qualifications accompanied by copies of three recent testimonials should be sent in not later than first post on Tuesday, March 9th. Chosen candidates will be interviewed on Friday, March 12th.

By Order
HENRY L. BOOT
February 24th 1937 Supt. & Sec.

WILSON HOSPITAL, MITCHAM, SURREY (72 Beds)

RESIDENT MEDICAL OFFICER, male or female, required from March 31st next. Salary £150 per annum, with board, residence and laundry.

The appointment is for six months, renewable *for a further six months at the discretion of the Committee.*

The Hospital is quite modern and exceptionally well equipped and carries out work of a character which gives the Resident Medical Officer a very considerable amount of experience.

Applications with copies of three testimonials stating age, qualifications and experience (particularly Anaesthetics) should be sent to the Hon. Secretary, Greenview, Lower Green, Mitcham, on or before Saturday, March 6th.

VICTORIA CENTRAL HOSPITAL, WALLASEY

HONORARY ASSISTANT GYNAECOLOGIST

Applications stating age, qualifications, present appointments and experience, are invited for the above position.

All applications must be accompanied by copies of three recent testimonials and be addressed to the Chairman not later than March 8th.

Intending applicants should telephone the Secretary-Superintendent before applying.

DISTRICT INFIRMARY, ASHTON-UNDER-LYNE (200 Beds)

A HOUSE SURGEON is required to commence duties *immediately. Six months'* appointment which may be renewed. The Staff comprises a Resident Surgical Officer and three Hon. Surgeons.

Salary at the rate of £150 per annum with board, residence and laundry.

Applications with testimonials to be sent at once to the undersigned.

FRANK OLIVER, Gen. Supt. & Sec.

THE STOCKPORT INFIRMARY (140 Beds)

Applications are invited for the post of HOUSE PHYSICIAN.

Applicants must be male and unmarried. Salary £150 per annum, *with board,* residence, and laundry.

The Resident Staff consists of a Resident Surgical Officer, two House Surgeons, and a House Physician.

Applications, with copies of three recent testimonials stating age, nationality and qualifications to be sent to the undersigned not later than March 9th.

Duties to commence as from April 1st.

H. C. PRICE, Sec. Supt.

BIRKENHEAD & WIRRAL CHILDREN'S HOSPITAL, WOODCHURCH ROAD, BIRKENHEAD

HOUSE SURGEON

The Board [illegible] post of Senior House [illegible]riod of six months from [illegible]t the rate of £175 [illegible]sidence and laundry. Previous experience essential.

The Hospital is a recognised Training School for Sick Children's Nurses.

Applications together with copies of testimonials, to be addressed to the Hon. Secretary, at the Hospital not later than March 6th.

ST. ALBANS AND MID HERTS HOSPITAL, CHURCH CRESCENT, ST. ALBANS

Applications are invited for the post of RESIDENT HOUSE SURGEON. Salary £150 per annum, with board, residence and laundry.

The post will become vacant on or about March 31st next.

Applications to be sent to the Secretary, St. Albans and Mid Herts Hospital, No. 38, St. Peter's Street, St. Albans.

February 23rd, 1937.

HASLEMERE AND DISTRICT HOSPITAL, HASLEMERE, SURREY (62 Beds)

RESIDENT MEDICAL OFFICER (British) required April 1st. Appointment six months, renewable. Salary at rate of £150 per annum with board, residence and laundry.

Applicants must be fully qualified, registered and have had experience of Anaesthetics.

Applications stating age and Medical School to be sent not later than March 8th to C. O. Frew, Secretary.

BIRKENHEAD & WIRRAL CHILDREN'S HOSPITAL, WOODCHURCH ROAD, BIRKENHEAD

ASSISTANT HONORARY PHYSICIAN

The Committee invite applications to fill a *vacancy on the Medical Board.*

Applications together with copies of testimonials to be sent to the Hon. Secretary at the Hospital not later than March 6th.

TAUNTON AND SOMERSET HOSPITAL, TAUNTON

SENIOR R.M.O. (male) required at once for several months. Applicants must have held a resident hospital post for six months. Salary at the rate of £200 per annum and the retention of certain fees. Applications with copies of three testimonials to be sent to the Secretary.

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON will be required on April 1st. Salary £120 per *annum with* residence, board, etc. Applications (with copies of testimonials) endorsed House Surgeon, to be addressed to the Chairman of the Board of Management.

H. R. NORTH, Gen. Supt. & Sec.

THE PRINCE OF WALES'S GENERAL HOSPITAL, London, N.15

The following Resident Posts will be vacant on March 15th next:

(a) ONE JUNIOR HOUSE PHYSICIAN
(b) TWO JUNIOR HOUSE SURGEONS

Salary at the rate of £90 per annum, board, residence and laundry.

Appointments held for six months but holders are eligible for a further term as Senior.

Candidates (male and unmarried) must be fully qualified and registered and applications (on the prescribed form), together with copies of three recent testimonials, should be sent to the undersigned on or before March 1st.

J. C. BURDETT
Director and House Governor

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, London, E.1 (135 Beds)
(Formerly East London Hospital for Children)

A HOUSE PHYSICIAN is *required* on April 1st by the above Hospital. Candidates are invited to send in their applications addressed to the Secretary by noon on Monday, March 8th, at the latest, *accompanied by* copies of not more than three recent testimonials and particulars of previous *appointments* if any.

The appointment is for six months.

Salary at the rate of £125 *per annum* with board, residence and laundry. Candidates must be registered with the General Medical Council. Forms of application and copies of the rules can be obtained from the Secretary-Superintendent.

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road, London, S.W.3

Applications are invited for the post of HOUSE SURGEON to be attached to the Radium Department.

Candidates must be registered Medical Practitioners. Facilities afforded for Post-graduate study. The appointment is for six months. Salary at the rate of £100 per annum together with board, residence and laundry.

Applications to be made on a form which will be supplied by the Secretary, with copies only of not more than three recent testimonials to be sent to the Secretary not later than first post Friday, March 12th.

CLEMENT COBBOLD, Secretary.

SAINT MARY'S HOSPITAL FOR WOMEN AND CHILDREN, Plaistow, E.13

Applications are invited for an HONORARY ASSISTANT GYNAECOLOGIST (In- and Out-patients). Candidates must be Fellows of a Royal College of Surgeons.

The Hospital is close to Plaistow Station, thirty minutes from Charing Cross (Under-ground).

Applications, with copies of three recent testimonials, to be sent on or before March 11th to the undersigned.

A. ERNEST WILKES, Secretary.

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road, London, S.W.3

Applications are invited for the post of HOUSE SURGEON, to commence duties on April 1st.

Salary at the rate of £100 per annum.

The appointment is for six months and subject to rules a copy of which may be obtained from the Secretary.

Applications to be made on a form which will be supplied by the Secretary, together with three (copies only) testimonials to be sent to the undersigned not later than the first post on Friday, March 12th.

CLEMENT COBBOLD, Secretary.

ST. JOHN'S HOSPITAL, Lewisham, S.E.13

There is an immediate vacancy for the office of HONORARY ASSISTANT SURGEON. The successful candidate will be required to take one out-patient clinic weekly and will have charge of four beds in the Hospital. Candidates who should be L.R.C.S. (England) or hold an equivalent English University Degree should send their applications with copies of not more than three recent testimonials to the undersigned not later than March 8th. The Selection Committee will sit on Tuesday, March 16th.

J. C. GILBERT, Secretary-Supt.

ACTON HOSPITAL, LONDON, W.3.

Applications are invited from Fellows of the Royal College of Surgeons of England for the post of CONSULTING SURGEON to the above Hospital.

Applications together with copies of not less than three recent testimonials to be sent to me not later than March 6th.

DONALD C. D. SWORD, Lt.-Col., Sec.
Acton Hospital, London, W.3.
February 23rd, 1937.

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL

HOUSE SURGEON required. Six months' appointment. Salary at the rate of £100 per annum with residence, board and laundry. Applications with copies of three recent testimonials to be sent to the Secretary.

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)

(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH

TAVISTOCK SQUARE, W.C.1

Tele Address Triform Westcent—London

Telephone Euston {1644 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts furniture drugs fittings and other effects (excluding sales of any freehold or leasehold property or of practices effects etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal

Full particulars sent free

1 S.W. OF ENGLAND.—FAVOURITE WATERING PLACE.—Non-dispensing PRACTICE about £2,100 p.a. No panel or appointments. Well situated house (5 bedrooms) for sale. Good Hospital. Premium two and a quarter years purchase.

2 E. ANGLIA.—Partnership in old established and steadily increasing Practice about £2,500 p.a. in beautifully situated Country Town. Panel 1,825. House to rent at £60 p.a. Good society and sport. Scope. Share worth £900 p.a. at first. Premium two years purchase.

3 ON THE THAMES.—Well established good middle class PRACTICE in Residential Town. Receipts last year £1,670. Panel 770. Visits 5/- and up to 15/-. Small semi-detached corner house (3 bedrooms) with nice garage and good garden. Rent £100 p.a. Scope—building going on. Premium £2,750.

4 N. DEVON.—Old established Practice averaging over £1,050 p.a. in small Watering Place. Panel about 400. Well built semi-detached house (5 bedrooms etc.) garden, for sale. Beautiful surrounding country. All kinds of sport. Scope. Premium two years purchase.

5 S.W. OF ENGLAND.—Partnership in very old established mixed Practice in flourishing Industrial District. Cash receipts average over £3,200 p.a. including appointments and panel about 2,100. House with 4/5 bedrooms garage and small garden for sale. Good Hospital. One third share at first with option of further shares later. Premium 2 years purchase. Short preliminary Assistantship.

6 LONDON S.W.—Partnership in well established working-class Practice averaging over £3,100 p.a. in favourite Suburban District. Panel 3,000. Practice conducted entirely from Common Surgery. One fourth share at first with option to increase up to one half in possibly six months time. Premium two years purchase.

7 TASMANIA.—Practice doing £1,500 a year including good appointments. Fees range from 10/6 to £1 1s. House with 2 bedrooms etc. and garden for sale. Purchaser should be able to do major surgery. Premium £900.

8 MIDLANDS.—DEATH VACANCY.—Old-established PRACTICE about £1,730 p.a. in pleasantly situated Market Town with Cottage Hospital. Panel about 1,000. Visits 3/6 to 10/6 without medicine. Nice modernised residence (6 bedrooms and surgery with separate entrance). Electric light. Central heating. 2 garages. Large garden. Tennis court etc. in all about 4 acres. Price of freehold £5,000 or would be let.

9 ESSEX.—Old established Practice in outlying Suburban District. Receipts average £2,125 p.a. including appointments worth about £260 p.a. and a panel of 1,784. Well situated corner house (about 6 bedrooms) and surgery accommodation with separate entrance. Garage and fair size garden. Rent £120 on lease. Premium two and a quarter years purchaser must be English Scottish or Irish.

10 LONDON N.—Well established Practice averaging £450 p.a. in pleasant growing District. Panel about 600. Well situated house on main road to rent at about £60 p.a. Good scope—building going on. Premium £600 to include surgery fittings and drugs.

11 LONDON S.E.—Old-established Practice averaging over £850 p.a. in thickly populated district. Panel 1,188. No midwifery. House on main road (4 bedrooms) with separate entrance to surgery accommodation for sale or rent. Good scope. Premium £1,700.

12 SURREY.—Increasing middle and working class PRACTICE in thickly populated Suburban District. Receipts 1936 £1,720. Panel 669. Small house. Rent £78 p.a. (branch £55 p.a.). Ample scope. Premium £2,800.

13 LANCS.—Partnership in rapidly increasing mixed Practice about £3,200 in Manufacturing Town. Panel over 2,700. Suitable house to rent. One fourth or one third share at first at two years purchase.

14 S. OF ENGLAND.—Practice in growing residential district within easy reach of Favourite Watering Place. Cash receipts 1936, £900, including appointment and panel returns, together about £400 p.a. Semi-detached corner house (6 bedrooms and attic bedroom etc.) on main road with nice garden and garage for sale. Scope for increase. Premium £1,450.

15 LONDON, W.—Well established non-dispensing PRACTICE about £500 p.a. including P.M.S. and about £85 p.a. from panel. No midwifery. Maisonette contains 6 rooms etc. Rent £100 p.a. exclusive. Scope for increase. Premium £530.

16 ITALIAN RIVIERA.—Small well established good class non-dispensing Season PRACTICE. Further particulars on application.

17 SOUTH SUFFOLK.—Partnership in sound old established Practice over £6,000 p.a. in most desirable Country Town. Good appointments and panel over 3,000. Not much midwifery. Choice of suitable houses. One-sixth share at first at two years purchase.

18 S. ENGLAND.—Unopposed Country Practice in beautiful part. Receipts about £480. Panel and appointments approximately £450. Easily worked House (4 bedrooms) with garage and garden to rent. Premium one and a half years purchase.

19 HOME COUNTY.—Partnership in old established non-dispensing Practice in good Residential District within 15 miles of London. Suitable house to rent. Share worth about £1,100 p.a. at two years purchase. Scope for surgery if desired.

CLEFN COLD HOSPITAL SWANSEA
(Swansea County Borough Mental Hospital)

DEPUTY MEDICAL SUPERINTENDENT

Applications are invited for the above post from registered Medical Practitioners (male) who are not exceed 40 years

Candidates must have previous Mental Hospital experience and must hold a Diploma in Psychological Medicine Preference will be given to those who have experience as House Surgeon or House Physician in a General Hospital and who are able to practise Psychotherapy

Salary £525 per annum rising by two annual increments of £25 each to £575 with pleasant detached house (rent and rates free) coal electric light laundry and garden produce which are valued for superannuation purposes at £75 per annum

The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909 and may be terminated by two calendar months notice on either side The selected candidate will be required to pass a medical examination

Applications accompanied by copies of two recent testimonials must be sent to the Medical Superintendent not later than Wednesday March 10th

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CARDIFF ROYAL INFIRMARY
No. of available Beds—490

Applications are invited for the under mentioned posts

THREE HOUSE PHYSICIANS
FOUR HOUSE SURGEONS
TWO HOUSE SURGEONS—Gynaecological
ONE HOUSE SURGEON—Ear Nose and Throat
CASUALTY SURGICAL OFFICER

All these appointments are at the rate of £50 per annum with board and lodging with the exception of Casualty Surgical Officer and Ear Nose and Throat.

Casualty Surgical Officer is at the rate of £50 per annum for an applicant without experience and £75 per annum with previous Hospital experience

For the House Surgeon Ear Nose and Throat Department salary is at the rate of £100 per annum

These appointments will commence on March 25th

Applications with copies of three recent testimonials should be sent to the undersigned not later than first post on March 1st

R. ARMSTRONG
February 18th 1937 Med Supt

CARDIFF CITY MENTAL HOSPITAL
WHITCHURCH GLAM

HOUSE PHYSICIAN (Male)

Applications are invited from registered Medical Practitioner under 30 years of age for the post of House Physician at the Cardiff City Mental Hospital The duties include charge of Infirmary Ward under supervision assistance at the Out patient Psychiatric Clinic and participation in the Research Work of the Hospital

The appointment will be for one year Salary £200 per annum with board residence and laundry

Applications with copies of three recent testimonials to be forwarded to the Medical Superintendent not later than Tuesday March 9th

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BRISTOL ROYAL INFIRMARY

[illegible] invited for the post of [illegible] to the Dental Department at a salary of £150 per annum

Candidates who must be registered Medical Practitioners to send in their applications together with copies of not more than three testimonials to the undersigned on or before March 6th

ELLIS C SMITH FCIS
Sec and House Gov

MANCHESTER EAR HOSPITAL
GROSVENOR SQUARE ALL SAINTS
(Registered for D L O)

The Board invite applications for the post of RESIDENT HOUSE SURGEON becoming vacant about middle of April (51 bed) Salary £120 per annum Candidate must be duly qualified and registered Application with copies of four recent testimonial to be forwarded to Mr REGINALD S MILFORD (Hon Sec Manchester Ear Hospital) c/o Mr W J Elliam 17 Brazenose Street Manchester 2

COTON HILL MENTAL HOSPITAL
STAFFORD

Wanted an ASSISTANT MEDICAL OFFICER (male unmarried) Salary £350 per annum with residence board and laundry Application with testimonials (copies only) to be sent to the Chairman as soon as possible.

DEVONSHIRE ROYAL HOSPITAL
BUXTON DERBYSHIRE (300 Beds)
(A National Hospital for Rheumatism and Allied Disease)

HOUSE PHYSICIAN (*male*) Salary £150 rising to £175 after three months service (and prospects of promotion to Resident Medical Officer) with board residence and laundry

Candidates must be fully qualified and registered

The appointment is for a minimum period of six months from March 1st and may be extended for a further period of six months

Applications endorsed House Physician stating age experience and qualifications together with copies of three recent testimonials must be forwarded without delay to the undersigned from whom any further particulars may be obtained

Considerable Orthopaedic experience is available and the appointment offers special facilities for any gentleman preparing a thesis or wishing to undertake special work as the Hospital contains all the necessary laboratory and other facilities for research

Canvassing will disqualify

By Order of the Committee of Management
A TRESTON TURNER
Gen Supt & Sec

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION
GLOUCESTER (225 Beds—5 Residents)

Applications are invited for the post of HOUSE SURGEON (male) to the Ear Nose and Throat Department Salary at the rate of £150 per annum with board residence and laundry

The Hospital is recognised for the D L O and the R C S Final Examinations

The appointment is for six months which may be extended for similar periods by election from time to time

Applications stating age qualifications experience and nationality with copies of not less than three recent testimonials should be sent to the undersigned not later than Wednesday March 3rd

The elected candidate will be required to enter upon his duties on March 14th

I J SYMONS
February 11th 1937 Secretary

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN, WHITEHOUSE LOAN
EDINBURGH (64 Beds)

Applications are invited from fully qualified Medical Women for the following posts

(1) SECOND HOUSE SURGEON (Gynaecology and General Surgery)
(2) HOUSE PHYSICIAN

The appointments are for six months House Physician from April 1st House Surgeon from May 1st Honorarium at the rate of £50 per annum with board residence and laundry

Applications with copies of testimonials to be sent to the Secretary 1 Brunt field Crescent Edinburgh on or before March 5th

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ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL SPRING GARDENS
EDINBURGH 8 (65 Beds)

Applications are invited from fully qualified Medical Women for the following post

DISTRICT MEDICAL OFFICER for three *months* JUNIOR HOUSE SURGEON for three months

The appointment is for six months from April 1st Honorarium at the rate of £30 per annum with board residence and laundry

Applications with copies of testimonials to be sent to the Secretary 1 Brunt field Crescent Edinburgh on or before March 5th

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NOTTINGHAM GENERAL HOSPITAL
(586 Beds)

A HOUSE PHYSICIAN (male) is required at the above Institution The *appointment is* for six months with salary at the rate of £150 a year with board residence and laundry

Applications stating age qualification and experience together with *copies of testimonials* to be sent to the *undersigned* not later than Friday March 12th *Duties* to commence on April 1st

PETER M MACCOLL House Gov & Sec

GENERAL HOSPITAL NOTTINGHAM
(586 Bed)

A HOUSE SURGEON (male) is required at the above Institution The appointment is for six months with salary at the rate of £150 a year with board residence and laundry

Applications *stating* age qualification and experience together with copies of testimonials to be delivered to the undersigned not later than Friday *March 12th Duties* to commence on April 1st

PETER M MACCOLL House Gov & Sec

HULL ROYAL INFIRMARY

Applications are invited from registered Medical Practitioners for the following posts (male)

(1) *HOUSE SURGEON* to the Ophthalmic and Ear Nose and Throat Department vacant March This post is recognised by the Conjoint Board of the Royal Colleges for the clinical work required in the regulations for the D O M S *and* D L O

(2) SECOND CASUALTY OFFICER vacant now In addition to carrying out duties in the Casualty Department the Officer appointed will act as House Surgeon to one of the Honorary Assistant Surgeons and will thus obtain Ward and Theatre experience He will be eligible for promotion to a more senior post when a vacancy occur

Salary (for each post) at the rate of £150 per *annum plus* residence board and laundry

The appointments will be for a period of six months but will be determinable at any time by one month's notice on either side

Application giving particulars of age experience and nationality together with copies of recent testimonials should be addressed to the undersigned

J CAPLESS
February 15th 1937 House Gov

ROYAL HALIFAX INFIRMARY
(250 Beds)
Hospital recognised by the Royal College of Surgeons of England.

Wanted a SECOND HOUSE SURGEON (male unmarried) Candidates must be duly qualified and registered The appointment will be from March 11th to September 30th 1937 Salary *including all services required in connection with* Paying Patients Ward £175 per annum *with residence* board and laundry The Resident Staff consists of Resident Surgical Officer and three House Surgeons The Hospital cont [illegible] Maternity Department is also a Department Ear Nose Experien [illegible] particul [illegible] from the undersigned to whom application stating age *nationality* etc *together* with testimonials should be sent

A MIDGLEY
February 15th 1937 Secretary

THE RADCLIFFE INFIRMARY OXFORD

[illegible] for the following appointment on April 1st

[illegible] PHYSICIAN, who will also be clinician to the Senior [illegible] to Ear Nose and Throat Department (previous experience desired)

TWO HOUSE SURGEONS

All Resident Medical Officers will have certain anaesthetic duties to perform

The three House Surgeons will also be responsible for Casualty Appointments for six months with salaries at the rate of £120 per annum with board etc

Candidate must be male and qualified

Application with four copies of three testimonials to be sent to the undersigned on or before March 13th

A G E SANCTUARY Administrator

ROYAL UNITED HOSPITAL BATH

HOUSE SURGEON required for Ear Nose and Throat *Department* who will also be expected to give anaesthetics in other Department

Salary £150 per annum *with board* residence and laundry

The appointment is for six months and candidates must be male unmarried and of British nationality

Application with copies of three testimonial to be addressed to the undersigned immediately

J LAWRENCE MEARS
February 2nd 1937 Secretary Staff

SALFORD ROYAL HOSPITAL
(263 Beds)

Applications are invited from duly qualified candidates (male) for

HOUSE PHYSICIAN
HOUSE SURGEONS (Two)
CASUALTY HOUSE SURGEON

For six months from April 1st Salary £ per annum

Forms of application obtainable from the undersigned should be duly returned on or before March 5th next

By Order of the Board
H B SHELSWELL
February 22nd 1937 Gen Supt & Sec.

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W.C.1

Tele Address
Triform Westcent—London.

Telephone Euston {1644 / 1645}

Practices and Partnerships for Disposal (continued)

20 S.E. COAST — Partnership in old established country Practice within easy distance of a popular summer resort. Cash receipts between £1,900/£2,000 p.a. including appointments and panel. Large old historic corner house (6 bedrooms etc.) garage and garden for sale. Scope district growing rapidly. Premium one half share two years purchase.

21 LONDON N. — Medical Woman's Practice in populous district. Receipts average £560 p.a. including panel 470. House (4 bedrooms) to rent at £100 p.a. Premium £850.

22 WITHIN 15 MILES (S.) OF LONDON.—Rapidly increasing PRACTICE in outlying suburban district. Cash receipts 1936 £2,100 including appointment and club worth over £500 p.a. and a panel of 2,400. Specially built house with 4 bedrooms, large garage and good garden for sale. Branch surgery rented at 10/- weekly. Ample scope. Premium £5,000.

23 SURREY.—Better-class Practice about £500 in growing residential part of a town, easy reach of London. Panel 150. Nice modern detached house (8 bedrooms) in own grounds with garden and garage for sale. Scope as building is going on. Reasonable offer to effect quick sale.

24 N. DEVON.—Old established Practice in beautiful Country District near the Coast. Cash receipts average £673 p.a., including appointments and a panel of 330. Visits 5/- upwards. Old house on main road (6 bedrooms) with garage and nice garden to rent. Hunting, shooting, fishing, golf, etc. Premium one and a half years purchase.

25 ESSEX.—Well established better working and middle class PRACTICE averaging £600 p.a. in outlying Suburban District. Panel 430. House on main road with small garden front and back. Rent £90 p.a. on lease. Good scope—building going on. Premium £1,200 cash.

26 EASTERN COUNTIES.—Partnership (after six months Assistantship) in very old established middle class Practice averaging £3,300 p.a. in Market Town. No panel. Fees 5/- to £1 1s. Suitable house obtainable. Premium one-half share two years purchase.

27 S. MIDLANDS. — Old established steadily increasing PRACTICE averaging £1,170 p.a. in small Country Town. Club worth £175 p.a. and panel of 745. House (5 bedrooms etc.) with garage and garden. Rent £65 p.a. Premium £2,100.

28 CO. DURHAM.—Well established Practice about £1,100 p.a. in Residential Colliery District within easy distance of Newcastle. Appointments worth £85 p.a. and panel 840. Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent. Premium one and a half years purchase.

29 LONDON S.E.—Working and middle class PRACTICE occupying commanding position near large L.C.C. Estate. Cash receipts 1936 £950 including panel of 500. Small house for sale or rent. Enormous scope. Prem. £1,500.

30 S. BUCKS.—Well established Practice between £500/£600 p.a. in growing Riverside District near Windsor. Panel 420. Small house to rent but others available. Scope. Premium one and a half years purchase.

31 N. WALES WATERING PLACE.—Good class non-panel PRACTICE about £500 p.a. Exceedingly nice house (4 bedrooms) in best part with garage and nice garden. Scope for panel work if desired. Prem. one years purchase.

32 S.W. OF ENGLAND.—Partnership (with early succession) in old established good class Practice about £1,600 p.a. in beautifully situated Watering Place. Visits up to £2 2s. No panel or midwifery. Patients are of high class and include county families. Share of about £800 p.a. at first at two and three quarter years purchase. Cottage Hospital. Short preliminary Assistantship. Applicant should be graduate of Oxford, Cambridge or London.

33 HOME COUNTIES.—Old established Practice of £500 p.a. in first rate town 20 miles from London. Panel over 500. Visits 5s. No midwifery. Modern nine roomed house with garage and attractive garden—about quarter of an acre. Premium freehold house and Practice £2,500.

34 LONDON S.E. — Well established Practice in suburban district. Receipts average over £650 p.a. including appointment worth £80/£100 p.a. and a panel of 535. Semi-detached house (12 rooms) with garden for sale. Scope. Premium one and a half years purchase.

35 LONDON W.—Practice of about £700 p.a. in residential district. Panel 500. Large corner house (7 bedrooms) with separate surgery entrance and good garden. Price of lease £1,350. Scope. Premium £1,250.

36 ESSEX.—Old established Practice in outlying suburban district run by two medical men averaging nearly £2,900 p.a. Panel 2,849. House (4 bedrooms etc.) for sale or rent. Premium two and a quarter years purchase.

37 S. OF ENGLAND. — Partnership (after Preliminary Assistantship) in old-established Practice of about £3,500 p.a. in an important town. Appointments £250. Suitable house available to rent. A one third share would be sold at two years purchase to a suitable man preferably one holding the M.D. or M.R.C.P.

38 LONDON S.E. — Old established Practice of about £1,000 p.a. in outlying residential district. Panel 100. Detached house (4 bedrooms etc.) for sale. Premium two years purchase.

39 MIDLANDS.—Old established Practice of about £950 p.a. in country district. Panel 850. House (7 bedrooms etc.) for sale. Premium two years purchase.

40 LONDON N.—Old established Practice in suburban district. Cash receipts 1936 (10 months) £1,450. Panel 1,240 increasing. Fees 2/6 upwards. Suitable house (9 rooms) to rent at £100 p.a. Premium £3,400.

41 HOME COUNTIES.—A small Practice about £400 p.a. in first rate town about 30 miles from London. Panel 140. Visits mostly from 5/-. House with small garden to rent 20s. weekly. Excellent scope. Premium one and a half years purchase.

42 N. MIDLANDS.—Partnership in old established country Practice averaging over £3,000 p.a. close to county town. Panel over 1,800. Visits 3/6 to 10/6 and a few at £1/1/-. Medicine extra. Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented. Scope for increase as building is going on. Premium one third share two years purchase to include share of drugs etc.

43 EAST COAST. — Partnership in well established Practice in seaport town. Receipts about £3,200 p.a. including good appointments and a Panel about 900. Corner house (3 bedrooms) for sale or rent. One fourth (possibly one third) share two years purchase.

44 WELSH COAST.—Old established country and seaside Practice. Cash receipts average £650 p.a. including appointments and Panel 272. Visits 5/- to 7/6. Not much midwifery. Suitable accommodation could be had. Bathing, boating, sailing, etc. Premium £750.

Purchasers for cash are available for Practices with Incomes of £1,250 to £2,000 p.a.
Purchasers can raise additional capital for the purchase of approved practices or shares.
Particulars will be forwarded on application.

A number of Assistantships can be offered to suitable applicants.

All communications to be addressed to The Manager

BURY INFIRMARY (LANCS)
(127 Beds)

APPOINTMENT OF FIRST AND SECOND HOUSE SURGEONS (Males)

Vacancies as above will shortly arise on the Resident Medical Staff and applications are invited for these posts from those having held a previous resident hospital appointment

The Resident Staff consists of an HSO and three House Surgeons

In addition to surgical work the duties of the First House Surgeon include the care of the Gynaecological and Obstetrical Department of the Hospital whilst the duties of the Second House Surgeon include the work necessary in the Medical and Eye and Ear Nose and Throat Departments

The appointments are for six months each being at a salary at the rate of £175 per annum with board residence and laundry and the successful candidates will be expected to commence duties towards the end of March

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned as soon as possible endorsed House Surgeon

Full particulars of duties may be had on application

H WILKINSON Superintendent

BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL, STOKE ON TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry

The appointment is for six months in the first instance re appointment may be applied for Applications stating age and experience, with copies of three recent testimonials to be sent to the undersigned immediately

C E LOWNDES Secretary

BURTON ON TRENT GENERAL INFIRMARY

Applications are invited for the position of HOUSE PHYSICIAN AND CASUALTY OFFICER (male) Salary at the rate of £150 per annum with board residence and laundry Duties to commence March There are three residents

Applications giving age and qualifications together with copy of testimonials to be sent to E W THORNLEY Secretary

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DAVID LEWIS NORTHERN HOSPITAL, LIVERPOOL
(University of Liverpool Clinical School)

Applications are invited for the post of CASUALTY OFFICER (male) tenable for six months from April 1st next Salary £120 per annum Board residence and laundry are provided

Applications accompanied by copies of three recent testimonials should be addressed to the undersigned immediately

THOMAS BURROW GIBSON
February 22nd 1937 Sec Supt

GRANTHAM HOSPITAL
(100 Beds)

Applications are invited for the appointment of RESIDENT MEDICAL OFFICER (male) The appointment is for six months (renewable) and will commence on March 1st Salary £200 per annum with board residence and laundry Preference given to applicants who have already held a resident appointment

Applications stating age nationality qualifications and experience with copies of three recent testimonials should be sent to the undersigned

JOHN E PAY Secretary Supt

KENT AND CANTERBURY HOSPITAL
(Recognised by Royal College of Surgeons for study for Fellowship) (137 Beds)

HOUSE SURGEON (male unmarried) for General and Ear Nose and Throat work To commence duty immediately Six months appointment Salary payable at the rate of £125 per annum with board residence and laundry There are two other resident Medical Officers

Applications stating age and particulars of qualifications together with copies of testimonials should be forwarded to the undersigned at once

S I WARD Secretary

KING GEORGE HOSPITAL ILFORD
(8 miles from London) (200 Beds)

HOUSE PHYSICIAN (male) required for six months from April 1st Salary £100 per annum Forms of application may be obtained from the undersigned to whom they should be returned duly completed not later than Monday March 15th

G AUSTIN HEPWORTH Sec & Supt.

NORTHAMPTON GENERAL HOSPITAL
(295 Beds)

There will be vacancies on April 1st for the following appointments

HOUSE PHYSICIAN
HOUSE SURGEONS (Three)
HOUSE SURGEON to the Ear Nose and Throat Department
CASUALTY OFFICER

Salaries will be at the rate of £150 per annum with board residence and laundry

Candidates who must be duly qualified and registered must be males and of British nationality

The successful candidates will be elected for a period of six months and will be eligible for re election for a further period of six months

Applications stating age qualifications etc, with copies of three testimonials must reach the undersigned not later than the first post on Wednesday March 10th

S C W DISNEY
Secretary Superintendent

February 22nd, 1937

NEWCASTLE UPON TYNE EYE HOSPITAL

SENIOR HOUSE SURGEON

Applications are invited for the post of Senior House Surgeon to the above Hospital Applicants must have had considerable experience in Ophthalmology The Hospital presents great opportunities for both clinical and operative work and the post is well suited to any body wishing to specialise in Ophthalmology The commencing salary is £300 per annum, all found Applicants should state when they are prepared to take up the appointment

Applications with testimonials to be sent to CHARLES E V UPTON Secretary Eye Hospital St Mary s Place Newcastle upon Tyne

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MANSFIELD AND DISTRICT GENERAL HOSPITAL (140 Beds)

RESIDENT SURGICAL OFFICER required to commence duty on March 18th Salary at the rate of £250 per annum with board, residence and laundry The appointment is for twelve months Candidates should possess a higher Surgical qualification and should have had previous experience in a General Hospital Applications stating age qualifications experience and full particulars together with copies of two recent testimonials should be sent to the undersigned not later than March 8th

C J ADAMS Secretary

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON (Beds 272—Six RMOs)

CASUALTY HOUSE SURGEON (male) required in March Salary £120 per annum with board residence and laundry

Candidates must hold Medical and Surgical qualifications of the British Empire, and be duly registered under the Medical Acts

They must be unmarried, and when elected under 30 years of age

Applications with copies of recent testimonials to be forwarded to the undersigned

L L W LANCASTER GAYE
Secretary Supt

ROYAL INFIRMARY BLACKBURN
(240 Beds—Five Residents)

CASUALTY OFFICER (male) required Salary £175 per annum

The Casualty Officer is also attached to the Fracture Clinic and Fracture Wards

Applications with copies of testimonials stating age nationality experience etc to be sent to the undersigned as early as possible

T DEWHURST Gen Supt & Sec
Royal Infirmary Blackburn

This Institution is recognised for the Surgical Practice required for the FRCS examination

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ROYAL SURREY COUNTY HOSPITAL GUILDFORD (216 Beds)

Wanted April 1st HOUSE SURGEON (male) Six months appointment General Surgery Ophthalmology and Gynaecology Recognised for FRCS Salary £150 per annum, with board residence and laundry

Applications, stating age and essential particulars with copies of not more than three testimonials to reach the Secretary Superintendent not later than March 8th

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THE SOUTHAMPTON CHILDREN S HOSPITAL AND DISPENSARY FOR WOMEN (55 Beds)

The Board of Management invite applications for the post of RESIDENT MEDICAL OFFICER (Lady) Six months appointment Salary at the rate of £150 per annum with board residence and laundry Applications stating age and accompanied by copies of testimonials to be sent to the undersigned not later than March 10th

ELLA K MATTHEWS Secretary

ROYAL HALIFAX INFIRMARY
ELECTION OF [illegible] PHYSICI

Applications are invited for the following posts

(a) ONE ASSISTANT HONORARY PHYSICIAN
(b) TWO HONORARY ANAESTHETISTS

The Assistant Honorary Physician must reside in the Ancient Parish of Halifax The Honorary Anaesthetists are eligible whether residing in the Ancient Parish of Halifax or not

Particulars as to qualifications and terms of appointment can be obtained from the undersigned It is requested that candidate for the appointment will send in their applications with not more than three original testimonials to the undersigned on or before Monday March 8th

J M McLUSKY
W H FORD
Hon Secs

February 22nd 1937

LEIGH INFIRMARY, LANCASHIRE

Wanted SENIOR RESIDENT HOUSE SURGEON male, single for Hospital of 80 beds Should have Surgical experience Salary £200 per annum with rooms fire attendance and board Good quarters

The position is vacant on April 30th

JUNIOR HOUSE SURGEON also required immediately Salary £150 per annum

The appointments are for six months with eligibility for re-election Must be good Anaesthetists The appointments offer exceptional opportunities for Surgery

Applications to be addressed to Mr J A SMITH Secretary, 5, Silk Street Leigh Lancashire

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SOUTHEND ON SEA GENERAL HOSPITAL
(235 beds—7 Residents)
(Hon Specialist Staff of 19 members)

A vacancy exists for a CASUALTY OFFICER The appointment is for six months salary at the rate of £100 per annum with board residence and laundry Candidates must be registered (male) practitioners The Casualty Officer assists in the Orthopaedic Department and the Fracture Clinic

Applications with copies of two recent testimonials should be sent to the undersigned not later than March 4th

P H CONSTABLE Secretary

WORCESTER ROYAL INFIRMARY
(165 Beds)

Applications are invited for the post of HOUSE SURGEON

Salary at the rate of £160 per annum with board residence, and laundry

The Hospital is approved by the Royal College of Surgeons for candidates for the Fellowship

Applications stating full particulars as to age whether married or single qualifications etc and accompanied by copies of three recent testimonials should be sent to the undersigned by March 6th

A R WISE Supt Secretary

ST MARY S HOSPITALS MANCHESTER

TWO HOUSE SURGEONS for the WHITWORTH ST WEST HOSPITAL (Maternity) and two for the WHITWORTH PARK HOSPITAL (one for the Gynaecological Dept and one for the Children s Dept) each for a period of six months from May 1st next Salaries at the rate of £50 per annum with board and residence

Applications with copies of three testimonials to be sent to the undersigned on or before March 11th

R RATCLIFFE Secretary

THE STAFFORDSHIRE GENERAL INFIRMARY STAFFORD

HOUSE PHYSICIAN AND CASUALTY OFFICER required at once Salary £150 per annum with board residence The appointment must be held for at least six months The Hospital has 100 beds and there are two Residents

Applications stating age accompanied by copies of three recent testimonials should be sent to me forthwith

A E COLLINS
Stafford Secretary

February 18th 1937

THE STAFFORDSHIRE GENERAL INFIRMARY STAFFORD

HOUSE SURGEON required to commence duties on March 20th Salary £200 per annum and board residence

Applications stating age and accompanied by copies of three recent testimonials as to qualifications and experience should be sent to me forthwith

A E COLLINS
Stafford Secretary

February 25th 1937

BOVRIL MEDICAL AGENCY, Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 SOUTH COAST—PARTNERSHIP—ONE THIRD SHARE is offered in old established non dispensing practice in favourite town, producing last year £3 461 Selected panel of 400 Fees 3/6 to 21/ Suitable freehold house for sale Ingoing partner must be well qualified and accustomed to better class work There are two hospitals and one partner is on the staff

2 CHISWICK (W 4)—Good mixed class PRACTICE producing last year about £700 but capable of considerable expansion Panel of 500 Well situated house with ample accommodation Good garden Premium £1 150 Ill health reason for sale

3 RESIDENTIAL DISTRICT WITHIN 7 MILES OF CHARING CROSS—Good middle class PRACTICE averaging £1 450 p a Panel of 750 Very low expenses Suitable house with 2 reception 4 bedrooms etc separate professional rooms Garden Garage Can be rented at £90 p a Premium 2 years purchase

4 MIDLANDS—FAVOURITE RESIDENTIAL TOWN—Chiefly better class non dispensing PRACTICE producing for last 12 months over £1 600 Panel of 560 and one appointment worth about £150 p a Fees 3/6 to 21/ Very nice house with ample accommodation Garden Garage Freehold for sale Sport of all kinds Good schools Premium 2 years purchase

5 KENSINGTON DISTRICT—Better class non residential consulting PRACTICE producing for last 12 months £380 Selected panel of 94 Fees from 5/ Hours 9 30 to 12 and 5 to 7 p m Good scope for development Rent of consulting and waiting room (inclusive of service and electric light) £110 p a Premium £350

6 DEVELOPING NORTHERN SUBURB—Well established PRACTICE producing for last year £1 290 including panel of 1 000 Fees 2/6 upwards Suitable modern flat available above professional accommodation Inclusive rental £104 p a Rates £15 p a Premium 2 years purchase

7 MIDLANDS—RESIDENTIAL TOWN WITH BEAUTIFUL SURROUNDING DISTRICT—Well established good mixed class PRACTICE producing for last 12 months over £1 700 including panel of 900 and appointments worth about £290 p a Suitable house can be rented or bought or other accommodation secured

8 LONDON S E—Very sound good mixed class PRACTICE averaging £646 p a Receipts have decreased owing to Vendor's ill health, but they are stated to be capable of considerable increase Panel of nearly 600 and appointments worth over £70 p a Ten roomed house with ample accommodation For sale or on rental Premium 1½ years purchase

9 MIDLANDS — SUBURB OF LARGE TOWN — PARTNERSHIP—A SHARE representing about £1 000 p a (with early increase) is offered in old established better class Practice Very good house available or if single purchaser could reside with Vendor Prospects of surgery Premium 2 years purchase part by instalments

10 SOUTH EAST COAST—RESIDENTIAL TOWN—Old established non dispensing better class PRACTICE averaging for last 3 years about £1 450 p a Selected panel of 500 Fees 3/6 to 21/ Ground floor flat, containing large hall consulting room 2 reception 3 bedrooms etc Inclusive rent £190 p a Premium 2 years purchase

11 WILTS—PARTNERSHIP WITH VIEW TO SUCCESSION—A ONE HALF SHARE is offered in old established mixed class Practice having excellent scope Average gross cash receipts about £1 500 p a Panel of 1 200 Very moderate expenses Suitable house available Premium 1½ years purchase Sport of all kinds

12 EASTERN COUNTIES—LARGE TOWN—PARTNERSHIP—A ONE THIRD SHARE or as arranged, is offered after preliminary Assistantship in old established steadily increasing Practice Average gross cash receipts £2 535 p a Panel of over 2 800 Purchaser can select his own house Premium 2 years purchase

13 CORNWALL—SMALL TOWN NEAR SEA—Old established PRACTICE producing for last 12 months about £550 including panel of over 500 Visits from 5/ Small house can be rented at £30 p a Premium 1½ years purchase or near offer

14 SOUTH LONDON — RESIDENTIAL DISTRICT—PARTNERSHIP—Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £4 400 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

15 NORTH LONDON—Chiefly better class PRACTICE averaging about £1 000 p a with excellent prospects for further development Suitable opening for panel work if wished Fees 5/ 7/6 upwards Very attractive freehold house for sale with half an acre of ground or smaller accommodation obtainable if wished Low premium for quick sale

16 NORTH WELSH COAST—PARTNERSHIP—A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle class rapidly increasing Practice Gross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

17 HOME COUNTIES—WITHIN EASY REACH OF LONDON—PARTNERSHIP—A SHARE representing nearly £1 000 p a with increase later is offered in old established good mixed Practice averaging approximately £2 600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc garden There is a Hospital and very good scope for Surgery if wished

18 SOUTH COAST RESIDENTIAL TOWN—Recently established PRACTICE offering large scope for development averaging about £650 p a (last year £850) Suitable freehold house for sale Premium 2 years purchase

19 S E LONDON—Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p a Premium £4 250

20 LONDON—WESTERN DISTRICT—Old established PRACTICE producing about £1 800 p a, including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £[illegible] 000

21 HOME COUNTIES—PARTNERSHIP—A SHARE producing about £1 200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a, including panel of about 1 800 Nice house with 2 reception 6 bedrooms etc can be rented at £85 p a Ingoing partner must be experienced, accustomed to better class work and aged between 30 and 40

22 MIDLANDS — COUNTRY DISTRICT — THIRD SHARE (with prospects of increase later) is offered in good middle and working class Practice in [illegible] towns Gross cash receipts for past [illegible] Land (increasing) brings in over £900 p a House specially built for Practice contains 2 reception 6 bedrooms, etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

23 SOUTH EASTERN DISTRICT—Mixed class PRACTICE producing for past 12 months over £1 300 Panel of about 650 9 roomed house with garden and garage can be rented Premium 1½ years purchase payable £500 down and balance by instalments

24 OUTLYING EASTERN SUBURB—Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 10/6 Panel of 430 Suitable house can be rented at £90 p a Premium £1 200

25 LADY DOCTOR'S PRACTICE—Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 60 Fees 3/6 to 10/6 House can be rented Reasonable premium

26 LONDON S E—LOCK UP PRACTICE—Recently established PRACTICE producing about £330 p a No panel or appointments Suitable premises can be rented at 15/ per week Premium £[illegible]

27 S E LONDON—Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £900 Panel of 500 Increasing House in good repair containing 2 sitting 3 bedrooms etc

28 MIDDLESEX—Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house with 2 reception 4 bedrooms etc For sale or on rental

29 EAST COAST HOLIDAY RESORT—Surgical opening—ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Applicants must hold the I R C S and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

30 WALES—Unopposed country PRACTICE producing approximately £2 000 p a, including panel and appointments bringing in about £1 000 p a Visits and medicine 3/6 to 21/ Suitable house with 2 sitting 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years' purchase Knowledge of Welsh desirable but not essential

31 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE recently established and stated to offer considerable scope for increase Small Gross cash receipts for past 12 months approximately £400 house can be rented at 25/ per week Premium one year's purchase

32 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well established PRACTICE averaging over £1 100 p a including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception, 5 bedrooms dressing room and professional room Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

33 LONDON — SOUTH EAST—Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house containing 2 reception 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800 or near offer

WANTED TO PURCHASE—(1) EASTBOURNE—Better class PRACTICE producing about £1 200 p a suitable house Ample capital (2) BRADFORD OR SIMILAR TOWN—PRACTICE producing £1 500 to £2 000 p a with substantial panel (3) CENTRAL WEST OR NORTH WEST LONDON—Better class PRACTICE preferably [illegible] panel, producing £1,200 p a upwards (4) GOOD RESIDENTIAL DISTRICT—PRACTICE producing £1 500 to £2 000 p a upwards with large panel (5) PRACTICE in any good locality suitable for two friends in Partnership

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands.

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE TONYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	
INVICTA MEDICAL BENEFIT SOCIETY GILLINGHAM *(Junior Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*
LOWESTOFT MEDICAL INSTITUTE *(Medical Officer)*		

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association, B M A House, Tavistock Sq, W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practice)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane				

Feb 24 1937 By Order of the Council G C ANDERSON, *Medical Secretary*

LINCOLN COUNTY HOSPITAL

Wanted SENIOR HOUSE SURGEON male unmarried Salary at the rate of £250 per annum rising to £300 per annum at the conclusion of six months approved service

Also JUNIOR HOUSE SURGEON male unmarried Salary at the rate of £150 per annum rising to £200 per annum at the conclusion of six months approved service

Board residence and washing will be provided

Applications stating age and other particulars with copies of not more than three testimonials are to be sent to the undersigned from whom further particulars may be obtained

ARTHUR MOORE
Lincoln Sec Supt
February 13th 1937

BIRKENHEAD GENERAL HOSPITAL (156 Beds)

Applications are invited for the post of CASUALTY OFFICER (male) for the six months commencing April 1st The duties include the charge of Gynaecological beds Salary £100 per annum with board residence and laundry Applications stating age nationality and qualifications together with three recent testimonials to reach the undersigned as early as possible

W H DANIELS F C I S
February 15th 1937 Secretary Supt

ANCOATS HOSPITAL MANCHESTER 4

MEDICAL REGISTRAR required (Lady or Gentleman) registered Medical Practitioner) Duties to assist the Honorary Physician in the Out patient Department on Monday and Friday mornings (9 30—12 30) Honorarium £50 per annum Appointment for twelve month renewable on January 1st of each year Applications to be forwarded at once to—

HERBERT J DAFFORNE
Gen Supt & Sec

NOBLE'S ISLE OF MAN HOSPITAL AND DISPENSARY DOUGLAS ISLE OF MAN (112 Beds)

The Committee of Management invite applications for the post of MALE RESIDENT HOUSE SURGEON Candidates must be single have double qualifications and be registered under the Medical Acts

The duties, in addition to Ward and Dispensary work comprise about 300 visits per annum to Out patients in their own homes

Salary (with board and laundry in addition) £175 per annum which is usually augmented to about £250 per annum through opportunities which arise for special services

Applications stating age and experience with copies of recent testimonials must reach the undersigned before Friday March 5th

The candidate appointed will be required to begin his duties on April 1st and the post will be tenable for twelve months only

W E MORELAND Road E K KELLY
Douglas Isle of Man Hosp Sec
February 2nd 1937

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY (General Hospital—405 Beds)

HOUSE SURGEON Eye Ear Nose and Throat Department

Applications are invited from unmarried gentlemen doubly qualified and registered for the post of House Surgeon Duties in the Eye Ear Nose and Throat Wards under Specialist Surgeons

Hospital Resident Staff seven Six months appointment

Salary at the rate of £150 per annum with board residence and laundry

Application stating age qualification and experience together with copies of recent testimonial to be forwarded to Mr JOHN GIBSON Superintendent Royal Infirmary Preston
February 15th 1937

CUMBERLAND INFIRMARY CARLISLE (Beds—160)

RESIDENT MEDICAL OFFICERS (Male)

Applications are invited for the following resident posts vacant on April 1st Six months appointment in each case

(a) HOUSE SURGEON
(b) SECOND HOUSE SURGEON
(c) HOUSE PHYSICIAN
(d) HOUSE SURGEON to Special Departments (Eyes Ear Nose and Throat)

Salaries at the rate of (a) £175 per annum (b) (c) and (d) each £155 per annum Board residence etc in each case

Application stating age nationality qualifications etc with copies of not more than four testimonials must be received by first post on Monday March 8th by the undersigned who will supply further particulars if desired

J G HOWITT
Secretary
February 15th 1937

LIVERPOOL HEART HOSPITAL

Application are invited for the post of ADDITIONAL HONORARY ASSISTANT PHYSICIAN also a FIRST ASSISTANT

Application to be sent not later than April 15th to the Secretary Mr LEWIS 14 Cook Street Liverpool

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LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry Medical and Surgical qualification required

Eligible for Senior post at £150 per annum after a period of satisfactory service

Application together with copies of three recent testimonial to be sent to the Honorary Medical Superintendent

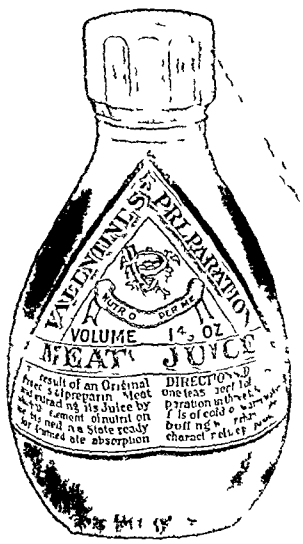
(Appointments continued on p 58)

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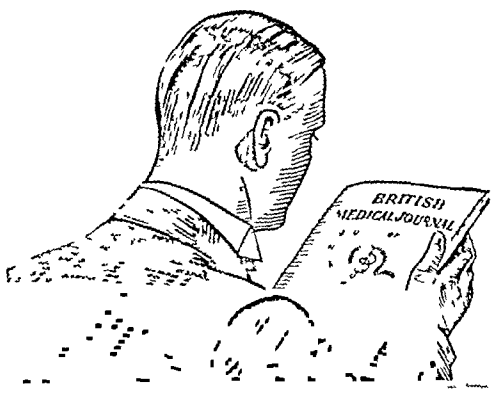
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ASSISTANCIES

WANTED IMMEDIATELY, YOUNG OUTdoor ASSISTANT single for general practice in East Midland town preferably with some C P exp Dispenser Dept Salary £ 50 p a plus £50 allowance for running own car State essential particulars—Address No 1622 BMA House Tavistock Square WC1

WANTED IMMEDIATELY—INDOOR AND Outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars—BRITISH MEDICAL BUREAU, 33 Cross Street Manchester 2

WANTED IMMEDIATELY, YOUNG MALE indoor ASSISTANT Welsh English or Scotch Salary £300 p a Car provided Usual bond South Wales State age—Address No 1619 BMA House Tavistock Square WC1

WANTED IMMEDIATELY YOUNG INDOOR ASSISTANT for Westminster district Salary £300 all found with allowance for car — Address No 1894, BMA House, Tavistock Square WC1

WANTED AT ONCE—INDOOR ASSISTANT single for branch in large panel and private practice Staffordshire Salary £300 Car found or allowance for own State usual particulars and experience—Address No 1821, BMA House Tavistock Square WC1

WANTED MARCH 1ST YOUNG OUTDOOR ASSISTANT Scots in N L towns town Salary £350 and £50 car allowance Good golf available State experience religion —Address No 1122 BMA House Tavistock Square WC1

WANTED APRIL 1ST YOUNG MALE Indoor ASSISTANT with view to Partnership Private and panel in town country practice in South Wales Welsh preferably Salary £350 p a Usual bond Car provided —No 1812 BMA House Tavistock Sq WC1

WANTED APRIL 1ST, ASSISTANT, MALE, single Protestant, with some experience for industrial practice in Newcastle on Tyne Dispenser Dept Good salary rooms and attendance to suitable man State full particulars—No 1830 BMA House Tavistock Sq WC1

WANTED, APRIL, ASSISTANT, WITH VIEW outdoor young male married, British Protestant Hospital experience own car for mixed semi rural practice in Midlands House provided Send photo Salary £450 inclusive —No 1828 BMA House Tavistock Sq, WC1

WANTED SHORTLY ASSISTANT, MALE British indoor for country Practice in North of England Able to drive car Small car provided Salary £300 p a—Address No 1809 BMA House Tavistock Square WC1

WANTED NEAR MANCHESTER SECOND ASSISTANT (male or female) Protestant Outdoor Salary £300 p a plus rooms and attendance Car allowance—Address No 1638 BMA House Tavistock Square WC1

WANTED BEGINNING OF APRIL ASSISTANT in a panel and private Practice in the South of England Some private experience Good salary and furnished house Partnership later to a suitable man — Address, No 1811 BMA House Tavistock Square WC1

WANTED, EXPERIENCED OUTDOOR ASSISTANT in large middle-class practice in Northern Suburb Salary £450 p a (increase later) plus £50 allowance for own car Partnership to suitable man Full particulars—Address No 1817 BMA House Tavistock Square WC1

WANTED — ASSISTANT NATIONALITY immaterial view Partnership or [illegible] immediately Panel £250 Good [illegible] Scope major surgery Xray [illegible] —Address No 1802 BMA House Tavistock Square WC1

WANTED — INDOOR ASSISTANT FOR May 1st Industrial practice Wel[illegible] ing Second Assistant kept busy [illegible] Suit recently qualified £300 all found £50 [illegible] No 1806 BMA House WC1

[illegible] SISTANT SINGLE [illegible] outdoor for Yorkshire Practice £350 p a, with furnished rooms and attendance Car allowance £50 p a—Address No 1808 BMA House Tavistock Square WC1

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H A MADGE Secretary

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February 9th, 1937

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The chairman of the Committee reported that he with Dr G F Buchan and the Deputy Medical Secretary had attended at the Ministry to present the various resolutions on the subject which the Council had adopted and he thought that these were received with interest and some sympathy The question of interchangeability as between municipal and voluntary hospitals by the adoption of some form of reciprocal superannuation was beset with many financial difficulties but the matter was regarded as important from the point of view of efficiency of public health services

Clinical Work for Local Authorities

The resolution of the last Annual Representative Meeting deprecating the increasing tendency for the employment by municipal authorities of part time and salaried medical officers not engaged in private practice for the performance of clinical work within the private practice sphere led to some debate in the Committee The view was strongly expressed that instead of making repeated protests in individual instances the Association should endeavour to develop a policy in accord with the trend of the time and also with its own principles which had been so often stated As one member put it what were wanted were positive proposals rather than objections to past occurrences With this in view it was agreed to refer the resolution to the Health Services Committee which is at present considering the report of the Scottish Departmental Committee along with proposals which the Association made six years ago and embodied in *A General Medical Service for the Nation* Before this subject was dismissed one member of the Committee a medical officer of health said that in his experience there was a great reluctance on the part of private practitioners to undertake part time work He could not agree with a suggestion that the reason might be because the hours when they were expected to be on duty conflicted with ordinary surgery hours

The Committee also considered the circular (1550) issued some time ago by the Ministry of Health to maternity and child welfare authorities on the subject of children under school age in which great stress was laid on the work of health visitors It was felt that the circular disregarded some rather important facts in public health administration and gave an impression that successful maternity and child welfare work depended most of all on health visitors It was decided to take this matter up with the Ministry

Various Business

Representatives of the British Medical Association and of the Society of Medical Officers of Health have been advising the British Dental Association in regard to the salary scales of public dental officers and a report was made to the Committee of a conference on this subject In the scale which is to be suggested to the associations of local authorities there are three grades of dental officers proposed assistant dental officers working under the direction of a senior dental officer with a salary of £450 proceeding by increments of £25 to £700 single handed dental officers with a salary of £600 proceeding by the same increments to £800 and senior dental officers at a variable minimum from £700 upwards

A suggestion was made that to the memorandum on the remuneration of medical practitioners employed part time by local authorities which was approved by the last Annual Representative Meeting the following note should be added

> The annual salary for an appointment under this scale which involves some variability in the weekly number of attendances should be based on the estimated average number of weekly attendances during the year The arrangement of sessions should provide for reasonable uniformity of duty each week but if this is impracticable the salary should be based on their estimated average duration

After some discussion this was approved with the omission of the last clause the words after duration The Committee agreed to transmit to the Ministry of Health the resolution of the Section of Public Health at the last Annual Meeting with regard to the proposal of the sale of shellfish which had not been certified having been cleansed by the recognized method at an approved station

A report was made on amendments for which it proposed to press in the Maternity Services (Scotland) Bill which still come up for second reading shortly

The Committee made its usual examination of various public health appointments on which questions as to salary or conditions had arisen

HOSPITAL POLICY

The Hospitals Committee of the Association met on December 16 1936 when among other matters it had before it a report of conferences which the Committee had had with representatives of other bodies on matters of hospital interest Dr Parkinson the chairman of the Committee had presided over both of them The first was a conference with representatives of the British Hospitals Association the Council of Voluntary Hospitals Contributors' Association and the Association of Municipal Corporations on the implications in the House of Lords judgment in the case of Lindsay C C v Marshall The second proposed the formation of a subcommittee to take counsel's opinion on certain points arising out of this and other legal decisions with a view to considering the desirability of drawing up a scheme for the pooling of hospital authorities and their other property The general feeling was that the uncertainty should be cleared up as soon as possible and the Committee endorsed the opinion of the conference and recommended to the Council that the British Medical Association should bear its share of expenses in connection with the action proposed

The interim committee on provident dispensaries includes representatives not only of the British Hospitals Association but also of the Hospital Saving Association the large provident associations and the Hospitals Association reported that it was now proposed that a central co ordinating body of provident associations should be established and that a draft scheme for its constitution should be prepared such constitution to provide for the inclusion only of those schemes which did not differ materially from the model scheme of the British Medical Association A further suggestion was that the British Medical Association should be asked to make a payment in advance to cover the necessary preliminary expenses such amount to be repaid as funds became available The desirability of having a body of this kind in close relationship to the Association so ensuring that the interests of the service were likely to be acceptable to the profession was recognized and the Hospitals Committee agreed to the general principle of the interim committee's proposals and to recommend to the Council that the advance be made

The third matter which had been under discussion with an outside body was the salaries of whole time assistant radiologists at hospitals Representatives of the Committee had met representatives of radiological societies on this subject In the course of some discussion a member stated that in one hospital the part time radiologists were being paid [illegible] over their views on the [illegible] general the [illegible] of economy to the [illegible] radiologists It was [illegible] of whole time assistant radiologists Radiologists Group Committee of the Association

Junior Resident Medical Officers

The Committee further considered the terms and conditions of employment of junior resident medical officers in hospitals One question which had been left over from

a previous discussion was the entitlement or non-entitlement of such officers to charge fees for such medical reports and certificates as they were permitted to give by the responsible medical officer The difference in procedure as between voluntary hospitals and municipal hospitals was mentioned, but the Committee endeavoured to frame a principle which should be applicable to both, the two classes of hospital tending to approximate in this as in other respects Eventually, after a rather technical discussion, in which the view was strongly urged that it was important that the governing body should lay down who should and should not give these certificates, the Committee agreed upon a form of resolution that the responsibility of the senior and junior resident medical staff for giving certificates and medical reports and their entitlement or non entitlement to retain fees for them should be clearly defined in the hospital rules, that resident medical officers should be permitted to issue certificates and reports which are required for legal purposes under the general authority only of the responsible medical officer, and that copies of all such certificates and reports should be retained in the hospital records A statement was further agreed to as a footnote that it was customary for resident medical officers to be permitted to charge fees for such medical reports and certificates as they were permitted to give by the responsible medical officer

On another point in these terms and conditions of employment of junior officers a member of the Committee urged that it should be made a condition of appointment that resident medical officers should be members of one of the medical defence societies, and this was the general view of the Committee It was pointed out that many hospitals already insisted on this condition

Staffing of Council Hospitals

A document prepared by the Medical Superintendents Society on the future of local authority hospitals had been previously before the Committee The Hospitals Committee had found itself in agreement with the general trend of the memorandum without committing itself to any particular statement of view, but had made certain observations, and the memorandum was now returned by the society with its comments on the points to which the Committee had drawn attention On one point the society after laying down the qualifications of a medical superintendent, stated that he should be in administrative control of the hospital and directly responsible to the public authority for its government The Committee in reply had drawn attention to the position of the medical officer of health in regard to the proper administration of the various medical institutions of the local authority It remained, however, the unanimous opinion of the Medical Superintendents' Society that the medical superintendent should be directly responsible to the public authority for the hospital under his control While it was recognized that the medical officer of health must be the chief adviser to the local authority on health services the medical superintendent should have direct access to the council or to the appropriate committee

In a general way, however, the society had accepted the Committee s comments The Committee accepted no responsibility on behalf of the Association for the document, but expressed its appreciation of the opportunity afforded it of considering the views of the Medical Superintendents' Society on the important question of the future of local authority hospitals

Contributory Schemes

The Committee devoted attention to the model contributory scheme adopted at the last annual meeting of the British Hospitals Contributory Schemes Association, also a draft document embodying the principles of a model contributory scheme prepared by the secretary of the Merseyside Hospitals Council for consideration by the former body

The chairman of the Committee (Dr Peter Macdonald) had prepared a memorandum of comment in which he pointed out that both these documents regarded contributory schemes as established and run in the interests of voluntary hospitals and separate schemes as run in the interests of a particular voluntary hospital or hospitals These views, the memorandum proceeded were mistaken ones The primary object of a contributory scheme was the hospital interest of its members—namely, full payment of in-patient costs on admission to a hospital or of out patient costs where a member was unable to obtain such out-patient treatment elsewhere at fees he could reasonably afford, such out-patient treatment was to be consultative treatment only except for occasional specialist treatment, and, finally, the payment of the cost of ancillary services was also to be regarded as one of the objects of the scheme It was further pointed out in the memorandum that a disadvantage of the restriction of contributory schemes to voluntary hospitals was the non payment or unsatisfactory payment of municipal hospital costs, also that a disadvantage of the connecting up of a contributory scheme with one hospital or one group of hospitals was the cumbrous procedure needed to secure what was called reciprocity

One member mentioned that in his area a hospital contributory scheme had been launched and found itself with an abundance of surplus money Thereupon the hospitals said in effect, "You can hand over to us a substantial amount in addition to the full overhead charges for patients" But the money had in fact been raised for hospital benefits for the contributors He had asked those concerned whether it had occurred to them if they had money to spare that the members of the medical profession were entitled to some recompense, some of the hospitals to which the patients were sent having no staff fund at all, and that point of view had evidently not been taken

The Association has its own model scheme, which the Committee saw no reason to vary It was agreed to send to those responsible for the two documents referred to above a memorandum on the lines of the sketch prepared by the chairman, pointing out what the Committee regarded as the general purpose of contributory schemes

Other Business

Attention was drawn to the first annual report of the Manchester Joint Hospital Advisory Board, one of the honorary secretaries of which is Mr R L Newell, a member of the Hospitals Committee Mr Newell said that the formation of this Board, the purpose of which was to ensure the maximum co operation and co-ordination between the city council and the voluntary hospitals organization, had been followed by most gratifying results At all the meetings no signs of partisanship had become evident Mr Newell was congratulated by the chairman and his fellow members on what had been achieved in Manchester

The Committee gave further consideration to the question of the superannuation rights of hospital staffs on transfer, and Professor Picken reported that he and other representatives of the Public Health Committee had met officers of the Ministry in view of the Local Government (Superannuation) Bill which is shortly to be introduced The case for entitlement to "added years of service" in consideration of peculiar professional qualifications or special circumstances had been pressed, also the need for uniformity in the superannuation schemes of local authorities, and provision for interchangeability of superannuation as between voluntary and council hospitals On this question of interchangeability the Ministry had emphasized the extreme difficulties mentioned in the report of the Lancet Commission on Nursing in 1932, but had agreed to consider carefully whether any sort of transfer value could be created

Matters of dispute between hospitals or members of their medical staffs always occupy some of the time of the Committee In one dispute between hospitals of con-

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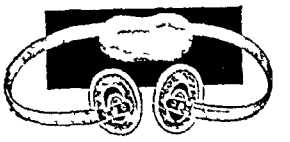
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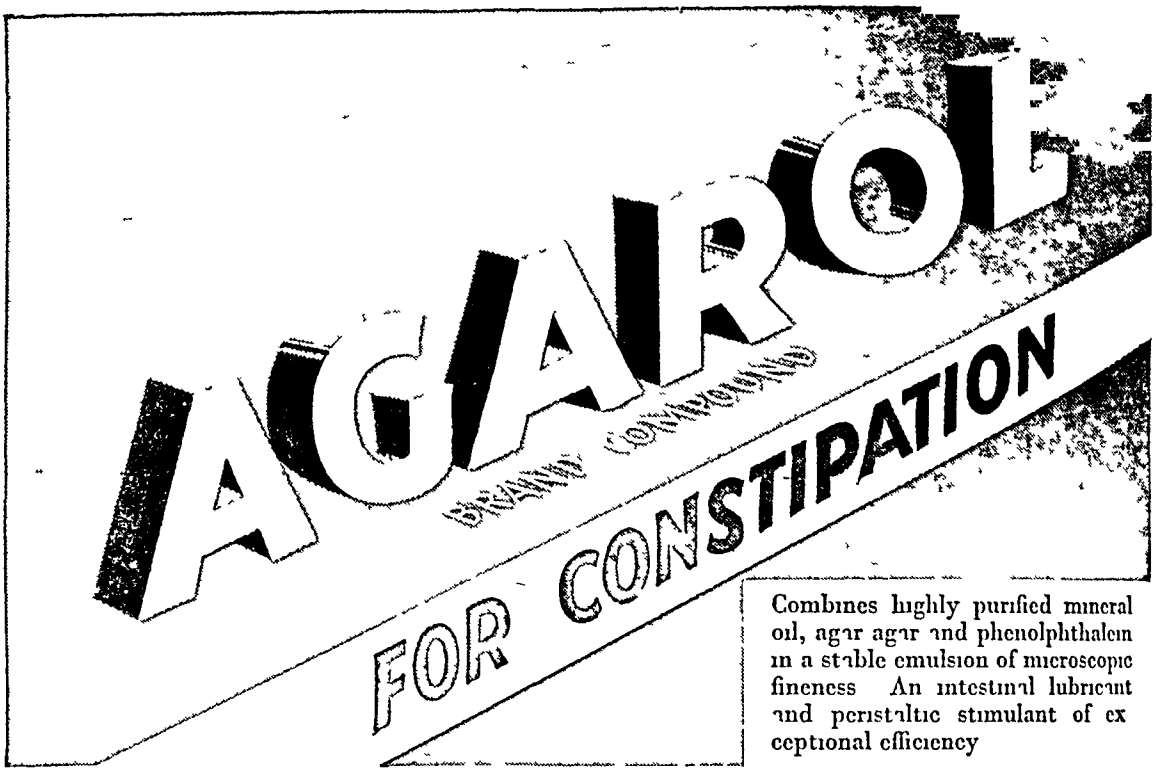
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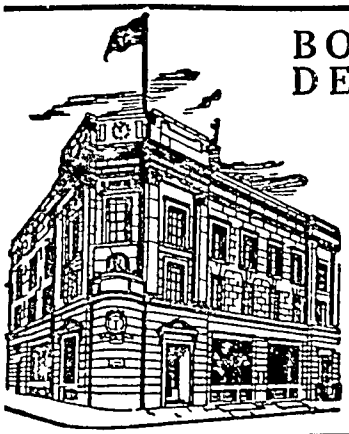
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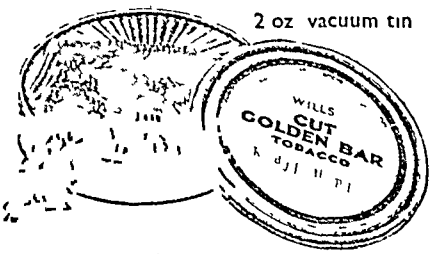
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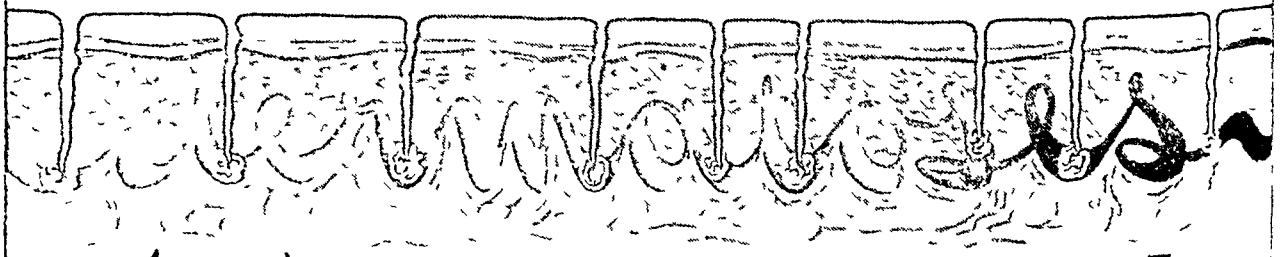
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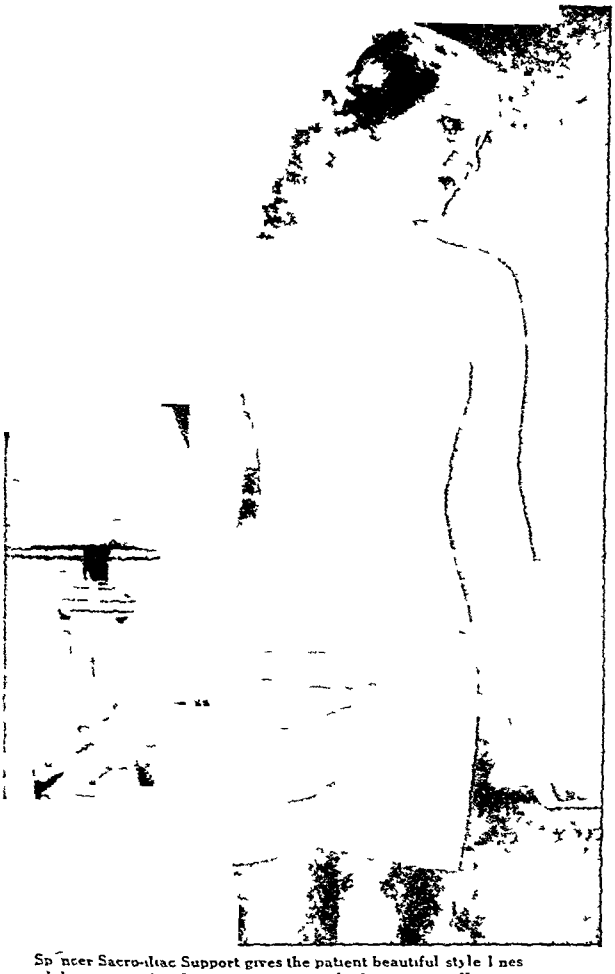


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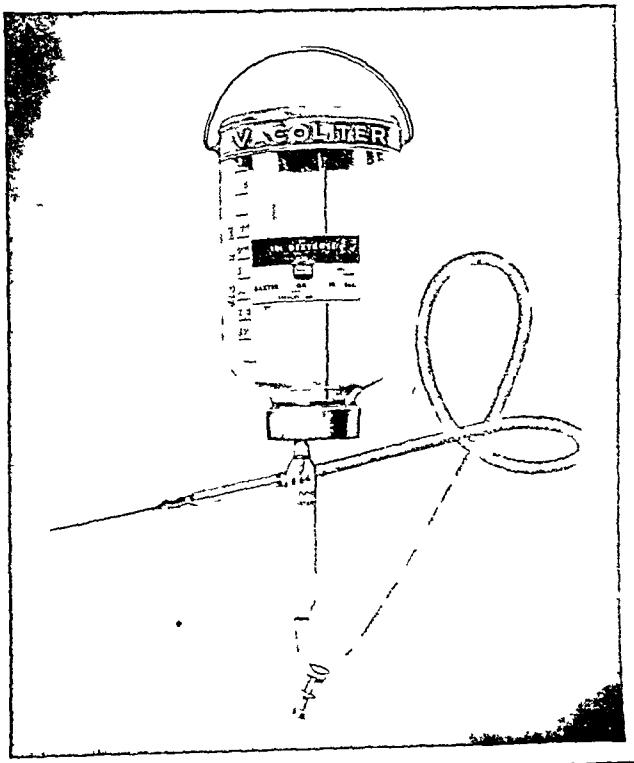
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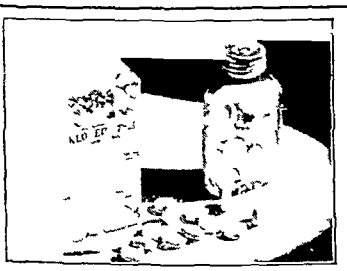
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tiguous areas where there was some complaint of poaching in connexion with contributory scheme members the services of the Association as arbitrator had been offered but not accepted In another case a suitable course was adopted in the case of a member whose hospital appointment had been terminated unjustly in his opinion and he complained that he had been unable to get the local Division to take action In both cases as in others it is hoped to reach a satisfactory solution but each problem has to be tackled according to the circumstances, which are hardly ever alike

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders G S Rutherford to the *Drake* for Royal Naval Barracks A C V Green to the *Hawkins*

Surgeon Lieutenant Commanders F W Gaylord to the *Malaya* on commissioning G Ronson to the *Victory* for Royal Naval Barracks

Surgeon Lieutenant A E Flannery to be Surgeon Lieutenant Commander

Surgeon Lieutenants C P Collins to the *Drake* for Royal Naval Barracks B M Goldsworthy M M McArthur F W Baskerville P G Burgess I McN A Drysdale I C Macdonald C J P Pearson C J Roberts and T A Turnbull to the *Victory* for Royal Naval Barracks

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commander C H A Fido to the *Drake* for Royal Naval Barracks

Surgeon Lieutenants W D Williams and C A Mather to be Surgeon Lieutenant Commanders

Probationary Surgeon Lieutenant W J Heely to be Surgeon Lieutenant with original seniority of September 4th 1935

Probationary Surgeon Sublieutenant L Foster to be Surgeon Sublieutenant with seniority of January 10th 1936

ROYAL ARMY MEDICAL CORPS

Major A L Robertson O B E to be Lieutenant Colonel

Lieutenant K H Foster has resigned his short service commission

ROYAL AIR FORCE MEDICAL SERVICE

Wing Commander D G Boddie to Directorate Medical Services Air Ministry, for Staff duties

Flight Lieutenant J H Cullinan has been placed on the retired list at his own request

Flight Lieutenant A E Vawser has been removed from the Royal Air Force

Flight Lieutenant O S M Williams to R.A.F Station Cardington

Flying Officers D W I Thomas R F Courtin and D J Dawson to Princess Mary's R A F Hospital Halton P A Lee to Home Aircraft Depot Henlow A R Sibbald to No 5 Flying Training School Sealand R H Pratt and E W R Fairley to R.A.F Hospital Cranwell J Conroy to No 7 Flying Training School Peterborough N P R Clyde to No 1 Flying Training School Leuchars C E G Wickham to R A F Station Manston

INDIAN MEDICAL SERVICE

Col W H Hamilton C I E C B E D S O to be Officiating Deputy Director Medical Services Northern Command vice Major General A W M Harvey on combined leave

Lieut Col J Rodger M C an Agency Surgeon has been appointed to officiate as Civil Surgeon Sibi and Loralai in addition to his own duties as Residency Surgeon and Chief Medical Officer in Baluchistan as from October 7th 1936

Major S Smyth has been appointed to officiate as Civil Surgeon Simla East vice Lieut Col B Gale granted leave

The services of Major H William on O B E an Agency Surgeon have been placed temporarily at the disposal of the Government of Bombay as from October 7th 1936

On reversion from foreign service under the Indian Research Fund Association the services of Major R C Wats an officer of the Medical Research Department have been placed temporarily at the disposal of the Government of Bombay for appointment as Officiating Assistant Director Haffkine Institute Bombay

The services of Major W H Crichton Health Officer Simla have been placed temporarily at the disposal of the Chief Commissioner Delhi for appointment as Assistant Director of Public Health Delhi Province Health Officer New Delhi and Health Officer Notified Area Committee Civil Lines Delhi on probation for one year as from September 0th 1936

Captain A N Chopra to be Major

Lieutenant (on probation) C W A Searle to be Captain (on probation)

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Diary of Central Meetings

JANUARY

1	Fri	*Journal* Committee 2 p m
7	Thurs	Insurance Act Committee 11 0 a m
8	Fri	Physical Medicine Group 4 p m
12	Tues	Health Services Committee 2 p m
13	Wed	Finance Committee 2 p m Building Committee 4 p m
15	Fri	Consultants and Specialists Group Committee 2 15 p m Radiologists Group 5 p m
20	Wed	Council, 10 a m
22	Fri	Public Medical Services Subcommittee 2 p m
27	Wed	Joint Subcommittee on Provident Schemes and Payment to General Practitioners 2 0 p m

Practitioners of Physical Medicine Group of the Association

Notice is hereby given that a meeting of the Practitioners of Physical Medicine Group of the Association will be held at the B M A House Tavistock Square London W C 1 on Friday January 8th 1937 at 4 p m

Members of the Association who have specially studied the values of physical methods in the prevention and cure of disease and whose practice is predominantly devoted to the application of physical methods excluding radiology are *ipso facto* members of the Group and are invited to attend the meeting

Agenda

1 Appoint Chairman of Conference

2 Consider *Report of Group Committee including* a report of the effect on the Group of the formation of a Radiologists Group and a proposal to amalgamate the Spa Practitioners Group and the Physical Medicine Group

3 Consider Terminology used in connexion with the practice of physical medicine

4 Consider Charging of fees at clinics and hospitals

5 Appoint Group Committee for 1936-7

6 Consider Any other relevant business

C HILL
Deputy Medical Secretary

Radiologists Group

A meeting of the recently formed Radiologists Group of the Association will be held at B M A House Tavistock Square W C 1 on Friday January 15th 1937 at 5 p m The Group consists of all those members of the Association who are engaged predominantly in the practice of radiology The agenda will consist of (*a*) the election of a Chairman (*b*) the election of a Group Committee of six and (*c*) a general discussion on the work of the Group

C HILL
Deputy Medical Secretary

Branch and Division Meetings to be Held

ABERDEEN BRANCH CITY OF ABERDEEN DIVISION—At 29 King Street Aberdeen Thursday January 21st 8 0 p m B.M.A Film of World Tour 1935

LANCASHIRE AND CHESHIRE BRANCH—At Manchester Royal Infirmary Thursday January 14th 4 p m B.M.A Lecture by Dr H Crichton Miller Psychotherapy

LANCASHIRE AND CHESHIRE BRANCH SALFORD DIVISION—At Grand Hotel Manchester Thursday January 21st 8.30 p.m., Reception 9 p.m., Dinner dance in aid of medical charities

LINCOLNSHIRE BRANCH KESTEVEN DIVISION—Tuesday January 5th 3.15 p.m. Professor E. C. Dodds "Some New Endocrine Preparations and Their Therapeutic Value"

METROPOLITAN COUNTIES BRANCH CITY DIVISION—At Metropolitan Hospital Kingsland Road E. Tuesday January 5th 9.30 p.m. Dr. H. W. Barber 'Skin Diseases Common in General Practice and Their Treatment'

METROPOLITAN COUNTIES BRANCH MARYLEBONE DIVISION—At 11, Chandos Street W. Wednesday, January 6th 8.30 p.m. Consideration of adoption of resolutions under ethical rules of Division. Mr. A. M. A. Moore B.M.A. Film on 'Fractures'

METROPOLITAN COUNTIES BRANCH NORTH MIDDLESEX DIVISION—Wednesday, January 6th Dr. J. Stanley White Clinical Application of the Sex Hormones

METROPOLITAN COUNTIES BRANCH WOOLWICH DIVISION—At Woolwich War Memorial Hospital Friday January 8th 8.45 p.m. Mr. Arnold Walker Haemorrhage during Pregnancy

NORTH OF ENGLAND BRANCH DURHAM DIVISION—At Durham County Hospital Tuesday, January 5th, 8.30 p.m.—Special meeting to consider adoption of resolutions under the ethical rules of the Division, etc.

NORTHERN IRELAND BRANCH—At Whitla Medical Institute College Square North Belfast Thursday February 4th 4.30 p.m. Wing Commander E. J. Hodsall and Major H. S. Blackmore Air Raid Precautions. Non-members and senior medical students are invited to attend

SOUTHERN BRANCH PORTSMOUTH DIVISION—Friday January 8th Annual dance

SURREY BRANCH KINGSTON-ON-THAMES DIVISION—At Nelson Hospital Merton Friday January 8th 8.30 p.m. Dr. Kathleen Kitchin The Unquiet Mind. At Public Assistance Department, Norbiton Friday January 8th 8.30 p.m. Colonel G. Wallace "Air Raid Precautions and Anti-gas Treatment"

SURREY BRANCH RICHMOND DIVISION—Friday January 8th B.M.A. Lecture by Dr. Eric Pritchard Infant Feeding and Welfare'

Meetings of Branches and Divisions

ESSEX BRANCH NORTH-EAST ESSEX DIVISION

At a meeting of the North-East Essex Division held at Colchester on October 14th 1936 the following officers were elected

Chairman Dr. R. C. Turnbull *Vice-Chairman* Dr. J. R. Hickinbotham *Secretary and Treasurer* Dr. S. A. Propert

On the motion of Dr. A. NOLAN FELL seconded by Dr. P. W. ROWLAND the meeting agreed to the proposal that members of the Colchester Medical Society and the North-East Essex Division should be permitted to attend each other's meetings but may not vote or hold office unless otherwise qualified and that the Division pay a share the amount to be arranged of the expenses of the combined meetings. The agreement is subject to the confirmation of Headquarters.

GIBRALTAR BRANCH

The annual general meeting of the Gibraltar Branch was held on October 29th 1936 when the following officers were elected for 1936-7

President Colonel A. M. Fraser D.S.O. *Vice-President* Dr. A. A. Russo *Honorary Secretary and Treasurer* Dr. James A. Durante

The annual dinner of the Branch was held at the Assembly Rooms on November 19th when Colonel FRASER was in the chair. The function as usual proved a great success.

A meeting of the Branch was held on December 3rd when Colonel FRASER delivered his presidential address on The Genesis of the St. John Ambulance Association. Colonel Fraser traced the history of the Association from its early days in a small hostel in Jerusalem and described its eventful career militant and philanthropic through the ages up to its present constitution and activities. The address was greatly appreciated by the members and a hearty and unanimous vote of thanks was accorded Colonel Fraser.

GLASGOW AND WEST OF SCOTLAND BRANCH

Two meetings have been held by the Glasgow and West of Scotland Branch one on October 14th 1936 and the second on November 18th 1936 with Dr. J. G. MCCUTCHEON, the president in the chair.

At the first meeting a film lecture was given by Dr. E. ST. G. GILMOUR of the Evans Biological Institute his subject being the preparation and standardization of antitoxins and prophylactics, with special reference to diphtheria. In the subsequent discussion Dr. A. K. CHALMERS late medical officer of health for Glasgow recalled the great fall in case mortality which had been brought about by the introduction of antitoxin treatment and emphasized the importance of losing no time in submitting every possible case to it without waiting for a conclusive bacteriological diagnosis. A useful supplement to the film which had been shown would be one dealing with the Schick test for susceptibility.

Dr. THOMAS ANDERSON deputy superintendent of Ruchill Fever Hospital, spoke from the standpoint of the field worker and remarked that nowadays there was scarcely any risk of unpleasant reactions following the administration of antitoxin which should therefore be given to every suspicious case swabbing of the throat being regarded only as a supplementary. It should be remembered that the gravis type of diphtheria organism might grow poorly on Loeffler's medium and the test be inconclusive. This type had not yet been seen much in Glasgow but the number of intermediate types would seem to indicate that its advent might be expected. More attention should be paid to the clinical diagnosis since in these cases recovery depended on early and efficient treatment. As regards the use of prophylactics alum-precipitated toxoid had not justified the early expectations nor had the one-shot immunization procedure proved fully effective. Dr. Anderson relied on two injections of 0.1 and 0.3 c.cm. respectively with a week's interval between them. Since the adoption of this practice there had been no case of diphtheria among the nursing staff of Ruchill Fever Hospital in eighteen months. The intranasal instillation of drops of diluted formol toxoid (which could be performed at home by the child's mother) was giving excellent results in Denmark. In a recent visit to that country Dr. Anderson had seen figures indicating as much as 100 units of antitoxin per cubic centimetre of blood following such a course. Toxoid-antitoxin floccules in three injections at weekly intervals of 1 c.cm. gave excellent results without risking an unpleasant reaction.

Applied Immunology

On November 18th Dr. E. F. ROBERTS of the Lederle Laboratories, New York, delivered an address on recent advances in applied immunology with particular reference to serum therapy, this was followed by a film illustrating the treatment of pneumonia. He pointed out that the peptic digestion method of refinement had greatly facilitated the serum therapy of the exotoxic infections. Alum-precipitated toxoid was a practical and adequate method of immunization against diphtheria. The Neufeld rapid typing procedure had stimulated the specific treatment of pneumococcal pneumonia by facilitating its early initiation and consequently greater efficiency. In the case of measles control had been rendered more powerful by the discovery of the value of placental extract in this respect as well as the introduction of modifications permitting the establishment of active immunity without danger to the patient. The induction of a modified form of the disease by the use of serum was indicated for normal and healthy children who had been exposed to infection and the complications and sequels were few and usually trivial.

Dr. R. D. STUART bacteriologist to the Royal Infirmary Glasgow thought that the administration of antitoxin to every case of scarlet fever was not economically justifiable in this country since hospital treatment of these cases was a preventive of infection in contacts. He agreed with Dr. Roberts that in diphtheria the level of the Schick reaction was too low to ensure absolute immunity and added that one-shot A.P.T. immunization was only likely to be effective in selected areas in which there was already a widespread partial immunity. In the case of pneumonia he preferred the Neufeld typing method, but it was not easy technically, and therefore parallel mouse inoculation with slide inoculations should always be performed until familiarity with the Neufeld method had been attained.

Dr. LEON CHALMERS expressed the opinion that the cause of death in pneumonia was anoxaemia, bacteraemia or exhaustion. While not depreciating the value of serum therapy, he doubted whether the statistics cited by Dr. Roberts could be deemed fully satisfactory in indicating where the best results could be obtained until these further subdivisions were made. While the intravenous injection of glucose was a useful adjunct in the treatment of pneumonia myocardial failure was rare. The so-called cases of heart failure were really cases of exhaustion due to the long-continued pain and loss of sleep.

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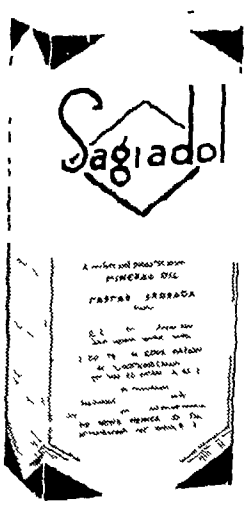
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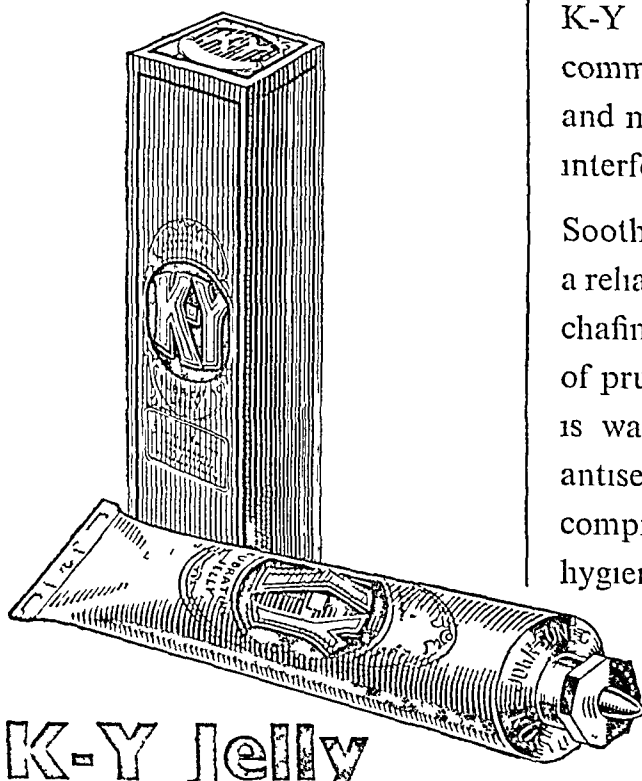
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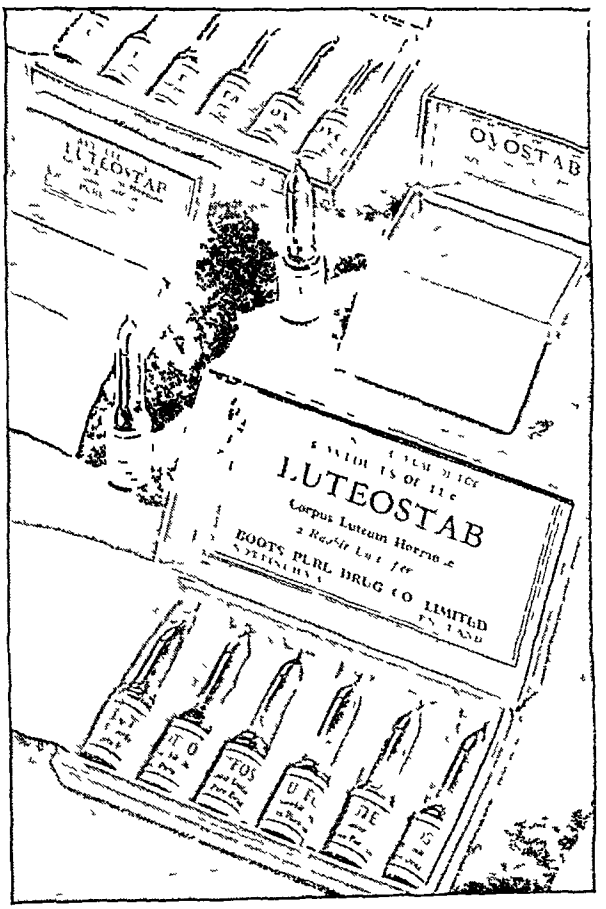
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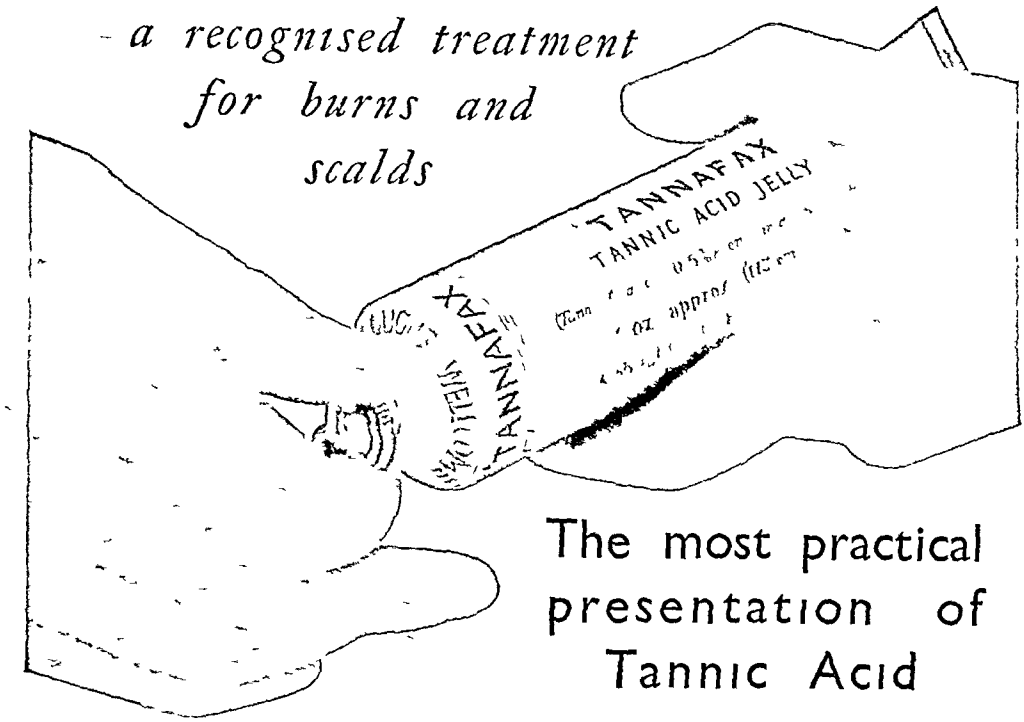
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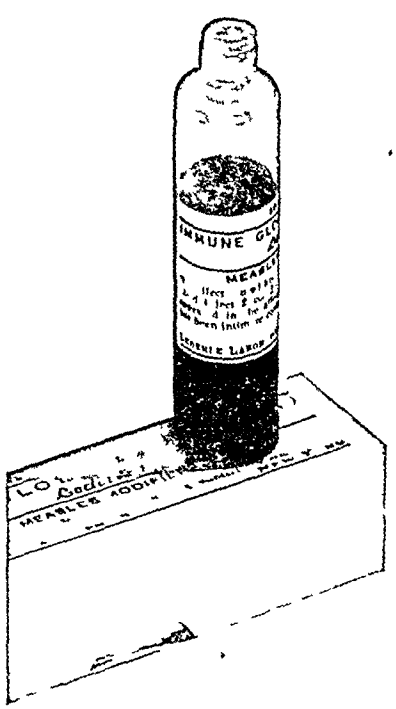
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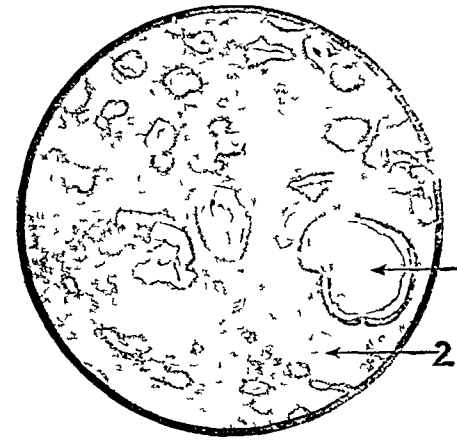
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BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 6 1937

NASOPHARYNGEAL SEPSIS IN 2,056 CASES OF MENTAL DISORDER

THE IMPORTANCE OF CLOSED SEPSIS

BY

T C GRAVES, M D, F R C S

Chief Medical Officer City of Birmingham Mental Hospitals

The observations on and treatment of 2 056 cases of mental disorder—mainly certified—by three ear nose and throat surgeons working separately during nine years from 1927 to 1935 inclusive in the Birmingham Mental Hospital are summarized in the following paragraphs

Selection of Patients

The cases thus treated have been selected as follows On admission all patients have had a routine investigation by the medical officer in charge of the case into the mental and physical states, including a preliminary examination for diseased conditions in the ear nose and throat Patients in whom a history or mental or physical symptoms suggested such a condition were further investigated by the visiting rhinologist employing special methods of examination when desirable On these findings, and after consultation between the visiting and resident medical staffs cases thought suitable on mental and physical grounds for further investigation and likely to tolerate the appropriate anaesthesia were selected

Appropriate treatment was then given, although this stage of active investigation and treatment was not generally carried out until the mouth was free from sepsis Tables showing the incidence of diseased conditions found and some of the treatment applied in the cases during the past nine years are presented below

Analysis

Of these 2 056 cases of nasopharyngeal sepsis in mental disorder 1,019 were men and 1 037 women In 180 cases 102 male and seventy eight female the conditions found clinically did not warrant anything more than a thorough antiseptic irrigation of the cavities explored In the remaining 1 876 cases 917 male and 959 female the following conditions were found and treated

DISEASE OF THE LYMPHOID TISSUE OF WALDEYER S RING

Adenoids were found in association with disease in neighbouring tissues in 129 instances fifty nine men and seventy women and were removed Disease of the tonsils was diagnosed in 1 356 instances out of the total of 2 056 cases—that is in 618 men and 718 women—and they were removed by blunt dissection in 1 186 cases 548 men and 638 women In the other 150, which comprised seventy males and eighty females tonsillectomy was not possible or expedient In 175 instances fifty nine males and 116 females the tonsils only were considered diseased while in 559 men and 602 women—a total of 1 161 cases—a nasal sinus investigation was done at the same time as the tonsillectomy

DISEASED CONDITIONS OF THE NASAL SINUSES

A general nasal sinus examination was carried out in 1 360 cases 734 males and 626 females and in 521 cases, 226 males and 295 females the investigation was not carried further than antral exploration In this way a total of 1 881 persons 960 males and 921 females were examined by the Watson Williams technique of suction exploration

Clinically diseased conditions of the nasal sinuses were found in 1 425 cases 743 males and 682 females The sinuses alone were thought affected in a total of 607 cases, 338 males and 269 females but in 818 cases 405 men and 413 women disease of the tonsils was diagnosed in association with the sinusitis

DISEASED SINUSES IN INDIVIDUAL CASES

The number of diseased sinuses found in individual cases is set out in the following table

Number of Sinuses Involved	Male	Female	To al
One sinus only	189	183	372
Two sinuses	205	192	397
Three sinuses	107	105	212
Four sinuses	129	104	233
Five sinuses	51	49	100
Six sinuses	62	49	111
Total	743	682	1 425

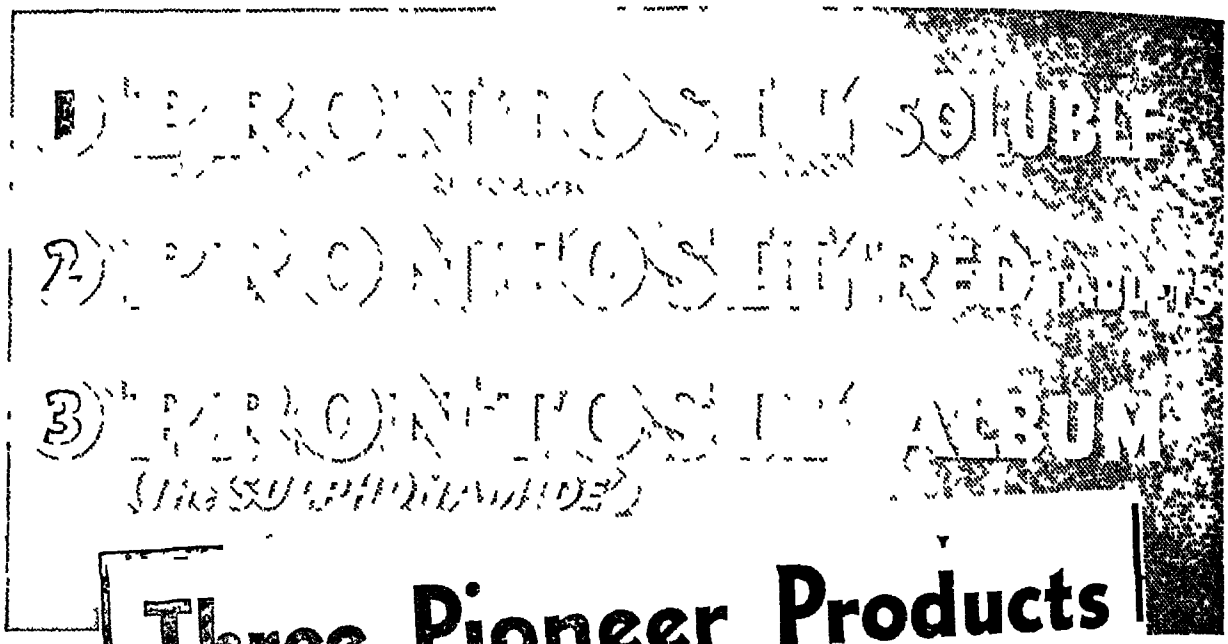
Anatomical Distribution of Sinus Disease—The distribution of the sinus disease whether or not associated with tonsillar disease in these 1 425 cases is shown in the following table

Affected Sinuses	Male	Female	Total
Antra alone or with other sinuses	616	53_	1 148
Ethmoids alone or with other sinuses	4 0	392	812
Sphenoids alone or with other sinuses	299	2 4	573

INCIDENCE OF SINUS DISEASE

The following figures give an approximate percentage incidence of the anatomical distribution of the sinusitis in those 1 425 cases in which the clinical findings were positive antra 80 per cent ethmoids 57 per cent sphenoids 40 per cent

Antra—Here the figures of cases investigated by general nasal sinus examination and antral exploration are combined —namely 1 881—and of these antral disease was present in 1 148 cases—that is 61 per cent



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1 *and* 2

Following parenteral and oral administration, the hospital death rate (64 cases) from puerperal fever due to *haemolytic streptococcus* fell from 24·4%(1935) to 4.7% (to August, 1936).

L Colebrook and others (Lancet, December 5th, 1936, p 1319)

3

Experimental investigation of the mode of action of the "sulphonamide" shows that following its administration to men and animals their blood is bactericidal to *S Haemolyticus*

L Colebrook and others (Lancet, December 5th, 1936, p. 1323).

1 2 *and* 3

From a leader in the same issue of the Lancet

"Although much remains to be done in discovering the capacity and limitations of these remedies, it has become an imperative duty to employ them, not only in puerperal fever, but also in other severe forms of streptococcal infection"

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Ethmoids and Sphenoid Sinuses—To show the corresponding incidence of disease in these sinuses only the figures of the general nasal sinus examination can be taken—namely 1,360 cases. Ethmoidal disease was present in 812 cases—that is, 59·7 per cent., the percentage incidence of the sphenoid disease was 42·1.

These figures of the incidence of sinus disease in the cases examined by the Watson-Williams technique, based on clinical observation only, are of interest in view of the large number of cases, the great majority being direct admissions during a period of nine years, investigated by three rhinologists working quite independently of each other. They do not include those cases in which bacteriological examination of the wash-outs alone showed the presence of infection.

Closed Nasal Sepsis in Psychosis

In tuberculosis haemoptysis may first draw attention to the disease. Symptoms of general paralysis may be the first indication of syphilis. Mental depression following influenza may continue until an area of residual infection in the nasal sinuses is treated effectively, when the psychotic disturbance passes away. In some cases of nasal sinus disease mental symptoms may be among the first of the signs and symptoms directing the attention of the family or physician to the fact that the patient is ill. In some cases where nasal sinus disease is present an examination of the nasal passages may show only doubtful signs or none at all, the condition being one of closed sepsis. In such cases an inflamed sinus is unable to discharge its exudate owing to closure of its ostium, and as a result internal absorption and extension of inflammation takes place from the diseased membrane.

It is especially in dealing with cases of mental disorder arising from nasal sinus disease that these untoward conditions occur, for here may be shown the truth of the old clinical observation 'As the indications of toxaemia increase the discharge diminishes." Conversely there may be some truth in the assertions of those critics who aver that they have seen hundreds or even thousands of individuals with sufficient pus and sepsis in various parts of their organism to float the proverbial battleship, yet, while they may show symptoms of physical distress, not one of these folk was really insane. These are cases of open sepsis and little toxic absorption. If, however, the capacity to react in this way is reduced or drainage is prevented then complications arise, one of which is the acute mental disorder known as delirium, which sometimes precedes death. Should the patient survive then mental disorder and perhaps certifiable insanity may ensue, and continue, as the result of the persistence in an important site of a small area of "occult" sepsis, which acts as the primary portal of entrance of infection and is responsible for the obvious and dramatic collection of pus elsewhere.

The pathology of this condition is described by Pickworth in his book, *Chronic Nasal Sinusitis and its Relation to Mental Disorder*. An example of this pathology is as follows:

CASE 1.

A married woman aged 30 with congenital polycystic renal disease, nephrolithiasis and nasal sinusitis developed mental disorder was certified insane and admitted to a mental hospital where the nephrolithiasis was found. It was noted that the intensity of the mental symptoms was increased or diminished by conditions which respectively prevented or permitted the free egress of the discharges from the pyonephrolithiasis.

Following removal of the calculus by operation she became delirious and feverish until a subphrenic abscess was opened and drained, when her mental state became normal and she was discharged to her home. She continued well for about three months until, probably as a result of sea bathing she suffered a "chill," and again became depressed and was admitted to a mental hospital, where once again albumin and pus were found in the urine.

On investigation it was seen that a multisinusitis which previously had been discharging pus on both sides of the nose was now not reacting on one side and only partly so on the other side. After intranasal drainage of these affected cavities there was definitely less pus in the urine which later became free from pus and albumin. This was associated with further mental and general physical improvement. The patient said that she was now in a better physical state than she had ever been before in her life, and this was supported by the fact that her periods, previously irregular, had now become regular. Mentally she had recovered.

She has during the past seven years since discharge maintained that enhanced psycho-physical vitality in a self-supporting employment. In this case, therefore, the intensity of the psychosis and its type varied inversely with the degree of drainage.

Closed Sphenoidal Abscess in Mental Disorder

The association of a disordered mental state with sphenoidal sinus disease was first described by Jonathan Wright in 1902 when he published *A Case of Isolated Unilateral Latent Empyema of the Sphenoidal Sinus with Delirium and Mental Symptoms*. This work has become a classic in this branch of mental disorder. The author had the clinical acumen to conclude from symptoms only that a condition of disease existed in the posterior nasal sinuses and the courage to operate in order to relieve a fellow rhinologist, aged 57, from a condition of intolerable pain and pronounced mental symptoms, enabling him, as Wright has informed us later,

"to live for many years after the operation attending to a large practice and never failing to call me up on the telephone on his birthday and thank me that he was enjoying it. He was operated on for his sphenoidal trouble at a time when operative procedures on that cavity were uncommon, to say the least, and his delirium would have frustrated the present technique in many hands, and my crude method twenty-five years ago was entirely successful in its results."

Yet Wright operated—and it was an operation of no minor magnitude—without any classic signs of disease in the nasal sinuses or nose to support his diagnosis. He even says that "the presence of pus in the nose is not necessary to a diagnosis of sphenoidal disease." The patient had already seen a very distinguished confrere, who had assured him he had no nasal trouble, but advised him to go away for his health. He had been seen by other specialists who were unable to make a definite diagnosis. On Wright's own examination he found

"the nasal mucosa, except for some congestion was healthy and clean, and there was no especial obstruction to be seen either anteriorly or posteriorly. The middle turbinated bone, while apparently normal, left a very narrow slit in the nose through which inspection of the ethmoidal or sphenoidal region was very unsatisfactory. Posteriorly a good view of the region was obtained in the rhinoscopic mirror, but nothing especially significant could be noted. Transillumination of the frontal and maxillary sinus gave bright spots over the regions. I was, however, more convinced that the patient had pus under pressure in the left sphenoidal sinus and perhaps in the posterior ethmoidal cells. This I advanced to the patient as a tentative diagnosis." Later, just after the patient "had spat a foul smelling cheesy mass from his nasopharynx I immediately examined his nose and nasopharynx again but I could discover no sign of pus following the extrusion of the mass, nor indeed any other abnormality. From the fact that no pus had followed the semi-solid mass I was inclined to think the trouble in the sinus might be a malignant growth."

ANAHÆMIN B.D.H.

In Clinical Practice

Below are given three typical case-reports of patients treated with Anahæmin B D H by a well-known physician who states that the cases are all typical Addisonian anæmia, he is aware that the dosages are higher than those recommended, but even with these he is extremely pleased with the results which are better than those he has obtained with any other treatment

CASE 1	19 8 36	R B C 1,000,000 Hb 25% Injected Anahæmin 1 c c on 19th, 20th, 28th, 3rd, 7th, 10th and 28th
	28 9 36	R B C 4,500,000 Hb 70%
CASE 2	10 10 36	R B C 1,500,000 Hb 40% Injected Anahæmin 1 c c on 12th, 17th, 19th, 23rd, 25th, 27th, and 4th
	10 11 36	R B C 3,500,000 Hb 65%
CASE 3	29 10 36	R B C 1,500,000 Hb 30% Injected Anahæmin 1 c c on 30th, 31st, 3rd and 10th
	13 11 36	R B C 3,250,000 Hb 65%

Literature on request

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An S 20

Nevertheless Wright did not deviate from his original diagnosis and 'as the patient's condition showed no improvement it was decided to make an effort to explore the sinus Now what symptoms did Wright describe on which to base his diagnosis of nasal sinus suppuration with occlusion of the ostium?

There was a history of influenza accompanied by severe coryza and left head pain, which latter continued to recur in attacks of increasing severity and duration there had been severe attacks of sneezing but no nasal discharge On examination

his speech was low and his manner dazed He said he was desperate The pain in his head was unendurable In speaking he would raise his left hand to the vertex of the head toward the occiput and bring it down to his left eye and below, which gesture often repeated localized the pain better than he could describe it

There was great hyperaesthesia of the scalp, the breath smelt foul, the temperature was subnormal the pulse slow, there was some doubtful proptosis of the left eye but the retinae, apart from slight congestion in the left eye, were normal as was the vision Blood and urine were normal Mentally in the early stages he had been somewhat forgetful, irritable, and emotional, but later he was unable to carry out his work properly, and later still he became delirious It is submitted that the due recognition of such signs and symptoms as indications of nasal sinus disease would lead to better agreement between workers on this subject

Closed Antral Disease and Mental Disorder

In the next case there were no signs in the nose suggestive of sinus disease, and the usual deductions from the findings on transillumination of the antra were reversed by the suction exploration technique of Watson Williams Therefore the indications for treatment based solely on the orthodox criteria of sinus disease would have been *nil* and it is obvious that the resulting inactivity would have been ineffectual in curing the disease or alleviating the symptom state which arose from it

CASE II

A housewife married and aged 46 was admitted to a mental hospital on January 7 1930 she was discharged on August 7 1930 An investigation into the family history failed to disclose any evidence of insane heredity in three generations The patient came of what appeared to be a very healthy and long lived family She was the mother of six children all alive and well and those over school age were all at work

History—The onset of the present illness was gradual beginning about three months before admission She complained of not being well, but repeated medical examination failed to detect any bodily disease and found incipient nervous breakdown She became more depressed and slept poorly Finally she wandered away from home and attempted to cut her throat on January 1 was then admitted to the mental hospital Her weight was 5 st 13 lb height 4 ft 11½ in Her general health was poor No abnormality was found in the chest or abdomen the blood pressure was 136/88 mm Hg The fauces were injected the tongue moist and clean she was edentulous Her headache was frontal and vertical The face was asymmetrical the left half flatter than the right There was left sided ptosis and the left angle of the mouth drooped Both pupils reacted to light and accommodation though at times the left pupil was one and a quarter times larger than the right No other neurological signs were detected except a coarse tremor of the hands Gynaecological examination and an investigation of the urine were satisfactory the blood Wassermann reaction was negative The Widal test was positive to 7 Oxford units to *B dysenteriae* Y no abnormal organisms were found in the faeces

Examination of the ear nose and throat gave the following results anterior nasal spaces clear posterior nasal spaces slight enlargement at the posterior end of the right middle turbinate and enlargement of the right lateral pharyngeal band tonsils normal ears drums normal nasal sinuses on transillumination frontal sinuses, fair, antra right dull and left clear

Mental State—Mentally she was depressed her emotional control was poor and orientation defective recent memory was poor She realized she was ill and told a long wandering semi coherent story of 'funny turns' and 'queer sensations but was unable to explain what she meant by these terms She was troubled by a constant buzzing noise in the right ear but also stated that she heard her children crying and her husband abusing her During January and February she had amenorrhoea, and was given aloes and iron The mental state continued as already described with variations in intensity probably dependent on menstrual irregularities At one time the devil did not bother her as much as formerly but a month after admission she stated that all her former ideas had come back again and she was agitated distressed, and depressed as before Ultra violet light and colon irrigations were being given This treatment continued until the middle of March without any amelioration of the mental state The lack of response was indicative of the presence of closed sepsis

Treatment—A bilateral antral investigation using the Watson Williams technique now showed right antrum clear left antrum pus The cavities were thoroughly irrigated with antiseptic solution but not drained This was followed by a pyrexial reaction reaching to 102° F for three days and by the return of menstruation during March Although in some degree better she was still unstable and had mental and physical exacerbations in relation to amenorrhoea which recurred during April and May Both antra therefore were drained intranasally at the end of May and the menses returned during the second week in June but on this occasion without pyrexia and without exacerbation of mental symptoms in fact there was physical and mental improvement

She was now able to describe the subjective aspect of the development and character of her illness There had been five sensory disturbances troubling her during the illness vertical headache, giddiness bilateral buzzing tinnitus aurium worse on the right cacosmia and cacogeusia All these had ceased and only a mild premenstrual frontal headache remained Life was now worth living Physically the facial colour mobility and tone had much improved and the left facial weakness had passed away The blood pressure was 164/100 mm Hg and her weight was 7 st 2 lb

Objectively she had now recovered She was discharged on August 7 1930 Seen later her pupils were found to be equal and reacting equally to light and accommodation During the six years since discharge she has kept well and stood the anxiety of a mental breakdown of her son visiting him regularly whilst he was in a mental hospital and reporting sensibly on his week end leaves of absence from hospital The son aged 20 made a substantial recovery from a state of adolescent psychosis of a year's duration before admission following removal of dental and tonsillar sepsis and of three impacted and unerupted wisdom teeth Since discharge he has kept well

Other Illustrative Cases

In the following extracts from three further cases of mental disorder and sinusitis it is sought to show that it is by no means uncommon for closed sinus sepsis to occur in cases of mental disorder in which the indications in the nose or on transillumination of the sinuses are atypical Other examples of atypical findings are furnished by cases recorded in the annual reports of the Board of Control (Parts II) from 1928 to 1935 The lack or even reversal of the classical signs of sinusitis on

Iron in Cocoa



The high mineral value of COCOA is being increasingly appreciated It is now known to be one of the most useful dietetic sources of iron — by far the richest among foodstuffs in common use

The table of comparisons set alongside will be of interest, therefore — and possibly of assistance — to general practitioners whose ordinary dietetic recommendations have so often to be directed towards preventing and combating specific mineral deficiencies It will be noted that whether 'total iron' or 'ionisable iron' is to be taken as the probable measure of *available iron* (the point still seems in doubt) COCOA exceeds all the previously accepted sources except one

FOOD	TOTAL IRON mg 100 g	IONISABLE IRON mg 100 g
Apples	0 23	0 19
Potatoes	0 62	0 58
White bread	1 07	0 93
Digestive biscuits	1 57	1 43
Raw eggs	2 50	2.50
Brazils	2 70	1 65
Wholemeal bread	3 43	2 85
Raw beef	3 54	0 39
Raisins	3 80	3 68
Almonds	4 54	4 50
Raw ox liver	6 70	5 22
COCOA	14 20	13 20
Raw pig's liver	20 00	16 00

See *Biochemical Journal* xxx 4 582 91

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examination of the nasal spaces and transillumination in cases of mental disorder is apt to discourage beginners in these investigations, and it is well that they should realize the problems which confront them

On the other hand critics cannot in these cases bring the complaint against the Watson-Williams suction-exploration technique that it is not reliable because it can aspirate pus from the nasal passages through the ostia into the sinuses when the sinuses are free from exudate The careful surgeon should always take care to remove any such pus if present in the nasal passages with tampons of gauze before proceeding to insert the cannulae In these cases of closed sinusitis, however, where there is no pus visible in the nasal passages it can hardly be asserted that pus found on suction-exploration of the sinuses has come from those nasal passages

CASE III

In a case of acute puerperal insanity on rhinological examination crusting was found on the anterior end of the right middle turbinate On Watson Williams suction exploration the membrane of the right sphenoidal sinus was found thickened and there was muco-pus in the left antrum

CASE IV

This was a case of psychosis due to ill health gradually developing during several years after childbirth On rhinological examination we found ears drums retracted, nose, both inferior turbinates enlarged, throat, pus in both tonsils and a retained abscess in right tonsil On Watson-Williams suction-exploration muco-pus was found in both antra

CASE V

In this case routine rhinological examination was impossible owing to the suicidal condition of the patient rendering her absolutely non cooperative She was therefore examined under an anaesthetic, when sufficient indication was found to warrant a nasal sinus examination by the Watson-Williams suction exploration technique This showed the presence of pus in the right sphenoidal sinus

Closed Sinus Disease at Necropsy

In two cases of mental disorder closed sinus disease was only discovered at necropsy In the first of these cases while there was some crusting of the left anterior nasal space, which might have corresponded to the greenish-yellow pus found in the left antrum, there was no free pus visible on removal of the crusts On the right side the anterior nasal spaces were clear, but there was pus in the antrum at necropsy

CASE VI

The patient was a male aged 58 with a history of recurrent nasal sepsis and hallucinations and delusions' suggestive of some disturbance in the ear nose, or throat The blood Wassermann reaction was negative and there was no evidence of syphilis On ear nose and throat examination anterior rhinoscopy showed crusting of the anterior nasal space on the left side the right side was clear nothing was seen on posterior rhinoscopy on transillumination the antra were dim, the frontal sinuses fair, the tonsils were fibrotic adherent, and septic the ears were normal, in the mouth there was gross pyorrhoea with many carious teeth and roots, especially in left maxilla and right mandible Sudden death occurred three weeks after admission and before any operative intervention had taken place At necropsy the frontal and sphenoidal sinuses were clear but the left antrum contained much greenish yellow pus and in the right antrum there was pus on the medial wall the tonsils contained pus Well marked atheroma was present in the aorta on the semilunar cusps and extending down on to the mitral valve and around the coronary arteries A patch of atheroma was situated within and completely occluding the left coronary artery for half an inch The right artery was fairly patent

In the second case, as a result of clear nasal spaces and satisfactory transillumination findings, the sinuses were not investigated, although the septic tonsils were removed At necropsy some years afterwards a multisinusitis was found, which was probably present on admission and the cause of the old herpes ophthalmicus

CASE VII

A single female, aged 58 on admission to the mental hospital on April 27, 1931 A sister was in a mental hospital and an aunt had died there The present illness was described by another and very capable sister as being gradual in onset, beginning with depression, then delusions of persecution and finally auditory hallucinations appeared during the six weeks before admission The patient became increasingly secretive, went for long walks to get away from the "voices," and insisted there was "something working inside her"

On admission she had the scarring of an old herpes ophthalmicus on the right temple The cardiovascular system appeared normal, the blood pressure was 134/86 mm Hg The thyroid was uniformly enlarged The pulmonary and abdominal viscera seemed normal The right pupil was slightly larger than the left, both were slightly irregular but reacted to light and accommodation The urine was normal, the blood Wassermann was negative She complained of frontal headaches and a bitter taste in the mouth in the morning although she was edentulous She was self centred, hallucinated, and deluded She said that she had a jumping sensation inside her and that people could hear this and consequently men shouted after her

There was liquid pus in both tonsils The ears were normal The post-nasal spaces were not seen, the anterior nasal spaces were clear On transillumination the antra and frontal sinuses were fair There appeared to be no indication on this examination for any active treatment beyond the removal of septic tonsils, and this was carried out

Neither then nor subsequently was any discharge from the nasal passages or other objective evidence seen which might have suggested the presence of sinus disease, and the patient was unable to assist in any way After the operation a course of non specific therapy was given, and in the following years there was some evidences of physical and mental amelioration The sensory disturbances persisted, but the confusion diminished so that she was able to recognize that the 'voices" she formerly complained of were really noises in her own head There was now no active complaint of these, nor of a variable cacosmia and headache, though they continued to occur The goitre, formerly quite prominent, disappeared She was able to go out on week end leave, and even for a month on trial during the winter of 1934-5 In 1935 she became more debilitated, but during this time there was never any evidence of nasal discharge She died suddenly in June, 1936, aged 63

At necropsy both sphenoids and both ethmoids contained pus, and the right antrum contained yellowish pus while the left antrum contained clear mucus Both frontal sinuses were moist The stomach walls were much atrophied The left coronary artery was atheromatous for the length of an inch about half an inch from its mouth

I wish to acknowledge my indebtedness to my colleagues of the visiting, resident and research staffs of the Birmingham mental hospital for their observations on and treatment of the cases on which this communication is based

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According to investigations made by Professor G Modena, the number of insane under treatment in Italy in 1935 was 110,793, of whom 60,988 were males and 49,985 females On January 1, 1935, the insane numbered 83,541, and on January 1, 1936, 85 403

HERTFORDSHIRE BRANCH EAST HERTFORDSHIRE DIVISION

At a meeting of the East Hertford hire Division held at Ware on December 2nd 1936 with Mr J C NEWMAN in the chair the secretary was instructed to convey to Mrs Guith Fager the sympathy of the Division in the loss of her husband

A circular letter from headquarters concerning the provision of public mortuaries was read and discussed as was also a letter from the county medical officer concerning unregistered nursing homes

Mr C LANE ROBERTS then delivered an instructive address on Sterility This was followed by a discussion to which most of those present contributed

NORTHERN IRELAND BRANCH

A meeting of the Northern Ireland Branch was held at Belfast on December 3rd 1936 when the president Dr WM LYLE was in the chair After formal business had been conducted the PRESIDENT introduced his successor Mr H L HALL GREER who thanked the members for the honour they had done him in electing him president He proposed that the best thanks of the members be conveyed to Dr Lyle for his conduct in the chair during the year and for his hospitality to the members This was heartily agreed to

Mr GREER then proceeded to deliver an address entitled 'Concerning a Maternity Service' Mr Greer began by quoting from the occasional letter recently circulated by the Medical Secretary of the British Medical Association and he then analysed Departmental Committee reports the B M A scheme and the new Scottish Bill relating to the subject of a maternity service In this manner he presented to the members an excellent summary of the views held and shortly projected by the various bodies concerned Professor C G LOWRY expressed the general appreciation of the value of Mr Greer's contribution and discussed various items concerned in an ideal maternity service After other members had taken part Professor R J JOHNSTON pointed out the difficulty of reconciling medical ideals with administrative problems and he suggested that the Branch should co operate with a committee which was to be instituted shortly to report to the Government of Northern Ireland

SHROPSHIRE AND MID WALES BRANCH

A clinical meeting of the Shropshire and Mid Wales Branch was held at the Royal Salop Infirmary on December 1st 1936 when Dr R H URWICK was in the chair

The CHAIRMAN referred to the loss sustained by the area by the death of Dr Ernest Alfred Elkington one of the most respected medical practitioners in the county and a member of the British Medical Association since 1874

Dr F BULMER (Birmingham) gave an interesting address on Peptic Ulcer He dealt particularly with the aetiology and the treatment of the condition Great interest was evinced by the members present and a discussion followed in which many took part On the motion of the CHAIRMAN a hearty vote of thanks was accorded Dr Bulmer for his address

STIRLING BRANCH

A meeting of the Stirling Branch was held at Stirling on December 2nd 1936 when Dr R W CRAIG (Scottish Medical Secretary) gave an address on the Report of the Committee on Scottish Health Services and an explanation of the Maternity Services (Scotland) Bill Dr Craig gave an interesting outline of the genesis composition and report of the Committee with special reference to the recommendations likely to affect general practitioners His address was followed by questions and a discussion

UNITED PROVINCES BRANCH

A clinical meeting of the United Provinces Branch was held at Lucknow on October 30th 1936 when Captain K S NIGAM was in the chair The attendance included a large number of final year students and medical officers of the King George's College and Hospital who were present by special invitation

The CHAIRMAN showed (1) A case of accessory lactating breast in a girl of 14 with an infant 1 month old (2) A case of pedunculated polypus of the nasopharynx (3) A case of malignant pustule recovered under treatment (4) A case of haematuria which on investigation showed the presence of double ureter the haematuria was probably due to tuberculous disease of the kidneys the patient had some tuberculous glands in the axilla as well (5) A case of accidental hanging resulting in fracture of the hyoid bone

Captain R D ALEXANDER showed a case of peripheral neuritis with oedema of the limbs and paralysis of the soft palate Throat swabs were negative for diphtheria The cause of the condition remained obscure He also showed a case of tumour in the epigastrium in a young man

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses dermatology at St John's Hospital January 4th to 21st cardiology at National Heart Hospital January 11th to 22nd advanced urology at St Peter's Hospital January 18th to [illegible] a general practitioners' course in the diseases at Bromley Hospital January 25th to 30th surgical tutorial classes especially intended for candidates for the Final F R C S examination at National Temperance Hospital January 12th to [illegible] 4th at 8.30 p.m. The programme for the first week follows: January 12th Mr V J Cokkinis Breast Jan 14th Mr V M A Moore Injuries to Bones

As was briefly announced before the beginning of the autumn session the entire medical staff of the [illegible] Hospital are giving psychiatric demonstrations at St George's Hospital to alternate with the neurological demonstrations given by Dr Anthony Feiling at 5 p.m. on Fridays The following have been arranged for next [illegible] January 14th Dr Curran January 28th Dr A Bretherton February 11th Dr W H Hadfield February 25th Dr Guttmann March 11th Professor Symonds Dr Aubrey J Lewis Dr W H Hadfield [illegible] problems of childhood Dr Eustace Hunt Dr Fearnley [illegible] stations are not confined to the staff of the hospital

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

Section of Orthopaedics—Tues 5.30 p.m. Cases and Specimens

Section of Surgery—Wed 8.30 p.m. Short Papers Dr [illegible] Stewart Wallace Post Operative Care of the Stump V H Riddell Peripheral Embolism Mr [illegible] Terminal Ileitis A discussion will follow

Section of Ophthalmology—Fri 5 p.m. Clinical Cases and Papers

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WEST KENT MEDICO CHIRURGICAL SOCIETY Meeting at Greenwich S.E.—*Fri* 8.30 p.m. Clinical Evening

WEST LONDON MEDICO CHIRURGICAL SOCIETY Annual Dinner at Kensington Road W. *Fri* Discussion Is Deafness Neglected Speaker Mr Eric Peterkin Guests Chief Constable of Queensland K.C. and other Prominent Australians

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL FEDERATION Daily 10 a.m. to 4 p.m. Medical Clinics Operation Obstetrical and Gynaecological Clinics Wed 1.30 p.m. Clinical and Pathological Conference (Obstetrical and Gynaecological) 5.0 p.m. Dr Dunlop Wednesday Demonstration 8.0 p.m. Mr Bright Banister Thurs 2 p.m. Operative Obstetrics 4 p.m. Mr W B Gabb Surgical Diseases of Rectum 5 p.m. Department of Gynaecology Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE FEDERATION 1 Wimpole Street W.—*Sat Hunterian Lecture* 11 W.C. Afternoon Courses in Dermatology Ophthalmology *for Nervous Diseases* Gynaecology Medicine Demonstration on the Fundus Oculi Medicine *Preston Hall* near Maidstone Surgery Diseases Pulmonary Tuberculosis

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W.C.—*Fri* 4 p.m. Mr Harold Kisch Inflammations of the Tonsil

HOSPITAL FOR SICK CHILDREN Great Ormond Street W.C.—*Thurs* 2 p.m. Clinical Lecture Dr R T Brain Dermal Pemphigus Diseases of the Skin 3 p.m. Clinico Pathological Lecture Dr A Sibley Use of Vaccines and Sera Out patient Clinics morning 10 a.m. to 12 noon Ward Visits afternoon 2 p.m. to 4.0 p.m.

LONDON SCHOOL OF DERMATOLOGY 5 Lisle Street W.C.—*Tues* 5 p.m. Dr A C Roxburgh Syphilis *Thurs* J M H MacLeod Ringworm Infections

ST JOHN'S CLINIC AND INSTITUTE OF PHYSICS Lisle Street Road S.W.—*Fri* 2 p.m. Physical Standard Findlay Arthur Pneumatic Drainage Method

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W.—*Daily* Operations Medical and Surgical Clinics Mon 10 a.m. Skin Clinic 11 a.m. Surgical Wards 2 p.m. Surgical and Gynaecological Ward Eve and Gynaecological Clinics 4.15 p.m. Mr Arnold Walker Carcinoma of the Cervix Tues 10 a.m. Medical Wards 11 a.m. Surgical Wards 2 p.m. Throat Clinic 4.15 p.m. Mr Woodd Walker Fracture of the Femur Wed 10 a.m. Children's Ward and Clinic 11 a.m. Medical Wards 2 p.m. Eye Clinic Gynaecology

Operations 4 15 p m Dr Manson Bahr Dysentery and Colitis *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p m, Eye and Genito Urinary Clinics, 4 15 p m, Mr Davenport Eye Lesions in Venereal Disease *Fri* 10 a m Medical Wards Skin Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic 4 15 p m Dr H W Post Demonstration of X-Ray Films *Sat* Children's and Surgical Clinics 11 a m Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

VACANCIES

ARGYLL COUNTY COUNCIL—M O for Morvern Salary £147 p a
BARNSLEY COUNTY BOROUGH—M O H and School M O Salary £900 £1 000 p a
BIRMINGHAM CITY MENTAL HOSPITAL—J A M O (male) Salary £350 £450 p a
BLACKHILL RICHARD MURRAY HOSPITAL—H S (male) Salary £200 p a
BOLINGBROKE HOSPITAL Wandsworth Common S W—H P (male, unmarried) Salary £120 p a
BRIGHTON LADY CHICHESTER HOSPITAL, HOVE FOR FUNCTIONAL NERVOUS DISEASES—Senior H P (female) Salary £100 p a
BRISTOL COSSHAM MEMORIAL HOSPITAL, Kingswood—J R M O (male) Salary £100 p a
BRISTOL ROYAL INFIRMARY—(1) Senior Casualty H S Salary £150 p a (2) Senior Obstetric H S Salary £100 p a (3) Three H P (4) Four H S (5) Assistant H S (6) H S to the Casualty Department (7) H S to the Ear, Nose, and Throat Department (8) Junior Obstetric H S Salaries £80 p a each
BURY COUNTY BOROUGH—Deputy M O H Salary £650 £25 £850 p a
BURY INFIRMARY—(1) R S O (male) (2) H S Salaries £300 p a and £175 p a respectively
CAMBRIDGE ADDENBROOKE'S HOSPITAL—Resident Anaesthetist and Emergency Officer (male, unmarried) Salary £130 p a
CANTERBURY KENT AND CANTERBURY HOSPITAL—Hon Anaesthetist to the Ear, Nose and Throat Department
CARDIFF ROYAL INFIRMARY AND THE WELSH NATIONAL SCHOOL OF MEDICINE—Part time Hon Dermatologist and M O in Charge of Male Venereal Diseases Centre
CHILDREN'S HOSPITAL Hampstead, N W—R M O Salary £150 p a
DERBY BOROUGH MENTAL HOSPITAL Rowditch—Second A M O (unmarried) Salary £350 £25 £450 p a
DONCASTER EDUCATION COMMITTEE—Part time Consultant for Diseases of the Ear, Nose, and Throat Remuneration £2 12s 6d per session
DONCASTER ROYAL INFIRMARY AND DISPENSARY—(1) R S O (2) Casualty H S (3) Resident Anaesthetist Males Salaries £250 p a £175 p a and £175 p a respectively
DORSET COUNTY—Senior School Dentist Salary £600 £25 £750 p a
DUNDEE ROYAL INFIRMARY—Hon Assistant Visiting S to the Gynaecological and Obstetrical Department
DUNEDIN NEW ZEALAND OTAGO HOSPITAL BOARD—Radiotherapist Salary £1 000 p a
EAST HAM MEMORIAL HOSPITAL Shrewsbury Road E—R M O (male) Salary £200 p a
HASTINGS ROYAL EAST SUSSEX HOSPITAL—J H S (female) Salary £150 p a
HAVERFORDWEST PEMBROKE COUNTY WAR MEMORIAL HOSPITAL—R M O (unmarried) Salary £150 p a
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST Brompton S W—Three H P s Honoraria £50 p a each
HULL ROYAL INFIRMARY—Second C O (male) Salary £150 p a
INDIA GOVERNMENT OF—(1) Vacancy and (2) Vacancy for Indian Medical Service Officer in the Medical Research Department Salaries (1) Rs 625 Rs 1 350 per calendar month and (2) Rs 250 per mensem plus basic pay of rank and overseas pay
LABORATORIES OF PATHOLOGY AND PUBLIC HEALTH Harley Street W—Junior Assistant Pathologist (male) Salary £500 £25 £650 p a
LEEDS PUBLIC DISPENSARY AND HOSPITAL—Research Worker in Arthritis (male) Salary £300 p a
LEEDS UNIVERSITY SCHOOL OF MEDICINE—Readerships in (1) Medicine and (2) Surgery Salaries £600 p a each
LEICESTER ROYAL INFIRMARY—(1) Hon Dental S (2) Two Hon Assistant Dental S s
LIVERPOOL ROYAL LIVERPOOL CHILDREN'S HOSPITAL—(1) R M O and (2) R S O at the Heswall Branch Salaries £120 p a each (3) Two R H P and (4) Two R H S at the City Branch Salaries £100 p a each
LIVERPOOL STANLEY HOSPITAL—(1) H P (male) (2) Two H S (males) (3) Gynaecological H S (female) Salaries £80 p a each
LONDON COUNTY COUNCIL—(1) Resident Medical Superintendent for Queen Mary's Hospital for Children Carshalton Salary £1 400 £50 £1 650 p a (2) A M O (Grade I) and (2) A M O (non resident Grade II) for White Oak Hospital Swanley Females Salaries £350 £25 £425 p a and £250 p a respectively
LONDON HOSPITAL E—(1) Hon Assistant S in the Department of Neuro surgery (2) Surgical First Assistant and Registrar Salary £300 p a
LUTON BURY HOSPITAL—H S (male) Salary £150 p a
MANCHESTER CITY—(1) R A M O (male) for Monsall Hospital for Infectious Diseases (2) R A M O for Withington Hospital Salaries £350 £25 £450 p a and £200 p a respectively (3) Resident Assistant Obstetrical Officer for Crumpsall Hospital Salary £250 p a
MANCHESTER ROYAL INFIRMARY—(1) Four H S (2) Four H P (3) H S for Aural Gynaecological and Ophthalmic Departments (4) H S for Neuro surgical Department (5) H S for Orthopaedic Department Salaries £50 p a each
MANSFIELD AND DISTRICT GENERAL HOSPITAL—H S (male) Salary £150 p a
MARKET DRAYTON CHESHIRE JOINT SANATORIUM—R M O (male) Salary £250 p a
METROPOLITAN HOSPITAL Kingsland Road, E—C O and Resident Anaesthetist (male) Salary £100 p a
MIDDLESEX COUNTY COUNCIL—(1) Non resident P and (2) Radiologist for the County Sanatorium Harefield Salaries £650 £1,000 p a and £3 3s per session respectively (3) District M O and Public Vaccinator Harrow Salary £100 p a
MIDDLESEX HOSPITAL AND MEDICAL SCHOOL, W—Surgical Registrar Salary £300 p a
NEW ZEALAND PALMERSTON NORTH HOSPITAL BOARD—Pathologist (non resident) Salary £900 £50 £1,000 p a
NORWICH NORFOLK AND NORWICH HOSPITAL—(1) C O (2) H S to Special Departments Males, unmarried Salaries £120 p a each
NUNEATON GENERAL HOSPITAL—H S Salary £150 p a
PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—Obstetrical M O Salary £1,000 p a
PRESTON FRIENDLY SOCIETIES MEDICAL ASSOCIATION—Whole time M O Salary £450 p a
QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E—Clinical Assistant to Medical Out patients Honorarium 5s per attendance
ROYAL CANCER HOSPITAL (FREE), Fulham Road, S W—R M O Salary £200 p a
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL Great Portland Street W—Two H S (males unmarried) for the Brockley Hill Branch Salaries £150 p a each
SLAMEN'S HOSPITAL SOCIETY, Greenwich S E—Resident Medical Superintendent (unmarried) at the Hospital for Tropical Diseases, Gordon Street, W C Salary £400 p a
SHEFFIELD ROYAL INFIRMARY—Clinical Assistant to the Surgical Department Salary £300 p a
SOUTHAMPTON COUNTY BOROUGH—Part time Ear, Nose and Throat S (male) Salary £300 p a
STAFFORDSHIRE COUNTY COUNCIL—Assistant County M O H (male) Salary £500 £25 £700 p a
STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H S (male) Salary £175 p a
STOKE ON TRENT LONGTON HOSPITAL—H S Salary £160 p a
WESTMINSTER HOSPITAL, Broad Sanctuary, S W—Assistant S (male)
WORCESTER COUNTY AND CITY MENTAL HOSPITAL Powick—A M O (male, unmarried) Salary £350 £25 £450 p a

CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced (1) St Ives (Cornwall) (2) Dunbar (East Lothian) (3) Kettering (Northamptonshire) Applications to the Chief Inspector of Factories, Home Office, Whitehall S W 1, for (1) and (2) by January 5th, and for (3) by January 12th

Notifications of offices vacant in universities, medical colleges and of vacant resident and other appointments at hospitals will be found at pages 53 54 55 56 57 and 60 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 58 and 59

APPOINTMENTS

BOYD D H S, M B B Ch B A O Certifying Factory Surgeon for the Hungerford District (Berkshire)

DAVIES D L, M D F R C S, Medical Referee (for ophthalmic cases) under the Workmen's Compensation Act, 1925 for all County Court Districts at present comprised in Circuits Nos 24 and 30

MARRIOTT H L, M D M R C P Assistant Physician, Middlesex Hospital

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTHS

EDDIE—*On December 23rd at Westcott House, Hull to Marjorie* wife of Dr T Stirling Eddie (formerly of Melbourne), a daughter

HILL—On December 27th 1936, to Marion wife of Charles Hill M D a daughter

DEATH

WILKINSON—On December 17th at Sunny Bank (late Ashlea) Droitwich John Wilkinson M D

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ZINC PROTAMINE INSULIN

A CLINICAL TRIAL OF THE NEW PREPARATION

BY

R D LAWRENCE, M D, F R C P

AND

NORA ARCHER, M B Oxon *

(*From the Diabetic Clinic King's College Hospital*)

In 1936 Hagedorn and his Danish colleagues introduced to the world a new insulin compound, protamine insulin They had already employed it therapeutically in Denmark for some two years, and it has been on the market in this country for six months under the name Leo 'insulin retard' The uses and advantages of this protamine insulin have been described in many articles published in English and American medical journals (Hagedorn, 1936, Joslin *et al*, 1936, Krarup, 1935, Lawrence and Archer, 1936, Rabinowitch *et al*, 1936a Root *et al* 1936, Wilder, 1936)

Protamine is a simple protein obtained from the *sperm of fishes* At *pH* 7 2 *it forms with insulin a precipitated* compound protamine insulin, which is relatively *insoluble* in the subcutaneous tissues and is therefore more slowly absorbed than is the *soluble* insulin hydrochloride in general use The latter is so rapidly absorbed that its action is finished quickly, making two or three injections a day necessary for good control of severe diabetes As many as four and five injections a day have been administered by some workers Protamine insulin certainly acts for twelve hours, so that it has been possible to ensure a normal fasting blood sugar level in the morning by giving an adequate dose of this compound in the evening Hagedorn recommended that it should be used in this way, with soluble insulin in the morning to act quickly enough to control the sugar resulting from digestion of the day's carbohydrate food We felt, with many others, that an attempt should be made for the patient's sake to control diabetes with a single daily dose of protamine insulin The results were good with mild cases, but even with very large doses—60 to 100 units—control was seldom possible with severe cases Fortunately this possibility has been more nearly realized by the discovery of a longer-acting and more stable compound, zinc protamine insulin

This paper describes the known actions and qualities of the new preparation and the clinical results we have obtained in forty two patients who could not be controlled by diet alone, and required insulin The number of cases is small but *the majority have been carefully observed* under hospital conditions, and the results have been sufficiently consistent for us to form an opinion on the use, advantages, and disadvantages of zinc protamine insulin We have also had the privilege of seeing it employed in several Canadian and American clinics, where experimental work was started with it in June, 1936

Nomenclature

We have felt, since working with more than one type of insulin, and more especially since trying to write about them, that some accepted code of nomenclature is essential to avoid confusion

Until a year ago 'insulin' was insulin, and meant only one thing, at least clinically Since then protamine insulin has come from Denmark and zinc protamine insulin from Toronto and it seems likely that improved modifications of these may appear at any moment to add to the confusion of medical nomenclature and thought The fundamental difference between the old,' regular or ordinary' insulin (but surely insulin will always remain extraordinary, at least to the diabetic) and the new long-action insulins is their solubility at the *p*H at which they are injected The old insulin is injected in *solution*, the new insulins are injected precipitated *in a suspension* form We propose to use these terms to distinguish between them Below are some of the synonyms that are already current

I Insulin hydrochloride in solution in weak acid *pH* 3–4

Old insulin	Quick acting insulin
Ordinary insulin	Soluble insulin
Regular insulin	

II Precipitated compounds in suspension at neutral reaction *pH* 7 2

Suspension Insulin

Protamine Insulin	*Zinc Protamine Insulin*
Leo insulin retard (commercial name)	Protamine zinc insulin
Protamine insulinate	Canadian protamine insulin
Danish protamine insulin	Zinc protamine insulin suspension
	Protamine insulin (with zinc) suspension (Form adjusted by the Ministry of Health and recently adopted by insulin manufacturers)

When we remember that not only the medical profession but also the diabetic public buy and use these products the necessity for a clear distinction between them is obvious particularly in the naming and labelling of commercial preparations In the past the preparations of soluble insulin sold by different manufacturers have been almost indistinguishable in chemical nature and certainty in clinical action We hope that steps will be taken to make the new preparations such as zinc protamine insulin, as uniform as possible in zinc and protamine content and in the type of fish protamine employed

Zinc Protamine Insulin

The discoverer of this compound is D A Scott of Toronto, who had already worked on zinc insulin compounds for several years and had shown that crystalline insulin was a true chemical compound of zinc and insulin zinc insulinate (Scott and Fisher, *1935*) When he turned his attention to protamine insulin compounds he found that when entirely freed from traces of zinc and allied metals they were no more prolonged in action than the soluble insulin hydrochloride (Fisher and Scott, *1935*) The addition of traces of zinc and the adjustment of the *p*H to 7 2 produced a zinc protamine insulin compound in suspension which was more stable and more prolonged in its action than any previously discovered This has been proved experimentally (Fisher and Scott, 1935 Rabinowitch *et al* 1936b) both in men and animals and we find the length of action roughly proportional to the size of dose The exact chemical nature of the precipitated compound—whether a true salt or merely an indeterminate grouping—is not known Fortunately it is sufficiently stable to be issued in suspension in one bottle ready for injection This is an important advance on previous protamine compounds which had to be issued in two bottles—the buffer separate from the protamine insulin —and mixed by the patient before use The new compound is a stable fine suspension which sediments on standing, the bottle therefore requires shaking before injection to ensure a uniform suspension So far only one strength, 40 units per c cm, has been prepared but we think 80 units per

* Research Scholar, British Medical Association

mended the adoption of wholesale immunization with toxoid in the place of passive immunization with antitoxin, which latter should be reserved for any of the wounded who might not have been actively immunized, and even in that case only as a preliminary stage in active immunization

Ramon and Zoeller (1927) immunized several hundred persons by three injections of toxoid given in the same way as diphtheria toxoid The antitoxic content of their serum subsequently averaged from 0 3 to 1 unit per c cm After four years the titre had dropped considerably—to from 1/500 to 1/6 unit per c cm—but the injection of another dose of toxoid raised the antitoxic content of their blood to 3 units per c cm After the injection of 1 700 units of antitoxic serum the antitoxic titre of the blood does not reach more than 0 17 unit per c cm, and that for a few days only

P A T Sneath and E J Kerslake (1935) in Toronto estimated the antitoxic content of the blood in persons who had been immunized by the subcutaneous injection of three doses of tetanus toxoid Thirteen of them were examined two years after the immunization The titre of antitoxin remained at much the same level as it had been twelve months previously, in three of these there was 0 1 unit per c cm Another injection of toxoid was then given, and within a week in eleven out of the twelve the titre had risen to amounts between 1 and 10 units per c cm—from ten to five hundred times the former level One person responded poorly to immunization and in this case the titre did not rise above 0 025 unit Horses differ greatly in their response to immunization and it is not surprising that human beings differ in the same way The efficiency of the antibody producing activity of the reticulo endothelial system, and consequently the response to immunization as indicated by the antitoxic content of the serum varies greatly in different individuals In a few cases it has been found difficult to immunize sufficiently with diphtheria toxoid to produce a Schick negative reaction and Schick himself said he believes that there are some individuals who are totally incapable of developing antibodies against diphtheria Fortunately such instances must be very rare

Tetanus Alum toxoid

Glenny (1930) investigated the immunizing effect of tetanus alum toxoid on guinea pigs and horses using the precipitate formed after the addition of alum to tetanus toxoid He found that in the hyperimmunization of horses the addition of alum to tetanus toxoid doubled the value of the antitoxin produced and if horses were *rested for a month or more after a primary stimulus* before immunization was continued much stronger antitoxin was produced' This principle is adopted by Dr G F Petrie in the immunization of horses at Elstree An injection of alum toxoid is given on admission to the stables a second injection two or three months later, and then the injections are repeated every six months

D H Bergey (1934) also found that alum toxoid gave better results than untreated toxoid When 1 c cm was injected into a guinea pig the animal's serum contained 1 unit of antitoxin per c cm after ninety days when a second injection was given fifteen days later the content of the serum rose to 9 units per c cm Bergey used the same preparation of alum toxoid to immunize thirty five adult persons whose serum before immunization contained on an average 0 0001 unit of antitoxin per c cm Ninety days after the first inoculation the titre had risen to between 0 001 and 0 04 unit per c cm but a second injection 125 days later raised the antitoxin content to from 0 1 to 9 units per c cm—an increase of from one thousand to nine thousand times the original amount

Alum toxoid was prepared by adding alum (1 per cent or rather less) to the toxoid solution The resulting precipitate before being used for inoculation was thoroughly washed to remove any traces of alum or protein from the culture medium in order to avoid skin reactions None of the inoculated persons complained of local or general reactions

Conclusion

There seems to be no doubt that by the injection of toxoid or of alum toxoid, which seems to give even better results it is possible to confer complete and permanent immunity on the vast majority of those inoculated The immunity thus produced depends not only upon the presence of antitoxin in their blood but to a still greater extent upon the 'sensitization of the reticulo endothelial cells to tetanus toxin, and results in a much greater and more active response to the antigenic stimulus so that infection by tetanus bacilli at any later date will be countered by a rapid and increased output of antitoxin sufficient to afford complete protection

Such protection might be afforded to the British Army by the injection of two doses of alum toxoid at an interval of three months with the additional protection of a third inoculation before being called upon for foreign service or in the event of war This last inoculation might be combined with antityphoid immunization since it was found by Ramon and Zoeller (1927) that the efficacy of tetanus toxoid in immunization was actually increased if a bacterial vaccine such as T A B was injected at the same time

The papers referred to in this note are a few only from many that have been written on this subject in recent years

REFERENCES

Bergey D H (1934) *J infect Dis* Chicago 55 No 1
Glenny A T (1930) *British Medical Journal* 2 244
Kahn and McDermott (1934) *J Immunol* 27 2
Ramon and Zoeller (1927) *Ann Inst Pasteur* 41 848
Sneath and Kerslake (1935) *British Medical Journal* 2 290

A Weissmann (*Wien klin Wschr*, December 18 1936 p 1556) draws attention to the value of hyperthermia in the treatment of myalgia neuralgia neuritis chronic arthritis neurosyphilis, etc This is supposed to be due to increase of resistance on the part of the organism which results in hastening the process of repair The author has produced hyperthermia therapeutically for the past six years by using a modification of Walinski's pack The patient is given a bath at 37 C wrapped in a flannel and six woollen blankets and left for six to eight hours Physical and chemical treatment—namely injection of proteins—combined allow of smaller quantities of the latter to be used Fever is induced every second day and in most cases a course of twelve packs suffices The injection of *10 c cm of 20* per cent salt solution for the prevention of sweating according to Walinski's original method is stated by Weissmann to be unnecessary Hyperthermia should never be produced in tuberculous cases or in those with cardiovascular disease The author also recommends a pack used by Abrahamowicz which is milder than Walinski's and more pleasant for the patient Different varieties of herbs exposed to x rays and ultra violet light are put into thirty little sacks and heated to 45 C fifteen sacks are placed below and fifteen on top of the patient who is wrapped in a rubber and woollen blanket In three quarters of an hour the temperature may reach 39 C The pharmacological action of the herbs and the setting free of vitamins through radio activity as declared by Abrahamowicz are denied by Weissmann

c cm will also be necessary for the convenience of patients

The amount of zinc added is very small—1 mg in 500 units of insulin—so that even the severest diabetic would not receive more than 1 gramme of zinc in ten years Zinc in this substance is not toxic, and has not caused any general ill effects

Action of Zinc Protamine Insulin

The difference in action between soluble insulin and zinc protamine insulin seems to be entirely due to the difference in their rates of absorption from the subcutaneous tissues Soluble insulin begins to lower the blood sugar from fifteen to thirty minutes after the time of injection Zinc protamine insulin shows little if any effect on the blood sugar in the first three to six hours after injection The action of soluble insulin rarely lasts longer than eight to ten hours however large the dose Zinc protamine insulin continues its action for twenty-four hours when administered in quite moderate doses from 20 to 24 units, in larger doses it will continue to act even longer The fall in the blood sugar from zinc protamine insulin is more gradual than from soluble insulin, so that severe hypoglycaemia cannot occur soon after the injection, and the violent oscillations between hyper- and hypo-glycaemia sometimes experienced by severe diabetics on soluble insulin are eliminated These qualities are advantages

On the other hand, one obvious drawback arises from the slow absorption of zinc protamine insulin It does not enter the circulation rapidly enough to deal with sugar absorbed into the blood stream from a meal containing 40 or more grammes of carbohydrate Thus it is usual in a severe diabetic on a single morning dose of zinc protamine insulin to find blood sugars of 180 to 250 mg per 100 c cm of blood soon after food, while a few hours later the blood sugar is normal There is no return of ketosis with this hyperglycaemia after food Another disadvantage we have noted is considerable irregularity in action from day to day This is due, we suppose, to differences in the dispersion of the injections and in the vascularity of the surrounding tissues, so that the precipitate goes into solution and is absorbed at different rates The action of soluble insulin is much more regular from day to day, no doubt because it enters the general circulation so rapidly and completely

It seems clear that the normal secretion and action of insulin is not fully imitated either by the soluble or suspension insulins The probability is (Lawrence and Archer, 1936) that a constant small secretion of insulin from the normal pancreas keeps the endogenous sugar under control while an added intermittent secretion deals with the exogenous sugar absorbed from carbohydrate digestion The steady slow action of zinc protamine insulin imitates the small constant secretion but cannot control hyperglycaemia after much carbohydrate food On the contrary soluble insulin acts strongly and well when given balanced by carbohydrate but because of its evanescent action quickly allows endogenous hyperglycaemia to recur

A combination of the two types of insulin action is needed to turn the severe diabetic into a physiological individual and that has not yet been achieved by any single preparation The next best thing however is to mix soluble and suspension insulin in the correct proportions and give them at one injection, so that the soluble insulin controls the post prandial hyperglycaemia while the suspension insulin comes into action later in the day and keeps the blood sugar normal throughout the night So far a mixture of soluble and suspension insulin in one bottle has not been produced, but we have satisfied ourselves by clinical experiments that soluble and suspension insulin can be given in the same syringe and injected into the same place and each retains its characteristic action (see table)

Time	Case I Blood Sugar (mg per 100 c cm blood)		Case II Blood Sugar (mg per 100 c cm blood)		
8 a m	82	116	272	274	347
10 a m	117	209			
Noon	92	209	126	187	333
2 p m			183	150	
4 p m	81		228	88	
Insulin given 8 a m	20 units soluble + 30 units zinc protamine insulin	30 units zinc protamine insulin	30 units soluble insulin	30 units soluble + 30 units zinc protamine insulin	30 units zinc protamine insulin

Breakfast 9 a m 50 grammes carbohydrate lunch 1 p m 30 grammes carbohydrate

Clinical Use of Zinc Protamine Insulin

We are convinced that zinc protamine insulin has passed the experimental stages and is ready for therapeutic application We are sure that one injection a day will maintain all but the most exceptionally severe diabetics in good health, but we are equally certain that we have not had enough experience to lay down hard and fast rules for its prescription We cannot do more than indicate how we have used it and the results we have obtained As with soluble insulin, it is essential to study each case individually to find the optimum dose and diet balance We should like to point out, too, that suggestions which seem sound to us from four months' experience may have to be considerably revised in the light of further studies

With the exception of one patient—who required 500 units a day of soluble insulin and is now stable on 90 units twice a day of zinc protamine insulin—all our patients on zinc protamine have been treated with one injection a day Since the action of suspension insulin is cumulative, three to six days must elapse before the true effect of any constant daily dose can be assessed

The Basal Dose

The first step is to discover what we have called the basal dose of insulin—that which will continue its action for twenty-four hours The correct dose is that which will cause no hypoglycaemia during the night and yet maintain the blood sugar at a normal level before breakfast next morning We have given 30 units before breakfast as a starting dose, and adjusted it up or down according to blood and urine tests

Where fasting blood-sugar estimations are not available two specimens of urine should be taken before breakfast one immediately on waking, to void any sugar which may have entered the bladder soon after bedtime, and a second just before breakfast, to indicate the approximate level of the blood sugar at that time Even when the first specimen contains sugar the second is often sugar-free indicating that the dose of zinc protamine insulin is sufficient to last the twenty four hours If the second specimen contains sugar the dose must be raised If there are any symptoms of hypoglycaemia—sweating palpitations, and trembling between midnight and breakfast—the basal dose is too high and must be reduced We [illegible]

DEATH FOLLOWING BLOOD TRANSFUSION

NOTES ON TWO CASES

BY

T. PYGOTT, M.B., D.P.H.

Late Assistant Resident Medical Officer, Mill Road Infirmary, Liverpool

Dr. N. S. Plummer (1936) has recently drawn the attention of the profession to the danger to life which may occasionally result from the transfusion of a patient with compatible blood. To the five cases he has reported I should like to add two more which have occurred within my own experience.

Case I.

This was a case of aplastic anaemia in which death followed within five minutes of a third transfusion. The patient was a male, aged 42 years, admitted to hospital complaining of increasing pallor and dyspnoea on exertion for one month. There was a past history of syphilis eighteen years before, but the Wassermann had become negative after treatment over a period of two years.

His nutrition was good, though he was extremely pale and anaemic. There was no oedema of the ankles. He gave no history of loss of blood from any source. There was no enlargement of liver, spleen or lymph glands. His pulse was regular and forcible. His heart was not enlarged clinically, and the sounds were regular and of good quality. His blood pressure was 175/95 mm. Hg. His urine contained no excess of urobilin; his icterus index was 5, and his blood Wassermann negative; his blood urea was 30 mg. per 100 c.cm. Examination of the blood on the first day of admission to hospital showed: red blood corpuscles 1,400,000; haemoglobin, 20 per cent.; colour index, 0·7; white blood corpuscles 5,000 per c.mm. A differential count revealed: polymorphonuclear leucocytes, 18 per cent.; small lymphocytes, 80 per cent.; large lymphocytes, 2 per cent. The blood group was II (Moss); the bleeding time half an hour, and the coagulation time five minutes.

He was given 90 grains of ferri et ammon. cit. daily. As he showed no signs of improvement 550 c.cm. of Group II. blood was administered by direct transfusion (Joubert method) on the seventh day after admission. No sequelae resulted. The day after the transfusion the blood count was: red blood corpuscles 1,300,000; haemoglobin 20 per cent.; colour index, 0·7; white blood corpuscles, 6,000 per c.mm.

On the tenth day there was a further direct transfusion of 550 c.cm. of Group II. blood; again no sequelae resulted. On the thirteenth day a blood count showed: red blood corpuscles 860,000; haemoglobin 12 per cent.; colour index 0·7; size of red cells 8·2 μ; white blood corpuscles 4,000 per c.mm.; polymorphs 27 per cent.; small lymphocytes, 69 per cent.; large lymphocytes 4 per cent. Haemorrhages were now to be seen in both fundi and round the margins of the lips. His blood icterus index was 3.

The third and fatal transfusion was on the fourteenth day after admission. It is important to mention that in spite of his low haemoglobin he was quite able to sit up in bed without assistance immediately before the transfusion was begun. As on the two previous occasions the direct method was used. After about 150 c.cm. of blood had been transfused he became increasingly restless. This restlessness had been observed on the two previous occasions at about the same stage of the operation but had passed off after a pause had been made. The operation was accordingly suspended for a minute or so and then encouraged by a slight improvement in the patient's condition a further 50 c.cm. of blood was introduced, making a total of 200 c.cm.

His condition was now alarming: respirations were becoming rapidly intermittent; his pupils were starting to dilate; the pulse was absent at the wrist and the heart sounds were faint. Intracardiac stimulants (adrenaline and strychnine) were of no avail, and death occurred within five minutes of the end of the operation.

Each transfusion was from a different donor, who was carefully grouped and whose blood was directly tested with that of the patient before each transfusion was started. Post mortem examination showed no abnormal changes in the lungs. The heart muscle was pale but otherwise normal, and there was no clot in either branch of the pulmonary artery. The spleen was normal in size. The kidneys were large (right 8 oz., left 11 oz.), and showed a mixture of chronic interstitial nephritis and toxic changes; microscopically there was extensive tubular damage and fibroid glomeruli.

Case II.

This was a case of pernicious anaemia in which death followed five hours after the first transfusion. The patient was a male aged 50 years. He was a typical case of pernicious anaemia, with early subacute combined degeneration of the spinal cord. He gave a history of increasing breathlessness on effort, tingling and numbness in the hands and feet, and loss of energy, but no loss of weight.

He was fairly well nourished, but anaemic, and his skin and conjunctivae had a subicteric tinge. His peripheral arteries were moderately sclerotic and his heart sounds were regular, but of only fair quality. His blood pressure was 125/75 mm. Hg. Examination of the chest revealed a mild generalized bronchitis. The only abnormalities found in the central nervous system were slight nystagmus, absent abdominal jerks, bilateral extensor plantar responses, and absent vibration sense in both legs.

His urine contained a trace of albumin but no excess of urobilin. No occult blood was found in the faeces. A fractional test meal showed a complete achlorhydria with no delay in emptying of the stomach. His blood Wassermann was negative, Group IV (Moss) and his blood count was: red blood corpuscles, 1,250,000; haemoglobin, 25 per cent.; colour index, 1; average size of corpuscle 8 μ; white blood corpuscles 2,500 per c.mm. A differential count showed: polymorphs 54 per cent.; small lymphocytes, 42 per cent.; large lymphocytes, 4 per cent.; nucleated red cells present in fair numbers. A urea clearance test gave the following results:

Blood urea at the end of the first hour, 85 mg. per 100 c.cm.
Concentration, 2·1 per cent.
Clearance, 29 c.cm.

That is, there was evidence of very definite renal damage.

He was given 5 c.cm. of campolon daily intramuscularly. It was thought that perhaps his improvement might be hastened by a transfusion. Accordingly, on the fourth day after admission he was given 550 c.cm. of Group IV. blood by the indirect (citrate) method. A transfusion service donor who had given blood on several previous occasions was used and the patient's and donor's blood were perfectly compatible when mixed directly before the transfusion.

There was no immediate reaction of any kind, but one hour later the patient complained of feeling cold and had a rise. He was given hot drinks, and he settled down again with no further complaints until four hours after the transfusion when he suddenly collapsed and went into a coma with cyanosis, dyspnoea, and a feeble pulse. His chest was then full of bubbling rales, and he died an hour later.

At necropsy the lungs were found to be oedematous. The heart was slightly dilated and its muscle was very flabby and showed a typical thrush breast appearance. There was a moderately severe degree of chronic interstitial nephritis. No other abnormalities were found, and no evidence of pulmonary embolism or clot formation in any of the larger vessels was demonstrated.

Classification.

While these deaths following transfusion are not common, they are nevertheless disturbing. It would therefore be as well to consider in a general way the groups of conditions in which a transfusion may be thought a reasonable adjunct to other therapy, and at the same time to classify the fatalities in the same way.

found in many cases this basal dose to be 20 to 30 units, in the more severe, 30 to 50 units

In the course of establishing the patient on the basal dose of zinc protamine insulin it becomes apparent to which type of diabetic he belongs The milder insulin case remains sugar-free throughout most of the day on his basal dose of suspension insulin Sometimes there is slight hyperglycaemia in the early forenoon, a time when the injection of the previous day is exhausted and that of the same day not established Fig 1 shows a series of blood sugar estimations on such a case throughout the day

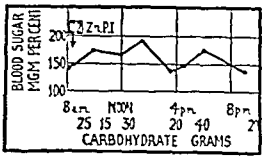


FIG 1—Blood sugar curve after twenty one days on zinc protamine insulin

The Addition of Soluble Insulin

The severe type of diabetic cannot be kept well controlled throughout the twenty four hours by a single dose of suspension insulin in the morning, and tends to pass large amounts of sugar, but not acetone bodies, after each meal This cannot be overcome by increasing the basal dose, because hypoglycaemia is certain to appear between bedtime and breakfast It can be mitigated by cutting down breakfast and lunch carbohydrate to a very low level, but this is undesirable and the patients naturally dislike it The obvious treatment is to give soluble insulin along with the basal dose of zinc protamine insulin and fortunately we have found that they can be mixed in one syringe and injected together, and yet retain their separate qualities of action (see table and Fig 2)

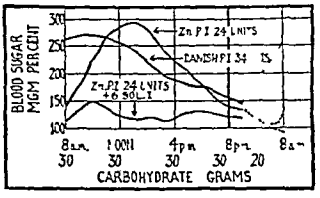


FIG 2 shows the effect of different insulins given at 8 a.m. Zinc protamine insulin 24 units acts longer than Danish protamine insulin 34 units but controls the day's carbohydrate food poorly The addition of soluble insulin rectifies this

If the urine is sugar free before breakfast a mixed dose should be administered almost immediately before food, as a longer interval may result in hypoglycaemia before the carbohydrate is absorbed Another plan we have tried is to inject the basal dose at bedtime instead of before breakfast In this way its minimum action coincides with the hours of sleep and its maximum with the intake of the day's food This has worked satisfactorily in six patients one patient had slight hypoglycaemia at 5 a.m. on a dose of 30 units at 10 p.m. When finally stabilized her basal dose proved to be 14 units The blood sugar is generally controlled for about eighteen to twenty hours, but the evening's carbohydrate meals lead to heavy glycosuria We think that most patients will be better controlled when given suspension insulin before breakfast rather than at bedtime When it is necessary to add soluble insulin to the basal dose this must be taken before breakfast, the mixed dose administered at night would certainly result in hypoglycaemia

Diet and its Arrangement

It has become the general practice to allow liberal amounts of carbohydrate in the diet of diabetics on insulin Diets containing 120 to 200 grammes of carbohydrate can be tolerated very satisfactorily on zinc protamine insulin, but the carbohydrate distribution must be carefully arranged It is customary with soluble insulin to order most carbohydrate at the two meals which follow the morning and evening injections 150 grammes (g) being taken as

Insulin Insulin
↓ Breakfast 50 g Lunch 30 g Tea 20 g ↓ Dinner 50 g

The action of a basal dose of zinc protamine insulin is slow in beginning gathers strength, acts for twenty-four hours, and may produce hypoglycaemia any time when no carbohydrate has been taken for three to five hours Therefore the carbohydrate must be spread throughout the day in smaller and more frequent feeds than were advised before We consider an afternoon tea and a bedtime feed essential to prevent hypoglycaemia A suitable arrangement of 150 grammes would be

Insulin
↓ Breakfast 30 g Lunch 30 g Tea 30 g Dinner 40 g
Bedtime 20 g

In severe cases, where soluble is added to suspension insulin, more carbohydrate should be given at breakfast time—for example, 50 grammes instead of 30 grammes Variations in the amount of carbohydrate at each meal should be made in each individual case to strike the best balance between glycosuria and hypoglycaemia

Hypoglycaemia

Soluble insulin exerts its main effect from three to six hours after injection and therefore its overdoses occur between these times The onset of hypoglycaemia from zinc protamine insulin is quite different, coming much later in the day Both have a later hypoglycaemic action when administered in large doses We have found that 15 to 25 units of zinc protamine insulin act most strongly eight to twelve hours after injection, a morning dose causing hypoglycaemia before tea or before dinner while 25 to 30 units act most strongly fourteen to twenty two hours after injection, causing hypoglycaemia during the early hours of the morning or even just before breakfast next day

Hypoglycaemia is more subtle in onset and on the whole subjective symptoms are less severe than with soluble insulin but we believe that the sense of security produced by these observations is a false one Preliminary symptoms of shakiness sweating and palpitation usually ascribed to an adrenaline reaction may be absent when the blood sugar is 40 to 60 mg per 100 c.cm. of blood On the few occasions that we have been able to take blood for sugar estimation when symptoms of hypoglycaemia were actually present, the blood sugar has been exceedingly low It was noticed that a patient was sweating and trembling a little when blood was taken from his ear one evening He said he noticed nothing himself except feeling rather cold The blood sugar concentration was 39 mg per 100 c.cm. of blood Thus the patient is liable to develop severe hypoglycaemic symptoms without warning This has happened to four of our patients at home, although never under hospital conditions The new treatment of these four was being worked out without admission to hospital, because this had seemed justifiable in view of their knowledge and experience as trained

The first big group of conditions for which blood transfusion is used universally is in the treatment of acute blood loss from any source If reference is made to the fatalities it is clearly seen that not one of them falls into this group Further I think it is generally agreed that transfusion in these conditions is never followed by any reaction to which death could be directly attributed Blood transfusion is employed so often in these cases, especially by the obstetrician, that had this not been so I feel sure that we should have found many more cases reported in the literature

In another large group the object of the transfusion is not to replace actual blood loss, but to stimulate blood formation The various anaemias both primary and secondary, obviously fall into this group Fatalities reported belonging to this group are (*a*) Plummer's Cases I to IV inclusive, (*b*) Carrington and Lee's case (1923), (*c*) both my cases

A third group of conditions consists of those in which the object is to stimulate the body's reaction to infection or toxaemia, either acute or chronic Case V in Dr Plummer's series falls into this group

Let us now consider the differences between the cases of the first large group and those of the second and third groups In the first group we have a perfectly normal cardiovascular system deprived of blood If we replace the blood lost the patient other factors being equal is in no worse state than he was before the onset of his haemorrhage In the second and third groups we have a cardiovascular system which has been injured to a greater or less degree, by a deficient oxygen supply over a long period or by toxaemia or by both in conjunction, here the amount of humoral fluid is at least normal To this system we add a strain in the shape of an increase in blood volume, and thus place an extra load upon an organ which is already relatively inefficient Fortunately the cardiac reserve is large enough to meet the demand in most cases and nothing happens, but in a few it is not, and even death may result

Possible Methods of Prevention

How then, may this strain be avoided? One practical suggestion is that before transfusion in these cases venesection should be performed, and only the same volume of blood transfused as has been removed The only possible alternative is to resort to frequent small transfusions which are often a nuisance to both patient and doctor and are naturally of very much less therapeutic value

In considering certain factors which are common to all three groups, anaphylaxis at once comes to mind This might suggest that it plays perhaps a smaller part in producing a fatal issue than that which Dr Plummer would accord it May I add in conclusion that it is my experience of direct transfusion that by increasing the rate of transfusion, especially after about 150 c.cm of blood has been given, it is possible to produce in almost any patient a fit of severe coughing, which rapidly ceases if the transfusion is stopped for a moment or two, and does not as a rule return even when the rate of transfusion is increased again I think this may be ascribed to a temporary over distension of the right auricle and until the distension of the auricles is equalized via the pulmonary circulation a certain amount of hold up on the right side of the heart results Once the cardiac output has been increased the constant addition of blood does not produce any significant effect upon the action of a normal heart

Towards the end of a moderately large direct transfusion it is quite common for the patient to complain of backache and to become somewhat restless, whether this is in some way connected with the accommodation of the added blood by the splanchnic circulation would be a difficult point to settle, it is certainly quite different in character from the early severe pain in the back associated with the transfusion of incompatible blood

Summary

1 Two cases of death resulting directly from transfusion with compatible blood are reported

2 The importance of recognizing the causes at work in producing possible fatalities is stressed

3 The mechanical rather than the anaphylactoid element is regarded as being the more important in their causation

4 It is suggested that a venesection might be performed before transfusion in certain cases

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Clinical Memoranda

Gastric Perforation in a Tabetic

In acute abdomens' pain is usually the presenting symptom and its absence may have disastrous results I have been urged to publish the following case on account of its rarity and interest

CASE RECORD

I was called a short time ago to see a man aged 40 previously unknown to me who complained of vomiting and diarrhoea The onset had been acute the evening before following a motor cycle ride which had resulted in his becoming wet and thoroughly chilled No article of diet could be incriminated and there was no history of previous gastric trouble When seen he was sitting up in bed quite cheerful not obviously very ill and with no abdominal pain His temperature was 99 F pulse rate 84 The tongue was slightly furred the abdomen tender but not more so than one would have expected in a case of gastro enteritis of this degree nor was there more than slight rigidity The vomitus and faeces had not been kept the former had consisted at first of food and later of green bile, the faeces were liquid and pale He complained of pain increasing in severity across the back of his neck and shoulders

I diagnosed gastro enteritis aggravated and possibly caused by the chilling and fibrositis in the region of the trapezii from the same cause I decided not to give a purgative but prescribed a bismuth mixture and liniment The next day his general condition and physical signs were about the same except that the temperature was 102 F the pulse rate 96 Vomiting had ceased but the diarrhoea persisted The pain in the neck and shoulders was worse The day after that he appeared for the first time obviously ill He was collapsed blue and sweating with a temperature of 97 F and pulse rate 120 there was still no abdominal pain but the neck and shoulder pain persisted I had him removed to the Buchanan Hospital St Leonards where he was seen by Mr J A Kerr F.R.C.S. who confirmed the physical signs and advised continuation of medical treatment The man's condition grew rapidly worse however and he died the following day

Necropsy showed to our astonishment perforation of a large gastric ulcer on the lesser curvature of the stomach with of course generalized peritonitis In course of time the man's panel record card was forwarded to me I then found out that (as I had tentatively suggested after the

diabetics The experience has warned us against changes to the new insulin except under close observation The possibility of severe hypoglycaemia is certainly not eliminated with suspension insulin

Beginning Treatment in New and Old Cases

It must be remembered that zinc protamine insulin is slow in coming into action, and a constant dose does not show its full cumulative effect for three to six days It is advisable, therefore, at the beginning to prescribe soluble insulin as well—at all events if we wish to assess the final dosage quickly in hospital or a nursing home

In new untreated cases loaded with sugar and acetone we give a moderate dose of soluble insulin, 10 to 20 units, either before the evening meal or with the morning basal dose of 30 units of zinc protamine insulin, and sometimes in severe cases at both times to bring the sugar quickly under control These added doses of soluble insulin are diminished in two to four days, when the full effect of the basal dose is established Soluble insulin is omitted altogether in the milder cases, but will be necessary permanently in the more severe types, and is administered in the morning to assist the basal dose of suspension insulin

In transferring old insulin cases to one dose of zinc protamine insulin the continuation of some soluble insulin for two or three days is necessary if a heavy relapse of sugar is to be avoided Usually we try as a basal dose three quarters of the previous total dose of soluble insulin, seldom more than 40 units, with the addition of half the previous morning dose of soluble insulin The latter addition will gradually be adjusted, reduced, or omitted as the basal dose comes into full action We must repeat, however, that every case should be watched closely at this stage and judged by the results of urine and blood tests With our meagre experience we cannot lay down any definite rules for making the change quickly which may not either produce unnecessary hypoglycaemia or allow too severe a relapse in the diabetes We feel, and experiences from America agree, that the change in severe insulin cases should be made under close observation to avoid danger and to get the best results

Comparative Dosage of New and Old Insulin

When large doses of soluble insulin are given to severe diabetics much is wasted either by destruction in the tissues or more probably by excretion in the urine The wastage of the slowly absorbed suspension insulin is much less The basal dose is likely to be at most only some 75 per cent of the total previous insulin dosage, sometimes we have found it considerably less The addition of small amounts of soluble insulin necessary in some cases is still likely to leave the total number of units less in the new than in the old treatment We have had to use far smaller doses of zinc protamine insulin than of Leo insulin retard in cases which we tried to control on one big morning dose alone

Insulin in Diabetic Coma

Urgent clinical ketosis demands rapid insulin action, and for this reason soluble insulin is often given intravenously to patients in diabetic coma Whether zinc protamine insulin intravenously is as efficacious we do not yet know until this is established the old methods of treatment must stand as best

We have found that zinc protamine insulin is very useful in the treatment of diabetic coma when injected subcutaneously in addition to intravenous or subcutaneous soluble insulin The suspension insulin administered at the beginning of treatment comes into action six or eight hours later, maintaining, by checking any recurrence of hyperglycaemia, the improvement already secured by the soluble insulin

General Observations

New severe cases stabilized on one injection daily of zinc protamine insulin show the same marked clinical improvement as similar cases treated with several injections daily of soluble insulin Ketosis and all acute symptoms of diabetes disappear within two or three days, glycosuria and hyperglycaemia more slowly The usual rapid gain in weight of four to ten pounds is seen in the first week, and energy and health are rapidly restored Those who wish it return to their ordinary life and full occupation in two to three weeks As has been the case before, such newly treated diabetics gain considerable carbohydrate tolerance, and the insulin can be reduced in the following weeks

A striking feature is complete absence of ketosis throughout the twenty-four hours, much more complete than we have ever obtained by three doses of soluble insulin in severe cases of diabetes Even during the period of hyperglycaemia and glycosuria after a meal there is no recurrence of ketonuria as judged by the sensitive nitroprusside test It appears that the worst defect of diabetes the endogenous production of new sugar and acetone bodies, is incomparably better controlled than ever before

Exercise raises important considerations in the use of the new insulin It is well recognized that unusual exercise makes diabetics on soluble insulin more liable to hypoglycaemia, but this is limited to the time of its maximum action, which can be foreseen and avoided Suspension insulin, however, with its prolonged action will make unusual exercise apt to produce hypoglycaemia at almost any time of the day and this should be prevented by giving extra carbohydrate before or during exercise This is more rational than a reduction of the basal dose, because an adequate reduction of the latter would permit recurrent hyperglycaemia next morning So far we have had no difficulties with patients leading an active life, one being a strenuous engineer mechanic and another playing football one afternoon every week

As usual, new cases coming for treatment soon after onset respond best and are most easily managed Severe diabetics who have already received soluble insulin over a long period require close study during the change over to zinc protamine insulin In two such cases treated as out-patients the new treatment had to be stopped on account of irregular action of suspension insulin which allowed heavy glycosuria on some days and severe hypoglycaemia on others for no obvious reason

We would hesitate to change to suspension insulin the large number of patients who are well controlled in perfect health and do not mind two injections a day of the soluble insulin This applies especially to those whose conditions of life are very irregular, as they would be exposed to the danger of hypoglycaemia whenever they missed a carbohydrate meal necessary to balance the late action of zinc protamine insulin We would remind readers of the irregularity of action from day to day which zinc protamine insulin as well as Danish protamine insulin shows when compared with soluble insulin Of any one day tests which are better or worse than the average may be obtained, and caution in raising or lowering the basal dose on one day's testing should be observed

From what we have seen of the long action of zinc protamine insulin it seems unlikely that a still longer

necropsy) he had suffered from tabes dorsalis, having completed a course of treatment nine months before.

This case affords an interesting illustration of the separate phrenic nerve supply of the diaphragmatic peritoneum, while from the clinical aspect two points call for comment.

1. In the absence of abdominal pain and rigidity a tabetic (even when known to be such) runs a grave risk of misdiagnosis should an intra-abdominal disaster occur.

2. The condition of shock found in cases of perforated gastric ulcer would seem to be due in the early stage almost entirely to the pain, and only later to toxæmia.

St. Leonards-on-Sea C. M. CARR, M.B., B.Chir.

Recurrent Idiopathic Herpes Zoster

A retired educationist, aged 66, came to see me on January 14 with the remains of an eruption of herpes zoster occupying the seventh dorsal segment on the right side.

CASE REPORT

The eruption had appeared about a fortnight previously and was preceded and attended by a considerable degree of pain. When seen by me there were a few excoriated areas left by blisters, the distribution of these being in three principal parts of the segment—the anterior, lateral and posterior areas described by Head. The patient felt "ill" but was able to go about throughout the attack and at the time of his visit all the symptoms were definitely diminishing, and the herpes zoster was clearly running a normal course.

No history of varicella or of herpes zoster in other persons in his family was obtainable, either before or after the attack was noticed. The patient is a remarkably healthy man and at no time in his life has he had arsenical treatment.

Upon stripping the patient it was at once obvious that there had been a previous eruption of herpes zoster occupying the seventh left dorsal segment—that is to say, at precisely the same level as the present attack but on the opposite side of the body. The scars left by the previous eruption indicated a much more severe attack than the present one, and their distribution again obtained a maximal measure in the three areas anterior, lateral and posterior. The character and distribution of the scars left no possible doubt as to their causation and the patient stated that he had had a very severe attack of the same nature as the present only much more painful and prolonged in the spring of 1915. He further volunteered the interesting information that his mother, on the occasion of the attack in 1915, assured him that he had had a similar attack at the age of 4 years, but the patient could not give any further information as to the position of this earlier eruption nor were there any scars to indicate its distribution.

COMMENTARY

In recording instances of recurrence as idiopathic herpes zoster the most meticulous care must be taken to avoid (1) confusion of the eruption with herpes simplex, a common mistake, (2) confusion with traumatic herpes and (3) confusion with arsenical herpes. By idiopathic herpes zoster I mean the condition described by Head in his classical paper (*Brain*, 1900) as "an acute specific disease of the nervous system," which indeed he compared with what he called the "exactly analogous disease," acute anterior poliomyelitis. He wrote:

> Some agent of the nature of which we are ignorant chooses the substance of the posterior root ganglion for its selective activity, producing profound inflammatory changes. These destructive changes in the ganglion produce irritation of its nerve elements, and to this irritation is due the eruption on the skin.

Head differentiated this primary type from others in the following terms:

> It is interesting to find that acute inflammation of a posterior root ganglion, due to its implication in some local inflammatory process, can apparently produce an herpetic eruption indistinguishable from an eruption which arises as a manifestation of the acute specific disease."

In this category are to be placed the cases resulting from the use of arsenical preparations producing a type of eruption indistinguishable from idiopathic herpes zoster but clearly to be differentiated from it. Herpes of this causation is not infrequently recurrent.

It is important to avoid acceptance of any but the most positive evidence of the previous attack, evidence such as is afforded by the presence of the characteristic distribution of scars being much more convincing than any statement made by the patient. When a proper measure of care in investigation is taken a recurrent idiopathic herpes zoster is found to be extremely rare, and therefore I record this case. In a long experience I can recall only one other personal observation, which occurred in a medical man whom I saw with an active eruption of idiopathic herpes zoster at the age of 50. I was able to identify scars of a previous attack upon the other side of the body, and not at the same level, which the patient dated as having occurred when he was 10 years of age. I have met with no record of a recurrent attack at the same level upon the opposite side of the body, but simultaneous bilateral eruptions at the same segmental level have been noted. They have been observed chiefly in association with severe injury or disease involving the whole thickness of the spinal cord and consequently such cases have been generally fatal, thus confirming the widely entertained popular belief that "shingles which meets round the body portends death." Cases of non-fatal traumatic herpes may show frequent recurrence as in the following instance. A friend and colleague of mine, while an undergraduate at Cambridge, fractured one of the upper cervical vertebræ, after a long illness he recovered completely from the injury but from time to time throughout his life he was subject to herpetic eruptions attributable to recurrent inflammations, accompanied by pain, at the site of injury.

London, W.1 E. GRAHAM LITTLE.

Paralysis of Accommodation as the Result of Internal Administration of Stramonium

The following note of a case may prove interesting to general practitioners as well as to ophthalmic surgeons. Tincture of stramonium contains small amounts of atropine and hyoscine.

A girl aged 13, an in-patient at University College Hospital with asthma and bronchitis, was referred to the ophthalmic department on October 29, 1936, complaining of difficulty when reading. The pupils were moderately large, and their reaction to direct light not very brisk. New glasses had been provided from an outside source in July 1936. The right vision with glass was 6/9, left vision with glass 6/9. With glasses she was able to read small print at eighteen inches but not at fourteen inches distance.

On inquiry it was found that this patient had been taking a mixture containing potassium iodide 4 grains, tinct. stramon. 20 minims, spt. lobeliæ æth. 10 minims, syrup of tolu and aq. chlorof. three times daily from October 17—that is for a period of twelve days.

On November 2 she was able to read Jaeger 6 with no difficulty at twenty-four inches and not nearer with her glasses. The distance vision was as before and no additional plus minus sphere was accepted by either eye. On November 9 the pupils were smaller and she could read with either eye with her glasses Jaeger 1, at as short a distance as five inches—after having been without the medicine for three days.

London, W. HUMPHREY NLAME, L.R.C.S.

acting insulin—to be injected, let us suppose, once a week—could ever be successful: it would cause hypoglycaemia every night, and the patient's condition would be comparable to the rare syndrome of spontaneous hypoglycaemia. It is clear that the basal dose must be "tailing off" in strength of action at night.

Summary

1 The chemical nature and physiological action of zinc protamine insulin is described.

2 We have used it as one dose a day, from 16 to 50 units, in forty-two insulin patients of all grades of severity. In all cases the urine passed twenty-four hours afterwards can be made sugar-free and the blood sugar normal or nearly so. In many severe cases hyperglycaemia and glycosuria after carbohydrate meals, especially breakfast, cannot be controlled by such a dose of zinc protamine insulin alone, but can be better regulated by the addition of a suitable dose of soluble insulin injected in the same syringe.

3 The adjustment of diet, the dosage of insulin, and the possibility and prevention of hypoglycaemia are discussed. We consider that careful study of each case is essential.

4 We conclude, so far as our limited experience goes, that most severe diabetes can be well controlled and the patient maintained in excellent health by one injection a day, either of zinc protamine insulin suspension alone or with the addition of some soluble insulin. The initial stages of such treatment should be carried out under close observation.

We wish to thank our patients for their keen co-operation and the nursing staff and the dietetic and laboratory staff in our department for loyal assistance in the extra work which these studies have required. We are indebted to Professor Best of Toronto for our first supply of zinc protamine insulin and to Messrs. Boots Pure Drug Co. Ltd. who have supplied large quantities free since November 1936.

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M. Schubert (*Derm. Wschr.* December 19, 1936, p. 1653) believes with Miescher, Musger, and Kogoj that lichen sclerosus atrophicans represents an idiopathic affection having the following characteristics: some spots are rounded or polygonal, of irregular but well-defined outlines. Their colour is bluish white. They are either of the same level as the surrounding skin or slightly prominent or inversely slightly sunk. The surrounding skin is not red, but may show a slightly pigmented ring. Some of the spots develop into verrucous foci of grey brownish colour with more or less extensive whitish margins. Small spots may coalesce to form large irregular but well-delimited foci of the colour of porcelain. There are also sunk smooth white, rounded scars with fine telangiectases. The affection can be distinguished both clinically and histologically from lichen ruber planus and from the circumscribed sclerodermia although there are transitional forms between lichen sclerosus atrophicans and the last-named two affections. The author prefers to call the disease "lichen sclerosus atrophicans" rather than "white spot disease" (Weissfleckenkrankheit).

THE NOCIFENSOR SYSTEM OF NERVES AND ITS REACTIONS*

BY

SIR THOMAS LEWIS, M.D., F.R.C.P., F.R.S.

Physician to University College Hospital, London

LECTURE II

The three reactions described in the first lecture were all discovered by observations carried out exclusively upon human subjects. The fourth, to which I now come, was first described in animals, and has been submitted to close experimental investigation in these.

4. The "Antidromic" Flush

The first definite statement of vasodilator nerves in the posterior roots was made by Stricker in 1876. But his observations remained unaccepted until Bayliss's careful experiments were recorded in 1901. Bayliss (1900–2) found that stimulation of the distal ends of the cut posterior roots by current, or mechanically, produces a long-lasting vasodilatation of the limb supplied. He showed that the cell stations of the fibres conducting the impulses to the vessels lie in the posterior root ganglia, for the effect remains after the posterior roots are cut but is lost after the ganglia are excised. He concluded that the fibres concerned are the ordinary sensory afferent fibres of the posterior roots and that vasodilatation of the limb is effected by antidromic conduction, as he called it at Langley's suggestion. Similar vasodilatation can be produced by stimulating the distal ends of nerves to the limbs or cutaneous nerves, and these reactions have been studied by Langley (1923–4) and by myself and others (Lewis and Marvin, 1927), mainly in the cat's paw. Foerster has shown in recent years that reddening of the human skin over appropriate segments occurs when the posterior roots or nerves of the limb running to the skin have been cut and are stimulated distally. In the case of the cat stimulation of a small nerve of the paw flushes the bare surfaces of those pads which the particular nerve supplies, and flushes them sharply to a boundary. Langley first observed this, and, adopting my method of identifying active capillary dilatation, found that the flushing is produced even during circulatory arrest. He therefore, and rightly, concluded that the flush is due to capillary rather than to arteriolar dilatation in this animal.

The conception that the vasodilatation is due to antidromic conduction in sensory nerve fibres was grounded upon the contemporary belief that all posterior root fibres are afferent. Several workers (Ranson, Kure, Tower) have since described intact fibres in the spinal ends of the cut posterior roots many days after section. These have been much discussed and have generally been regarded as regenerated from the root ganglion. But Kahr and Sheehan (1933) traced intact fibres in this root after removing the ganglia, and Barron and Matthews (1934–5) have recently supplied some remarkable evidence, both physiological and anatomical, that fibres having their cell stations in the posterior root ganglia pass into the cord and send collaterals out again through neighbouring posterior roots on their way to the periphery. It seems from the observations of Matthews that these fibres normally carry impulses out to the periphery, but if that is so then it is difficult to regard the system of nerves in question as subserving a sensory function. Thus the evidence from this source inclines us to recognize that there are fibres other than sensory in the posterior

* The Hume Lectures, delivered at Newcastle on Tyne, February 4 and 11. Lecture I was published last week.

Reviews

THE EXTRA PHARMACOPOEIA

Martindale's Extra Pharmacopoeia Vol 1 Twenty first edition In two volumes (Pp 1182 27s 6d) London The Pharmaceutical Press 1936

Martindale's *Extra Pharmacopoeia* is so well known to the medical profession that it is unnecessary to give any account of its general scope and purpose The twenty-first edition of the first volume is, however, of special interest because it is the first edition of this part of the work to appear under the management of the Pharmaceutical Society The first *Extra Pharmacopoeia* was produced in 1883 by William Martindale and W Wynn Westcott, these editors died in 1902 and 1925 respectively and W H Martindale, the son of the former, carried on the self imposed duty until his death in 1933, not long after the appearance of the twentieth edition of the first volume in 1932 The task of editing the volume had become more than any one man could manage but fortunately for the medical profession the continuance of this invaluable work of reference was undertaken by the Pharmaceutical Society, who appointed a revision committee with Mr C E Corfield as editor This committee brought out the twentieth edition of the second volume in 1935, and has now produced the twenty-first edition of the first volume

When the *Extra Pharmacopoeia* made its bow in 1883 synthetic drugs were just beginning to invade therapeutics in substantial numbers but ever since that date their numbers have increased by geometrical progression, furthermore the appearance of endocrine and vitamin preparations has helped in swelling the number of substances available for therapeutic use As a result the task of the editors has changed completely half a century ago the essential point was to give an adequate account of all drugs likely to be used by doctors, whilst to-day the problem is how to compress into a pocket volume a reasonable proportion of the material available Perhaps the most significant fact about the present edition is that the editors have succeeded in effecting a small reduction in the number of pages In view of the quantity of new drugs and preparations that have emerged in the last five years this is a notable achievement The preface states that the whole of the material has been examined exhaustively with the object of removing matter of little or no value and perusal of the volume shows that a drastic revision has in fact been made The subject-matter has been largely rearranged and reclassified and one useful change is the abolition of the supplementary list of drugs, which had shown a tendency to degenerate into something like a rubbish heap We note also that a thorough weeding of the references has been effected

The essential feature of a volume of this kind is that it should give an up to date and impartial account of the properties of important new drugs Examination of the text shows that it contains good accounts of all important new drugs even when these have only appeared during the past year For example more than a page is devoted both to protamine insulinate and to prontosil Examples of other advances made in the last five years which are described are mandelic acid stebrin musonate ergometrine evipan and a number of new hormones and vitamin preparations

There can be no doubt that the *Extra Pharmacopoeia* is becoming of more and more importance to the medical profession The rate of progress in therapeutics has quickened greatly in recent years and hence information about recent preparations is more necessary At the same time the mere number of new preparations and still more the number of new proprietary names makes some encyclopaedic work of reference essential The impartiality of the *Extra Pharmacopoeia* is also an important feature There is no need to enlarge on the peculiar difficulties which commercial enterprise in the sale of drugs presents to the medical profession Every doctor is deluged with a flood of advertisements by post, which range from accounts of important new therapeutic advances to endeavours to promote the sale of worthless rubbish No practising doctor has the time to hunt through the polyglot original literature which indeed varies in quality almost as widely as do the advertisements The *Extra Pharmacopoeia* provides an exhaustive and unbiased account of the status of these preparations, and for this reason will be found invaluable by the medical profession

CLINICAL ENDOCRINOLOGY

Endocrinology in Modern Practice By William Wolf M D M S Ph D (Pp 1018, 235 figures 42s net) Philadelphia and London W B Saunders Company 1936

So many books have appeared of recent years on the subject of endocrinology that the practitioner would naturally wish to know what are the special features of Dr William Wolf's *Endocrinology in Modern Practice* We would select two The first is the careful tabular summaries at the end of each section, from which the reader can quickly gather the physiology and pathology characteristic of each endocrine gland and can then refer back to the more detailed account of the particular point in which he is interested The second is perhaps more individual about 180 pages are devoted to the endocrine aspects of 'non endocrine' diseases, which should be a valuable guide to determining whether the condition with which the practitioner is faced is primarily due to a disorder of the endocrine system or whether it is merely incidental to a more general disease In these days of specialism this should serve as a useful corrective to an uncritical tendency to force the clinical picture to conform to preconceived ideas

The section on diagnosis is constructed on a practical plan with a suggested order of examination and an interpretation of the value of laboratory findings We would specially call attention to the chapter on bone development Not many of us can carry in our memories the dates of the appearance of centres of ossification or of epiphyseal junctions The series of skiagrams illustrating such facts form a valuable picture gallery for ready reference Delay or undue acceleration in these processes can thus be easily detected

There are a few points of detail which call for emendation in any subsequent edition The association of the pituitary sex hormone with the basophil cells is by no means so generally accepted as one would gather from this book and we failed to find any reference to Crookes's work on the hyaline change in these cells which occurs whatever other endocrine structure is involved in Cushing's syndrome It is not clear whether the author regards gastrin as an independent substance or merely identical with histamine, as is now generally thought Antihormones are not the same thing as chalones Sharpey Schafer introduced the latter term for a hormone which exerted a relaxing or inhibitory action Thus adrenaline is a hormone to the plain muscle of the blood vessels but a chalone to the plain muscle of the intestine This is not

diabetics The experience has warned us against changes to the new insulin except under close observation The possibility of severe hypoglycaemia is certainly not eliminated with suspension insulin

Beginning Treatment in New and Old Cases

It must be remembered that zinc protamine insulin is slow in coming into action, and a constant dose does not show its full cumulative effect for three to six days It is advisable, therefore, at the beginning to prescribe soluble insulin as well—at all events if we wish to assess the final dosage quickly in hospital or a nursing home

In new untreated cases loaded with sugar and acetone we give a moderate dose of soluble insulin, 10 to 20 units, either before the evening meal or with the morning basal dose of 30 units of zinc protamine insulin, and sometimes in severe cases at both times to bring the sugar quickly under control These added doses of soluble insulin are diminished in two to four days, when the full effect of the basal dose is established Soluble insulin is omitted altogether in the milder cases, but will be necessary permanently in the more severe types and is administered in the morning to assist the basal dose of suspension insulin

In transferring old insulin cases to one dose of zinc protamine insulin the continuation of some soluble insulin for two or three days is necessary if a heavy relapse of sugar is to be avoided Usually we try as a basal dose three quarters of the previous total dose of soluble insulin, seldom more than 40 units, with the addition of half the previous morning dose of soluble insulin The latter addition will gradually be adjusted, reduced, or omitted as the basal dose comes into full action We must repeat, however that every case should be watched closely at this stage and judged by the results of urine and blood tests With our meagre experience we cannot lay down any definite rules for making the change quickly which may not either produce unnecessary hypoglycaemia or allow too severe a relapse in the diabetes We feel, and experiences from America agree that the change in severe insulin cases should be made under close observation to avoid danger and to get the best results

Comparative Dosage of New and Old Insulin

When large doses of soluble insulin are given to severe diabetics much is wasted, either by destruction in the tissues or more probably by excretion in the urine The wastage of the slowly absorbed suspension insulin is much less The basal dose is likely to be at most only some 75 per cent of the total previous insulin dosage, sometimes we have found it considerably less The addition of small amounts of soluble insulin necessary in some cases is still likely to leave the total number of units less in the new than in the old treatment We have had to use far smaller doses of zinc protamine insulin than of Leo insulin retard in cases which we tried to control on one big morning dose alone

Insulin in Diabetic Coma

Urgent clinical ketosis demands rapid insulin action, and for this reason soluble insulin is often given intravenously to patients in diabetic coma Whether zinc protamine insulin intravenously is as efficacious we do not yet know until this is established the old methods of treatment must stand as best

We have found that zinc protamine insulin is very useful in the treatment of diabetic coma when injected subcutaneously in addition to intravenous or subcutaneous soluble insulin The suspension insulin administered at the beginning of treatment comes into action six or eight hours later, maintaining, by checking any recurrence of hyperglycaemia, the improvement already secured by the soluble insulin

General Observations

New severe cases stabilized on one injection daily of zinc protamine insulin show the same marked clinical improvement as similar cases treated with several injections daily of soluble insulin Ketosis and all acute symptoms of diabetes disappear within two or three days, glycosuria and hyperglycaemia more slowly The usual rapid gain in weight of four to ten pounds is seen in the first week, and energy and health are rapidly restored Those who wish it return to their ordinary life and full occupation in two to three weeks As has been the case before, such newly treated diabetics gain considerable carbohydrate tolerance, and the insulin can be reduced in the following weeks

A striking feature is complete absence of ketosis throughout the twenty-four hours, much more complete than we have ever obtained by three doses of soluble insulin in severe cases of diabetes Even during the period of hyperglycaemia and glycosuria after a meal there is no recurrence of ketonuria as judged by the sensitive nitroprusside test It appears that the worst defect of diabetes the endogenous production of new sugar and acetone bodies, is incomparably better controlled than ever before

Exercise raises important considerations in the use of the new insulin It is well recognized that unusual exercise makes diabetics on soluble insulin more liable to hypoglycaemia, but this is limited to the time of its maximum action, which can be foreseen and avoided Suspension insulin, however, with its prolonged action will make unusual exercise apt to produce hypoglycaemia at almost any time of the day and this should be prevented by giving extra carbohydrate before or during exercise This is more rational than a reduction of the basal dose, because an adequate reduction of the latter would permit recurrent hyperglycaemia next morning So far we have had no difficulties with patients leading an active life, one being a strenuous engineer mechanic and another playing football one afternoon every week

As usual, new cases coming for treatment soon after onset respond best and are most easily managed Severe diabetics who have already received soluble insulin over a long period require close study during the change over to zinc protamine insulin In two such cases treated as out-patients the new treatment had to be stopped on account of irregular action of suspension insulin which allowed heavy glycosuria on some days and severe hypoglycaemia on others for no obvious reason

We would hesitate to change to suspension insulin the large number of patients who are well controlled in point of health and do not mind two injections a day of the soluble insulin This applies especially to those whose conditions of life are very irregular, as they would be exposed to the danger of hypoglycaemia whenever they missed a carbohydrate meal necessary to balance the long action of zinc protamine insulin We would remind readers of the irregularity of action from day to day which zinc protamine insulin as well as Danish protamine insulin shows when compared with soluble insulin One any one day tests which are better or worse than the average may be obtained, and caution in raising or lowering the basal dose on one day's testing should be observed

From what we have seen of the long action of zinc protamine insulin it seems unlikely that a still long-

the sense in which Collip uses the term antihormone, which, like other antibodies, he regards as produced in answer to the administration of a hormone It is difficult to see why the organism should produce an antibody to one of its own products, and it would appear to limit the usefulness of organotherapy But a discussion of the theory of hormone-antihormone balance would lead us too far afield

ORGANIC CHEMISTRY

Recent Advances in Organic Chemistry By Alfred W Stewart, D Sc Vol II With the addition of Part II by Hugh Graham, D Sc Sixth edition (Pp 519 21s) London Longmans, Green and Co 1936
Reactions of Organic Compounds By Wilfred John Hickinbottom, D Sc, Ph D, F I C (Pp 449 16s) London Longmans, Green and Co 1936
Organic Chemistry for Medical Students By George Barger, D Sc, LL D F R S, M D (Hon) Second edition (Pp 251 10s 6d) London Gurney and Jackson 1936

The second volume of a new edition of Stewart's *Recent Advances in Organic Chemistry* is now before us The speed with which organic chemistry has advanced in its contact with physiology, pathology, and therapeutics has been so rapid in immediately recent times that a very large number of important substances are now well known as to their molecular constitution which but lately were known only by association with their origins or uses Among these may be mentioned the vitamins, the hormones, certain glycosides which exert an influence on the action of the heart, the sterols, and the bile acids The molecular configuration of many of these is now well established, and calls for the attention of all who study the relation of physiological activity to chemical structure It is true that molecular structure does not teach all that could be desired A chapter of the book is printed under the title "Structural Formulæ and their Failings,' but at the present stage of learning this is all that is to be had The new edition contains a supplementary section, written by Dr Graham, describing the most recently completed establishments of chemical constitution in the groups mentioned above The book deals comprehensively with the advances in all other fields of organic chemistry and, besides describing the knowledge established, it gives a readable account of the procedure followed and of the methods used in the attainment of the knowledge The description is accompanied by a discussion of the theories which are either accepted or are tentatively proposed regarding the questions and problems encountered A special chapter of considerable interest deals with theories of the natural synthesis of vital products

Hickinbottom's *Reactions of Organic Compounds* furnishes a general treatment of the subject of organic chemistry, but the treatment is approached from a different side from the ordinary In this book the author's aim has been to give direct assistance to the laboratory worker in problems arising out of analysis as well as synthesis Whereas in the realm of inorganic chemistry this aspect of instruction has from early times been put foremost, it has been largely otherwise in the organic field The cause is no doubt due to the different conditions inherent in the two branches of chemistry and to the difficulties attending any scheme of treatment of organic chemistry which should be comparable with that applied to inorganic All the more credit is therefore owed to Dr Hickinbottom for breaking ground in this direction He has chosen for description on the synthetical side the more exemplary cases gathered from researches in the production of many of the more complex compounds of typical character, including the classical methods which are generally well known and used for substances of simpler constitution He has dealt informatively with the conditions necessary to avoid interference from secondary reactions, and wherever these take a form amenable to control he shows how they may be directed to the accomplishment of another purpose The recognition of organic compounds is treated in an appendix, which provides a scheme for distinguishing identities by the observation of physical properties and by their behaviour in response to a series of general tests which are specific regarding type of constitution

Professor Barger's *Organic Chemistry*, written especially for medical students, was noticed on its first appearance in our issue of June 10, 1932 This is a book well suited to the purpose for which it is intended and we are not surprised that a second edition is called for The opportunity has been taken of making a number of minor alterations and additions, and several of the diagrams have been redrawn The last pages have been rewritten to indicate the enormous advances made recently by organic chemistry in the fields of vitamins and hormones

THE FIELD OF THERAPEUTICS

Traité de Thérapeutique Clinique Three volumes By Paul Savy (Pp 2 716 Broché, 300 fr, cartonnés toile, 360 fr) Paris Masson et Cie 1936

A treatise in three volumes, extending to nearly three thousand pages, professing to cover the entire field of therapeutics, and written by one and the same pen may not unreasonably be described as an event Such is a general description of Professor Paul Savy's book Its details are obviously beyond a reviewer's space but a fairly full consultation of its pages justifies the conclusion that nothing is wanting for anyone who desires to make the subject of therapeutics a matter of earnest and sustained study The book is not a compilation of the views and proposals of various writers, neither has it the properties of a ready-reference dictionary On the contrary, it rests upon the author's personal clinical experience and reflects his considered advice and judgement as these have been formulated and presented under the responsibility of many years of bedside teaching Hence, while the argument is systematic and organized it is alive with the note of personal observation and conviction, and it has the appeal and attraction both of an effective exposition and of literary charm The book is emphatically one to be read rather than regarded as a timely refuge in a difficulty or an emergency, and anyone who treats it in this fashion will not be without his reward

Professor Savy applies the term "therapeutics" in the widest and most comprehensive sense, even surgical proposals and their respective merits are included in his pages and he will not allow that these are entirely a question for his surgical colleagues In part therapeutics means the construction of formulas or prescriptions and these take a due position in the teaching of the several chapters, among their virtues may be mentioned simplicity directness, and removal from the cultivation of polypharmacy, and they are reasoned rather than imposed Altogether Professor Savy's volumes are both an inspiring achievement and a substantial gift to the application of the art of medicine over a wide field Those who read the introduction, entitled "Le Scepticisme en Thérapeutique," will hardly resist the chapters which follow

acting insulin—to be injected, let us suppose, once a week—could ever be successful, it would cause hypoglycaemia every night, and the patient's condition would be comparable to the rare syndrome of spontaneous hypoglycaemia. It is clear that the basal dose must be tailing off" in strength of action at night.

Summary

1 The chemical nature and physiological action of zinc protamine insulin is described.

2 We have used it as one dose a day, from 16 to 50 units, in forty-two insulin patients of all grades of severity. In all cases the urine passed twenty-four hours afterwards can be made sugar-free and the blood sugar normal or nearly so. In many severe cases hyperglycaemia and glycosuria after carbohydrate meals, especially breakfast, cannot be controlled by such a dose of zinc protamine insulin alone, but can be better regulated by the addition of a suitable dose of soluble insulin injected in the same syringe.

3 The adjustment of diet, the dosage of insulin, and the possibility and prevention of hypoglycaemia are discussed. We consider that careful study of each case is essential.

4 We conclude, so far as our limited experience goes, that most severe diabetes can be well controlled and the patient maintained in excellent health by one injection a day, either of zinc protamine insulin suspension alone or with the addition of some soluble insulin. The initial stages of such treatment should be carried out under close observation.

We wish to thank our patients for their keen co-operation and the nursing staff and the dietetic and laboratory staff in our department for loyal assistance in the extra work which these studies have required. We are indebted to Professor Best of Toronto for our first supply of zinc protamine insulin and to Messrs. Boots Pure Drug Co. Ltd. who have supplied large quantities free since November 1936.

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HILAR CHANGES IN "EARLY" TUBERCULOSIS

Rontgenatlas Fruhtuberkuloser Veranderungen im Hilus By Dr R Czarnecki (Pp 98 308 figures RM 24) Leipzig G Thieme 1936

In current practice lateral skiagrams of the chest are as a rule only taken in occasional cases in order to localize tumours of the mediastinum and oesophagus or foreign bodies and to determine alterations in the shape of the heart and vessels Czarnecki of Leipzig has produced an atlas that should do much towards showing the possibilities of this radiological technique in connexion with tuberculosis and particularly in elucidating the problem of the development of the early ' lung lesion in the adult The book is mainly concerned with Ranke's first and second stages of tuberculosis and the author maintains that his work which has embraced the systematic examination of the hila by lateral radiography of every patient under his care since 1926 lends good support to Ranke's conception of the disease

Dr Czarnecki has used throughout a standard technique which he describes and the volume comprises beautifully reproduced skiagrams, some of which represent serial photographs of the same patients over a period of several years The clinician will be specially interested in the hilar changes (many of which are detected only by lateral radiography) associated with obscure mild constitutional symptoms, which are explained by the generalization in Ranke's second stage It must be admitted however that a good deal of experience will probably have to be acquired by the reader before he is able to interpret the finer shadows in the lateral skiagrams with the surety of Dr Czarnecki who himself insists that the whole clinical picture and laboratory aids must be taken into account in arriving at a diagnosis

Notes on Books

In his *Prelude to Chemistry* (G Bell and Sons 12s 6d) Dr JOHN READ, F R S, has conceived the idea of carrying the reader back to the environment of the experimenters of the Middle Ages and beyond and of capturing the spirit in which things were then viewed In the aspect thus presented alchemy was esteemed to be one of the humanities and the experimental researches of those days were prompted by a genuine desire for a knowledge of the truth, and not as is sometimes thought the outcome of a morbid desire for the discovery of treasure or the means of practising imposture Adopting this outlook Read has shown how the old philosophers held their chemistry in much the same esteem as other branches of learning and the cultivated arts The author has made extensive historical researches, which include a number of new observations and has produced a very useful and readable history Its value is greatly enhanced by the inclusion of upwards of a hundred excellent illustrations copied from ancient prints

The transactions of the seventh Scandinavian Medical Congress which was held at Copenhagen from June 27 to 29, 1935 have recently been published in the form of a large supplement to *Acta Medica Scandinavica* Of 101 papers contained in the volume sixty seven are in English twenty four in German and ten in French The principal subjects discussed are functional tests of the heart electrocardiography, various aspects of haematology diabetes mellitus, gastro intestinal diseases and respiratory affections including a paper by Jacobaeus on the surgical treatment of intrathoracic tumours The volume is published at Copenhagen by the Imprimerie Royale Bagge

The third volume of the forty sixth series of *International Clinics* (Lippincott 4 vols quarterly 50s) consists of four unequal parts devoted respectively to surgery medicine, a neurological and pathological conference on a case of carcinoma of the nasopharynx and recent progress in ophthalmology and oto rhino laryngology The surgical section contains four papers dealing respectively with malignant melanoma pilonidal sinus (congenital cyst and sinus in the sacro coccygeal region), and lithopaedion, of which about 177 cases have been recorded between 1582 and 1926 Of the ten papers in the medical section attention may be drawn to those on the differential diagnosis between Hodgkin's disease lymphosarcoma and aleukaemic lymphadenosis the diagnosis and treatment of disorders of micturition in diseases of the nervous system undulant fever, spontaneous hypoglycaemia and the nature and treatment of non organic chronic fatigue in the child A paper on experimental and clinical studies on staphylococcus toxin and antitoxin represents the contribution to ophthalmology and another on suppuration of the petrous pyramid deals with the symptoms and diagnosis of this condition

Preparations and Appliances

A POLARIZING OPHTHALMOSCOPE

Mr J D M CARDELL F R C S, writes

Nearly everyone has experienced the annoyance caused by the corneal reflection of the ophthalmoscope lamp obscuring a part of the fundus which one particularly wants to see This is still more the case when the pupil is small either by reason of past iritis or from the use of eserine in a case of glaucoma Nor is it advisable in the case of many elderly patients to dilate a pupil which is naturally small These considerations and the demonstration by Mr Rugg Gunn in 1926 of his polarizing retinoscope used in the refraction of cases with scarred corneae resulted in the evolution of a polarizing ophthalmoscope and the satisfactory removal of the annoyance *In this I was greatly assisted by the advice* of Mr Keeler

After the instrument had been completed and described at the annual congress of the Ophthalmological Society of the United Kingdom in 1935 I learned that an instrument had been made in 1920 to achieve the same purpose I believe there are not more than one or two such instruments in the country It is a somewhat large piece of apparatus unsuitable for everyday use by means of which the fundus can be viewed by the indirect method It lacks the mobility of the instrument to be described which is used in the same way as an ordinary self luminous ophthalmoscope and which gives a direct non inverted view of the fundus with the usual magnification obtained by that method

Polarized light was discovered in 1669 by Bartholinus who investigated the optical properties of doubly refracting Iceland spar or calcite This crystal shows its power of double refraction when placed over a dot marked on a sheet of paper When viewed from a position vertically over the position of the dot two dots are seen instead of one one corresponds with the position of the dot on the paper and the other is displaced to an amount proportional to the thickness of the crystal (Fig 1) On rotating the crystal still keeping it in contact with the paper the first dot remains stationary and the displaced image rotates round it

This phenomenon was further elucidated in 1690 by Huygens who showed that light passing through calcite was divided into two distinct rays of equal intensity One passed through without refraction and was called the ordinary ray the other the extraordinary ray was deflected but emerged parallel with the first In 1810 Malus found similar peculiarities in the light reflected at particular angles from glass or water The locus of a particle of light is perhaps best illustrated by the figure produced by pulling apart the ends of a wire which has been bent into gentle curves in all

root system, and in this respect it is harmonious with what has been concluded in earlier parts of these lectures Although the posterior root's constitution is being closely re-examined by physiologists, and especially in relation to what has hitherto been called "antidromic" conduction, we do not yet know quite certainly that vasodilatation is ever provoked naturally through posterior root channels, neither are the fibres that give this response to artificial stimulation positively identified

The idea that the vascular dilatation under discussion results from the release of an appropriate substance peripherally was first put forward on a definite basis by Marvin and myself in 1927 Langley apparently first suggested to Bayliss that such a substance may be released, but as there was then no tangible evidence for such release Bayliss considered it unfavourably Langley recorded his idea later (1923), though I have been unable to ascertain what prompted him, unless it was his conclusion that the effect is capillary rather than arteriolar The idea came to Marvin and myself independently when we noticed the long delay in the appearance and disappearance of the vascular reaction in response to short stimulation in cats, for these time relations reminded us of those of the flare in response to local injury We sought for a means of testing the matter crucially and found it in arrest of the circulation, which by holding the released substance in place prolongs the reaction by just that period of time over which the blood flow is arrested This experiment not only gave us evidence of a released substance but showed this substance to be relatively stable We regarded the substance responsible for flushing of the pads of the cat's foot as a histamine-like substance acting upon the minute vessels of the skin A few years later Kibjakow (1931) reported vasodilator substance in blood returning from a paw during distal stimulation of the posterior roots, but his evidence was unconvincing More recently Ungar and his associates (1935) have found similar stimulation to result in increased secretion of hydrochloric acid in the stomach, a well-known effect of introducing histamine into the circulation To these observations, which indicate histamine release, Wybauw (1936) has quite recently added others strongly supporting the view, first inferred by Dale and Gaddum in 1930, that there is a release of another natural vasodilator substance—namely, acetylcholine Thus it becomes possible, if not probable, that there is a twofold release H substance playing upon and directly dilating the capillaries, and acetylcholine acting upon and dilating the arterioles

I emphasize these peculiar effector reactions because they tend in themselves to separate the nerves concerned from the sensory system and to place them in the category of those of the nocifensor system, which are known or are suspected to produce their effects through the intermediary of cutaneous cell products

General Hypothesis of "Nocifensor" Nerve Effects

In earlier parts of these lectures I have described, first, how hyperalgesia spreads around a local injury, and secondly how similar hyperalgesia appears in the territory of a cutaneous nerve stimulated distally Thirdly I have redescribed the chief phenomena of the flare produced around a local injury and fourthly the vasodilatation following distal stimulation of posterior nerve roots or cutaneous nerves

When we view all these four together they appear linked for each reaction of hyperalgesia seems to have its vascular counterpart The two reactions of hyperalgesia clearly employ an identical effector mechanism the third employs the same or a closely related mechanism All these three employ nerves of the posterior root system, but not sensory constituents, the fourth also concerns nerves of the posterior root, but nerves which we have to regard as probably not sensory The term "nocifensor" was first applied to the first two reactions I widen it to include the third reaction, the "flare" This widening of definition means perhaps that we must recognize fibres of separate function within one special system The inclusion of the fourth reaction, despite seeming close linkage, should, I think, still wait on time and further observations It is the least solidly established within the nocifensor group Difficult as it may be to believe that it is not of the same category, some evidence remains which makes its inclusion uncertain When both posterior root vasodilatation and "flare" were thought to depend on sensory nerves, one system for the two reactions was a natural conception, but the identity of the nerves underlying these two reactions has not been proved

Vasodilatation from nerve trunk stimulation in the cat's paw is largely a minute vessel effect, and this is associated with release of a stable vasodilator (histamine-like) substance No evidence has been found that the capillaries play an active part in the flare phenomenon, though it has been sought closely and repeatedly And, consistently, none has been found that stable vasodilator substances are released in the flushed skin, on the other hand, the evidence is opposed to such release* It may be that this difference in the type of vascular reaction has been found because the reactions have been studied in cat and man respectively, and are not strictly comparable On the other hand, the difference may be fundamental A second seeming disagreement is found between the characteristics of the nerves, for whereas I find the flare reaction abolished in relatively early stages of asphyxia, and at a time when slow-conducting nerves of the skin are still functioning Hinsey and Gasser (1930) associated the vasodilatation of posterior root stimulation particularly with the slow-conducting fibres

5 Reaction to Cold

There is a vascular reaction, certainly related to those already described and one of obvious importance in defence I discovered this reaction while investigating the sensation of warmth that develops in the fingers when they recover from handling snow (Lewis, 1930) If a single finger is immersed in ice-cold water, kept there for five or ten minutes, and then withdrawn, this finger warms up very rapidly and becomes even hotter than its fellows Investigation shows that the vasodilatation happens while the finger is actually exposed to cold The finger in the cold bath is at first painful, but after a time the pain and even the sense of coldness, vanishes A thermal junction strapped to the end of the finger shows at this time that the temperature has ceased to fall and is beginning to rise So great is the fully developed vasodilatation that the thermal junction may show a rise of 5° or 10° C (9° or 18° F) above its low point of cooling while the finger still remains immersed in ice-cold water The reaction lasts ten to thirty minutes and subsides the finger cools again and the events are repeated The immersed finger is kept at a temperature in the area well above freezing-point To display the reaction it is unnecessary to cool to this degree, immersion at 5° C 10° C (41° or 50° F) provides quite obvious reaction and there is a distinguishable response when cooling is no lower than 15° C (59° F) or even 18° C (64° F)

* It is to be stated that the evidence referred to (Lewis, Grant and Marvin 1927) does not exclude the release of an unstable substance such as acetylcholine but here this is not the relevant point

directions Thus, although the path is not a spiral one, it can be resolved into two linear components at right angles to each other, and proceeding in the line of propagation of the light

Light may be polarized in a plane, circular, or elliptical manner It is with plane polarized light that we are concerned here As already indicated, plane-polarized light is obtained when light is passed through Iceland spar, the rays being divided into "ordinary" and "extraordinary" For practical use the ordinary ray must be eliminated This is done by a Nicol prism, which stops the passage of the ordinary ray by total reflection within itself This prism is made by working the calcite in a special relation to its optical axis,

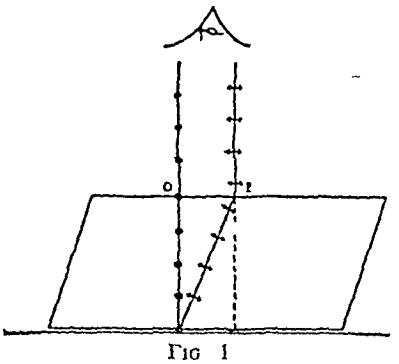


FIG 1

cutting the piece so obtained obliquely in two, and cementing the two halves with Canada balsam, which has an index of refraction lying between the indices of the calcite for the ordinary and extraordinary rays The ordinary ray reaching the balsam at an angle greater than the critical angle, is totally reflected by it and absorbed by the black coating on the outside of the Nicol prism The extraordinary ray suffers no such reflection, and therefore emerges from the prism as a beam of plane polarized light (Fig 2)

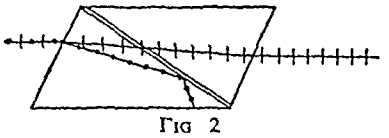


FIG 2

The direction of polarization, or vibration, of the beam is parallel to the short diagonal of the prism—that is, perpendicular to the balsam film Viewed by the naked eye the light emerging from the prism does not differ appreciably from ordinary light, except that there is a reduction in intensity If however, a second Nicol prism is placed in front of the observer's eye and rotated the beam from the first prism will become fainter and finally disappear This happens when the short diagonal of the second prism is at right angles to the plane of polarization The second prism may thus be made to transmit or stop the extraordinary ray from the first prism (Fig 3)

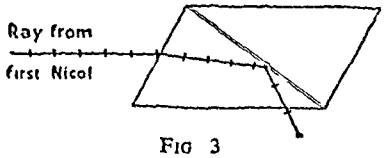


FIG 3

Description of Ophthalmoscope

In the ophthalmoscope made for me, after a great many experiments by Mr Keeler these principles are employed Rays of light from a powerful source in the handle are rendered convergent by a condensing system They then traverse a Nicol prism and come to an approximate focus on a battery of thin glass plates in contact with each other The plates are set at an angle of 45 degrees to the long axis of the instrument A second Nicol prism in the eye piece can be rotated around the line of sight of the observer and be fixed in any position The adjustment of this prism is made by the optician Plane polarized light from the first prism is reflected unchanged by the glass plates in the direction of the pupil Some of the light is reflected by the cornea, still plane polarized

The light passing into the interior of the eye is reflected by the fundus, and emerges from the eye again as depolarized light Thus the reflection from the cornea differs from that from the fundus in that the former is plane polarized By rotating the Nicol prism in the eye piece into the appropriate position the reflection from the cornea is totally eliminated Of the light reflected from the fundus only part is eliminated by the prism in the eye piece, the fundus being seen by the remainder The details of the fundus are, of course, unchanged morphologically, but the appearance differs slightly from that obtained by an ordinary ophthalmoscope in that the glare from the internal limiting membrane and from the vessels is reduced This is a decided advantage

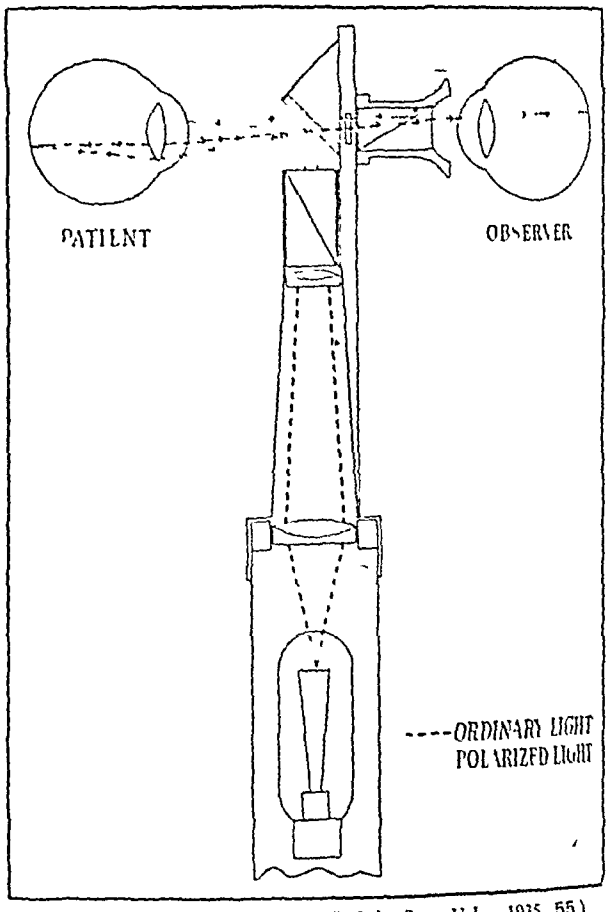


FIG 4 (Taken from *Trans Ophth Soc U K* 1935, 55)

The improvement over ordinary ophthalmoscopes self luminous and non luminous, is obvious It is possible to obtain a view of the macula through a pupil contracted by eserine with the high magnification of the direct method It has been found that the fundus picture is less obstructed by corneal and lenticular opacities than when using other methods A truer estimate can be formed of what a patient with such opacities may be expected to see The glare from the vascular coats being reduced, a diagnosis of hardening of the arteries is made less frequently and in my view correctly so The view of the macular region which can be obtained is excellent, and is only curtailed by the movements of the patient's eye An attachment in the head of the ophthalmoscope allows the use of red free polarized light and the beam to be dimmed in intensity or to be narrowed to the size of the pupil to avoid glare from the iris

The instrument will prove invaluable in teaching students who are beginning their study of ophthalmology Whereas it used to take a certain amount of time and patience to get them to see small details they can now, assuming average intelligence, appreciate a fundus picture at their first attempt.

These reactions are not confined to experiments arranged within doors, they occur naturally in cold weather out of doors In walking out of doors in cold air or in working with hands in cold water, it is usual for the temperature of unprotected hands to fall almost to that of their surroundings But they do not remain cold in healthy people when they have cooled to a certain point which may be reached in a half hour or more they react and become warm again It is clear from the range of provocative temperature that the reaction must come into very frequent play during the colder months of the year in northern climates The importance of this reaction as a protective mechanism against prolonged overcooling is emphasized by considering the remaining responses to cold When the surface of the body is cooled general vasomotor tone increases, at the same time the digital arteries respond directly to the cold by contracting this contraction by lessening blood supply, exposes the finger to further loss of heat and to further constriction of its vessels Thus these two factors acting alone would inevitably bring about advanced and stable arterial spasm, such spasm is avoided or is relieved by the intervention of the reaction here described

The reaction is found in the fingers and toes the palms and soles, the lobe of the ear the nose and the chin It seems to be especially well provided for just where it is wanted—namely in parts of the body that project have large surfaces and are easily cooled It is most conspicuous in the digits, which cool more than any other part and these are richly provided with arterio venous anastomoses which vigorously participate in the response (Grant and Bland 1929–31) I have recorded the reaction in the cat's paw, and Grant has studied it in the feet of birds and ears of rabbits

The underlying mechanism is nervous The reaction occurs in man after section of the mixed nerve to the skin up till the time of its degeneration but not after wards and it is present after sympathetic degeneration Thus the reaction happens as a local axon reflex in nerves belonging to the posterior root system like those pre viously described This conclusion, which I arrived at from my original observations upon human fingers has been confirmed recently by Wybauw for the cat's paw (1936) the reaction is maintained after posterior root section, but is lost when after ganglionectomy the nerves degenerate From my earliest interest in this subject more than seven years ago I took the view that the mechanism constitutes an important contributory means by which the temperature of exposed parts is normally maintained and the skin guarded against seriously injurious cooling, and that the fall of temperature of fingers deprived of their mixed nerve supply as in injuries of peripheral nerves, is due to the loss of this local reflex This view has been corroborated by later observations, many of which have been published with Dr Pickering (Lewis and Pickering 1936) and quite recently by Wybauw who finds that the cat's foot deprived of nerves of the posterior root system by ganglionectomy (ensuring degeneration) becomes habitually lower in temperature than the foot to which the roots have been cut proximally to the ganglia

In my earliest account of it I took the view that the reaction described is comparable to the flare and regarded the stimulus to the reaction as the same as that arising in acute injuries of the skin—namely the release of H substance But there have been minor objec tions to the view that the reaction is equivalent to that occurring in the triple response (Grant Bland and Camp 1931–3) There is no doubt in my mind that the stimulus cold injures the skin and releases a substance, but this substance is not necessarily the histamine like substance which underlies the flare There is also no doubt that in ice cooling the nocifensor nerves are stimulated The finger which has been immersed and reacts becomes hyper algesic and this hyperalgesia spreads in susceptible sub jects and when the finger is the fifth to the whole cutaneous area of the ulnar nerve A vascular reaction has never been detected however beyond the limits of the finger cooled The proved nocifensor element in the reaction is hyperalgesia the associated vascular reaction may be comparable to that of the flare, or it may be more akin to that which has been termed antidromic assuming the two last to be really separate Thus it will be gathered that the vascular reaction to cold like those previously described, is probably to be reckoned among nocifensor reactions, though its precise relation to the remainder has not yet been determined

It is tempting to bring all the five reactions described unhesitatingly together and definitely to ascribe them all to the same system of nerves such an idea has indeed very much to support it but the conclusion cannot be drawn in the present state of our knowledge with the finality that we might desire

Trophic Nerves

It is desirable to refer briefly in these lectures to the old hypothesis of trophic nerves

The term "trophic change was introduced to imply a change of nutrition Early in the nineteenth century emphasis was laid upon the control of nutrition by the nervous system and upon the possibility of lesions arising out of disease of the brain or spinal cord Thus in 1831 Mitchell was attributing acute joint trouble to irritation of the spinal cord By the time Charcot (1872–3) gave his well known lecture on disorders of nutrition and largely as a result of his work, the idea had taken fast hold as he said there is nothing better established in pathology than the existence of trophic troubles con secutive to lesions of the nervous centres or of the nerves The truth of this statement is no less obvious to day than in 1872 when it was written When a motor nerve is cut the muscle atrophies, when the nerve to a secreting gland is cut the gland changes Disuse, acting directly and diminished blood supply, whether primarily the result of a nerve lesion or as so often happens itself the result of disuse, are two common and well recognized channels through which nervous diseases cause trophic change using the term in its literal sense of nutritional change Relevant examples are many but they are diverse It we allow the word trophic a wider meaning and include inflammation then we may cite as further examples of neurotrophic lesions such ulcerations of eye or foot as can be attributed partly or wholly to insensitiveness of the corresponding structures and to injury arising therefrom Sherrington (1900) aptly said that every nerve and nerve centre that can influence the proper and specific activity of a tissue—and that is the sole function of nerves—possesses in so far, a trophic influence on that tissue If by trophic nerve be understood no more than this all nerves are trophic nerves

But more than this has often been inferred or implicitly stated A notable instance was that of Claude Bernard (1852) who at first misinterpreted the function of the cervical sympathetic regarding it as controlling meta bolism, but abandoned the view when Brown Séquard and he recognized its vasomotor function The hypo thesis of special trophic nerves' came from Samuel in 1860 He believed in nerves *sui generis* directly in fluencing nutrition growth and new cell formation and

PSYCHOLOGY IN INDUSTRY*

BY

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Until the present century psychology had no place in industry, for to industrialists and economists alike it was only an academic discipline not even remotely connected with life On the other hand, since psychologists had no direct experience of industrial conditions they ignored industrial problems Occasionally a research worker thought that his research might have an industrial application, but there was no organic relationship between the industrial problems and psychological research †

The industrial doctor is however not quite a "modern As far back as the second century we read that Galen, before his appointment to the post of doctor to the Emperor Marcus Aurelius, was medical officer to the Roman school of gladiators—apparently they mattered Armies in most ages have had their doctors

The first recognition to my knowledge of industrial occupations studied seriously was when Ramazzini in the seventeenth century published a book on the Diseases of *Tradesmen He was a professor of medicine at Modena,* where it was the custom to clear out the cesspools every three years, and he was so struck with the miserable appearance of the workmen doing this that he got into conversation with them about their work , that led him to an interest in other occupations, the diseases peculiar to each and the possible methods of treatment He included in his list the diseases of learned men hoping that men of letters will not take it amiss to find themselves ranked in the class of tradesmen, considering that as they purchase to themselves by the pursuit of letters, if not great estates like those of the merchants at least a livelihood and many comfortable conveniences Secretaries to great men become melancholic owing to the strain of correcting their master s work and living in the uncertainty of how it would be received Nearly two hundred years were to elapse before any further investigations were to take place Ramazzini s book remained the standard textbook for over a century

"The Human Machine"

Industrial development during the nineteenth century was governed by the claims of machinery rather than of man The enormous development of machinery during the century, the studies made in the natural sciences, and the growing knowledge of the mechanism of the body all tended to focus interest on man s likeness to a machine. The phrase 'the human machine which rightly interpreted refers to part of his structure became rather by implication than design synonymous with man himself In so far as any attempt was made to study the worker of the machine the tendency was in the direction of showing the likeness of one worker to another and the likeness of all to machines

The problem of munition work during the great war challenged the adequacy of this point of view Industrial operations as conducted at the beginning of that period were implicitly based on an unjustified application of arithmetic If 6 units of work could be done in one hour then 6×3 would be done in three hours and 6×12 in twelve hours The physiological necessity for *sleep prevented the indefinite extension of the principle* The discrepancy between the expected and the observed facts led to inquiry and although it was not recognized then, that stage marked an epoch in the history both of psychology and of industry The focus of interest changed from the machine to the worker of the machine The failure of the twelve hour day to produce twelve times as much output as one hour, and the high sickness absence led to the formation in 1916 of the Health of Munition Workers Committee and after the war, under the title of the Industrial Fatigue Research Board a small department was formed to carry on investigations into the human aspects of industrial work The problem of fatigue which had exercised a curious fascination over psychologists for years proved to be the connecting link between the older and the newer study although in spite of the voluminous literature on the subject and the innumerable experiments there proved to be little of practical applicability The earliest investigations were concerned with the relation of the worker to the material environment—length of the working day the duration of rest pauses the effect of lighting heating and ventilation

These investigations, although concentrating on the worker did so relatively objectively and enabled us to get some insight into the conditions that affect numbers in a group Certain problems, however proved to have little or no relation to environmental or physiological conditions the known effects of which were in some cases masked by factors relating to the mental environment and to particular characteristics of the individual worker—for example, the effect of the temperamental make up of the people in authority and of individual workers incentives , the suitability of the worker for his work the effect of age and outlook monotony , liability to sickness and accidents Again the focus of interest has been shifted, and there are indications that the problems of the immediate future lie rather with studies of individuals than with groups as such, and with the mental no less than with the physical and physiological aspects This general change is well illustrated by the history of two particular problems *(a)* industrial accidents, and *(b)* telegraphists cramp

Industrial Accidents

As is well known the introduction of machinery on a large scale into industry had as a serious consequence numerous accidents—fatal, disabling and slight Efforts have been made for many years by the Home Office to reduce these by guarding machinery, but it is recognized *that 'however well machinery is guarded we cannot look* for more than a 10 per cent reduction in the accident rate by the provision of safeguards alone

Any person who considers accidents in ordinary life is likely to realize that some of the so called accidents are not quite as accidental as they would appear He will observe that having had one accident some people are liable to be so nervous that they have more a view embodied in the popular belief that one accident involves the victim in three On the other hand one accident does make some people more careful He will also have observed that there are people generally called clumsy who seem to attract accidents When two statisticians Professor Greenwood and Mr Udny Yule had the curiosity to test these rival views by studying the actual accidents that occurred in large groups of people over a considerable period of time history was made They worked out what an accident curve would look like assuming the truth in turn of each of the above views and although in a particular case any one hypothesis might represent the conditions yet the one that most *nearly conformed to the facts* for the group was the last one—namely that there are people who have some idiosyncrasy predisposing to a relatively high accident rate

We are then faced with two problems What is this idiosyncrasy? Can we by some test or tests discover the accident prone at an early stage? Mr Farmer and Mr Chambers have been working on the second problem for years and they can by tests select from a group those most liable to have accidents but so far the tests would eliminate too many

* Part of a paper read before the Industrial Medical Officers Association at the London School of Hygiene and Tropical Medicine January 22 1937

† In studying the effects of loss of sleep I found that among these effects were uncontrolled motor adjustments exhibited some time after the conscious effects of fatigue had passed away the corollary was drawn that perhaps serious accidents in such work as railway signalling might be similarly motivated This corollary may be true but the only way to know the facts is to examine railway signalmen

capable also of provoking inflammation He ascribed separate effects to their paralysis and to their stimulation, and brought an array of experimental and clinical evidence into support of his views His experiments though numerous were crude, and possess little value to-day On the clinical side he cited many previous reports, and followed Brown-Sequard's view (1859) that herpetic eruptions after nerve injuries are irritative and Baerunsprung's attribution of zoster to affection of the spinal ganglia Tangible evidence for the existence of a distinct system of nerves having the functions he ascribed to them is not to be discovered in his book, and his hypothesis rightly won little credence, there has been no reason to believe that nerves influence the nutrition or growth of tissue directly, but only indirectly by altering blood flow or by controlling the tissue's specific function But although Samuel's hypothesis failed he was right in stressing as unexplained the apparent effects of nerve irritation The mystery of the cases that have come to be called "causalgia" has remained, when Brown-Séquard concluded such lesions to be the result of irritation he may have been correct, but this fails to satisfy Samuel's suggestion that they result from the excessive action of his special nerves of nutrition an overaction exploding in inflammation, was not grounded on proper evidence, but it contained an element of truth For according to our present evidence distal stimulation of cutaneous nerves does provoke some of the phenomena of inflammation—namely hyperalgesia and reddening—and may conceivably provoke more And it is of further interest to remark that while we cannot follow Samuel in regarding the nerves involved as special nerves of nutrition, we are coming to regard them as nerves exercising a special function, termed for convenience "nocifensor"

Conclusion

We have concluded that a specific system of nerves, connecting to at least the skin, exists This system of nerves is capable of effecting changes in the skin locally and without reference to the central nervous system, though very possibly also capable of excitation from brain or cord In speculating about the mode of action of these nocifensor nerves with a view to presenting a fuller if more hypothetical conception of them we might venture to suppose that they are nerves exercising no direct influence upon the nutrition of the skin but comprising in their actions an influence more akin to a process of secretion—and in parenthesis it is interesting to note that Charcot inclined to interpret Samuel's ideas in a similar sense We might regard the nerves as liberating potent substances from cellular elements of the skin into surrounding spaces, and thus controlling partly or wholly within the skin important elements of defence, including inflammation

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ACTIVE IMMUNIZATION AGAINST TETANUS

BY

HERBERT H. BROWN, O.B.E., M.D., F.R.C.S

Passive immunization against tetanus was used with considerable success during the great war In October, 191 there were thirty-two cases of tetanus per 1,000 of the wounded admitted to the hospitals in England, but in November, after the general adoption of passive immunization of the wounded, the incidence fell to 1·7 per 1,000, and among those cases which did occur the mortality was lower

Objections to Passive Immunization

Passive immunization, however, has serious disadvantages Antitoxin, to produce the best effect, should be injected within twenty-four hours of sustaining the injury this, for several reasons, may in many cases be impracticable Another disadvantage is that antitoxin from the introduction of a foreign serum quickly begins to disappear from the circulation, and within a fortnight is no longer in sufficient concentration to afford protection, the injection has to be repeated at weekly intervals and before any subsequent operation is undertaken, since tetanus bacilli or spores may remain latent in the tissues for long time

Another serious drawback is the sensitization to horse serum, which to a greater or less degree follows immunization with antitoxin derived from immunized horse a sensitization continuing for many years Troublesome serum reactions, and even severe and in some cases fatal anaphylactic shock, may accompany or follow the subsequent injection of a therapeutic serum which may be urgently required in the treatment of an infection such as diphtheria

Sensitization also considerably diminishes the immunizing effect of a further injection of serum Glenny and Hopkins (1922) found that while in the case of a normal rabbit the titre of antitoxin in the blood dropped to a low level in twelve days after the intravenous injection of antitoxic horse serum, in the case of a rabbit sensitized to horse serum the same low level was reached in four days Kahn and McDermott (1934) found that while the injection of 5 units of diphtheria antitoxin could protect a normal rabbit against fifty minimum lethal doses of diphtheria toxin, 75 units were required when the animal was sensitized to horse serum

Tetanus Toxoid

Active immunization by tetanus toxoid has none of these disadvantages There is no more difficulty in immunizing against tetanus than against diphtheria, it is quite free from danger and the result is just as satisfactory Complete and permanent immunity is obtainable A commission to study the question of prophylaxis against tetanus in the French Army strongly re-

Telegraphist's Cramp

Telegraphists who have been trained to "send" telegrams by the Morse or Baudot systems are liable to a disability that prevents them from sending effectively This disability may be of such a nature as to interfere with most muscular activities, or it may be limited to the sending of one particular sequence of dots and dashes The most usual explanations were that the constant delicate movements made in "keying" had resulted in chronic muscular fatigue, the cure for which would have been rest, or that some organic disease of the nerves and muscles of the arms had been set up Neither explanation proved to fit the facts, and a detailed study of the general environmental conditions failed to find any one that was the invariable antecedent of cramp

Attention was next turned to an experimental study of the cramp group and a group of others not so affected, with regard to neuro muscular ability On *a priori* grounds one would expect that telegraphists suffering from cramp would be less efficient than the others at all tests involving speed and accuracy of hand movements The tests, however, failed to differentiate the two groups adequately, some of those with cramp being quite as efficient as those without The next stage of the investigation was to find out the differences, if any, in temperamental make up The results showed that over 75 per cent of the cramp group had symptoms that would lead, quite apart from the cramp, to the diagnosis of an emotional disturbance known as psychoneurotic, or in more popular language, 'nervous", in the other group only 35 per cent had such symptoms Thus two investigations, conducted along different lines by different people, have certain unforeseen stages in common, leading from a study of the external and general conditions to the personal and particular This latter investigation, involving as it did a study of nervousness opened the way to the possibility of extending the method to other problems, of which some are

1 What is the incidence of nervous symptoms in different groups?

2 Why in some groups does sickness absence from the so called nervous disorders increase even in the presence of excellent material conditions?

3 In what conditions will the nervous person break down?

4 Why are some workers erratic, oscillating in output between extremes?

5 What is the effect of nervousness in people in authority and in subordinates?

6 What part is played by nervousness in industrial success and failure?

7 What are the factors environmental and other, that protect the nervous person or determine breakdown?

Some of these have been attacked during recent years, some have been surveyed, and others cannot be attempted yet

Vocational Guidance

Observation of individual workers shows that in particular posts some are more successful than others, whether we take an objective standard of efficiency—where such exists—or the subjective one of personal happiness Hence there has arisen the study known as vocational guidance, sometimes erroneously supposed to be the same as vocational selection" The former sets out to select for a given person the work most suited to his capacities Theoretically this presupposes a complete knowledge of the individual concerned, a knowledge of all possible occupations and their requirements, and an ability to relate the one to the other In practice we never approximate to this ideal

In vocational selection we assume that the physical and mental requirements for the work are known we then select by appropriate tests from a number of applicants those most nearly coming up to the requirements Many firms have developed a series of tests used by them in the selection of workers For a large number of occupations, however, the requirements are not known What, for example, apart from the technical ones are the qualities that make for success as a doctor? It may be that there is some one outstanding quality which some day we may be able to isolate and test, it may be that success in the same environment may be achieved by people with very different qualities

It is true to say that we can now, within a very narrow margin of error, test the intelligence of a child and express it in quantitative form It is also known that certain occupations require a high degree of intelligence, whereas others do not It is as futile to put a child of high intelligence to work needing little as to put a child of inferior intelligence to work needing a high degree The one is wasteful, the other provokes unhappiness

This problem like so many others, is not of modern formulation, although it is one of modern application At the beginning of the sixteenth century an English version of a Spanish book, *Examen de Ingenios*, by Huartes was made under the title *The Examination of Men's Wits* In it was made a plea for the recognition of differences of "wits or, in modern language, intelligence and it was suggested that in a well-ordered commonwealth men of great wisdom and knowledge should be appointed to discover each one's natural sharpness so that he might be set to learn what was most appropriate to it Huartes also analysed the various professions from the point of view of the mental qualities required in them He was much concerned that physicians of great learning often proved to be very bad practitioners, and he decided that theoretical medicine demands memory and understanding but its practice imagination Perhaps he was right

Extravagant claims are put forward by some exponents of tests, claims which a critical scrutiny shows cannot be always substantiated, but this is not to say that they are useless The alternatives are examination successes or a personal interview, neither of which is wholly satisfactory Some people claim to be able to select the right person for a particular post by intuition this seems to be all right so long as no one challenges the results The use of tests is to give us more data on which to base a judgement, not to act as a measure to relieve us of the necessity for judgement Ultimately in industrial selection as in the diagnosis of disease the diagnosis is an art

Differences in Temperament

Suppose, though that we do know the requirements for a particular activity—typing for example—and that we have designed tests that are statistically sound and practicable to use, we have still only considered part of the problem The actual movements or intellectual equipment that are necessary are only part of the whole The activity has to be performed in particular circumstances and by an individual who has other characteristics in addition to those needed for typing These circumstances and these characteristics are often of equal importance and sometimes of more importance Let us assume that we have two typists equally efficient at typing dexterity and equally intelligent Can we predict equal success in a given organization? One of them may be moody, resentful of criticism, irrationally antagonistic to any command, uncertain of herself liable to worry at night over possible and even improbable mistakes the other may be bright reasonably careful but able to dismiss from her mind work that can no longer be altered easily with others, whether equals or superiors It does not demand much knowledge to say that while the actual typing on a given occasion may be for practical purposes identical, yet the total result over a number of years will not be The worrying over mistakes in all probability not made, is likely to lead to real mistakes and the chances of the first typist breaking down are more probable than those of the second Nor will a bottle of tonic or an injunction not to worry be adequate to the situation

sequent demand for an increased production of thyroxine and for an increased supply of iodine to meet this increased production How far these observations in animals have a bearing on the problem of endemic goitre in man is still unknown

The view expressed by Repin in 1908 that radioactivity in soils and waters of regions where endemic goitre prevails is a goitrogenic factor has lately been revived though goitre is said to prevail in certain localities where no such radio activity exists But that is no reason why it should not exert a goitrogenic action in regions where it does exist A re examination of the question appears to be called for

INSANITARY CONDITIONS

Insanitary conditions involving the contamination of the food and drinking water by human and animal excreta is a potent goitrogenic agent in localities where the iodine content of the soil is low (McCarrison 1917) In regions (Himalayas) where these conditions prevail endemic goitre and its congenital manifestations are rife The incidence of the malady in its adeno parenchymatous form has been found to increase in such localities with increasing impurity of the surface waters used for drinking purposes Goitre has been produced under experimental conditions in man by the administration for some weeks of the residue left in the candle of a Berkefeld filter after filtration of this water The substitution of a bacteriologically pure for an impure water supply has caused the disappearance of the disease Animals confined in insanitary cages and fish confined in filthy tanks or ponds tend to develop goitre which can be prevented by the additional provision of iodine The scrapings from the interior of such tanks has been shown to cause goitre in animals when administered to them for some weeks

Goitre in animals and congenital goitre and cretinism in their offspring have been produced under experimental conditions by the administration to them of extracts of faecal material or of bacterial cultures made from faeces Thus a watery filtered extract of faeces when administered to female rats throughout pregnancy as their sole source of drinking water caused cretinism in some of their offspring A similar but sterile extract made from the excreta and food residues accumulating in cages wherein rats were confined caused great increase in the rate of growth of embryonic thyroid tissue *in vitro* when added to the culture medium in high dilution (1 in 500 000) when present therein in greater concentration (1 in 5 000) it inhibited thyroid growth This extract when given to rats living under conditions of perfect hygiene and fed on a well constituted diet induced goitre in 8 3 per cent of the animals When an ill constituted diet, capable, *per se* of causing goitre in 39 per cent of the animals, was substituted for the well constituted one this extract increased the incidence of the disease to 89 per cent thus emphasizing the importance of the summation of goitrogenic influences The goitrogenic action of insanitary conditions is counteracted by well constituted diets containing adequate supplies of iodine

INFECTIONS

As is well known the thyroid gland is very susceptible to stimulation by infections of various kinds Its usual mode of response to them is an increased activity characterized by epithelial hyperplasia an increased production and output of the gland's hormone and a greater or lesser disappearance of colloid from the organ But according to Thomas (1935) the gland sometimes exhibits another mode of response In this case the process of secretion and storage of colloid may predominate over that of the excretion of hormone, and the histological features of the gland tend to approach those of diffuse colloid goitre If certain germs, like the bacillus of Koch stimulate for a length of time the process of secretion [of colloid] in a dominant way obliging the colloid to accumulate in the follicles and these to increase in size, we must admit a direct action on the thyroid an action more or less specific on the part of certain microbes This observation suggests an interesting possibility concerning the pathogenesis of goitre It becomes in these conditions extremely logical to look for the aetiology of colloid goitre for example, in the action of a germ which in the manner of the bacillus of Koch stimulates [colloid] secretion in a predominant way but with a much more considerable intensity (Thomas) In this connexion one may recall the experimental production of goitre in adult animals and of congenital goitre in their offspring by the oral administration to them of cultures of faecal bacteria and the curative effect of certain intestinal antiseptics (thymol etc) and of shock doses of vaccines in early cases of parenchymatous goitre in man (McCarrison 1917)

Thomas's investigations have also thrown further light on the relation of intestinal toxaemia to the pathology of the thyroid gland—a relation the existence of which I have for many years maintained He finds that intestinal toxaemia surgically induced has a profound action in at first stimulating the organ but if long continued it induces pronounced atrophic and fibrotic changes

Prophylaxis of Endemic Goitre

Within the last few years the value of iodine prophylaxis has been placed beyond question The weekly administration to school children of tablets containing one milligramme of iodine has given excellent results in Switzerland The efficacy of iodized kitchen salt still under experimental investigation opens up a wide range of possibilities of great promise The dose of 0·5 gramme of potassium iodide to 100 kg of salt appears sufficient and is rarely followed by bad effects But iodine prophylaxis has its limitations always there is a residuum of goitre incidence amounting to about 7 per cent which it does not control (McCarrison and Madhava 1932) Besides this specific means of preventing goitre it is essential to include in prophylactic measures the provision of a well constituted diet containing all elements and complexes necessary for normal nutrition and to exclude all positive goitrogenic agents of whatever kind

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J Torgensen (*Norsk Mag Laegevidensk* September 1936 p 951) who records two illustrative cases in children aged 8 and 9 years respectively states that ischiopubic osteochondritis which is an affection of the synchondrosis between the os pubis and ischium was first described by Van Neck in 1925 and in greater detail by J Heeren in 1933 It occurs in children in whom the synchondrosis is ossifying and in several cases ossification is strikingly asymmetrical The symptoms are pains in the lumbar region X rays show a swelling of the synchondrosis which is sclerotic at its margin and vacuolated in the centre The condition probably predisposes to secondary infection

THE NEW JOURNAL TYPOGRAPHY

PRINCIPLES UNDERLYING THE CHANGE

The article printed below gives a general account of the changes in type that have been made throughout the letterpress and title-page of the "British Medical Journal" under the guidance of Mr Stanley Morison

The typographical material from which the *Journal* is composed has been revised this week in accordance with a decision reached two years ago The Journal Committee, having on many occasions received statements from members that the aspect of the *Journal* was dull and the type difficult to read, set up a subcommittee to consider the matter and to make recommendations which it thought desirable, and a second committee to render them practicable Following its examination of the reports of the committees, the Council of the British Medical Association decided to take the necessary steps to bring the *Journal* into accord with modern habits of reading and modern standards of typography

Revision from Cover to Cover

It was found that the plan authorized by the Council called for revision of the *Journal* from cover to cover The revision has been thorough types of a new and more legible design have been composed in rightly adjusted columns, surmounted by new heading types of related design, and the whole bound up within a stronger pair of covers

The most striking change of all is that of the front cover, where the grey paper and the scarlet device present what are in fact the only revolutionary innovations It is as well to admit that they, like all revolutionary changes, will be approved by some and disapproved by others But it is surely fair to claim that those unprepared to abandon the Victorian gothic heading in the interest of consistency can hardly fail to approve another feature on the front cover which is one of convenience to each reader The list of Principal Contents, now for the first time selected and displayed outside the body of the *Journal*, presents an immediate gain to all whose time is precious The selection for reading of specific articles or features, and subsequent reference to them, is helped if it can be preceded by some general glance at the main contents The new displayed Principal Contents, therefore, enables the reader to single out from other matter the subjects dealt with in original papers and special articles appearing in each week's issue The full Table of Contents, now redesigned typographically, will be found in its usual place

The Primary Purpose

Every other change throughout the *Journal* is similarly practical The variations that have been made in the body of the *Journal* are structurally sound They have been made in terms of practical and specific purpose, and related to one general purpose which any reader must applaud without any reference to "matters of taste" This primary purpose was to make the *British Medical Journal* easier to read

Any change in the outward appearance of a periodical requires justification in so far as it is noticeable, for the very purpose of adopting and retaining a particular style of typography is to prevent the reader from having to notice the physical details of each successive issue He cannot immediately fix his attention on the new content while he is being distracted by changes, explained or unexplained, in the old form Familiarity breeds contentment with the printed page so long as it is perfect familiarity The most modest alteration of style or type is bound to be disconcerting, and the continuous making of piecemeal changes is the worst form of revision Hence, when for sufficient reasons a considerable typographical change is determined upon, it is desirable to make the whole change at once

Legibility and Comfort

It is claimed that the new type possesses greater legibility than the old The word "legibility," like the word "edibility," has different meanings for different speakers Both can be relative terms The processes of mental ingestion depend on the reader's frame of mind The actual muscular effort of the eyes in travelling to the right along a printed line requires, in favourable circumstances, no more conscious direction by the will than is required for mastication, and the final twitch of the eyes leftwards to the line below becomes almost as automatic as the act of swallowing

Only the satirist would employ the word "edible" to describe a meal, and there is no point in applying the word "legible" to a printed page if it connotes merely that the page can be read Anything written in the reader's language, in types which recognizably conform to the fixed code of the roman alphabet, not only can be, but will be, read if there is enough preliminary indication that its content is important to the reader

When, therefore, readers complained, as they formerly did, about the printing of the *Journal*, they reported, first, their experience that although the type then in use was legible it was not comfortable The printers may have found the types in previous use convenient to handle, and there may have been half a dozen reasons for continuing to use them But complaining readers insisted, in the second place, that they were not able to read the columns of the *Journal* with the degree of comfort they found in other reviews

Perceptibility of Type

And when the matter was looked into the Committee found, as was implied in readers' complaints against the old type, that the factor of legibility had indeed been subordinated to other considerations In the new typography now before the reader the factor of legibility has not been subordinated to any other consideration whatsoever It will be observed that the most obvious difference between the type previously used and the present is the colour The new type is blacker Before the question of legibility can even arise, a type must possess the virtue of *perceptibility* In this matter the old type was at a disadvantage even in comparison with the fount used in the *Journal* of fifty years ago The difference is accounted for by a change in the technical production Whereas fifty years ago the *Journal* was produced on the same kind of printing press as is now ordinarily used for the printing of books, the paper has for many years been printed on much faster-running rotary presses in which, on account of the speed, the ink flow is much less liberal, the impression of the type into the paper much slighter, producing a letter-form comparatively lacking in clarity and colour and therefore perceptibility The Committee rightly decided to use a blacker type

The Letter-form

Secondly, it was decided that any new fount of type should have been designed and cut with a view to its

These differences unrelated to practical efficiency or intelligence, are what we call temperamental or emotional *differences*. *It is often not realized how complex each* moment of life may be as regards possibilities of experience. For example X gives a command to A and to B, and he in all probability is only aware of what he wishes to have done. Rationally, too, A and B ought to consider it from that aspect and devise means for its execution. Reason is, however, rarely a decisive factor. That command, in addition to what is given by X, and X's manner of commanding may infuriate A and leave B unmoved. The fringe of emotional possibilities surrounding the command is sometimes more real than the content of the command, and can be reflected in the way in which X's commands are received compared with Y's. Yet A and B may be unaware of the emotional reaction. These observations are matters of daily experience, known though usually unacknowledged and there is no doubt that differences of temperamental nature are playing an important part in many problems of industrial efficiency, sickness absence, and labour wastage, as well as in personal happiness.

Now the person whose temperamental make up plays a considerable part in the efficiency and happiness of an organization is the person in authority. It is obviously very difficult to study the temperaments of different people *in authority and to relate them to differences in output* or some other measure. Such evidence as is available has been obtained as a side issue to other investigations. There is evidence of differences of output directly connected with the temperament of the supervisor—a bright healthy minded person raising the quality and quantity of work. Also a high labour wastage and high sickness rates are sometimes correlated with a bully or a 'Weary Willie' type.

Types of People in Authority

The following are easily differentiated (*a*) the emotionally disintegrated person, or in plainer language the baby, and (*b*) the emotionally adolescent.

In the former each emotion as it is aroused is expressed regardless of consequences, the slightest crossing of his wishes results in what would be called in the nursery tantrums. Anyone can easily wound his *amour propre*. He cannot bear anyone near the throne: he must be all-powerful, for not only must he have his own way but everyone must recognize that he has had it. Hence he tends to promote, in the absence of effective safeguards, *weak rather than strong people, and then complains* fretfully that nobody can take any responsibility. He also tends to believe in the all powerfulness of his wishes when, therefore, he gives an order he fails to envisage the means that often demand much time and work, so he harasses subordinates with fractious and querulous inquiries. If he has great organizing ability and the requisite physical and intellectual qualities, and the conditions are favourable, he does well—*from some points* of view—the very ruthlessness of the baby being an advantage. If he has poor or mediocre ability he drifts from one job to another, where there is no security of tenure, where there is, he makes the lives of subordinates miserable.

The outstanding characteristic of the *emotionally* adolescent is an inability to take effective responsibility. Subordinates have therefore the very difficult task of having at uncertain and irregular intervals to assume responsibility without power. Some dramatize themselves as leaders, speculate on what would happen if it were not for them, enjoy lamenting pessimistically about the state of the world in general, but seem to be unable to do what is in their power to improve their own world. To feel more sensitive than one's fellows but to be very little inconvenienced by it practically is to some people a most uplifting consolation. Such like an audience for whatever they are doing and ride on the expressed approval of subordinates, seeing to it that they are surrounded by those who will express approval. They talk much of loyalty, *which really means thinking* they can do no wrong to criticize in any way is to be disloyal.

The common factor in these undeveloped types is that they behave according to the emotion aroused in themselves by particular circumstances and not according to the circumstances themselves. Hence the apparent inconsistency of their conduct considered over a period of time.

What are the temperamental characteristics of the person in authority who is emotionally grown up? This is not easy to answer. But it is certain that the successful technician can be a very indifferent supervisor of other persons. The effect of power in some people is to let loose a number of qualities otherwise held in check.

Assuming the necessary intellectual and practical equipment I should suggest that the first requisite is a sense of justice, a capacity for asking not 'Am I getting justice?' but 'Am I giving it?" Where there is a feeling *in an organization that all will receive a fair deal* there is an excellent basis for success. Next, a capacity for sympathy, which does not mean sloppy sentimentality but the power to sense the point of view of people different from ourselves. Next, vitality, which is not mere physical exuberance but controlled energy that inspires others instead of exhausting them. Lastly, a sense of humour preventing oneself from taking oneself too seriously.

In broad outline these are some of the problems of a psychological nature that have been referred to the Industrial Health Research Board and the London School of Hygiene and Tropical Medicine either for investigation or for advice. A study of a number of industrial failures has revealed in the majority serious psychological maladjustment. The necessity for the industrial medical officer to understand the mental as well as the physical make up of people and the psychological as well as the material environment, becomes more urgent each year. Some organizations can afford to employ medically qualified men and women to look after the accidents alone, but in many this is a negligible part of the work and an infinitely greater part belongs to a different category. The problem is not whether the psychological point of view shall or shall not be taken into account: its importance is already realized by a number of organizations. The problem is whether the medical officer will be adequate to deal with it, or must it be left to others?

HEALTH OF NEW YORK CITY

In a recent communication to the Press Dr John L. Rice the Health Commissioner of New York, points out for the benefit of those who may contemplate visiting the World's Fair in 1939 that the city lately has had the lowest death rate for automobile accidents of the large cities of the United States. As the Fair is still two years ahead the prospective visitor might reasonably wish to be informed as to the probability of this recent low rate holding until the date of his visit. As the rate has been falling year by year from 19·7 per 100 000 in 1929 to 12·6 last year the time trend seems to be favourable and the prospects good.

The Commissioner draws attention also to the successful results of the intensive campaign to reduce the diphtheria mortality. In 1927 the deaths were 717 from that year they have declined steadily to 68 in 1935 and 37 in 1936 the last figure being equivalent to a diphtheria death rate of 2·2 per *100 000 children under* 15 years of age. The number of cases of poliomyelitis was reduced to 38 in 1936 in the previous year there had been 2 054 and in 1931 4 138.

Unfortunately the birth rate too has been steadily diminishing. In 1927 it was 19·6 in 1936 it was 13·4. The Commissioner takes a serious view of this tendency especially as the practical cessation of immigration from over seas has already slowed the growth of the city. It is of interest that there were three deaths from tularaemia a disease known in this country only as a laboratory infection. Wild rabbits were the probable source and among the sick were a butcher and a cook who had doubtless contracted the disease through dressing the carcasses.

should be based upon a scale of fees agreed between the committee and the hospital and should be assessed at figures which cover maintenance, accommodation, and medical and surgical treatment where the latter is provided through the scheme The organization of schemes by independent committees instead of by particular hospitals is of importance when the system is considered in its national aspect A committee which conducts a scheme on a regional basis is more likely than a single hospital board to come into contact with organizers of other schemes Such contact facilitates uniformity of practice in administration, in the nature of the benefits provided and in the remuneration of medical staffs and it permits of arrangements whereby a contributor can retain his title to benefit if he moves from one region to another

Municipal Hospitals

The advantage of a regional basis will become even more apparent when the principles of contributory schemes are applied to municipal hospitals At present only a very few schemes make payments to local authorities in respect of contributors who are admitted to council hospitals but it is a development which may well reach important dimensions in the near future Many council hospitals employ a visiting medical staff in the same way as voluntary hospitals and the method of remunerating the visiting staff in respect of contributory scheme patients may be expected to follow that prevailing in the neighbouring voluntary hospitals It is therefore important that in the meantime the organized local medical profession should consider whether its position in relation to contributory schemes accords with the principles enumerated above

INSURANCE MEDICAL SERVICE WEEK BY WEEK

The Improving Medical Service

At the meeting of the London Insurance Committee last week there was no report from the Medical Service Subcommittee and it was understood that the subcommittee had had no occasion to meet for several weeks Similarly, at the last meeting of the Glasgow Insurance Committee no cases were reported by the Medical Service Subcommittee While not jumping to too facile a conclusion that a state of Utopia had now been reached in the medical treatment of the insured population it is difficult to resist the inference that this entire absence of complaint in two great centres of population does imply that insurance practitioners are satisfactorily getting on with their job

An Avalanche of Papers

The view expressed by the chairman of the Insurance Acts Committee in the foreword to the fourth edition of *Medical Insurance Practice* (now on sale price 2s post free) that it is essential that every insurance practitioner should have in his possession a copy of this book has been endorsed in no uncertain manner by the London Insurance Committee The clerk of the committee has produced for the inspection of the Medical Benefit Subcommittee at the request of that subcommittee a special parcel of the various documents which are sent to the insurance practitioners on appointment The enclosures to the parcel are as follows

Prescription books
Certificate books (three kinds)
The National Formulary
The Medical Benefit Regulations
The Drug Tariff
Memorandum on the Keeping of Medical Records
Memorandum on Pregnancy and Parturition of Insured Married Women
Memorandum on Tuberculosis
Memorandum on Medical Certification
Memorandum on the Duties of the Regional Medical Staff
Report on the Definition of Drugs for the Purpose of Medical Benefit
Forms of notification that treatment has been afforded to insured persons presenting travellers vouchers
Envelopes for the transmission of medical cards
Envelopes for the transmission of forms of medical record
Forms of application for medical cards
Continuation cards for use in connexion with medical records
Specimens of nine other forms
Four circular letters addressed to practitioners on various subjects
Requisition form for stationery

When it is realized the Medical Benefit Subcommittee states that these documents are sent to a practitioner who may have had no previous experience of insurance medical practice we cannot think that it is in any way helpful for him to receive what might almost be regarded as an avalanche of literature primarily intended for his guidance and instruction There is no guide or index and we can well imagine a practitioner being bewildered as to which document he should consult to enable him to determine his course of action in relation to the problem with which he is faced

The report of the subcommittee proceeds as follows

The committee will be aware that for some years there has been on the market a publication known as *Medical Insurance Practice* which is the only work of reference dealing with the provisions relating to medical benefit under the National Health Insurance Act The authors of the work are Mr R W Harris and Mr Leonard Shoeten Sack both of whom were at one time officers of the Ministry of Health We have arranged for each member of the committee to be supplied with a copy of the book which has now reached its fourth edition and has been exhaustively revised in the light of the Medical Benefit Regulations 1936 which came into operation on January 1 1937 The authors have left unanswered no question upon which the busy insurance practitioner is likely to seek information An extensive index makes reference on any question a matter of merely seconds The book contains specimens of the various forms which an insurance practitioner may be called upon to use and what is more helpful a description of the forms and an explanation of the circumstances in which they should be utilized There are in addition notes of decisions by the Minister of Health on various cases which cannot but be of assistance to practitioners

The Insurance Committee upon the recommendation of the subcommittee has decided that 2 000 copies of *Medical Insurance Practice* shall be purchased and that each of the insurance practitioners in the London area should be supplied with a copy

Specialist Services

During 1936 110 notifications of specialist services rendered to insured persons by twenty two insurance practitioners were sent to the London Insurance Committee sixty two were connected with eye service twenty four were for ultra violet ray treatment for various conditions and the remaining twenty four were mainly concerned with surgical services

An Elderly Practitioner and Night Visits

In a recent medical service case a nurse on behalf of an insured patient went to the practitioner's residence

BRITISH MEDICAL JOURNAL

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THREE EVENTS IN PUBLIC HEALTH

When a distinguished public servant, after a period of probation in kindred work, has attained to a high administrative charge in the government of his country, has thereafter enriched his experience by wide excursions in other lands, and, finally, in the fullness of time has published a narrative covering the years of these, his more mature, activities, any considered opinions which he may think fit to express therein should carry weight We therefore find it worthy of notice that Sir Arthur Newsholme, in his latest book,[1] which takes up the story of his life from the date of his assuming duty as Principal Medical Officer of the late Local Government Board enumerates as the three most important external events bearing upon the progress of public health during his tenure of that position (1) the reports of the Royal Commission on the Poor Laws, (2) the coming into operation of the National Insurance Act, and (3) the declaration of war in August, 1914

The old Poor Law medical relief had been aptly described by Dr J C McVail as "a cripple supported on two crutches, the general voluntary hospitals on the one side and gratuitous medical work by private practitioners on the other" The cautious majority report of the Royal Commission on the Poor Laws recommended that the county and borough councils acting through public assistance committees, should become the authorities for institutional treatment and general supervision, that there should be co operation between the relief authorities and private charities and that outdoor relief should be conditional on good behaviour The more progressive minority report aimed at completing the break-up of the Poor Law advised the withdrawal from the relief authorities of the care of the sick, the young, and the aged, and recommended a national scheme for unemployment Contemporary discussion of these two reports tended to focus more on their divergences than on their common purpose Owing to this and other major developments including the war and the post war problems, it was not till the Act of 1929 that local government reform was attempted and the care of the sick poor at last empowered to be supplied under statutes unrelated to the Poor Law

[1] *The Last Thirty Years in Public Health Recollections and Reflections on my Official and Post Official Life* By Sir Arthur Newsholme, K C B M D F R C P George Allen and Unwin (15s)

The National Insurance Act of 1911 had in the meantime inaugurated a movement in the direction of giving effect to the recommendation of the minority report in favour of social insurance Loss of health had long been recognized as an abundant cause of loss of employment and consequent destitution, and the Act was designed to provide "for insurance against loss of health and for the prevention and cure of sickness" Insurance against the impoverishment resulting from loss of health was provided under the Act by its sickness and disablement benefits while the cure of illness was made available by means of medical benefit Since under this last there was every inducement, or at least no deterrent, to the patient consulting his doctor betimes, it has had a preventive value

The Act as a whole, though well intended fell in many respects short of completeness, yet it suffered far more in its beginnings not from its inherent defects but from the unfortunate choice of early advisers by its prime mover who as Sir Arthur Newsholme says, first approached "the friendly societies and other less desirable industrial insurance societies" and did not until the Bill had been framed seek to establish close contacts with the Local Government Board or the British Medical Association The Board could have placed at his disposal its wide experience of administration, The Association would have been able to speak with authority for the profession likely to be most affected, whether for better or for worse, by the impending new regime Though the Association in the end secured what had come to be known as its "cardinal points" the Act, when placed on the Statute Book, had to encounter in many quarters both dumb and outspoken hostility resulting from previous differences of opinion, and it needed all the driving power of Sir Robert Morant and other civil servants to set the ponderous mechanism creaking into action

Sir Arthur Newsholme speculates in an interesting way whether if the reform of local government through the creation of larger areas which took place under the Act of 1929 had been effective before the inception of the national insurance scheme, the way would possibly have been opened for the introduction at that time of a more comprehensive medical service under the more auspicious control of the public health local authorities Sir Arthur himself figures as a cordial encomiast of local authority administration mainly on the ground that local authorities had been in his experience more disposed than Government Departments to seek or follow the advice of their medical officer Indeed he goes so far as to say that for their more efficient functioning central departments would do well to approximate to the

between 10 p m and 10 30 p m, and produced the insured person s medical card to the practitioner s wife, who informed her that the practitioner did not undertake night work The messenger then indicated the nature of the illness and pressed for a visit that evening The practitioner s wife again took the card and returned with a message to the effect that the practitioner had been ill and was not doing any night work, and suggested that another doctor should be called in The messenger thereupon secured the services of the nearest doctor, who was not an insurance practitioner and he attended and continued to attend the insured person throughout her illness The Medical Service Subcommittee, in recommending that the practitioner should be censured and a sum withheld from his pay, stated

The practitioner concerned in this case is elderly and it may well be that he desires so far as possible to avoid the necessity for night visits, but he has a responsibility to his insured patients and if he is unable or unwilling to visit them when their condition so requires he has a duty to provide the services of a deputy practitioner He was at home when the application for his services was made and on his own showing all he did was to send a message that application should be made for the services of another practitioner instead of as we should have expected himself getting in touch with the deputy practitioner and satisfying himself that the deputy would attend on his behalf There is no doubt that the condition of the patient was such as to need immediate medical attention which the practitioner although available failed to provide and as a result the complainant incurred expenses in obtaining the services of another practitioner living near

The case is of interest mainly as a reminder that a duty rests upon any insurance practitioner who feels unable to undertake night visits to have a standing arrangement with a deputy who is readily available It is not possible for an insurance practitioner to secure exemption from night visits to his own patients but an elderly practitioner may expect on application to the Insurance Committee, to be relieved of the necessity for being called upon to answer emergency night calls to other doctors patients

LONDON DISTRICT MEDICAL SERVICE

The boundaries of the general relief districts throughout London have been changed and the boundaries of medical relief districts are being altered to conform with them The scheme for the reorganization of general relief districts is now awaiting the approval of the Minister of Health and it is hoped to bring it into operation on April 1 next The scheme for the reorganization of medical relief districts will operate simultaneously Consideration has been given by the Hospitals and Medical Services Committee of the London County Council to the provisional salaries and allowances of district medical officers which shall obtain after March 31 The number of persons seen by part time district medical officers during 1936 was 49 914 of whom 33 894 received treatment The number of attendances at dispensaries was 186 253 and of domiciliary visits 63 190 The volume of work during 1936 was appreciably greater than in the preceding year although in some districts there was a decrease

The total of salaries of part time district medical officers at present amounts to £20 561 Under proposals now being submitted the cost will be £800 greater These proposals for adjustments of salaries and allowances are based not only on the amount of work carried out in the existing districts during the past year but also where districts are to be altered on the estimated amount of work which will be done in the reorganized areas The salaries are to be reviewed after six months The proposed adjustments provide for an increase of salary in twenty six cases and a decrease in eighteen also for certain increases and decreases in provisional allowances The increase of salary is generally of the order of £20 to £50, but in three cases the salary is increased by over £100 The largest reduction is £85

Correspondence

THE CAPITATION FEE

SIR—I am glad to see that the British Medical Association is now making a move to promote a demand by the profession for an increase in the panel capitation fee We are told in the Press that Cabinet Ministers and county court judges are to have their salaries raised on the ground of the great increase of work All professional men nowadays are driven hard by the demands of modern civilization and none more so than doctors

The self importance of the individual has become such a cult that on the appearance of the slightest ache or pain everyone from the highest to the lowest, demands instant medical attention Newspaper articles and wireless talks on health and sickness aggravate this introspection, and the rush of living travelling by car and buses brilliantly lit streets wireless cinemas cocktail and sherry parties all produce an extreme state of nervous irritation The result is that the medical man himself of necessity a subject to some of these stimuli must deal with a public far more exacting than that of a generation ago This applies to panel patients equally with those of the better off classes

The present capitation fee is acknowledged to be inadequate and there is an excellent case for an increase on the above grounds—I am etc

R MURRAY BARROW MB, BS

Stone Staffordshire Feb 23

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders G S Rutherford to the *Drake* for Royal Naval Barracks J B Crawford to the *Southampton* A W Cocking to the *Pembroke* for Royal Naval Barracks J C Brown to Royal Marine Infirmary Plymouth I S Goss to Royal Naval Barracks Devonport

Surgeon Lieutenant Commanders T I Cleave and C B Nicholson to Royal Naval Hospital Hong Kong T G B Crawford to the *Curacoa* F W Besley to the *Newcastle*, J J Keevil to the Royal Naval Hospital Great Yarmouth

Surgeon Lieutenant S R G Pimm has been placed on the retired list at his own request

Surgeon Lieutenants I W Baskerville to the *Wildfire*, G H G Southwell Sander to the *President* for course

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant G H Sellers to be Surgeon Lieutenant Commander

ROYAL ARMY MEDICAL CORPS

Major R Murphy to be Deputy Assistant Director of Medical Services Waziristan District

Lieutenant J H Cavehill to be Captain with seniority October 24 1936

Lieutenants (on probation) W N I Haynes J R Kellett, K G I Mackenzie R A Hoey R J G Morrison J Shields A T Marrable C W Mursey W Thomson W Stewart G B Heugh I A Davidson E A Smyth R S Hunt J V L Farquhar, C L Lewis G G Smith P H Ball E H Evans W D Lustrace I N Fulton, N R Murdoch W Currie have been confirmed in their rank

Lieutenant (on probation) V Bennett is restored to the establishment

ROYAL AIR FORCE MEDICAL SERVICE

Group Captains R J Aherne to the R A F General Hospital Hinaidi Iraq to command T Montgomery to Headquarters R A F, India, New Delhi, for duty as Principal Medical Officer

Wing Commander A A Tumley to Headquarters, R A F, Hinaidi Iraq for duty as Deputy Principal Medical Officer (Hygiene)

Flight Lieutenant D A Wilson to be Squadron Leader

Flight Lieutenants A S Amsden and H L Bellringer to Headquarters R A F Hinaidi Iraq

Flying Officers V D Jones to No 28 (Army Co operation) Squadron Ambala India R C O Grady to No 5 (Army Co operation) Squadron Chaklala India C C Barker and F I Whitehead to Headquarters R A F Hinaidi Iraq

ROYAL AIR FORCE RESERVE MEDICAL BRANCH

Flight Lieutenant J B Murphy has relinquished his commission on completion of service

methods of the best local authorities It is known, however that the British Medical Association, at the period when the Insurance Bill was under negotiation, was disinclined to entrust medical insurance to the then existing public health authorities, and it is more than doubtful whether the profession, even given an expansion of local areas such as has taken place since, would have been inspired to a new confidence in town or county councils The old order, however may be changing and new affections gaining ground It may or may not be significant that in the report of the Committee on Scottish Health Services it emerges that out of the six medical persons on the committee all but two were disposed to hand over the functions of Scottish Insurance Committees to the Scottish local health authorities

Turning now to the third of Sir Arthur Newsholme's important influences during his years of office in the Local Government Board, we observe that he quotes with approval an opinion to the effect that the war was "the most gigantic imbecility since the Crusades" It would be unprofitable to debate this point in a medical journal, but we may note with appreciation his brief review of whatever of good in public health may be claimed to have resulted from the late war An intensification of scientific progress in medicine and other fields, a new interest in nutrition—which has been well sustained—and a fresh impulse for the protection of maternal and infant life are among the benefits dearly bought by the years of conflict

Much of what we have said necessarily relates to matters which are already receding into the middle distance To many who knew of the events at first hand or themselves played a manly part in them our brief survey may read like a twice-told tale Others, more recent perhaps in medicine, may find it informative But for all of us it is good from time to time to re examine some, at least of the original foundations of our existing social fabric, in order that when we seek to raise it nearer to our cherished ideals what we add may be built with full knowledge of the facts, and so endure

THE MAUDSLEY HOSPITAL

The medical superintendent of the Maudsley Hospital, Dr Edward Mapother, has reported on its work from January 1 1932, to December 31, 1935 The period under review has been an important one, for it was marked by the working out in practice of the Local Government Act 1929 and Mental Treatment Act 1930, and also included the economic crisis The London County Council has taken a leading part in showing local authorities how to evolve a co ordinated system for dealing with mental and neurotic diseases of all kinds, for educating those employed in this work in all capacities, and for research The two Acts have much simplified the problems of determining what patients are entitled to treatment at the Maudsley Hospital, and of disposing of patients who need further institutional care The unification under the control of the L C C of a number of institutions providing nearly 35,000 beds and dealing in an adequately classified way with all grades of arrested development and mental disorder and decay gives the Maudsley access to a supply of clinical material which for abundance and variety is probably unique in the world Dr Mapother thinks that if the present opportunity is turned to full advantage the hospital may well become the main centre of advanced teaching in neuropsychiatry for the British Empire As an instalment of future development he remarks that the clinical director of the Maudsley visits the British Post Graduate Hospital each week as consultant in psychiatry and has, with the superintendent himself taken part in the refresher courses which have been organized by that hospital

The accommodation at the Maudsley Hospital has been increased in several ways Large new out-patient premises have just come into use and a garden villa has been built for eighteen patients It consists of two small dormitories, one at each end, joined by a corridor off which open two rows of rooms which are all provided for sound proofing with cavity walls, double windows, and two pairs of double doors Its success in producing quiet in the hospital and its neighbourhood is remarkable for an uneasy patient can be immediately segregated in a sound-proof room by merely removing his bed from the veranda By an arrangement with King's College Hospital the Maudsley is allowed to use its Pantia Ralli ward as an annexe This is the largest trial of psychiatric treatment that has so far been made in an English general hospital The ward holds thirty female patients in its main dormitory and five more in two double rooms and a single room Most of the patients come from other wards of King s College Hospital and its out patient department they are of a type which has no disturbing symptoms and which needs rest rather than occupation They are therefore mainly cases of combined mental and organic disorder and are very suitable for demonstrations of early minor and recoverable forms of mental disorder given in the ward by the medical superintendent Dr Mapother remarks that the experience gained shows that a single ward in a general hospital can deal properly with recent cases of mental or even neurotic disorder only under the special conditions

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major M G Dill having attained the age limit of liability to recall has ceased to belong to the Reserve of Officers
Captain C Robb having attained the age limit of liability to recall has ceased to belong to the Reserve of Officers

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant R L Harward to be Captain
To be Lieutenants A J Webster late Cadet Sergeant George Watson's College Contingent Junior Division OTC I B Speight

INDIAN MEDICAL SERVICE

Brevet Lieut-Col A A C McNeill to be officiating Deputy Director of Medical Services Headquarters Staff New Delhi vice Col F D G Howell DSO MC transferred to the Aldershot Command as Deputy Director of Medical Services

BOOKS ADDED TO THE LIBRARY

The following books were added to the Library of the British Medical Association during February 1937

Arvedson J Technique Effects and Uses of Swedish Medical Gymnastics and Massage 1936
Aykroyd W R Vitamins and Other Dietary Essentials Second edition 1936
Bailey H Diseases of the Testicle 1936
Barger G Organic Chemistry for Medical Students Second edition 1936
Bickerton T H Medical History of Liverpool from the Earliest Days to 1920 1936
Brown W Mind Medicine and Metaphysics 1936
Burns B H and Effis V H Recent Advances in Orthopaedic Surgery 1937
Cabot H (Editor) Modern Urology Third edition Two volumes 1936
Campbell H What is Wrong with British Diet? 1936
Carr-Saunders A M World Population 1936
Cattell R B Guide to Mental Testing 1936
Cobb I G Glands of Destiny Second edition 1936
Cobb S Preface to Nervous Disease 1936
Colyer Sir F Variations and Diseases of the Teeth of Animals 1936
Committee of the American Neurological Association Eugenical Sterilization 1936
Cossa P Physiopathologie du Systeme Nerveux 1936
Cushny's Textbook of Pharmacology and Therapeutics Eleventh edition by C W Edmunds and J A Gunn 1936
Diethelm O Treatment in Psychiatry 1936
Donzelot E and Kisthinios La Tension Artérielle 1935
Fearon W R Nutritional Factors in Disease 1936
Fidler F G Patient Looks at the Hospital 1936
Hartman C G Time of Ovulation in Women 1936
Hewer C L Recent Advances in Anaesthesia and Analgesia Second edition 1937
Hill D W and Howitt F O Insulin 1936
Hinton W A Syphilis and its Treatment 1936
Hogben L Mathematics for the Million 1936
Homans J Textbook of Surgery Fourth edition 1936
Hopkins G H E Mosquitoes of the Ethiopian Region 1936
Houston W R Art of Treatment 1936
Kahn R L Tissue Immunity 1936
Lawrie M Nature Hits Back 1936
Loeper M Maladies Infectieuses et Parasitaires 1935
McCulloch E C Disinfection and Sterilization 1936
McKay W J S Appendicitis When and How to Operate 1936
Martindale Extra Pharmacopoeia Twenty-first edition Vol I 1937
Murray P D F Bones 1936
Neal H V and Rand H W Comparative Anatomy 1936
New York Academy of Medicine Diseases of the Respiratory Tract 1936
Rumsey H St John Your Stammer and How to Correct It 1937
Sachs B Keeping Your Child Normal 1936
Schuberth G Physiologie des Menschen im Fluegzeug 1935
Simpson S L Medical Diagnosis 1937
Stumpfl F Die Ursprunge des Verbrechens 1936
Tuke J L Study of Individuals 1936
Whitwell J R Historical Notes on Psychiatry—Early Times–End of 16th Century 1936

British Medical Association

OFFICES BRITISH MEDICAL ASSOCIATION HOUSE TAVISTOCK SQUARE W C 1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager Telegrams Articulate Westcent London)
MEDICAL SECRETARY (Telegrams Mediscern Westcent London)
EDITOR BRITISH MEDICAL JOURNAL (Telegrams Aitiology Westcent London)
Telephone numbers of British Medical Association and British Medical Journal Euston 2111 (internal exchange five lines)
B M A SCOTTISH MEDICAL SECRETARY 7 Drumsheugh Gardens Edinburgh (Telegrams Associate Edinburgh Tel 24 61 Edinburgh)
Irish Free State Medical Union (I M A and B M A) 18 Kildare Street Dublin (Telegrams Bacillus Dublin Tel 62550 Dublin)

Diary of Central Meetings

MARCH

5	Fri	Science Committee 2 p m
9	Tues	Organization Committee 2 p m
10	Wed	Hospitals Committee 12 noon
11	Thurs	Insurance Acts Committee 11 30 a m
12	Fri	Journal Board 11 30 a m
		Public Health Committee 2 p m
16	Tues	Central Ethical Committee 2 p m
17	Wed	Medico-Political Committee 11 a m
18	Thurs	Dominions Committee 2 15 p m
19	Fri	Journal Committee 2 p m
24	Wed	Finance Committee 2 30 p m

APRIL

7	Wed	Council, 10 a m
15	Thurs	Radiologists Group Committee 2 30 p m
29	Thurs	Charities Committee

THE BELFAST MEETING

HOTEL AND LODGING ACCOMMODATION

The facilities for housing the members who contemplate visiting Belfast for the Annual Meeting next July have given the local committee a considerable amount of anxiety, but it is anticipated that those available will meet the requirements of all visitors A list of suitable hotels was published in the *Supplement* of February 20 (p 95) The booking of *hotel accommodation* has been placed exclusively in the hands of Messrs Thos Cook and Son, and if applications are made at their office, 27 Royal Avenue Belfast, they will allocate rooms in order of application No booking fee is charged but a small deposit will be asked for on reservation being made the deposit will be credited when the account is settled or returned if it is found that the room is not required

A register of *lodgings* is in course of preparation and various *students hostels* also are available *Booking of* these will be arranged through the Local Executive Office and applications for hostel or boarding house accommodation should be addressed to the Secretary B M A Whitla Medical Institute College Square N Belfast

A number of residents have offered *private hospitality* and this will also be available Those members desirous of utilizing this should also apply to the secretary at the above address

ACCOMMODATION AND CRUISE ON SS "ALMANZORA"

To supplement the limited accommodation in an attractive manner arrangements have been made with the approval of the Council of the Association for provision of accommodation on board the ss *Almanzora* During the period of the meeting the liner will be moored in order that members may take a full part in all the social and scientific activities Moreover the mooring berth will be adjacent to a tram service which will take members to the city centre in ten to fifteen minutes At the close

of association with a psychiatric clinic Propaganda for special wards in small clinics will, he believes, merely delay what has been found necessary over most of the civilized world—namely, the affiliation of completely organized psychiatric clinics to teaching hospitals A villa for sixty private patients, and in-patient accommodation for thirty children, are to be provided

The staff have carried out research into many aspects of mental disorder and have published a formidable list of papers Dr Mapother makes a personal appeal for a neuropsychiatric unit on Continental lines, with perhaps a hundred beds for patients whose organic nervous disease is not complicated by enough mental disorder to qualify them for admission under the Mental Treatment Act The purpose of the unit would be to concentrate upon the study in the living patient of those organic diseases in which mental disorder is apt to occur but before it actually appears Clinics of this kind, he says, have been responsible for saving 40 per cent of general paralytics and for preventing or arresting much epilepsy and encephalitis Such a unit could also correlate identifiable changes in the nervous system with mental disturbance, and thus ensure that psychiatry developed as an extension of organic neurology If the unrivalled clinical material to be found in the general hospitals of the L C C could be made available for a unit planned on these lines, the Maudsley, he says would become a neuropsychiatric institution with hardly a parallel in any other country

RETROPHARYNGEAL ABSCESS

In infancy and childhood the retropharyngeal glands which drain the nasopharynx are easily infected and readily break down and suppurate, giving rise to retropharyngeal abscess This may prove a serious complication of such a comparatively trivial complaint as a cold or sore throat, and Lyman Richards of Boston [1] who has lately reported a very careful study of 162 cases of retropharyngeal abscess, found that twelve had a fatal result Retropharyngeal abscess is almost always preceded by a varying period of illness, such as sore throat, colds otitis media, or cervical lymphadenitis tuberculous disease in the cervical spine is only a rare cause in young children The abscess develops acutely, so that in most cases some pressure symptoms, such as dyspnoea or dysphagia, or both arise within a few days, while coexistent cervical lymphadenitis is common Early and correct diagnosis is of the utmost importance if the condition is to be effectively treated but Lyman Richards warns us against attempting to examine a struggling child with a retropharyngeal abscess because fatal cessation of breathing has been known to occur from forcible opening of the mouth or the insertion of tongue depressors The safest way to examine the pharynx in the suspected case is by a gloved finger which, introduced through the mouth, palpates the posterior pharyngeal wall An x-ray examination is particularly valuable, as a lateral view may reveal an enlargement of the retropharyngeal space with encroachment on the pharyngeal or oesophageal lumen Peritonsillar abscess (quinsy), for which the condition has been mistaken, is very rare in children and unlikely therefore to confuse the issue Since incision into acutely inflamed glandular tissue is meddlesome and likely to spread infection, fluctuation should be elicited before operating Until localization as evidenced by fluctuation has occurred supporting measures of a general character with hot irrigation are indicated As has been pointed out, however, the abscess develops rapidly and then calls for free drainage Anaesthesia should be avoided since the loss of laryngeal reflexes which it brings about increases the risk of aspiration pneumonia, while local congestion may produce respiratory embarrassment that calls for tracheotomy Richards favours the internal operation, the child lying on the table with extended head and elevated shoulders, the tongue and larynx are lifted forwards with an angular tongue depressor and the posterior pharyngeal wall exposed The abscess is opened by a single adequate incision, its contents aspirated and the wound edges spread apart by opening the blades of a closed haemostat which has been introduced into it In only two of the series of cases reviewed was external drainage carried out, and both patients died A watch should be kept for secondary haemorrhage, which may necessitate carotid ligation

[1] *New Engl J Med* 1935, 215, 24, 1120

TREATMENT OF OBLITERATIVE VASCULAR DISEASE

During the last ten years many measures have been introduced with the object of increasing the blood flow through extremities affected by obliterative vascular disease After extended trial many of these measures have been given up, but two—namely, sympathetic ganglionectomy, and suction and pressure therapy—have established themselves as of real and complementary value A new addition to the list is intermittent venous occlusion, described by Collens and Wilensky [1] The method is based on an observation by Lewis and Grant [2] that release of a cuff congesting but not occluding the circulation to a limb is followed by a transitory increase in blood flow During the last eighteen months the authors have treated five cases of thrombo angiitis obliterans, twenty-three cases of arteriosclerosis obliterans, and one case of frost bite with gangrene by inflating a cuff on the thigh to 60 to 80 mm Hg for alternating periods of two minutes, the treatment lasting up to twelve hours a day Of these twenty-nine cases pain was completely relieved in twenty-one, partially relieved in six, and unaffected in two In seventeen cases of arterio

[1] *J Amer med Ass* 1936, 107, 1960
[2] *Heart*, 1925, 12, 73

of the meeting the liner will leave Belfast and, proceeding via the Inner and Outer Hebrides and Scapa Flow, will cruise in the Norwegian Fjords, visiting Trondhjem, Merok, Hellesylt, Oie and other places of interest The liner will return to Southampton on August 3 This cruise has been planned by Pickfords Travel Service in conjunction with the Royal Mail Lines, and members of the Association who propose to attend the Belfast meeting and are interested in these arrangements are asked to make an early application to Messrs Pickfords at 205 and 206, High Holborn, W C 1, or at any of their branches

TABLE OF OFFICIAL DATES

March 20 Sat	Nomination Papers available (on application at Head Office) for election of (i) 22 Members of Council by Grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
April 7, Wed	Council
April 24, Sat	Publication of Annual Report of Council in *B M J Supplement* Last day for receipt at Head Office of Nominations (i) by a Division of not less than 3 Members for election of 22 Members of Council by Grouped Branches in Great Britain and Northern Ireland, (ii) for election of 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
May 8, Sat	Publication in *B M J Supplement* of list of Nominations for Election of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body Voting Papers posted from Head Office where there are contests in above elections Applications for B M A Research Scholarships and Grants must be received at Head Office by this date
May 10 Mon	Motions by Divisions and Branches for A R M Agenda on matters of which two months notice must be given must be received at Head Office by this date
May 15 Sat	Publication in *B M J Supplement* of Motions and Amendments by Divisions and Branches for A R M on matters of which two months notice must be given Representatives and Deputy Representatives must be elected by this date Last day for receipt at Head Office of Voting Papers for election where there are contests of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 4 representatives of Public Health Service in Representative Body
May 29 Sat	Publication in *B M J Supplement* of result of election of Members of Council and result of above elections Nomination Papers available (on application at Head Office) for election of 11 Members of Council by grouped Representatives
June 2 Wed	Council
June 3 Thurs	Names of Representatives and Deputy Representatives must be received at Head Office by this date
June 19 Sat	Publication of Supplementary Report of Council in *B M J Supplement*
June 29 Tues	Other items for inclusion in A R M printed Agenda must be received at Head Office by this date
July 16 Fri	Annual Representative Meeting Belfast
July 17 Sat	Annual Representative Meeting Belfast
July 19 Mon	Annual Representative Meeting Belfast Council Belfast
July 20 Tues	Annual Representative Meeting Belfast Annual General Meeting Belfast President's Address
July 21 Wed	Council Belfast Conference of Honorary Secretaries Overseas Conference Belfast Meetings of Sections etc, Belfast
July 22 Thurs	Meetings of Sections etc Belfast Annual Dinner of the Association, Belfast
July 23, Fri	Meetings of Sections, etc, Belfast

Branch and Division Meetings to be Held

BORDER COUNTIES BRANCH CUMBERLAND DIVISION—At Workington Infirmary, Thursday March 11, 3 30 p m Report of Executive Committee on its negotiations with the Public Assistance Committee of the Cumberland County Council, followed by clinical meeting

EAST YORKSHIRE BRANCH—Wednesday, March 10 Annual dinner

ESSEX BRANCH SOUTH ESSEX DIVISION—At Queen's Hotel Westcliff on Sea, Tuesday March 9 8 45 p m Demonstration of the late Dr R G Canti's film of 'The Cultivation of Living Tissue' by Dr J O W Bland Special B M A Lecture

HERTFORDSHIRE BRANCH BARNET DIVISION—At Old Fold Manor Golf Club Tuesday March 9 8 30 p m Talk by Dr C E Lakin

KENT BRANCH TUNBRIDGE WELLS DIVISION—At Kent and Sussex Hospital, Tunbridge Wells Tuesday March 9, 9 p m Dr E F Stowell Toxic Goitre

LANCASHIRE AND CHESHIRE BRANCH BLACKPOOL DIVISION—At Metropole Hotel Blackpool Wednesday, March 10 Mr R Watson Jones Fractures Preceded by dinner at 7 15 p m

LANCASHIRE AND CHESHIRE BRANCH ROCHDALE DIVISION—At Rochdale Infirmary Friday, March 12 8 30 p m Dr J F Wilkinson (Manchester) Diagnosis and Treatment of Some Common Anaemias

LANCASHIRE AND CHESHIRE BRANCH WARRINGTON DIVISION—At Warrington Infirmary, Wednesday March 10 8 30 p m Film on fractures

LINCOLNSHIRE BRANCH LINCOLN DIVISION—At Albion Hotel Lincoln Thursday, March 11, 8 30 p m Dr R D Lawrence 'The Practitioner and Diabetic Emergencies Preceded by supper at 7 30 p m

METROPOLITAN COUNTIES BRANCH—At B M A House Tavistock Square W C Tuesday, March 9 5 30 p m Address by Dr Cyril Norwood The Doctor—as Seen by His Patient Preceded by reception and refreshments at 5 p m

METROPOLITAN COUNTIES BRANCH CITY DIVISION—At Metropolitan Hospital Kingsland Road E Friday, March 12 4 30 p m Mr R A Fitzsimons Clinical Cases

METROPOLITAN COUNTIES BRANCH GREENWICH AND DEPTFORD DIVISION—At Chesman's Restaurant, Lewisham S E, Thursday March 11 8 p m Dinner and dance

METROPOLITAN COUNTIES BRANCH HAMPSTEAD DIVISION—At Hampstead General Hospital Thursday March 11 8 15 p m Joint meeting with Northern Section of Metropolitan Branch of British Dental Association Discussion The Value of Co operation between Doctor and Dentist To be opened by Sir William Willcox followed by Mr A T Pitts

METROPOLITAN COUNTIES BRANCH HENDON DIVISION—Tuesday March 9 Visit to Metropolitan Police College, Hendon

METROPOLITAN COUNTIES BRANCH SOUTH WEST ESSEX DIVISION—At Livingstone College Knotts Green Leyton Tuesday March 9 9 15 p m Dr Browning Alexander 'Medical Emergencies

METROPOLITAN COUNTIES BRANCH WOOLWICH DIVISION—At Woolwich War Memorial Hospital Friday, March 5 8 45 p m Clinical evening

NORTH OF ENGLAND BRANCH BLYTH DIVISION—At Thomas Knight Memorial Hospital Blyth, Wednesday, March 10, 8 p m Mr H Vernon Ingram (Newcastle upon Tyne) Some Eye Conditions in General Practice Members of the Morpeth Division are invited to attend

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION—At Alnwick, Wednesday March 17 Mr T A Hindmarsh Surgical film

SOUTH WALES AND MONMOUTHSHIRE BRANCH SWANSEA DIVISION—Thursday March 11 Dr Roy Thomas 'Fundus Oculi

SOUTHERN BRANCH PORTSMOUTH DIVISION—At Queen's Hotel Southsea Thursday March 11 9 30 p m Dr F W Price General talk on Heart Disease, including a reference to Child bearing as a Complication Preceded by supper at 9 p m

SURREY BRANCH CROYDON DIVISION—At Croydon General Hospital Tuesday, March 9, 8 30 p m Dr W J O Donovan Modern Treatment of Skin Affections

SURREY BRANCH KINGSTON ON THAMES DIVISION Kingston and District Hospital, Thursday March 9 8 30 p m Dr R D Lawrence The Practitioner and Some Diabetic Emergencies

SURREY BRANCH REIGATE DIVISION—At East Surrey Hospital Redhill Tuesday March 9 8 45 p m Mr J Chassar Moir Some Common Conditions in Obstetrics and Gynaecology

SURREY BRANCH RICHMOND DIVISION—Friday March 12 9 p m Dr Robert Forbes Medico Legal Problems in Private Practice

SUSSEX BRANCH BRIGHTON DIVISION—At Grand Hotel Brighton Tuesday March 9 8 30 p m Joint meeting with Brighton Section of British Dental Association Dr G L Lyon Smith 'Haemophilia' Preceded by supper at 7 45 p m

SUSSEX BRANCH WEST SUSSEX DIVISION—At Beach Hotel, Littlehampton, Wednesday, March 10, 6 p m Divisional meeting 7 30 p m, Dinner

sclerosis with gangrene or ulceration the ulcers healed in seven, improved in six, and the treatment failed in four In six cases intermittent claudication was greatly improved after two to four weeks treatment It is stated that these results were obtained in patients treated earlier by the ordinary conservative methods, and indeed one patient suffering from thrombo angitis "had received 300 c cm of 5 per cent salt solution intravenously three times a week for seven years without relief of pain or any influence on the state of his ulcer"—a persistence which would be praiseworthy in a measure adequately supported either by reason or by experience in this patient an ulcer of eight years' duration healed under intermittent venous occlusion in eight weeks It is notoriously difficult to assess the value of any therapeutic measure either on an *a priori* basis or on the report of a single series of cases In this instance the physiological basis of the treatment is not apparent for although increase in blood flow does undoubtedly follow release of partial or complete occlusion of the blood vessels to a limb, this increase is no more than enough to discharge the blood flow debt incurred during the period of circulatory obstruction (except when complete occlusion is maintained for long periods[3]) Taken at their face value the results are however impressive enough for us to hope that this method of treatment will receive a thorough trial A point in its favour is that an apparatus designed to inflate intermittently a sphygmo manometer cuff should require little ingenuity or expense to devise

MEDICAL CLASSICS

Many medical men in England hardly know the names of those who in their time have been leaders in the profession and few could pass even an elementary examination upon their periods or what they had done to become famous Pott and Colles Simpson, and even Lister denote for them conditions and not living personalities Dr Emerson Crosby Kelly of the department of surgery at the Albany Medical College has set himself to remedy this gap in medical knowledge He is editing *Medical Classics* and promises ten issues a year[4] The first part of the first volume is devoted to Sir James Paget and is wholly admirable It begins with a list of the biographies hitherto published and this is followed by a bibliography of Paget's writings, which omits to state that the address to the Abernethian Society in 1885 was printed in full by J E Adlard Then come reprints of the papers on osteitis deformans and disease of the breast illustrated by the drawings and in each case by a facsimile of one printed page of the original account There is too a frontispiece of Sir John Millais' striking portrait The block reproducing the portrait is not very satisfactory and it would have been better if it had been made from the original picture The series is well worthy of support and there are promised Sir Charles Bell Addison Brodie Hodgkin and Parkinson on the British side Oliver Wendell Holmes Morton Halsted Murphy, and McDowell on the American Billroth Banti Koch and Bassini from the Continent A noble group whose work is well worth recalling

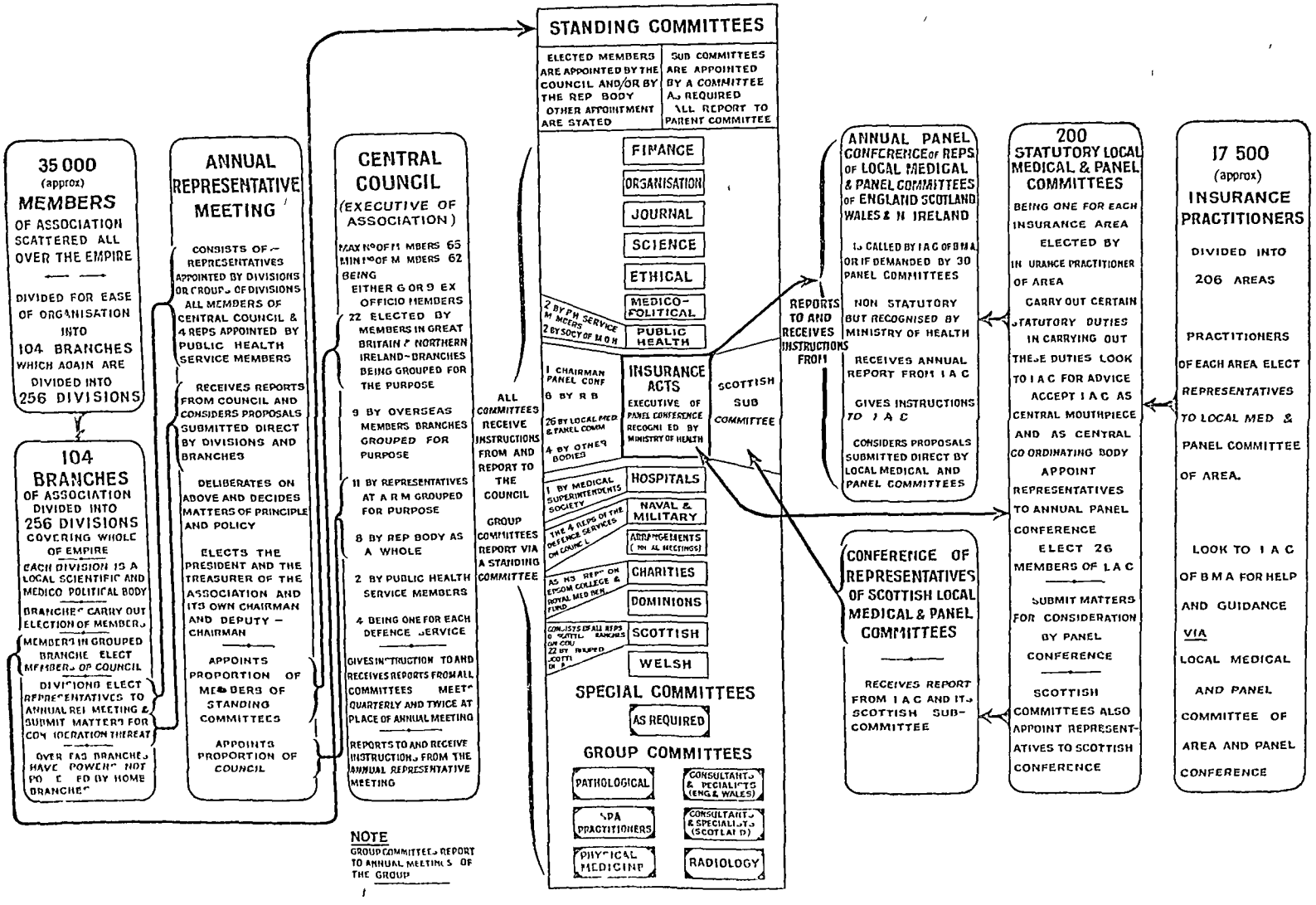
CENTRES FOR SEX FUNCTIONS

It is now established that ovulation, menstruation and pregnancy are largely controlled by secretions from the anterior pituitary, but the regulation of the activity of the pituitary itself is unknown Investigations during the last few years have suggested that nerve fibres pass from a centre in the hypothalamus to the pituitary and that the secretion of pituitary hormones is a response to stimuli from such a centre or centres Further evidence in support of a nervous control of the anterior pituitary and generative functions has now been provided by the interesting experiments of G W Harris[1] who was successful in inducing pseudo pregnancy in rats by electrical stimulation through the head during oestrus When the oestrous cycles were of normal rhythm the animals were stimulated under ether anaesthesia at the stage of oestrus assessed by the presence of cornified cells only in the vaginal smear The stimulus used was an alternating current of 50 cycles with a voltage varying between 20 and 40 The time of stimulation was three seconds on seven seconds off, three seconds on and then this was repeated after an interval which varied between five minutes and twenty four hours The most constant results were obtained with a potential difference of 30 volts and a time interval between the two sets of stimuli of one to one and a half hours Forty-three stimuli applied at various stages of oestrus in twenty one rats gave twenty eight (68 per cent) positive responses (delays in the cycle of ten days or over) The delays were counted from the metoestrus following stimulation to the next period of oestrus Although the ovarian cycle in the rat is very difficult to follow the response to the head stimulation was shown in several ways to be a true pseudo pregnant response the most convincing method being the production of deciduomata A similar stimulus applied to the lumbar spinal cord gave no definite results The figure of 68 per cent positive results is in accordance with those obtained by other workers on the induction of pseudo pregnancy in the rat by stimulation of the cervix uteri and G W Harris's work partly confirms the experiments of F H A Marshall and E B Verney[2] who brought about ovulation and pseudo pregnancy in the rabbit by electrical stimulation of the lumbar spinal cord and head It is presumed that some part of the nervous pathway to the pituitary gland is stimulated by this means Harris's experimental work calls to mind the conclusions drawn from a clinical standpoint in a paper by G W Theobald[3] who produced clinical evidence to show that the regularity of the menstrual cycle depends on a menstruation centre in the hypothalamus and that ovulation pregnancy and parturition are similarly controlled by a centre or centres in the hypothalamus He postulated that the afferent stimuli to the menstruation centre are provided by the

[1] *J Physiol* 1936 88 61
[2] Ibid 1936 86 327
[3] *British Medical Journal* 1936 1 1038

[3] Freeman *Amer J Physiol* 1935 113 384
[4] Subscription price 10 dollars or 47s 6d per annum British agents Messrs Baillière Tindall and Cox

Interrelationship of Members, Divisions and Branches, Representative Body, Council, Groups, Committees, Subcommittees, Insurance Practitioners, Local Medical and Panel Committees, Panel Conference, and Insurance Acts Committee



ovarian hormones and by nervous stimuli from the generative organs and the cerebral cortex, and that the efferent stimuli from the centre operate through the anterior pituitary gland and to a certain extent through nervous impulses to the generative organs

VASCULAR RESPONSES TO CO_2

Changes in the tension of carbon dioxide in the blood have been shown by various investigators, working mainly with animals, to give rise to changes in blood pressure. Hyperventilation with consequent drop in CO_2 tension in the blood in anaesthetized animals leads to a fall in blood pressure. Experiments of this nature in man are complicated by the fact that there is a compensatory vasoconstriction during hyperventilation involving deep inspirations. It is possible, however, for moderate hyperventilation to be carried out for periods up to fifteen minutes without producing a vasoconstriction, as was shown by Bolton, Carmichael, and Sturup.[1] Without careful control of such complicating responses it is impossible to come to clear conclusions by experiment on human subjects. On the other hand, it is rash to apply to the human subject the results of experiments on anaesthetized animals or pharmacological tissue preparations. Bolton, Carmichael and Williams[2] have recently investigated the peripheral vascular responses to changes of CO_2 tension in the blood in normal subjects, patients with a sympathectomized limb others with a transverse lesion of the dorsal cord and others with a lesion of the brachial plexus. Those with a nerve lesion all gave clear clinical pictures. The technique of investigation was to study plethysmographic tracings, taken from toes and fingers respiratory tracings, and systolic blood pressure readings and to correlate these with the changes in the blood. The alterations in blood gas tensions were produced by breathing 10 to 20 per cent CO_2 in air, by moderate overbreathing up to fifteen minutes, by inhaling pure oxygen, by rebreathing in a closed system, the inspired air being passed over caustic potash, by breathing pure nitrogen, and by holding the breath or by rebreathing until dyspnoea supervened. In these ways it is possible to increase or decrease the partial pressures of CO_2 and O_2 in the blood and to increase the CO_2 and diminish the O_2 partial pressures. In order to alter the condition of the peripheral vascular bed the blood temperature was raised or lowered by immersion of the legs in tanks of hot water at 44° C or of cold water at 14° C. In this way general vasodilatation or vasoconstriction could be maintained for long periods. Precautions to avoid venous congestion and movement of the part on the plethysmograph and to avoid psychic disturbance of the patient have to be taken to prevent artefacts. The results obtained can only shortly be referred to, but were of great interest. Increase in tension of carbon dioxide in the blood was followed by a peripheral vasoconstriction and then by a profound vasodilatation if the original condition was one of peripheral vasodilatation. At the same time there was a rise in blood pressure. If the vessels were initially constricted there was no further constriction, but there was still a rise in blood pressure of much the same magnitude as occurred when the vessels were initially dilated. Hence it is concluded that the rise in blood pressure is due to constriction of the vascular bed in the splanchnic region and in the muscles. The subsequent dilatation and fall in blood pressure is regarded by these authors as a compensatory mechanism not related to the rise of CO_2 tension in the blood. These changes were not obtained in the affected limbs of subjects with lesions of the dorsal cord or of the brachial plexus. From this it is deduced that the effect of the carbon dioxide depends upon an intact nervous system and is independent of cardiac output (the latter view having been reached from animal experiments by other investigators). Very interesting was the finding that the effects were absent in a sympathectomized limb, but that mere severing of the somatic nerves did not abolish the response. It therefore seems justifiable to conclude that the response is dependent upon an intact sympathetic supply—that is, upon active vasomotor changes in the investigated limb—and that the control is central. These effects could be produced only when there was an increase of CO_2 tension, decreased CO_2 tension and increased or diminished O_2 tension had no such effect. The results were perhaps not unexpected but their demonstration in man presents a beautiful picture of what can be achieved by the proper use of clinical material.

[1] *J. Physiol.* 1936, 86, 83
[2] Ibid., 1936, 88, 113

EDUCATION OF THE BLIND

There was a book that was found in most households a generation or two ago entitled *Enquire Within upon Everything*. The report of the Joint Committee of the College of Teachers of the Blind and the National Institute for the Blind upon the Education of the Blind[1] might well have been called "enquire within upon everything concerning the mental, moral, social, and industrial training of the blind." We have seen no work of the kind that is so well balanced in its judgements, so complete in its survey, and so well and clearly expressed. The authors of this report gave much time through five years to its preparation and that time has been well spent. The scheme of training the blind in this country is on the whole well planned and well carried out. One of the most noteworthy features of blind training is its continuity. It starts with the nursery or infant school and proceeds to its fruition in the vocational training and the assistance or direction of the early workers. Nothing like this is to be found in the training of sighted children. These leave school for the most part at the age of 14 and their vocational training is not received through the schools, but from the drill of the employment that they happen to secure and such technical classes as they have the energy to join. The blind child is within the formative influence of a directive and happy school environment over a wide range of years from infancy to manhood. The responsibility of the teachers of the blind is therefore great. On the other hand the blind suffer severely by the loss of sight. Though they seem to the casual

[1] *The Education of the Blind: A Survey.* London: Edward Arnold and Co. (7s. 6d.)

Meetings of Branches and Divisions

BATH, BRISTOL, AND SOMERSET BRANCH EAST SOMERSET DIVISION

At the annual general meeting of the East Somerset Division held at Weston super-Mare Hospital on February 19 Mr K H PRIDIE gave an interesting address on the treatment of fractures He also showed a film of a new method of pinning intracapsular fractures of the neck of the femur

JAMAICA BRANCH

The Jamaica Branch of the British Medical Association has issued its *Transactions* for the year 1935–6 in pamphlet form The chief contribution is the address of the president (Dr C I Lecesne) which is a historical retrospect with an excellent bibliography, of the medical profession in Jamaica Dr Leighton M Clark contributes a short paper on Malnutrition as a Cause of Retrobulbar Neuritis in Children and Dr Dickenson one on 'Optic Atrophy in Children

KENT BRANCH EAST KENT DIVISION

At a meeting of the East Kent Division, held at Chiltonville on February 18 with Mr W E C WYNNE in the chair Mr R OGIER WARD read a paper on The More Recent Developments in the Treatment of the Prostate' and showed a number of specimens He began by describing the chief symptoms and signs of prostatic obstruction and discussed their diagnostic significance and their value as indications for treatment He referred to modern attempts to treat the condition otherwise than by prostatectomy He did not consider that endocrine therapy x ray treatment or vasal ligature could be regarded as valuable alternatives and the catheter life was more dangerous than operation Modern methods of prostatectomy were then described particularly the Harris operation and perurethral resection After a full discussion the meeting closed with a hearty vote of thanks to Mr Ogier Ward for his interesting paper

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION

A joint meeting of the Preston Division and the Preston Medico Ethical Society was held at Preston Royal Infirmary on February 16 when Dr FREDERICK HALL gave an address on The Control of Milk Supply Dr Hall illustrated his remarks with numerous interesting slides and a discussion followed

NORTH OF ENGLAND BRANCH TYNESIDE DIVISION

At a meeting of the Tyneside Division held at Tynemouth Infirmary on February 19 a film The Modern Treatment of Fractures was shown, Mr J K STANCER (Newcastle upon Tyne) providing an interesting commentary The report of the maternity subcommittee was considered The meeting resolved to devote the sum of £10 raised as a result of a dinner and dance to B M A charities

NORTHERN IRELAND BRANCH

A meeting of the Northern Ireland Branch was held at Whitla Medical Institute Belfast on February 4 when the president Mr H L H GREER was in the chair The crowded audience included prominent officials of the Home Office Department Belfast and representatives of municipal authorities

Major STUART BLACKMORE chief medical officer to the Air Raids Department of the Home Office London gave an address on Air Raid Precautions Major Blackmore said that no area of the country could expect immunity from attack and the warning period would be a matter of an hour or so or might even be minutes The incendiary bomb was the most important single factor in air attack as it could be carried in large numbers and consequently could start a number of fires in an attacked area Next in importance was the high explosive bomb against which there was no practicable scheme of protection Such bombs however could not be carried in any numbers on account of their relatively large size Attacks by gas bombs were considered in relation to the disorganization of civilian services and personal injuries Major Blackmore emphasized the need for organized protection and proper services for dealing with casualties and outlined methods of securing these

Mr G B HANNA K C M P, Under Secretary to the Ministry of Home Affairs of Northern Ireland, proposed a vote of thanks to Major Blackmore for his address This was seconded by Professor P T CRYMBLE and passed with enthusiasm

Major BLACKMORE gave a lecture to the students of Queen's University on February 5 and also to the nursing staffs of the various city hospitals in the King Edward Memorial Hall of the Royal Victoria Hospital

QUEENSLAND BRANCH

The following officers have been elected for 1937

President Dr F A Price *President Elect and Honorary Treasurer* Dr R G Quinn *Honorary Secretary* Dr L W N Gibson *Assistant Honorary Secretary* Dr Ellis Murphy *Honorary Librarian and Honorary Curator of the Museum* Dr Neville G Sutton

The report of the Branch for 1936 reflects a busy and interesting year Nine ordinary meetings were held, one of which was a clinical meeting In addition there was a scientific gathering each month from February to November, at which papers on a wide range of clinical subjects were read The committee responsible for arranging the programme of papers included Dr Basil L Hart and Dr J G Wagner Among other scientific occasions of the year were a lecture by Professor Winifred Cullis on Fatigue and its Prevention' the Joseph Bancroft Memorial Lecture by Professor Harold Dew on Some Aspects of Neurosurgery, and the Jackson Lecture by Dr Alex Marks entitled A Review of Midwifery Instruments since Paré The report also contains details of the work of the various subcommittees during the year

SOUTHERN BRANCH PORTSMOUTH DIVISION

At a meeting of the Portsmouth Division, held at Southsea on February 11 with Dr M ASTON KEY in the chair, binding resolutions regarding whole time public health appointments under local authorities and domiciliary attendance by a consultant were adopted The CHAIRMAN referred to the success of the annual dance of the Division and said that £100 had been collected for the charities Hearty votes of thanks were accorded Drs H H Warren and A Mearns Fraser for their efforts

Mr E W RICHES gave an address on Modern Methods of Dealing with Prostatic Obstruction The CHAIRMAN Mr N P L LUMB Mr O S HILLMAN and Drs H W JEANS W B CATHCART and C J MAYHEW took part in the discussion which followed On the motion of Mr HILLMAN seconded by Dr A MURRAY STUART a hearty vote of thanks was accorded Mr Riches for his address

SOUTH WESTERN BRANCH PLYMOUTH DIVISION

At a general meeting of the Plymouth Division, held at Plymouth on January 13 with Mr C M KENNEDY in the chair Dr T A HUNTER opened a discussion on Isolation Disinfection and Contacts in Domiciliary Cases of Minor Infectious Diseases Dr Hunter said that he included under this heading measles, scarlet fever mumps chicken pox whooping cough and German measles Some practitioners were in favour of letting all children get these diseases and so acquire immunity, and others considered that isolation of all infectious cases should be carried out with rigour Between these two extremes there existed an infinite variety of compromises and the position was an unsatisfactory one Some standard method of procedure would be a benefit, both to the public health service and to the general practitioner Dr Hunter then asked a number of questions, to which Dr T PEIRSON medical officer of health for the city, replied

Dr Peirson first emphasized the necessity for isolation of cases and the protection of contacts and the non immune public He considered that terminal disinfection was largely unnecessary, as the virus of infection in these diseases had a very short existence outside the human body An exception to this generalization was scarlet fever, in which terminal disinfection was essential The haemolytic streptococcus of scarlet fever was an organism which could be carried by persons not affected by the disease and there was little doubt that cases of infection by the organism though not producing the typical appearances of scarlet fever in a particular patient could produce that disease in others who were non immune All cases of infection by the haemolytic streptococcus therefore should be isolated in the same way as true scarlet fever It was generally agreed that infection from measles was not likely after the first week and that whooping cough was not infectious after the catarrhal stage had passed Therefore disinfection at these stages was much more valuable than terminal disinfection

Except in scarlet fever and diphtheria contacts were quite safe so long as there were no symptoms In the case of

observer to be singularly placid calm self contained, and undisturbed there is evidence to prove that this is far from the truth The limitations imposed by their handicap have a severe mental reaction Blindness is the subjective annihilation of the visible universe The blind are driven in upon themselves To sit idle is to be lost to the world and to be filled with the ceaseless turning of the mills of the mind without enough grist to grind There is a risk that the habit of brooding may be set up Hence the long continued training of the blind irrespective of the need for their industrial equipment if they are to take any place in the effective life of their time The limitation of their senses is reflected in the limitation of their industrial opportunity Nevertheless it is found that there are compensations in the mastery of manual work and that many of the blind rank on a level with the skilled worker in occupations for which they are eligible One of the problems to be faced arises from the success of the measures for the prevention of blindness Places in schools now outnumber the pupils The report suggests that reducing the number of the schools and increasing the accommodation of those retained would give greater scope for classification in training which is difficult when the numbers in any school are small

BIOLOGICAL STUDY OF DRUGS AND FOODS

The annual report of research work done in the College of the Pharmaceutical Society in 1936 contains a record of a wide variety of activities The staff of the chemical department has worked on the synthesis of new antiseptics of the acridine series and of local anaesthetics and are in process of constructing synthetic drugs with a quinine structure Dr Coward, in the nutrition department has studied improved methods for the biological standardization of the vitamins and by the use of the statistical methods introduced during recent years has succeeded in shortening some of the tests This department has carried out biological tests on the vitamin D activity of 179 cod liver oils in the year under review The average findings during the last three years show the curious result that whereas the average potency of seventy samples tested in 1934 was about 160 units per gramme the average potency of sixty one tested in the last half of 1936 was 89 units The minimum pharmacopoeial requirement is 85 units per gramme Professor J H Burn in the pharmacology department records many valuable researches A method for standardizing cortical extract has been developed which will facilitate the clinical use of this endocrine preparation Researches on the effect of vitamin deficiency or resistance to drugs have shown that vitamin D lack lowers the resistance of rats to neoarsphenamine This is a very interesting line of research because the extensive individual variation in response to drugs is an important limiting factor in some forms of therapy and any information about possible factors increasing this variation is important Another research of clinical interest is the measurement of the extent to which fever modifies the response of rabbits to insulin It has been shown that fever can abolish the response and that this inhibition does not occur in hypophysectomized animals The effect of fever on insulin is a problem of clinical importance and this work promises moreover to throw light on the mechanism of the febrile reaction

LONDON MEDICAL GRADUATES SOCIETY

The University of London lacking a long history and a local habitation has not yet gathered those traditions memories and ancient buildings that make the senior seats of learning something more than academies of instruction When in June 1933 King George V laid the foundation stone of the new headquarters he marked a definite stage in the growth of London University The magnificent new buildings now rising in Bloomsbury situated as they are between the British Museum and University College with such institutions as the London School of Hygiene and Tropical Medicine near by will when completed give London a university quarter worthy of the name The University will soon have a structure in stone and bricks to embody the corporate spirit that is so essential to its full growth and in no better way can the spirit be fostered than in the formation of societies within the University of men and women of common intellectual interests Such a society is that of the University of London Medical Graduates whose aims are set forth in a letter printed in this issue at page 531 Sponsored by Mr W McAdam Eccles Dr C A H Franklyn Mr T B Layton and Sir StClair Thomson the society was founded in 1928 Fifty members were present at the first annual dinner in May 1928 and in December 1936 the membership was 670 The growth of the society has been steady, but the membership is still small in proportion to the large number of students in the Faculty of Medicine The intense individualism of London hospitals has played a great part in their development and has been responsible for much excellent work But in this age when co operation has been found more efficient and economic than competition in many spheres of activity, individualism carried too far is apt to act as a brake on progress Some of the metropolitan medical schools have already recognized this in their efforts to pool teaching resources for the benefit of their students But for these efforts to be really successful the narrow parochialism which it must be confessed tends at times to manifest itself in London teaching hospitals can only disappear when medical graduates and students of all the hospitals can meet each other in the friendly and informal atmosphere of such a society as that of the University of London Medical Graduates Those who do not yet belong should apply for membership by writing to the honorary secretaries 11 Chandos Street Cavendish Square W 1

We are asked to state that the fourth biennial informal conference organized by the British Empire Cancer Campaign will be held on Tuesday and Wednesday March 16 and 17 at the Royal Society of Medicine Admission is by card only after application to Mr Lawrence Abel or Dr R W Scarff joint honorary secretaries of the Organizing Committee (British Empire Cancer Campaign) 12 Grosvenor Crescent London S W 1

scarlet fever school teachers and those who handled raw food should not be allowed to carry on with their occupations but might mix with others in the open air In all diseases non immune children should not be allowed to return to school until the period of quarantine was over because many of these diseases passed unnoticed in the very early stages when infection was most likely Every child contact of scarlet fever whether immune or not should undergo a period of quarantine Attendants on patients should take the precaution of washing and changing their clothes before mixing with other people Non immune children should not be allowed to mix with others in the house cinemas etc Dr Peirson did not consider it was safe to allow non immune child contacts to mix with others in the open air since it was impossible to be absolutely certain that they did not go indoors with other non immune persons Theoretically non immune contacts were safe until the minimum incubation period had elapsed

Dr Peirson went on to appeal for the home treatment of scarlet fever in Plymouth He said that 77 per cent of cases were treated in hospital and only 23 per cent at home This meant that the wards in the isolation hospital became full with cases of mild scarlet fever and prevented the admission of much more suitable patients suffering from pneumonia associated with measles or whooping cough In addition there was a greater liability of cross infection from other strains of haemolytic streptococci which produced second attacks of scarlet fever in convalescent children It was no more dangerous to nurse cases of scarlet fever at home than such conditions as streptococcal tonsillitis etc The dockyard authorities had agreed to allow their employees to return to work in spite of the presence of a case of infectious disease in the home provided they were covered by a certificate signed by the patient's doctor and countersigned by himself to the effect that the home conditions were suitable for such procedure

Free discussion followed in which the CHAIRMAN and the following took part Drs J N MORRIS D MACNAIR S NOY SCOTT W F BENSTED SMITH E MCCULLOCH D O TWINING and Lieut Colonel M ORR WILSON

Dr PEIRSON in reply to various points raised stated that the virus of influenza had a very tenuous existence outside the human host He had not considered the spraying of large buildings with disinfectants or such similar measures of any value but was strongly in favour of current disinfection by the use of gargles and other protective measures for the individual Schools should not be closed on account of infectious diseases except in very rare instances or in rural areas where children were only likely to come together in the schools

Dr HUNTER in conclusion suggested that the medical officer of health should issue a circular of suggestions for the guidance of practitioners to achieve a uniform standard in combating these infectious diseases

After some further discussion Dr TWINING proposed and Dr MACNAIR seconded a resolution to appoint a subcommittee to confer with the medical officer of health for the purpose of issuing suggestions on the lines proposed by Dr Hunter This resolution was carried unanimously

A vote of thanks to the openers of the discussion was proposed by Dr T M JAMIESON and seconded by Dr SHORE and carried with acclamation

Discussion on Ante natal Care

At a meeting of the Plymouth Division held at Plymouth on February 17 with Mr C M KENNEDY in the chair a discussion entitled Is Ante natal Care Worth While? was opened by Mr JAMES RIDDELL Summing up the advantages of ante natal care Mr Riddell said that it provided greater contact between patient doctor and nurse and the psychological effect of this contact was of the greatest importance Diet and exercise could be controlled during pregnancy The doctor could advise the mother in the choice of foods so that metabolic toxins would not arise Although ante natal care could not prevent many complications of pregnancy yet by its practice warning of them was obtained The toxaemias of pregnancy could be very largely eliminated by ante natal care These constituted a medical problem and offered great scope to the physician in this connexion Theobald had done good work in showing that the liver was the organ particularly at fault Again diet and the exhibition of calcium with vitamin D could be of value in preventing toxaemias Mr Riddell emphasized the danger of waiting too long in a case in which symptoms persisted in spite of treatment Induction was a far better procedure than running unnecessary risks Hormone treatment was being developed and some definite results had been achieved It had been shown that oestrin would expel a dead foetus and not a live one while progestin was useful in toxic albuminuria

Disproportion was easy to diagnose in the major degree but difficult in minor cases Over use of callipers led to errors as it must always be borne in mind that labour was a process of living tissues and not of dead bones By careful observation and intervention at the proper time many post partum complications could be avoided There was no merit in a successful forceps delivery if a woman's future life was to be adversely affected Caesarean section was an alternative which should always be borne in mind The anaemias of pregnancy could be detected by ante natal care It was axiomatic that anaemia like haemorrhage greatly increased the liability to sepsis Abortion could frequently be avoided by care during the early stages of pregnancy and in those cases in which abortion had occurred previously vitamin E antiutrin S and progestin had proved helpful

Mr G E LARKS considered that placenta praevia was the most dangerous complication from the medical standpoint From statistics in his possession gathered from the City Hospital it would appear that in only one third of cases which proved fatal could death have been prevented by ante natal measures Observation during pregnancy was very helpful where there was tuberculosis toxaemia or venereal disease or in any cases in which radiographic examination was of value in estimating disproportion and foetal monsters

Dr S M DAVIDSON favoured careful ante natal observation He could not agree with Mr Larks on the subject of placenta praevia he believed that adequate treatment should save every case He regarded early version as dangerous in breech cases and stressed the importance of taking blood pressure readings throughout pregnancy

Dr MABEL RAMSAY speaking from thirty years experience stated that she had been associated with the original Hudders field experiment She thought that ante natal care was well worth while even if it led only to a closer association between doctor and patient She held very strongly the opinion that midwifery should be in the hands only of doctors who were keen on it the others should cease to practise it She had found fulminating eclampsia commoner in young patients and instanced two cases

Dr E MCCULLOCH who attended his first confinement forty one years ago was inclined to think that ante natal care was being overdone In any event it should be conducted by the patient's own doctor and all clinics should be of a consultative nature He regarded ante natal care by individual doctors as of very great importance Dr C R CROFT considered that one of the most important things in ante natal work was the education of the patient in the recognition of abnormal symptoms

Dr G H S LETCHWORTH said that although 90 per cent of pregnant women did not require ante natal observation the remaining 10 per cent needed it very badly The profession therefore must legislate for that 10 per cent by undertaking ante natal work in all cases He was inclined to think that there had been of late an increase in the number of infections of the breast and wondered whether these were not due to too much handling and treatment during pregnancy He had also observed an increase in the number of retracted nipples and considered this was due to the wearing of tight brassieres He now instructed all his patients not to wear a brassiere during pregnancy The number of failed forceps cases had been greatly reduced by ante natal care and advice

Mr RIDDELL in reply agreed that blood pressure readings were of great importance and he was sure that if there was a continual rise the patient should be confined to bed He also agreed that breech cases were very difficult to diagnose and before version was attempted every effort should be made to find the cause for abnormal presentation One result of ante natal observation had been to show that the head did not engage on the thirty sixth week and that bad flexion might simulate disproportion

A vote of thanks to Mr Riddell for opening the discussion was proposed by Dr P MCC WILMOT and seconded by Dr H H COHEN and this was carried with acclamation

SUDAN BRANCH

At a meeting of the Sudan Branch held at the Kitchener School of Medicine Khartum on January 11 with Dr L D PRIDIE in the chair the following officers were elected for 19

President Mr F S Mayne *Vice President* Dr R H Blard
Honorary Secretary and Treasurer Dr R Kirk

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE PHYSIOLOGY OF THE ENDOMETRIUM AND UTERINE MUSCLE, AND OF THE OVARIAN CYCLE

BY

J. M. ROBSON, M.D., D.Sc.

During the period of sexual maturity cyclical changes occur in the uterine endometrium and muscle. These changes are closely correlated with alterations morphological and secretory taking place in the ovaries, and it is now known that the gonads directly control the condition of the uterus by means of hormones released into the blood stream. The types of cycles observed in different species and the details of the changes taking place in the sex organs of these species show almost bewildering variations. In this article it is therefore intended to consider the conditions present in the primates (especially in the human subject) and to refer to experimental findings in animals only in so far as this will clarify our understanding of the problem in primates.

Broadly speaking, the sex cycle may be divided into two main phases: (1) pre-ovulatory, and (2) post-ovulatory. Obviously the extrusion of the ovum from the mature Graafian follicle (that is, ovulation) acts as the dividing point. In the pre-ovulatory period the Graafian follicles are gradually growing and maturing in the ovaries, and these organs are releasing a hormone (oestradiol*) which controls the changes taking place at that time in the uterine endometrium and muscle. Thus this phase may also be called the follicular phase of the cycle. After ovulation a corpus luteum is formed in the site of the follicle from which the ovum has been extruded. The corpus luteum also produces oestradiol, but in addition it secretes a second ovarian hormone progesterone which is responsible for the characteristic alterations observed in the uterus during the second phase of the cycle, which may therefore be called the luteal phase.

At ovulation one of two things may happen: (1) the ovum may not be fertilized, or (2) it may be fertilized. If it is not fertilized then the period of activity of the newly formed corpus luteum is short (about fifteen days in primates) and the cessation of its secretory function (that is, of the secretion of progesterone and oestradiol) is followed by the degenerative changes in the uterine endometrium which constitute menstruation. During the period of activity of such a corpus luteum (that is, when no developing ovum is present in the uterus) alterations are nevertheless produced in the uterine endometrium and muscle which are very similar to those observed in the early stages of a true pregnancy and represent a preparation of the uterus for the nidation and development of the embryo. This phase of luteal activity, which terminates in the degenerative process of menstruation because no ovum becomes embedded in the endometrium, has therefore been termed "pseudo-pregnancy."

When ovulation is followed by fertilization true pregnancy supervenes, and the period of activity of the corpus luteum is considerably prolonged. Moreover, an organ (the placenta) develops which acts as an additional source of the ovarian hormones. For there is now considerable evidence that in some species at least the placenta may secrete both oestradiol and progesterone. In the human subject during pregnancy the placental secretion alone may be sufficient to maintain the functional alterations produced by these two ovarian hormones and thus removal of the ovaries from the pregnant woman may be followed by continuation of normal gestation leading to a normal parturition.

Changes in the Uterine Endometrium During the Ovarian Cycle

Let us now consider in some detail the actual changes in the uterine endometrium and muscle during the various phases of the sex cycle. The alterations in the endometrium have been studied in monkeys and in man by a number of observers and have for the purpose of description been divided into certain stages. These are, of course, not sharply demarcated, but gradually merge into one another. The description given by Shaw and by Schroeder on the basis of their clinical studies of the human uterus will be followed. In the early stages of the cycle (that is, in the period immediately following the end of menstruation) the regeneration of the destroyed mucosa takes place, and shortly afterwards a resting stage is reached: the mucosa is lined by a low columnar epithelium, the blood supply is relatively small and the vessels are not conspicuous. This is rapidly followed by a proliferative process. Convolutions begin to appear in the glands and by the end of the second week after the beginning of the previous menstruation all the glands are as a rule convoluted: the epithelium is of a high cylindrical type and a large number of mitoses may be observed.

This stage of the sex cycle—that is, approximately the first two weeks after the beginning of menstruation—represents the follicular phase, during which the Graafian follicles in the ovaries are gradually ripening preparatory to ovulation. The final maturation process involves only a limited number of follicles, and in primates usually only one; the antrum becomes enlarged, the follicle approaches the surface of the ovary and finally bursts and the ovum is extruded. The final growth and ovulation of a single follicle (or of a group of follicles, as is usually the case in the lower animals) is accompanied by the destruction of all remaining follicles. During the phase of follicular maturation oestradiol is secreted by the ovarian substance and by the follicles and is responsible for the proliferative processes in the endometrium which follow menstruation. A similar stage is observed in a large number of animal species in which ovulation is also preceded by proliferative changes in the uterine endometrium, produced by the hormone oestradiol secreted by the ovaries during the stage of follicular maturation. Incidentally in certain species of monkeys marked swelling of the external genitalia is observed towards the end of the follicular phase. This swelling is presumably evidence of an intense secretion of oestradiol: it can be induced in the ovariectomized animal by the injection of the hormone.

* The general term oestrin is used for a number of substances which have oestrogenic properties—that is produce alterations in the secondary sex organs of the ovariectomized lower rodents, similar to those seen at heat or oestrus. There is evidence that the substance actually secreted by the ovary is oestradiol and this term will be used when referring to that particular hormone.

HARROGATE ROYAL BATH HOSPITAL—R M O (male) Salary £156 p a

HEREFORD HEREFORDSHIRE GENERAL HOSPITAL—H S and C O (male) Salary £100 p a

HIS MAJESTY'S COLONIAL SERVICE Whitehall, S W—Chief M O for Barbados Salary £1,000 p a

HOLLAND (LINCS) COUNTY COUNCIL—Assistant M O H (male) Salary £600 £25 £750 p a

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C—(1) R H P (2) R H S (male) Unmarried Salaries £100 p a each

HULL ROYAL INFIRMARY—H S (male) to the Ophthalmic and Ear Nose, and Throat Departments Salary £150 p a

ILFORD KING GEORGE HOSPITAL—H P (male) Salary £100 p a

IPSWICH COUNTY BOROUGH—Medical Officer of Health Salary £1 000 p a

KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL—(1) Hon Consulting P (2) Hon Consulting Gynaecologist (3) Pathologist Honorarium £100 p a Males

LANCASTER COUNTY MENTAL HOSPITAL—A M O (female, unmarried) Salary £500 £25 £600 p a

LEEDS HOSPITAL FOR WOMEN—Hon Anaesthetist

LEICESTERSHIRE COUNTY COUNCIL—Assistant County M O H (male) Salary £700 £25 £750 p a

LEIGH INFIRMARY—(1) Senior R H S (male, unmarried) (2) J H S Salaries £250 p a and £150 p a respectively

LINCOLN COUNTY HOSPITAL—(1) Senior H S and (2) J H S Males unmarried Salaries £250 p a and £150 p a respectively

LIVERPOOL EYE EAR, AND THROAT INFIRMARY—Ophthalmic H S Salary £240 p a

LIVERPOOL ROYAL INFIRMARY—Junior C O and H S to the Skin Department Salary £60 p a

LONDON COUNTY COUNCIL—(1) Resident Medical Superintendents at (*a*) St Giles Hospital Camberwell and (*b*) St Alfege's Hospital Greenwich Salaries £1 300 £50 £1 550 p a and £1 100 £50 £1 350 p a respectively (2) A M O s (Grade I, unmarried) for (*a*) Hackney Hospital E (*b*) Mile End Hospital E (*c*) St Giles Hospital S E (*d*) St James Hospital S W (*e*) St Mary Abbots Hospital W (*f*) St Mary, Islington Hospital N (*g*) St Olave's Hospital, S E (*a*) (*b*), (*c*) (*e*) and (*f*) male appointments only Salaries £350 £25 £425 p a each (3) A M O s (Grade II) at (*a*) Fulham Hospital W (*b*) Hackney Hospital, E, (*c*) Highgate Hospital N (*d*) New End Hospital Hampstead, N W, (*e*) St Charles Hospital, Ladbroke Grove, W (*f*) St Clement's Hospital Bow Road E, (*g*) St Olave's Hospital Rotherhithe, S E (*c*), (*d*), and (*f*) males only Salaries £250 p a each (4) Temporary District M O for Area V District B (City of Westminster) Provisional salary £150

LONDON HOMOEOPATHIC HOSPITAL Great Ormond Street, W C—H P Salary £100 p a

LONDON HOSPITAL E—First Assistant and Registrar to the Neuro Surgical Department

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL—R H S (unmarried) Salary £175

LOWESTOFT BOROUGH AND PORT SANITARY DISTRICT—M O H and School M O Salary £900 £1 000 p a

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MANCHESTER—Deputy Medical Superintendent at Booth Hall Hospital for Children Salary £550 p a

MANCHESTER EAR HOSPITAL—R H S Salary £120 p a

MANCHESTER ROYAL EYE HOSPITAL—J H S Salary £120 p a

MANCHESTER ST MARY'S HOSPITALS—(1) Two H S for Whitworth Street West Hospital (2) Two H S for Whitworth Park Hospital Salaries £80 p a each

MANSFIELD AND DISTRICT GENERAL HOSPITAL—R S O Salary £250 p a

MARGATE AND DISTRICT GENERAL HOSPITAL—R M O (male) Salary £150 p a

MIDDLESEX COUNTY COUNCIL—(1) P to the County Sanatorium Hatchfield Salary £1 000 £50 £1 500 p a (2) District M O and Public Vaccinator for Shepperton and Littleton Salary £50 p a

NELSON HOSPITAL Merton S W—R H S (male unmarried) Salary £100 p a

NEWCASTLE THROAT NOSE AND EAR HOSPITAL—(1) Hon S (2) Two Hon Assistant S (3) H S Salary £100 p a

NEWCASTLE UPON TYNE CITY AND COUNTY—H S (male) for Newcastle General Hospital Salary £150 p a

NEWCASTLE UPON TYNE ROYAL VICTORIA INFIRMARY—Whole time Junior Surgical Registrar Salary £150 p a

NORTHAMPTON GENERAL HOSPITAL—(1) H P (2) Three H S (3) H S to the Ear Nose and Throat Department (4) C O Males Salaries £150 p a each

NORWICH NORFOLK AND NORWICH HOSPITAL—H S (male unmarried) to the Special Departments Salary £120 £160 p a

NOTTINGHAM CITY—(1) Resident Medical Superintendent to the City Hospital and M O to the City Institution Salary £1 000 p a (2) A M O (female) for Maternity and Child Welfare Work Salary £500 £25 £700 p a

NOTTINGHAM GENERAL HOSPITAL—(1) H P (2) H S Males Salaries £150 p a each

OLDHAM ROYAL INFIRMARY—C O and H S for the Fracture Department Salary £175 p a

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL—R H P (male) Salary £135 p a

POOLE CORNETT AND EAST DORSET HOSPITAL—(1) R S O (2) H P Males, unmarried Salaries £200 p a and £150 p a respectively

PLYMOUTH CITY—J A M O (female) for the City General Hospital Salary £250 p a

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—H S (male unmarried) for the Eye, Ear Nose and Throat Department Salary £150 p a

PRESTON LANCASHIRE COUNTY COUNCIL—J H S (unmarried) at Biddulph Grange Orthopaedic Hospital Salary £200 p a

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shadwell E—H P Salary £125 p a

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue W—(1) Hon Radiologist (2) H P (male) Salary £120 £150 p a

READING ROYAL BERKSHIRE HOSPITAL—(1) H S (2) C O (3) H S to the Special Departments Males Salaries £125 p a each

ROTHERHAM COUNTY BOROUGH—Senior R A M O and Maternity Officer at Alma Road Hospital Salary £500 £25 £600 p a

ROYAL CANCER HOSPITAL (FREE) Fulham Road S W—(1) H S (2) H S for Radium Department Salaries £100 p a each

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL Great Portland Street W—Two H S (males unmarried) Salaries £150 p a each

ROYAL NORTHERN HOSPITAL Holloway N—(1) Surgical Registrar Honorarium £300 p a (2) H S Salary £70 p a (3) Consulting Physicist

ROYAL SOCIETY OF MEDICINE Wimpole Street W—Nichols Fellowship Value £150 p a

ST JOHN'S HOSPITAL Lewisham S E—(1) Hon Assistant S (2) Hon Dermatologist

ST MARY'S HOSPITAL FOR WOMEN AND CHILDREN Plaistow E—Hon Assistant Gynaecologist

ST PETER'S HOSPITAL FOR STONE etc Henrietta Street W C—H S (male) Salary £75 p a

SCUNTHORPE AND DISTRICT WAR MEMORIAL HOSPITAL—H S (male) Salary £175 £200 p a

SHEFFIELD CITY—Police Surgeon Salary £1 000 p a

SHEFFIELD JESSOP HOSPITAL FOR WOMEN—H S (male, unmarried) Salary £100 p a

SOUTH LONDON HOSPITAL FOR WOMEN Clapham Common S W—Senior Clinical Assistant (female)

STAFFORD STAFFORDSHIRE COUNTY COUNCIL—(1) Assistant County M O H and M O H for the Dalton Urban District Salary £800 p a (2) Second Assistant Bacteriologist and Pathologist Salary £700 £50 £850 p a

STAFFORD STAFFORDSHIRE GENERAL INFIRMARY—H S Salary £ 00 p a

STOCKPORT INFIRMARY—H S (male unmarried) Salary £150 p a

STOKE ON TRENT BURSLEM HANLEY AND TUNSTALL WAR MEMORIAL HOSPITAL—R H P Salary £150 p a

SURREY COUNTY COUNCIL—A M O (male) Salary £600 £20 £700 p a

SWANSEA CLEN COED HOSPITAL—Deputy Medical Superintendent (male) Salary £525 £25 £575 p a

SWANSEA GENERAL AND EYE HOSPITAL—H P (male unmarried) Salary £150 p a

WAKEFIELD CLAYTON HOSPITAL—H S and H P Salary £150 p a

WALSALL GENERAL HOSPITAL—H S Salary £150 p a

WARRINGTON INFIRMARY AND DISPENSARY—(1) Second Resident (2) Third Resident Unmarried Salaries £175 p a and £150 p a respectively

WEST HOSPITAL Grove Road Balham S W—J R M O (male, unmarried) Salary £150 p a

WEST BROMWICH AND DISTRICT GENERAL HOSPITAL—(1) H S (2) H P (3) Casualty H S Unmarried Salaries £200 p a each

WEST LONDON HOSPITAL Hammersmith W—(1) H P (2) H S (3) H S with Throat Nose and Ear duties Males Salaries £100 p a each

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL—H S Salary £150 p a

WIMBLEDON HOSPITAL Thurstin Road, S W—R M O (male) Salary £150 p a

WORCESTER ROYAL INFIRMARY—Hon Anaesthetist

WORTHING HOSPITAL—(1) H S (2) H P Males Salaries £150 p a each

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL—Two R H S Salaries £150 p a each

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Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 55 56 57 58 59 60 61 62, 65 and 66 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 64 and 65

SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 6 1937

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NOTES OF THE WEEK

Sir Charles Hastings Lecture

The first Hastings Lecture to be delivered in Scotland was given by Professor E P Cathcart Regius Professor of Physiology University of Glasgow in the McLellan Galleries Glasgow on February 23 The subject of the lecture was Food and Nutrition Mr Walter Elliot Secretary of State for Scotland presided and there was an attendance of over 700 including representatives of the University the Royal Faculty of Physicians and Surgeons the Corporation of Glasgow the voluntary hospitals and other public bodies The vote of thanks to the chairman was proposed by Dr J B Miller chairman of the Scottish Committee An abridged report of the lecture was published in the *Journal* of February 27 (p 435) The Scottish Committee was responsible for the general organization, the detailed arrangements being made by the Glasgow Division with the co operation of Dr A S Macgregor, medical officer of health Mr Phillips, clerk to the Glasgow Insurance Committee and Mr Henderson clerk to the Panel Committee

Honorary Staff of Sunderland Royal Infirmary

Certain changes are to be made in the medical staffing of the Sunderland Royal Infirmary and the Children's Hospital A consulting orthopædic surgeon is to be appointed immediately, and when the next vacancy occurs on the senior honorary staff a general surgeon interested in gynæcology is to be appointed It is also proposed to appoint consulting honorary surgeons in thoracic and neurological surgery Honorary surgeons on the staff of the hospital will in future be debarred from general practice and assistants will be warned on appointment that they will not be considered for senior positions unless they are prepared to give up general practice

Hounslow Hospital Medical Staff Appointments

At the monthly meeting of the Hounslow Hospital Management Committee the procedure concerning appointments to the medical staff was discussed A special subcommittee recommended that an Appointments Committee should be formed consisting of the honorary consulting staff, the chairman of the Management Committee and the chairmen of the House and Finance Subcommittees Medical members present pointed out that this proposal ignored the Medical Committee and it was finally arranged that when a new resident medical officer was being appointed the Medical Committee on which the honorary consulting staff would be represented, should select three or four names for submission to the House Committee, which would make the appointment

Economic Courses for the American Medical Student

The subject of medical economics is securing a place of increasing importance in the curriculum of the American medical student and in response to requests for suggestions on the content of medical economy courses the Bureau of Medical Economics of the American Medical Association has prepared a skeleton course as an aid to persons organizing such courses for medical students The outline course is divided into sixteen sections which include, besides public health industrial state medicine sickness insurance the study of methods of payment for medical service conditions determining medical income the number and distribution of medical practitioners, the value cost of production and organization of medical services, and business methods for medical practitioners

Health Insurance in British Columbia

A compulsory health insurance scheme is to be introduced in British Columbia on March 1 The annual capitation fee is to be 16s 8d and the scheme includes the provision that in order to protect doctors from unnecessary calls the patient shall pay his doctor 4s 2d for the first call if it is made during the day and 6s 7d if it is made during the night These charges are in addition to the ordinary contribution

Wallsend Public Medical Service

The Secretary of the Wallsend Willington Quay and District Public Medical Service reports that since the inception of the service the medical practitioners have succeeded in increasing the capitation fee by 11d per person at risk Of this increase 4½d has been secured during the last twelve months

Sir Henry Newland

The gold medal of the Federal Council of the British Medical Association in Australia has been awarded to Sir Henry Newland of Adelaide

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Dr W J M Baird has been adopted as candidate in a by election to the Blackpool Town Council

Immediately after ovulation there is haemorrhage within the cavity of the follicle The follicular epithelial cells are, however, nearly all retained, and, indeed the essential part of the corpus luteum is formed chiefly from these cells, which begin to hypertrophy immediately after ovulation there is no evidence though of cell division Very soon the clot organizes and there is growth of connective tissue from the theca The hypertrophy of the epithelial cells continues and the mass is penetrated by connective tissue The corpus luteum then becomes fully organized and the follicular epithelial cells contain the characteristic lutein of the fully formed corpus luteum The cavity in the organ also gradually disappears

After ovulation certain well defined changes occur in the uterine endometrium The glands become fuller, wider, and richly convoluted Translucent areas are to be seen behind the nuclei of the gland cells, which shortly begin to secrete About a week after ovulation additional changes appear and three layers can now be distinguished in the endometrium

1 A layer immediately below the surface epithelium in which the cells are tightly packed round the gland ducts

2 An oedematous layer which surrounds the glands and in which dilatation of the capillaries has occurred

3 A basal layer in which the oedema and hypertrophy are absent

The hypertrophy continues up to the twenty eighth day after the beginning of the previous menstruation, and degeneration then sets in in the form of disorganization and disintegration of the glands of the superficial and middle zones Following this, and apparently as a secondary phenomenon, blood is extravasated and haematomata form The blood and epithelium are then shed (menstruation) and regeneration of the epithelium subsequently takes place, thus starting again the follicular part of the cycle

The period between ovulation and menstruation represents the luteal phase of the cycle for the non pregnant subject During this period both progesterone the specific luteal hormone, and oestradiol are produced in the primates the corpus luteum secretes both these hormones, and degeneration of the corpus luteum is followed by menstruation In lower species too, ovulation is succeeded by the formation of corpora lutea which even in the absence of pregnancy, usually have a definite period of secretory activity In many animals specific changes are induced in the uterine endometrium by the luteal secretion homologous to the secretory phase in the primates and constituting a preparation for the nidation of the ovum, but the cessation of the luteal function at the end of pseudo pregnancy is not in the lower animals accompanied by the marked degeneration of the endometrium observed in the primates at menstruation

Changes in the Uterine Muscle During the Ovarian Cycle

In addition to the well known changes in the endometrium certain alterations have also been described in the uterine muscle during the various phases of the sex cycle though there is much difference of opinion as to the changes occurring in primates For this reason the experimental data in some animals which led to the investigations in Man will first be given

Two main and antagonistic actions have been extensively investigated in the rabbit (1) an increase in physiological activity, and (2) a decrease in physiological activity Certain criteria have been elaborated for the measurement of the physiological activity of the uterine muscle These are (*a*) the reactivity of the muscle to oxytocin—that is the dose of oxytocic hormone of the posterior pituitary lobe necessary to cause contraction of the muscle either *in situ* or suspended (in strips) in some oxygenated physiological solution and (*b*) the spontaneous rhythmic contractions exhibited by the muscle *in situ* a method of measurement being used which will disturb the uterus as little as possible and not stimulate the contractions

Now in the rabbit an increase in physiological activity is witnessed during the follicular phase of the cycle, and it can also be brought about by the injection of oestrin into the ovariectomized animal Hence during this phase of the cycle the muscle will contract when quite small doses of the oxytocic hormone are injected intravenously into the animal, or are added to the bath of physiological solution in which the muscle is suspended On the other hand, a decrease in physiological activity of the uterine muscle is seen after ovulation during the luteal phase of the cycle and this decrease can also be produced by the injection of progesterone in animals which have passed through a (natural or experimental) follicular phase In the luteal phase the uterine muscle does not respond to large doses of oxytocin injected into the animal or added to the solution in which it is suspended and its rhythmic contractions *in situ* are small or absent

Preliminary investigations of the uterine muscle in Man suggested that alterations occur similar to those obtained in the rabbit It was apparently found that during the follicular part of the cycle—that is for about a fortnight after the beginning of menstruation—the uterine muscle would contract after the injection of an extract of the posterior pituitary lobe and that it showed quite appreciable spontaneous rhythmic contractions On the other hand after ovulation and the formation of a corpus luteum (that is, during the luteal phase of the menstrual cycle) the reactivity of the uterine muscle to the posterior pituitary extract was abolished and the contractility of the muscle was depressed The onset of menstruation after the degeneration of the corpus luteum was again accompanied by a return of the reactivity and activity of the uterine muscle Hence as in the rabbit, the follicular phase of the human cycle was apparently accompanied by an increase in the activity of the uterine muscle while in the ensuing luteal phase there was a decrease in this activity

Later observers however, have been unable to confirm these results and there is strong evidence now that under certain conditions of registration the uterine muscle may show rhythmic contractions and a response to an extract of the posterior pituitary lobe during the luteal phase of the cycle too This evidence also agrees with experimental data which have been obtained on other animals For it has been demonstrated that the luteal hormone progesterone does not inhibit the physiological activity of the uterine muscle in any species so far investigated other than the rabbit which it would appear is exceptional in so far as the specific action of progesterone on the uterine muscle is concerned

On the other hand there is stronger support for the view that the follicular hormone oestradiol increases the activity of the uterine muscle in several species and that it may be a factor in controlling the activity of the muscle in primates Further investigations of these questions are however necessary and in the meantime it appears desirable to reserve final judgement

The Anovular Cycle in Primates

The general description so far given for the alterations in the uterine endometrium during the various stages of

HOSPITAL CONTRIBUTORY SCHEMES AND MEDICAL PRACTICE

Contributory schemes are now an important and permanent feature of hospital organization in this country The application of the insurance principle to the risk of illness and hospital treatment is sound and is to be encouraged among the very large section of the population known as the working class These people cannot pay the full cost of their maintenance and treatment in hospital, but they are able and willing to make some contribution towards it Contributory schemes enable them to do this in small weekly payments

Effect on Medical Practice

There are at present over 300 contributory schemes in England, Wales and Scotland The total number of persons who receive hospital benefit through them must be very considerable and the nature of the arrangements made for the provision of hospital benefit and the effect of the schemes on medical practice are therefore questions which merit the serious attention of the organized medical profession In spite of the fact that the hospital benefit provided usually includes medical and surgical treatment a large number of schemes have been established without any consultation with the local profession The reason for this probably lies in the traditional gratuitous services given by the profession to voluntary hospitals and in the assumption that these services will continue to be forthcoming either without payment or for a nominal fee This assumption is rapidly losing its validity, and it can be shown that in many areas the development of contributory schemes which ignore the interests of the medical profession has seriously affected medical practice Divisions and Branches of the B M A should therefore exert their influence when new schemes or extensions of old ones are under consideration to secure that the arrangements for the medical benefit accord with the ideals of the profession and private practice is protected from encroachment Recent successful action in several parts of the country has also shown that it is not too late to persuade boards of management or other organizing bodies to modify existing schemes

Income Limits

The British Medical Association suggests that there are three fundamental principles which should guide the profession when advice is given on contributory schemes The first is the imposition of an income limit This is of great importance in many respects Hospital accommodation is limited and if persons above the ordinary hospital class are permitted to enter those institutions through the medium of contributory schemes they are depriving less fortunate individuals of the opportunity of obtaining hospital treatment to which they are justly entitled The consultant also loses work which he might reasonably expect in his private practice and through which he is able to give his services gratuitously or at a modified fee to poorer persons in hospital There is no excuse for the utilization of contributory schemes by well-to do persons there are private hospitals and wards and pay bed accommodation for those who can afford to pay the full cost of their treatment but who wish to avail themselves of the services which can be obtained only in hospital The serious effect on private consultant practice of no income limit in a local contributory scheme or of a limit that is too high has been illustrated in a recent case in which the consultants of a certain town found that as a result of a very high income limit practically the whole of their private work had been transferred to the local hospital The Association recommends the following scale of income limits, subject to economic and local variation and periodical revision

CLASS I—*Limit of Income £200 or £4 a Week*

(*a*) Single persons over 16 years of age

(*b*) Widow or widower without children under 16 years of age

CLASS II—*Limit of Income £250 or £5 a Week*

(*a*) Married couples without children under 16 years of age

(*b*) Persons with one dependant under 16 years of age

CLASS III—*Limit of Income £300 or £6 a Week*

(*a*) Married couple with a child or children under 16 years of age

(*b*) Persons with more than one dependant under 16 years of age

Remuneration of Medical Staff

Another principle to which the Association attaches great importance is the remuneration of the medical staff It is now generally agreed that when the board of management of a voluntary hospital enters into a financial agreement with a public body or other organization for the acceptance of patients the payments arranged should cover not only the cost of maintenance but also the cost of medical treatment The most popular method of remunerating the medical staff is by the allocation of a certain percentage of the hospital receipts from contributory schemes to a fund placed at the disposal of the visiting medical staff The actual percentage will, of course be a matter for local arrangement, but the Association has suggested that in a hospital with a resident medical staff the allocation should be not less than 20 per cent

Admission of Contributory Scheme Patients

The criterion for admission to hospital should always be suitability for hospital treatment Contributory scheme patients are often admitted without question for conditions which might equally well be treated by a private practitioner This again is an abuse of hospital accommodation It is specially evident in out-patient departments where much of the treatment given is such as a general practitioner could provide Out-patient departments should be maintained primarily for consultative purposes and for the provision of such treatment as cannot be given by a private practitioner outside the hospital The Association therefore recommends that contributory scheme patients and others should except in an emergency be admitted to hospital only on the recommendation of the attending practitioner

Administration of Schemes

This indiscriminate admission of patients is often due to the fact that contributory schemes are organized by particular hospitals or groups of hospitals The Association is of the opinion that a hospital should not undertake any insurance risk It believes that the interests of all concerned are better served when the contributory scheme is organized by an independent committee This committee, on which contributors and the hospital or hospitals concerned should be represented should pay to the hospital an agreed sum per week for each of its contributing members who receives treatment in the hospital as an in-patient and a definite amount for each contributing member who receives treatment in the out patient or a special department of the hospital These payments

the menstrual cycle probably applies to the great majority of cases where the cycle is divided into two stages (that is, *follicular and luteal*) *separated by ovulation* There is, however, no doubt that occasionally menstrual discharges may arise in the absence of ovulation This phenomenon was first noted in monkeys, which were kept under experimental conditions and at times showed regular cyclic discharges of blood which could not be *differentiated* from normal menstruation (apart from an examination of the uterine endometrium or of the ovaries), although there had been no ovulation and no formation of corpora lutea There is now evidence that such anovular cycles also occasionally appear in women, though there is some difference of opinion as to the frequency of these

It seems likely that the sequence of events in such cycles is somewhat as follows The follicular stage is normal and the follicles gradually mature to the usual pre-ovular condition But the final ovulation does not take place (possibly because of a deficient pituitary stimulation) and atresia of the follicles then supervenes The secretion of oestradiol is, however, continued by the ovaries and decreases at the usual time, leading to uterine bleeding In those circumstances there is bleeding from a proliferated endometrium subjected to the action of oestradiol only, and not, as is usually the case, from a secretory endometrium subjected to the action of progesterone and oestradiol

There has been some discussion as to whether the term "menstruation" should be applied to the bleeding in such anovular cycles, and it has been suggested that the nomenclature should be reserved for bleeding from an endometrium brought to the secretory stages under the influence of the hormone produced by the corpus luteum As it is difficult to differentiate between the two types it seems probable that cyclical uterine bleeding in primates will be called menstruation, even when there is no ovulation It is important, however, to realize the functional difference between ovular and non ovular menstruation, since in the latter there can be no fertilization and no implantation Indeed, there is some suggestion that certain cases of sterility in women are due to the occurrence of non-ovular menstrual cycles

Under certain pathological conditions the follicular phase, which generally ends at about the middle of the menstrual cycle, is continued Ovulation and corpus luteum formation do not occur, but the secretion of oestradiol goes on beyond the normal duration of the cycle The uterine endometrium is thus acted upon by the follicular hormone for long periods, and *pathological* changes take place in it which result in the prolonged bleeding which constitutes metropathia haemorrhagica Since this condition is due to the continued action of the oestrous hormone without any luteal secretion whatever, treatment with *progesterone appears to be indicated and* has indeed been used successfully Incidentally, gonadotropic hormone preparations have also been used successfully in the treatment of metropathia, but their mode of action is at present unknown

(To be continued)

The Trustees of the Rockefeller Foundation have given a further research scholarship for a year to the Institute of Medical Psychology (Tavistock Clinic), London The fellowship is held by Dr A T Macbeth Wilson who is engaged on the study of certain diseases—peptic ulcer, essential hypertension diabetes mellitus and Graves's disease—whose onset has often been related to emotional disturbances in the lives of patients

SURGERY OF THE THYROID GLAND

LECTURES BY SIR THOMAS DUNHILL

LECTURE II

In his second lecture delivered at the Medical Society of London on February 24, SIR THOMAS DUNHILL dealt with the complications of toxic goitre Those affecting the cardiovascular system were the most common It was not so much the intensity of the intoxication as the age or quality of the heart muscle which determined its breakdown Considering the prevalence of the disease up to early adult life the proportion of cases of heart failure during that period was small In elderly patients on the other hand, the incidence of cardiac complications was high despite the well-known fact that symptoms might be mild His impression was that the number of patients gravely ill with congestive heart failure who came for operation was tending to decrease, but the number coming with auricular fibrillation before a severe grade of heart failure had arisen was large and increasing, the reason being that when a patient was found to have auricular fibrillation a goitre was now looked for as a possible cause It was becoming recognized that a long standing goitre, frequently regarded as innocuous might lead to this trouble Some of his cardiologist friends maintained that thyrotoxicosis did not actually damage the heart muscle, in the majority of cases when the toxicity had been eliminated recovery appeared to be complete But it must be remembered that thyroid toxaemia often continued into the period of life when arteriosclerosis or other degenerative processes were commonly seen

Heart Risk

When the operation began to be practised it was quickly realized that the attendant heart risk could not be ignored The first question was, and still remained whether the heart was strong enough to stand the operation Lists of contraindications were published, and prominent on those lists was enlargement of the heart, irregular rhythm, and congestive heart failure It was also thought that even though thyroid intoxication had caused breakdown and the toxic goitre had burnt itself out the damage to the heart was permanent and nothing could be achieved by operation He was speaking of views current from thirty to twenty years ago, but it might surprise his hearers as it had surprised him to know that he had been met recently with the same objection by two men occupying high positions in the profession in London

The total number of cases with fibrillation and congestive heart failure on which he himself had operated was 305, the number that had regained normal rhythm was 248, or 81·3 per cent Among these the rhythm returned spontaneously in 147 and quinidine had *to be used* to bring it about in 101 It was expedient to give quinidine if the rhythm did not become regular seven or eight days after the operation A very few patients had proved intractable to this while in the surgical wards, but some or most had regained normal rhythm when later admitted to the medical wards Other factors, such as arteriosclerosis or endocarditis, might be present and account for failure in some cases

Following operation and with adequate time given for recuperation many patients appeared to regain normal health Others lived happy and tranquil lives so long as they kept within the limits of their strength Some felt so well that it was difficult to keep within those limits, and they paid the penalty

High Blood Pressure

The association of high blood pressure with toxic goitre concerned the physicians primarily, but it was of importance to surgeons also Any surgeon who saw many cases

* Continued from p 461

suitability for fast rotary printing Another quality demanded from the new type was that it should be free from eccentricity Immediate recognizability was insisted upon There is nothing unfamiliar in the shapes of the letters now before the reader The letter form, being perceptible because it had the right weight, and clear because it had the virtue of plainness, needed also to be consistently drawn, cut and composed before it could possess the crowning virtue of legibility The width of the column of the *British Medical Journal* just over three inches, has been consistent for thirty years That measure is intimately related to the dimensions of the paper As there seemed no good reason for changing either, the problem resolved itself into the provision of a fount of type yielding the optimum number of characters of sufficient weight and plainness to be accommodated comfortably into a column of the measure of the *British Medical Journal*

The apparent increase in the size of the type is due to the fact that the new design utilizes its available area more efficiently All the metal types in this line are of equal depth from top to bottom but the majority of the letters (including the seven most frequently used, e t, a i o n and s) cannot occupy that total depth for space must be allowed for what the printer calls the 'ascending letters of the fount so that l, k, b, d and f may have room in which to distinguish themselves from i, x, o, and r and allowance must also be made for the tails of p q y and other descending letters If, however, this allowance is kept to a safe minimum, the gain in apparent size is remarkable

The new design was created only a few years ago by and for the *Times* and the fact that it has been made generally available enables the printing trade to share in the benefits which that newspaper might well have reserved to itself in view of the expense of cutting and recutting the new letter with constant reference not only to the laws of legibility but also to the physical circumstances of printing variations in lighting etc Such tests made it possible for the *British Medical Journal* to do no more than verify, by independent experiment that no other available design would have such particular suitability for its own columns What remained after that primary choice was to prepare trial pages by which different effects of line spacing the differential treatment of headings and subheadings and the effect of different paper surfaces could be compared

Print and the Reader's Mind

There is no page in this week's issue of the *Journal* which can be recognized automatically as a familiar object before it is read But next week's will be recognizable in every typographical respect and through subsequent numbers the successive recognitions will enable the printed pages to achieve that 'transparency which it is the aim of reasoned typographic design to achieve

Hence, when the moment arrives as it will after the publication of less than a month's issues of the *Journal* that the reader notices (as it were) that he has stopped noticing anything between himself and the sense of the words lines, and paragraphs that will be the time for him to compare the new with the old typography It will then be evident that the duty of the *British Medical Journal* to its readers—the dissemination of current medical knowledge—has been assisted by its production in accordance with the findings of modern typographical research

BIBLIOGRAPHICAL REFERENCES

A NOTE FOR CONTRIBUTORS TO THE B M J

Starting with this issue (January 2nd, 1937) the *British Medical Journal* is adopting the Harvard system of giving references to scientific literature and is using the abbreviations of scientific periodicals which are included in the *World List* This system which has been slightly modified, is as follows

References in the Text

1 Numbered references in the text are not used although with an exceptionally long list of references this rule might be relaxed

2 Instead of a ' superior numeral the author's name and the date of the publication are given in brackets

EXAMPLE A

Old style = It has been said[1] that coma in heart disease is rare

Harvard system = It has been said (Jones 1935) that coma in heart disease is rare

EXAMPLE B

Old style = Dale and Dudley[2] isolated acetylcholine from animal tissues

Harvard system = Dale and Dudley (1929) isolated acetylcholine from animal tissues

In other words when the author's name is part of the sentence only the year of the publication referred to is to be in brackets When more than one paper by the same author is published in any one year each paper should be distinguished by a small letter—a b etc—placed after the date—for example (Brown 1935a)

References at End of Paper

1 These references are not numbered with the possible exception of a long list of references

2 Authors names are arranged in alphabetical order

3 The year of publication is given in brackets after the author's name

4 The title of the periodical is printed in italics and abbreviated in accordance with the *World List of Scientific Periodicals*

5 The volume number is printed in Arabic numerals in bold face type this is followed by the first page number of the paper quoted

6 When the title of a book is referred to the name of the publisher the place of publication and number and date of the edition should be given when possible

7 When an author's name is repeated in the list of references a short line represents the repeated name

EXAMPLE

In contrast to these results O Brien (1932) and Yudkin (1933) report that cataracts only occur in rats deprived of vitamin B at an early age and not in older animals while in this country Bourne and Pyke (1935) carefully repeated the work of Day and Langston (1937) and obtained an incidence of cataract of only 31 per cent Bourne and Young (1934) have made a discovery of great importance in showing that in rabbits naphthalene is conjugated with cystine

REFERENCES

Bourne M C and Pyke M A (1935) *Biochem J* 29 1865
—— and Young L (1934) Ibid 28 80
Day P L and Langston W C (1937) *J Nutrit* 7 97
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HEALTH OF THE SCHOOL CHILD

CHIEF MEDICAL OFFICER'S REPORT*

Sir Arthur MacNalty, in his annual report as Chief Medical Officer of the Board of Education for 1935, says that that year was eventful in the study of the nutrition of school children In May a new Advisory Committee on Nutrition was set up, and the League of Nations published two important reports *Nutrition and Public Health*, and *The Physiological Bases of Nutrition* These events increased the already great public interest in the subject, and reinforced the demand that public health should be attuned to the influence of the remarkable recent advances in the science of nutrition The year 1935 was also the first complete year of the Milk Scheme, the largest experiment in supplementary school feeding the world has yet seen It was the first year in which the method of classifying the nutrition of children into four classes by clinical assessment was generally applied in all areas The reports of school medical officers throughout the country do not suggest that the nutrition of school children has deteriorated There may, however, be a question whether the progress has been as satisfactory as might have been, undernourishment almost undoubtedly exists in certain areas where severe depression continued over many years has left its mark

Statistical Returns

The new method by which school medical officers estimate and record malnutrition continues to group children into four classes, but these have been altered to meet the much higher general level of nutrition which now exists compared with the level in 1908 The categories are excellent, normal, slightly subnormal, and bad, and the classification is made on clinical grounds and not on height and weight in relation to age During 1935 the nutrition of 1,687,331 children examined at routine medical inspections was classified on the new basis In 14 6 per cent the nutrition was assessed "excellent", in 74 1 per cent "normal", in 10 6 per cent "slightly subnormal", and in 0 7 per cent "bad" The Chief Medical Officer points out that nutrition means the general well-being of the child, which depends on many other factors besides food—for example, adequate sleep, proper housing, sunlight, fresh air, exercise, and even happiness Therefore it must not be directly inferred that 11 3 per cent of the children are underfed or improperly fed In any unselected school population, however well fed, there will always be about 4 per cent which, from a variety of causes, will appear subnormal in nutrition The 8-year-old children make the poorest showing and the 12-year-olds the best, except for the small group of still older "leavers"

No comparison with previous returns is possible, for the basis of classification is different The contrasted figures may, however, seem to suggest some increase in malnutrition, and the question naturally arises whether this apparent increase is due (1) entirely to the new method of assessment, (2) to a greater attention to nutrition, or (3) to a real increase in subnormal nutrition In London, however, close attention has been paid to the clinical classification of nutrition and the statistics have been drawn up for many years in four categories, so that those of the present and previous years are fairly comparable The report of Sir Frederick Menzies, from which Sir Arthur MacNalty quotes freely, indicates clearly that there has in fact been no deterioration in the children's general nutrition

On the whole the change in the method of assessment has been well received by school medical officers The new method was introduced in the hope of attaining some concept of the state of nutrition of school children in the country as a whole, and of making the returns of the different areas more comparable The Chief Medical Officer thinks it probable that some success has been attained in the first aim, but success in the second is more doubtful He concludes tentatively, after considering all the returns, that comparability is obviously still imperfect but that some improvement has been effected and more will be attained in future The composite picture given by the total returns is probably near the truth, and the returns of the larger areas may be less true Children in London and the South show a higher average level of nutrition than those in the industrial cities of the Midlands, and a higher level still than those in the North of England and South Wales Though great divergencies are seen in the returns from the depressed areas they show a greater incidence of subnormal and bad nutrition than in other parts of the country There seems however, to have been little deterioration, even in these areas

The Milk-in-Schools Scheme

School medical officers all over the country attach great importance to the provision of milk for growing children not only for those suffering from subnormal nutrition but also for normal children whose diet would ordinarily be regarded as satisfactory On the other hand, the scheme seems to leave a certain group of children unprovided for In some rural areas the county medical officer cannot approve the only available supply of milk, and in some small and remote schools it is difficult to find distributors who will supply milk for the allowance available It is however, probable that over 90 per cent of the school population are attending schools where they have an opportunity of buying milk at the reduced price The main problem is therefore not the absence of facilities but the failure of a large proportion of children to take advantage of them

Physical Education

The Chief Medical Officer rightly regards nutrition as his most important problem, for physical training is of little value to an undernourished body After dealing with nutrition, however, he lays great stress on physical training and its co-ordination with mental training—the educative co-ordination of mind and body The national system of education, he says, must ensure that the body is trained to proper condition through physical exercises, gymnastics, organized games, athletics, swimming, and dancing The Board of Education's circular on physical education issued early this year laid down a general policy of health and physical education founded on free physical exercises up to the age of 11 years, and physical exercises and gymnastics for children and young people above that age Rightly conducted these are the best possible foundation for games and athletics Movement, variety, and enjoyment should be their keynote, and they must therefore be in the hands of skilled teachers Gymnastics, owing to lack of suitable accommodation and equipment, has hitherto played only a small part, and teachers of gymnastics have therefore not been available in large numbers This need will be provided through advanced courses in the normal training colleges, through an increase in the number of courses providing at least a year's specialized training through intensive courses of shorter duration, and through short courses of various kinds The Board also contemplates an increase in the provision of gymnasia and equipment and of suitable playgrounds and playing fields It regards physical education as an essential part of education and not merely as one more subject to be squeezed into or out of the curriculum

The movement for a more thorough organization of physical education has received further impetus from the publication of the report of the Physical Education Committee of the B M A Sir Arthur MacNalty describes this report as a comprehensive and valuable survey of the whole field of physical education, which powerfully re-

* The Health of the School Child Annual Report of the Chief Medical Officer of the Board of Education for the Year 1935 London H M Stationery Office (2s 6d net)

of thyrotoxicosis knew that in some of them the blood pressure remained within normal limits, in others the systolic pressure alone was raised, while in a smaller number both the systolic and the diastolic pressures were raised When this last condition was found it had probably occurred independently of the goitre The condition must be taken into account when giving a prognosis

On cardiac failure not due to thyrotoxicosis the lecturer spoke with reserve When the extent of cardiac function following thyroidectomy was seen it opened up the possibility of relief in hopelessly incurable congestive heart failure by relieving the heart of the driving force of the thyroid even when the failure was not caused by thyrotoxicosis The selection of cases was in the sphere of the cardiologist Here the surgeon was a carpenter only

Glycosuria

Glycosuria was the second most common complication of toxic goitre This was more particularly a matter for physicians and it was not his business to differentiate between true diabetes and the less serious type of glycosuria He did not know what proportion of the population had a low carbohydrate threshold, but toxic goitre was one of the factors that disturbed the narrow margin of safety The severity of the complications and the length of time they had been present affected the prognosis

One patient aged 46 whom he saw in 1933 had developed the disease in 1918 after her husband had been killed in the war X ray treatment was given in 1922 In 1932 she was stated by a physician to be almost in coma Fibrillation was then present also The daily dose of insulin required was then 90 units and she was kept in bed for twelve months Operation was performed fifteen years after the onset of the disease Following operation the daily dose of insulin could be reduced to 20 units and she lived an active life with some limitation

It all came down to the need for adequate supervision Some of these patients were very fond of food unsuitable for them, and were not willing to exercise self discipline We have some skill in curing the disease, but little in restraining the appetites of our patients '

Another aspect of this subject was interesting From his records he found that three patients had developed diabetes subsequently to operation, although the urine after operation had been sugar-free and they had never had diabetes previously In one of them the disease appeared three years in another four years, and the third six years after the operation

Disturbances of the Central Nervous System

Disturbances of the central nervous system might go on to such an extent that the mentality became unbalanced and cases of this kind were a greater anxiety than those arising in any other complication of the disease With all the others the risks could be judged and management arranged accordingly but with the central nervous system there were all too few guiding indications and none of them sure If success was achieved the transformation was almost miraculous but this occurred too seldom for any general rule to be laid down In this condition operation was not to be undertaken or contemplated without the advice of a psychiatrist as well as the physician in charge it was altogether beyond the ability of the surgeon to decide among the different types of mental derangement

A patient aged 66 had been removed from a general hospital to a mental hospital where she had been an inmate for some months when he saw her She had been a normal woman until the onset of thyrotoxic symptoms she became quite well mentally following operation

A patient aged 54 was ill with toxic goitre but was reasonably well controlled She afterwards became alarmingly ill delirious and lost 12 lb in sixteen days fibrillation had been present all along Some time later he ligated the superior arteries seventeen days afterwards he ligated the inferior arteries and sixteen days after that performed resection About four days after the resection a lucid interval occurred On the following day it reappeared and lasted longer but delirium again returned Ultimately however her mind cleared and she became normal and had been clear and cheerful ever since

There was another side to the picture A woman aged 57 had had a goitre for the greater part of her life, but the symptoms were regarded as comparatively mild, notwithstanding that her heart had fibrillated intermittently for years She had been on several occasions an inmate of a mental home With the fibrillation present and the raised pulse rate there was no doubt of the thyrotoxicosis After operation the heart became slower and the rhythm regular But after some months the mind gave way again He had found the greatest difficulty in patients of the *forme fruste* type where the thyroid was undoubtedly involved but the picture was incomplete and where other members of the family showed mental instability as well as the patient herself Altogether he had had forty five patients who were definitely mental most of whom had been in some mental home, and thirty nine of these were now normal

Exophthalmos, Loss of Weight, and "Masked Hyperthyroidism"

The cause of exophthalmos had given rise to much speculation The extent to which it disappeared was probably dependent on the length of time it had previously been present long continued spasm leading to organic change Exophthalmos could be such a disfigurement that unless improvement by other means was definite operation should not be delayed

As for loss of weight, generally on rest and treatment the loss was stayed and some weight put on There were some patients of this type who failed to show any response to iodine but not all the patients with this disease lost weight Evidently the knowledge of thyroid secretion and metabolic factors was far from complete

The term masked hyperthyroidism had come into use and required examination The adjective was useful, but Sir Thomas Dunhill doubted the wisdom of using it It was employed in four conditions (1) when there was no enlargement of the thyroid gland in the neck but a substernal or intrathoracic goitre alone was present, (2) when enlargement of the gland in the neck was not detected by the medical attendant or physician even when obvious to the surgeon, (3) when an enlarged gland existed together with heart failure but the causal relationship had been ignored (he would not call this ' masked hyperthyroidism, ' it is the practitioners who are masked eyes and brain too) and (4) where there was actually no enlargement of the gland He remained unconvinced that thyrotoxicosis occurred in association with a thyroid gland which was normal in size or structure

Aetiology and Treatment

After touching on the problem of the *forme fruste* type and of neuro circulatory asthenia the lecturer said that a discussion on aetiology did not come within the scope of his lectures The enthusiasm with which he had urged operation in suitable cases was equalled by his fear lest a good operation might do a grave disservice when used for unsuitable cases

The medical treatment of toxic goitre required no words from him To say that iodine should never be administered except as a preparation for operation was to withhold a drug that could turn the scale in many patients but at the same time their medical friends should be fair with the surgeon for it had repeatedly happened that when a patient had been severely ill rest in bed and iodine had wrought a dramatic change but the disease pursued its inevitable course and the patient ultimately died On the other hand some physicians had become so surgically minded in their outlook that it seemed to be left to the surgeon to point out what a field there was for the general

players The root of the present discontent among the public seemed to be that medical students were never given a chance systematically to study man as a whole Beyond their scientific knowledge of man lay an incom pletely explored area in which important things hap pened without discoverable cause, but they had become so sure that science was the only door to knowledge that they tended to ignore the older ways of approach If they could succeed in reawakening the sense of wonder which in the days of the Renaissance gave birth to science itself they could make fresh starts along new lines The brilliant achievement of science had won prizes by disci plined curiosity, but that must not obscure the fact that to day science was running into blind alleys from which it could only emerge by escaping from direct touch with human understanding A vote of thanks was proposed by Professor R W Johnstone and seconded by Dr R F Dawson in which the former reminded the members that Sir Auckland Geddes as a president of the society had given a dissertation some thirty years ago on the subject of Waste, and that he had later been a professor of anatomy in McGill University director of recruiting at the War Office Minister of National Service Minister of Reconstruction, and British Ambassador to the United States

Central Midwives Board

At a meeting of the Central Midwives Board for Scot land, held for the election of office bearers with Dr R C Buist in the chair, Professor R W Johnstone, CBE, MD FRCSEd FCOG, of Edinburgh was unani mously elected chairman and Professor James Hendry, BSc MB FCOG, of Glasgow, deputy chairman The meeting appointed committees and examiners for the ensuing year

Correspondence

A Bureau of Geographical Medicine

SIR —The letters of Dr F C Eve (*Journal* October 24, 1936, p 840) and Professor Walter P Kennedy (November 14, 1936 p 1002) prompt me to ask to be allowed to bring to the notice of your readers the existence of an organization designed to meet, to a certain extent at any rate the needs they have so clearly expressed for a central bureau Those of us working among non European races rapidly become aware of the fact that physiological con stants based on observations of a small sample of human beings are not necessarily the average constants of any other or all other races At its meeting held in Zurich in 1934 the International Federation of Eugenic Organiza tions discussed this problem, and the result was the forma tion of a Committee on Anthropological Physiology The aims of this committee, of which I am chairman are (1) to stimulate the investigation of physiological constants among the various races of mankind, (2) to make contact with the workers on this subject in the different parts of the world in order that interchange of ideas and results may be facilitated, (3) to ensure that where possible, similar methods may be used so that comparative data may be of greater value, and (4) to provide at the meet ings of the organization facilities for investigators to meet and discuss their problems Owing to the nature of this committee it is doubtful whether as a whole it will ever meet and hence its numbers are not limited rather it is advisable to have it as large as possible and have on it a representative of every country where physiological standards are being investigated The main duty of each member towards the committee is to keep the chairman informed from time to time of the work being done in his particular part of the globe This information is then circulated to all other members by the chairman In order that investigators may know who already repre sents the various countries on this committee, and also in the hope that workers not thus represented may be induced to volunteer to act as members, I should like to give the personnel of the committee as it now stands

America—Professor L Snyder Columbus Ohio Professor Benedict, Boston Mass
China—Dr H G Earle Henry Lester Institute Shanghai
India—Lieut Colonel Bhatia Grant Medical College Bombay
Japan—Professor Sen Nagai Imperial University Tokyo
Netherlands Indies—Professor Radsma Batavia
New South Wales—Professor Whitridge Davies Sydney
South Australia—Professor Clelland Adelaide
Denmark—Dr Taga Kemp Copenhagen

Information concerning the work of this committee in particular and the organization in general may be ob tained from the honorary secretary, Mrs C B S Hodson, 443, Fulham Road, London, S W 10—I am, etc,

The University Hong Kong Feb 4 LINDSAY RIDE

Specific Antitoxins for Gonococcal and Meningococcal Infections

SIR —May I be allowed to discuss several points and state facts concerning matters raised by your annotator in the *Journal* of February 13 and of February 27 in regard to my paper on gonococcus antitoxin published on February 13 (p 321) The annotation stated that the starting point of the work which had led to the adoption of this treatment was an attempt by Corbus to prepare a Besredka antivirus Had this been so I should have acknowledged Corbus Without decrying his work may I state the facts more explicitly

For many years all the known methods of treatment, their possibilities and what we thought might be fruitful avenues of research had been discussed between Professor Edward Mellanby and myself Over a period of twenty years innumerable experiments achieved little until on February 2, 1934 Mellanby sent me a letter from the office of the Medical Research Council stating that he was very anxious for me to meet Dr Mervyn Gordon of St Bartholomew s Hospital to discuss the possibility of testing some antitoxic preparations in gonorrhoea, as he [Gordon] had much experience in the problems of the meningococcus which might be extended to the gono coccus Immediately communicating with Gordon I received a letter three days later in which he expressed the opinion that 'the problem of immunity as regards the gonococcus is not so vastly different from the same problem in relation to the meningococcus Active co operation followed and I enjoyed the inestimable advan tage of Gordon s mature experience and judgement

I feel Sir that your annotator hardly does justice to the part played by Mellanby and Gordon in this work, although I tried to do so in my paper May I record again that the starting point of the work was our recog nition of the close similarity of the meningococcus to the gonococcus and Gordon s previous researches in con nexion with meningococcal meningitis which resulted in such brilliant clinical results

Again, as a practical clinician I am not too concerned with your annotator s academic discussion and the inter pretation placed on tests by bacteriologists *to the complete exclusion of the clinical results* Apart from my own observations the clinical evidence submitted by Dr Stanley

practitioner, who had the opportunity of seeing the first signs of temperamental change in a young patient whom perhaps he had helped to bring into the world

As for radiation, the epithelium of toxic goitre was radio-sensitive, and he had seen good results maintained for some years in young patients and patients in the early stage of the disease On the other hand, he had had 166 patients sent for operation after they had been given a full course or courses of x-ray treatment early in their lives, and of this number twenty-six had established fibrillation at the time they came for operation

Lecture II ended with a few words on anaesthesia Sir Thomas Dunhill's practice was to have a little premedication, with avertin following that, and under avertin the patient never knew she had left her bed The neck could be injected early with local anaesthetic solution, and afterwards a little nitrous oxide and oxygen was grateful and comforting for operator and patient

(To be concluded)

COMBINED ENGLISH UNIVERSITIES SEAT

SIR HENRY BRACKENBURY'S ELECTORAL ADDRESS

The following is the text of the address to the electors of the Universities of Durham, Manchester, Liverpool, Leeds, Sheffield, Birmingham, Bristol, and Reading by Sir Henry Brackenbury, M D , LL D , vice-president of the Association of Education Committees and Vice-President of the British Medical Association

I have been invited to become a candidate for the representation of the Combined English Universities in the House of Commons, as one who is completely independent of all organized political parties I believe that such a position is the most suitable one for a university representative, and I have for some years past not been a member of any such party I am a firm believer in the national usefulness of university representation, but this cannot be justified or long continued if it is regarded as a refuge for parliamentarians without a seat or as a mere recruiting ground for those who are chosen by, and owe their main allegiance to, purely party political organizations It must be remembered that the vote of a graduate, as such is a second vote, and that he has an opportunity of giving his first vote on party grounds if he wishes to do so

As a citizen I am not without views as to a number of political questions, but I have accepted candidature at this election because I believe that I could contribute something useful to the consideration of progress and reform in the fields of education health, and what is called broadly social welfare I am fully aware of the main problems which these fields present, and have had a somewhat wide experience of the organization and administration necessary for their effective solution

Motherhood and Childhood

The main hope for the future of this country is the cultivation of childhood and the full development of all its immense potentialities The chief care of the nation should be to help and encourage motherhood and to make it as safe as possible, and to secure for children, even from the pre natal stage up to full adolescence, such a physical and mental environment as will permit of the development of a complete and many sided personality I appreciate the efforts which the present Government have made and are still making to these ends, but bolder, more continuous, and more co ordinated efforts are required A fuller and integrated scheme for a national maternity service is immediately necessary

Education and the Teacher

Nursery and open air schools should be further encouraged, and many of the older school buildings should be radically altered or replaced The provision of playing fields, gymnasia, and swimming baths should be facilitated Restrictive regulations on secondary school buildings, made when economy was urgently required, should be rescinded, in the planning of new schools, both elementary and secondary due regard should be paid to the provision of suitable and sufficient dining hall and kitchen accommodation A larger proportion of specially qualified, trained, skilled teachers is required in most schools, not least in those for infants and junior scholars and for retarded children The coming considerable fall in the number of children of school age should not be used for an immediate reduction in teaching staff, but rather as an opportunity for securing smaller classes and a higher proportion of teachers to children It should be made possible for teachers to take their due share in public life Some of these things cannot be effected at once or very quickly but they should be the subject of definite plans to be accomplished within a relatively brief period

Nutrition

The question of nutrition is even more urgent, and can if there is the will, be more easily and rapidly dealt with Considered broadly there is room for anxiety but not for alarm There are no exact criteria by which degrees of nutrition can be measured and therefore individual assessments may vary, but according to recent statistics the percentages of the elementary school population placed in each of the four categories officially recognized are excellent 14 6 normal 74 1, slightly subnormal 10 6, bad 0 7 It should be remembered, however, that such arithmetical statements may be a veil which covers diversities of great importance, and the community ought not to rest satisfied so long as there are any under nourished children in the country Factors concerned with nutrition are many Food is doubtless the most important, but sleep, atmosphere, sun, exercise, and psychological conditions of fear, distress, and unhappiness are others All these require attention, but much could, and should be at once accomplished by a wide and wise extension of the scheme for milk in schools, by a better method of providing and serving for midday meals in many schools, and by the continuation, where necessary, of these provisions over holiday periods

Physical Training

The interrelationship between physical training and both nutrition and mental training is so close that they cannot properly be separated I am in full sympathy with the proposals of the present Government in this regard I was a member of the Executive Committee of the Central Council of Recreative Physical Training and of the Special Committees of the British Medical Association on Nutrition and on Physical Education, which have had so profound an effect in guiding public opinion and formulating policy on these questions I hope that experience gained in these investigations and surveys might prove useful in the designing of practical measures for development

Care of Health, Mental and Physical

The gaps still remaining in the continuity of care for children and young persons should be filled, and the permitted hours of labour of those who have entered industry shortened The dependants of persons insured under the National Health Insurance Acts should be included in that health system, and some needed extensions and improvements of that service should be effected Indeed, the time is ripe for the initiation of a comprehensive general medical service for the nation based upon the prevention of disease the promotion of positive health, and the provision of skilled medical care and attention, both general and specialist for those who are ill Such a scheme should be established after full consultation with the medical profession The need for the care of mental health, especially for those disturbed conditions of fear, anxiety, obsession and the like both in children and in adults which cause about one third of the incapacitating illness of the country is quite as great as that for attention to physique and to bodily ills This has not received a sufficient degree of national attention

Banks in the *Journal* of February 20 (p 415) has provided a complete answer twenty-four patients out of twenty-five recovered from an infection, the mortality rate of which, before Gordon's war researches, was extremely high The close similarity of the organisms and Banks's clinical results support the view that meningococcus antitoxin (Ferry) contains antitoxic properties, and my results seem to indicate that the same applies to gonococcus antitoxin Whether these sera are endotoxic or exotoxic seems to me an academic question which can be decided by further investigation in the laboratory, especially as both Ferry and Gordon state that the meningococcus toxin is remarkably thermostabile

While in agreement with your annotator that facilities for preparing and testing sera should be available to research workers in this country it is to be regretted that such was not the case Furthermore, so far as I am aware, Dr Ferry was the only investigator who had ever produced a soluble toxin with which to immunize the horses Had it not been for the courtesy of Parke, Davis and Co in complying with my request this work could not have been accomplished My investigation was accelerated by the fact that Ferry some time before had actually produced an experimental gonococcus antitoxin, and this first batch was the material which I employed in my early cases

The question asked by one of your correspondents as to whether adjuvant treatment was employed can be readily answered Some of the cases quoted had no other treatment, others were treated along routine lines After all, one does not rely on antitoxin in treating a case of diphtheria to the exclusion of throat sprays, cardiac stimulants, and skilled nursing—I am, etc,

London, W 1, March 1 T ANWYL-DAVIES

Oxygen Administration

SIR,—Recently a box mask was introduced for cheap and efficient administration of oxygen The mask described previously was for adults (14 years or older) Inquiries having been made as to the application of the mask to younger patients, details are given in the table below for the correct dimensions of the mask for various ages, and also the approximate rates for flow of oxygen for ordinary conditions of pneumonic anoxaemia Higher rates may be tried if necessary These rates have been worked out from the tidal air for various ages The mask may be cut from a suitable light cardboard box and a light rubber tube (internal diameter 5 mm) in about ten minutes, following closely the details given in previous communications (*British Medical Journal*, 1936, **1**, 1245, and *Lancet* 1937, **1**, 82)

Dimensions of Mask and Rates of Oxygen Flow for Various Ages

Age	Weight in Kilos	Tidal Air	Dimensions of Mask				Rate of Oxygen Flow Litres Per Minute
			Length	Breadth	Depth	Volume	
0 6 months	3 7 7	c cm 48	cm 6	cm 5	cm 3 5	c cm 105	0 7-1
6 12 months	7 7 12	85-129	8	6	4	192	1-2
3-7 years	14 3 19	124 221	12	9	4	432	2-3
8-14 years	22 29	221 395	13	10	5	650	3 4
14 years and over (adult)	60 70	440 550	15	12	7	1260	5-6

The efficiency of the mask depends on the inlet tube being turned back on itself and placed in the correct position inside the mask, so that the incoming oxygen strikes the middle of the top of the inside of the mask The opening at the back of the mask to accommodate the nose, mouth, and part of the chin must be cut to suit the size of the patient's face The mask must be connected with a "bobbin" flowmeter and automatic regulator for the oxygen cylinder, as shown in the papers already referred to

The masks may also be made of aluminium or a wire frame with a linen or silk covering (makers, Siebe Gorman and Co, London, S E 1)—I am, etc,

London, N W 3, Feb 25 J ARGYLL CAMPBELL

Angioneurotic Oedema of the Tongue

SIR,—The recent references to angioneurotic oedema (*Journal*, January 30, p 244, February 6, p 299) prompt me to record a similar case

About nine months ago my patient woke with a swelling of his tongue, which he thought was due to a sting as he slept with his mouth open In two hours his tongue was so large that he could not speak or swallow his saliva About one and a half hours later the swelling began to subside and in six hours the tongue was normal

On January 2 this year he woke with pain in his bladder and Dr Langwill was consulted He was found to be suffering from oxaluria which rapidly subsided under treatment

On January 5 he woke with swelling of his tongue again, which rapidly became worse The jaws were forced widely open and his tongue protruded, so that he could neither speak nor swallow, and saliva dribbled from the corners of his mouth He had the feeling of impending suffocation Dr Langwill was called, and gave him 10 minims of adrenaline chloride, but the swelling steadily increased and a brawniness appeared below the chin I was called in with a view to opening the trachea if necessary, but by the time I arrived the swelling had begun to diminish He was given another dose of adrenaline chloride and arrangements were made with a near-by nursing home in case of a recrudescence At the nursing home preparations were made for a laryngotomy if it should become necessary

The swelling gradually disappeared and had quite gone by 6 p m The patient had eaten a raw perch the day before and had also had bladder trouble recently—two factors which curiously enough, were mentioned by Dr Hughes (*Journal* January 16, p 121)

A patient who has a respiratory obstruction almost invariably becomes extremely anxious, this nervousness is often communicated to the doctor either by the patient or his friends, who want something done to relieve the possible risk of suffocation, and tracheotomy is almost always considered and I have no doubt is in some cases done Anyone who has studied the sudden swelling of the tongue, whether from inflammation trauma, stings, or other causes, knows that tracheotomy should be avoided at all costs Incisions into the tongue will as a rule relieve all symptoms, especially if the tongue be squeezed as one would squeeze a sponge, after making them But in angioneurotic oedema I think a far preferable operation is a laryngotomy This is very simple, produces no haemorrhage, and is a purely temporary measure, causing the least possible inconvenience It has also the advantage over tongue incisions that should the angioneurotic oedema spread to the larynx there is no danger to life I have never heard of suffocation from angioneurotic oedema spreading to the larynx, but there is no reason why it should not do so—I am, etc,

London, W 1, Feb 23 DUNCAN C L FITZWILLIAMS

Research

Biological psychological and medical research into many aspects of maternity mentality and educational methods as well as research into various branches of technology and agriculture should be more fully aided by the State preferably under the auspices of the universities of the country

Medical Education

If it be true that a well educated and properly used medical profession is probably the best safeguard of the public health the subject of medical education is of great importance both to that profession and to the public I have been prominently concerned with more than one of the recent inquiries which have been made into this matter and while I am convinced that most of the changes in the newly prescribed curriculum will tend to the improvement of what was already good changes in medical science social needs and pedagogic methods are so rapid and significant that continued efforts are required to keep medical education fully adapted to the needs of the community The interrelationship between the study of the preliminary sciences and general subjects leading up to the medical course and the work of the secondary and public schools is so intimate that there ought to be far closer consultation and co operation between those responsible for these respective fields of study This is true also in some degree in reference to engineering and to the application of science to industry

Special Areas

All these things are matters of nation wide interest some of them are aggravated in the special or necessitous areas More prompt and vigorous methods than have yet been used are required to meet the adverse conditions of these areas, and these should be mainly in the direction of industrial revival and establishment in their neighbourhood rather than of dispersal of their population

Peace and the League of Nations

Peace and good neighbourliness among nations are essential if world disaster is to be avoided and I hold that they can be successfully pursued not only through diplomatic channels and by the lowering of economic and trade barriers but by firm reliance on the League of Nations The successes of the League in many spheres even the political, have been far greater than is commonly supposed Its major failures as in the cases of Japan and Italy have not demonstrated its futility but have rather shown the way to greater effectiveness by some modification of methods

Defence of Democracy

The defence both material and cultural of democracy has once more to be undertaken I am prepared to support all such measures as are shown to be essential for such defence and for the safety of this country and of the British Commonwealth of Nations which are its chief exemplars but the best justification and most abiding support for democracy will be found in assiduous attention to the health education and material and spiritual well being and freedom of the people

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The second Conference on Industrial Physics will be held under the auspices of the Institute of Physics in Birmingham from March 18 to 20 The subject of the conference is Optical Devices in Research and Industry An exhibition of instruments, apparatus and books cognate to this subject is being arranged and will be held in the physics laboratories of the University of Birmingham A section will be devoted to popular applications of optical devices, including photocells The presidential address on Spectroscopy in Industry ' will be delivered by Professor A Fowler, D Sc, F R S Visits to local works and research laboratories will be included in the programme There is no conference fee and membership is open to all interested Particulars may be obtained from the secretary, Institute of Physics, 1, Lowther Gardens, Exhibition Road, S W 7

Reports of Societies

AETIOLOGY AND DIAGNOSIS OF JAUNDICE

At a meeting of the Medical Society of London on February 22 Sir WILLIAM WILLCOX occupying the chair a discussion took place on the aetiology and diagnosis of jaundice

Dr C E LAKIN in opening first made a reference to blackwater fever This disease might occur in those who had suffered from subtertian malignant malaria and from whom the infection had not been completely eradicated The actual attack might be precipitated by cold overexertion, or quinine Haemoglobin was liberated from the corpuscles so rapidly and in such large quantity that the cells of the reticulo endothelial system were overwhelmed, and the urine was found to contain haemoglobin and the skin was deeply pigmented Haemolytic pigmentation of the skin was also seen sometimes in cases in which transfusion had been carried out with incompatible blood There did not exist any sharp line of demarcation between the haemolytic pigmentation of blackwater fever and incompatible blood transfusion on one hand and on the other so called haemolytic jaundice Examples of haemolytic jaundice were those of pernicious anaemia, acholuric jaundice, malaria, Orova fever, poisoning by potassium chlorate, sulphonal or some snake poisons, and some cases of septicaemia When haemoglobinuria occurred in the course of septicaemia the prognosis was thereby rendered more grave

Toxic or hepatogenous jaundice included many conditions of diverse aetiology, a main feature being a retrograde change affecting the parenchymatous cells of the liver so that they could no longer transmit the haemolytic products to the bile capillaries In cases of toxic jaundice there was usually some splenic enlargement too When widespread destruction existed the whole liver function was seriously impaired, and the fatal issue was preceded by pyrexia, persistent vomiting haemorrhages, delirium, and coma In obstructive jaundice there was a mechanical interference with the passage of bile from liver to intestine and the digestion and absorption of fat was so defective that the total fat might form 50 per cent of the stools Constipation was the rule in this type but occasionally diarrhoea occurred, ascribable to fermentative changes in the intestinal contents For determining whether a patient was truly jaundiced only bright daylight should be used for the examination In the obstructive form the conjunctiva was yellow but not in haemolytic jaundice

Differentiation of Type of Jaundice

Having decided that a case was one of jaundice the differentiation as to type was based on information yielded by the following (*a*) a careful history including details of family illnesses (*b*) clinical examination of the patient (*c*) x ray and perhaps a cholecystographic examination (*d*) a laboratory examination of blood urine and stools including in this examination perhaps material obtained by duodenal intubation Sudden jaundice in a healthy patient suggested obstruction of the common bile duct by gall stone a slow onset of jaundice gradually becoming more intense probably pointed to a new growth in the duct or pressure upon it from without In a young adult painless commencement of jaundice preceded by evidence of gastro duodenal catarrh suggested catarrhal jaundice the indication was not so clear in those of maturer age When the jaundice was preceded by loss of weight there might be present pancreatic disease or malignant disease of the alimentary tract A clue might be gained by inquiring into the kind of occupation followed by the patient If the liver was palpable it should be determined if possible whether its surface was smooth or hob-

Cancer of the Breast

SIR,—We feel that the letter of Dr W Griffiths (*Journal* February 20, p 416) is apt to be misleading to those inexperienced in radiation therapy In advocating contact x ray therapy we gather that he is referring solely to the treatment of cancer of the breast

He says that the sole virtue of radium lies in our ability to place it in contact, or nearly so, with the growth This applies perhaps to interstitial therapy, where the radium is actually introduced into the tissues in the immediate vicinity of the growth and so arranged that adequate cross fire is obtained, but it certainly does not apply to surface radium applications Ten years ago we were treating rodent ulcer and squamous cell carcinoma of the skin with radium tubes in contact and though early results were good, recurrence in the less superficial lesions was fairly common During the past seven years the increased depth dose obtained by irradiating at a distance of 1 cm (*or more in deeply infiltrating lesions*) has given uniformly excellent results from the points of view of primary healing and freedom from recurrence Incidentally intensive doses of x rays (100 kV with a 0·5 mm aluminium filter at a distance of ten inches), administered over a period of a week or ten days, has given in the few cases in which we have tried it equally good results In the treatment of such localized superficial conditions contact x ray therapy may give comparable results

To return to the subject of cancer of the breast The types of case with which the radiologist is called upon to deal are so varied that no single technique of irradiation can be universally applicable Interstitial radium high-voltage x rays with heavy filtration, and lower voltage x rays with less filtration all have their place It seems to us that contact x ray therapy, even with the increased kilovoltage which Dr Griffiths suggests must have a very limited scope in the treatment of breast cancer Isolated skin nodules certainly might be successfully dealt with, but the rapid falling off of intensity at the edge of any but small skin fields inseparable from this 'close up' therapy would make it difficult to apply in those cases of extensive nodular skin recurrence, sometimes confluent and ulcerating which are so commonly encountered Assuming the desirability of lower voltage, why not an adequate distance? In dealing with the primary inoperable growth glandular or bony metastases, the inadequate depth dose obtainable with contact therapy must surely rule it out—We are, etc,

J E BANNEN
R HERMON

Hull Feb 23

Intraperitoneal Haemorrhage from a Graafian Follicle

SIR—The recent correspondence in your columns (*Journal* February 13, p 362) prompts me to mention two further haemorrhages of ovarian origin in patients who were admitted into the Middlesex Hospital during the last two years, and whom Mr Gordon Taylor kindly allowed me to treat By his courtesy I am enabled to put their cases on record I believe incidentally that Gordon Taylor was among the first to draw attention to this type of ovarian haemorrhage in a paper published in the *Archives of the Middlesex Hospital* in 1908 (Clinical Series, No 4 p 36)

His patient was an unmarried woman of 26 Two days before she was brought to hospital she had complained of severe pain all over the abdomen which had subsided but recurred the following evening and caused her to faint several times On reaching hospital her condition was so grave that the doctor who had brought her thought her to be already dead and there was some debate whether she should be taken to the mortuary or rushed to the operating theatre The latter was decided upon and after an intravenous saline had been given the abdomen was hastily opened An enormous quantity of fluid blood and clot was found and blood was seen to escape from a small rent in the left ovary A ruptured ectopic pregnancy was diagnosed and the left tube and ovary were removed Pathologically however there was found to be a ragged cavity in the ovary a quarter of an inch in diameter which contained blood clot The cyst was lined by vascular lutein tissue

She made an uneventful recovery but was readmitted four months later with right sided abdominal pain which was found at laparotomy to be due to an enlarged cystic right ovary, one cyst being two inches in diameter and filled with recent blood clot The two cases seen recently were as follows

Case 1—A single woman aged 35 admitted on June 30 1935 had complained of pain in the right iliac fossa on the previous day This had gradually spread towards the epigastrium Her abdomen was soft but she was tender in the right iliac fossa just below and to the right of the umbilicus her temperature was 100 F pulse rate 96 Her menstrual period had begun three days previously She had suffered from dysmenorrhoea for some time past On opening the abdomen through a right paramedian incision a large quantity of fluid blood and two handfuls of clot were found Blood was escaping from the right ovary which was removed together with the tube under the impression that we were dealing with a case of ruptured ectopic pregnancy When the specimen was examined afterwards it was found that the blood was coming from a haemorrhagic cyst in the ovary On section the cyst proved to be a corpus luteum

Case 2—A single woman aged 24 was admitted on May 20 1936 She had had an acute attack of general abdominal pain on the previous evening She was tender in the right iliac fossa but not rigid her temperature was 98·4 F pulse rate 80 She had suffered from dysmenorrhoea and her next period was due in a few days time On opening the abdomen a large quantity of liquid blood and a handful of clot were removed The bleeding came from a ruptured cyst three quarters of an inch in diameter which was situated in the ovary The cyst was excised and the rent in the ovary sutured On section the cyst was lined by lutein cells

Neither of these cases was as dramatic as the one described by Gordon Taylor There was no evidence clinically of severe haemorrhage when they were brought to hospital, and both patients were operated on as cases of acute appendicitis In both cases the haemorrhage was from a lutein cyst and not from a Graafian follicle and on looking at random through some of the large number of reported cases I have found the same observation recorded wherever the ovary or cyst was examined histologically Mr Porter in a recent letter says On section the ovary showed a normal Graafian follicle with no suggestion of decidual cells or anything suggestive of an ovarian pregnancy He does not state whether lutein tissue was present

In reporting these cases my object is not to draw attention to a rare condition but rather to suggest that it is one which occurs not infrequently and deserves better recognition in surgical and gynaecological textbooks as a cause of acute pain in the right iliac fossa When the ruptured cyst is on the right side the differential diagnosis from appendicitis is difficult but it should be strongly suspected in the following circumstances

1 When the patient has suffered from dysmenorrhoea and the attack of pain which brings her to hospital is similar in character although more severe

nailed," and whether its bosses were umbilicated If a liver was congested or hepatitis was present the organ would be tender Efforts should also be made to find out whether the gall-bladder was enlarged The supra-clavicular fossa should be examined for any enlarged glands Investigation of the heart should not be omitted, note being made of its size and any abnormal murmurs It was noticed that in late stages of cirrhosis of the liver the first sound of the heart was of defective tone and frequently the rhythm was of tick-tack character When liver abscess was suspected the condition of the right base of the lung should be ascertained and a rectal examination should never be omitted in a case which presented difficulty Bilirubin in the urine could be tested for by the iodine test or by the nitric acid test

In obstructive jaundice the stools were putty-like, bile pigment was present in the urine, and the jaundice was more likely to be intense in these cases than in the haemolytic or the toxic groups In the toxic form it was usual for the patient to be seriously ill yet it did not follow that the jaundice would be very intense

Investigation of cases of haemolytic jaundice should include a complete blood count, fragility tests, and a determination of the mean corpuscular volume, a count of reticulocytes and blood platelets, and the Wassermann test

Laboratory Tests in Jaundice

Dr GEOFFREY HARRISON (pathological department, St Bartholomew's) spoke of laboratory tests in cases of jaundice He said that bilirubin came third in numerical frequency—namely, after sugar and urea The main chemical value of the van den Bergh test was to show the presence or absence of hyperbilirubinaemia when the patient had a slight yellow tint In established cases its value was to enable one to follow the progressive changes in the concentration of the pigment in serum A direct van den Bergh positive meant the presence of mechanical obstruction, but he thought the results of the direct test could not be properly interpreted until more was known of the chemistry of bilirubin and of the van den Bergh test

He thought it would be agreed that the usual chemical tests for bilirubin in urine were not sensitive enough the nitric acid and iodine ring tests were often negative when the jaundice was slight A more sensitive test was an application of Fouchet's test to a barium precipitate from urine, that also depended on the oxidation of bilirubin to green biliverdin and blue cholecyanin It did not give positive reactions in health, nor with pigments other than bilirubin The investigation of the faeces should include a search for stercobilin, not for bilirubin With regard to serum phosphatase, this was an enzyme which hydrolysed phosphate esters to liberate inorganic phosphate It was widely distributed in the tissues, the greatest concentration occurring in bone, kidney, intestinal mucosa, liver, and red cells In active bone disease and in obstructive jaundice the plasma phosphatase was increased

The PRESIDENT referred to his toxicological work and to his war experiences with fatal cases of poisoning by the 'dope" used for aeroplanes, and fatal cases following atophan, luminal, plasmoquine, acriflavine, and avertin Trichlorethane was used largely in dry cleaning, and was very poisonous, while carbon tetrachloride produced atrophy of the liver One of the main purposes of the liver was as a toxiphylactic agent In toxic jaundice the key to the situation was the liver cell Some people tolerated the large quantities of alcohol they were in the habit of taking because Nature provided fourteen times as much liver efficiency as was needed for ordinary requirements

Dr P H MANSON-BAHR said that anyone who shed fresh light on the cause of blackwater fever would do more to explain paroxysmal haemoglobinuria and acholuric jaundice than in any other way In the former the quinine taken had much to do with the paroxysms Since the advent of atebrin, which killed the subtertian parasite blackwater fever as a catastrophe in this country had practically died out One means of curing that disease was by giving large quantities of fluid He expected to see plasmoquine and carbon tetrachloride taken off the black list of drugs The latter might cause toxic jaundice, as did chloroform, but it would be wrong to ban it on that account and the former had never, to his knowledge caused jaundice Dr Lakin had mentioned amoebic hepatitis and amoebic dysentery as causes of jaundice, but amoebic abscess was a condition that was not associated with jaundice

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DANGERS OF INFECTED MILK

At a meeting of the Section of Medicine of the Royal Society of Medicine on February 23 with Sir CHARLTON BRISCOE in the chair the subject of discussion was milk as a factor in the cause of disease

Infection of the Cow

Dr W G SAVAGE (medical officer of health, Somerset), in opening divided the subject into two groups—namely, human infections associated with infection of the cow, and diseases spread through human infection of milk Dealing first with tuberculosis, he referred to an inquiry which he had made in 1931 the result of which was to suggest that during that year the deaths due to bovine tuberculosis in this country numbered 1 731 He believed that out of an anxiety not to overstate the case the figure was really an underestimate Recent years had shown that the proportion of pulmonary tuberculosis of bovine origin might be considerably higher than the earlier figures suggested He thought the conclusions of the Peoples League of Health Committee might be accepted as a minimum statement that in England and Wales about 6 per cent of all deaths from tuberculosis were caused by the bovine type of bacillus About 4 000 fresh cases of bovine infection developed each year The proportion of cows suffering from tuberculosis of the udder was about 0 2 per cent The proportion of raw milk containing living tubercle bacilli varied widely in different parts of the country but a fair average was 5 or 6 per cent

Turning to undulant fever Dr Savage discussed the available evidence as to the presence of contagious abortion in dairy cattle Raw milk samples contained *Br abortus* in from 8 to 10 per cent of cases, and this applied equally to high class milks Various estimates had been made as to the number of cases of undulant fever in man, but it was evident that man was not readily infected with *Br abortus*, possibly owing to a measure of latent immunity or other factors not yet ascertained Certainly the number of cases of infection in man was relatively small as compared with the wide prevalence in dairy cattle and the opportunities for human infection thereby afforded

He touched next upon streptococcal infections Mastitis in both acute and chronic forms was one of the common sources of infections of the cow, but human infection from this source was very rare In cows mastitis was nearly always due to a streptococcus of a strain non pathogenic to man A point to be remembered was that streptococci from human beings might produce a local infection in the udder of the cow and so contaminate the milk supply Only human streptococcal infections of the udder were infectious to man, and these outbreaks might be of considerable importance because they were so widespread Dealing next with Salmonella infections in the cow, he said that outbreaks which were clinically acute food poisoning with milk as the vehicle appeared from time to time and in most cases could be traced to a certain cow He had particulars of twenty outbreaks, and a tabular statement of eight of them showed the numbers affected to be from 110 to 523 in individual outbreaks The mortality rate was low

2 When the pain starts in the right iliac fossa and spreads towards the midline

3 When the attack comes on at the beginning of a period or a few days previously

Sackett (*Amer J Obstet Gynec*, 1932, **23**, 849) says that ovarian haemorrhage may be excluded in the first and second weeks of a menstrual period

In severe haemorrhage an ectopic pregnancy may be diagnosed, but this is usually accompanied by anomalies of menstruation and a blood-stained vaginal discharge, which are not features of "lutein haemorrhage" In those cases where the haemorrhage is discovered unexpectedly at operation recognition of its lutein origin will save the unnecessary sacrifice of tube and ovary—I am, etc,

J C LEEDHAM-GREEN,
Resident Surgical Officer, General Hospital, Birmingham

February 24

Progesterone in Pre-eclamptic Toxaemia

SIR—The paper on progesterone in pre-eclamptic toxaemia in the *Journal* of February 13 (p 311) raises the important question of the criteria to be adopted in determining the severity of a case of toxaemia of pregnancy when the efficacy of any new treatment is under consideration The authors of the paper have taken the incidence of fits after the institution of hospital treatment as such a criterion Surely fits occur so seldom even in severe cases once hospital treatment has been established that some other index of severity must be adopted? The main if not the only end of treatment in these cases is the securing of a live child Recovery of the mothers can be assured in practically every case, at all events immediate recovery, if induction of premature labour is practised regardless of the viability of the foetus The success of any new form of treatment can therefore only be measured by the extent to which it significantly modifies the proportion of live children obtained Judged by this criterion the results of progesterone therapy do not seem encouraging

Although the clinical results of the research may be inconclusive the authors have, however, done a very real service in correlating the two problems of pregnancy toxaemia and the hormonal changes which occur at the end of pregnancy It may well be that the causes of the onset of normal labour are to be found in a study of those factors which bring on labour prematurely in the majority of cases of toxaemia, even in cases where intrauterine death of the foetus cannot be held responsible—I am, etc,

PERCY MALPAS

Liverpool, Feb 23

Hypochromic Anaemias and Iron Deficiency

SIR—I hasten to apologize to Dr Fullerton for the misquotation which he pointed out in his letter in the *Journal* of February 27 (p 471) The figure which was meant for the iron in lactation was 250 mg, not 750 mg, an approximation to nine months' lactation at about 1 mg a day

With regard to Dr Fullerton's other complaint, the whole matter seems to me to hinge on his statement in his letter to you that he found 9 grains of ferrous sulphate 'a satisfactory dose in the great majority of cases" If he had left out the word "great" I should have been in complete agreement with him The opinion I have formed is that the number of patients who require a larger dose is sufficiently high to justify stating the *average optimum* dose at a higher figure In this context I think my statement that only ten out of twenty one cases in his series responded satisfactorily is a fair criticism He has formed the opinion that the other eleven failed to respond because of complications or because, like Case 18, they did not take all of the dose None of the complications as given in the paper is an absolute bar to satisfactory response, and from the facts which he gives it is open to me to form the opinion that, had he used a larger dose, more than ten, although probably not all the twenty one, of the cases would have responded by 1 per cent per day My remarks were in no sense a criticism of his work, which is to me most interesting He rightly excluded nine cases in the attempt to make a comparison between the different iron preparations I am only critical of his conclusion from rather a small series of cases that "iron and ammonium citrate grains 90, pil ferri grains 45–60, and ferrous sulphate grains 9 are equally efficacious" I do not think that his figures prove this, and I should be sorry to see the value of large doses of iron lost sight of After all, ferrous sulphate, 3 grains three times a day, has been in many pharmacopoeias for a very long time, but the value of iron therapy only came into its own with the introduction of larger doses

My conclusions about the average optimum dose of ferrous sulphate are drawn not from Dr Fullerton's paper but from my own experience and that of other physicians—I am, etc,

J F BROCK

Cambridge March 1

Prostatectomy by the Two-stage Method

SIR,—Mr Walter W Galbraith, in his letter in the *Journal* of February 27 (p 472) criticizing my article on prostatectomy by the two-stage method, takes me to task for, among other things, using a "messy" suprapubic box which is applied not only outside the bladder but also outside the abdominal wound

Yet he advocates a method which necessitates a catheter in the urethra and bladder for twenty or more days in the majority of cases I have visited some of the patients operated on by one of the greatest exponents of the Harris technique which Mr Galbraith thinks so "amazing," and, when I have watched the pus dripping from the urethral meatus of a swollen penis during catheter drainage and the urine leaking from the suprapubic incision after the catheter had been removed, I have come to the conclusion that it was one of the most repulsive sights I have ever seen in post operative convalescence As to the box being "messy," I should have thought it would be much more to the point to attack those responsible for the post operative treatment rather than the technique of the operation

Mr Galbraith, who evidently looks upon a preliminary cystotomy as a 'major" operation asks if I use a third anaesthesia when I remove the gauze packing from the prostatic cavity I can assure him that an anaesthetic is not necessary for the removal of the gauze when it is properly inserted

Mr Galbraith goes on to tell us that the Harris technique is 'a tremendous advance' on the Thomson Walker operation I should like to know what are his grounds for thinking so In my opinion for those who prefer an "open operation the Thomson Walker technique in which the patient is left with a large vesical outlet is infinitely superior to that of the Harris method in which the patient is left with a deformed vesical neck

Mr Galbraith says it is obvious that I know little about the Harris technique because I state that the bladder neck is sutured round the indwelling catheter I actually said 'The mode in which the bladder neck is *sutured* round the indwelling catheter which is left *in situ* for ten or more days after the operation" I did not infer or state, as Mr Galbraith evidently thinks I did that the bladder neck was sutured round the indwelling catheter while the instrument was *in situ*

Human Infection of Milk

Turning next to disease spread through human infection of the milk Dr Savage discussed diphtheria, scarlet fever typhoid and paratyphoid fever and dysentery In the recent report of the Cattle Diseases Committee there was a list of milk-borne outbreaks occurring during the period 1900–31 which happened to be known to the Ministry of Health but many outbreaks though recognized as due to contaminated milk were not reported

The list mentioned included fourteen outbreaks of diphtheria twenty eight of scarlet fever, thirty of enteric fever four of typhoid fever and dysentery, and seven of paratyphoid fever In the United States the outbreaks were more systematically recorded or were more numerous He also gave examples of the recent (1936) very extensive outbreak of enteric fever in Bournemouth and Poole mentioning that some of the later cases arose even within his own area in Somerset In the Chelmsford outbreak in 1935 there were 487 notified cases and about 2 000 cases of illness, with six deaths

He concluded by saying that the evidence that milk served as a vehicle of infection was overwhelming As regards tuberculosis the extent of the disease so spread could be estimated with reasonable accuracy and constituted an amount of infection which was a standing disgrace to the legislature, since the remedy was known not difficult of application, and was only prevented from being applied by considerations which should not be allowed to weigh against the proved damage caused In the case of undulant fever an estimate of the damage was gradually being reached and with regard to other milk borne infections the evidence showed that these were far from being negligible

Incidence of Br Abortus Infection

Professor F S MINETT (Royal Veterinary College) said that at the Roval Veterinary College a good deal of work had been carried out on *Br abortus* infection and the incidence of this organism in milk The incidence could not exactly be stated, it depended on a number of different factors such as the amount of milk tested, the number of guinea pigs injected and the technique used for examination It appeared as though clean milk was very much more heavily infected with *Br abortus* than ordinary milk It was evidently more easy to isolate the organisms from milk which was clean than from milk which was dirty Further work however, showed that it was not the bacterial flora in the milk that was causing the difficulty in the isolation of *Br abortus* but rather the incidence of the tubercle bacillus in the milk samples When there were put into the guinea pig at the same time the tubercle bacillus and *Br abortus* it often happened that the latter could not be isolated

With regard to streptococcal infections which were milk borne Dr Savage had referred to the hypothesis that streptococci originating from human beings might produce a local infection in the cow's udder and so contaminate the milk supply This hypothesis had received a good deal of support from observation and experiment—so much support, indeed that it could not be doubted that it was correct Streptococcal mastitis was very common in cows and so far as it was due to haemolytic streptococci it might be said that the form of mastitis due to weakly haemolytic streptococci was of no importance from the point of view of human health but another group in which the disease was caused by the active haemolytic streptococcus deserved to be considered further in that connexion The contamination of milk must be either direct from human beings or indirect from the cow, and it seemed to him that all the evidence pointed to the fact that infection of milk was indirect and via the cow The evidence which supported such indirect contamination of milk could be discussed as epidemiological cultural and the evidence directly concerned with the animal These widespread and continuous epidemics in human beings could scarcely be due to casual or intermittent contamination With regard to the second point it was not easy to say whether the streptococcus grew in the milk or not It was necessary to consider the strain of the streptococcus used whether recently isolated or a fairly old cultural strain the number of streptococci in the milk and the atmospheric temperature at which the milk was stored The results of the investigation indicated that *Streptococcus pyogenes* would grow in sterilized milk slowly, in pasteurized milk the organisms would not grow or would grow only extremely slowly and after a good deal of lag

The Doncaster Epidemic

He proceeded to speak of the epidemic of scarlet fever at Doncaster in December last some account of which was given in the *British Medical Journal* of January 2 (p 26) This epidemic involved 268 people of whom three died The cases were found to be connected with the milk supply from one farm which was immediately stopped Most of the cases started on December 10 11, and 12 He was permitted to mention some of the findings of Dr F Griffith of the Ministry of Health On December 15 it was proved that the cases of scarlet fever were due to a Type II scarlet fever organism On December 16 mixed samples of milk from groups of cows on this farm were examined and from one of the groups —a group of four cows—some organisms were obtained The next examination was made on December 20 and the four cows belonging to this group were examined From one of them again Type II scarlet fever organisms were isolated On December 30 milk samples were examined from all the thirty one cows in this herd and from one cow scarlet fever streptococci were obtained and subsequently shown to be of Type II The organism was not found in any of the other cows

The speaker showed a photograph of this cow He found scarlet fever streptococci Type II in it on January 6 23 and 28 These organisms however were only forthcoming from the left front quarter of the udder whereas Dr Griffith had previously found them in both the right and left front quarters The herd had been examined by a veterinary officer on December 15 from three to five days after the bulk of the human cases occurred On that date the cow was practically normal as regarded her health There was some induration of the right front quarter Not until December 20 was there an actual mastitis in that cow

Human Infection Transmitted to the Cow

Dr W McD SCOTT (Ministry of Health) said that in addition to the two groups of infections mentioned by Dr Savage—namely, human infections associated with an infection of the cow and diseases spread through human infection of the milk—there was a third group in which diseases normally affecting man were transmitted to the cow and resulted in the presence of the infecting agent in its milk Enteric fever might though rarely be a bovine infection and a cow suffering from it might then transmit the disease in its milk One reason for suspecting this sequence of events—namely human infection of the cow proceeding to infectivity of milk was the degree of infection Droplet infection or direct contamination from a milker or milk handler could scarcely produce disease in so large a proportion of human consumers One outbreak of enteric fever of over 1 000 cases was traced to a single milk supply It was discovered that the cows had as their drinking place a small river into which a few hundred yards upstream a sewage effluent was discharging and when this was examined it was found to contain enormous numbers of typhoid bacilli some hundreds per cubic centimetre It was possible and even likely that the cows during drinking and wading in the stream acquired surface contamination of their legs and udders and equally likely that this contamination might be conveyed to the milk in spite of the regular washing of the udders before milking But it seemed improbable that such an accident could occur every day throughout

After this he writes That is only one of his misstatements (to call them nothing worse) his whole paper bristles with them So far Mr Galbraith has not brought to light any misstatements I should have thought that after making such a sweeping assertion it was his duty to do so

The late Mr Harris operated on two patients at St Paul's Hospital during his visit to London in 1935 and it is with the greatest reluctance that I make a few critical remarks about the convalescence of these two cases but as Mr Galbraith claims so much for the Harris technique I feel compelled to do so The first patient had an indwelling catheter for ten days following the operation and after the instrument was removed the urine leaked through the suprapubic incision for three days In the other case Mr Harris inserted a suprapubic tube as he was unable to control the haemorrhage from the prostatic cavity Yet Mr Galbraith writes that the Harris wound heals by first intention

Near the end of his letter Mr Galbraith tells us that vesical neck pockets are unknown Does he mean they do not exist? Taking into consideration the shape of the prostatic cavity and the method of suturing used in the Harris technique I should say that it is absolutely impossible to prevent puckering and pocket formation in a very large percentage if not all of the patients

For some time I have been convinced that the two-stage prostatectomy through a short suprapubic incision will cure the largest number of patients with the least risk and on carefully reading Mr Galbraith's letter I certainly fail to find anything to make me think otherwise —I am, etc,

London W1 March 1 W K IRWIN, F R C S

Psychological Factors in Rheumatism

SIR,—Dr J L Halliday, in your issues of January 30 and February 6, deals in exhaustive and delightful fashion with the above subject The beauty of his diction however, should not place him above criticism and cramped as must be the exigencies of space in a letter I would like to make a few remarks My qualifications for doing so are, among others

1 I have had about thirty years experience as a general practitioner among a class of patients peculiarly prone to rheumatic affections of various types

2. The class of patient Dr Halliday reviews is also mine

3 For almost twenty years I was medical officer to a prison where I saw roughly twenty of Dr Halliday's type of case to his one

4 As one whose living is exposed to the same chances and changes as that of my patients I conceive I am in a better position to deal with them than one whose life is that of a State medical officer

5 I understand Dr Halliday has never done general practice, and it is evident from his article

I deprecate Dr Halliday suggesting that the Fathers of Medicine were blind to the psychical factor in their cases I was taught that my bedside manner should aim at gaining the confidence of my patient that I should do nothing to alarm and should train myself to absorb the whole atmosphere of my patients surroundings It is common knowledge how well the old physician did so

God and the Doctor we adore etc Does Dr Halliday suggest we should leave the waters charted by the Fathers of Medicine to voyage with him in unknown seas with psycho analysis as compass and Mrs Eddy in the crow's nest? There would be strange landfalls! Possibly we would discover that modern Golden Fleece'—the osteopathic lesion All this type of rheumatic case has some advantage—monetary or other—in assuming proud backs etc The father who can't get work naturally wishes to save his face before his family etc

My experience as a prison doctor may be illuminating. Every day there came to our door one or more men with lumbagos proud necks stiff joints and all the stigmata set forth by Dr Halliday These had existed for varying lengths of time—some many years—and many thousands of pounds had been paid out by different agencies to these people in consequence of their disabilities Each case was treated very seriously by the medical officer The patient was most strictly examined He was put to bed in hospital in a room by himself He was given his choice of castor oil or Epsom salts A Bible was put in his hand and his diet consisted of two pints of buttermilk three times a day In twenty years there was no case that did not recover completely within twenty four hours The cure endured throughout the sentence —anything up to two years—but the condition returned in variably and immediately on the prisoner's release

Dr Halliday would suggest he has discovered something new The conditions he describes are as old as the boy shamming sick who does not wish to go to school I would suggest it is a hazardous proceeding to correlate such common factors as rheumatism and 'misfortune,' and then explain them in terms of each other After all the chances are we shall all be orphans and all have rheumatism some time or another If on the other hand, I saw it frequently happen that a patient who had had the worst of a deal with his pawnbroker developed obscure testicular pain or a racing motorist who had had "big end" mischief quite frequently developed obscure rectal mischief, I should say there was a lot in Dr Halliday's argument It is ludicrous, *pace* Dr Groddeck that when a mother dies he blames himself for it' If that be true I must be an exception to the rule for I never thought such a thought nor have I ever found it in my practice What makes me guarded about psycho analysis is that we have no guarantee that the doctor is not in his own way just as queer as his patient When all is said and done all of us are in our different ways trying to escape To be able to escape is our only chance to remain sane To say that those cases should be sent to the priest or the parson for cure is surely a counsel of despair —I am etc

Glasgow Feb 22 JAMES COOK

Wax Solvents

SIR —I read with interest Mr Terence Millin's memorandum on the removal of wax from the bladder (*Journal* February 27, p 446) A short time ago I was asked to treat a case of chronic discharge from the ears The drums were intact and the patient an otherwise healthy young man The traditional methods of irrigation following the instillation of peroxide and bicarbonate gave no relief, and I therefore endeavoured to find some solvent which would penetrate and soften the wax while carrying through it some antiseptic substance It appeared to me likely that there was a vicious circle of wax formation—mechanical irritation of the meatus infection and then more wax formation in response to these stimuli My textbooks contained no description of the properties of the wax found in the human ear nor did a chemical dictionary give much help I was also unable to find any reference to solvents which might be used with safety in the ear other than those I have mentioned However I did not anticipate that harm would result if liquid paraffin were instilled and this was employed as a vehicle for acriflavine The results were most gratifying After three or four treatments both ears were again healthy and there has been no relapse though the condition had been present for eighteen months

I consider this to be a rational treatment and have no hesitation in recommending it to others I have since

the whole of three weeks and provide each day a fully infective dose, especially when one considered the great dilution which must have resulted from bulking the milk with that of other farms, and the same principle seemed to attach to the idea that typhoid bacilli ingested by the cows would survive in the alimentary canal and be discharged in the faeces and in sufficient doses contaminate the milk. Was it possible that a cow ingesting sewage contaminated with enteric fever could itself become a profuse source of these bacilli? It was most regrettable that it was too late to get direct proof in this instance.

Need for a Safe Milk Supply

Dr C. O. HAWTHORNE said that the first impression formed in the mind of anyone listening to that discussion must be the seriousness of the indictment which had been brought against milk as the agent responsible for diseases in human beings. Was there any other subject on which there was so decided and unanimous an opinion as the proposition affirmed by the three speakers they had already heard? Public opinion was not thoroughly informed on this subject. There were indeed direct challenges in the public press to the facts and conclusions which had been brought forward that day. A letter recently appeared in the *Times* written by a Member of Parliament challenging the figures in regard to deaths from bovine tuberculosis, and stating that instead of 2,500 or 3,000 cases of fatal bovine tuberculosis per annum there were not more than 500. It was true that there had been an authoritative statement in reply by the President of the Royal College of Physicians, but the particular figures brought forward had not been challenged, as they could only be, by experts in this subject. The education of public opinion had been conducted to some extent, but it still remained true that innumerable school children were receiving raw milk as part of the school regime. He urged that experts should not be content to remain in academic seclusion, and when they saw statements in the Press which challenged the position they had verified they should come down into the arena and show the scientific foundation for the argument which the medical profession had adopted—namely that milk might be clean, but might still be unsafe, and that in order to make it safe it had to be treated by some heat process.

Mr TOM HARE rose to suggest that as practical men and veterinary scientists they should keep a sense of proportion in this matter. He considered that there was a great deal of exaggeration in such a speech as Dr Hawthorne had just made. He hoped that account would be taken of the fact that the veterinary services of the country had considerably reduced the incidence of tuberculosis in dairy cattle, and he suggested that the leaders of agriculture as well as of the veterinary profession in this country were not doing any disservice when they emphasized the importance to health of the consumption of a clean raw milk by the community.

Mr STEELE BODGER also considered that the "milk-borne epidemic" theory was being overdone. By the adoption of pasteurization of milk the disease problem was being attacked from the wrong end. All this talk was giving a false sense of security. A safe raw milk could be produced if the community was prepared to pay for it. As one interested in clean milk production from the veterinary point of view he knew of nothing which was more calculated to encourage slovenly production of milk than the knowledge that it was going to be pasteurized. The dirtiest milk in the Midlands came to London because it was known that here it would be pasteurized, and thus it was thought it did not matter. He begged those concerned not to hide their heads like ostriches and imagine that in pasteurized milk they had a panacea for all milk ills.

Dr J. F. BROCK said that the discussion had emphasized the importance of the medical profession not only understanding the position with regard to milk-borne diseases but also using its information for the benefit of the public. Members of the profession, particularly those associated with any form of scientific research were averse to being regarded as propagandist, but sometimes in their detachment they did forget their responsibility for educating the public. There was clear evidence that milk was an important factor in the dissemination of disease, and the public must be informed as to the best means of preventing disease arising from this source. Undoubtedly the production of a pure milk supply was one of the most important factors, but were they in the main time to allow the dissemination of disease to go on constantly because they were not prepared to purify their milk on the spot?

Dr RICHARD HAMBURGER mentioned that in Germany the medical profession and the consumers had decided not to use any kind of milk other than boiled, and the profession there was of opinion that there was no difference between the feeding results with raw and with boiled milk. Dr E. WHITE considered it necessary to add to what had just been stated that in Germany measures were taken to ensure cleanliness of the milk before boiling. With regard to medical men coming into the arena and expressing their views in the Press, he said that they were naturally hesitant of so doing because of the tendency of the Press to publish only extracts from communications which might give a wrong impression. Dr R. P. WILLIAMS mentioned an epidemic of scarlet fever in a sanatorium due to infection carried by one man in the attached dairy, the trouble might have been obviated by pasteurization. Dr SAVAGE, in his reply, took up the question of the Montreal typhoid epidemic, which had been attributed by one speaker to pasteurized milk. He denied this, saying that the milk in question had not passed through the pasteurizing process.

EPIDEMIOLOGY OF WEIL'S DISEASE

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on February 25, Surgeon Rear-Admiral S. F. DUDLEY, R.N., presiding, Dr J. M. ALSTON and Major H. C. BROWN brought forward a communication on the epidemiology of Weil's disease.

The authors stated that this disease was defined as a clinical entity by Adolf Weil in 1886. The name "Weil's disease" was then applied to many cases of infective jaundice, but so long as there was no description of the specific anatomy of the condition nor any discovery of specific cause there was always considerable doubt as to the applicability of the name in individual cases. In 1915 Professor Inada of the Imperial University of Japan described a form of spirochaete as the causal organism of the disease. This was now known as *Leptospira icterohaemorrhagiae*, and Professor Inada's work was confirmed by Hubener and Reiter in Germany. The disease was found extensively among the coal miners and field workers in Japan. The illness took the form of fever, conjunctival congestion, jaundice, haemorrhages in various parts, and muscular pain, and there was a marked effect on the kidney as shown by albuminuria. These discoveries and confirmations about 1915 were facts which put Weil's disease in a definite and well-identified position, and it was since that time that the most important information from the epidemiological point of view had been collected.

The distribution of the infection was nearly world wide. The countries with highest incidence were Japan, the Malay States, Netherlands East Indies, Holland, and France. In contrast to these areas of high concentration there were some in which the disease had not been established—namely, Egypt, Persia, and India. Strong sunlight had a damaging effect on the organism, and possibly this accounted for the relatively low incidence in those countries. It was clear that with improved methods of detection many more cases of the disease were being found. In the British Isles between 1922 and 1933 the

read an article by Natier in the *Revue Internationale de Rhinologie, Otologie et Laryngologie* (1898, 1) in which it is stated that two-thirds of dry cerumen are made up of fatty substances soluble in alcohol and ether and that cholesterin represents 7 per cent The other constituents are also described, but unfortunately there is no description of the solvent effect of paraffin on any of these I do not know whether dilute xylol could be used in the ear It is worth trying—I am, etc,

Buxton, Feb 27 G C PETHER, M D

Radiograph or Radiogram

SIR,—I have recently had brought to my notice a short article in the *Morning Post* of Friday, January 22, 1937, headed "What is a Radiogram?—by our Medical Correspondent" This letter refers to correspondence in the *Lancet*, from which it appears that an endeavour is being made to support the use of the word "radiogram" in referring to what the general public call an "x-ray photograph"

I am addressing you on behalf of the British Institute of Radiology to urge that such a step be strongly opposed by the medical press of this country The word radiogram is a reasonable contraction of radio telegram, and as such it has been in use for something over thirty years, the fact that it has recently been adopted also as a contraction for radio gramophone may cause some concern to the Postmaster-General, but makes it still less desirable to employ the word in the manner suggested in my first paragraph The word "radiograph" has been used by most radiologists, and many of their colleagues, for probably a similar period, as a contraction for x-ray photograph It is by no means an ideal word, especially as it is used also to denote an instrument for recording intensity and duration of sunshine, there can be no doubt, however, as to which of the two meanings is more generally understood If a better word than radiograph could be coined it would be very acceptable, but there appears to be no valid reason for discarding it for a word which has nothing to recommend it, and which is already in general use under an entirely different meaning There is something to be said for the word "x-radiograph,' but it is clumsy, and would almost certainly be shortened to radiograph within a short space of time

I brought this matter up for discussion at last month's meeting of the Medical Committee of the British Institute of Radiology, which considered that nothing had occurred to alter the opinion which it recorded in November, 1934, when the following resolution was passed

"After discussion it was unanimously agreed that in referring to the photographic product of an x-ray examination the word 'radiograph' should be used, both as a noun and as a verb, in the same way as the word 'photograph' is used It was pointed out that this is correct according to the *Oxford Dictionary*"—I am, etc,

R BOULTON MYLES,
38 Welbeck Street London, W 1, Honorary Medical Secretary
March 1

*** We are in entire accord with the resolution passed by the Medical Committee of the British Institute of Radiology It is our practice to use the word radiograph in preference to radiogram, which is now in general use either for a message transmitted by wireless telegraphy or for a combination of a wireless set and a gramophone The *Oxford English Dictionary* defines radiograph in this context as "an impression or image of an object produced on a sensitive plate by means of the Rontgen rays"—ED *B M J*

Language for the Deaf

SIR,—The recent correspondence in the *Times* on the subject of "language for the deaf" may have attracted the attention of the medical profession Interesting however, as was this correspondence, there is reason to fear that since it dealt almost exclusively with *methods* of teaching, it has only served to obscure the real object of special education for the deaf The object of such education is to enable the born deaf (totally or partially) and those who have become deaf (totally or partially) before full spoken language has been acquired, to understand and use the English language *as it is written*

There is difference of opinion as to how this object can most rapidly be attained—that is to say, those best able to judge do not agree as to the best medium to be employed The pure oralist would allow no finger spelling or signing (the two are quite distinct) in the classroom, and would do his best to stop signing out of school The pure manualist would say that since the speech of the deaf is rarely pleasant or very intelligible, and since lip-reading is an unreliable medium, it is a waste of time to teach either

Between these two extreme views there are the opinions of experienced teachers who favour this or that combination of mediums Good results have been attained by any of these methods One is tempted to say, "That which is best administered is best" All the educated deaf, however, and all those who have spent their lives helping them, are agreed on two points first, that the object of special education for the deaf is to give to every deaf child a thorough understanding of and power to use the English language as it is written Secondly, that, be the method what it may, the deaf child must have at least ten years of steady special education, starting not later than the age of 5 years

Whether the deaf child speaks or whether he finger spells, or whether he does both, such mediums are useless to him in his manhood unless he possesses a full command of that immense intricate arrangement of symbols which we term "the English language" To give language to the deaf is a task of high scientific character To take a deaf child through simple nomenclature of things and qualities to teach him the different modifications to express juxtaposition of things comparison of qualities etc, to unfold to him the absolutely necessary but strangely intricate combination of symbols whereby a verb tense is expressed, to lead him through idiomatic and figurative language—this work possesses a fascination undreamed of by any other body of teachers in the world It is unfortunate that few men and women of first-class intellectual attainments are found to undertake it The field is comparatively small and the financial rewards are modest

Sir, there are deaf men and women of average adult intelligence in England to day who are unable to read an ordinary book or newspaper There are deaf boys and girls leaving school to day who will never understand the English language—that is, they will never be able to visualize from a written description and they will be unable to follow arguments expressed in adult language They could have learnt to do so they were not given the time they started too late

The saddest cases are those of the children of the professional and leisured classes These people are not visited by the attendance officer and they are not compelled to send their children to a special school These people can afford to, and they do, consult general practitioners and

were only four cases recorded, but during the last three and a half years, with better methods of detection, it had been possible to trace 142

Sources of Infection

In most parts of the world rats and some other small rodents harboured the organism and excreted it in the urine This was almost always the direct or indirect source of infection of man, but natural infection of dogs and foxes took place and was at least a potential danger to human beings The degree of infection was greatest in rats of intermediate age and less in the younger and older animals Dogs not only suffered from an illness but could to a certain degree act as carriers without evident infection There was a hint that possibly pigs might be a danger In Germany there was a well authenticated instance of a butcher developing the infection eight days after slaughtering a very jaundiced pig The organism appeared to lead a precarious life outside the animal body It quickly died in an acid medium, in strong sun light, and in salt water

Infection was usually related to occupation in coal mines field work of all sorts sewers, fish cleaning and to bathing in fresh water The route of infection was usually by contact of the abraded or sodden skin with infected mud or water, but infection might take place by imbibition of water and by the bites of rats, dogs and ferrets The question of oral infection had been stressed in Holland, where cases had arisen in people who had fallen into the canal and involuntarily swallowed the water Men were much more exposed to infection than women except fish cleaners, among whom the incidence was equal in both sexes

Incubation and Incidence

The incubation time might be from four to nineteen days, but usually it was from seven to thirteen days The fatality rate was considered in the earlier investigations to be very high, because at that time there was no knowledge of the mild latent or subclinical infections When these were taken into account the mortality was seen to be much lower Among the 142 cases recorded in the British Isles during the last three years and a half the mortality rate was 15 per cent By serological methods many subclinical infections without jaundice could be detected among people who were often at risk

Finally Dr Alston gave a table of the occupations of the persons concerned in the 142 authenticated instances from July 1933 to the present time Of these, forty five were fish workers all at Aberdeen and there were three deaths in this class Only one other case of a fish worker was recorded—namely, in the Isle of Man, a non fatal case There were twenty nine cases among coal miners in Northumberland and Durham with six deaths and five cases among coal miners in other fields with no deaths Among sewer workers there were nineteen cases with five deaths all in London The cases which followed fresh water bathing numbered fifteen with two deaths and occurred in various parts of the country The other occupations or circumstances, numbering seventeen mostly showed single cases There was one instance in London of a laboratory infection In all these circumstances there were three factors the presence of rats harbouring and excreting the organism surrounding dampness helping to maintain the organism s viability and liability to abrasions of the skin among those engaged in the particular work One of the means of prevention was to block up imperfect and unused drains and so stop the access of rats to the sewers and on fish curing premises, to practise methods of rigid cleanliness so that rats were not attracted to the offal

Discussion

Dr H J PARISH remarked that in view of the huge rat population of this country it was rather puzzling that there were not more human cases He also asked a question with regard to laboratory infections Was there such a risk of, say, a fragment of guinea pig liver which had been mashed up getting into the conjunctiva as to make it desirable for laboratory workers to wear protection for the eyes? Dr J D ROLLESTON referred to incomplete forms of the infection, to which there was a parallel in the *forme fruste* of the acute exanthemata which had no rash or of poliomyelitis which had no paralysis There had lately been published in France an account of special localization of leptospiral infection in the meninges giving rise to a mysterious form of meningitis there had also been a few such cases in Holland Apparently it occurred in just those occupations—sewermen and scavengers, with the addition of well sinkers—which were most often affected by Weil s disease

Dr C F WHITE medical officer of the Port of London, said that so far no cases had been known to occur in the port, but he was sending some live rats from the docks and ships for investigation to ascertain whether they harboured the leptospira It should be remembered however, that docks and ships were now more free from rats than most shore premises Dr J E MCCARTNEY said that on the Western Front during the war a number of cases of leptospiral jaundice were found The route of infection was thought to be sodden skin rather than abrasions Some cases were found in rat-infested dug outs where there was no moisture and it was believed these were due to alimentary ingestion of the parasite Mr GRAHAM a layman concerned with the construction of sewers asked whether there was evidence that this disease was of recent introduction Until the last four or five years nothing was heard about it so far as sewer workers were concerned Hitherto the health of sewermen had been rather a matter of pride

Dr A JOE mentioned that the first case of the disease he saw was in Edinburgh in 1923 in a man working in the grain store of a brewery Dr J ALISON GLOVER referred to the absence from the list of cases and occupations of workers on refuse dumps Was this immunity due to exposure to the air and relative dryness? He also asked whether the black rat was as susceptible as the brown Dr E W GOODALL remarked on the curious fact that practically all the cases among fish curers occurred at Aberdeen Yet it was said that the organism died quickly in salt water Dr PERCY STOCKS asked whether the term 'rat-bite fever' was a sufficient description of the disease What was the best title for international use? A committee was now sitting on the revision of the international list of causes of death and was proposing to give a separate number to this disease It was not considered desirable to attach a man s name to a disease on account of the controversy which ensued at international conferences!

Major H C BROWN said that with regard to nomenclature, if it was not to be called Weil s disease he thought the most appropriate title would be spirochaetal jaundice The expression infective jaundice should be avoided on account of confusion with infective catarrhal *jaundice*" 'Rat bite fever' was a totally different disease due to another organism The brown rat was distinctly more susceptible to the disease than the black With regard to the meningeal form he had heard about the cases in France and a French investigator had told him that a curious agglutination reaction was obtainable in these purely meningeal forms In such forms a positive reaction was never obtained at 1 in 10 dilution that dilution was almost invariably skipped With regard to the *possibility* of conjunctival infection in the laboratory, he was certainly of opinion that glasses should be worn As to the relative rarity of cases considering the huge rat population and the opportunities for infection the chances against infection had to be remembered Not only must the infecting organism be present but also an abrasion of the skin Otherwise unless it entered by the conjunctiva or nasopharynx, the chances of evading infection were very great

specialists These people can afford to, and they often do buy one or other of the instruments by means of which, as advertised, the deaf can hear '

Useful as some of these instruments are in some cases of acquired deafness among adults and to somewhat improve the speech of deaf children they can never take the place of special instruction in language Consider it takes a normal child five years of 365 days each working at it as he does all his waking hours to acquire such a knowledge of English as we associate with children of that age *It takes him five more years, working at it all* his waking hours, to acquire the language of a 10 year old child Is it likely that through the eye possibly assisted by some indefinite sound hearing a deaf child can get a command of English in less than ten years?

Yet parents are advised to wait and see — he is not totally deaf — he must not mix with the deaf and dumb — perhaps hearing will develop — let s measure it by means of the audiometer week by week — *response* appears to be hopeful'— this or that vowel associated with this or that word is heard this week and certainly it was not a month ago — let him mix with hearing children'—etc At long last his child reaches the specialized teacher, and eventually is obliged to leave school He has not had time to acquire the English language, and now he never will he might have done it, he might have taken a degree The world of science and literature might have been open to him

The outward behaviour of a deaf child, frustrated *in his efforts to express his own thoughts and to obtain* adequate answers to the natural questions of childhood *resembles closely that of a mentally deficient child* and the greater the intelligence the greater the frustration and the more pronounced the unusual behaviour The more hearing power possessed by the child the less his chance of getting early to a school for the deaf—the only place where there are people specially trained to teach him

I would ask, therefore that in all cases of apparent subdevelopment of spoken language partial deafness should be assumed as the most probable cause and the child given a chance of starting at once to learn the English language The speech clinic is not the place for him, neither can the elocution teacher tackle such a problem At a school for the deaf a few weeks will show whether the child can learn language In any case no harm will have been done—I am, etc,

London N W 1 Feb 24 BLANCHE F NEVILE

University of London Medical Graduates Society

SIR—The University of London and its graduates are entering into a new heritage as their great building rises in Bloomsbury for it will create a centre of university life such as London has long desired The future however, will be made by man and not by stones, for the traditional spirit of great centres of learning is created by the men who move in them Our University has yet to develop its traditions in the *fullest sense for hitherto* the graduates have had few associations with their University except as an examining body, and among the medical graduates the loyalties of professional life are given chiefly to their own medical schools This has led in the past to a narrowing of outlook and has been a hindrance to progress Lister was a London surgeon yet London was almost the last of the great centres of medical work to acknowledge the truth of his teaching He himself attributed this to the lack of a university and of the university spirit which valuing the search for truth above all else, subordinates to it all considerations of personal advantage

London can never enjoy a university life as intimate as that which exists in smaller towns but with the co operation of its graduates it has now an opportunity of developing a university spirit and tradition along its own lines

Nine years ago the University of London Medical Graduates Society was formed to provide a social meeting ground and bring all graduates of the medical faculty of the University *into touch with one another* The University has recently granted official recognition to the society and the annual dinner on May 6 this year will be held for the first time in the University Banqueting Hall The Vice Chancellor has signified his intention of attending the dinner, and it is hoped that the occasion will arouse the interest of medical graduates in their University and that many who are not as yet members will join Oversea graduates who may be in London for the Coronation celebrations will be specially welcome Guests medical or non medical may be invited by members

The objects of the society are in brief (*a*) to bring medical graduates of the University of London into closer relationship with their University and with one another (*b*) to keep in touch with oversea medical graduates of the University, (*c*) to promote the interests of the University *and its medical graduates The society has no* political activities There is an annual dinner in London *during May, and dinners are held in other centres from* time to time whilst an afternoon reception and visits to places of interest take place during the spring

The subscription is £1 for life and applications for membership are invited and welcomed—We are, etc.

DOROTHY C HARE
President
PHILIP H MITCHINER
Hon Treasurer
LOUISE LIVINGSTONE
JOHN P HOSFORD
Hon Secretaries
VICTOR BONNEY
Hon Secretary for Oversea Members

11 Chandos Street W 1
Feb 20

Insufficient Sleep for Children

SIR,—In communications which have been appearing lately in both the medical and the lay press on the subject of malnutrition I see little mention of the important *factor of want of sleep in the production of this condition* Sufficient and undisturbed sleep is almost as essential as suitable food for the growing child and the want of it surely plays a leading part in producing the undersized and weary looking child so frequently met with in the slum districts of London and the industrial towns—I am, etc,

London W 1 Feb 27 EVA MCCALL

Protamine Insulin (with Zinc)—Suspension

SIR—The retarding action of protamine with the addition of zinc on insulin has been the subject of investigation for some time past Protamine insulin (with zinc) *—suspension is now made available by the four firms* associated with the manufacture of insulin in this country Messrs Allen and Hanburys Ltd, Boots Pure Drug Co *Ltd, The British Drug Houses Ltd* and Burroughs Wellcome and Co

The preparation is a suspension of insulin with added protamine and zinc of such a character that it is readily and evenly diffused on shaking prior to administration As it is more slowly absorbed than unmodified insulin it

OESTRIN IN BLOOD AND URINE

At a pathological meeting of the Liverpool Medical Institution on February 18, with the president, Professor R E KELLY, in the chair, Dr O VAUGHAN JONES read a paper on the oestrin content in blood and urine, its estimation and clinical application

Dr Vaughan Jones said that within recent years the estimation, detection, and analysis of oestrogenic substances had been the subject of wide research The chemistry of this group of substances was now for the most part known, and already the physiological and therapeutic possibilities of these hormones were being realized In the non-pregnant woman the Graafian follicle was the chief factor elaborating oestrin, and its concentration varied according to the stage of ripening of the follicle, while in pregnancy it was the placenta that produced vast quantities of the hormone During pregnancy large amounts were found in the blood, there being a continual rise in concentration, well marked during the second half of pregnancy

The estimation of oestrin in the urine during pregnancy was complicated by the fact that about 90 per cent of it was excreted in the "combined" form After the third month there was a rapid rise in the amounts of "combined" form excreted, this rise being more marked after the sixth month The concentration of the "free" form of oestrin in the urine was low throughout pregnancy, but shortly before parturition the amounts of the "free" form rapidly increased

Clinical Applications

The application of these laboratory findings was of paramount importance as oestrin must vary in concentration in health and disease Its estimation in cases of menstrual disorders, such as amenorrhoea, metropathia, and at the menopause, might be useful to the diagnosis and prognosis of the case in question With the vast amounts of the hormones produced during pregnancy it would be expected that any upset of normal production would result in a change in the hormone balance in blood and urine When the foetus died *in utero* there must be a complete upset in their formation and excretion The various tests for these hormones should therefore be significant in ascertaining the viability of the foetus

The Aschheim-Zondek test was a test for the viability of the placenta and not of the viability of the foetus When the foetus died *in utero* the Aschheim-Zondek test could be, and often was, positive, this being probably due to the retention of some active chorion epithelium which maintained the production of prolan Thus the Aschheim-Zondek test was unreliable as a test for intra-uterine death of the foetus It had now been generally agreed that the placenta produced oestrin as well as prolan On this assumption it seemed likely that the death of the foetus, which entailed the interruption of the placental circulation, might have an influence upon the hormone level in the blood

It had been found that the blood oestrin content fell to a low level in these cases On this fact had been based a test for the viability of the foetus, whereby the oestrin present in blood was extracted with ether and the extract tested biologically A series of such cases was examined

No	Cases of	Blood Oestrin	Subsequent History
35	Normal pregnancy	Positive	Pregnancy continued
12	? Missed abortion	Negative	Macerated foetuses delivered
29	? Intra uterine death	23 Negative	Macerated foetuses
		6 Positive	Foetus alive

From these cases it was concluded that the blood oestrin test was a valuable and reliable test for the viability of the foetus, and could be done as soon as the death of the foetus was suspected It must therefore be recognized as a test of the utmost importance When the urines of these women were examined it was found that there was no great difference between the "total oestrin" of normal pregnancy urine and that observed in urines from women carrying a dead foetus

In the discussion which followed the PRESIDENT said that real standardization would only come when these fascinating compounds were crystallized in pure form and weighed He was interested in the methods of analysis and the relation of oestrin to the carcinogenic substances

Pathological Specimens

Several pathological specimens were shown at the meeting, among which were two demonstrated by Dr T F HEWER The first was a case of spontaneous fracture of the humerus with carcinoma of the prostate A man of 75 with carcinoma of the prostate had a spontaneous fracture of his humerus, as a result of extensive carcinomatosis, four months before death There was shortening of the bone, but firm union had taken place between the adjacent surfaces of the overlapping segments It was surprising that the carcinoma cells did not invade the traumatized zone, in the manner of a tissue culture, and prevent union of the fracture The second was a case of megakaryocytic myelosis with osteosclerosis A man of 59 had a history of splenomegaly and increasing weakness for ten years His blood picture was one of secondary anaemia with leucopenia The other clinical pathological findings were essentially negative, and a clinical diagnosis of splenic anaemia was made At necropsy the spleen was found to weigh 2 100 grammes, and to contain many small tumours which consisted of bone marrow with great numbers of megakaryocytes, the splenic pulp and sinusoids were full of primitive marrow cells There was no myeloid infiltration of the other organs The marrow cavity of the upper third of the femur was almost completely obliterated by spongy bone, but this was diffusely infiltrated with hyperplastic marrow The marrow in a vertebra was hyperplastic without any sclerosis This was the condition described by Emile-Weil and other French writers under the name of *splénomégalie myéloïde mégacaryocytique amyélocythémique* It appeared to be a reticulosis which had differentiated at the stage of haemocytoblasts and megakaryocytes, and was not capable of producing the requisite number of adult cells The presence of osteosclerosis in the femur without a leuco erythroblastic blood picture was interesting

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The first annual meeting of the Voluntary Euthanasia Legalisation Society was held in London on February 25 with the president, Lord Ponsonby, in the chair The president said that there was no need for the society to be discouraged by the rejection of the Voluntary Euthanasia (Legalization) Bill in the House of Lords He explained that the opposition to the Bill had been mainly on questions of principle He paid tribute to the work done for the society by its first president the late Lord Moynihan The annual report of the society stated that this country was the pioneer in voluntary euthanasia with no precedent to follow The total membership of the society is 268 (including fifty honorary members) Seventy medical practitioners are members

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The Queen has graciously been pleased to retain her appointment as Commandant-in Chief of the Nursing Corps and Divisions of the St John Ambulance Brigade Her Majesty, who is a Dame Grand Cross of the Order of St John has always taken a keen and active interest in the work of the Brigade, and has held her present appointment since May, 1928 There are 897 nursing divisions in the St John Ambulance Brigade with a personnel of 19,659 nursing officers and sisters

should be of particular use in cases where unmodified insulin does not provide adequate control or where several administrations daily are necessary While extensive clinical trial has determined the issue of a satisfactory preparation there is still much to be learned about its general use, therefore care will be necessary if reactions are to be avoided due to unfamiliarity with its use or deviations from a properly balanced dietary

Protamine insulin (with zinc)—suspension is issued at present in one potency 40 units per c cm Two sizes are available—5 c cm containing 200 units and 10 c cm containing 400 units The packings will be distinct in colour from existing packings of unmodified insulin — We are, etc,

ALLEN AND HANBURYS LTD
BOOTS PURE DRUG CO LTD
THE BRITISH DRUG HOUSES LTD
London March 1 BURROUGHS WELLCOME AND CO

*** An article on protamine zinc insulin by Dr R D Lawrence and Dr Nora Archer appears in this week's issue at page 487 —ED, *B M J*

The Services

THE ARMY DENTAL CORPS

The War Office invites applications from dental surgeons for appointment to eight commissions in the Army Dental Corps Candidates will be selected for these commissions without undergoing competitive examination and will be required to present themselves in London for interview and physical examination about the middle of March 1937 They must be registered under the Dentists Acts or Medical Acts, and be not over the age of 28 years Successful candidates will, in the first instance be given short service commissions for six years at the end of which period they will retire with a gratuity of £1 000 unless during the fifth year they have applied for and been granted permanent commissions Full particulars and forms of application may be obtained from the Director, Army Dental Service, the War Office, London, S W 1

DEATHS IN THE SERVICES

Major General THOMAS MARTIN CORKER C B, late R A M C, died in London on February 24 aged 80 He was born at Cork on May 2 1856 the son of Thomas Ware Corker of Rushbrooke County Cork, and was educated at Queen's College, Cork, where he graduated in 1876 as M A with honours and a gold medal and scholarship in the Queen's University of Ireland, and subsequently as M D and M Ch in 1879 He also studied for a while at St Bartholomew's Hospital Entering the Army as surgeon on March 6, 1880, in the same term as the late Sir Alfred Keogh, he attained the rank of colonel on August 26, 1905 and of Surgeon General on December 11, 1911, retiring on December 26, 1917 As an administrative medical officer he served successively in the Scottish Division, 1905–9, Egypt, 1909–11, Lucknow Division 1911, Poona Division 1912 and Secunderabad, 1913 He served in the North West Frontier campaign in India in 1897–8 on the Malakund and in the operations in the Mamund country, and in the Tirah campaign of 1897–8, taking part in the actions of the Arhunga and Sampagna Passes and in the operations in the Bazar Valley, was mentioned in dispatches in the *London Gazette* of April 5, 1898, and received the Frontier medal with two clasps He was made an Honorary Physician to the King in 1912 and received the C B in 1915 and the degree of LL D from the National University of Ireland in 1920 He was also a Knight of Grace of the Order of St John of Jerusalem In 1886 he married Florence daughter of the late Mr J E Leslie of Lee Carrow Passage West Co Cork He had been a member of the British Medical Association since 1888 and contributed letters from time to time to the *British Medical Journal*

HIS MAJESTY'S HOUSEHOLD

THE MEDICAL APPOINTMENTS

The *London Gazette* of March 2 announces the following medical and dental appointments to His Majesty's Household, to date from March 1, 1937

Physicians in Ordinary
VISCOUNT DAWSON OF PENN G C V O, K C B, K C M G, M D, P R C P
Lord HORDER K C V O, M D, F R C P
Sir JOHN WEIR K C V O M B
Sir MAURICE CASSIDY K C V O, C B, M D, F R C P

Physicians Extraordinary
Sir FARQUHAR BUZZARD, Bt, K C V O M D, F R C P
Professor JOHN A RYLE M D, F R C P
GEORGE FREDERICK STILL M D F R C P
HENRY LETHEBY TIDY M D F R C P

Serjeant Surgeon
WILFRED TROTTER M D, M S, F R C S, F R S

Surgeons
Sir THOMAS DUNHILL K C V O C M G, M D
Sir JAMES WALTON K C V O, M S, F R C S
Sir LANCELOT BARRINGTON-WARD K C V O, F R C S

Surgeon Oculist
Sir STEWART DUKE-ELDER M D, F R C S

Consulting Surgeon Oculist
Sir WILLIAM LISTER K C M G, K C V O, M D, F R C S

Manipulative Surgeon
Sir MORTON SMART K C V O, D S O, M D

Surgeon Dentist
C S MORRIS, M R C S, L D S

Surgeon Apothecary to His Majesty and Apothecary to the Household
Sir STANLEY HEWETT K C B, K C V O, K B E, M D

Physicians to the Household
ARNOLD STOTT B Ch F R C P
DANIEL T DAVIES M D, F R C P

Surgeon to the Household
ARTHUR E PORRITT M Ch, F R C S

Surgeon Oculist to the Household
FRANK ANDERSON JULER M B, F R C S

Surgeon Dentist to the Household
F D DONOVAN, C V O, L D S

Surgeon Apothecary to the Household at Windsor
Sir HENRY L MARTYN K C V O, M B, F R C S

Surgeon Apothecary to the Household at Sandringham
Sir FREDERIC WILLANS K C V O, M R C S

Coroner of the Household
W H L McCARTHY D S O, *M C* M D

Medical Household in Scotland

Physicians in Scotland
JOHN COWAN M D, D Sc, F R F P S
ALEXANDER GREIG ANDERSON M D, F R C P
Professor JOHN WILLIAM McNEE D S O, M D, F R C P

Extra Physicians in Scotland
Sir ROBERT PHILIP LL D, M D, F R C P
Sir ASHLEY MACKINTOSH, K C V O, M D, F R C P Ed

Surgeons in Scotland
Sir JOHN FRASER K C V O, *M C* M D, F R C S Ed
Professor JAMES R LEARMONTH, Ch M, F R C S Ed

Surgeon Oculist in Scotland
ARTHUR H H SINCLAIR M D, C M, F R C S Ed

Surgeon Dentist in Scotland
LESLIE C BROUGHTON HEAD M B, Ch B L D S

Surgeon Apothecary to the Household at Balmoral
GEORGE PROCTOR MIDDLETON M B, Ch B

Surgeon Apothecary to the Household at the Palace of Holyroodhouse
NORMAN SCOTT CARMICHAEL, M B

Local News

ENGLAND AND WALES

Amalgamation of Bristol Hospitals

At a meeting held on February 23 with Colonel P G Robinson, president, in the chair, the governors of the Bristol Royal Infirmary gave the committee power to amalgamate that institution with the Bristol General Hospital This proposal had already been approved by the committee of the General Hospital, and the governors of that institution will be invited to confirm it at a special meeting on March 15 The resolution adopted on behalf of the Royal Infirmary on February 23 makes provision for central administration of the two hospitals the pooling of funds and finance the formation of one joint honorary medical staff, and such centralization of functions as may be agreed upon Professor Rendle Short, who seconded the resolution, said that this had in the first place gone before a united meeting of the medical staffs of both institutions a few months ago and had been passed unanimously

New Dental Hospital for Manchester

At the annual meeting of the governors of the Manchester Dental Hospital on February 26 Professor J S B Stopford, vice-chancellor of the University announced that Mr Samuel Turner of Rochdale had offered to defray the cost of building a new dental hospital and school Three years ago Mr Turner made a gift towards the establishment of a chair of dental surgery, and he has contributed annually to its maintenance The vice chancellor was not able to announce the proposed site for the new hospital or the estimated cost of the scheme He said however that a start might be made on the new building in October Included in the hospital will be a children's clinic, a special department for the treatment of pyorrhoea and other chronic infections of the mouth, and full facilities for research work Professor Wilkinson, director of the hospital pointed out that since 1910 the number of patients treated each year had grown from 20 000 to nearly 40,000 The Manchester Dental Hospital is the only one of its kind in East Lancashire, and receives patients from a very wide area In appreciation of Mr Turner's gift Professor Stopford said It is impossible to measure its value to the city the neighbourhood, dental education and the advancement of dental science Mr Turner realizes that dentistry is of fundamental importance in the domain of preventive medicine and I trust that his gift may awaken others to this fact '

District Nursing in London

The annual meeting of the Central Council for District Nursing in London was held at County Hall on February 25 under the chairmanship of Sir William Job Collins The business was formal, chiefly concerned with the adoption of the annual report The amount which the central council received during the year by grants from trustees of charities subsidies from the London County Council, and a certain number of donations amounted to just over £11,000, and a similar sum has been distributed among the more than eighty affiliated district nursing associations covering the metropolitan area which extends far beyond the county of London The outstanding grant was one of £4 000 from the trustees of the London Parochial Charities for services rendered during the year, to which the trustees added another £500 for general purposes It was reported that the scheme for home nursing of persons coming within the scope of the public assistance department of the London County Council which has now been in operation for four years, was progressing and that under the scheme 181 513 visits were paid to 5 324 cases last year The question of the considerable number of such cases especially in East End districts, which need nursing visits for the insulin treatment of diabetes has been settled by the London County Council for two years on the basis that the payment made by the Council should be at the rate of 6d for each insulin visit previously such visits had counted for grant as half visits There were 24 000 such visits during each quarter of the year that the scheme has been in operation and it is anticipated that the total payment by the London County Council for these insulin visits for the year 1936–7 will be £2,300 A new provident scheme has been launched for the district nursing of Greater London and on the preliminary committee the central council was invited to appoint two representatives The executive however, decided not to express an opinion before ascertaining the views of its affiliated associations On this being done eighteen associations, employing 154 nurses were found to be in favour of the scheme and thirty four employing 227 nurses against It was decided therefore that the central council should not be associated with the scheme It is understood that the scheme is proceeding It was mentioned that the first distribution to district nursing associations by the King Edward's Hospital Fund was made in April last, £2,000 being distributed among 109 district nursing associations This allocation was made in response to representations from the central council An executive committee of thirty members was elected from the meeting Sir Comyns Berkeley and Dr W Paterson, two of the three British Medical Association representatives on the central council (the third being Dr Mary Blair) were appointed on the executive the chairman of which is Sir Francis Morris and the vice chairman Sir Stanley Woodwark

Medical Candidates for the L C C

The results of the triennial election for the London County Council will not be completely known until midday on March 5 but it is satisfactory to note that there is a very strong list of candidates drawn from our profession Newcomers include Dr Doris Odlum who is standing for North Hammersmith in the Municipal Reform interest her special experience should make her a most valuable member of the Mental Hospitals Committee if she secures election but the constituency is not an easy one to contest and it will be a feather in her cap if she succeeds Dr E A Whitfield is a Labour candidate for North Paddington for which he has quite a possible chance of election Dr R F B Bennett is standing as M R candidate for East Woolwich All the other medical candidates are members of the expiring council They include Dr J A Gillison (Lab) for Bermondsey (Rotherhithe) Miss E Rickards F R C S (Lab), for Greenwich, Dr B Homa (Lab) for Central Hackney Dr S Monckton Copeman (M R) for Hampstead Dr Henry Robinson (M R) for North Kensington Dr S W Jeger (Lab) for Shoreditch Dr C W Brook (Lab) for North Southwark Mr Somerville Hastings F R C S (Lab), for Stepney (Mile End) Dr F Barrie Lambert C B E (M R) for Westminster (St George's) and Dr S McClements (Lab) for West Woolwich The superstitious may note that the total is thirteen it is probably too much to expect that all will be elected but it is clear that most of them will be to the advantage of London as a whole

Growing Demand for Hospital Almoners

At the annual general meeting of the Institute of Hospital Almoners held at the Westminster Palace Rooms on February 25 when Sir George Newman gave the address a very successful year's work was reported. The great need for more almoners to fill the posts which are rapidly materializing was stressed The number of students in training at present is the highest on record but the number of new posts also grows and there are not enough almoners to meet the demand The Executive Council reported that during last year four opportunities of opening new departments were lost and two established

Obituary

SIR HENRY JACKSON, BT M B

Member of Parliament for Central Wandsworth

Of the small group of medical members of the present Parliament Sir Henry Jackson, who died suddenly after speaking at a public dinner on February 23, was so much occupied with other and quite different interests, and such an expert in them, that one did not at first think of him as a doctor with a practice on Putney Hill He might have been described as one of the medical truants,' giving to public affairs, particularly transport the gifts and driving energy which might have been devoted to medicine only

But Sir Henry Jackson had that combination of qualities which enables a man to ensure success in many different spheres He did not join the medical profession until 1914, when he was nearly 40 years of age, and then after taking the M B and Ch B degrees at Edinburgh he served in the R A M C, attaining the rank of major During the ten years 1901 to 1911 he had been Fellow at Downing College, Cambridge, and lecturer in natural science It might have been possible to see in the Cambridge tutor the future general practitioner, but hardly the future expert in transport problems or Post Office rates or London bridge constructions His early scientific career was a distinguished one He obtained a first class in Parts I and II of the Natural Sciences Tripos He was a contributor to the *Transactions* of the Cambridge Philosophical Society, the Chemical Society and the Royal Society, and treatises from his pen on such subjects as glycogen and the synthesis of the derivatives from citric acid formed an unusual preparation for the hurly burly of public life

He was also singular in another respect—although a Lancashire lad, having been born at Heywood just over sixty years ago and educated at Bury Grammar School, not really settling in London until after the war, he adopted the metropolis, or it adopted him so completely that he became one of the leading Londoners of his time Practically his first entrance into public life was when he became a member of the Wandsworth Borough Council during the year after the war He made his name on the Public Health Committee, his personality and parts were quickly recognized, and within two years he was mayor of this the largest of the London boroughs and one of the most popular mayors that Wandsworth has ever had He was mayor for three years, voted to that position unanimously by a council which contained a considerable proportion of his political opponents But although a keen party man—he made a strong party speech on the day of his death—there was something about him which made him popular with all parties A fellow member of Parliament has stated that only a few hours before Jackson died he saw him with his arm round the shoulders of Mr James Maxton—a man at the opposite pole of political thought—exchanging stories It was this bon homie, reflected in his rather Pickwickian countenance which carried him far and his substantial intellectual gifts reinforced by a sound scientific training carried him further He resigned his mayoralty in 1924 to become parliamentary candidate for the central division of his borough, he was returned, and he continued to represent it, with one short interval until his death

Sir Henry Jackson took little part in medical politics, but he had an abiding interest in hospitals and was a keen upholder of the voluntary system He was a member of the London Voluntary Hospitals Committee, also honorary treasurer of Bolingbroke Hospital, Wandsworth, where the erection of a new wing and its opening free of debt was one of his achievements During his mayoralty he was instrumental in raising something like £20,000 for hospitals in his borough On several occasions he appeared in the pulpit on Hospital Sunday He was also a keen educationist, championing the cause of the teachers in elementary schools He was accustomed to say that if Waterloo was won on the playing fields of Eton, the great war was won in the elementary school playground

But it is probably as a traffic expert that he will be remembered He was chairman of the London and Counties Advisory Committee on Traffic, and on various other bodies which had to deal with that problem No select committee on the subject was complete without him In the House of Commons he was seldom heard in debate, but in committee work his knowledge and judgement on many difficult questions, especially transport but also on health, were highly esteemed He was one of the very useful men of his generation, and afforded a conspicuous instance of a man trained in science and medicine achieving rapid and substantial success in municipal and national affairs

F P F RANSOM M D

Late Professor of Pharmacology University of London

Dr Frederick Parlett Fisher Ransom, who died at Weston super Mare on February 22, was formerly well known as a teacher and research worker in pharmacology He was born at North Elham Norfolk in 1850, and began his medical studies at King's College London, qualifying M R C S and L R C P in 1871 He then went to Edinburgh where he obtained the M D degree in 1875 Continuing his studies in Germany, he was for a time assistant to Professor von Behring at Halle and to Professor Hans Meyer at Marburg Dr Ransom was for a long time lecturer in pharmacology and head of the pharmacological department at the London (Royal Free Hospital) School of Medicine for Women and received eventually the title of professor of pharmacology in the University of London In the early years of this century he published papers on saponin and cholesterin on tetanus (with Professor Meyer), and on bronchodilator nerves (with Professor W E Dixon) During the war he served on the War Office Tetanus Committee, and published in the *Lancet* a paper summarizing modern views on this disease, he also contributed papers on antagonists of pilocarpine to the *Journal of Pharmacology* and on the cardiac haemolytic effects of digitonin to the *Biochemical Journal* When the British Medical Association held its Annual Meeting at Cambridge in 1920 he was vice president of the Section of Physiology and Pharmacology He had joined the Association as long ago as 1875, and only resigned last October owing to advanced age and blindness

We regret to record the death of Dr RICHARD PRICHARD formerly medical officer of health for Cardiff rural district and medical officer of the Ely isolation hospital A student of the University of Glasgow he graduated M B C M in 1881 and proceeded M D two years later obtaining the Cambridge D P H in 1904 After qualification he was house surgeon at the Glasgow Royal Infirmary, resident medical officer at the Glasgow Maternity Hospital and for a time assistant physician to the City of Glasgow Fever Hospital Dr Prichard joined the British Medical Association in 1883, and served as president of

posts passed to untrained workers because of the scarcity of almoners The demand for almoners is now coming even more urgently from hospitals out of London than from those within the metropolitan area In London in 1935 there was a preponderance of appointments owing to the action of the London County Council which during that year opened an almoner's department in each of its general hospitals During 1936, of the fifty-nine posts of almoner or assistant almoner filled, twenty were in London and thirty-nine out of London It was also stated that although the majority of the appointments are still made by the voluntary hospitals the number of county and municipal health committees employing almoners is increasing Public health authorities enjoy considerable latitude as to the methods by which they work, and the duties of an almoner in a municipal or county hospital are varied to suit the requirements of the area The appointment of almoners to these hospitals is in many cases still in the experimental stage, but the institute considers that it has been proved that there is a place for hospital social service no less in the municipal or State hospital system than in the voluntary Some account was given to the meeting of the training required for the institute's certificate The public health and public assistance authorities of London, Liverpool, Leeds, Manchester Middlesex, and Surrey now admit students to their hospitals for part of their training Mention was made of the fact that the institute has become a tenant in the building of the British Medical Association, and the new accommodation has made possible an increase in its activities, particularly in regard to its library It was announced that Sir Farquhar Buzzard had consented to continue in office as president for a second period of three years

SCOTLAND

Glasgow Royal Infirmary

A new nurses' home is to be added to the Glasgow Royal Infirmary at a cost of over £100,000, which will be met by a contribution from the Lipton Trust, as a memorial to the late Sir Thomas Lipton The new home will contain 250 bedrooms, with the necessary rooms for reading, writing, private study, and recreation A tenement has been removed between Provand's Lordship and the Cathedral Halls, the site of the new building The annual report of the Infirmary shows that the number of patients treated in the wards last year was 18,416, with an average daily number resident of 849 In the out-patient department 119,914 patients received treatment, the attendances totalling 375,234 At the ophthalmic institution there were 752 in-patients and 15 890 out-patients The ordinary revenue fell short of expenditure by £24,459, but this deficit was met out of legacies and large donations amounting to £50,655 Subscriptions totalled £28,773, and there was an increase of over £2 000 in the subscriptions from organized employees and wage earners At the end of the year special sums amounting to £19,710 were received from the estates of Miss Margaret and Mr William M'Ghie to be devoted to cancer research, and these sums are to form the nucleus of a cancer research fund

Bicentenary of Edinburgh Royal Medical Society

In celebration of the bicentenary of Edinburgh Royal Medical Society, which was founded in 1737, a dinner was held in the North British Station Hotel, Edinburgh, on February 25 Dr A G Ross Lowdon, the senior president, took the chair and some 250 members of the society and guests attended, including Dr Robert Hutchison, Sir Auckland Geddes, Sir Thomas Holland (Principal of the University), Professor W T Ritchie (President of the Royal College of Physicians), and Mr Henry Wade (President of the Royal College of Surgeons) Dr Robert Hutchison who was the chief guest and a former president of the society, in submitting the toast of "The Royal Medical Society," said that if the half dozen obscure students to whom the society owed its birth could look down upon them from the Elysian fields they would be surprised to find that the seed which they had planted had grown into a tree which had braved the centuries All the chances had been against the survival of the seedling for the eighteenth century was a time when the foundation of medical and scientific societies was rife and the mortality among them was heavy so that few still existed to-day The Royal Medical Society, however, seemed to have been robust from the start and it had never looked back Before it reached its first half century a hall had been built the society had received a Royal Charter and a library had been started and in the middle of last century the society became possessed of its present house The speaker wondered why that society had succeeded when so many had failed, but he thought there were several reasons The society must have supplied a need which the University failed to provide, and had proved itself complementary to the education of the classrooms and Infirmary The medical student had to spend most of his time in absorbing facts and having the views of teachers pumped into him, and this society had provided him with a means for self-expression, if necessary with a heterodoxy which would be perilous in the examination hall Secondly, the society had been a great help to its members in the digestion of knowledge The medical student to-day was crammed with facts Nothing was so good for mental dyspepsia as open discussion and mental digestion, like its physical counterpart, proceeded best in public Argument and refutation, ridicule and laughter had always been provided by the Royal Medical Society in abundance The most important principle in the training of doctors was expressed in the old saying 'You can't have the terriers too soon at the rats' or in other words the student could not be brought too early into contact with patients, and this was stimulated by the Royal Medical Society The society had witnessed many changes in practical medicine including the disappearance of the polypharmacy and antiphlogistic treatment of the eighteenth and early nineteenth centuries and two of its old members, Lister and Simpson had inaugurated the advances of antisepsis and anaesthesia The society had survived many political troubles The present times held a threat to intellectual life which had been unknown in Europe for many generations, for in several countries free discussion and open expression of opinion even in scientific matters, were no longer tolerated, so that there was all the more need for societies to which intellectual freedom was the breath of life and where unrestrained individual opinion was not only tolerated but encouraged Dr Lowdon in reply, said that the society was constituted by a membership which ranged from their oldest living member, Sir James Crichton Browne who joined in 1858, to the last undergraduate who added his name to the roll He suggested that a telegram of warmest greetings should be sent to Sir James Speaking of present activities, he said that the numbers attending the meetings were greater than ever and last year sixty-six new members had joined while this year again they had enrolled sixty six new members up to date The bicentenary fund, which would be used for preservation and endowment of the library now amounted to £1 800, but more subscriptions would be needed The toast of "The Royal Colleges" was proposed by Dr R F Dawson and acknowledged by the Presidents of the two Colleges, and the toast of 'The Chairman" was given by Sir David Wilkie

On February 26 Sir Auckland Geddes a past president of the Royal Medical Society, read a dissertation explaining its title, "A Voice from the Grandstand Sir Auckland said that for many years his path had lain away from the profession of medicine, and he now felt like one of those pathetic figures who frequented grandstands at international football matches and who on the strength of precarious membership of school clubs forty years before, shouted advice and criticism to the national

the South Wales and Monmouthshire Branch in 1926–7 He had also filled the presidential chair of the Cardiff Medical Society and of the West of England and South Wales Branch of the Society of Medical Officers of Health Dr Prichard had contributed papers to the *Glasgow Medical Journal* and to *Public Health* At the funeral in Cardiff Cemetery on February 20 representatives were present on behalf of the British Medical Association, the Cardiff Royal Infirmary, the Cardiff Rural District Council, the University College of South Wales and Monmouthshire, and the Local Medical and Panel Committee, and many local practitioners from Cardiff and its neighbourhood

DAVID ROBERTSON MACGREGOR died from pneumonia after a short illness on February 4 He was born at Dunfermline in 1878 and took the B Sc degree of St Andrews University and the M B Ch B of Edinburgh in 1902 gaining the Freeland Barbour prize in his year He spent a year in Dundee Infirmary and two years as assistant to Dr Tuke of Dunfermline After a short period of practice in Fife he settled in Wallsend-on-Tyne in 1908, when that town was increasing in population with shipbuilding activity During the latter part of his residence there he was assistant to the Throat Nose, and Ear Hospital in Newcastle-upon-Tyne and finally gave up general practice in 1926 when he was appointed full surgeon He obtained the D L O in the same year He took a great interest in the hospital and devoted a good part of his time to it, and was also throat and ear surgeon to Newcastle General Hospital Mr Macgregor was surgeon to the education authorities of Jarrow and Wallsend, and was a part-time referee to the Ministry of Health His health had not been good for some years and following a poisoned hand three years ago he had never regained his vigour and strength He was conscientious and skilful in all his work, and a large number of practitioners will miss his kindly counsel in their throat and ear cases He had the red hair traditional to the Macgregors and his courtesy and kindliness was what one expects from the descendant of a Highland clan He had no family, and his wife and he were an ideal couple There was a large representation of the profession at his funeral at St Andrews cemetery on February 8, and Newcastle is all the poorer for his death

J H

The death occurred on February 21 at Worthing of Mr A J WILSON CHAMINGS, M B, F R C S, after a long illness Born in 1903, he was the only son of Mr A G Chamings who was for many years a much-respected official of the London County Council After being educated at Westminster School Wilson Chamings went to Cambridge in 1922, becoming a scholar of St Catherine's and graduating B A in 1925 In this year he entered St George's Hospital for his final medical studies while there he had a most distinguished career, and gained a large number of medical and surgical prizes before taking his Conjoint qualification in 1927 and his Cambridge M B in 1929 After holding three house appointments at St George's he became F R C S Eng in 1931 He then began to specialize in diseases of the ear, nose, and throat, and his outstanding ability and winning personality rapidly gained for him many important appointments He was at one time registrar at Golden Square and surgeon to the nose and throat department of the Paddington Green Children's Hospital, and senior ear, nose, and throat surgeon at the Princess Elizabeth Hospital for Children In 1932 he was appointed surgeon to the throat department of the Princess Beatrice Hospital, and then chief assistant at St Thomas's Hospital At the last two hospitals most of his work was done, and in a remarkably short time for so young a man his outstanding skill, conscientious work, and human kindliness were quickly recognized and rapidly began to make a name and practice for him In 1934 he recovered from a severe illness and started work again with his well known enthusiasm and devotion, and in 1935 was appointed consulting laryngologist at the Woolwich War Memorial Hospital A little over a year ago he was found to have contracted extensive pulmonary disease, and was given leave of absence from all his hospital appointments He received with great gratitude unstinted attention from numerous medical advisers, and throughout his long and tedious illness the devoted care of his parents Seldom has one so young crowded so much success into such a short life, or endeared himself to so many colleagues, friends, and patients, whose sympathies must surely help his parents in their loss

Professor HERMANN KUMMELL, the eminent German surgeon, whose death took place on February 21, was born at Corbach on May 22, 1852 After studying medicine at Marburg, Wurzburg and Strasbourg he qualified in Berlin in 1875 His first appointment was that of assistant to Max Schede, the director of the surgical department of the Friedrichshain Hospital, Berlin whom he followed to Hamburg, where Schede was made head of the surgical department of the new Eppendorf hospital In 1895, when Schede was appointed professor of surgery at Bonn, Kummell succeeded him, and in 1919 occupied the first chair of surgery in the new University of Hamburg, of which he was emeritus professor at the time of his death Kummell is best known for his description of the syndrome, called after him following spinal injury and consisting in pain in the neck intercostal neuralgia, motor disturbances in the legs, and a painful gibbosity of the spine His name is also associated with a tender point present in chronic appendicitis 1 to 2 cm below and to the right of the umbilicus His surgical activities however covered a much wider field In addition to being co-editor with Bier and Braun in their work on operative surgery, to which he contributed the articles on operations on the kidneys renal pelvis, and ureters he also wrote on injuries and diseases of the brain and spinal cord intestinal obstruction, gall-bladder surgery, injuries and diseases of the thorax and prostatic hypertrophy

We regret to record the death on February 23 at his residence on South Norwood Hill of Dr ROBERT LACHLAN PINKERTON at the age of 71 He had been for many years a very active member of the British Medical Association and had taken a keen interest in public affairs in Croydon He was educated in the University of Glasgow, where he graduated M A in 1884 and M B, C M four years later He proceeded M D in 1891 His earlier appointments included those of resident medical officer at the Surrey Dispensary and house physician at the City of London Hospital for Diseases of the Chest He was formerly surgeon to the Z Division of the Metropolitan Police, and civil medical officer to the Croydon War Hospital He was honorary medical referee to the British Home and Hospital for Incurables in Streatham Dr Pinkerton was elected a member of the British Medical Association in January 1894 and became one of the most prominent members of the Croydon Division He served as a member of its Executive Committee for many years and was chairman of the Division from 1927 to 1928 He devoted himself to its interests, and did a great deal of active work on its behalf He was also a justice of the peace for the county borough of Croydon

We regret to announce the death on February 28 of Dr FREDERIC WILSON STANSFIELD, T I S who was for many years a leading practitioner in Reading He was born at Todmorden Yorkshire on May 29, 1854, the son of Thomas Stansfield and after schooldays at East Hardwick, near Pontefract, went to study medicine at Owens College Manchester graduating M B, Ch B of the Victoria University in 1889 and proceeding M D in 1900 At Owens College he won the Platt exhibition in

inforces the views expressed by the Board in their circular and will for years to come help to shape the course and to guide the activities of all those who are interested in physical education The Chief Medical Officer's report deals fully with research organization, the training of teachers, and physical education in various types of schools including the special schools for mentally and physically defective children The Board also lays stress on rhythm and dance as a training in harmony of body, mind, and spirit

During the past year the number of public demonstrations of physical training organized by local education authorities increased They were attended by large numbers of people and gave parents and others a clearer understanding of what physical training means and of its influence on children and adolescents As a result parents have more willingly co operated with the school authorities in order to make the training effective Another important advantage is that teachers in public elementary schools and leaders in boys and girls clubs who have not had recent special training and have not attended refresher courses can learn much from a well arranged demonstration

Routine Medical Inspection

In recent years there has been much speculation and discussion among school medical officers on the possibility of improving the system of inspection and the Chief Medical Officer quotes at length from papers by Dr H L Cronk[1] (Hampshire) Dr Henry Herd (Manchester), and Dr G A Auden (Birmingham)

All these officers and many others hold the view that the three routine medical inspections carried out during the life of every public elementary school child should be reduced in number and some other type of medical supervision substituted Many medical officers however feel that the present system is not unsatisfactory and that any improvement should be effected by increasing rather than decreasing the number of routine age groups to be inspected Others hold that the present system ought to be supplemented by measures designed to remedy the weakness which allows intervals of several years between consecutive inspections There seems to be universal agreement that the routine medical inspection of all entrants must continue for the present and few would be found to advocate that inspection of leavers should be completely abolished Reformers are agreed on the necessity of frequent and periodic weighing and measuring of all the children

One of the most successful innovations of the century has been the nursery school movement and the Chief Medical Officer devotes a chapter to showing the beneficial effects it has had on the mind and body of the child upon parental responsibility and interest, upon the methods employed in infant schools and upon the home conditions especially where an overworked mother whose children are taken off her hands has time to keep abreast of her household duties The past year has seen many programmes of reform in the education and health of the child under 5 years The recent Circular 1444 urging all local education authorities to estimate the number of children who should be encouraged to attend school before the age of 5, has already brought an increase in the number of schemes for nursery schools or nursery classes Voluntary effort is most valuable in some areas, particularly where unemployment is rife and housing conditions are bad Work for young children in laying out a nursery school garden, repairing toys or making some of the furniture for a nursery school often carried out by unemployed parents has been most helpful to the teachers and has resulted in greater peace at home Nursery schools should be provided on new housing estates especially where social conditions are unduly poor many of the married women are employed or the gardens are unfenced and there is danger from traffic

Sir Arthur MacNalty gives interesting details about the growth of the orthopaedic service and recapitulates the essentials of an orthopaedic scheme The recent recrudescence of mortality from acute rheumatism seems now to have abated but the disease has strong claims on the special attention of the school medical service for the second half of school life is the time of its greatest incidence and mortality In 1934 acute *rheumatic infection* was responsible for 16 per cent of all deaths between 10 and 15 A synopsis of a complete rheumatism scheme is the subject of a special chapter The report also contains a valuable essay on the examination of children suspected of mental deficiency, founded on the experience of officers of the Board

[1] *Publ Hlth* 1935 48 253
[2] *J roy san Inst* 1935 56 103

INTERNATIONAL HOSPITAL CONGRESS
PARIS, JULY, 1937

The next International Hospital Congress will be held in Paris from July 6th to 11th 1937 in the Arts and Professions Building 9 bis Avenue d'Iena close to the World Exhibition which is taking place in Paris next summer An influential organizing committee has been formed under the patronage of the French Minister of Health and the services of M Albert Chenevier secretary of the Public Assistance Administration in Paris have been secured as honorary secretary of the Congress Dr Rene Sand Dr W Alter and M Sarraz Bournet have consented to act with the committee on behalf of the International Hospital Association

A varied programme of lectures and discussions has been prepared including French German Italian and English speakers on the national planning of hospital services Other subjects to be dealt with are (1) hospital visiting (2) the rights of the hospital in regard to case histories of patients (3) general nursing problems (4) hospital finance and publicity (5) the hospitalization of mental cases

Arrangements for Visits

Arrangements are being made to organize a visit of several days duration to the Lyons district for the week immediately preceding the Congress The hospitals of Lyons the sanatoria of the Alps and the hospices of Beaune would be among those visited An alternative tour in another part of France is also under consideration With a graceful gesture the regional hospital unions composing the French Hospital Federation have indicated their wish to provide official receptions for foreign delegates at the frontier towns through which they will enter France to attend the Congress in order that they may receive a welcome as soon as they set foot on French soil This courtesy is a token of the thought and consideration which are being given by the Federation to all the arrangements it is making for the comfort and interest of the delegates During the Congress provision will be made for afternoon visits of two kinds one of a technical nature to large hospitals the cancer hospital at Villejuif etc and the other of a sight seeing nature mainly for the benefit of those who accompany the members of the Congress but are not themselves hospital workers After the Congress it is hoped to arrange for one day visits from Paris and back again to parts of France within easy distance of the capital (Rheims the wine vaults of Champagne etc)

Owing to the present variable state of the exchange it has not been possible yet to fix the fee for attending the Congress but 100 francs has been suggested This would entitle visitors to a very considerable concession in fares on all French railways during a period of three months and probably also to free entrance into the Paris World Exhibition

A good attendance at the Congress is expected from America and tentative arrangements have already been made with French steamship lines to run special itineraries which will give oversea visitors an opportunity of seeing other parts of France and Europe A warm welcome will be given to any delegates who pass through the United Kingdom on their

way to Paris, and arrangements will gladly be made for them to visit hospitals and places of interest if they care to notify the place and date of their arrival to the general secretary of the International Hospital Association, Mr Sydney Lamb, 87, Lord Street, Liverpool, 2

STILLBIRTHS AND NEONATAL MORTALITY

[FROM A MEDICAL CORRESPONDENT IN BERLIN]

A Viennese physician and statistician, S Peller, has recently devoted an interesting work to the subject, "Death in Child Birth" (*Der Geburtstod—Mutter und Kind*—publishers, Franz Deuticke, Vienna, 1936) Neonatal mortality as defined by Peller is the mortality of the first week of life, and he again subdivides it into mortality of first, second, etc, days He does not, however, content himself with a study of neonatal mortality, but brings into consideration stillbirths, which approximate to about 3 per cent of live births, which, when infant mortality in most civilized countries is not more than 4 to 10 per cent of live births, is a substantial number Peller's studies are of special importance because his careful analysis suggests how stillbirths and neonatal mortality, which so far has had hardly any share in the reduction of infant mortality, may possibly be decreased The importance of this is evident It cannot be without interest to consider "whether of a million born some seventy thousand or only ten to fifteen thousand should perish on the threshold of life' Peller reaches the conclusion that the stillbirth and neonatal rates, which together destroy from 6 to 8 per cent of all births, even in the countries where infant mortality is at a minimum, are not reducible by medical or therapeutic means

Some Viennese Figures

Even the increase of lying-in homes since the war and better gynaecological technique have been without effect, but, on the other hand, Peller produces Viennese statistics to the effect that the care of the mother during pregnancy, her relief from the necessity of industrial or household work, is of the greatest importance In Vienna there has long existed the Institution Des Schwangereninternates, which, originally a charitable foundation of the eighteenth century dealing with unmarried women, has later, with the increase of institutionalism, received many married women The children of those admitted some weeks before the confinement (designated in the table below as Hausschwangere) have much lower stillbirth and neonatal mortality rates than other women, whether the pregnancies are legitimate or illegitimate For every 100 births in the undermentioned groups the percentages are as follows

Vienna 1927–9 Mortality (Total Stillbirths plus Mortality First Week of Life)

	Illegitimate Children	Legitimate Children
Hausschwangere	3 9	2 6
Nichthausschwangere	10 2	8 8

The contrast is very striking, and the relative improvement in both groups of civil states is about the same Children of the Hausschwangere on the average are taller and heavier at birth than the children of the Nichthausschwangere, who before their confinement have continued in their unfavourable social environment Hence the conclusion is suggested that this great difference depends in the first place on better physical development "Neither in that paradise for infants, New Zealand, nor in Australia nor in Holland nor in Sweden, can the sum of stillbirths and neonatal deaths be brought below 3 2 per cent for illegitimate and 1 6 per cent for legitimate births It would seem that neither civil condition, race constitution nor relative increase in the number of first-born is a decisive factor

None of the unfavourable factors seem to be of such importance as not to be overcome by providing for pregnant woman a release from unfavourable environmental conditions some weeks before delivery Peller holds that to demand that the stillbirth rate should be less than 1 per cent and neonatal mortality less than 0 5 per cent is not Utopian The way to reach this result is not more obscure, indeed he thinks it is less obscure than the path leading to the reduction of later infant mortality to 2 to 3 per cent This way lies through the erection of institutions for the reception of the majority of pregnant women and, of course, it raises financial questions But even should this path prove closed a recognition of the real factors of mortality may lead in other ways to improvement

Maternal Mortality in Germany

Peller also considers the question of maternal mortality Although the rate of mortality of women in most age groups is lower than that for men in the age of reproduction this had in the past not been the case in German experience But in the latest German life table, based on the three years 1932–4 a change has occurred, inasmuch as for ages 30–35 and 35–40, which in the 1924-6 table showed a higher mortality for women, now show a lower mortality One would be inclined to attribute this to a decrease of birth rate Unfortunately the reasons why a number of women perish are not clear The absolute number may not be large, but one has to recall our uncertain information respecting abortions, possibly one of the main problems of maternal mortality Peller estimates that in Berlin, 1922–5, 1,041 deaths were attributed to the sequelae of normal pregnancy and labour, 1,827 to effects of abortion, in 1926–9 the corresponding numbers are 971 and 922, with approximately equal number of births in the two periods Abortions, therefore, claimed a particularly large number of victims in the years following the war, and fell by approximately half in the second period, while mortality following birth at term changed very little, from 5 8 to 5 3 per 1,000 births

These specific components of maternal mortality naturally vary in different countries It has to be borne in mind that the Berlin practice of distinguishing between deaths due to normal pregnancy and abortion is not universal According to Peller, in Paris in 1925–8 the maternal mortality was 3 9 per 1,000, in Vienna in 1925–9 6 8, and in Budapest, 1925–8, 7 5 It is rather remarkable that in Leningrad and Moscow the rates are lower than in all other great cities Peller suggests that the differences may reflect different attitudes of gynaecologists towards medical indications for terminating pregnancies, and explains in this way a lower rate of maternal mortality in London than in other European capitals

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M Chiray, G Albot, and M Deparis (*Paris med*, May 16th, 1936, p 423) state that the clinical symptoms of tuberculous hepatitis are often confusing and misleading When tuberculosis invades the digestive tract or peritoneal serosae the galactosuric concentrations reveal the presence or absence of a fatty or follicular tuberculous hepatitis, and are an important prognostic sign A persistently high galactosuria is an early indication of a degenerative tuberculosis of the liver, a condition which sometimes complicates and aggravates certain pulmonary, genital, and other forms of tuberculosis Three cases are described which demonstrate the value of this test

E Wehefritz and E Gierhake (*Zbl Gynak* November 14th, 1936, p 2711) found a marked increase of uterine hypoplasia during the last five years Whereas before the war uterine hypoplasia was found in about 1 per cent of cases, the percentage went up to 2 in 1931 and to 3 3 in 1935 The increase of the proportion of uterine hypoplasia was particularly pronounced in women born during the war The authors explain this increase by the quantitative and qualitative deficiencies of the nutrition during the war years, particularly in vitamins A and E The developmental injury remained latent during childhood, but became apparent in the adult

physiology After settling in practice at Reading he was appointed public vaccinator for the Nos 1, 2 and 3 districts, and medical officer for No 2 district He obtained the Cambridge D P H in 1893, and the subject of his M D thesis was the distribution and classification of cancer and phthisis in the borough of Reading during 1886–98 Dr Stansfield joined the British Medical Association forty years ago, was chairman of the Reading Division in 1922–5, was president of the Oxford and Reading Branch in 1923–4, and had also been president of the Reading Pathological Society He was a keen botanist and a prominent member of the British Pteridological Society He edited the *British Fern Gazette* and contributed scientific papers on ferns to the *Journal of the Linnean Society*

South London has lost an outstanding member of the profession in Dr WILLIAM DENISON WIGGINS for twenty five years medical superintendent of St Alfege's Hospital Greenwich Born in 1873 at Watlington, he was educated at Magdalen College School Oxford and St Mary's Hospital His first post was that of assistant medical officer at Fulham Infirmary and he moved a year later to the Greenwich Infirmary where his life work was done At the time of his appointment the surgical work at the infirmaries was rather rudimentary, but by his firmness and tact Dr Wiggins was able to get good surgical quarters and operating rooms He had considerable technical skill as an operator and his opinion was much in request for surgical cases in the district outside the hospital He practically organized from the beginning the nursing school upon modern lines His lectures to the nurses were highly appreciated for their insistence upon practical and intelligent ward work In 1904 he published a handbook of midwifery for nurses and gave many refresher courses for practising midwives He reported clinical material from time to time in the *British Medical Journal*—a case of acute intestinal obstruction in 1897 and a case of ulcerative endocarditis with perforation of ventricle in 1898 He was a man of many interests A good all round sportsman, he was a member of the old Blackheath Golf Club A pigeon fancier, he raced his pigeons with the best and played an excellent hand at bridge He was a Mason and held the office of Grand Master of his Lodge No account of him would be complete that left out his interest in curios of all sorts He had a fine collection of old china and furniture and was regularly to be seen at the Caledonian market He leaves a son, who is a student at Guy's Hospital, and one daughter

L P

The death of Dr JULES FREDERICK REY was recorded in our issue of February 20 (p 422) and we have now received the following appreciation from Professor J A Ryle His end came swiftly after many years of ill health patiently and cheerfully borne, and after two years of disability so pronounced that for most men life might have seemed no longer to retain any virtue or advantage From Rey however *the limitation or crippling* of one faculty after another brought no complaint but only the same courageous acceptance and the same unaltered determination to enjoy to the full what still remained for him It was a rare privilege for his professional colleagues to be called to see him in one or other of his complicating illnesses and to discover always smiles in place of despondency and never to hear a whisper of defeat Reading became difficult in the last eighteen months of his life and his wife used to read aloud to him but he still insisted each week on perusing the *B M J* for himself A friend writing an appreciation of him in one of the daily papers spoke of his amazing pluck which seemed almost abnormal It was abnormal like all outstanding spiritual courage and for those who nursed and attended him in his own home it was a constant source of inspiration and pride Rey was born at Ashford in Middlesex on October 16 1880 the youngest son of the well known engineer Jules Rey He was educated at Boulogne and Guy's Hospital and qualified in 1904 Inheritance and example may have determined some of his special interests for his particular enthusiasm in medicine was always centred in x ray work and electrotherapy At the West Hants Hospital as a young man he was the first to take stereoscopic x ray photographs He practised first in Cardiff and after his marriage in 1910 at Bognor He was much beloved by his patients, and his family circle was one of the happiest One of the original members of the staff of the Bognor Regis War Memorial Hospital, he was partly instrumental in obtaining a generous gift for the hospital from a patient, and characteristically, a last request was for gifts for Guy's Hospital rather than wreaths for his funeral Among his hobbies he numbered carpentry engraving gardening and photography but his greatest hobby and interest was always his work He leaves a widow and a daughter and a son now at Guy's to succeed him in his profession

The following well known foreign medical men have recently died Dr FRANCESCO MAGGI director of the ophthalmological clinic at Milan Dr PAUL LEGENDRE a well known Paris physician member of the Academie de Medecine Dr WILLIAM C BUCHANAN, professor of bacteriology in the University of Cincinnati and Dr HENRI DAUSSET director of the Institute of Physiology at the Hotel Dieu Paris

Universities and Colleges

UNIVERSITY OF OXFORD

The result of the Oxford University by election for the vacant seat in Parliament was announced on February 27 Sir Arthur Salter (Ind) was returned with a poll of 7 580 Sir E Farquhar Buzzard Bt M D (C) received 3,917 votes and Professor F A Lindemann (I C) 3 608 votes

At a congregation held on February 27 the following medical degrees were conferred

D M—*W H Owles, D H Brinton*

UNIVERSITY OF CAMBRIDGE

At the Congregation held on February 20 the degree of Master of Arts was conferred on the following demonstrators in anatomy J S Baxter M S M B B Ch Belf D V Davies M B B S Lond M T Greig M B Ch B B Sc (N Z) and W R M Morton M D Belf

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Museum Demonstrations

A course of museum demonstrations in the theatre of the College commenced on March 1 when Mr R Davies Colley showed specimens illustrating diseases of the thyroid gland To day (Friday March 5) Mr A J E Cave will speak on anatomy of the knee joint on March 12 on the anatomy of nasal fossae and sinuses and on March 19 on the anatomy of the trigeminal nerve On March 8 Mr L W Proger will show recent additions to the museum and on March 15 Dr C Keith Simpson will speak on the pathology of the adrenal gland in relation to sudden death All the demonstrations commence at 5 p m and are open to advanced students and medical practitioners.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated

SURGERY—E S Dismorr B T Jones J E R Palmer B A R Pitt A W B Perren J R Rocyn Jone R L Williams

MEDICINE—J D Anderson R F B Bennett H A Bhuttacharji S M M Niall G G Sahasrabuddhe R G Stitt G Theophilus

FORENSIC MEDICINE—J D Anderson R F B Bennett H A Bhuttacharji J T Boocock S M M Niall G G Sahasrabuddhe R G Stitt G Theophilus

MIDWIFERY—J D Buckner J W Cazalet F T Futers O I Green W A Groom S J Nathan R G Stitt

The diploma of the Society has been granted to R F B Bennett H A Bhuttacharji J T Boocock J W Cazalet E S Dismorr F T Futers J E R Palmer J R Rocyn Jones and R L Williams.



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Medico-Legal

BLOOD GROUPS IN CRIMINAL IDENTIFICATION

A recent motoring case tried at the Central Criminal Court gave an interesting illustration of the manner in which evidence of blood groups may supplement other evidence of identification A motorist struck and killed a woman and drove on The police were able to trace the car, and found it at the premises of the accused, with the offside back wheel covered with blood The accused denied before the magistrates, but afterwards admitted, that it was his car Dr G Roche Lynch gave evidence that the wheel and hub cap had become blood-stained while the car was moving with blood of the O group At one spot on the rim there was a small quantity of woollen material which exactly tallied with the wool of the jumper worn by the woman, and her blood was also of group O The evidence, therefore, was quite sufficient without the correspondence of the groups, and indeed this group is common to about half the population Nevertheless it is easy to imagine a case in which there would be no distinctive woollen material caught up by the car but merely a quantity of AB blood on the wheel corresponding to a deceased of group AB—a group found in only 3 per cent of the population The legal value of the blood groups is only beginning to be understood in this country —perhaps because evidence based on them is always bound to be negative and eliminatory rather than positive Nevertheless they are a valuable stand-by in the investigation of crimes of violence, as well as in the determination of non-paternity, as Drs Harley and Roche Lynch showed in a recent issue of the *British Medical Journal* (January 23, p 163)

Medical Notes in Parliament

On March 2 the National Health Insurance Act (Amendment) Bill passed through committee in the House of Lords The operative clause of the Bill runs thus "Subsection (2) of Section forty-one of the National Health Insurance Act, 1936 (which provides for prohibiting arrangements for the dispensing of medicines being made with persons other than persons who are entitled under the Pharmacy and Poisons Acts, 1852 to 1933, to use the title chemist and druggist) shall have effect, and shall be deemed always to have had effect, as if for the words 'entitled under the Pharmacy and Poisons Acts, 1852 to 1933, to use the title chemist and druggist' there were therein substituted the words 'registered pharmacists or authorized sellers of poisons within the meaning of the Pharmacy and Poisons Act, 1933'"

The House of Commons this week discussed foreign affairs and made progress with the Defence Loans Bill The Deaf Children (School Attendance) Bill was read a third time by the Commons on February 24 On March 1 the Lords amendments to the Regency Bill were agreed to, and the Geneva Convention Bill was read a third time The Local Government (Financial Provisions) Bill passed through committee Mr Elliot on March 1 presented the Local Government (Financial Provisions) (Scotland) Bill, which amends Part III of the Local Government (Scotland) Act, 1929, and repeals, so far as relates to Scotland, Section 45 of the Unemployment Assistance Act, 1934

The Conservative Party Committee on Nutrition met on March 2, and was addressed by Dr Nash, medical officer of health for Heston and Hounslow Dr Nash gave a demonstration of cheap foodstuffs which are readily available

The Parliamentary Medical Committee arranged to meet on March 4 and hear an address from Dr Bousfield on diphtheria immunization

Pasteurization of Milk

Mr ROBERT MORRISON asked the Minister of Health on February 5 whether, in view of the evidence contained in the annual report of the chief medical officer of his Department for 1935 of serious outbreaks of scarlet fever solely due to the sale of raw milk, he would consider the making of regulations providing for the compulsory pasteurization of all milk

Sir KINGSLEY WOOD replied that he had no power to make such regulations

Health of Ex-Service Men

On February 22 Captain COBB asked the Minister of Pensions whether he was aware that many ex-Service men were said to be becoming prematurely aged or incapacitated as a result of the general after effects of their war service and should receive pension for their condition, and whether he would make a statement upon the attitude of his Department to such cases and the possibility of pensions being granted

Mr H RAMSBOTHAM said his attention had been drawn to certain statements to that effect, which might tend to rouse hopes that could only be disappointed He had no power to award compensation for disablement other than such as resulted from specific injuries or ailments which were established to be traceable to war service Consideration of other conditions not so established would be the concern of other services Inquiry into the matter had not disclosed any evidence from general medical experience which would support the suggestion that there was greater likelihood of premature incapacity among ex-Service men than in other sections of the civil community of similar age Inquiries were being pursued by the British Legion and other ex-Service men's associations the results of which would be laid before the Minister or Ministers whose Departments might be concerned

Supplementary Estimate for Agricultural Education and Research

The House of Commons, in Committee of Supply on February 22, discussed a Supplementary Estimate for salaries and expenses of the Ministry of Agriculture and Fisheries and grants in respect of agricultural education and research Mr W S MORRISON said that there was a small sum of £750 for grants in-aid of annual expenditure on colleges and institutions The whole question of veterinary education was being investigated by a committee, and until it had reported they would not properly know what were the requirements for the future conduct of this vital part of education The sum was for the maintenance of the Veterinary College as it was at present, pending the receipt of the report of the committee and a detailed scheme of veterinary education The additional sum of £48,300 for diseases of animals included £40 000 on grants for compensation in respect of foot and mouth disease There was no outbreak of the disease at all in the first five months of the financial year, but between September 1 and the date of the submission of the Estimate there were sixty five outbreaks In this case the Ministry was estimating for expenditure in this year on any outbreaks which might occur before March 31st There had been an increase on the item with regard to cattle slaughtered under the Tuberculosis Orders This was due to the increasing vigilance of the local authorities and the farmers in reporting disease in their herds and making use of the provisions for its elimination That was a healthy symptom It was also due to the fact that in many cases animals were condemned at an earlier age when they were normally more valuable That might also be taken as a healthy symptom, showing that both farmers and local authorities were taking their duties

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seriously in this matter and were making progress in dealing with this vital problem of cleaning up our herds The £600 *provided for research work under the Diseases of Fish Bill* was to pay a man to test fish to see whether or not they were suffering from furunculosis

Replying to Mr Short Mr MORRISON said that Sir Frederick Hobday had retired from the Royal Veterinary College because of age His distinguished services had been fully appreciated The research into foot and mouth disease had been carried forward with the utmost energy and some *of the results obtained had been very creditable*

The vote was agreed to

Bedeaux System in Factories

On February 23 Mr HARDIE asked the Secretary of State for War whether the Bedeaux system or the Taylor system was employed in any of the works or factories receiving contracts from his Department

Mr DUFF COOPER said he had no precise information regarding the extent to which these systems were employed by War Department contractors but he understood that a number of contractors made use of the Bedeaux system or some modification of it

Mr HARDIE asked if *Mr Duff Cooper understood that* destruction of the nervous system which took place among workers who were so treated and if he would take steps now to save the nervous system of persons whom he might require before long so that he might have these men with completely unbroken nerves instead of men with nerves shattered by a stupid system

No reply was given

Exchequer Aid to Local Authorities

The second reading of the Local (Financial Provisions) Bill was moved in the House of Commons by Sir KINGSLEY WOOD on February 24 He said this was the first revision of grants made under the Local Government Act 1929 The Act had proved a successful measure for local government and social reform and no one desired to revert to the old percentage system of assistance to local authorities The block grant which had replaced that system had assured for local authorities a considerable pool for expansion of their services and administration had been emancipated from unnecessary interference by State Departments In 1933 a further sum had been added to the pool At that time anxiety was expressed whether the standards of the health services would be maintained under the new system but it would not now be gainsaid that much had been achieved since 1929 in securing that the services of local authorities reached a higher standard Since that year there had been considerable development in rural sewerage and water schemes and loans sanctioned for rural works and sewage disposal had grown from £292 000 in 1932–3 to £1 000 000 in 1935–6 In 1929 fears were expressed concerning the maternity and child welfare services In 1929–30—the last year of percentage grants—expenditure on maternity and child welfare in England and Wales was £2 400 000 In 1934–5 this expenditure had risen by 25 per cent The expansion of all services during this period was 9 per cent The present Bill would fix the annual general Exchequer contribution at £46 172 000 for the third fixed grant period The net money addition annually for the third grant period was £2 250 000 and local authorities were also to be relieved of an annual expenditure of £2 750 000 The Bill was designed to improve the method of distribution so that the grants should be allocated still further according to need and special and necessitous areas should obtain substantial assistance

Mr ARTHUR GREENWOOD criticized the distribution of the grant and held that more money should go to struggling industrial towns The poorest towns had more people to support He quoted from a memorandum sent to the Prime Minister from the Children Minimum Council which stated that out of sixteen maternity and child welfare authorities of which the council have particulars for 1935 and where the unemployment rate was over 25 per cent in September, 1935 six gave no free milk to children between 3 and 5 years old four gave no free milk between the ages of 1 and 5 and one gave no free milk to expectant mothers More heroic measures Mr Greenwood said were required than the present Bill or else the deepening poverty in the distressed areas would affect the physique and the morale of the people there

Sir FRANCIS FREMANTLE said no possible extension of the formula would really cover the needs of the distressed areas which would have to be dealt with by other means Since 1929 the country had had seven years experience of the block grant system and he tested its results by one phase of social service—maternity and child welfare It was said in 1929 that the percentage grant would sterilize the whole movement and do away with the incentive to progress Actually in 1922 infant deaths per 1 000 births numbered 77 in 1929 they were 74 and in the last seven years they had fallen to 57 Taking infants in the first three months of life the mortality was 47 per 1 000 in 1922 44 in 1929 and in the next seven years it fell to 39 There was no reduction in the figure for the second three months of life during the seven years before the 1929 Act came into force but in the subsequent seven years the figure fell from 11 to 8 In the last half of the first year of life there was no reduction in mortality in the seven years before the Act came into operation but in the last seven years there had been a reduction from 19 to 10 deaths per 1 000 Similarly mortality in the second year of life had been reduced from 24 to 10 per 1 000 in the third year from 10 to 5 per 1 000 in the fourth year from 6 to 3 per 1 000 and in the fifth year from 4 to 3 per 1 000 That was a thermometer of public health

Mr ROBERT HUDSON replied to the debate and the Bill was read a second time without a division A financial resolution authorizing the necessary expenditure under the Bill was immediately passed without discussion

Approved Societies' Additional Benefits

Mr JAMES GRIFFITHS asked on February 25 if the Minister of Health knew that the disparity between the additional benefits provided by approved societies under the National Health Insurance Acts had a serious effect upon the position of the poorer societies that members sought to be transferred to the richer societies that provided higher additional benefits and whether he proposed to take steps to co ordinate the administration of the Acts to provide uniform benefits for uniform contributions Sir KINGSLEY WOOD replied that he was aware of these considerations but *statutory provision* was already made for the protection of any society against transfer of membership due to unfavourable valuation results Equalization of benefits would be incompatible with the retention of the approved society system of administration and he saw no sufficient reason for altering that system at the present time

Factories Bill in Committee

Consideration of the Factories Bill by a Standing Committee of the House of Commons began on February 25 On Part I—*Health (General Provisions)*—discussion began on Clause 1 (Cleanliness)

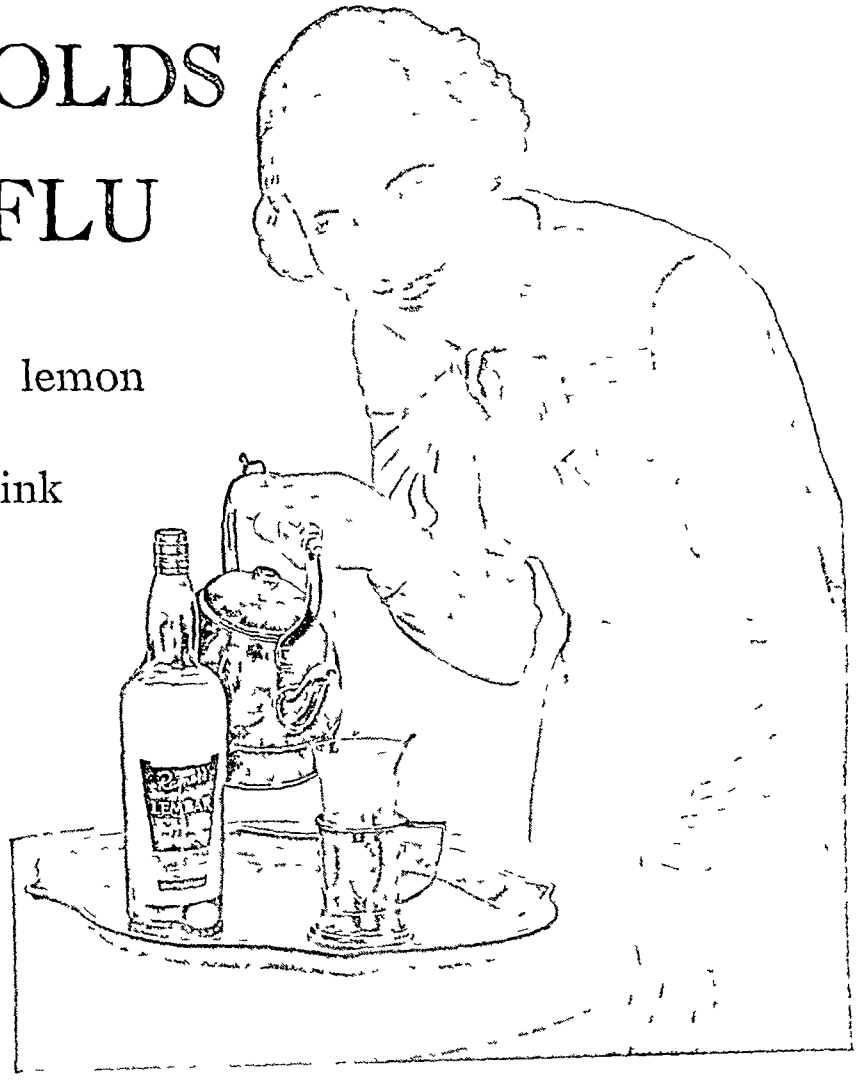
Mr RHYS DAVIES moved an amendment to provide that the cleaning of the floor in every workroom at least once in every week as the Bill directed should be done when work was not going on in the workroom Mr GEOFFREY LLOYD *said the clause had* been framed to give the Home Office control over methods of cleaning other than washing for the purpose of preventing objectionable means being used. Factory inspectors would take the view that if clouds of dust were raised to the annoyance and inconvenience to the work people that was an unsuitable method of cleaning

Mr HOLLINS said that in the pottery industry special regulations provided that cleaning should be done outside the working hours because of the danger of dust The Bill ought to make provision to cover cases where the dust was of dangerous character Mr LLOYD said an amendment later on would enable stringent provisions to be enforced by the Home Secretary in food factories The Minister of Health had in

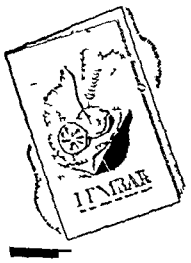
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preparation a Bill dealing particularly with conditions in food factories and the point would be adequately dealt with thereby The provisions in the clause under discussion were general and without prejudice to the powers of the Home Secretary to make special regulations such as those mentioned by Mr Hollins for health and safety in dangerous trades

An amendment moved by Mr GRAHAM WHITE, to authorize the use of other suitable detergent" instead of soap was accepted Clause 1, with a further small amendment was then carried

On Clause 2 (Overcrowding) Mr RHYS DAVIES moved to leave out a proviso permitting a lower standard of cubic space per worker for five years after the passing of the Bill and thereafter where effective mechanical ventilation was provided at the expiry of that period The Bill laid down that in respect of every workman employed in the factory there must be a minimum space of 400 cubic feet The Bill proceeded to qualify that in a way which weakened the purpose of the clause Amendments tabled by Sir John Simon would in part remedy this He invited Mr Lloyd to explain what was meant by these amendments

Mr LLOYD said there was no other way to meet the varying conditions of British industries except by these elastic powers These provisions had grown up under the inspiration of factory inspectors and worked well, so the Government was not making any general departure from the old system under this Bill In a certain number of cases, mainly of small concerns particularly in the clothing trade, an increase of the minimum cubic space per head from 250 to 400 cubic feet would involve hardship not only on the occupiers but on the workpeople These concerns existed in crowded areas of big cities, and the new standard of 400 cubic feet if immediately imposed would force the enterprises to close down or to discharge the people who could not be accommodated under the new provisions The Bill gave an elastic provision in view of the fact that modern research on ventilating and overcrowding had found that movement and circulation of air were more important than the gross cubic feet of space available for individual workers The Home Office recognized that it was desirable to lay down conditions as soon as possible, and would therefore put down amendments in terms practically the same as those proposed by Mr Rhys Davies, and would also take power to bring the condition about mechanical ventilation into operation before the end of the five years in special cases

Mr ALFRED SHORT said the Labour Party was not satisfied with the provision of 400 cubic feet, and he had an amendment down to increase the cubic air space to 500 cubic feet Mr LLOYD said he did not think this increase reasonable It was not intended that the provision authorizing a small air space where mechanical ventilation was provided should be interpreted as referring only to ventilation produced directly by fans He pointed out that the International Labour Office standard was 350 cubic feet, or less than that in the Bill Mr RHYS DAVIES said that from 1875 a minimum of 300 cubic feet had been compulsorily in common lodging-houses Mechanical ventilation was only a second-best safeguard Mr Rhys Davies then withdrew his amendment, and said that the Labour Opposition would reconsider its attitude on the whole question during the report stage

The committee then adjourned the discussion of the Bill until March 2

Public Gas-proof Shelters

On March 1 Mr WILSON asked the Home Secretary what plans had been made by the Air Raid Precautions Department for the provision of gas proof shelters for public use equipped with filtration units and pumps Mr GEOFFREY LLOYD replied that it was proposed that so far as possible members of the public should remain indoors in a part of their home or place of work which had been adapted as a refuge in accordance with instructions which would be issued The provision of refuges for persons caught in the street when a raid was imminent was under consideration but while the equipment required in public refuges must depend on the nature of the premises employed for the purpose it was considered that if ordinary safeguards were employed the installation of filtration plant would not be required

Mr WILSON also asked the Home Secretary if the Air Raid Precautions Department could state by what test in its opinion, ordinary people could detect the presence of mustard gas or lewisite without having to breathe it Mr LLOYD said that mustard gas and lewisite could be detected by visual observation or by sense of smell which might suffice to give warning without any harmful effect Arrangements would be made for the detection of poison gas as part of the air raid precautions organization, and if members of the public were in danger of inhaling poisonous vapours every effort would be made to warn them of the presence of gas before they had to ascertain it for themselves

Mr LLOYD, replying to Mr Parker on March 1, said that an investigation into the observations of the Cambridge Scientists Anti war Group was carried out by the Chemical Defence Research Department and the Chemical Defence Research Committee

Medical Services in Bechuanaland—The total assistance from the Colonial Development Fund for schemes in the Bechuanaland Protectorate so far approved amounts to £92,228 This includes provision for three hospitals A scheme for training native nurses in the three High Commission Territories has also been initiated, and the general administrative expenditure on medical services in the Protectorate has been substantially increased in the last few years

Scottish Public Health Laws—Mr ELLIOT, replying on February 16 to Mr Westwood, said that Scottish local authorities had expressed a desire for the consolidation of the law relating to public health He had sympathy with their views, and was keeping the matter before him in his consideration of the report of the Committee on Scottish Health Services

Keratitis from Mustard Gas—Mr RAMSBOTHAM, on February 16, informed Mr F Roberts that a few cases of keratitis, which could in certain instances be ascribed to the effects of mustard gas, had occurred in recent years Eight such cases were accepted for compensation by the Ministry last year This was a rather higher number than in the previous year

Maternal Mortality Report—The report on the special investigations recently made by officers of the Ministry of Health into maternal mortality in various parts of the country is now being printed for early presentation to the House of Commons

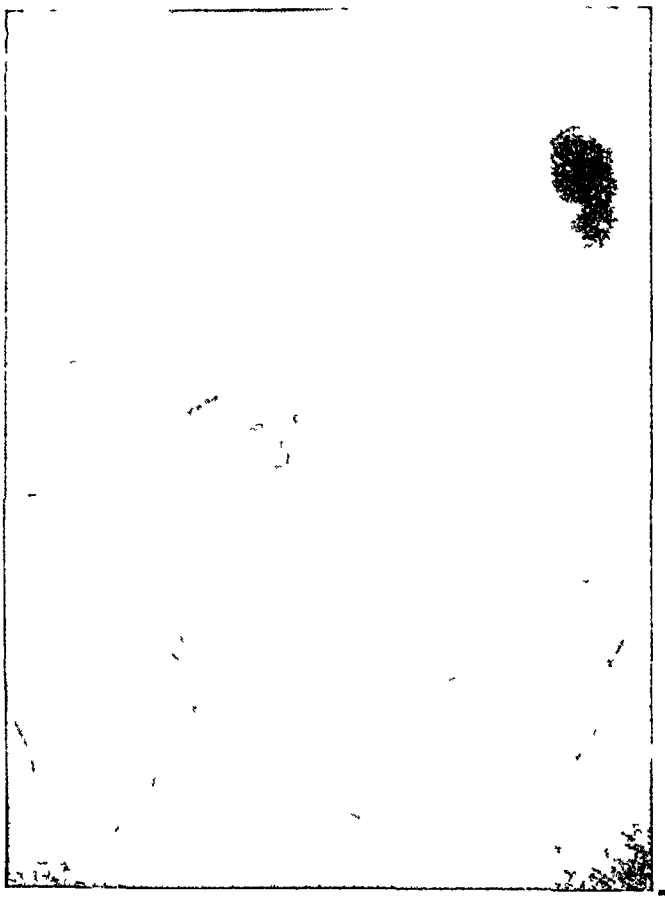
Infant Mortality in Scotland—Mr Elliot furnished Mr Rhys Davies on February 18 with tables showing the ten public health areas in Scotland (that is, counties and large burghs) with the highest infant mortality rates for the quinquennial period 1931–5 and the decennial period 1921–30, together with the corresponding rates for Scotland

Infant Mortality Rates

1931–35	Per thousand	1921–30	Per thousand
Scotland	81	Scotland	89
Glasgow Burgh	102	Dundee Burgh	113
Coatbridge Burgh	102	Glasgow Burgh	106
Greenock Burgh	98	Aberdeen Burgh	105
Dumfries Burgh	93	Coatbridge Burgh	105
Paisley Burgh	91	Greenock Burgh	105
Hamilton Burgh	87	Paisley Burgh	101
Aberdeen Burgh	86	Dumfries Burgh	100
Port Glasgow Burgh	86	Stirling Burgh	95
Airdrie Burgh	85	Kilmarnock Burgh	94
Clackmannan County	85	Port Glasgow Burgh	93

Mental Hospital Accommodation in Lancashire—Sir KINGSLEY WOOD gave an assurance on February 25 that the present inadequacy of accommodation for mental patients in Lancashire was not in any way due to delay on the part of the Board of Control in approving the Brockhall Institution extension or any other schemes submitted by the Lancashire Mental Hospitals Board

Employers Liability Bill—The Employers Liability Bill introduced by Mr Potts, was on February 26 rejected by the House of Lords on second reading by 143 to 115 During the discussion Mr F A MACQUISTEN said that as a lawyer



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he remembered the time when to secure compensation cases under the Employers Liability Act certain lawyers touts followed ambulances besieged hospitals and had understandings with some doctors inside who sent claimants to particular lawyers The Workmen's Compensation Act had almost killed litigation in such cases

Notes in Brief

In the middle of 1936 the number of persons between the ages of 60 and 65 who were insured under the National Health Insurance and Contributory Pensions Acts was estimated to be 850 000

The Minister of Health is considering in consultation with the President of the Board of Trade what action can be taken to prevent the sale of geysers which are not properly ventilated or are likely to get out of order

The overcrowding survey showed 21 794 overcrowded dwellings in Wales of which 16 706 were in the Administrative Counties

Medical News

The annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at Langham Hotel, Portland Place W, on Thursday, March 11 at 7 30 p m with Mr T Harrison Butler in the chair Secretaries Mr Charles Goulden, 89, Harley Street, W 1, and Mr P G Doyne, 60, Queen Anne Street, W 1

Under the auspices of the British Institute of Philosophy an address will be given by Dr Joseph Needham entitled Should our Rulers be Biologists?' on Tuesday March 16, at 8 15 p m; at University College Gower Street, W C The chairman will be Professor Lancelot Hogben Cards of admission may be obtained from the director of studies at University Hall, 14, Gordon Square, W C 1

The annual meeting of the Mental After Care Association will be held at Girdlers' Hall 39, Basinghall Street E C, on Wednesday, March 10, at 3 15 p m The speakers will include the Bishop of London, Dr G A Lilly, Dr Isobel Wilson, and Dr Reginald Worth

A meeting of the Association of Industrial Medical Officers will be held at the London School of Hygiene and Tropical Medicine, Keppel Street W C, on Friday March 12 when there will be a business meeting at 4 45 p m and at 6 p m Mr Eric Farmer will speak on 'Accident Proneness Suggested Factory Investigations and Dr F H C Beards on "Organized Treatment and Rehabilitation of the Injured Workman' On Saturday, March 13, at 10 a m a visit will be paid to Carreras Ltd, Hampstead Road, N W and a tour of the clinic and works will be conducted by Dr T O Garland

A meeting of the London Jewish Hospital Medical Society will be held at the London Jewish Hospital, Stepney Green E, on Thursday, March 11 at 3 45 p m, when short papers will be read by Miss Muriel E Landau, F R C S on Menstruation, and by Dr S Levy Simpson on 'The Menopause' Mr A A Davis will also read a paper and Dr A Loeser will show a film on "The Hormonal Origin of Menstruation'

Dr E J Bigwood (Solvay Institute of Physiology, Brussels) and Dr Hazel Stiebeling (senior food economist, Bureau of Home Economics Washington) will speak on nutritional work in connexion with the League of Nations on Wednesday, March 10, at 5 p m, in the theatre of the Lister Institute of Preventive Medicine Chelsea Bridge Road S W 1 (nearest station, Sloane Square) All interested are invited to attend

At a meeting of the Metropolitan Counties Branch of the British Medical Association to be held in B M A House, Tavistock Square on Tuesday March 9 Dr Cyril Norwood *president of St John's College* Oxford will give an address entitled The Doctor—as Seen by his Patient Reception and refreshments at 5 p m address at 5 30 p m

Dr C S Myers F R S, will deliver a lecture on Industrial Psychology and the Modern World at the Royal Society of Arts John Street Adelphi, W C on Wednesday March 10 at 8 15 p m Applications for tickets should be addressed to the secretary of the society

A meeting of the Royal Sanitary Institute will be held in the Guildhall Exeter on Friday March 12 at 4 45 p m when there will be discussions on Parts II and III of the Public Health Act, 1936 and on Physical and Recreational Training of the Adolescent'

The tenth annual congress of the German Association for the Study of the Circulation will be held at Bad Nauheim on March 13 and 14, the general topic for discussion being the part played by the internal secretions in circulatory disorders Professor Edward Stadler of Plauen will preside, and the first address will be given by Sir H H Dale on vasodepressor substances He will be followed by Dr H Rein of Gottingen who will discuss adrenaline and allied secretions Other subjects to be considered include the action of the hypophysis, hormones with reference to gynaecology, and thyroid disorders Excursions and social functions will be arranged A detailed programme of this congress may be obtained from the offices of the Deutsche Gesellschaft fur Kreislaufforschung, Residenzstrasse 32, Dresden Blasewitz

As already announced, the British Health Resorts Association has accepted an invitation from the Bournemouth Corporation to hold a conference at Bournemouth on Saturday, March 13 The programme consists of two sessions In the morning a discussion on Wintering in England' will be opened by Lord Horder followed by *Sir James Marchant and Dr K R Collis Hallowes* In the afternoon Professor Kestner of the Rowett Institute Aberdeen will open a discussion on the Curative Action of Sea Climate, in which Sir Walter Langdon Brown will take part

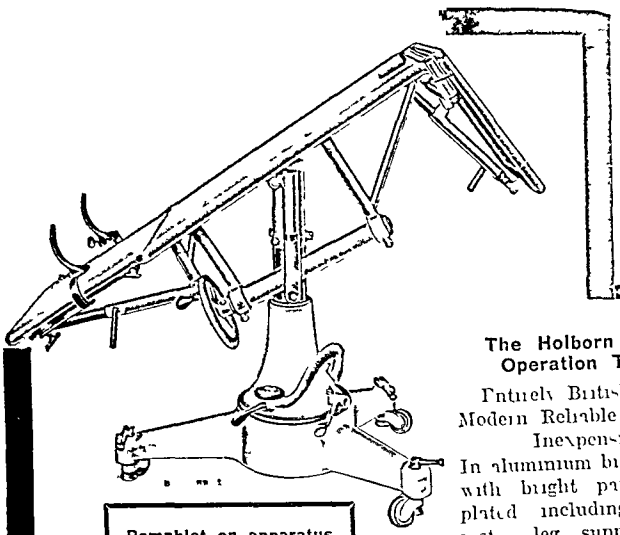
It was announced at the annual meeting of the governors of Cardiff Royal Infirmary held on February 25, that the Duke of Kent had consented to become president of the Infirmary The Duke of Windsor held that office for some years when Prince of Wales

A livery dinner, attended by the Lord Mayor and Sheriffs of London was given by the Society of Apothecaries in the Hall of the Company at Blackfriars on February 23 The Master, Dr A P Gibbons proposed from the chair the Civic Toast to which the Lord Mayor responded The Junior Warden, Dr R H Hayes submitted the health of the guests and this was acknowledged by Sir Cuthbert Wallace President of the Royal College of Surgeons, and Mr G N B Sebastian Master of the Skinners Company

The first meeting of the National Advisory Council appointed by the Government to direct and co ordinate its scheme for encouraging physical training and recreation among all sections of the community, took place at the Board of Education on March 3 The council was occupied for some time with a preliminary survey of the ground covered by the scheme as well as in considering certain questions of immediate practical import It will probably do much of its work through subcommittees and maintain close collaboration with the Grants Committee, which entered upon its duties on March 1 Both bodies have their permanent headquarters at Queen Anne's Chambers, Tothill Street S W 1

During the week ended February 27 the number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales was 242 compared with 423 in the preceding week In London the number of deaths from influenza was twenty three against thirty three in the preceding week The notifications of pneumonia in London were 101 against eighty seven

The number of deaths from influenza in the larger towns in Germany in the fifty first week of 1936 was 595 as compared with fifty deaths in the corresponding week of 1935

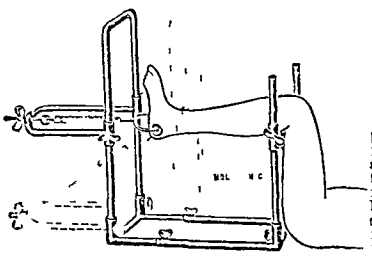


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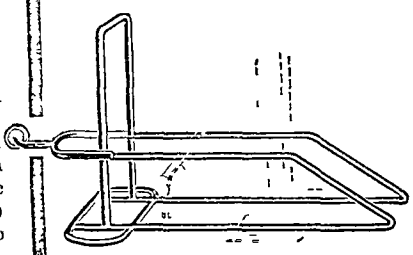
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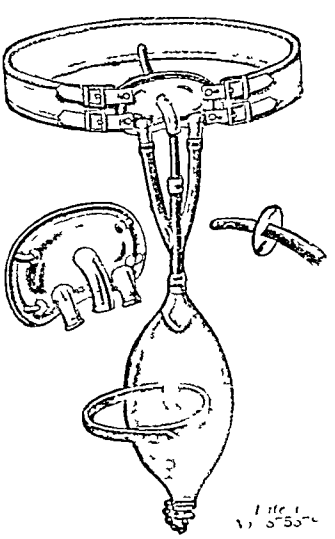
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QUERIES AND ANSWERS

Disfiguring Vaccination Marks

"R I E" (London) writes I have been asked by a young undergraduate to remove what he considers the disfiguring marks of three vaccinations performed in his childhood Could any fellow practitioner tell me of a safe method of doing this?

Income Tax

Mortgage with Building Society

"J" entered into a contract last July with a building society to purchase his house under a "mortgage insurance scheme and has made some quarterly payments Should the income tax on the property be paid by J ' or by the society?

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LETTERS, NOTES, ETC.

Treatment of Gonorrhoea

Dr G ARBOUR STEPHENS (Swansea) writes You are to be praised for the emphasis you lay upon the need for properly accepted standards of therapeutic activity in connexion with the use of sera for the treatment of gonorrhoea as described by Dr Anwyl-Davies I feel that Dr Anwyl-Davies might have dealt with the subject of the natural immunity which exists towards this disease, as well as with the variation in the rate of response by patients to even the simplest forms of treatment Dr Anwyl-Davies has been tempted to investigate the value of a complicated and dangerous serum, but I expect he has scorned the simple treatment which you have allowed me to put forward in the *British Medical Journal*—namely, that by means of the subcutaneous injection of distilled water This treatment has been tried and its value confirmed by workers on the Continent and the results I have had even in the most severe arthritic cases justify a trial at the St Thomas's clinic by Dr Anwyl-Davies, if only by way of control Everyone knows that the treatment of gonorrhoea in a tuberculous subject is a much more difficult and serious matter than in one who is apparently strong As I have shown the severe cases of acute or chronic gonorrhoeal rheumatism occur in the "acid type" of person, and no treatment can be satisfactory until this point is realized A person in whom the *p*H of the blood or whose "acid base balance leans too much to the acid side responds badly to all methods of treatment My experience leads me to think that the arthritis is due to an added infection in gonorrhoea brought about by the introduction of a protozoon such as I think exists in acute rheumatism, and of which the Aschoff body is the encysted form The rationale of treatment by subcutaneous injection of distilled water is that the introduction of a liquid with a high surface tension acts upon the local cells free and fixed, causing them to discharge an antibody which reacts on the blood and renders it immune to the parasites Such an antibody must be naturally of a specific nature the high surface tension of the distilled water merely helping the mobilization of the antibodies

Prostatectomy by the Two-stage Method

Mr MORTON WHITBY (London, W 1) writes Mr W K Irwin (*Journal* February 6, p 261) is to be congratulated upon his excellent results, which show a lower mortality than any previous record Regarding the open method, there is no doubt that Mr Irwin's two stage procedure is the best but I cannot agree in spite of his success, that it should always be practised. Obviously the closed method is the operation of choice whenever it can be carried out with safety However, I agree that time will show whether Harris's operation of plastic surgery to the trigone is warranted I am convinced from the results of my own operation of complete closure (described in the *Lancet* 1934) that plastic surgery of the trigone is unnecessary as I believe apart from prolonging the operation post operative pyelitis and latent stricture are liable to occur Surely it is unsound surgical practice to perform plastic reconstruction, which is the basis of Harris's operation in a septic area I have found that even continuous pre operative bladder irrigation by means of my two way catheter will not completely eliminate prostatic sepsis although it is the only means by which it can be reduced to a minimum Mr Irwin's clamp incisor for removing any redundant prostatic bar is a useful instrument, and produces highly satisfactory results In conclusion I would say that the two stage open method or the closed method should be advocated according to the condition of the patient, but with the evolution of prostatic surgery our aim should be to make the closed operation safe for all, since convalescence is shorter, and with careful pre operative and post operative treatment complications immediate and remote should gradually become unknown with the individual operator's improved technique

External Use of Iodine

Dr CHARLES BARBER (London, W 1) writes I should like to support the conclusions of Dr Macaulay on the use of iodine in the *Journal* of February 13 (p 374) Iodine is certainly devitalizing, and responsible for much dermatitis and often ulceration of the skin and stitch abscesses I gave it up years ago unless there was nothing else available, and especially avoided it as a final application to clean operation wounds using instead a light brushing over of the wound and surrounding skin with the old fashioned friar's balsam (tinct benz co) This has a strong antiseptic as well as a soothing and healing effect on skin and wound and, moreover, anchors the first layer of gauze, and so prevents movement of the dressing and possible entrance of infection On removing the dressing the skin is always found clean and smooth and not irritated, and the stitch holes free from suppuration The benzoin stain is easily removed by a spirit swab I do not know whether tinct benz co has ever been supplied in a first aid outfit, but if not I think it would be immeasurably superior to iodine

A Cheap Transilluminoscope

Mr E S GOPALAN (honorary assistant surgeon to the G Hospital Madras) in the course of a letter in which he refers to Mr Hamilton Bailey's description of a transilluminoscope (*Journal* April 18, 1936 p 795), suggests the use of a cheap and effective device This consists of a one-foot length of ordinary hosepipe with an inner lining of black rubber and an internal diameter of about one and a quarter inches This can be used quite effectively in broad daylight as a form of transilluminoscope—costing only about a shilling

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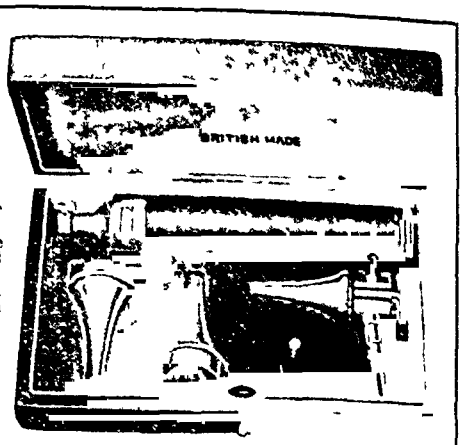
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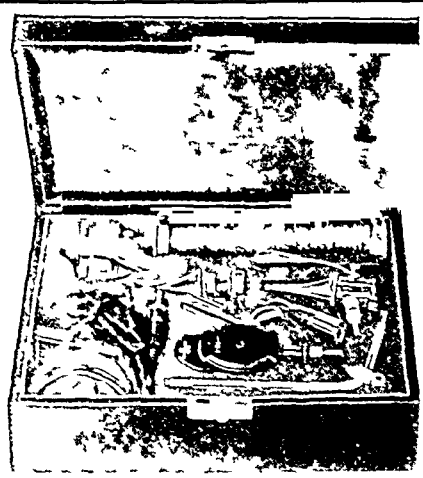
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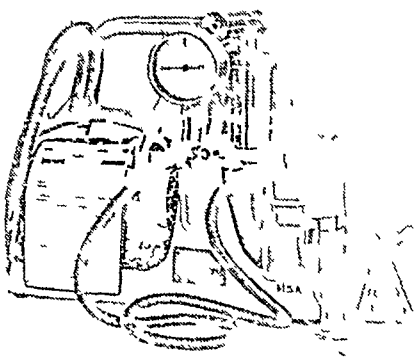


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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

171 Pulmonary Embolism

G HULTQUIST (*Svenska LakSallsk Handl*, 1936, Bd 62, Heft 4, p 265) publishes in German an account of a statistical investigation conducted at the St Erik Hospital in Stockholm Between January 1 1925 and March 31 1934, the pathological department dealt with 814 cases of aseptic pulmonary embolism In 153 the embolism was considered as the immediate cause of death In seventy nine the embolism was associated with other diseases, such as heart disease and pneumonia In the remaining 582 cases the embolism with or without infarcts was less serious Excluded from this material were the cases of small pulmonary infarcts whose origin could not be traced to embolism as well as the cases of autochthonous thrombosis in the pulmonary artery This statistical study showed that women are more subject to aseptic pulmonary embolism, whether it be slight or fatal, than men, this sex difference being greatest in fatal embolisms The liability to pulmonary embolism increases uniformly with age in both sexes and the behaviour of this ailment is largely the same in surgical as in medical wards In both the fat are more likely to die of pulmonary embolism than are the thin although in medical wards the develop ment of small pulmonary emboli does not appear to be favoured by an excess of fat Diseases of the circulatory system are more frequent among the subjects of pul monary embolism than in post mortem material taken as a whole The contrary could be said of malignant tumours and pulmonary tuberculosis, perhaps because of the emaciation they entail The author supplements these general conclusions by noting that pulmonary embolism was almost twice as frequent in the medical as in the surgical wards of his hospital—a fact he associates with the comparatively high age of the patients and the number of cases of disease of the circulatory system in the former But the frequency of fatal pulmonary embolism was practically equal in the medical and surgical wards No evidence could be found for the incrimination of intra venous injections as a cause of thrombosis and pulmonary embolism in the overwhelming majority of the cases studied

172 Sero fibrinous Meningitis

A SAVULESCO (*Rev Sensibil* December, 1936, p 75) discussing the clinical relations of tuberculous, serous and sero fibrinous meningitis from the pathogenic and therapeutic standpoints concludes that the last two con ditions represent a syndrome of exudative meningeal sensitization of progressing severity, which may respond in the earlier stages to desensitizing treatment When the serous effusion becomes fibrinous the risk to the patient is intensified, and localizing signs of the deposit of fibrin plaques on the brain can be detected He records two cases treated successfully by the intravenous injection of sodium iodide, either mixed with the patient s own blood or associated with intramuscular auto haemotherapy in both cases there was intense headache with localizing symptoms, and death was narrowly averted In one patient during treat ment there was marked diuresis and in the other profuse perspiration, both indicating the relief of the waterlogged tissue cells The author regards his method of treatment as twofold general and metameric desensitization He has previously demonstrated the value of sodium iodide as a general desensitizing agent In the first case this salt was associated with septicemine (diformine iodo benzomethylate) and casein was also employed, relief of the symptoms ensuing rapidly when they were injected, and further meningeal damage being averted The casein was injected into the contracted muscles during the cephal algic paroxysms, its action persisted for a few hours, but this treatment had sometimes to be repeated in the more severe cases Savulesco remarks that simple serous meningitis can be quickly cured by the appropriate desensitizing measures When the fluid becomes fibrinous the deposits are less well tolerated than in the comparable condition of pleurisy because of the damage done to the nerve centres by them, and hence desensitizing treatment must be prompt, especially when the pathognomonic symptoms of tuberculous meningitis are present The sodium iodide must be chemically pure and relatively large doses should be injected intravenously

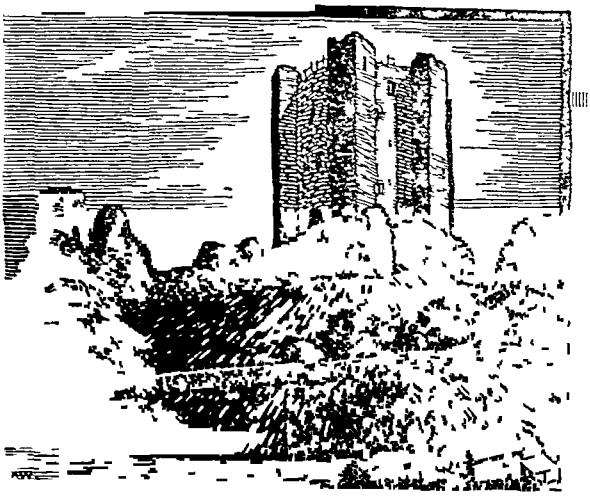
173 Heart Sounds

The importance usually assigned to the heart valves in the production of heart sounds is denied by A M KASSATKIM (*Arch Mal Cœur* December, 1936, p 735) who believes that such thin structures, of poor flexibility bathed in a viscous liquid which cannot act as a resonator could not be the source of these sounds He also objects to the first sound being described as having a muscular element, holding that such a term can be properly applied only to the sound produced by a muscle undergoing tetanic contraction, which the myocardium does not It is held that the explanation of the sounds is more reason ably to be sought in the elastic properties of the walls of the heart and great vessels and that the mechanism involved is similar in principle to that of the hydraulic ram the hydrodynamics of which are described Briefly the heart sounds on this view are held to be caused by the vibration of the elastic heart and vessel walls set up when a current of blood is suddenly interrupted by the closure of a valve Thus the first sound results from vibration set up in the ventricles by waves produced by the closure of the auriculo ventricular valves and the second sound from vibrations in the walls of the aorta and pulmonary artery, secondary to fluid waves which arise from the closing of the semilunar valves

Surgery

174 Therapeutic Local Anaesthesia

R LERICHE (*Brit med* December 27, 1936 p 291) is of the opinion that infiltration of the peri articular tissues and of the sympathetic chain is of great value in cases of injury to joints and of lesions connected with the sym pathetic nervous system For the last thirty years the injection of novocain has been used for many lesions with varying results Leriche has carried out experiments in the use of novocain on the regional ganglia which are the centres for vasoconstrictor action Injection of the stellate ganglion produced more or less complete inter ruption of the vasoconstrictor action over a large area including half the face the neck and upper part of the thorax part of the brain the salivary glands the heart lungs and upper limb As a result cessation of pain was noticed without loss of sensibility When the upper ganglia of the lumbar chain were injected a vasodilator action was seen in part of the abdomen and in the lower limb and pain in these regions disappeared It has been found possible to relieve pain on the right side by infiltrating the left stellate or pain in the right lower limb by operating on the left lumbar sympathetic No reason for these results can be given but it is considered that the discovery may have therapeutic possibilities This method of treatment has been tried successfully in cases of ampu tation fracture sprain and traumatic arthritis Infiltra tion of the sympathetic ganglia has been tried in cases of angina chronic myocarditis embolism arteritis, and bilateral puerperal phlebitis



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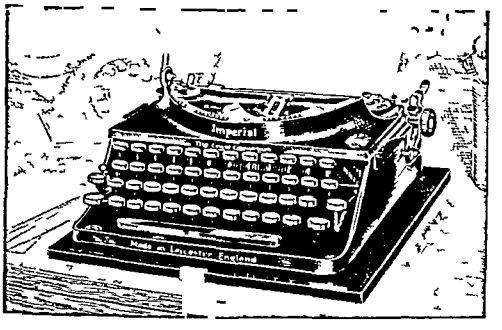
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175 Surgical Treatment of Hypertension

G J HEUER (*Bull Acad Med Toronto*, December, 1936, p 57) discusses the surgical aspects of essential hypertension and points out that medical treatment has no lasting effect in cases of abnormally high blood pressure To be successful surgical procedure must aim at the relaxation of the spastic arterioles of the splanchnic area and the denervation of the adrenal glands This might be effected by splanchnicotomy or section of the anterior nerve roots of the spinal cord Experimental work was carried out on the lines of the latter method of treatment, and it was found that the splanchnic vessels constitute an important but not the only flexible reservoir governing the level of arterial pressure Elevation of arterial pressure in patients suffering from essential hypertension is believed to be due in part to constriction or loss of elasticity of these vessels In the selection of patients for section of the anterior nerve roots the form of the disease varied from benign essential hypertension of short duration to the highly malignant hypertension Prolonged observation of patients before and after operation was considered to be of great importance, and included the study of the subjective manifestations of the disease, the psychic abnormalities, and evidence of instability of the nervous system The operation of rhizotomy consists of the bilateral division of the anterior roots of the sixth dorsal to the second lumbar spinal nerves It was found most satisfactory to do the operation in two stages, the first terminating with the completion of laminectomy and the exposure of the dura, the second consisting in the opening of the dura and division of the anterior nerve roots An interval of several days was allowed to elapse between the two stages The serious danger in the operation is the possibility of a lesion of the cord giving rise to paralysis of the lower extremities, bladder, and rectum The results obtained in twenty-two cases treated by this method are very fully analysed It was found that good results were seen in 80 per cent of mild and moderately severe cases, while in severe advanced cases the results were much less satisfactory

176 White Blood Cells in Acute Appendicitis

K H LANGE (*Med Welt*, December 12, 1936, p 1801) finds that examination of the leucocytes may assist in the decision whether to operate in acute appendicitis During the first twenty-four hours a lymphopenia is always noted, combined with left displacement and possibly with increase of total white cells After twenty-four hours the lymphopenia may be found to be replaced by lymphocytosis, which is to be regarded as evidence of natural resistance The practical indications for operation are given in the first twenty four hours by lymphopenia and left displacement, after then by lymphopenia In the second case a lymphocytosis may be a factor in justifying expectant measures Lymphocytosis in the initial hours of an attack of abdominal pain is a sign calling for reluctance to operate, it is found in inflammation or tuberculosis of the mesenteric glands and at the time of follicular rupture in females

177 Hydatid Cysts of the Lungs

S KAMBOSSEFF (*Zbl Chir*, January 9, 1937, p 81) describes in detail the surgical treatment of centrally situated hydatid cyst of the lungs The pulmonary localization of hydatid cyst varies between 7 and 23 per cent Its site of predilection is the right lower lobe The operative treatment is successful in about 90 per cent of cases The author resects 6 cm of one rib only under local anaesthesia and then makes a tunnel through the lung tissue to the cyst by means of a thermocautery The collapsed cyst soon obliterates and the thoracic wound is closed by means of catgut sutures and plugging In the cases of deep seated cysts and in the absence of pleural adhesions the operation is performed in two or three stages In the first stage the parietal and visceral pleura are joined by catgut sutures and the pleural adhesion is encouraged by an application of tincture of iodine, which acts as an irritant The second stage consists in the tunnelling of the pulmonary tissue, which should be directed radially toward the hilum in order to avoid severe haemorrhage and damage to the bronchial tree In cases of severe haemorrhage it may be necessary to plug the wound and postpone the termination of the operation for forty eight hours The author cites several cases successfully operated on in this way

Therapeutics

178 Acute Rheumatic Fever

B HAUER (*Med Welt*, January 16, 1937, p 85) recommends intravenous injections of glucose melubrin novalgin in acute rheumatic fever He admits the favourable action of salicylates in a large proportion of cases, but salicylates sometimes fail They also depress the appetite and may cause giddiness, tinnitus, etc Incidentally the author records instantaneous relief from lumbago with a single intravenous injection of 2 to 3 c cm of novalgin In acute rheumatic fever in adults he gives a mixed intravenous injection of 4 c cm of melubrin plus 2 to 3 c cm of novalgin plus glucose Even the severest cases lose pain for about ten hours The injections are given daily As the condition of the patient improves the dose is decreased The melubrin and the novalgin are well tolerated, even by patients whose heart has been affected

179 Mountain Air

F HAMBURGER (*Wien klin Woch*, January 8, 1937, p 17) states that, although no specific reasons can be given, an altitude of 1,800 to 3,000 feet has an undoubted beneficial effect in the treatment of many diseases of children Whether this is due to fresh air, ultra-violet radiation, or the difference in diurnal and nocturnal temperature is unknown He believes that the psychic effect is important Joy increases muscle tone and appetite Thus sunshine, fresh air, and joy, which are lacking in the child's ordinary environment, are factors contributing to his health in a higher altitude Hamburger is convinced that most of the catarrhal diseases are not due to "catching cold," but to infection when resistance is lowered through the unnatural "room-life" of modern civilization He advocates mountain air for nearly all forms of tuberculosis, with the exception of the acute miliary type Children who have apparently recovered from tuberculosis should be sent to a higher altitude for a few weeks for two successive winters Mountain air is beneficial in the treatment of all catarrhal conditions of the upper air passages, of children with acute or chronic swollen glands of the neck, and of those with anaemia and psychic disorders It is contraindicated in rheumatic conditions The author pleads, in view of the known importance of natural resistance to infection, for longer winter holidays, and points out that the disease incidence in two schools in Vienna which remove with their teachers to a higher altitude for three to four weeks every winter is very small He is convinced that if their example were followed much of the illness of children in winter would be prevented

180 Amidopyrine in Rheumatic Polyarthritis

K E ROTSCHUH and M BENARD (*Klin Wschr*, December 12, 1936, p 1838) have investigated on a series of 1,000 patients the value of pyramidon combined with physiotherapy in rheumatic conditions Five hundred patients received physiotherapy only, while the other 500 received physiotherapy plus 2 to 3 grammes of pyramidon a day during the course of treatment (six weeks) They were unable to detect any advantage from the addition of pyramidon to the physiotherapeutic procedures

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Ophthalmology

181 Industrial Eye Injuries

J MINTON (*Brit J Ophthal* December, 1936, p 673) states that at the Royal Eye Hospital about 65 per cent of the out patients suffer from industrial eye injuries Of these 50 per cent are due to the emery wheel, and the majority of intra ocular foreign bodies to hammering and chipping In the case of corneal foreign bodies there is usually a latent period of six to twelve hours (sometimes several days) before symptoms appear the degree of irritation being dependent on the amount of rust formation A corneal foreign body should be removed with a discission needle and never with a spud or blunt instrument A rust ring should always be removed and a mydriatic given in every case If an intra ocular foreign body is suspected a skiagram is essential Lime burns are treated with neutral ammonium tartrate (15 per cent glucose is used in the hospitals) Nearly all cases of welding conjunctivitis (photophthalmia) were due to lack of use, or misuse of the protection provided Symptoms appear in six to eight hours, and are best allayed by paroleine drops and a pad and bandage All injured eyes are seen again in twenty-four hours Abrasions from wood paper concrete or cement and lime and chemical burns cause most anxiety So long as there is any corneal staining with fluorescein a mydriatic with a pad and bandage must be used About 1 per cent of all cases of injury required admission for complications The writer quotes from annual reports of the Chief Inspector of Factories, American insurance statistics the Departmental Committee on the Causes and Prevention of Blindness 1922 and the State Department of Labour and Industry of Pennsylvania He describes the Home Office Industrial Museum Westminster and the exhibition of preventive measures to be seen there The great difficulty is that many workmen refuse to avail themselves of certain forms of protection

182 Ocular Changes in Disseminated Sclerosis

D MARSHALL and R G LAIRD (*Amer J Ophthal* December, 1936 p 1085) review 100 consecutive unselected cases There were visual disturbances at some time in 50 per cent some of which preceded the diagnosis by several years The average age was 27 9 years and the average period between onset and the first medical examination four years The patients complained of reduced vision blurring diplopia, or field defects usually affecting only one eye seriously The blurred vision may last for days or weeks Nystagmus, including nystagmoid jerks occurred in 70 per cent An Argyll Robertson pupil was rare Evanescent ocular palsies were seen in 10 per cent optic atrophy in 20 per cent optic neuritis and retrobulbar neuritis only rarely 20 per cent showed field defects, which were variable and inconstant That hemianopia can occur is proved by a case which is fully described and illustrated by diagrams of the fields

183 Myopia in School Children

G NORDGREN (*Nord med Tidskr* December 19 1936 p 2069) finds that opinions are approximately equally divided between the two explanations (heredity and environment) of the genesis of myopia in school children The protagonist of the latter explanation was *Hermann* Cohn whose published researches date from 1867 whereas the chief exponent of the hereditary factor is Steiger whose work dates from 1913 The author has attempted to throw further light on this problem by a study of the incidence of myopia in Swedish school children since *1894 the* year in which systematic records of this condition were first made by the Swedish school authorities The numbers dealt with are in the author's opinion big enough to carry considerable weight in 1894 some 14 000 scholars were dealt with and in 1918 this number had risen to 27 000 Between 1894 and 1920 the percentage of school children suffering from myopia was reduced by about one third it was significant that the most important hygienic reforms in the schools were carried out about the end of the nineteenth century In 1895 in the youngest class 5 2 per cent of the children suffered from myopia The corresponding figure for 1918 was 3 7 per cent In both years there was a uniform rise in the frequency of myopia as the ages of the school children *rose and in the oldest class the* incidence of myopia was 24 6 per cent in 1895 and 19 1 per cent in 1918 Between 1920 and 1935 there was little change in the frequency and severity of myopia While no correlation could be established between constitution and physique on the one hand and myopia on the other some relation seemed to exist between it and the general sickness rate The author comes to the conclusion that there is a striking relation between general hygiene and general health on the one side and the frequency of myopia on the other and the alternative explanations he suggests of this relation are either (1) that a weakly constitution predisposes both to myopia and to various other diseases or (2) that extraneous factors are alike capable of provoking both myopia and various other diseases He believes that both factors are of importance however difficult it may be numerically to apportion the relative importance of each

184 Tests for Hyperphoria

F W MARLOW (*Arch Ophthal* Chicago December, 1936 p 982) points out that both Duane and Maddox emphasized the importance of the covering of an eye to determine hyperphoria and that the latter insisted that the eye should be covered long enough for the deviation to develop In many cases the test is incorrectly applied—the covering is not prolonged sufficiently and the results are disappointing The writer takes exception to the statement in Berens's recent book *The Eye and Its Diseases* that the test is sometimes of value and in other cases induces artificial conditions The short tests described in this book only discover the manifest error whereas prolonged occlusion gives the latent error Thus the short test discloses 20 per cent of hyperphoria in 700 cases whereas by the prolonged test 84 per cent was found in a similar number of observations Of fifty five cases of esophoria as detected by the short test the esophoria increased in 12 per cent decreased in 38 per cent changed to exophoria in 38 per cent and hyperphoria developed in 77 per cent after prolonged covering

185 Acetylcholine in Ocular Affections

VERRIEST (*Arch med belges* November 1936 p 245) reports eight cases of ocular affection of which six were markedly benefited by injections of acetylcholine The action of this drug is less intense but more prolonged than that of amyl nitrite Amaurosis from ischaemia of the retina due to embolism of the central artery quinine progressive atrophy and excessive systemic haemorrhage responds to this type of treatment *Full notes of the eight* cases are given in the paper

186 Eye Changes in Congenital Syphilis

D CATTANEO (*Athena* November 1936 p 465) after quoting authors who have found morbid ocular conditions in 39 48 per cent of cases of congenital syphilis states that in syphilitic foetuses of seven to nine months he has found spirochaetes although practically absent from the retina and fluid media specially common in the sclerotic iris and ciliary body Conjunctivitis in congenitally syphilitic children is not usually associated with the presence of spirochaetes but affections of the lachrymal passages are much more often syphilitic than is usually recognized Although histological evidence points to the almost invariable presence of spirochaetes in the cornea of syphilitic foetuses a coincident keratitis is very rare—the classic keratitis as part of Hutchinson's triad first appears in infancy or adolescence—though Cattaneo has found evidence of congenital lues in 106 of 111 cases

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Syphilitic keratitis may be of anaphylactic rather than of inflammatory origin It was found to be accompanied or followed by iritis or uveitis in 90 per cent of cases Syphilitic iritis is occasionally present in luetic foetuses, of whom one third show choroiditis Ophthalmoscopic evidence of the latter is commonly found in late forms of congenital lues, but has been noted in 10 per cent of syphilitic sucklings, of whom some 75 per cent show a grey colour and a characteristic pigmented ring in the peripapillary zone Other features of choroido-retinitis are yellow, white, or pigmented choroido retinal scars Some two-fifths of those with interstitial keratitis show signs of choroido-retinitis Although it is certain that a large proportion of congenitally luetic subjects show a pallor of the optic disk, this is a sign of general anaemia and not of optic atrophy

Obstetrics and Gynaecology

187 Brachial Endometriosis

E NAVRATIL and A KRAMER (*Klin Wschr* November 28, 1936, p 1765) recall that intraperitoneal endometriosis, most common near the regions developed from the Mullerian ducts is more rarely found in laparotomy scars the navel the groin the labia, and the vagina Recently in one case a typical nodule has been described in the thigh For many extraperitoneal endometrioses a genesis by implantation (according to Sampson's theory) or direct extension is impossible, and the explanation must be found either in a local development from mesenchymal elements or in a passage, as postulated in Halban's theory, of endometrioid tissue along lymphatic vessels R Meyer, although not conceding that lymphatic propagation is frequent, would use it to explain certain extraperitoneal endometrioses, and has written that Halban's theory would find strong support were a case of endometriosis in the upper half of the body to be reported Such a one is here described The patient, a woman aged 25, who two years previously had had abortion induced at the third month for pulmonary tuberculosis, had a tumour the size of a date in the extensor carpi radialis muscle at each menstruation it became painful and tender and increased to double the size Differential diagnosis from ganglion or tuberculous lymphatic gland was assisted by injections of corpus luteum hormone, which deferred by nine days both menstruation and the painful enlargement of the lump There were no clinical signs or symptoms of pelvic disease The excised tumour showed typical endometrioid glands in a chronically inflamed stroma free from non-striped muscle No evidence was found of a relation of the gland tissue to neighbouring blood or lymphatic vessels

188 Internal Haemorrhage from Chorion Epithelioma

According to O BURMESTER (*Zbl Gynak* December 19 1935, p 3021) chorion epithelioma is a rare cause of acute severe intra-abdominal bleeding He records the case of a woman who for six weeks after the removal of a hydatidiform mole during the fifth month of pregnancy had no morbid symptoms or signs except the presence of bilateral adnexal cystic swellings and the persistence, in constant intensity, of the Aschheim-Zondek reaction in the urine Sudden severe internal bleeding then necessitated laparotomy, which revealed haemorrhage from a small subserous nodule of chorion epithelioma Subsequent examination of the uterus, which was not enlarged showed a similar nodule placed opposite the first in the submucous position The patient is in good health twenty-one months after her operation Burmester remarks that if in spite of the absence of morbid signs curetting had been done—by reason of the persisting Aschheim-Zondek test—two or three weeks after delivery of the mole it is probable that the submucous neoplastic zone or part of it would have been removed, the condition diagnosed microscopically, and the patient operated on without having had to experience dangerous internal bleeding

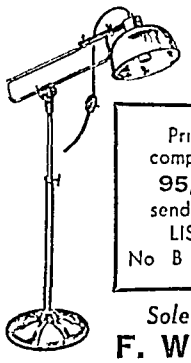
Pathology

189 Placental Autolysis

H MAYEDA (*Acta Sch med Univ Kioto* vol 18, fasc IV, p 210) investigated the formation of lactic acid (dextrorotatory) during the autolysis of the human placenta when *d*-glucose was added Immediately after birth the placenta was freed of the membranes and umbilical cord, minced and well stirred, and divided into four to six portions of 50 grammes The first portion was subjected to *d* lactic acid at once, the rest after four days' digestion with 500 c cm chloroform water and *d*-glucose at 37° C All portions were sterile The first portion was boiled after the addition of 500 c cm of water and 1/2 c cm of concentrated sulphuric acid, the other portions after four days digestion The portions were stood in a water bath until they became a syrupy mass and then mixed with alcohol and allowed to stand for a day, 200 c cm of alcohol were then added to each portion and the extract cooked in a water-bath for thirty minutes, cooled and filtered This was done three times The alcohol was distilled off, the remainder strongly acidified with phosphoric acid and extracted for three days with ether The ether was distilled off, 50 c cm of water added, and the whole warmed in a water-bath with lead carbonate for half an hour, filtered, and the new extract washed with hot water The portions were then extracted with ether again for two days The *d*-lactic acid which remained behind was estimated by the polarimetric method Mayeda was able to show that the formation of *d* lactic acid was markedly increased in those portions of autolysed human placenta to which *d*-glucose had been added

190 Cerebro-spinal Fluid Sugar in Meningitis

N I NISSEN (*Ugeskr Laeg*, December 31, 1936, p 1709) has conducted in a Danish hospital investigations of the sugar content of the cerebro-spinal fluid to ascertain its value in the differential diagnosis of various forms of meningitis and certain other diseases, such as the non-paralytic forms of poliomyelitis The technique adopted was that of Hagedorn and Norman Jensen and it was found that the sugar content of the cerebro spinal fluid could be determined with just as great accuracy as that of the blood Altogether 529 patients were examined and 864 analyses undertaken All the afebrile patients without manifestations of disease of the central nervous system yielded figures between 45 and 65 mg of sugar per 100 c cm of cerebro-spinal fluid after the administration of large quantities of glucose by the mouth In practically all the cases of tuberculous meningitis the corresponding figure was below 40 mg per 100 c cm In most of these cases the figures lay below 30 mg per 100 c cm It will thus be seen that this test gives a valuable clue to the diagnosis of tuberculous meningitis Less instructive were the sugar findings in purulent meningitis in many cases of which normal figures were obtained, cases terminating fatally often showed normal or even high sugar concentration The changes in the concentration of sugar in the cerebro-spinal fluid were quite independent of the morphological and other changes in the cells of this fluid Nor could any relation be established between the sugar and protein contents of the cerebro spinal fluid On the other hand the behaviour of the sugar and the chloridine concentrations in the cerebro spinal fluid showed a well defined parallelism The author concludes that the threshold between benign and malignant meningitis can be put at 40 mg per 100 c cm, any figure below this being exceedingly rare in benign meningitis The determination of the sugar content of the cerebro spinal fluid has now been adopted in his hospital as a routine measure to which he attaches greater diagnostic value than to cytological examinations and protein analyses



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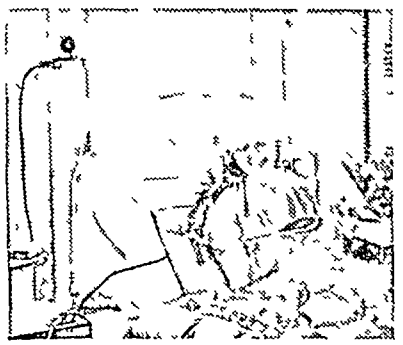
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Reports of Societies

FREQUENCY OF MICTURITION IN THE ADULT

At a meeting of the Hunterian Society held on December 14th, 1936, with MR H L ATTWATER in the chair, the subject for discussion was 'Frequency of Micturition in the Adult'

MR ALEX E ROCHE said that the function of the bladder was to convert a continuous secretion into a discontinuous excretion With complete failure of this pump-like mechanism the urine escaped at once in a constant dribble, as in distension overflow A lesser but commoner degree of bladder failure caused the urine to be expelled not constantly but much more frequently than usual This might interfere with intellectual and other activities and even undermine health by impairing sleep Although male and female bladders were the same in size the female had the greater tolerance, perhaps an adaptation to meet the pressure of pregnancy In assessing the value of the symptom of frequency it was necessary to ask about the patient's usual habit for example, in a male of 50 or over two or three nocturnal micturitions were of little importance if nocturnal micturition was a lifelong habit but if of recent origin they were a symptom of prostate trouble Excessive frequency was due mainly to polyuria or to decreased bladder capacity or both Polyuria might be due either to diuretics including water or to inability of the kidneys to secrete urine of normal concentration the urine being thus of constantly low specific gravity Decreased bladder capacity might be organic or functional The former included external pressure by pelvic swellings such as ovarian cyst loss of distensibility due to muscular hypertrophy fibrotic contraction or infiltration of new growths, and partial occupation of the bladder by stones, growths ureterocele or a constant pool of residual urine Functional decrease of bladder capacity resulted from something ingested or contained in the urine from inflammation of the bladder itself or of neighbouring glands, or from reflex and other nervous influences It was not sufficiently realized that increased frequency might be renal in origin One authority (Kidd) had said that increased frequency was a sign *per excellence* of a diseased kidney rather than of a diseased bladder Insidious and progressive increased frequency was usually the first symptom of renal tuberculosis In bladder growths the first symptom was usually painless haematuria, but in the cystitic type of carcinoma there was usually frequency and pain In papillomas of the bladder the urine was usually clear and frequency normal After touching on the various and careful investigations necessary, MR ROCHE ended with a word or two on the subject of treatment which, he said must be governed by the cause He mentioned the value of instillations and washes with weak silver nitrate, and among drugs tincture of belladonna and sandalwood oil

Neurological Aspects

DR D E DENNY-BROWN said that to the neurologist cases of frequency arising from functional causes were much more common than those arising from organic It was very common in neurosis to find the patients complaining of lack of power of concentration These were the people in whom disturbance or frequency of micturition was found They were people in whom various processes ordinarily subconscious emerged too soon into consciousness. These were cases of a normal bladder which was giving rise to an abnormal sensation—the people were conscious of a desire for micturition and suffered from frequency Many people had frequency all their lives Some had such frequency that any sudden effort was liable to bring about some micturition Some had nocturnal enuresis which was constant, invariable and lifelong These people on examination were found to have an abnormally reactive bladder, usually a small bladder, though he did not think that was important, and they were quite unable to inhibit or suppress the contractions of the bladder at a volume of some 300 or 400 c.cm., or about half the volume which became urgent in the normal person He did not think the capacity of the bladder mattered very greatly There was a great variation in capacity but it was secondary to a variation in degree of ability to control micturition With regard to nervous disturbances of micturition arising from organic causes a common cause was chronic syphilitic meningitis All these were disturbances of frequency of efficient micturition, but there was also frequency of inefficient micturition Such a patient always complained of difficulty in beginning micturition, though he would also say that he felt impelled more often than usual to attempt to pass water These were states of partial retention and resulted from impairment of the connexions between the spinal cord and the vesical plexus

DR J C AINSWORTH DAVIS agreed with MR ROCHE that it was unpardonable to prescribe until a complete urological examination had been carried out Often the frequency was merely a symptom of a serious underlying cause which might be curable in its early stages A condition which caused frequency in women was chronic cervicitis a condition not taken seriously enough by gynaecologists. There was no doubt that if the chronic cervicitis were efficiently treated the frequency would clear up Ordinary douching and local applications were helpful up to a point, but a more thorough treatment by means of diathermy using the coagulating current was indicated

In the course of some further discussion, MR A E PORRITT described a physiological experiment undertaken under standardized conditions the result of which appeared to suggest that the build of the person had some definite relation to the frequency of micturition In a group of twelve men who figured in this experiment those who had the most urgent desire to micturate after a considerable period of retention were the small people and in these also the volume of urine was easily the greatest The deduction was drawn that body surface area had some relation to the rate of production of urine

INDUSTRIAL DISEASE

At a meeting of the Manchester Medical Society on December 2nd, 1936 DR R E LANE opened a discussion on industrial diseases Defining an occupational disease as one arising from and peculiar to a given industry, he gave a practical classification of these conditions

Dr Lane emphasized the importance of the respiratory tract as a portal of entry for industrial poisons He described the difference between the toxicity of a substance *per se* and the extent to which it constituted a health hazard in industry The former was largely dependent on the chemical nature of the compound whereas the danger to health in industry was to a great degree determined by the physical properties of the compounds handled The ease of absorption was a vital point in most industrial poisonings In the motor-body building industry for example lead poisoning had followed the inhalation of fine particles of metallic lead The importance of the physical state of the poisonous substance was illustrated by metal fume fever in which the attack was only brought on by the inhalation of metal fume in a very fine state of subdivision and dispersion If the same fume were allowed to stand for a short time before inhalation fever no longer occurred because a clumping of the very fine particles had taken place although of course the chemical nature of the fume had not altered Finally, Dr Lane stressed the importance of collaboration between medical and other technical experts and suggested that it was essential for the medical profession to be ready with accurate knowledge when consulted by the employer who must be held responsible for the health of his work people

Need for Research

Dr M W GOLDBLATT referred to the general ignorance of the effects of industrial products on the worker Attention was drawn to the dangers often only after calamities had occurred The necessity of systematic research in industrial medicine could not be too strongly emphasized The problem of the worker with some obscure and unsuspected idiosyncrasy might appear acutely at any time, even when the main facts about a given product might have led to the belief that no harmful effects were to be expected Criteria for the detection of susceptible subjects, particularly in regard to skin hazards, should be worked out, and such workers allocated to employment remote from exposure to the, for them, hazardous products It was not sufficient to conclude that a man was suffering from an industrial disease because he presented a symptom of a condition which might arise from his work It was similarly unwise for the dermatologist to conclude that a skin irritation was due to a dyed garment because on previous occasions he had come across cases attributed to this dye This was so because the same name often referred to dyes of very different composition, and unless the dermatologist discovered the precise composition of the particular product involved he was likely to be misled Describing some of the practical difficulties of carrying out investigations in industry, Dr Goldblatt said that the co-operation of managements and workmen could not be obtained unless the investigation did not interfere with production on the one hand and the morale of the workmen on the other The worker, already more than a little suspicious of medical service in industry, had to be handled with extreme care if useful results were to be secured In certain industrial conditions routine blood, urine, and *x*-ray examinations had to be performed on the workers, and the difficulty of organization and administration of schemes to effect these was not readily realized by medical men whose experience was limited to hospital or private practice

Dr DAVIDSON referred to old and new risks in old industrial methods, the new risks following new uses of old poisons, and the dangers of new industrial processes Mr H HEAP indicated how modern views on lead poisoning were being influenced by newer and more accurate methods of chemical analysis, and the need for estimating the many mineral elements that were normally found in the body

OESOPHAGEAL SURGERY

At a meeting of the Royal Medico Chirurgical Society of Glasgow on December 4th, 1936, with the president, Mr G H EDINGTON in the chair, Professor GREY TURNER gave a talk on oesophageal surgery, which was illustrated by lantern slides It was only possible, he said, to deal with some few aspects of the surgery of this out-of-the-way part of the body

Professor Grey Turner first referred to examples of achalasia or cardiospasm which had resisted treatment by dilatation and in which the patients were getting steadily worse He suggested that this condition was found in three stages (1) when it was simply a matter of neuromuscular imbalance, (2) later, when there was some superadded inflammatory trouble, and (3) still later, when inflammatory trouble had led to fibrosis producing an ordinary cicatricial narrowing He gave particulars of cases, probably belonging to Group 1, in which he had merely mobilized the lower end of the oesophagus and in which the patients had been very greatly relieved, although they still suffered occasionally from quickly passing attacks of what they called spasm On that account it would probably be better to combine with operative intervention the denervation of the lower end of the oesophagus, as advocated by Mr Knight In the cases which had gone on to a later stage improvement often followed gastrostomy, but of course that could never be allowed to be permanent, and he had made an anastomosis between the oesophagus and the cardiac end of the stomach in a series of cases with lasting good results

Cardioplasty

In the third group, where there was definite cicatricial narrowing of the lower end, a plastic operation of the nature of cardioplasty had also proved most effective Professor Grey Turner then spoke of the treatment of cases of simple cicatricial stricture in the middle of the oesophagus, which usually followed the swallowing of some corrosive poison He had dealt with six of these cases in which treatment by intermittent dilatation, often carried out by experts under oesophagoscopy, had not succeeded in bringing about lasting relief In his cases he had taught the patients to pass their own bougies and by great patience and perseverance on the part of the house-surgeons and nurses, as well as fortitude on the part of the patient, they had all succeeded so well that they might be looked upon as permanent cures After a time the improvement in the capacity of swallowing introduced a new automatic dilatation, which probably aided the permanence of the instrumental dilatation

Local News

SCOTLAND

Department of Health

Dr James L Brownlie, Chief Medical Officer to the Department of Health for Scotland, who was on sick leave for some time, has now resigned from this post, but his successor has not yet been appointed Dr Brownlie took up the post some four years ago in succession to the late Dr J Parlane Kinloch, having been at that time bacteriologist and pathologist to the county of Lanark A medical student of Glasgow University, he graduated M B, Ch B there in 1913, and after holding resident appointments in the Glasgow corporation hospitals proceeded to the D P H of Cambridge in 1916 and in 1918 to the M D of Glasgow, when his thesis on "The Problem of the Diphtheria Carrier" was highly commended He was for six years assistant bacteriologist in the laboratory of Glasgow corporation and for two years one of the medical officers in the Department of Health before taking up the post of bacteriologist to the county of Lanark He has contributed numerous papers to current medical literature

St Andrews Institute for Clinical Research

The seventeenth annual report of the Sir James Mackenzie Institute for Clinical Research at St Andrews dealing with the year to October, 1936, emphasizes the general purposes for which this Institute exists—namely, to investigate disease before the occurrence of structural changes in the body, to investigate symptoms and minor maladies, to study conditions under which patients live, and to conduct research into the early symptoms of consumption and of ill-health in children During the year sixty-two new cases were recorded and further notes were added to 967 cases already under observation A classification of the records at the end of the year showed that additions had been made in steady sequence to 52 per cent, while 25 per cent required bringing up to date and in 23 per cent contact with the patients had been lost In the children's department the Institute continues the records made up to the age of 2 years by the child welfare centre of the local authority and continues a series of notes on the children several times each year until these come under the school medical service The report claims that the organization of the Institute has anticipated many of the recommendations now made by the recent Departmental Committee on Scottish Health Services, for it has conducted during several years in St Andrews a medical

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HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE

It is anticipated that not less than 30 vacancies for Medical Officers will occur in 1937. The majority of these will occur in Tropical Africa and in Malaya.

QUALIFICATIONS—Candidates must be British subjects of European parentage under 35 years of age and must possess a medical qualification registrable in the United Kingdom. Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anæsthetics, radiology, surgery, medicine, ophthalmology, gynæcology, and midwifery, diseases of the ear, nose and throat, venereal diseases, etc.

SALARY—Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1,000 and £1,200.

PRIVATE PRACTICE—Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions.

QUARTERS—In Tropical Africa free quarters or an allowance in lieu are provided. In Malaya quarters are provided at an annual rental not exceeding 6 per cent. of the officer's salary.

PASSAGES—Free first class passages are provided on first appointment and when proceeding on and returning from leave. Assistance is also given towards family passages.

TERMS OF APPOINTMENT—The appointments are pensionable, subject to a probationary period which varies from two to three years.

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE—Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas.

DUTIES—Although Medical Officers are appointed in the first instance for general service there are opportunities for work in special branches of medicine and surgery, in public health and in medical research.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S.W.1.

HIS MAJESTY'S COLONIAL SERVICE

Applications are invited for the post of CHIEF MEDICAL OFFICER, BARBADOS.

Candidates who must not be more than 48 years of age must be on the British *Medical Register* and should possess a Diploma in Tropical Medicine and Hygiene. Salary £1,000 per annum. The appointment is pensionable subject to two years' probation. Quarters and passage are not provided.

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S.W.1.

COUNTY BOROUGH OF BLACKBURN

PUBLIC ASSISTANCE DEPARTMENT

Applications are invited from Medical Practitioners (male) for the appointment of a RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER at QUEEN'S PARK HOSPITAL AND INSTITUTION.

The Staff consists of a Resident Medical Officer, a Resident Assistant Medical Officer, a Consulting Surgeon, a Laboratory Assistant and an X-Ray Attendant.

There is a separate Infirmary, a separate Mental Block and a separate Sanatorium for children, and there is opportunity for experience in all departments, including Medical, Surgical and Midwifery cases. An X-Ray apparatus is installed.

The person appointed will be required to devote his whole time to the duties, and also to act as may be directed by the Resident Medical Officer.

The appointment will be limited to a term not exceeding one year.

Salary for the first six months at the rate of £150 per annum, and thereafter at the rate of £200 per annum, together with board, apartments, washing, [illegible] allifications and [illegible]ies of not more [illegible]mu t le ent so as to reach the Public Assistance Officer, Public Assistance Offices, Cardwell Place, Blackburn, not later than 10 a.m. on March 8th.

Town Hall, Blackburn. February, 1937.

CHAS. S. ROBINSON, Town Clerk.

COUNTY BOROUGH OF IPSWICH

MEDICAL OFFICERS OF HEALTH

The Council invite applications from persons not exceeding 45 years of age for the appointment of Medical Officer of Health for the Borough.

The commencing salary will be at the rate of £1,000 per annum together with a motor car allowance of £60 per annum.

The person to be appointed must be a legally qualified Medical Practitioner and registered in the *Medical Register* as the holder of a Diploma in Sanitary Science, Public Health or State Medicine.

The appointment will be subject to the approval of the Minister of Health and the Board of Education to the provisions of the Local Government and Other Officers' Superannuation Act, 1922, and to the successful candidate passing the necessary medical examination.

The person appointed must reside within the Borough. The appointment is terminable by three calendar months' notice in writing on either side.

The person appointed will be responsible for [illegible] imposed on the [illegible]er relevant the [illegible]l required to Acts [illegible]dmini trative act [illegible]ntendent of Town [illegible] Centres the Maternity [illegible]ospital and [illegible]officer to the Port Examiner of Entrants, and to perform such other duties as may from time to time be prescribed by the Council. He must devote his whole time to the duties of the office and will not be allowed to engage in private practice.

Forms of application and particulars with regard to the appointment may be obtained from the Medical Officer of Health, Public Health Department, Elm Street, Ipswich, and applications must be delivered to the undersigned not later than 12 noon on March 31st, endorsed "Appointment of Medical Officer of Health," in an envelope marked "Appointment of Medical Officer of Health."

Canvassing members or officers of the Council in any manner whatsoever is prohibited and will disqualify candidate.

Town Hall, Ipswich. February 27th, 1937.

V. MOFFAT, Town Clerk.

COUNTY COUNCIL OF MIDDLESEX

DISTRICT MEDICAL OFFICER AND PUBLIC VACCINATOR, SHEPPERTON AND LITTLETON

The County Council invite applications from duly qualified Medical Practitioners for the undermentioned appointment.

District Medical Officer for the Shepperton and Littleton Medical Relief District. Salary £50 per annum, plus the cost of expensive drugs and fees in respect of attendance at confinements and for the services of another Medical Practitioner to administer chloroform or other anæsthetic for minor operations (e.g., [illegible] fingers, abscesses).

The officer appointed will be required to carry out his duties in accordance with the Public Health Acts, the Vaccination Order, 1930, of the Minister of Health, to reside in the district unless the Council otherwise determine, and to name to the Council some duly qualified Medical Practitioner who will, in the case of his absence or other hindrance to his personal attendance, act in his place.

Public Vaccinator for the [illegible]o 54, Shepperton and Littleton Vaccination District. The person appointed will be required to produce to the Council a certificate of proficiency in vaccination, except in a case in which such certification was required as a condition of claiming any diploma, licence or degree which he possesses. He will be required also to enter into a written contract with the Council in accordance with the Vaccination Order, 1930, of the Minister of Health. The contract will provide for the payment of the scale of fees laid down by the County Council.

The person or persons engaged will not have any superannuation rights under the County Councils superannuation scheme.

Application, stating age, qualifications, and experience, accompanied by copies of not more than three recent testimonials, must be received by the undersigned not later than March 15th. Special application form, [illegible] provided. Envelope to be endorsed "Z. District Medical Officer and/or Public Vaccinator."

Canvassing directly or indirectly will be a disqualification.

C. W. RADCLIFFE, Clerk of the County Council. Middlesex Guildhall, Westminster, S.W.1. February 23rd, 1937.

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LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners to undermentioned positions

ASSISTANT MEDICAL OFFICERS (Grade I)—Salary £350—£25—£425 with board lodging and washing. Candidates must be medical practitioners of at least one year's standing. Experience in resident appointment in general hospital necessary. Married quarters not available.

*(a) HACKNEY HOSPITAL, High Street, Homerton, E 9.—Duties mainly in out-patient, casualty department, experience in minor surgery and treatment of fractures essential.

*(b) MILE END HOSPITAL, Bancroft Road, Mile End, E 1.—Duties mainly surgical.

*(c) ST. GILES HOSPITAL, Brunswick Square, W.C. 1.—General duties, emergency surgery, anæsthetics.

(d) ST. JAMES'S HOSPITAL, Ouseley Road, Balham, S.W. 12.—Duties obstetrical and gynæcological.

*(e) ST. MARY ABBOTS HOSPITAL, Marloes Road, Kensington, W. 8.—Duties obstetrical and gynæcological.

*(f) ST. MARY, ISLINGTON, HOSPITAL, Highgate Hill, N. 19.—Duties mainly medical, anæsthetics essential, electrotherapeutics desirable.

(g) ST. OLAVE'S HOSPITAL, Lower Road, Rotherhithe, S.E. 16.—Duties general surgery, fracture and orthopædic work, ear, nose and throat experience desirable.

*No accommodation for a woman.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division 2A, County Hall, S.E. 1, returnable by March 22nd. Canvassing disqualifies.

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing, to undermentioned positions.

ASSISTANT MEDICAL OFFICERS (GRADE II).—Salary £250 a year, together with board, lodging, and washing. Appointment for one year only in first instance (renewable for a second year under certain conditions). Candidates must have held a resident appointment in a General Hospital for at least six months. The duties at each Hospital are mainly medical.

FULHAM HOSPITAL, St. Dunstan's Road, Hammersmith, W. 6.

HACKNEY HOSPITAL, High Street, Homerton, E. 9. Experience in Anæsthetics and Antenatal work.

HIGHGATE HOSPITAL, Dartmouth Park Hill, N. 19. Position at present non-resident. Non-residential allowance of £120.

NEW END HOSPITAL, Hampstead, N.W. 3.

ST. CHARLES'S HOSPITAL, St. Charles Square, Ladbroke Grove, W. 10.

ST. CLEMENT'S HOSPITAL, 2a, Bow Road, E. 3.

ST. OLAVE'S HOSPITAL, Lower Road, Rotherhithe, S.E. 16.

No accommodation for a woman.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division 2A, County Hall, S.E. 1, returnable by March 15th. Canvassing disqualifies.

CITY OF MANCHESTER

BOOTH HALL HOSPITAL FOR CHILDREN (760 Beds)

The Public Health Committee invites applications from registered Medical Practitioners for the post of DEPUTY MEDICAL SUPERINTENDENT at the above-named Hospital. Age limit 45 years.

Salary £550 per annum, with board, residence and laundry in addition, subject to the Manchester Corporation conditions of service.

Full information and forms of application may be obtained from the Medical Officer of Health, Sunlight House, Quay Street, Manchester 3, and applications for the post must be received by him not later than March 20th.

Town Hall, Manchester 2. J. F. WARBRECK HOWELL, Town Clerk.
March 2nd, 1937.

CITY AND COUNTY OF NEWCASTLE-UPON-TYNE

NEWCASTLE CENTRAL HOSPITAL (795 Beds)

ONE HOUSE SURGEON (Male)

The above post will become vacant on April 1st, and applications are invited from duly qualified and registered Medical Practitioners.

The salary in respect of the appointment which is tenable for six months is at the rate of £150 per annum with board, lodging, etc.

Applications, stating age and qualifications, together with copies of not more than three recent testimonials, must be submitted to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, 1.

March 2nd, 1937.

LONDON COUNTY COUNCIL

RESIDENT MEDICAL SUPERINTENDENTS required at

(1) ST. CHAD'S HOSPITAL, Brunswick Square, Camberwell (810 Beds). Salary £1,300 by £50 to £1,550 and unfurnished house free of rates. Duties may also include those of temporary medical officer of Camberwell Institution and of Peckham Children's Homes at £50 and £25 a year respectively.

(2) ST. ALFEGE'S HOSPITAL, 48, Vanbrugh Hill, Greenwich (634 beds). Salary £1,100 by £50 to £1,350 with unfurnished quarters free of rates. Duties also include those of temporary administrative and medical head of St. Alfege's Institution (826 beds) at £100 a year.

Persons appointed will be under the Medical Officer of Health, and must undertake duties at other establishments if so required. Candidates must have been qualified Medical Practitioners for at least five years, have been house physician or house surgeon in a public general hospital, and be experienced in Hospital administration.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Clerk of the Council, County Hall, S.E. 1, returnable by March 25th. Canvassing, disqualifies.

LONDON COUNTY COUNCIL

TEMPORARY DISTRICT MEDICAL OFFICER required for Area V., District B (City of Westminster).—Provisional salary £150.

Person engaged required to carry out duties prescribed by Public Assistance Order 1930, and to reside in or near district. Employment until March 31st, 1938, in the first instance. Remuneration and conditions subject to review.

Application form obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division 2A), County Hall, S.E. 1, returnable by March 15th. Canvassing, disqualifies.

HOLLAND (LINCS.) COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified and registered Medical Practitioners holding the Diploma in Public Health or an equivalent qualification for the post of Assistant Medical Officer of Health (male). Candidates must not exceed 40 years of age.

The person appointed who must have had Post-graduate experience in Radiography and in the diagnosis and treatment of Tuberculosis will be required to carry out all the duties assigned to him by the County Medical Officer under whose direction and supervision he will act. He will be required to devote the whole of his time to the duties of the office and to reside in such part of the County as may be required. He will not be allowed to engage in private practice.

The salary will be £600 per annum rising by increments of £25 per annum to a maximum of £750 per annum, together with travelling expenses according to the Council's scale.

Application which must be made on a form obtainable from the undersigned together with copies of not more than three recent testimonials should be sent to the County Medical Officer of Health, County Hall, Boston, not later than March 15th.

County Hall, Boston. W. C. BOOTH, County Medical Officer of Health.
March 2nd, 1937.

STAFFORDSHIRE COUNTY COUNCIL

BACTERIOLOGICAL AND PATHOLOGICAL LABORATORY

SECOND ASSISTANT BACTERIOLOGIST AND PATHOLOGIST

Applications are invited from legally registered Medical Practitioners under 40 years of age for the post of Second Assistant Bacteriologist and Pathologist.

Previous post-graduate experience in either Bacteriology or Pathology is essential, but the person appointed will be expected to become proficient in due course in all the branches of the routine work of the laboratory. Adequate technical assistance is provided.

Reasonable opportunity for research will be afforded.

Commencing salary £700 per annum rising by annual increments of £50 to a maximum of £850, subject to the usual deductions under the Local Government and Other Officers' Superannuation Act, 1922. The appointment will be terminable by three months' notice on either side.

The successful candidate will be required to pass a medical examination and submit a birth certificate.

Applications, together with copies of three recent testimonials to be received by me on or before Saturday, March 20th.

County Buildings, Stafford. H. I. UNDERWOOD, Clerk of the County Council.
February 22nd, 1937.

COUNTY COUNCIL OF MIDDLESEX

PHYSICIAN

Applications are invited from registered medical practitioners for the position of Physician to the COUNTY SANATORIUM, [illegible] are expected to hold [illegible] to have devoted [illegible] to the practice of [illegible] special experience [illegible] scholarship [illegible].

The successful candidate will work under the direction of the Medical Superintendent and the whole of his time must be given to his official duties. He must be prepared to act as consultant to general medical practitioners outside the sanatorium if called upon to do so, to undertake the teaching of post-graduate students if required and to carry out such other duties as the Council may from time to time direct.

The appointment is non-resident and the successful candidate will be required to reside within a short distance of the sanatorium. The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by three months' notice on either side.

Salary £1,000 per annum (including hire of out allowance of £150 per annum) rising by annual increments of £50 to £1,500. The salary is inclusive and any fee received by the officer appointed must be paid over to the Council.

The Harefield County Sanatorium, which accommodates 378 patients (men, women and children), has just been completely rebuilt and embodies many new features in hospital construction.

Applications stating age, qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than March 20th. Application form and prepaid Envelopes must be endorsed "Physician, Harefield County Sanatorium."

Canvassing directly or indirectly will be a disqualification.

C. W. RADCLIFFE,
Middlesex Guildhall, Westminster, S.W. 1. Clerk of the County Council.
March 1st, 1937.

SURREY COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER

Applications are invited for the appointment of an Assistant Medical Officer (male). Applicants must possess a qualification in Public Health and have had experience in the Medical Inspection of School Children, Maternity and Child Welfare, and the conduct of a Venereal Diseases Clinic. The officer appointed will be required to undertake such other Public Health duties as may be allotted to him. He will be on the staff of the County Medical Officer of Health, must reside in the County of Surrey, and devote his whole time to the work. Salary £600 per annum rising by annual increments of £20 to £700 per annum. Travelling expenses in accordance with the Council's scale will be allowed.

The appointment will be subject to the approval of the Ministry of Health and of the Board of Education to the necessary candidate passing a medical examination to the provisions of the Local Government and Other Officers' Superannuation Act, 1922, and to the Staffing Regulations of the Council which provide *inter alia* that appointments may be determined at any time by three months' notice.

Applications stating age, qualifications and experience, together with copies of three recent testimonials, should be made on the prescribed form and sent to the County Medical Officer of Health, County Hall, Kingston-upon-Thames, from whom copies of the application form may be obtained and to whom any inquiries relating to the appointment should be addressed.

Last day of receipt of applications, March 20th.

Canvassing directly or indirectly will disqualify.

County Hall, Kingston-upon-Thames. DUDLEY AUSTIN, Clerk of the County Council.

MANCHESTER

[illegible] This Hospital is recognised by the Royal College of Surgeons of England for the Surgical Practice.

HOUSE SURGEON (General) required to commence duty on April 1st. Appointment for six months. Salary at the rate of £100 per annum with board, residence, and laundry. Applications stating age, qualifications and previous experience (if any), to be forwarded to the undersigned on or before March 15th, together with copies of three recent testimonials.

By order of the Board,
HERBERT J. DARLOW,
Gen. Supt. and Secretary.

BARNWOOD HOUSE
GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS Within two miles of the G W Railway and L M & S Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom It is beautifully situated at the foot of the Cotswold Hill and stand in its own grounds of over 300 acres Voluntary Patients of both sexes are also received for treatment

Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE which has its own private grounds and is entirely separate from the Main Hospital

For particulars as to terms etc apply to— ARTHUR TOWNSEND M D Medical Supt
Telephone No 6207 Barnwood

HILL END HOSPITAL
FOR MENTAL AND NERVOUS DISORDERS
(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on modern lines as Voluntary Temporary or Certified Private Patients at the Hill End Hospital Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL

situate about a mile away from the Hospital FEES TWO TO THREE GUINEAS PER WEEK
For further particulars apply to the Medical Supt W J T KIMBER L R C P D P M
ST ALBANS, HERTS

FENSTANTON,
CHRISTCHURCH ROAD
STREATHAM HILL S W 2

A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders Certified Voluntary and Temporary Patients received Large Mansion with 12 acres of grounds (See *Medical Directory* p 2312) Apply Resident Physician *Telephone* Tulse Hill 7181

HOME FOR EPILEPTICS
MAGHULL (near LIVERPOOL)
Chairman Brig Gen G Kyffin Taylor C B E V D D L

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses

FEES 1st Class (men only) from £3 p w upwards 2nd Class (men and women) 32/ p w

For further particulars apply

C EDGAR GRISEWOOD Secretary
20 Exchange Street East Liverpool

HEIGHAM HALL, NORWICH

A PRIVATE MENTAL HOME situated in 13 acres of well wooded grounds For Ladies and Gentlemen suffering from Nervous or Mental Illness Voluntary Patient Temporary Patients and Patients under Certificate are admitted for treatment Fee from 4 guineas a week upwards according to requirement A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician Apply to Dr F V SMALL Telephone 80 Norwich
Telegram Small 80 Norwich

BAILBROOK HOUSE
BATH

For sufferers from Nervous and Mental Disorders with or without certificates

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory* page 2322)

For terms apply A GURDHAM M A D M B Ch D P M Resident Physician
Telephone Bathea ton 8189

STRETTON HOUSE,
Church Stretton Shropshire

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcohol m and the Drug Habit All type of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act 1930 Bracing Hill country See *Medical Directory* p 2328—Apply to Medical Superintendent Phone 10 P O Church Stretton

ST ANDREW'S HOSPITAL
FOR MENTAL DISORDERS
NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C M G A D C

Medical Superintendent DANIEL F RAMBAUT M A M D

This registered Hospital is situated in 120 acres of park and pleasure ground Voluntary patients who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble temporary patients and certified patients of both sexes are received for treatment Careful clinical biochemical bacteriological and pathological examinations Private rooms with special nurses male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE

This is a Reception Hospital in detached ground with a separate entrance to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders It contains special department for hydrotherapy by various method including Turkish and Russian baths the prolonged immersion bath Vichy Douche Scotch Douche Electrical bath Plombieres treatment etc There is an Operating Theatre a Dental Surgery an X ray room an Ultra Violet Apparatus and a Department for Diathermy and High Frequency treatment It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat fruit and vegetables are supplied to the Hospital from the farm garden and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

BRYN-Y-NEUADD HALL

The seaside house of St Andrew's Hospital is beautifully situated in a Park of 330 acres Llanfairfechan amidst the finest scenery in North Wales On the North West side of the Estate a mile of sea coast forms the boundary Patients may visit this branch for a short seaside change or for longer period The Hospital has its own private bathing house on the sea shore There is trout fishing in the park

At all the branches of the Hospital there are cricket ground football and hockey grounds lawn tennis court (grass and hard courts) croquet grounds golf courses and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicrafts such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment.

COURT HALL, KENTON, near EXETER,
for the treatment of eight Ladies voluntary temporary or certified patients
Large gardens and own dairy

CLIFFDEN TEIGNMOUTH for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon Coast Sub tropical gardens own dairy in 25 acres Private road to beach

Telephones
Resident Physicians BERTHA M MULES M D B S ANNE S MULES M R C S L R C P
Starcross 59
Teignmouth 289

NORTHUMBERLAND HOUSE,
GREEN LANES, FINSBURY PARK N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification Occupational Therapy Psychotherapy and other modern forms of treatment

Telephone STAMFORD HILL 2088 Telegrams SUBSIDIARY LONDON
Convalescent Home KEARSNEY COURT DOVER For further particulars apply to the Medical Superintendent

THE COPPICE, NOTTINGHAM
HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received Tel 64117 *For terms etc apply to the Medical Superintendent*

HAYDOCK LODGE
NEWTON-LE-WILLOWS, LANCASHIRE

Telegraphic Address Street Ashton in Makerfield *Telephone* Ashton in Makerfield 3211

For the reception and treatment of PRIVATE PATIENTS of both sexes of the LIBERALLY MIDDLE CLASSES suffering from mental and nervous disease either voluntarily or under Certificate Patients are classified in separate buildings according to their mental condition

Situated in park and ground of 400 acres farm and garden In which patients are encouraged to occupy indoor and outdoor recreation For terms prospectus etc apply

AMENDED ADVERTISEMENT

CITY OF NOTTINGHAM

APPOINTMENT OF RESIDENT MEDICAL SUPERINTENDENT OF THE CITY HOSPITAL AND MEDICAL OFFICER OF THE CITY INSTITUTION

The Nottingham City Council invite applications from duly qualified persons for the appointment of Resident Medical Superintendent of the City Hospital and Medical Officer of the City Institution

Salary £1,000 per annum. An unfurnished house free of rent and rates will be provided but no other emoluments are offered

The person appointed will not be allowed to engage in private practice and all fees received by him will be required to be paid to the Council

The duties will be carried out under the general supervision and control of the Medical Officer of Health

Applicants in addition to possessing the usual professional qualifications must have held the position of House Physician or House Surgeon in a public general Hospital and have had considerable experience as a Medical Officer in a Poor Law Infirmary or similar Institution. Administrative experience and ability is essential

Further particulars as to the terms of the appointment and of the duties to be performed in connection therewith may be obtained on application to the undersigned and the successful candidate will be deemed to have had notice of and to have accepted such terms

The appointment will be subject to the Superannuation Scheme in force and the successful candidate will be required to pass a medical examination

Application stating age, qualifications and full particulars of present and past experience, to*gether with copies* (which will not be returned) of not more than three recent testimonials endorsed *Resident Medical Superintendent* to be delivered at my office not later than March 22nd next

Canvassing whether directly or indirectly is prohibited and will be deemed a disqualification

Dated this 26th day of February 1937

Guildhall, Nottingham — J. E. RICHARDS, Town Clerk

CITY OF PLYMOUTH

CITY GENERAL HOSPITAL (570 Beds)

JUNIOR ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Medical Women for the post of Junior Assistant Medical Officer at the City Hospital, Plymouth

Salary will be at the rate of £250 per annum with full residential emolument. All the fees received by the officer must be refunded to the Council

The appointment will be for a period of six months in the first instance and renewable for a further period of six months and will be terminable by one month's notice on either side

Form of application may be obtained from the undersigned and should be forwarded together with copies of not more than three recent testimonials not later than Monday, March 15th

T. PEIRSON, Medical Officer of Health

Town Hall, Stonehouse, Plymouth

RESIDENT MEDICAL OFFICER BRITISH male single required for one of the branches of the BIRMINGHAM GENERAL DISPENSARY. Applicants should be Graduates in Medicine and Surgery of a British University and preferably have had some experience of General Practice. Salary £450 per annum rising by annual increments of £25 to a maximum of £550 per annum with quarters and attendance but not board. Duty surgery at 2 p.m. doors closed 4 p.m. except Wednesday half day. Home cases mornings. No midwifery. Night calls rare

Application accompanied by copies (only) of not less than three nor more than five testimonials all of which must bear the original date giving particulars of age, training and experience, should be sent to the undersigned forthwith

By Order of the Committee
ERIC W. HOOK, M.D.M., Secretary

Birmingham General Dispensary, Steelhouse Lane, Birmingham 4

THE WEIR HOSPITAL
Grove Road, Balham, S.W.12

JUNIOR RESIDENT MEDICAL OFFICER required at the end of March (male unmarried). Candidates must be fully qualified and duly registered. Salary £150 per annum with board, residence and laundry. Application with copies of testimonials to be sent to the Secretary from whom further information may be obtained.

LANCASHIRE COUNTY COUNCIL

BIDDULPH GRANGE ORTHOPAEDIC HOSPITAL

Applications are invited from duly qualified and registered Medical Practitioners (unmarried) for the post of JUNIOR HOUSE SURGEON at the above Hospital which contains 88 beds

Salary is at the rate of £200 per annum together with board, residence and laundry

Preference will be given to candidates who have held *residence Hospital appointment* and who are competent to anæsthetise. The appointment will be for a *period of six months in the first instance* and for a further six months at the option of the Council but will not be renewable after that time

Application with copies of two recent testimonials should be sent not later than March 11th to Dr. F. HALL, School Medical and Child Welfare Department, County Offices, Preston

Duties to commence as soon as possible

County Offices, Preston, February 22nd, 1937 — GEORGE ETHELSTON, Clerk of the County Council

HULL ROYAL INFIRMARY

Applications are invited from registered Medical Practitioners for the post of HOUSE SURGEON (male) to the Ophthalmic and Ear, Nose and Throat Department, vacant March 15th

Salary at the rate of £150 per annum plus board, residence and laundry

The post is recognised by the Conjoint Board of the Royal Colleges for the Clinical work required in the regulations for the Diploma in Ophthalmic Medicine and Surgery and Laryngology and Otology

The appointment will be for six months but will be determinable at any time by one month's notice on either side

Application giving particulars of age, experience and nationality, together with copies of recent testimonials, should be addressed to the undersigned

March 1st, 1937 — P. J. CAPLESS, *House Governor*

HARROGATE ROYAL BATH HOSPITAL

(Special Hospital for Rheumatic & Allied Diseases) (150 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties as soon as possible

Salary at the rate of £156 per annum with board, residence and laundry

Exceptional *facilities for research or preparation of thesis*

Application *stating qualifications*, age, etc., with copies of recent testimonials should be forwarded to the undersigned

E. P. L. DIXON, M.A., Secretary

HOSPITAL FOR WOMEN AT LEEDS

HONORARY ANÆSTHETIST

Applications are invited for the post of Honorary Anæsthetist to the above Hospital and should be *sent together with copies* of three recent testimonials to the undersigned not later than Tuesday, March 16th

D. W. CURRIE, F.R.C.S., Secretary to the Faculty

Hospital for Women, Leeds, 2

HEREFORDSHIRE GENERAL HOSPITAL HEREFORD (150 Beds)

Immediate applications are invited for the post of HOUSE SURGEON AND CASUALTY OFFICER (male)

Salary at the rate of £100 per annum with board, residence and laundry

Application *stating age and qualifications* together with copies of three recent testimonials *should be sent immediately* to the undersigned

T. W. UPTON, Secretary

VICTORIA HOSPITAL, BLACKPOOL (180 Beds)

HOUSE PHYSICIAN (male) required immediately

Duties will include charge of Ophthalmic case

Appointment for six months. Salary at the rate of £200 per annum with board, residence and laundry

Application with copies of three recent testimonials should be sent immediately to General Superintendent

WORCESTER ROYAL INFIRMARY

Application are invited for the post of HONORARY ANÆSTHETIST at the above Institution

Applicant must be duly qualified and registered Medical Practitioner

Application with copies of not more than three testimonials in duplicate to be forwarded to the undersigned not later than Monday March 8th

A. P. WISE, Supt. Secretary

ROYAL VICTORIA INFIRMARY NEWCASTLE-ON-TYNE (758 Beds)

Applications are invited for the post of whole-time JUNIOR SURGICAL REGISTRAR

The appointment are intended for Graduates who desire to gain Surgical experience and who have already held a post as House Surgeon. The post offers opportunity for Post Graduate study

The appointment which will commence on Monday, April 5th will in no case extend be one three years and will be for one year in the first instance renewable for two further periods

The rate of remuneration is £150 per annum

Application with copies of not more than three recent testimonials must be received on or before Monday, March 22nd by the undersigned from whom further particulars may be obtained

S. DUNSTAN, House Governor & Secretary

March 1st, 1937

COUNTY MENTAL HOSPITAL, LANCASTER

[illegible] for the post of [illegible] RICER (Lad[illegible]) [illegible] age and under 35 [illegible] Salary £200 rising by annual increment of £5 to £600 with further increases on promotion subject to a deduction of 5 per cent. under the Provident Officers Superannuation Act. There are no emoluments

The elected candidate will be required to live in the Hospital, which will be provided with board, lodging, etc., for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the officer to an additional £50 per annum

Application giving full particulars with testimonials (copies only) should be forwarded at once to the Medical Superintendent

ROYAL DEVON AND EXETER HOSPITAL EXETER

HOUSE SURGEON (Male) to the Ear, Nose and Throat Department

Applications are invited for the post which becomes vacant on April 1st

The appointment is for six months but candidates are eligible for re-election

Salary at the rate of £150 per annum with board, lodging and washing

Application giving particulars as to age and qualification, together with copies of three *recent testimonials should be sent* to the undersigned on or before Tuesday, March 16th inst.

S. S. COLE, Secretary & Manager

March 2nd, 1937

ROYAL BERKSHIRE HOSPITAL READING (308 Beds)

Applications are invited for the following resident appointments

ONE HOUSE SURGEON (male) immediately

ONE CASUALTY OFFICER (male) immediately

ONE HOUSE SURGEON to the Special Departments (Ear, Eye, Nose and Throat) (male) vacant May 1st

Appointments are for six months, and candidates must be fully qualified and registered

Remuneration at the rate of £150 per annum with board, residence and laundry

Applications stating age and experience with copies of testimonials to be sent to the undersigned as soon as possible

H. E. RYAN, Sec. & House Governor

THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION, GLOUCESTER (220 Beds—5 Resident)

Applications are invited for the post of HOUSE SURGEON (male) to the Ear, Nose and Throat Department. Salary at the rate of £150 per annum with board, residence and laundry

The Hospital is recognised by the D.L.O. and the R.C.S. Final Examination

The appointment is for six months with a view to extension for similar period by re-election from time to time

Applications to be in not later than Wednesday, March 10th and the successful candidate to enter upon his duties at once

F. J. SIMMONS, Secretary

February 11th, 1937

OLDHAM ROYAL INFIRMARY

CASUALTY OFFICER AND HOUSE SURGEON for the Ear, Nose and Throat Department, for a period of six months

Salary at the rate of £150 per annum, with board, residence and laundry

Application stating age, experience and qualifications, together with copies of three recent testimonials, must be forwarded to the undersigned not later than Thursday, March 11th

H. J. CLOUT, General Superintendent

BETHLEM ROYAL HOSPITAL, for Nervous and Mental Disorders,

Monks Orchard, Monks Orchard Road, Eden Park, Beckenham, Kent

Reg Tel Address Bethlem Beckenham *Telephone* Springpark 1180 1181

Station Eden Park (Southern Railway)

President VISCOUNT WAKEFIELD OF HYTHE C C V O
Treasurer SIR LIONEL LAUDER-PHILLIPS Bart
Physician Supt J G PORTER PHILLIPS M D, F R C P

This Registered Hospital is now situated at Monks Orchard in some 250 acres of park pleasure and farm grounds. Applications can be considered on behalf of patients of the educated classes in a presumably curable condition

With a view to early treatment voluntary or uncertified patients are admitted

Patients who can contribute 5 guineas weekly towards the cost of treatment and maintenance may be received as vacancies arise The Committee will also consider applications for admission at lower rates and in certain cases will be prepared to admit patients free of charge

Every facility for specialized investigation and treatment is provided in the Lord Wakefield Science and Treatment Unit In this unit is found A Ray and Dental Departments and the Bio-Chemical Pathological and Psychological Laboratories

Furthermore provision is made for Electro Therapy and Hydro Therapy to be carried out in all their forms and Occupational Therapy under competent instruction is encouraged

In addition to the Resident Medical Staff Consultants in special branches of medicine and surgery are available whenever required The comfort of sensitive patients is greatly enhanced by the fact that the majority are given single bedrooms

For forms and further particulars apply to the Physician Superintendent at the Hospital

NEW LODGE CLINIC, WINDSOR FOREST

This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a "team" of physicians and specialists

All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism, arthritis, anaemias, asthma, heart and kidney disease and functional and organic nervous disorders Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest, Berks Telephone 181 and 182 Winkfield Row

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villas Chapel Garden and dairy produce from own farm Terms very moderate

CONVALESCENT HOME at BOURNEMOUTH Detached Villas standing in 12 acres of ornamental grounds with tennis courts etc which Voluntary Temporary or Certified Patients may visit by arrangement for long or short periods

Illustrated Brochure on application to the Medical Superintendent, The Old Manor, Salisbury Telephone

CALDECOTE HALL

NUNEATON

WARWICKSHIRE

(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L M S R) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A E CARVER M D D P M Resident Medical Superintendent

CAMBERWELL HOUSE, 33, Peckham Road, London, S.E.5.

Telegrams PSYCHOLOGY LONDON

FOR THE TREATMENT OF MENTAL DISORDERS

Telephone RODNEY 4 4 [illegible]

Also completely detached villas for mild cases, with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets, Recreation Hall with Badminton Court and indoor amusements including Wireless and other Concerts Occupational Therapy, Callisthenics and Dancing Classes Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery, and Ophthalmic Chapel Senior Physician, Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants

An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary

The Convalescent Branch is HOVE VILLA, BRIGHTON, and is 200 feet above sea level

CHEADLE ROYAL HOSPITAL,

CHEADLE, CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of the of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and [illegible] and a court for badminton There are also wireless installations Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London

For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT

Telephone CATHEDRAL 2231 (3 lines)

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15.

Telegrams "Alleviated, London" Telephone Rodney 2641-2642

The above House which was established in 1826, is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified, voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch, Kearsney Court near Dover, to which patients may be sent for treatment or on holiday Motor and carriage exercise provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week

Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

BOROUGH AND PORT SANITARY DISTRICT OF LOWESTOFT

APPOINTMENT OF MEDICAL OFFICER OF HEALTH & SCHOOL MEDICAL OFFICER

The Town Council of Lowestoft hereby give notice that they intend at an early date to appoint a Medical Officer of Health and School Medical Officer for the above named Borough and Port Sanitary District and they invite applications for the appointment

The salary will be at the rate of £900 per annum rising subject to satisfactory service by annual increments of £35 6s 8d to a maximum of £1 000 per annum which salary will be apportioned in respect of the various offices

An allowance of £60 per annum will be paid if the officer regularly uses his own car in the service of the Council

Further particulars of the duties terms and conditions of the appointment together with a form of application may be obtained by sending a stamped and addressed envelope to the undersigned Application must be made on the prescribed form and enclosed in a foolscap envelope endorsed Medical Officer and must reach the undersigned not later than Friday March 19th

Canvassing directly or indirectly, will be deemed a disqualification

By Order

Town Hall C ASHTON STRAY,
Lowestoft Town Clerk
March 3rd 1937

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals)

Applications are invited from gentlemen for the post of ASSISTANT RESIDENT SURGICAL OFFICER

The duties of the Assistant R S O comprise responsibility for the whole of the Casualty and Orthopædic Departments and to deputise for the R S O in his absence

The post is recognised by the Royal College of Surgeons of England or the Final Fellowship Examination

Salary £200 per annum with board residence, and laundry

Applications stating age nationality and previous experience together with copies of testimonials should be forwarded to the undersigned not later than March 16th

G A HUGHES Secretary

CLAYTON HOSPITAL WAKEFIELD

Applications are invited for the combined post of HOUSE SURGEON AND HOUSE PHYSICIAN The applicant should be interested in Pathology as he will be in charge of a small Pathological Laboratory

The appointment is for six months in the first instance and the salary is at the rate of £150 per annum together with board residence and laundry

Applications stating age qualifications and experience together with copies of three recent testimonials should be sent to the undersigned as early as possible The appointment is open to male applicants only, of British nationality

H J LANCASTER Gen Supt & Sec

BETHLEM HOSPITAL MONKS ORCHARD, LDEN PARK BECKENHAM KENT

Wanted TWO RESIDENT HOUSE PHYSICIANS (gentlemen unmarried) recently qualified in Medicine and Surgery

The term of residence is usually for six months Apartments board and laundry provided To each officer an honorarium at the rate of £150 per annum will be paid for the first three months rising thereafter to the rate of £200 per annum

Written applications with testimonials to be forwarded to the Physician Superintendent at the Hospital from whom copies of the duties can be obtained

THE LIVERPOOL EYE EAR AND THROAT INFIRMARY MYRTLE STREET, LIVERPOOL 7

Applications are invited for the post of OPHTHALMIC HOUSE SURGEON Salary £120 per annum The appointment is tenable for six months subject to renewal

Applications with copies of testimonials stating age qualifications and previous experience to be sent not later than March 20th to JOHN PENNINGTON Esq (Chairman) 9 Harrington Street Liverpool 2

BURTON ON TRENT GENERAL INFIRMARY

Applications are invited for the post of HOUSE SURGEON (male) Salary at the rate of £150 per annum with board residence and laundry There are three residents

Applications giving age and qualifications to be sent with copies of testimonials to be received by W THOMPSON Secretary

RICHARD MURRAY HOSPITAL BLACKHILL CO DURHAM

HOUSE SURGEON

Applications are invited for the post of House Surgeon (male) at the above Hospital which has accommodation for 16 surgical cases and 16 maternity cases The salary offered is £200 per annum with board apartments and laundry in addition Applicants will require to have had previous experience as a House Surgeon in a General Hospital, and preference will be given to those with similar experience in a Maternity Hospital

The appointment is for a period terminating on December 31st 1937 and is not renewable

The Hospital is served by a Visiting and Consultant Surgeon and a Visiting and Consultant Obstetrician

So far as the Maternity Unit is concerned the person appointed will be subject to the administrative control of the County Medical Officer of Health

The duties will include the medical supervision of an adjacent small Convalescent Home for mothers and young children

Applications stating age qualifications and experience, and accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than March 20th

T W ADDISON
Secretary to the Richard Murray Hospital
Shire Hall Durham Joint Board
March 2nd 1937

ELSIE INGLIS MEMORIAL MATERNITY HOSPITAL, EDINBURGH (65 Beds)

Applications are invited from fully qualified Medical Women for the post of RESIDENT ASSISTANT OBSTETRICIAN AND REGISTRAR To commence duties April 1st Salary £150 per annum with board residence and laundry

Applications with copies of testimonials to be sent to the Secretary, 1 Bruntsfield Crescent Edinburgh

CONNAUGHT HOSPITAL, Walthamstow E 17
(118 Beds with five Resident Medical Officers)

Applications are invited for the post of MEDICAL REGISTRAR at a salary of £150 per annum with board lodging and laundry

The appointment will be for six months in the first instance, but the successful candidate will be eligible for an extension of this period at a salary of £175 per annum

Candidates should have had previous practical experience in Medicine and be reading for higher examinations

Applicants should state their age nationality qualifications and experience and forward copies of not more than three recent testimonials

Applications should be received on or before Monday March 15th

KENELM S ELLISON Gen Sec

CONNAUGHT HOSPITAL, Walthamstow E 17
(118 Beds with five Resident Medical Officers)

CASUALTY OFFICER (male) required

Salary £100 per annum with residence board and laundry Appointment for six months from April 1st Applications stating age nationality, qualifications and experience, accompanied by copies of not more than three recent testimonials should be received on or before first post Friday March 12th

KENELM S ELLISON Gen Sec

ELIZABETH GARRETT ANDERSON HOSPITAL Euston Road N W 1

The Managing Committee invite applications from qualified Medical Women for the following appointment

HONORARY PSYCHIATRIST to the Out patient Department

Applicants must be Members of the Royal College of Physicians Applications with fifteen copies of three testimonials to reach the undersigned on or before March 22nd

JEAN R MURRAY Secretary

LONDON HOSPITAL, E 1

There is a vacancy for the post of FIRST ASSISTANT AND REGISTRAR to the Neuro Surgical Department

Candidates must be fully qualified medically

Applications should be made to the House Governor and should arrive not later than Saturday, May 1st

ARTHUR G ELLIOTT House Gov

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common S W 4

Applications are invited from fully qualified Medical Women as SENIOR CLINICAL ASSISTANT for Medical Out patients to attend on Friday afternoons

Application with testimonials to be sent to the Secretary at the Hospital

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue North Kensington W 10 (81 Beds)

The Board of Management invite applications for the post of HONORARY RADIOLOGIST The holding of a Diploma in Medical Radiology and experience in [illegible] Ray Therapy are [illegible] a week will be required [illegible] am fees is paid [illegible]

copies of three testimonials should be sent to the undersigned from whom any further information can be obtained, not later than Saturday, March 20th

H J ELEY Secretary

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds) St Quintin Avenue North Kensington W 10

HOUSE PHYSICIAN (male) required immediately for six months Salary at the rate of £120 per annum for the first three months and £150 per annum for the second three months with board residence, and laundry Applications with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned

H J ELEY Secretary

ROYAL NORTHERN HOSPITAL Holloway N 7

Applications are invited for the following appointment

HOUSE SURGEON vacant on April 15th The appointment is for nine months (six months as House Surgeon and three months as Casualty Officer) Salary at the rate of £70 per annum with board residence and laundry

Applications with copies of testimonials should be sent by March 12th to the undersigned from whom forms of application and rules can be obtained

GILBERT C PANTER Secretary

ROYAL NATIONAL ORTHOPÆDIC HOSPITAL

Applications are invited for the posts of HOUSE SURGEONS (two male unmarried) for a period of six months commencing April 1st renewable for a further period of six months on the recommendation of the Medical Board £150 per annum with full board quarters and laundry Applicants should be registered medical practitioner

Applications with copies of testimonials should be sent to the House Governor 234 Great Portland Street W 1 not later than March 10th

ROYAL NORTHERN HOSPITAL Holloway N 7

Applications are invited for the post of SURGICAL REGISTRAR The appointment is for one year from May 1st with eligibility for re election Honorarium £300 per annum with luncheon and tea provided

Applications with copies of testimonials should be sent by March 12th to the undersigned from whom forms of application and rules may be obtained

GILBERT C PANTER Secretary

ROYAL NORTHERN HOSPITAL Holloway N 7

Applications are invited for the post of CONSULTING PHYSICIST Full particulars of the office may be obtained from the undersigned to whom applications should be sent by March 12th

GILBERT C PANTER Secretary

ST JOHN S HOSPITAL Lewisham S E 13

There is an immediate vacancy for the office of HONORARY ASSISTANT SURGEON The successful candidate will be required to take one out patient clinic weekly and will have charge of four beds in the Hospital Candidates who should be F R C S (England) or have an equivalent English University Degree should send their applications with copies of not more than three recent testimonials to the undersigned not later than March 8th The Selection Committee will sit on Tuesday March 16th

J C GILBERT Secretary Supt

SAINT MARY S HOSPITAL FOR WOMEN AND CHILDREN Harlow E 13

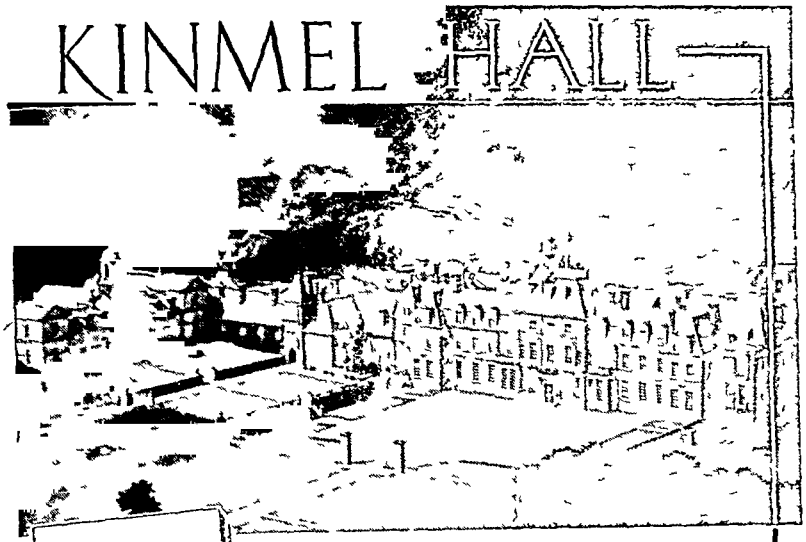
Applications are invited for an HONORARY ASSISTANT GYNÆCOLOGIST (In and Out patients) Candidates must be Fellows of the Royal College of Surgeons

The Hospital is close to Harlow Station thirty minutes from Charing Cross (Underground)

Applications with copies of three testimonials to be sent on or before March 11th to the undersigned

ARNEST WILKES Secretary

KINMEL HALL



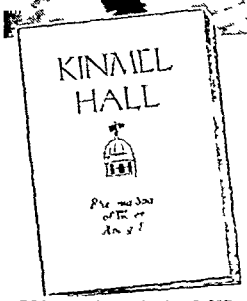


KINMEL HALL is a residential mansion dating from the 15th century and associated with Oliver Cromwell and famous county families

Noble in architectural conception modern in its rich furnishings, it stands amidst its own 1 000 acres of undulating park-land within sight of the sea

Kinmel Hall provides a modern Spa where rheumatic and similar disabilities are treated under medical supervision

The amenities and cuisine are first class—special diets and recreation are planned to meet every need



A visit to Kinmel Hall is invited, for only so can any adequate idea of its Residential advantages and Spa facilities be appreciated

SEND FOR THIS HANDSOME BOOK of photographs of Kinmel Hall and tariff The terms are moderate Application to Dept P M Own golf course hard tennis courts squash badminton riding (hunting or hacking) fishing Also excellent Country Club Swimming Pool

Resident Physician
C. NOEL DAVIS M.D. (Lond.) D.P.H. (Camb.)

RHEUMA SPA LTD., KINMEL HALL, ABERGELE, North Wales
Directors G. E. Lindley Mus. D. and Mrs. Lindley
Station Abergele or Rhyl Telephone Abergele 1567 Telegrams Rheuma Abergele

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There's **LIFE** *at Harrogate always*

● *Life in her waters* specially suitable for the treatment of Disorders of the Liver—congestion, cirrhosis jaundice, cholecystitis, cholelithiasis, and tropical liver Diseases of the Skin—eczema, psoriasis, the coccal infections of the skin, etc the Chronic Rheumatic Diseases—Arthritis Fibrositis, Neuritis, Gout, Hyperpiesis, Mucous Colitis, Functional Disorders of the Heart, Pelvic Disorders of Women, Convalescence from acute illness
A wide range of Sulphur waters, strong and mild, and of Iron waters, both saline iron and pure chalybeate, is available for dealing with the large group of disorders amenable to Spa treatment Prescribed diets obtainable at hotels and boarding houses, without extra charge Complimentary and reduced price facilities for the Cure, Accommodation and Amusements for Members of the Medical Profession

● *Life in her air, recreations, concerts, surroundings*

MONTHLY RETURN TICKETS AT A PENNY A MILE

Harrogate

"IT'S QUICKER BY RAIL"

Descriptive Book etc from Spa Manager Harrogate 15 or any L.N.E.R. Office or Agency

A SPA UNDER ONE ROOF

In Rockside are combined all the amenities of a modern spa including treatment rest and entertainment SHELTERED SITUATION SPACIOUS GROUNDS HIGHLY QUALIFIED STAFF

The Baths and Treatment Rooms occupy a special wing accessible by lift from all floors and are fully equipped for every form of physical treatment including the most modern hydrological and electrical methods massage and remedial exercises dietetic and occupational therapy Terms £4 4s 0d to £6 6s 0d

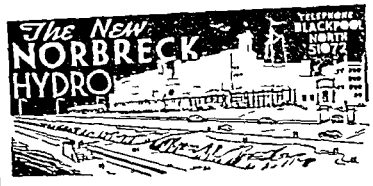
Inclusive terms for consultation fee treatment board residence Attendance from £6 6s

Write for Tariff to the Secretary

Consulting Physician
C. P. LEFEVRE ORMT. M.B. B.Ch. (Camb.) M.R.C.P. (Lond.)



ROCKSIDE PHYSIOTHERAPEUTIC ESTABLISHMENT
MATLOCK



Most wonderful family Hydro in Europe A self-contained Resort for conferences Right on the edge of the sea at the best end of Blackpool 60 acres of links Room for 800 2 Ballrooms Cinema 2 Tennis Courts Bowls Gym Billiard Covered warm Swimming Bath Sun ray Tonic and Medicinal Baths Tariff and Terms from J. H. Shorrocks

NORBRECK HYDRO, BLACKPOOL

THE BOURNEMOUTH HYDRO

Vitaglas Sun lounge and Marine Balcony
Fully Certificated Staff
Treatment available include
Baths—Pyretic Foam and Nauheim
Electrical—Ultra Short Wave Diathermy
Light and Heat—Ultra Violet and Infra Red
Inhalation Therapy Plombieres Massage
Pistany Mud Treatment
Resident Medical Director T. J. V. SALE

Methods of Treatment at

BATH

See Supplement, page 11

ROYAL HALIFAX INFIRMARY
(250 Beds)
Hospital recognized by the Royal College of Surgeons of England

Wanted a SECOND HOUSE SURGEON (male unmarried) Candidate must be duly qualified and registered The appointment will be from March 11th to September or 30th 1937 Salary including all services required in connection with Paying Patients Ward £1"5 per annum with residence board and laundry The Resident Staff consists of Resident Surgical Officer and three House Surgeons The Hospital contains 250 beds including Maternity Department and Paying Patient Block There is also a Pathological Department Radiological Department Radium Clinic and a large Eye Ear Nose and Throat Department

The Third House Surgeon is not an applicant for the post

Particulars of the duties may be obtained from the undersigned to whom applications stating age nationality etc together with testimonials should be sent.

A MIDGLEY
March 1st 193* Secretary

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY
(General Hospital—405 Beds)

HOUSE SURGEON Eye Ear Nose and Throat Department

Applications are invited from unmarried gentlemen doubly qualified and registered for the post of House Surgeon Duties in the Eye Ear Nose and Throat Wards under Specialist Surgeons

Hospital Resident Staff seven Six months appointment

Salary at the rate of £150 per annum with board residence and laundry

Applications stating age qualifications and experience with copies of recent testimonials to be sent to the undersigned from whom further particulars may be obtained

FRANK A C TAYLOR Secretary Supt
February 15th 1937

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL (154 Bed)

APPOINTMENT OF RESIDENT HOUSE PHYSICIAN

Applications are invited from fully qualified male practitioners for the above post Experience in anaesthetics preferred Duties to commence April 1st next

Salary £135 per annum with board residence and laundry

Applications stating age qualifications and experience with copies of recent testimonials to be sent to the undersigned from whom further particulars may be obtained

FRANK A C TAYLOR Secretary Supt

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON (Beds 272—Six RMOs)

CASUALTY HOUSE SURGEON (male) required in March Salary £120 per annum with board residence and laundry

Candidates must hold Medical and Surgical qualifications of the British Empire and be duly registered under the Medical Act

They must be unmarried and when elected under 30 years of age

Applications with copies of recent testimonials to be forwarded to the undersigned

L L W LANCASTER GALE
Secretary Supt

ROYAL SURREY COUNTY HOSPITAL GUILDFORD (216 Beds)

Wanted April 1st HOUSE SURGEON (male) Six months appointment General Surgery Ophthalmology and Gynaecology Recognized for F R C S Salary £150 per annum with board residence and laundry

Applications stating age and essential particulars with copies of not more than three testimonial to reach the Secretary Superintendent not later than March 8th

SWANSEA GENERAL AND EYE HOSPITAL
(336 Beds)

HOUSE PHYSICIAN wanted Gentleman single Salary £150 per annum with board residence and laundry Appointment for six month

Applications to
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to the undersigned

O C HOWELLS Secretary Supt

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON will be required on April 1st Salary £120 per annum with residence board etc Application (with copies of testimonial) endorsed House Surgeon to be addressed to the Chairman of the Board of Management

H R NORTH Gen Supt & Sec.

THE LIVERPOOL SANATORIUM DELAMERE FOREST FRODSHAM via WARRINGTON
(175 beds for the treatment of patients suffering from pulmonary tuberculosis)

SENIOR ASSISTANT to the Medical Superintendent

Applications are invited from Male Medical Practitioners with suitable qualification for the above named appointment Candidates must be unmarried and preference will be given to applicant who have held resident medical appointments since qualification and have had practical institutional experience in the treatment of pulmonary tuberculosis

Salary will be at the rate of £320 per annum with board quarters and laundry

The appointment is normally tenable for twelve months but may be extended

Particulars of duties and full information together with form of application can be obtained from the Medical Superintendent

Forms completed with copies of three recent testimonials should be returned as early possible to the Medical Superintendent The Liverpool Sanatorium Delamere Forest Frodsham via Warrington

THE KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL

The Committee are prepared to appoint an HONORARY CONSULTING PHYSICIAN who must possess the qualification of M R C P London He will be expected to attend at the Hospital on one day a week to see out patients and such in patients as may be referred to him by the Physicians

The Committee are prepared to appoint an HONORARY CONSULTING GYNAECOLOGIST who must possess the qualification of F R C S Eng He will be expected to attend at the Hospital on one day a week to see out patients and such in patients as may be referred to him by any member of the Honorary Staff

The Committee are prepared to appoint a PATHOLOGIST and to pay him an honorarium of £100 a year He must possess a registered medi
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SCO HOSPITAL (150 Beds—3 Resident)

Applications are invited for the post of HOUSE SURGEON (male) which will become vacant at the above Institution on March 20th Salary at the rate of £175 per annum rising to £200 after six months service with board residence and laundry

Application stating age experience and qualifications giving earliest time for commencing duties if appointed and enclosing copies of recent testimonials to be forwarded to the undersigned not later than the first post on Tuesday March 16th

ARTHUR E MAW Secretary

KENT AND CANTERBURY HOSPITAL
(Recognized by Royal College of Surgeons for study for Fellowship) (137 Bed)

HOUSE SURGEON (male unmarried) for General and Ear Nose and Throat work To commence duty immediately Six months appointment Salary payable at the rate of £125 per annum, with board residence and laundry There are two other resident Medical Officer

Applications stating age and particulars of qualifications together with copies of testimonials should be forwarded to the undersigned at once

S I WARD Secretary

THE JESSOP HOSPITAL FOR WOMEN SHEFFIELD

The Board of Management invite applications for the post of HOUSE SURGEON (male unmarried) for a period of six months commencing March 1st

Salary £100 per annum together with board residence and laundry

Application stating age together with copies of testimonial should be addressed to the undersigned immediately

DAVID OSWALD Supt & Sec

NEW SUSSEX HOSPITAL FOR WOMEN WINDLESHAM ROAD BRIGHTON

Applications are invited from qualified Medical Women for the post of HOUSE SURGEON Salary at the rate of £100 per annum To commence duties on April 5th

Application in writing accompanied by recent testimonial should be sent on or before March 18th to—

PERCY F SPOONER
February 26th 1937 Secretary

WARRINGTON INFIRMARY & DISPENSARY

Applications are invited for the following posts

SECOND RESIDENT
THIRD RESIDENT

which fall vacant on April 1st

Applicants must be duly qualified Medical Practitioners and unmarried Salary of Second Resident (who must have had previous Hospital experience) at the rate of £1"5 per annum whilst Third Resident's salary at the rate of £150 per annum together with board lodging and laundry

At the expiration of six months term of office and subject to the recommendation of the Medical Board the Second Resident is appointed Senior Resident (salary £250 per annum) for a similar period whilst the Third Resident is appointed Second Resident and then Senior Resident for the same periods

Application stating age and qualifications accompanied by copies of three recent testimonials should be sent in not later than first post on Tuesday March 9th Chosen candidates will be interviewed on Friday March 12th

By Order
HENRY L BOOT
February 24th 1937 Supt & Sec

WEST BROMWICH & DISTRICT GENERAL HOSPITAL (130 Bed)

Applications are invited for the post of
(1) HOUSE SURGEON
(2) HOUSE PHYSICIAN
(3) CASUALTY HOUSE SURGEON

Candidates (male or female) must be doubly qualified and unmarried Salary in each case at the rate of £200 per annum with board residence and laundry

The appointments are for six months and the candidates appointed will be required to take up their duties on April 1st next Application stating age and qualification with copies of three recent testimonial should be sent to the undersigned on or before March 14th

By Order
Edward Street FRANK I HANCOCK
West Bromwich Sec & Supt

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL (124 Bed)

Two RESIDENT HOUSE SURGEONS required by the above Hospital to commence duty on April 1st Appointment for six months Salary £150 per annum with board and lodging

Application stating age nationality experience and qualifications to be sent together with copies of three recent testimonial to the undersigned immediately

LESLIE SPENCER
February 27th 193* Secretary

WORTHING HOSPITAL

Applications are invited for the post of HOUSE SURGEON vacant on March 31st The appointment is for six months Salary at the rate of £130 per annum with board lodging and laundry Candidate (male) should for ward application stating age nationality qualification and experience accompanied by testimonials to the undersigned

A V OAKTON
March 1st 1937 Secretary Supt

WORTHING HOSPITAL

Applications are invited for the post of HOUSE PHYSICIAN vacant on March 31st The appointment is for six months Salary at the rate of £130 per annum with board lodging and laundry Candidate (male) should stating age nationality accompanied by
ed
OAKTON
March 1st 1937 Secretary Supt

WALSALL GENERAL HOSPITAL

The Committee invite applications from Men or Women for the post of HOUSE SURGEON Must have had previous experience in the administration of Anaesthetics Candidate who must be registered under the Medical Act must produce three recent testimonials The appointment will be for six months Salary at the rate of £150 per annum The Hospital contains 1"2 beds and is equipped in all Special Departments

Applications stating age qualifications and nationality to be sent at once to the undersigned

WALTER FRANCOMBE
March 1st 193* Hon Secretary

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL

HOUSE SURGEON required Six months appointment Salary at the rate of £150 per annum with residence board and laundry Application with copies of three recent testimonial to be sent to the Secretary

TOR-NA-DEE SANATORIUM

MURTLE DEESIDE ABERDEENSHIRE

FOR THE DIAGNOSIS AND TREATMENT OF ALL FORMS OF TUBERCULOSIS

Managing Director DAVID LAWSON, M.D., F.R.S.E.

Southern aspect. Low rainfall. Pure bracing air. Sheltered grounds. Beautiful surroundings. All modern equipment for diagnosis and treatment including operating theatre. No extra charge for X Rays, Artificial Pneumothorax, Ultra-Violet Light, or other special treatment.

Day and Night Nursing Staff. All bedrooms have central heating, electric light, hot and cold running water, and wireless (headphones). Comfortable and airy public rooms.

Medical Superintendent J. M. JOHNSTON, M.B., M.R.C.S., D.P.H. For terms and prospectus apply to the Secretary. Telephone: CULTS 107.

THE CORNISH RIVIERA SANATORIUM

ROSEHILL, PENZANCE

For the treatment of patients suffering from tuberculosis

The Sanatorium stands in its own grounds of 13 acres of garden lawn and woodland and is well sheltered from cold winds. The climate is mild in winter, cool in summer. Artificial pneumothorax, and other modern forms of treatment are available. Day and night nursing staff. Electric light. Wireless in all rooms.

Med. Supt. Francis Chown, M.B. Lond., D.P.H., Consulting Physician (late Med. Supt.), Cornwall County Sanatorium.

Terms 5 to 7 guineas weekly. **Phone—Penzance 598.**

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925. On the Cotswold Hills, seven miles from Cheltenham, for the treatment of Pulmonary and all other forms of Tuberculosis. Aspect S.S.W., sheltered from North and East, elevation 800 feet. Pure bracing air. **Special Treatment by Artificial Pneumothorax (X-ray controlled), Tuberculins and Ultra-violet Rays is available, when necessary, without extra charge.** X-ray plant. Fully equipped Dental Department. Electric light. Radiators, hot and cold basins, and Wireless in all rooms. Up to date main drainage. Full day and night Nursing Staff. **Terms 5 gns. to 7½ gns. a week inclusive.**

Med. Supt. GEOFFREY A. HOFFMAN, B.A., M.B., T.C.Dub. *Assist. Phys.* MARGARET A. HARRISON, M.B., B.S.Lond. *Pathologist* EDGAR DAVEY, M.B., B.Ch. *Consult. Laryngologist* CASSIDY DE W. GIBB, L.R.C.S.I.&L.M. *Consulting Dental Surg.* GEORGE A. SAUNDERS, L.D.S., R.C.S.Lond. Apply Secretary, The Cotswold Sanatorium, Cranham, Gloucester. *Tel.* 81 and 82 WITCOMBE. *Grams.* HOFFMAN, BIRLIP.

Bad Kissingen

200 years old Rakoczy Spring

Treatment by Mineral Waters and Baths Natural carbonic acid brine, bubbling spring, mud and vapour baths for Stomach, Intestinal, Heart, Vascular, Rheumatic, Liver, Gall and Circulatory troubles.

Prospectus through the Kurverein

Rakoczy Spring Waters for Home Treatment for the Stomach, Intestines and Circulation.

Obtainable direct from the Spa Management or through selling agents a list of which will be supplied

MAISON DE SANTE DE MALEVOZ

MONTHEY, VALAIS (Switzerland)

Treatment of all nervous and mental disorders. Several villas in a beautiful park overlooking the Rhone Valley, with view of the Alps Vaudoises and the Dents du-Midi. A special house is reserved for the nervous cases who are admitted without any legal formality. In the other houses voluntary and certified patients are received. Psychotherapy, psychoanalysis, individual treatment of all cases. Occupational therapy. Sports: tennis, golf, swimming pool, ski. The relatives of the patients may reside at the institution.

Terms from 15 Swiss francs a day. 4 Resident Physicians.

Apply to the Medical Superintendent, Dr. A. REPOND

Telephone: Monthey 6328. Telegrams: Malevoz, Monthey.

BURY INFIRMARY (LANCS)
(127 Beds)

APPOINTMENT OF FIRST AND SECOND HOUSE SURGEONS (Males)

Vacancies as above will shortly arise on the Resident Medical Staff and applications are invited for these posts from those having held a previous resident hospital appointment
The Resident Staff consists of an R S O and three House Surgeons
In addition to surgical work the duties of the First House Surgeon include the care of the Gynaecological and Obstetrical Department of the Hospital whilst the duties of the Second House Surgeon include the work necessary in the Medical and Eye and Ear, Nose and Throat Departments
The appointments are for six months each being at a salary at the rate of £175 per annum with board residence and laundry and the successful candidates will be expected to commence duties towards the end of March
Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned as soon as possible endorsed House Surgeon
Full particulars of duties may be had on application
H WILKINSON Superintendent

CORNELIA & EAST DORSET HOSPITAL, POOLE DORSET (117 Beds)

HOUSE PHYSICIAN

Applications are invited (from single men) for the post of House Physician Period six months Salary at the rate of £150 per annum with usual emoluments Reappointment may be applied for and if granted the salary is at the rate of £175 per annum
Duties to commence April 1st
The Hospital is recognised by the Royal College of Surgeons of England in connection with the Final Examination for the Fellowship
Applications [illegible] experience and qualifications [illegible] copies of three recent [illegible] to be returned) should reach the undersigned at the Hospital by [illegible]
Preference will be given to applicants who have already held a resident appointment in a Hospital
E S FOLEY Secretary

CORNELIA & EAST DORSET HOSPITAL, POOLE DORSET (117 Beds)

RESIDENT SURGICAL OFFICER

Applications are invited (from single men) for the post of Resident Surgical Officer Period six months Salary at the rate of £200 per annum, with usual emoluments Reappointment may be applied for
Duties to commence April 1st
The Hospital is recognised by the Royal College of Surgeons of England in connection with the Final Examination for the Fellowship
Applications stating age, nationality, experience and qualifications together with copies of three recent testimonials (which will not be returned) should reach the undersigned at the Hospital by March 12th
Preference will be given to applicants who have already held a resident appointment in a Hospital
E S FOLEY, Secretary

BECKETT HOSPITAL AND DISPENSARY, BARNSLEY (153 Beds—4 Residents)

Applications are invited for the post of JUNIOR HOUSE SURGEON (male) duties mainly surgical, ear nose and throat work and anaesthetics Candidates must be fully qualified and registered
Salary £200 per annum, with board residence and laundry
Applications stating age qualifications accompanied by testimonials should be addressed to the undersigned
ARTHUR L BOURNE Supt & Sec

BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE ON TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board, residence and laundry
The appointment is for six months in the first instance, reappointment may be applied for Applications stating age and experience with copies of three recent testimonials to be sent to the undersigned immediately
C E LOWNDES Secretary

BRADFORD CHILDREN'S HOSPITAL

HOUSE SURGEON (lady) required for April 1st Fully qualified Salary £100 with board residence and laundry
Applications with recent testimonials and stating age not later than March 17th to—
J W LONGLEY Secretary Supt

CEFN COED HOSPITAL SWANSEA
(Swansea County Borough Mental Hospital)

DEPUTY MEDICAL SUPERINTENDENT

Applications are invited for the above post from registered Medical Practitioners (male), whose age does not exceed 40 years
Candidates must have previous Mental Hospital experience and must hold a Diploma in Psychological Medicine Preference will be given to those who have experience as House Surgeon or House Physician in a General Hospital, and who are able to practise Psychotherapy
Salary £525 per annum rising by two annual increments of £25 each to £575, with pleasant detached house (rent and rate free) coal, electric light, laundry and garden produce which are valued for superannuation purposes at £75 per annum
The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909 and may be terminated by two calendar months notice on either side The selected candidate will be required to pass a m[illegible] by copies of two re[illegible] sent to the Medical Superintendent not later than Wednesday, March 10th

DURHAM COUNTY HOSPITAL
(100 Beds)

MALE HOUSE SURGEON required Duties to commence on March 26th
Salary at the rate of £150 per annum with board residence and laundry
Appointment for six months, subject to renewal for a similar period
Applications stating age, experience, and nationality, accompanied by three recent testimonials should be addressed to the undersigned immediately
NORMAN BROWN, Secretary

LIVERPOOL ROYAL INFIRMARY
(Medical School—336 Beds)

JUNIOR CASUALTY OFFICER AND HOUSE SURGEON TO THE SKIN DEPARTMENT Required for the six months commencing April 1st Candidates must be duly registered under the Medical Acts Salary at the rate of £60 per annum, board residence, etc
Applications stating age qualifications where graduated and nationality to be sent to the undersigned as soon as possible
WM RUTTER
March 1st, 1937 Gen Supt & Sec

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL

Wanted to commence duties early in April RESIDENT HOUSE SURGEON (male or female and unmarried) possessing a medical and surgical registered qualification Practical experience in the administration of anaesthetics is required Salary £175, with apartments, board and laundry All applications stating age, etc with copies of testimonials to be sent to me at once
9 Leicester Rd, Loughborough FRANK H TOONE Secretary

MANSFIELD AND DISTRICT GENERAL HOSPITAL (140 Beds)

RESIDENT SURGICAL OFFICER required to commence duty on March 18th Salary at the rate of £250 per annum with board residence and laundry The appointment is for twelve months Candidates should possess a higher Surgical qualification and should have had previous experience in a General Hospital Applications, stating age, qualifications experience and full particulars together with copies of two recent testimonials should be sent to the undersigned not later than March 8th
C J ADAMS Secretary

MANCHESTER EAR HOSPITAL
GROSVENOR SQUARE ALL SAINTS
(Registered for D L O)

The Board invite applications for the post of RESIDENT HOUSE SURGEON becoming vacant about middle of April (31 beds) Salary £120 per annum Candidates must be duly qualified and registered Applications with copies of four recent testimonials to be forwarded to Mr REGINALD S MILFORD (Hon Sec Manchester Ear Hospital) c/o Mr W J Fillam 17 Brazennose Street Manchester 2

KING GEORGE HOSPITAL, ILFORD
(8 miles from London) (200 Beds)

HOUSE PHYSICIAN (male) required for six months from April 1st Salary £100 per annum Forms of application may be obtained from the undersigned to whom they should be returned duly completed not later than Monday March 15th
C AUSTIN HEPWORTH Sec. & Supt

NORTHAMPTON GENERAL HOSPITAL
(293 Beds)

There will be vacancies on April 1st for the following appointments
HOUSE PHYSICIAN
HOUSE SURGEONS (Three)
HOUSE SURGEON to the Ear, Nose and Throat Department
CASUALTY OFFICER
Salaries will be at the rate of £150 per annum with board, residence and laundry
Candidates who must be duly qualified and registered must be males and of British nationality
The successful candidates will be elected for a period of six months and will be eligible for re-election for a further period of six months.
Applications stating age qualifications and experience with copies of three testimonials must reach the undersigned no later than the first post on Wednesday March 10th
S C W DISNEY
Secretary Superintendent
February 22nd 1937

NEWCASTLE THROAT, NOSE, AND EAR HOSPITAL
RYE HILL NEWCASTLE UPON TYNE

Applications are invited for the post of HOUSE SURGEON
Preference will be given to one who has some experience in Throat Nose and Ear work The position is suitable for one preparing for the D L O
Salary £100 per annum together with board residence and laundry
The post is open for either sex
Applications giving age qualifications and experience together with copies of three testimonials should reach the undersigned not later than March 15th
STEPHEN CROUCH F.R.C.S. F.C.P.S.

NEWCASTLE THROAT, NOSE, AND EAR HOSPITAL
RYE HILL, NEWCASTLE-UPON-TYNE

The Committee of Management invite applications for the following positions
(a) HONORARY SURGEON
(b) TWO HONORARY ASSISTANT SURGEONS
Applications should reach the undersigned not later than March 15th
Extract from the Rules
Rule 17 Honorary Surgeons shall be wholly engaged in the Specialty and in Consulting Practice.
STEPHEN CROUCH F.R.C.S., F.C.P.S.

NORFOLK AND NORWICH HOSPITAL
NORWICH (417 Beds)

Applications are invited for the post of HOUSE SURGEON to the Special Department (Ear, Nose and Throat and Ophthalmic) Salary £120—£160 per annum (according to experience) with board, residence and laundry Candidates (male) must be unmarried and must possess registered qualifications
Applications, stating age, nationality, together with copies of testimonials reach the undersigned as soon as possible
FRANK INCE
House Governor & Secretary
March 5th 1937

NORTH LONSDALE HOSPITAL
BARROW IN FURNESS (154 Beds)

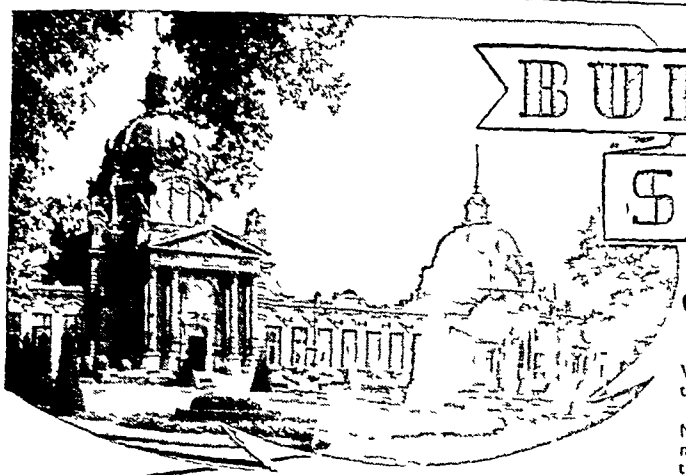
Required immediately, RESIDENT CASUALTY OFFICER (male appointment) Applications are invited for the above resident appointment from fully qualified Practitioners experienced in the administration of Anaesthetics Salary £150 per annum with board residence and laundry Applications stating age qualifications, experience, and nationality accompanied by copies of only of three recent testimonials should be sent to the Secretary immediately

ROYAL INFIRMARY BLACKBURN
(244 Beds—Five Resident Posts)

RESIDENT SURGICAL OFFICER required Salary £250 per annum with board residence and laundry Preference will be given to applicants holding the F.R.C.S. Diploma
Applications, stating age nationality qualifications and experience together with copies of recent testimonials to be sent to the undersigned
T DEWHURST
Royal Infirmary Gen Supt
Blackburn

THE ROYAL EYE AND EAR HOSPITAL
BEDFORD

Wanted HOUSE SURGEON (male) Salary £180 with board residence [illegible] Applications stating qualifications with copies of recent testimonials to be forwarded to the undersigned
F BRIGGS Secretary



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For rules fees etc apply H B STOKES Secretary Superintendent

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F R C S (Edin)

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LIVERPOOL SCHOOL OF TROPICAL MEDICINE

(UNIVERSITY OF LIVERPOOL)

COURSES OF INSTRUCTION (in three months) for the Diploma in Tropical Medicine commencing on September 30th 1937 and January 3rd 1938 and the Diploma in Tropical Hygiene on April 22nd 1937 and January 6th 1938 (Candidates for the D T H must possess the D T M of this University)

For particulars apply to the Laboratory Secretary School of Tropical Medicine Pembroke Place Liverpool 3.

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE TENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	
INVICTA MEDICAL BENEFIT SOCIETY GILLINGHAM *(Junior Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Blyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*
LOWESTOFT MEDICAL INSTITUTE *(Medical Officer)*		

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B M A House Tavistock Sq, W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec. Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane				

March 3 1937 By Order of the Council G C ANDERSON *Medical Secretary*

THE STOCKPORT INFIRMARY
(140 Beds)

Applications are invited for the post of HOUSE SURGEON

Applicants must be male and unmarried Salary £150 per annum with board residence and laundry

The Resident Staff consists of a Resident Surgical Officer two House Surgeon and a House Physician

Application with copies of three recent testimonials stating age nationality and qualification to be sent to the undersigned not later than March 9th

Duties to commence April 1st

H G PRICE
February 25th 1937 Secretary Supt

BIRKENHEAD GENERAL HOSPITAL
(156 Beds)

Applications are invited for the post of CASUALTY OFFICER (male) for the six months commencing April 1st The duties include the charge of Gynaecological beds Salary £100 per annum with board residence and laundry Applications stating age nationality and qualification together with three recent testimonial to reach the undersigned as early as possible

W H DANIELS F C I S
February 15th 1937 Secretary Supt

LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum, with board residence and laundry Medical and Surgical qualifications required

Eligible for Senior post at £150 per annum after a period of satisfactory service

Applications together with copies of three recent testimonials to be sent to the Honorary Medical Superintendent.

LEIGH INFIRMARY LANCASHIRE

Wanted SENIOR RESIDENT HOUSE SURGEON male single for Hospital of 85 beds Should have Surgical experience Salary £250 per annum with rooms fire attendance and board Good quarter

The position is vacant on April 30th

JUNIOR HOUSE SURGEON also required immediately Salary £150 per annum for six months with Must be good ments offer excep tional opportunities for Surgery

Applications to be addressed to Mr J A SMITH Secretary 5 Silk Street Leigh Lancashire

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ST MARY'S HOSPITALS MANCHESTER

TWO HOUSE SURGEONS for the WHITWORTH ST WEST HOSPITAL (Maternity) and two for the WHITWORTH PARK HOSPITAL (one for the Gynaecological Dept and one for the Children's Dept) each for a period of six months from May 1st next Salary at the rate of £50 per annum with board and residence

Application with copies of three testimonial to be sent to the undersigned on or before March 11th

R RATCLIFFE Secretary

THE STAFFORDSHIRE GENERAL INFIRMARY STAFFORD

HOUSE SURGEON required to commence duties on March 20th Salary £200 per annum and board residence

Applications stating age and accompanied by copies of three recent testimonials as to qualifications and experience should be sent to me forthwith

A E COLLINS
Stafford February 25th 1937 Secretary

ROYAL UNITED HOSPITAL BATH

HOUSE SURGEON required for Ear Nose and Throat Department who will also be expected to give anaesthetics in other Department

Salary £150 per annum with board residence and laundry

The appointment is for six months and candidates must be male unmarried and of British nationality

Application with copies of three testimonials to be addressed to the undersigned immediately

J LAWRENCE MEARS
February 2nd 1937 Secretary Supt

GENERAL HOSPITAL NOTTINGHAM
(386 Bed)

A HOUSE SURGEON (male) is required at the above Institution The appointment is for six months with salary at the rate of £150 a year with board residence and laundry Applications stating age qualification and experience together with copies of testimonial to be delivered to the undersigned not later than Friday March 12th Duties to commence on April 1st

PETER M MacCOLL House Gov & Sec

NOTTINGHAM GENERAL HOSPITAL
(386 Bed)

A HOUSE PHYSICIAN (male) is required at the above Institution The appointment is for six month with salary at the rate of £150 a year with board residence and laundry

Applications stating age qualification and experience together with copies of testimonial to be sent to the undersigned not later than Friday March 12th Duties to commence on April 1st

PETER M MacCOLL House Gov & Sec.

(Appointments continued on p 66)

POST-GRADUATION SCHOOL

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GRAY'S INN ROAD, W C 1

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Patients recommended by their medical advisers will be treated at the Clinic either as Hospital or as private patients For further particulars apply to the Secretary, Miss D M Fenn

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(UNIVERSITY OF LONDON)
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Dates of the Courses, 1936 7

(Part II cannot be taken before Part I)

PART I
September 28th—December 18th 1936
January 4th—March 25th 1937
April 5th—June 26th 1937

PART II
January 18th—March 20th 1937
April 19th—June 19th, 1937

FEES (inclusive)
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Course of Study for University of London Diploma Fee 28 gns

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Any member of the Medical Profession admitted on presentation of card

By Order of the President
H M BARLOW Secretary

ROYAL MEDICAL BENEVOLENT FUND

11, Chandos Street, Cavendish Square London W 1

The Annual Meeting of the Members of the Royal Medical Benevolent Fund will be held at 5 p m on Tuesday March 16th 1937 at 11 Chandos Street Cavendish Square London W 1 when the Annual Report and Financial Statement for the year ended December 31st 1936 will be presented and the Officers and Committee for the current year elected

R M HANDFIELD-JONES Hon Sec
March 5th 1937

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WANTED APRIL 1ST ASSISTANT MALE single Protestant with some experience for industrial practice in Newcastle on Tyne Dispensary Good salary rooms and attendance if suitable man State full particulars— No 1830 B M A House Tavistock Sq W C 1

WANTED AT ONCE —INDOOR ASSISTANT single for branch in large panel and private practice Stafford-shire Salary £300 Car found or allowance for own State usual particulars and experience —Address No 1923 B M A House Tavistock Square W C 1

WANTED APRIL 1ST ASSISTANT FOR mixed General Practice with Cottage Hospital Unmarried ex H S good references £300 all found —Address No 2059 B M A House Tavistock Square W C 1

WANTED IN APRIL OR MAY, UNMARried male ASSISTANT under 28 with view to partnership, in mixed family, Country practice in the Midlands, near County Town Income £3,000 Panel over 3 000 small Cottage Hospital good scope for keen worker opportunities for sport Senior partner about to retire Junior partner under 40 Indoor salary £300 p a car found Must be English or Scottish Protestant, and Midwifery experience with Hospital and Midwifery certificate —Address stating age experience, with recent testimonials and photograph (returnable) No 2063 B M A House Tavistock Sq, W C 1

WANTED APRIL 1ST, OR AS SOON after as possible Outdoor ASSISTANT male Protestant, British, pleasant North of England town Dispenser Dept Good rooms available near surgery No branch surgeries Sunday surgeries or afternoon surgeries Very little Midwifery or Night Work Usual bond Newly qualified man considered if right type Salary £400, with car allowance —Address No 1903 B M A House, Tavistock Square, W C 1

WANTED IMMEDIATELY, YOUNG OUTDOOR ASSISTANT single, male for general practice near Manchester Salary £400 p a, plus £50 allowance for running own car— Address No 1916, B M A House, Tavistock Square W C 1

WANTED IMMEDIATELY, YOUNG MALE outdoor ASSISTANT, English or Scottish, for mixed practice in good List Lancashire town Protestant Some experience desirable Good prospects Salary £400 p a plus £50 car allowance or car provided —Address No 1915, B M A House Tavistock Sq, W C 1

WANTED IMMEDIATELY — INDOOR AND Outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars — BRITISH MEDICAL BUREAU, 33, Cross Street, Manchester, 2

WANTED IMMEDIATELY OUTDOOR ASSISTANT with or without view in Northern City Suburb Salary £450 p a, plus £50 allowance for own car State experience and reference —Address No 1919 B M A House Tavistock Square W C 1

WANTED — INDOOR ASSISTANT, FROM May 1st Industrial practice West Riding Second Assistant Dept Ample time off Must recently qualified £300 all found £50 p a car allowance —Address No 1836 B M A House Tavistock Square, W C 1

WANTED, INDOOR ASSISTANT, NOT OVER 30 with previous Hospital or C I experience I C preferred but not essential North Midlands Salary £350, with car allowance Address with references No 1902 B M A House Tavistock Square W C 1

WANTED —ASSISTANT COLLIERY DISTRICT Co Durham Salary £375 p a plus rooms and motor running expenses Duties to suitable man Usual bond State nationality and reference Photo (which will be returned) —Address, No 1912 B M A. House, Tavistock Square W C 1

WANTED — OUTDOOR ASSISTANT, ENGlish or Scottish Lincolnshire Market Town with Cottage Hospital State age experience Salary £400 with £50 car allowance —Address No 1910 B M A House Tavistock Square W C 1

WANTED —PART TIME ASSISTANT, ANY nationality to live in or out, 20 minutes from Charing Cross Suit Lost graduate— Address No 1909 B M A House Tavistock Square W C 1

WANTED, INDOOR MALE ASSISTANT FOR Country Practice in North of England Salary £300 p a Not a coal mining area— Address No 1906 B M A House Tavistock Square W C 1

WANTED —YOUNG MALE ASSISTANT unmarried for general practice on South Coast Salary £300 p a and all found Living accommodation above main surgery State full particulars —Address No 1933 B M A House Tavistock Square W C 1

WANTED WORCESTERSHIRE ASSISTANT University graduate age about 30 years Operative experience and midwifery essential Excellent prospects (Partnership Hospital) for suitable man —Address No 1921, B M A House Tavistock Square W C 1

WANTED ASSISTANT (FEMALE), GENeral Practice North Midlands City Salary £400 outdoor Ability to drive car essential State age qualifications experience and when free References Photograph— No 2053 B M A House Tavistock Sq, W C 1

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EXPERIENCED PRACTITIONER (MAN) small practice desires PART TIME WORK Linchley Muswell Hill Highgate etc Assistantship etc —Address No 2001, B M A House Tavistock Square W C 1

FULLY TRAINED LADY DISPENSER SECRETARY requires post with Doctor or Hospital in or near London Short secretarial experience Doctor's daughter— Address No 1928, B M A House Tavistock Square, W C 1

LADY DISPENSER BOOKKEEPER (HALF extensive Hospital and private experience seeks post with doctors or institution Typing and perfect French Will or sub Willing take post certificates Ref Address No 1927 B M A House Tavistock Sq W C 1

LADY SECRETARY DISPENSER (25) PART Certificate requires post with Doctor London or Southern suburbs 8 years experience Excellent reference Post to begin —Miss LAWLEY 14 The Orchard Telephone Chiswick 1772

LADY DOCTOR (25) MB CHB Hospital experience desires PART TIME WORK London area Legitimate spiritualistic week end locum Own car Undertake secretarial work —Write B M A House, Tavistock Square W C 1

PART TIME WORK WANTED BY LADY Dispenser experienced in all branches of General Practice Free daily 9 to 2 or 3 London area — Address No 2060 B M A House Tavistock Square W C 1

POST GRADUATE (WOMAN) (25) Hospital and C I experience desires PART TIME WORK in or near London Address No 1929 B M A House Tavistock Square W C 1

POST GRADUATE STUDYING FOR FINAL Surgical exam, especially Midwifery and aural surgery would like to help in exchange for sessional PART TIME WORK in after noons or evenings —Address No 1931 B M A House Tavistock Square W C 1

THE MEDICAL AND DENTAL DEFENCE UNION OF SCOTLAND, LIMITED

Secretaries and Registered Office Millar Thomson & Dunlop, C A , 113, St Vincent Street, Glasgow, C 2

ANNUAL SUBSCRIPTION £1 ENTRANCE FEE 10/

No entrance fee to those joining within 12 month of obtaining qualification Benefits include defence of claims for alleged negligence in professional work including unlimited indemnity and costs and advice on professional difficulties

Particulars and forms of application can be obtained from the Secretaries at the above address

UNIVERSITY EXAMINATION POSTAL INSTITUTION

17 RED LION SQ , LONDON, W C 1

FOUNDED IN 1882

by the late E S WEYMOUTH M A (Lond)

POSTAL OR ORAL PREPARATIONS FOR ALL MEDICAL EXAMINATIONS

SOME SUCCESSES

M D (Lond),	1901 36 (9 Gold Medallists during 1915 36)	412
M S (Lond),	*1901 36 (including* 4 Gold Medallists)	24
M B , B S (Lond),	*Final* 1918 36 (Completed Exam)	251
F R C S (Eng),	*Primary*	188
	1919 36 *Final*	183
M R C P (Lond),	1919 36	270
D P H	(Various) 1906 36 (Completed Exam)	342
F R C S (Edin),	1918 36	63
M R C S , L R C P	*Final* 1919 36 (Completed Exam)	587

M D Various By Thesi Many succes es

Preparation for the above al o for Medical Preliminary and all examinations leading up to M R C S L R C P or M B of various Uni versities al o for M P C P (Edin) D P M D O M S D T M & H D L O D C H D A D M R E M M S A L M S S A D C O G and ome exams of Dominions Universities

ORAL CLASSES

M R C P M D Primary and Final F R C S F R C S (Edin) al o Final M B B S and M R C S L R C P Mu eum and Microscope Work Al o Private Tuition

MEDICAL PROSPECTUS (48pp)

CONTENTS The method and the cost of enter ing the Medical Profe sion *Particulars of all Medical Examinations* Postal Cour es and Oral Classe Suggestions for the Higher Medical Examinations Suggestions for the Higher Sur gical Examinations Suggestions for the Special Diploma Examinations Refresher Courses Open ings for Women Hints for writing theses

Medical Prospectus gratis along with li t of tutors etc on application to the Principal 17 Red Lion Sq London W C 1 (Telephone Holborn 6313)

ROYAL SOCIETY OF MEDICINE,

1 Wimpole Street London W 1

NICHOLS FELLOWSHIP

Applications are invited for the above named Fellow hip of two years duration which is offered for re earch relating to The di covery of the cau es and the prevention of death in childbirth from septicaemia

The Nichols Fellow hall conduct work in an approved institution providing suitable facilities The emoluments consist of an honor arium of £150 per annum (to be paid quarterly) and a grant of £15 for expen es

Candidates hould apply, stating the line and character of the re earch intended (a wide choice is allowed) and the name of the Profe or in whose department they propose to work

Applications should be received by the Secre tary of the Royal Society of Medicine 1 Wimpole Street London W 1 not later than June 1 t

ANNIE McCALL MATERNITY HOSPITAL, LONDON

Medical Women Students or Midwives received Fee £8 8 monthly (including board) Practi cal Midwifery 3 Ante natal Clinics weekly Operative Midwifery Class April £5 5 Hou e Surgeon wanted —165 Clapham Road

UNIVERSITY OF BIRMINGHAM

Faculty of Medicine

DEPARTMENT OF INDUSTRIAL HYGIENE AND MEDICINE

Medical Post Graduate Courses

The following Po t Graduate Courses will be held in the above Department during the coming summer

1 *On the Care of the Injured Workman* — May 24th to June 4th 1937 (inclusive)

This cour e is de igned especially to meet the practical need of Medical Practitioners work ing in Indu trial Practices

The following ubjects amongst other will be dealt with by means of lectures clinical and other demon trations ho pital and works visits viz

Organi ation and Methods of First Aid and Minor Surgery in Indu try Diagnosis and Treatment of Bony and Non Bony Injurie in Industry the Rehabilitation of the In jured Workman Safety Appliances and Re cue Work the Phy iology and Psycho logy of Accidents Skin Dis a es and Eye Injuries in Indu try Medico Legal a pects of Injury etc etc

2 *An Intensive Course in Industrial Hygiene and Industrial Medicine* —June 14th to 25th 1937 (inclusive)

This course is designed for whole or part time Medical Officers in Industry and for General Practitioners working in Indu trial areas

It will con ist of lectures clinical and other demonstrations and work visits The syllabus includes

[illegible] in Industry and Sanita [illegible] Indu trial Poi on the Metallic and Solvents Eye Di ea es [illegible] *hology in the* Factory Mine Fumes Safety Appliance and Re cue Work the Organi ation of a Works Medical Service Medico Legal Pro blems etc etc

The fee for each of the above Cour es is £6 6s

Further particulars and a detailed syllabus may be obtained from Dr H I *COLLIP* The Department of Industrial Hygiene and Medi ine The Univer ity, Edmund St Birmingham

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Notice is hereby given that the Council in June will ELECT EXAMINERS as follows

For the Licence in Dental Surgery	No to be elected	No who seek re-election
Board of Examiners in Den tal Surgery (Surgical Sec tion)	6	6
(Examiners must be Fellows of the College and will be re quired to examine in General Anatomy and Physiology and in General Surgery and Pathology)		
Medicine	4	3
For the Fellowship		
Anatomy	4	4
Physiology	4	2
Under the Conjoint Exam ining Board		
Elementary Biology	4	3
Anatomy	3	2
Phy iology	2	2
Midwifery	4	3
Pathology	4	4
Public Health (Bacteriology and Para itology) Part I	1	0
Public Health Part II	1	0
Pathology and Tropical Hygiene (D T M & H Part I)	1	1
Tropical Medicine & Surgery	1	1
Ophthalmic Medicine & Sur gery	3	3
Psychological Medicine	1	1
Laryngology & Otology	3	2
Medical Radiology	2	0
Anaesthetics	1	1
Child Health	1	1

Candidates must hold a medical qualification registrable in this country

Applications must be in writing and must reach the Secretary by Tue day March 30th

KENNEDY CASSELS Secretary

March 6th 1937

BRITISH ASSOCIATION OF RADIOLOGISTS

(FELLOWSHIP BOARD)

FELLOWSHIP EXAMINATION

The fir t examination for the Fellow hip of the A sociation will be held in London during the period November 29th to December 3rd

The examination is limited to Medical Practi tioners who are duly r gistered in the country in which they practice and who hold a recog ni ed Diploma in Radiolo y The Diploma o far recog ni ed are tho e granted by the follow ing bodies The Univer ities of Cambrid e Edinburgh Liverpool and London the Con joint Board of the Royal College of Phy icians of London and the Royal Colle e of Sur eon of England and the American Board of Radiology

The principal subjects of the examination are

I RADIODIAGNOSIS

II RADIOTHERAPEUTICS

All candidates mu t pre ent themselve for examination in both subjects and will be re quired to pa in one of them on an honours tandard They will al o be examined in general medicine general surgery and gen ral pathology but tho e who have qualified by examination for hi her medical or surgical degrees or diploma may be exempted partly or wholly from the p rt of the Fellow hip examination A the is concerned with some a pe t of their honours subj ct is to be pursued from candidate and mu t be presented before the end of August

In addition to p sing the examination candidates mu t comply with the condition for ordinary membership before they can be elected Fellow

Further particulars may be ob tained from— F HERNAMAN-JOHNSON M D D M R E Warden of the Fellow hip

Briti h Association of Radiolo ists 32 Welbeck Street London W 1

Tel WELbeck 6867

POST GRADUATE COURSE IN ORTHOPAEDIC SURGERY

A Special Fortnight Cour e will be held at the ROYAL NATIONAL ORTHOPAEDIC HOS PITAL 234 *Great Portland Street* London W 1 from March 8th to March 20th

Tho e taking the cour e will have acce to operations and the practice of the Hospital

Applications should be made to the Secretary of the Ho pital or to the Secretary of the Fellow hip of Medicine at 1 Wimpole Stre t W 1

BRITISH POSTGRADUATE MEDICAL SCHOOL

Applications are invited from fully qualified Medical Practitioner for the *post of* CASUALTY OFFICER to commence duty on April 1 t

The appointment is for six months and non re ident Salary is at the *rate of* £150 per annum *and the po t is* p rticularly suited to candidate tudying for hi her qualification

Applications should be ubmitted not lat r than March 15th and should be addr d to the Dean Briti h Postgraduate Medical Sch l Ducane Road W 12

BOROUGH OF DOVER

TEMPORARY ASSISTANT MEDICAL OFFICER OF HEALTH

The Corporation o Dover invi applications for the above appointment from Medical Practitioner of not more than 40 ear of a who hold a Diploma in Sanitary Sci e Salary £600 per annum

The applicant appointed will be required to devote his attention principally to work under the Maternity and Child Welfare Orders 1918-20 Knowledge of French and German will be an advantage

Further details of the appointment and forms of application may be obtained from the under signed to whom applications should be sent not later than the 16th inst

Town Clerk's Office S P H LOXTON Bro k Hou e Dover Town Clerk

March 1st, 1937

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S W 1 (Telephone Victoria 2722) supplies qualified Dispensers Bookkeepers Laboratory Assistants Sanitary Assistants Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies Porters Caretakers etc with out charge to prospective employers

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L C C) 46 Hereford Road W 2 will supply qualified Dispensers Secretaries Receptionists etc without fee to Medical Practitioners Phone Bayswater 0825

PARTNERSHIPS

WANTED—A GOOD CLASS PARTNERSHIP or PRACTICE Southern England Private advertiser Free now Experienced Anaesthetist Preliminary Assistantship considered Capital available Full details in confidence—Address No 1925 B M A House Tavistock Square W C 1

WANTED BY D M R E and B Sc aged 30 English with experience in general practice PARTNERSHIP in good class Practice with prospects of Hospital appointment Income required £1 500 or over—Address No 1926 B M A House Tavistock Sq W C 1

WANTED—PARTNERSHIP IN V D AND OR Skin Practice London Capital available—Address No 1911 B M A House Tavistock Square W C 1

JUNIOR PARTNER WANTED FOR INDUSTRIAL Practice in the Midlands Three partners Share of £1 200 gross at 2 years purchase—Address No 1895 B M A House Tavistock Square W C 1

MIDLANDS—PARTNERSHIP (HALF SHARE) offered in mixed Practice which has been in present hand 45 years Ultimate success on Average receipts for past 3 years £1 200 Panel 1 000 Appointment £100 Rapidly growing town in beautiful surrounding Excellent educational and sporting facilities Great scope for energetic man Terms 2 years purchase—No 1904 B M A House Tavistock Sq W C 1

MEDICAL SUPERINTENDENT OF MENTAL Home for the reception of Ladies suffering from Nervous Disorder under certificate or otherwise would like to get in touch with MENTAL SPECIALIST with view to PARTNERSHIP — Address No 1917 B M A House Tavistock Square W C 1

MEDICAL — JUNIOR PARTNERSHIP FOR sale in attractive West of Scotland seaside resort Old established practice Steady income Early option to increase initial share Desiderata Male Protestant married (or with prospect of early marriage) Special qualification in surgery or D P H useful—Apply CRAWFORD HERRON & CAMERON Solicitors 257 West George Street Glasgow C 2

[illegible] SHARE IN PART mainly unopposed Panel 1 600 Several appointments Average over £3 300 Attractive modern house with garden and garage —No 1620 B M A House Tavistock Sq W C 1

LOCUMS

RELIABLE LOCUMS REQUIRED IMMEDIATELY Send full particulars—BRITISH MEDICAL BUREAU 33 Cross Street Manchester 2

LOCUM WORK WANTED BY EXPERIENCED G P keen to attend to good class private practice and panel London man Excellent testimonial Well received abstainer now disengaged Phone Ongar 96 or Address No 1932 B M A House Tavistock Square W C 1

PRACTICES

WANTED—PANEL AND PRIVATE PRACTICE by experienced M B B Ch Anyone willing to accept £250 down and balance by quarterly instalment kindly communicate with Address No 1907 B M A House Tavistock Square W C 1

WANTED FOR TWO LARGE PRACTICES or would buy existing PARTNERSHIP Firm Panel and private South London preferred Capital available—Address No 2058 B M A House Tavistock Square W C 1

WANTED [illegible] MIXED Minimum £1 20 on Good house No 1608 B M A House Tavistock Square W C 1

WANTED — ONE MAN OLD ESTABLISHED PRACTICE in Kent or Sussex Net income £1 200 House to rent—Address No 1930 B M A House Tavistock Square W C 1

WANTED—MIXED PRACTICE IN SUBURB of large town Midland North or Coast Income £1 200—£1 400 Panel 1 000 units or more House rent Capital available—Address No 1914 B M A House Tavistock Square W C 1

WANTED—PRACTICE IN LONDON SUBURB preferably S S W or W or Surrey or Sussex Income £800 to £1 000 p a House with 4 bed 2 recep etc Ample capital ready—Address 2283 FREEMAN TURNER LTD 4 Adam Street London W C 2

WANTED BY M D D P H AT PRESENT in practice a PRACTICE with appointment and panel worth about £1 000 to £1 200 per annum Must be near Carlisle Advertiser would require 3 to 4 months to dispose of present practice—Address No 1605 B M A House Tavistock Square W C 1

AN OLD ESTABLISHED COUNTRY PRACTICE for sale Same hand 20 years Dom £600 over £400 panel and appts Nice house and garden £60 All services—Address No 1720 B M A House Tavistock Square W C 1

BOURNEMOUTH—PRACTICE IN GROWING part £840 last year Panel 700 rapidly increasing 2 years purchase or near offer House 18 or rent THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 and 25 South Molton Street W 1

BRISTOL—GOOD MIXED PRACTICE PANEL 1 360 Receipts £1 360 Good connection Premium £3 000 House rent—THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 and 25 South Molton Street W 1

EAST LANCASHIRE INDUSTRIAL AND middle class PRACTICE for sale Panel 1 800 Receipts approximately £1 900 p a (audited) Introduction given 1½ years purchase—Address No 1818 B M A House Tavistock Square W C 1

PRESENT AGED 57 ENGLISH EMERITA enced in general and operative surgery and general practice desires PRACTICE or PARTNERSHIP Private Advertiser—Address No 1922 B M A House Tavistock Square W C 1

FOR SALE — O E GENERAL PRACTICE Clean Industrial Lancs Town Limited cash receipts past year £2 700 panel 2 500 Good house to rent or purchase Premium to include debt etc £5 950—Address No 1920 B M A House Tavistock Square W C 1

FOR SALE PRIVATELY OWNERS OLD established PRACTICE and HOUSE Good position W Riding City Panel 1 100 Average receipts £1 400 garage With live out standing debt £4 350 or near offer—Address No 1937 B M A House Tavistock Sq W C 1

FOR SALE—PRACTICE £650 p a SOMERset town Scope for increase Held 11 year Owner retiring Good house to be let Price £900—Address No 1924 B M A House Tavistock Square W C 1

PRACTICE IN RAPIDLY GROWING PANEL district Long lease £55 rent 400 panel Newly fitted lock up Surgery £550—Address No 2064 B M A House Tavistock Square W C 1

NUCLEUS—WELL ESTABLISHED IN GROWing N W London suburb Mixed panel and private Small modern main road house Illness cause of selling—Address No 2051 B M A House Tavistock Square W C 1

SUSSEX COAST TOWN—OLD ESTABLISHED PRACTICE averaging £1 500 p a Panel 850 Good corner house garage Premium two years purchase—Address No 1796 B M A House Tavistock Square W C 1

SOUTH ENGLAND—COUNTRY TOWN PRACTICE in delightful part Vendors end unopposed Share producing £1 420 p a at 2 years purchase Good panel Suitable house—THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 and 25 South Molton Street W 1

SHEFFIELD—AN £1 000 PANEL AND appointment £450 Good district Great scope Choice of house 1½ years purchase—Address No 1936 B M A House Tavistock Square W C 1

WEST END—PHYSIOTHERAPEUTIC PRACTICE for sale on account of ill health reasonable sum for quick sale—Address No 2054 B M A House Tavistock Square W C 1

HOUSES CONSULTING ROOMS

HARLEY STREET AND DISTRICT—A NUMber of excellent CONSULTING ROOMS are available for full and part time use at moderate rent Particulars on application—ELGOOD & CO 10 Hanover Street Cavendish Square W 1 Lang 2601

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ELLIOTT, SON & BOYTON
(H C Rowe F S I)
VERE STREET CAVENDISH SQUARE W 1
Estate Agents Auctioneers and Surveyors
are the BEST LOCAL AGENTS for HOUSES and CONSULTING ROOMS in the Harley Wimpole Queen Anne and other Streets in the Cavendish Square district Valuations for all purposes
Telephone 3204 MAYFAIR

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SPECIALISTS IN PROFESSIONAL HOUSES FLATS AND CONSULTING ROOMS
in Harley Street and leading Medical Locations
Telephone Langham 3927 *and* 3928

ADJOINING HARLEY STREET — NO 8 PARK SQUARE WEST overlooking Regents Park and with small garden at rear 5 bedroom etc Messrs SAMUEL B CLARK & SON are instructed by the Mortgagee to offer the Unexpired Lease of this dignified little HOUSE about 28 years unexpired for sale by Auction at Winchester House Old Broad Street E C on Tuesday March 16th Particulars on application to the Auctioneers Office 69 New Cavendish Street W 1 (Langham 2667)

HAYES END MIDDLESEX — DELIGHTFUL detached gentleman's RESIDENCE in excellent condition throughout situated just off the Babridge Road in a popular district and development has now commenced on an estate almost adjoining for the erection of a further 3 000 houses 3 bed each with hand basin h and c bath W C 3 recept cloakroom kit and cullery garage charming garden about 1/2 an acre in all £1 800 freehold or near offer—ROBERTSON & CHALMAN 162 High St Hounslow

HARLEY ST—SMALL CONSULTING ROOM to let whole or part time Phone and all amenities Resident reception staff—Write Box I 55 Scripps's South Molton Street W 1

MODERN HOUSE 450 FEET HIGH ON the Surrey Hills with fine views only 40 for Convalescent Home etc 6 airy light bedrooms large balcony for living out 3 reception room 2 bathrooms Central and electrical heating Near rail (hour Waterloo) Small garden £2 800—Sole Agents Ottaway Dorking Surrey

PARK LANE — DENTAL PRACTITIONER with high class practice has one or two CONSULTING ROOMS to let in modern building Rent includes use of waiting room and usual services — Address No 1621 B M A House Tavistock Square W C 1

PARK CRESCENT PORTLAND PLACE— Large quiet well furnished CONSULTING ROOM available for three days or more per week with exceptional service at nominal rent —Address No 1829 B M A House Tavistock Square W C 1

QUEEN ANNE STREET—ONLY £40 P A secures a well furnished CONSULTING ROOM fitted for any kind of practice Large waiting room attendance and all service Can be used when required and practically equivalent to full time room—Address No 1107 B M A House Tavistock Square W C 1

UNIQUE OPPORTUNITY—VERY ATTRACtive detached RESIDENCE in high class London Suburb will be to let on lease from March quarter Has been in continuous use as doctor's surgery for past 14 years—No 2056 B M A House Tavistock Sq W C 1

WIMPOLE STREET—EXCELLENT NEWLY decorated First Floor Large CONSULTING ROOMS with Secretary's Room Rental £175 p a Service recommended—BELFRAM & Co 43 New Cavendish Street W 1 Welbeck 3703/4

YORKSHIRE—HOUSE FOR SALE IN WEST Riding town Large garden Garage Present occupier Consulting Surgeon—Address No 1604 B M A House Tavistock Square W C 1

MISCELLANEOUS SALES etc

WANTED — A SECONDHAND R A M C OFFICER'S UNIFORM and kit Preferably complete Advertiser's height 5 ft 9 ins The Territorial Army uniform will be countermanded—Address No 1905 B M A House Tavistock Square W C 1

BOROUGH OF CAMBRIDGE

MATERNITY AND CHILD WELFARE COMMITTEE

Applications are invited from qualified Medical Practitioners for the post of whole time ASSISTANT MEDICAL OFFICER for Maternity and Child Welfare at a salary of £600 per annum increasing by annual increments of £50 to a maximum of £800 per annum

The person appointed will be under the general direction of the Medical Officer of Health and will be required to

1 Act as Medical Officer to the Maternity and Child Welfare and Ante natal Clinics
2 Medically inspect school children under the age of 5 years in attendance at Nursery classes
3 Act as Inspector of Midwives practising in the Borough
4 Supervise the practice of the midwives in the service of the Corporation
5 Supervise the work of the Health Visitors
6 Inspect the Nursing Homes in the Borough
7 Discharge such other duties as the Council may from time to time require

Four weeks annual holiday will be allowed

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to three months notice on either side The selected candidate will be required to pass a medical examinaton

Forms of application may be obtained from the Medical Officer of Health The Guildhall Cambridge to whom they should be returned together with copies of three recent testimonials not later than March 16th

The successful candidate will be required to commence duty on June 1st

The Guildhall C H KEMP
Cambridge Town Clerk
February 23rd 1937

COUNTY BOROUGH OF DARLINGTON

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications from qualified Medical Practitioners are invited for the combined appointment of Assistant Medical Officer of Health for Tuberculosis Public Assistance under the terms of the Public Assistance Order 1930 and other Public Health duties The duties will not include domiciliary visiting for the Public Assistance Committee

Applicants must not exceed 40 years of age and must have had at least three years post graduate experience in general medicine and surgery and in Public Health work

The person appointed will be required to give full time service under the Authority to act generally under the direction of the Medical Officer of Health to carry out such duties as may from time to time be assigned to him to pass a medical examination to contribute to the Superannuation Fund under the appropriate Superannuation Act and to reside in a house provided by the Authority The appointment will be terminable by three months notice

The combined salary is £550 per annum rising to £700 per annum by annual increments of £25 and in the case of a candidate now in the service of another Authority on a rising salary scale recognition may be given to past service with such Authority in fixing the commencing salary A rental of £40 per annum will be required for the house provided All fees or emolument received will be required to be paid over to the Local Authority

Application forms and particulars as to duties may be obtained from the Medical Officer of Health Greenbank Darlington to whom applications endorsed Assistant Medical Officer of Health together with copies of three recent testimonials must be delivered not later than March 10th

H HOPKINS
February 22nd 1937 Town Clerk

CITY OF NOTTINGHAM

ASSISTANT MEDICAL OFFICER FOR MATERNITY & CHILD WELFARE WORK

Applications are invited for the above post from Women Medical Graduates experienced in practical midwifery and ante natal and infant welfare work

The duties will be chiefly in the ante natal and infant welfare clinics under the administrative control of the Medical Officer of Health

Salary £500 rising by annual increments of £25 to £700 The salary is subject to deductions under the Superannuation Scheme of the Corporation The successful candidate will be required to submit to a medical examination and to reside within the City of Nottingham

Application forms may be obtained from the undersigned and must be returned to me not later than March 22nd Canvassing will be a disqualification

Guildhall J E RICHARDS
Nottingham Town Clerk.
February 24th 1937

COUNTY BOROUGH OF ROTHERHAM

PUBLIC ASSISTANCE COMMITTEE

SENIOR RESIDENT ASSISTANT MEDICAL OFFICER AND MATERNITY OFFICER

Applications are invited from fully qualified Medical Practitioners for the post of Senior Resident Assistant Medical Officer and Maternity Officer at the ALMA ROAD HOSPITAL ROTHERHAM at a commencing salary of £500 per annum rising by annual increments of £25 to £600 per annum maximum, together with the usual emoluments

The candidates must be qualified registered Medical Practitioners and must have held previous resident appointments in Maternity Hospital and have had experience in Ante natal work and the officer appointed will work under the direction of the Medical Superintendent and be required to assist in general medical and surgical work at the Hospital Also the duties will include supervision of Maternity Wards in the Hospital and the attendance at the Ante natal and Post natal Clinic

The appointment is subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination as to physical fitness The appointment will be terminable by three months notice on either side

Applications with copies of not more than three recent testimonials endorsed Senior Resident Alma Road to be sent in to the undersigned not later than March 19th Forms of application can be obtained from the Public Assistance Officer Effingham Street Rotherham

CHAS I DYSON Town Clerk
Municipal Offices Rotherham
February 26th 1937

COUNTY BOROUGH OF BARROW IN FURNESS

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

Applications are invited for the above appointment at an inclusive salary at the rate of £500 per annum, rising subject to satisfactory service by annual increments of £25 to £700 per annum

Candidates must be fully qualified and registered Medical Practitioners and possess the Diploma in Public Health

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the person appointed will be required to pass a medical examination

Forms of application and particulars of the duties may be obtained on application to the Medical Officer of Health, Town Hall Barrow in Furness and completed applications endorsed Assistant Medical Officer of Health accompanied by copies of not more than three recent testimonials must be returned to my office not later than first post on Monday, March 22nd

Canvassing either directly or indirectly, will be deemed a disqualification

W LAWRENCE ALLEN Town Clerk

LEICESTERSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified Medical Practitioners (male) under 35 years of age, for the appointment of Assistant County Medical Officer

Candidates must possess a Diploma in Public Health The duties of the appointment will be in connection with the work of the School Medical Tuberculosis and Maternity and Child Welfare Services in addition the officer will be required to undertake general administrative duties

The person appointed must devote the whole of his time to the duties of the office and will carry out such other duties as the County Medical Officer may assign to him

The salary will be at the rate of £700 per annum rising subject to satisfactory service by annual increments of £25 to £750 per annum with travelling expenses according to the County Council scale

The appointment is subject to the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination

The appointment will be terminable by three months notice on either side

Canvassing of any description will be a disqualification

Forms of application may be obtained from the undersigned and must be received accompanied by copies of not more than three recent testimonials not later than the first post on Wednesday March 24th

County Offices LUCAS F RUMSEY
Leicester Clerk of the Council
March 1st 1937

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND MEDICAL OFFICER OF HEALTH

Applications are invited for the joint whole time appointment of an Assistant County Medical Officer of Health for the Administrative County of Stafford and Medical Officer of Health for the Darlaston Urban District (population 20 110) The salary will be at the rate of £800 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act 1922

Applicants must be fully qualified medical men with experience in public health duties and must hold the Diploma in Public Health The person appointed will as regards his duties as Assistant County Medical Officer of Health act under the direction of the County Medical Officer of Health and will be required to perform such duties as may be from time to time prescribed As regard his duties as District Medical Officer of Health the officer will be subject to the control and direction of the Local Sanitary Authority

The joint appointment is subject to the approval of the Minister of Health and Board of Education and also so far as the office of District Medical Officer of Health is concerned to the provisions of the Sanitary Officers (Outside London) Regulation 1935

The joint appointment will be subject to three calendar months notice on either side subject so far as the office of District Medical Officer of Health is concerned to the consent of the Minister of Health

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

Forms of application may be obtained from the undersigned and should be returned to first post on March 18th together with copies of not more than three testimonial

County Buildings H I UNDERWOOD
Stafford Clerk of the County
February 25th 1937 Council

CITY OF SHEFFIELD

APPOINTMENT OF POLICE SURGEON

The Watch Committee of the Sheffield City Council invite applications for the office of Police Surgeon from duly qualified persons not exceeding 45 years of age

A statement of the duties and of the terms and conditions of the office is attached to the form of application which must be used and can be obtained from me

The salary is £1,000 per annum (payable monthly) which is to cover all personal expenses incurred in carrying out all duties of the office, including travelling about the City and as the post has been declared an established post for the purposes of the Local Government and Other Officers Superannuation Act 1922 the salary is subject to a deduction of 5 per cent and the successful candidate will be required to pass a medical examination

The person appointed will be required to devote the whole of his time to the duties of the office

[illegible] supported by copies of [illegible] testimonials [illegible] should be addressed to [illegible] at my office not later than March 20th

Canvassing or any communication to a member of the Council either directly or indirectly is prohibited and will be a disqualification

Town Hall F B GIBSON
Sheffield, 1 Town Clerk.
February 23rd 1937

CITY OF BIRMINGHAM

SELLY OAK HOSPITAL (500 Beds)

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Applications are invited from fully qualified Medical Practitioners for the wholetime appointment of Junior Medical Officer (male) at the Selly Oak Hospital Birmingham The appointment will be for a period of six months in the first instance but may be extended at the end of that time for a further period not exceeding six months

Salary at the rate of £200 per annum and full residential emoluments

The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the forces pay) received by him

Further particulars may be obtained from the Medical Superintendent at Selly Oak Hospital to whom applications stating age experience and qualification with copies of recent testimonials should be forwarded not later than Wednesday March 10th

F H C WHITSHILL Town Clerk.
The Council House Birmingham
February, 1937

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to MEMBERS of the MEDICAL PROFESSION

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APPOINTMENTS—Contd

THE NELSON HOSPITAL Merton S W 20 (86 Beds)

RESIDENT HOUSE SURGEON (male unmarried) required on April 1st for duties in connection with Maternity and Women's Wards—share casualty work Appointment for six months in first instance Salary at rate of £100 per annum plus usual allowances and laundry

Candidates must be British by nationality and birth

Applications, with copies of recent testimonials, should be sent to the Secretary not later than March 24th

WEST LONDON HOSPITAL, Hammersmith, W 6 (241 Beds)

Required ONE HOUSE PHYSICIAN, ONE HOUSE SURGEON, and ONE HOUSE SURGEON (with Throat, Nose and Ear duties) The duties of the House Physician include some work in the Children's Department one House Surgeon will have some work in the Genito Urinary Department, and the House Surgeon (with E N and T duties) will also act as Resident Casualty Officer These three appointments (males) are tenable for six months from April 1st next, subject to one month's notice on either side Salary at the rate of £100 per annum, with board, lodgings, and laundry allowance Candidates must be registered under the Medical Act

Applications (which must be made on printed forms obtained from me) must reach me not later than first post on Thursday, March 11th Selected candidates will be required to call upon such members of the Medical Staff as directed to be in attendance at the Medical Council Meeting on Friday March 19th at 4 30 p m, and the House Committee Meeting at 5 p m the same day, when the appointments will be made

H A MADGE Secretary

THE PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, London, E 1 (135 Beds) (Formerly East London Hospital for Children)

A HOUSE PHYSICIAN is required on April 1st by the above Hospital Candidates are invited to send in their applications, addressed to the Secretary, by noon on Monday, March 8th, at the latest accompanied by copies of not more than three recent testimonials and particulars of previous appointments, if any

The appointment is for six months

Salary at the rate of £125 per annum with board, residence and laundry Candidates must be registered with the General Medical Council Forms of application and copies of the rules can be obtained from the Secretary Superintendent

THE ROYAL CANCER HOSPITAL (FREE) (Incorporated under Royal Charter), Fulham Road, London, S W 3

Applications are invited for the post of HOUSE SURGEON to be attached to the Radium Department

Candidates must be registered Medical Practitioners Facilities afforded for Post graduate study The appointment is for six months Salary at the rate of £100 per annum, together with board residence, and laundry

Applications to be made on a form which will be supplied by the Secretary, with copies only of not more than three recent testimonials, to be sent to the Secretary not later than first post Friday March 12th

CLEMENT COBBOLD Secretary

THE ROYAL CANCER HOSPITAL (FREE) (Incorporated under Royal Charter) Fulham Road, London, S W 3

Applications are invited for the post of HOUSE SURGEON, to commence duties on April 1st

Salary at the rate of £100 per annum

The appointment is for six months and subject to rules a copy of which may be obtained from the Secretary

Applications to be made on a form which will be supplied by the Secretary, together with three (copies only) testimonials to be sent to the undersigned not later than the first post on Friday March 12th

CLEMENT COBBOLD Secretary

THE HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W C 1

A RESIDENT HOUSE PHYSICIAN and a RESIDENT HOUSE SURGEON (male) are required Duties to commence on April 18th

The appointments are tenable for six months Salaries at the rate of £100 per annum

Candidates must be unmarried, possess a legal qualification to practise, and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday March 22nd, and candidates must be prepared to attend for interview by the Joint Committee at 4 45 p m on Wednesday, April 7th

Further particulars and forms of application are obtainable from the undersigned

HERBERT E RUTHERFORD

February 1937 Secretary

MARGATE AND DISTRICT GENERAL HOSPITAL (98 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male)

Salary £150 per annum with board and laundry Duties to commence April 1st

Applications accompanied by copies of testimonials should be addressed to the Secretary at the Hospital as early as possible

ST PETER'S HOSPITAL FOR STONE ETC Henrietta Street, Covent Garden W C

The office of HOUSE SURGEON will fall vacant on April 1st, and applications are invited from male candidates with previous experience in a similar office at a General Hospital The salary offered is at the rate of £75 per annum, with board, lodging, and laundry

At the expiration of six months term of office and subject to the recommendation of the Medical Committee the House Surgeon is appointed Resident Surgical Officer for a further similar period Candidates shall therefore be required to remain at least six months in all

Copies of the rules may be obtained from me to which the first applications must reach me not later than first post on Tuesday March 9th

BEECHEY ROGERS Secretary

LONDON HOMOEOPATHIC HOSPITAL (Incorporated by Royal Charter) Great Ormond Street, Bloomsbury W C 1 (A General Hospital—200 Beds)

APPOINTMENT OF HOUSE PHYSICIAN

Applications are invited for the appointment of House Physician, vacant April 1st

The appointment is one of three Resident Medical posts which occur periodically during the year, and is for a period of six months with salary at the rate of £100 per annum and board, apartments and laundry Candidates must be legally qualified and registered Selected candidates will be required to attend a meeting of the Medical Committee for interview on March 10th Applications stating age with copies of testimonials, to be sent to the undersigned immediately

J T KNOWLES Secretary

ACTON HOSPITAL, W 3

CASUALTY OFFICER (male unmarried) required to commence duties April 1st for a three months appointment, with promotion to Resident Medical Officer for similar period if approved Salary £150 per annum, with board residence and laundry

Candidates must be fully qualified and registered Applications, stating age nationality, and qualifications should be sent with copies of three testimonials to the Secretary and should arrive not later than March 15th

DONALD D C SWORD Secretary

Acton Hospital, Gunnersbury Lane Acton, W 3

March 3rd 1937

KING EDWARD MEMORIAL HOSPITAL EALING (133 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (male) Six months appointment commencing March 21st or April 1st but candidates are eligible for re election Salary £150 per annum, with usual residential allowances Applications, stating age experience and qualifications together with copies of two recent testimonials, to be sent to the undersigned immediately

R A MICKLEWRIGHT Secretary S H

WIMBLEDON HOSPITAL, Thurstan Road S W 20 (General Hospital—71 Beds)

RESIDENT MEDICAL OFFICER (male of British nationality) required for a period of six months in the first place from April 1st eligible for re election Salary at the rate of £150 per annum, with board residence and laundry

Candidates must possess registerable qualifications

Applications stating qualifications and experience, together with copies of testimonials should be sent to the undersigned

Mrs ASHLEY EDWARDS Hon Sec

EVELINA HOSPITAL FOR SICK CHILDREN Southwark S E 1

Applications are invited for the post of HOUSE SURGEON (male) for six months from April 12th (first two months in the Casualty and Out patient Department) Salary at the rate of £120 per annum with full board and residence

Applications with copies of three testimonials should be sent to the undersigned from whom particulars can be obtained later than first post on Thursday March 11th

W H SIDNEY H

ST JOHN'S HOSPITAL Lewisham, S E 13

A vacancy has been declared in the office of HONORARY DERMATOLOGIST to the Hospital applications are invited The honorary assistant will be required to take charge of the Skin Department and take one Out patient Clinic weekly

The Selection Committee will meet on the 16th inst and applications should be sent by the undersigned as soon as possible

J C GILBERT

service supported by laboratory and specialist services and based upon the work of the general practitioner The financial statement of the Institute shows for the year an income of £1 256 and expenditure of £1,461, but its assets amount to £15,389

District Nursing in Scotland

At the annual meeting of the Scottish Branch of the Queen's Institute of District Nursing held in Glasgow on December 18th Lord Provost John Stewart presided and Mr J M Vallance assistant secretary to the Department of Health spoke of the important work for the public carried on by district nurses He said there was now an army of over 900 fully trained nurses who played a great part in providing a health service for the country The county federation that had taken place during the past year had further strengthened the activities of district nursing associations With regard to the medical service for the Highlands and Islands the grants paid to nursing associations had amounted to £18 000 in 1935 as compared with £12 000 in 1925 and £6,000 in 1919 About 200 nurses were engaged in work in the Highlands and Islands, and the great success of medical service in this area was due to the complete co operation that existed between doctors and nurses The Maternity Services (Scotland) Bill now before Parliament was an attempt to solve the most serious problem that had confronted the Department for many years and Mr Vallance expected it would make a big reduction in infantile mortality He considered that it would also strengthen voluntary nursing associations by arrangements between them and local authorities Lady Susan Gilmour, secretary of the Scottish Branch said she expected that district nurses would do their share in helping the national work of reducing deaths among mothers especially in the country areas District nurses during the past year had attended 14 521 maternity cases or one sixth of the total for Scotland and the mortality amounted to 3 5 per 1 000 births as compared with 6 8 of cases otherwise attended

ENGLAND AND WALES

The University College Hospital Extensions

Extensions of University College Hospital Gower Street, close to the new home of the University of London, were opened last month by the Duke of Kent The extensions comprise a paying patients' wing a new ante natal and infant welfare department, an x-ray diagnostic department, and homes for the nursing and domestic staff In performing the ceremony the Duke of Kent emphasized the importance of the provision for paying patients, mentioning that University College Hospital had not been as fortunate as some other institutions in finding a generous donor to provide such accommodation, and therefore had taken upon itself the responsibility of erecting the building Sir Herbert Samuelson, chairman of the hospital stated that the new extensions had cost about £300 000 two thirds of which had still to be raised The new wing for paying patients claims to be one of the finest of its kind ever erected Accommodation is provided for seventy seven patients, all of whom are housed in separate rooms except in two four bed wards which can be converted into separate cubicles when desired All of them are attractively decorated and some which have a south-westerly aspect have large balconies suitable for open air treatment. On the ground floor, in addition to reception waiting and consulting rooms and offices the new x ray department is installed The operating theatres of which there are three with ancillary accommodation and the pathological laboratories are situated on the sixth floor The hospital is said to be the first in the country in which all the theatres and sterilizing rooms and indeed all the seven floors, are equipped with an automatic supply of constant running hot and cold distilled, and sterile water The air which comes into the operating theatres is filtered and passed through radiators to warm it An alternative system of lighting is provided coming on automatically in the event of breakdown of the main supply On the top floor there is a solarium for convalescent patients and a space which can be used for a badminton court for the nurses and for exercise for the patients The new ante natal and child welfare department which was opened in part, is another example of careful planning The post natal clinic includes four examination rooms with three cubicles for suspected cases of infectious or contagious disease, and these are so arranged as to have direct access to the street, in order that such cases can be removed at once by ambulance without retracing their way through the department

Leeds Students' Union

It has for long been an aspiration on the part of the authorities of the University of Leeds and of the past and present students that adequate accommodation should be made for the Students Union When the great scheme for the extension of the buildings of the University was launched a scheme which has been recently referred to in these columns (*Journal* December 19th 1936 p 1252) this was one of the objects mentioned The sum of £50 000 was spoken of as necessary for the purpose The matter was taken up by the past and present students and a sum of about £4 000 has been collected Nothing is more likely to encourage generosity on the part of those who have the welfare of the students at heart than action of this kind and it may well have been this that influenced Mr W Riley-Smith of Tadcaster to give £25 000 towards the scheme last June At the annual dinner of the Leeds University Old Students Association which was held on December 19th 1936 it was announced that a Treasury grant of £15 000 had been voted towards the object Plans have been in readiness for some time and will soon be put in hand An excellent site has been secured within what will be the ring fence of the greatly extended university buildings As the distance between these and the more strictly medical buildings such as the Medical School, the Institute of Pathology the School of Dentistry and the General Infirmary is not great it is hoped that these Union buildings may act as a stimulus to that intimate relationship between all the faculties which is the essence of a university

Medical Society of London

The second half of the 164th session of the Medical Society of London opens on January 11th with a pathological meeting at 8 p m Discussions will be held at 11, Chandos Street W at 8 30 p m as follows January 25th value of experimental and laboratory training in medical education, February 8th treatment of facial paralysis, February 22nd, aetiology and diagnosis of jaundice March 8th, effects of prolonged dorsal decubitus, March 22nd consideration of some occupational diseases The Lettsomian Lectures on Surgery of the Thyroid Gland will be delivered by Sir Thomas Dunhill on February 15th and 24th and March 1st at 9 p m The annual general meeting will be held on May 10th at 8 p m and will be followed by the Annual Oration on Perspective and Poise in Practice by Dr R A Young and a conversazione

Birmingham Health Congress

The Earl of Dudley will preside over the Health Congress of the Royal Sanitary Institute at Birmingham from July 12th to 17th The Minister of Health (Sir Kingsley Wood) will address a general session on July 13th The deliberations of the Congress will be divided among eight sections dealing with preventive medicine, engineering architecture and town planning, maternity, child welfare and school hygiene veterinary hygiene national health insurance hygiene in industry, tropical hygiene sewage disposal There will also be conferences of representatives of local authorities medical officers of health engineers and surveyors sanitary inspectors and health visitors

Correspondence

Metabolic Factor in Rheumatism

SIR,—I see from the article by Dr R G Gordon in your issue of December 19th, 1936, that we are returning to the conception I have advocated for the last twenty years—namely, that in chronic rheumatism a series of external factors—meteorological, dietetic, mental, toxic, and infective—acting on a specially predisposed individual disturb first of all the regulators of metabolism (the endocrines, including that most important endocrine the liver, the vegetative nervous system, and the psycho-associational cortex), and thus determine metabolic disturbances which, acting on the tissues of the joints, cause the terminal lesions of chronic "non-specific" arthritis The fundamental error which has encumbered research on rheumatism during recent years consists in having taken the part for the whole, and thus having laid undue stress on the infective factor (one of the external factors) and concentrated on an exaggerated pigeonholing of the terminal results of the disease—the arthritic localization Recent work confirms the importance of the metabolic factor and the necessity of considering the rheumatic patient as a whole and not from an exclusively bacteriological or anatomical point of view

Two points must be stressed in consideration of the metabolic factor in chronic rheumatism The first point is that metabolic disturbances are not uniform Every individual, and therefore every rheumatic, experiences psycho-neuro endocrine reactions, and thus metabolic disturbances according to his own special psycho-neuro-endocrine constitution For this reason, as I pointed out in my communication to the International Congress for Rheumatism in Moscow, we find in certain rheumatics a low basal metabolism, in others a high one, in some a low blood [illegible] in others the contrary [illegible] one The second point is that among the metabolic disturbances found in chronic rheumatics are included those which manifest a special inadequacy of the joint tissues, and these are important because they explain the localization of the general disturbance on the joints Sulphur is an important element in the local metabolism of the joints Derangement of the regulators of sulphur metabolism indicates an inadequacy of the local resistance of the joints This explains the frequency with which a disturbed sulphur metabolism is found in chronic rheumatics—a frequency accepted by most authors since my first work on the subject—and also the efficacy of sulphur spas and sulphur treatment, including gold treatment, which, in fact, is treatment by gold plus sulphur—I am, etc,

London, W 1, Dec 22nd, 1936 A P CAWADIAS

SIR,—Dr R G Gordon's article on rheumatism in the *Journal* of December 19th, 1936 (p 1243), interested me from the stress laid on the metabolic aspect

For some time I have noticed that certain cases of acute lumbago show definite urinary changes very suggestive of a gouty metabolism These are demonstrated by a lateritious deposit a *p*H value of 5 to 5·4 as measured by the B D H capillator and an increased frequency caused by the hyperacidity The local findings in these cases have been tenderness and a bilateral fibrositis so far as I remember (unfortunately I have no notes) The underlying pathology is presumably an increased acid formation in the muscles which acid is retained unduly long owing to deficient circulation caused by the fibrosis pressing on the blood vessels This fibrosis may of course in the first place be induced by faulty metabolism thus causing a vicious circle so far as local symptoms are concerned

The metabolic aspect of these cases is supported by the symptomatic relief following the exhibition of iodides and alkalis This does not deal with the fibrositis, which requires physiotherapy for its dispersal—I am, etc,

I H LLOYD-WILLIAMS, M B, B S

Southport, Dec 20th

Blood Transfusion

SIR,—Mr P L Oliver has made the suggestion that a national blood transfusion conference should be held at which those who have had experience of this method of treatment should exchange views and draw up a series of recommendations (*Journal*, November 21st, 1936, p 1032) Such a conference is long overdue, and it is to be hoped that it will be convened without delay

There is at present a great deal of confusion of thought on this subject Statements originating from the time when blood transfusion was a rare and exciting adventure have been reproduced in the textbooks from one edition to another Isolated cases of transfusion accidents are reported from time to time, and we are invited to draw conclusions from them Reports of cases that have been transfused by inexpert operators can do nothing but confuse the issues I hope Dr N S Plummer will take no offence if I cite as an example one of the cases in his interesting and able report in the *Journal* of December 12th, 1936 (p 1186) A woman with advanced mitral stenosis was given 600 c cm of blood in one transfusion Criticism without full knowledge of the circumstances can serve no useful purpose, but Dr Plummer himself expresses the opinion that probably this case was unsuitable for transfusion, and surely if a transfusion was necessary the quantity given should have been very much smaller One cannot help wondering whether some other imperfections of technique may explain the accidents in some of the other cases quoted

Dr Plummer states that 50 per cent of transfusions are followed by some sort of reaction I would submit that with a proper technique only about 5 per cent of cases have any reaction at all, and most of these are very slight In over 400 transfusions carried out here in the past thirteen years there were only two fatalities which could be ascribed to the transfusion Both these cases were bad risks in which transfusion was undertaken as a choice of evils One was a case of carcinoma with femoral thrombosis, the other was a man of 86, a case of haematemesis Although in a straightforward case blood transfusion is a comparatively simple procedure there are numerous pitfalls for the inexperienced operator The use of blood which has been overheated or blood containing microscopic and even macroscopic clots, stale saline, or citrate, the use of imperfectly cleaned rubber tubing containing a film of old blood from a previous transfusion, and too rapid injection of the blood—these are some of the mistakes to be guarded against, and some of them are not yet universally appreciated

In many hospitals blood transfusion is not a particular duty of any single member of the staff, and since it is time-consuming and is often an emergency procedure it is frequently left to the house-surgeon to carry out This may often be an unavoidable necessity, but my point is that no conclusions should be drawn from reports of transfusion accidents unless the operation was carried out

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SURREY—£1 500 P A PANEL 500 GOOD class family PRACTICE Fees 10/6 up Premium 1½ years purchase Charming house (3 recep 7 bed) and good garden For sale freehold—3

LONDON S E NEAR OVAL—CASH PRACTICE £500 p a Panel 500 increasing rapidly Ample scope—rehousing area House with 3/4 bedrooms etc Rent £80 p a—4

LONDON N W—LOCAL UNIVERSITY OVER £600 p a with ample scope Panel over 400 LMS about 50 Fees 3 6 to 10 6 Premium £1 200 Net rent £66 p a—5

LINCS TOWN — 1/4 or 1/3 SHARE of £3 350 *including panel of* 2 770 Visits 3/ up Mid 3 or more Premium 2 years purchase Or would sell part of practice worth £1 900 p a with panel 1 870 in dependently—6

BIRMINGHAM—AVERAGE OVER £480 P A Non panel No midwifery Visits 7/ to 12/6 Worked as lock up but 3 bed and 1 sitting room available Rent £60 p a Premium £500 or near offer—7

KENT—OVER £600 P A PANEL WORTH £220 approx Fees 3 6 to 10 6 Several appt House 3 recep 4 bed etc garden Rent £70 p a—8

EASTERN COUNTY —1 3 OF OVER £2 500 p a Panel nearly 1 800 Very old established Practice Premium 2 years purchase or near House £55 p a 4 bed 2 recep surgery etc and large garden—9

SOUTH COAST —£850 RAPIDLY INCREASING Panel about 600 Club £100 p a Little midwifery Good accom available Premium 2 years purchase—10

LONDON S W SUBURB—AVERAGE £1 600 p a Panel 700 Midwifery not encouraged Ample scope Visit 3/6 up Premium 2 years purchase or offer Well appointed double fronted house with garden tennis etc Sell or let—11

HOME COUNTIES WITHIN EASY REACH of London (S)—Steadily increasing PRACTICE now over £3 500 p a including panel of 3 000 also growing rapidly and appt £200 p a Excellent investment for two friends Two houses available one large to rent other smaller for sale *freehold*—12

ESSEX SUBURB — ABOUT £1 450 P A Medium panel Fees 3/6 up Prem 2 years purchase Detached house (4 bed etc) Sell or let—13

OUTER S W SUBURB—£2 100 P A PANEL 2 400 Club £450/£500 p a and appt Premium £5 000 Detached house 2 recep 4 bed surg etc garage and yard £2 000—14

HANTS — COUNTRY PRACTICE ABOUT £1 900 p a steadily increasing and scope Old established Panel 1 300 Club £130 Two houses available Would suit two friends in

£600 P A AND
time man Panel
450 Visit 4/ up House on arterial road 2 recep 4 bed etc Rent £90 p a—16

LONDON S E — *RAPIDLY INCREASING* LARGE PRACTICE in good position Net £900 p a Panel 500 Easily worked Premium £1 800 or near offer 8 roomed house available Price only £800—17

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2 S E COAST —Old-established middle and working class non dispensing PRACTICE averaging over £1 800 p a in favourite Summer Resort Panel 1,640 Visits 3/6 to 10/6 Nice house (5 bedrooms etc), good garage and small garden for sale Scope for young energetic man Premium two years purchase

3 S OF ENGLAND —Partnership in old established Practice over £4 800 p a in beautifully situated Market Town Panel over 2 850 Visits 3/6 to £1 1s, medicine extra Large attractive well built house with electric light, central heating garage and walled in garden, for sale Premium 9/30 share two years purchase

4 W OF ENGLAND —Partner required after Preliminary Assistantship in old established mixed Practice over £5 800 p a in Market Town Good appointments Panel about 4 000 Applicant should be English aged 25 30 preferably unmarried and must have held Hospital appointments One fifth share at first at two years purchase

5 KENT —Partnership in steadily increasing Practice £2 540 p a in rapidly developing district Panel over 3 000 Semi detached house (3 bedrooms) Rent £60 p a Premium one half share £2 800

6 MIDLANDS —Old-established Practice in clean prosperous Manufacturing Town Receipts average £750 p a including P M S worth £125 p a and panel about 750 Pleasantly situated house (5 bedrooms attics etc) on main road Price (freehold) £3 200 Ample scope Premium one and three quarter years purchase

7 S W OF ENGLAND —FAVOURITE WATERing Place —Non dispensing PRACTICE about £2 400 p a No panel or appointments Well situated house (5 bedrooms) for sale Good Hospital Premium two and a quarter years purchase

8 E ANGLIA —Partnership in old-established and steadily increasing Practice about £2 300 p a in beautifully situated Country Town Panel 1 825 House to rent at £60 p a Good society and sport Scope Share worth £900 p a at first Premium two years purchase

9 ON THE-THAMES —Well established good middle class PRACTICE in Residential Town Receipts last year £1 670 Panel 770 Visits 5/ and up to 15/- Small semi-detached corner house (3 bedrooms) with nice garage and good garden Rent £100 p a Scope—building going on Premium £2 750

10 N DEVON —Old established Practice averaging over £1 050 p a in small Watering Place Panel about 400 Well built semi detached house (5 bedrooms etc) garden for sale Beautiful surrounding country All kinds of sport Scope Premium two years purchase

11 S W OF ENGLAND —Partnership in very old established mixed Practice in flourishing Industrial District Cash receipts average over £3 200 p a including appointments and panel about 2 100 House, with 4/5 bedrooms garage, and small garden for sale Good Hospital One third share at first with *option of further* share later Premium 2 years purchase Short preliminary Assistantship

12 TASMANIA —Practice doing £1,500 a year, including good appointments Fees range from 10/6 to £1 1 House with 2 bedrooms etc and garden for sale Purchaser should be able to do major surgery Premium £900

13 ESSEX —Old established Practice in outlying Suburban District Receipts average £2 125 p a including appointments worth about £260 p a and a panel of 1 Well situated corner house (about 6 bedrooms) and separate accommodation with separate entrance Garage and large garden Rent £120 on lease Premium two and a quarter years purchaser must be English Scottish or Irish

14 LONDON, N —Well established Practice averaging £450 p a in pleasant growing District Panel about 600 Well situated house on main road to rent at about £45 p a Good scope—building going on Premium £600 to include surgery fittings and drugs

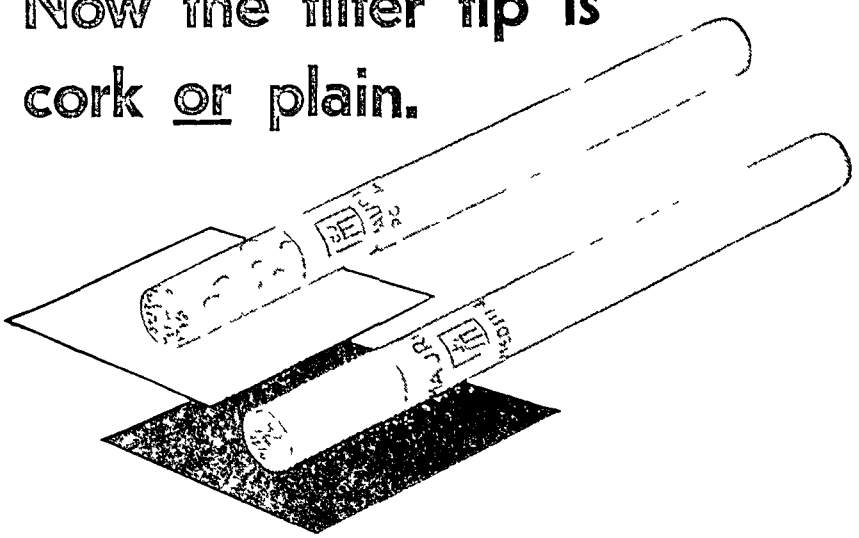
15 LONDON S E —Old established Practice averaging over £850 p a in thickly populated district Panel 1 188 No midwifery House on main road (4 bedrooms) with separate entrance to surgery accommodation for sale or rent Good scope Premium £1,700

16 SURREY —Increasing middle and working class PRACTICE in thickly populated Suburban District Receipts 1936 £1 720 Panel 660 Small house Rent £75 p a (or £55 p a) Ample scope Premium £2 500

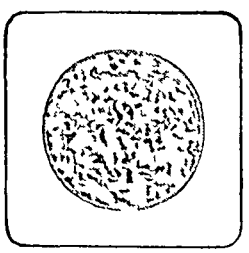
17 LANCS —Partnership in rapidly increasing mixed Practice about £3 200 in Manufacturing Town Panel over 2 700 Suitable house to rent One fourth or one third share at first at two years purchase

18 S OF ENGLAND —Practice in growing residential district within easy reach of Favourite Watering Place Cash receipts 1936 £900 including appointment and panel returning together about £400 p a Semi-detached house (3 bedrooms and attic bedroom, etc) on main road with nice garden and garage for sale Scope for a man Premium £1 450

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19 LONDON W —Well established non dispensing PRACTICE about £500 p a including P M S and about £85 p a from panel No midwifery Maisonette containing 6 rooms etc Rent £100 p a exclusive Scope for increase *Premium £250*

20 ITALIAN RIVIERA — Small well established good-class non-dispensing Season PRACTICE Further particulars on application

21 SOUTH SUFFOLK —Partnership in sound old established Practice over £6 000 p a in most desirable *Country Town Good appointments* and panel over £1 000 Not much midwifery Choice of suitable houses One-sixth share at first at two years purchase

22 HOME COUNTY — *Partnership in old* established non-dispensing Practice in good Residential District within 15 miles of London Suitable house to rent Share worth about £1 100 p a at two years purchase Scope for urgency if desired

23 S E COAST — Partnership in old established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope district growing rapidly *Premium one-half share two years purchase*

24 LONDON N — Medical Woman's Practice in populous district Receipts average £ 60 p a *including* panel 470 House (4 bedrooms) to rent at £100 p a *Premium £250*

25 WITHIN 15 MILES (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £500 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/ weekly Ample scope *Premium £5 000*

26 SURREY —Better class Practice about £500 in growing residential part of a town easy reach of London Panel 150 Nice modern detached house (8 bedrooms) in *own grounds with garden and garage for sale Scope as* building is going on Reasonable offer to effect quick sale

27 N DEVON —Old established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 370 Visits 5/ upward Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting shooting fishing golf etc *Premium one and a half years purchase*

28 ESSEX — Well established better working and middle-class PRACTICE averaging £600 p a in outlying Suburban District Panel 430 House on main road with small garden front and back Rent £90 p a on lease. Good scope—building going on *Premium £1 200 cash*

29 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old-established middle-class Practice averaging £3 00 p a in Market Town No panel Fees 5/ to £1 1s Suitable house obtainable *Premium one-half share two years purchase*

30 S MIDLANDS — Old established steadily increasing PRACTICE averaging £1 170 p a in small Country Town Club worth £175 p a and panel of 745 House (5 bedrooms etc.) with garage and garden Rent £65 p a *Premium £2 100*

31 CO DURHAM —Well established Practice about £1 100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £50 p a and panel 840 Desirable freehold house (5 bedrooms and 2 attic rooms) with garage for sale or rent *Premium one and a half years purchase*

32 LONDON S E —Working and middle class Practice *occupying commanding position* near large L C C Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Prem £1 500

33 S BUCKS.—Well established Practice between £500/£600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope *Premium one and a half years purchase*

34 N WALES WATERING PLACE —Good class non-panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired *Prem. one years purchase*

35 S W OF ENGLAND —Partnership (with early succession) in old established good class Practice about £1 600 p a *in beautifully situated Watering Place* Visits up to £2 2s No panel or midwifery Patients are of high class and include county families Share of about £800 p a at first at two and three-quarter years purchase Cottage Hospital Short preliminary Assistantship Applicant should be graduate of Oxford Cambridge or London

36 HOME COUNTIES —Old established Practice of £500 p a in first rate town 20 miles from London Panel over 500 Visits 5s No midwifery Modern nine-roomed house with garage and attractive garden—about quarter of an acre *Premium freehold house and Practice £2 000*

37 ESSEX — Old established Practice in outlying suburban district run by two medical men averaging nearly £2 900 p a Panel 2 840 House (4 bedrooms etc) for sale or rent *Premium two and a quarter years purchase*

38 S OF ENGLAND — Partnership (after Preliminary Assistantship) in old established Practice of about £3 500 p a in an important town Appointments £250 Suitable house available to rent A one-third share would be sold at two years purchase to a suitable man preferably one holding the M D or M R C P

39 LONDON S E — Old established Practice of about £1 000 p a in outlying residential district Panel 100 Detached house (4 bedrooms etc) for sale *Premium two years purchase*

40 MIDLANDS —Old established Practice of about £350 p a in country district Panel 230 House (7 bedrooms etc) for sale *Premium two years purchase*

41 LONDON N —Old established Practice in suburban district Cash receipts 1936 (10 months) £1 4 0 Panel 1 240 increasing Fees 6 upwards Suitable house (9 rooms) to rent at £160 a *Premium £3 400*

42 HOME COUNTIES —A small Practice about £400 p a in first rate town about 30 miles from London Panel 140 Visits mostly from a [illegible] with small garden to rent 25/ weekly Excellent house *Premium one and a half years purchase*

43 N MIDLANDS —Partnership in old established country Practice averaging over 1 800 p a close to county town Panel over 1 800 Visits 6/ 10 6 and a few £1 1 1 Medicine extra Specially fine house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented Scope for increase as building is going on *Premium one third share two years purchase* to include share of drug

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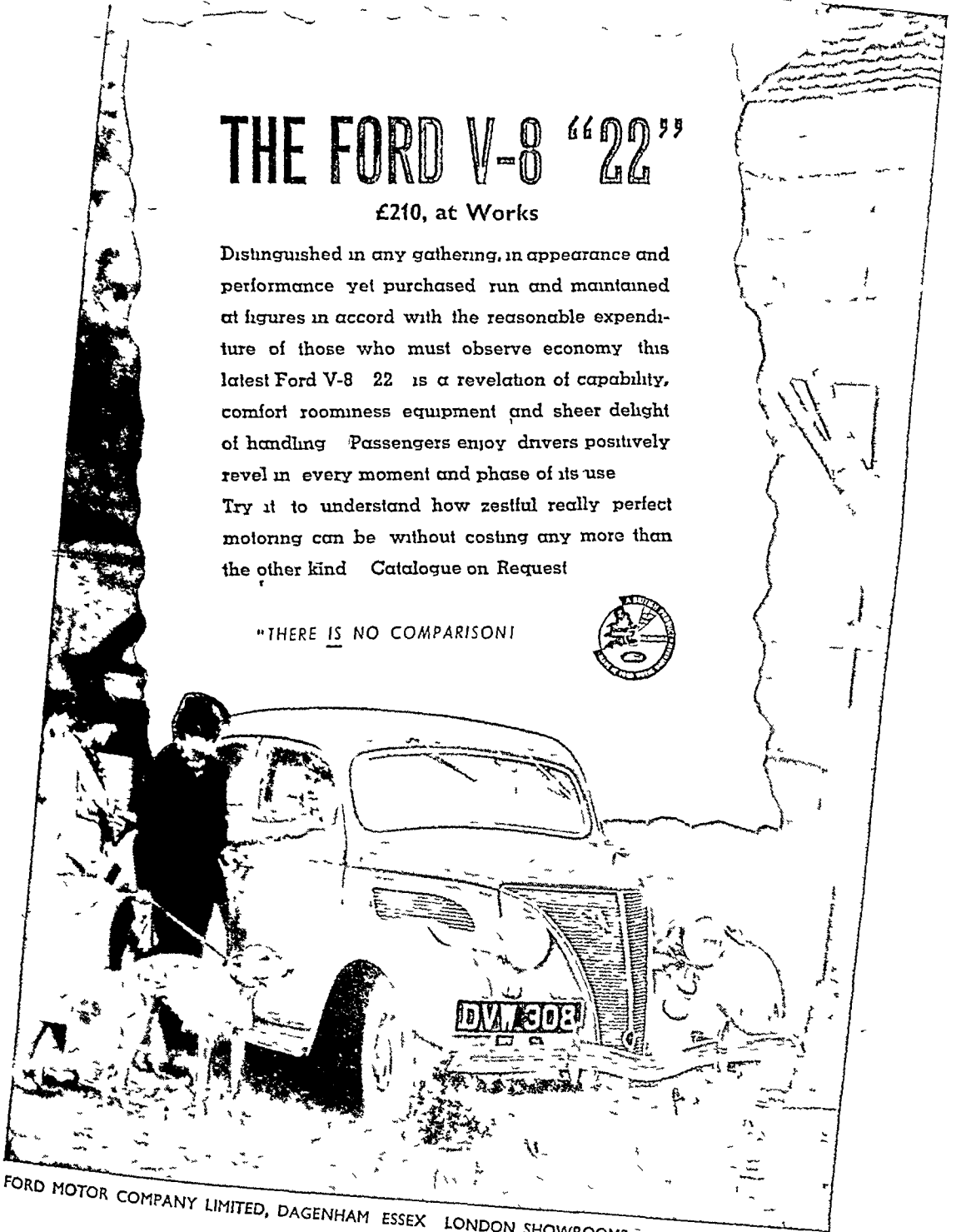
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1 FAVOURITE SOUTH COAST TOWN—Well established mixed class PRACTICE offering good scope and producing for last year £850 Suitable house can be rented or purchased Premium 1½ years purchase

2 YORKSHIRE—RESIDENTIAL TOWN—Well established middle and working class PRACTICE producing between £1 000 and £1 100 p a including panel of 860 Fees from 3/6 Suitable house with ample accommodation Small garden Garage Price for freehold £1 200 Very good sporting and social facilities, and good schools Vendor on Staff of hospital Premium £1 750

3 MIDLANDS—PARTNERSHIP—A SHARE representing approximately £1 300 p a with increase later is offered in exceptionally sound good mixed class practice averaging about £9 000 p a with substantial panel and very good appointments Excellent scope for major surgery Suitable house available Prem 2 years purchase

4 YORKSHIRE—GOOD TOWN WITHIN EASY REACH OF COAST—A ONE FOURTH SHARE with increase later is offered in very old established mixed class practice producing for last 12 months nearly £4 000 Substantial panel Fees from 3/6 Suitable house with 2 reception 4 bedrooms etc Garage Stabling and garden Electric light Gas Can be rented at £65 p a or freehold purchased Premium 2 years purchase

5 MIDLANDS—COUNTRY TOWN—PARTNERSHIP—A ONE QUARTER SHARE (with increase later) is for disposal in mixed class practice averaging over £2 500 p a including panel of 2 800 Fees from 3/6 Suitable house can be obtained Preliminary assistantship if wished

6 EAST COAST—Small PRACTICE producing over £300 p a including panel of 360 Fees from 5/ Suitable house with ample accommodation Price for freehold £1 500 Premium £550

7 LONDON S W —Well established PRACTICE averaging for past 2 years £1 689 p a including panel of over 1 600 Newly decorated small flat available Branch surgery rented at £91 p a

8 SOUTH COAST—PARTNERSHIP—ONE THIRD SHARE is offered in old established non dispensing practice in favourite town producing last year £3 461 Selected panel of 400 Fees 3/6 to 21/ Suitable freehold house for sale Ingoing partner must be well qualified and accustomed to better class work There are two hospitals and one partner is on the staff

9 CHISWICK (W 4)—Good mixed class PRACTICE producing last year about £700 but capable of considerable expansion Panel of 500 Well situated house with ample accommodation Good garden Premium £1 150 Ill health reason for sale

10 RESIDENTIAL DISTRICT WITHIN 7 MILES OF CHARING CROSS—Good middle class PRACTICE averaging £1 450 p a Panel of 750 Very low expenses Suitable house with 2 reception 4 bedrooms etc separate professional rooms Garden Carriage Can be rented at £90 p a Premium 2 years purchase

11 MIDLANDS — FAVOURITE RESIDENTIAL TOWN — Chiefly better class non dispensing or last 12 months over £1 600 Panel of 66 worth about £150 p a Fees 3/6 to 21/ Very nice house with ample accommodation Garden Carriage Freehold for sale Sport of all kinds Good schools Premium 2 years purchase

12 KENSINGTON DISTRICT — Better class non residential consulting PRACTICE producing for last 12 months £380 Selected panel of 94 Fees from 5/ Hours 9 30 to 12 and 5 to 7 p m Good scope for development Rent of consulting and waiting room (inclusive of service and electric light) £110 p a Premium £350

13 DEVELOPING NORTHERN PRACTICE producing for last year £1 1 000 Fees 2/6 upwards Suitable modern detached residence with accommodation more professional Inclusive rental £104 p a Rates £15 p a Premium 2 years purchase

14 MIDLANDS—RESIDENTIAL TOWN WITH BEAUTIFUL SURROUNDING DISTRICT—Well established good mixed class PRACTICE producing for last 12 months over £1 700 including panel of 900 and appointments worth about £290 p a Suitable house can be rented or bought or other accommodation secured

15 LONDON S E—Very sound good mixed class PRACTICE averaging £646 p a Receipts have decreased owing to Vendor's ill health, but they are stated to be capable of considerable increase Panel of nearly 600 and appointments worth over £70 p a Ten roomed house with ample accommodation For sale or on rental Premium 1½ years purchase

16 MIDLANDS — SUBURB OF LARGE TOWN — PARTNERSHIP—A SHARE representing about £1 000 p a (with early increase) is offered in old established better class Practice Very good house available or if single purchaser could reside with Vendor Prospects of surgery Premium 2 years purchase part by instalments

17 SOUTH EAST COAST—RESIDENTIAL TOWN—Old established non dispensing better class PRACTICE averaging for last 3 years about £1 450 p a Selected panel of 500 Fees 3/6 to 21/ Ground floor flat containing large hall consulting room 2 reception 3 bedrooms etc Inclusive rent £190 p a Premium 2 years purchase

18 EASTERN COUNTIES—LARGE TOWN—PARTNERSHIP—A ONE THIRD SHARE or is arranged is offered after preliminary assistantship in old established steadily increasing Practice Gross cash receipts £2 535 p a Panel of over 2 800 Purchaser can select his own house Premium 2 years purchase

19 CORNWALL—SMALL TOWN NEAR SEA—Old established PRACTICE producing for last 12 months about £530 including panel of over 500 Visits from 5/ Small house can be rented at £30 p a Premium 1½ years purchase or near offer

20 SOUTH LONDON — RESIDENTIAL DISTRICT—PARTNERSHIP—Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £1 400 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

21 NORTH LONDON—Chiefly better class PRACTICE averaging £1 000 p a with excellent pro pects for further development Suitable opening for panel work if wished Fees 5/ 7/6 upwards Very attractive freehold house for sale with half an acre of garden or smaller accommodation obtainable if wished Low premium for quick sale

22 NORTH WELSH COAST—PARTNERSHIP—A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle class rapidly increasing Practice Gross cash receipts for last 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

23 HOME COUNTIES—WITHIN EASY REACH OF LONDON—PARTNERSHIP—A SHARE representing nearly £1 000 p a with increase later is offered in old established good mixed Practice averaging approximately £2 600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc Garage There is a Hospital and very good scope for Surgery if wished

24 SOUTH COAST RESIDENTIAL TOWN—Recently established PRACTICE offering large scope for development averaging about £650 p a (last year £850) Suitable freehold house for sale Premium £50 purchase

25 S L LONDON—Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £160 p a Premium £4 250

26 LONDON—WESTERN DISTRICT—Old established PRACTICE producing about £1 800 p a including panel of 1 500 Corner house with ample accommodation Freehold for sale £1 500

27 HOME COUNTIES—PARTNERSHIP—A SHARE producing about £1 200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a including panel of 1 800 Nice house with 2 reception 6 bedrooms etc can be rented at £85 p a Ingoing partner must be experienced accustomed to better class work, and aged between 30 and 40

28 MIDLANDS — COUNTRY DISTRICT—PARTNERSHIP—ONE THIRD SHARE (with prospects of increase later) is for disposal in middle and working class Practice within easy reach of three towns Gross cash receipts for past 12 months £3 038 Fast (increasing) brings in over £900 p a House specially built Practice, contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

29 SOUTH EASTERN DISTRICT—Mixed class PRACTICE producing past 12 months over £1 300 Panel of about 650 Surgery with garden and garage can be rented Premium 14 years purchase payable £500 down and balance by instalments

30 OUTLYING EASTERN SUBURB—Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 21/ Panel of 430 Suitable house can be rented at £90 p a Premium £1 200

31 LONDON S E—LOCK UP PRACTICE—Recently established PRACTICE producing about £330 p a No panel or appointments Suitable premises can be rented at 15/ per week Premium £3

32 S E LONDON—Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for Gross cash receipts for past 12 months £900 Panel of 500 Surgery ing House in good repair containing 2 sitting

33 MIDDLESEX—Recently established PRACTICE producing £4 including panel of 150 Visits from 5/ Suitable house reception 4 bedrooms etc For sale or on rental ASSISTANT

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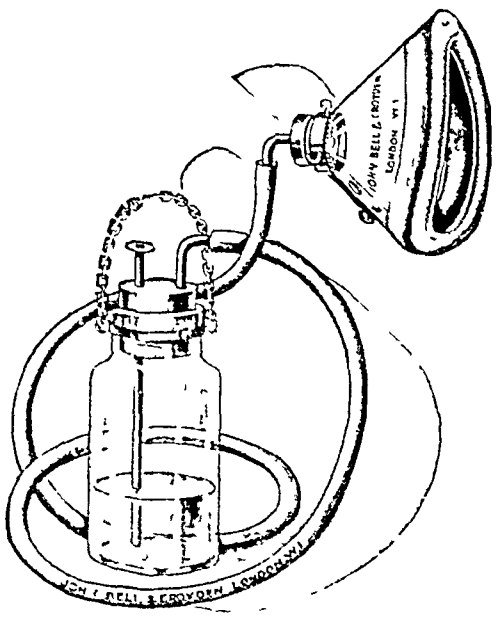
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ANCHESTER —Well established middle and working class PRACTICE in suburban district Cash receipts last year £1 630 Panel 1 100 Good house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garden Rent £60 p a Premium—Practice—1½ years purchase—No 913

ORKSHIRE. —PARTNERSHIP in sound old established middle and working-class Practice in Cathedral City Cash receipts over £3 500 p a Panel 3 000 Scope Well built house available with garden Rent £75 p a Premium—one third share—2 years purchase—No 912

MANCHESTER —Middle and better class PRACTICE in present hands 40 years Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms, garage and garden Premium—Practice and house—£3 000 Long introduction if desired Vendor retiring—No 858

DERBYSHIRE — Country Practice near to large town Panel 180 Scope as district Nicely built 2 reception 5 bedroo electric light and main drainage F share—2 years purchase—No 854

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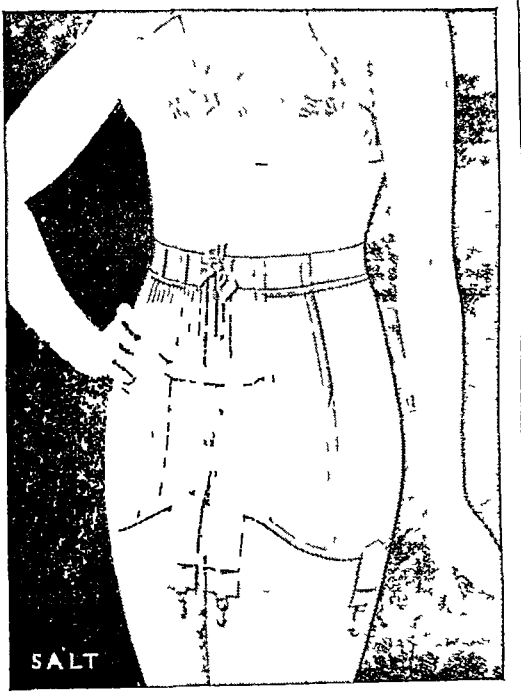
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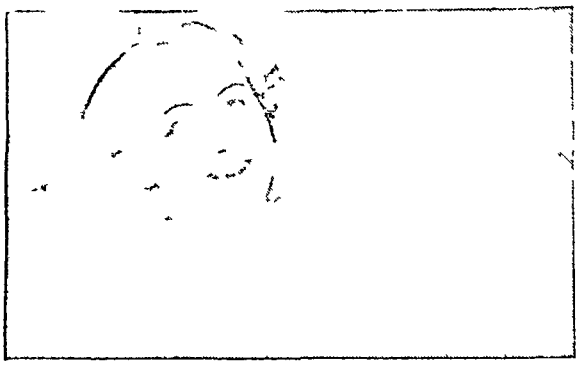
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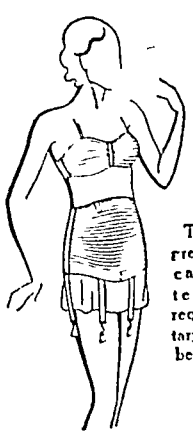
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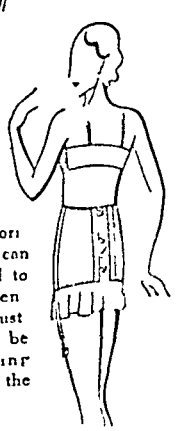
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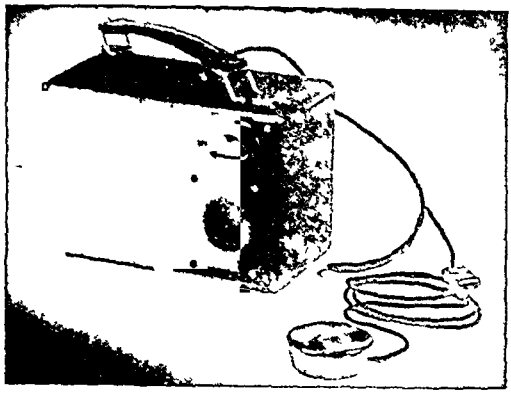
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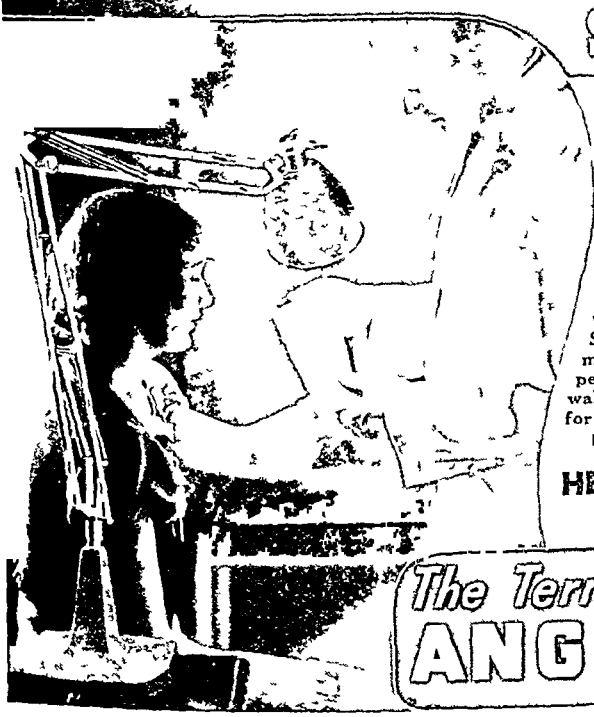
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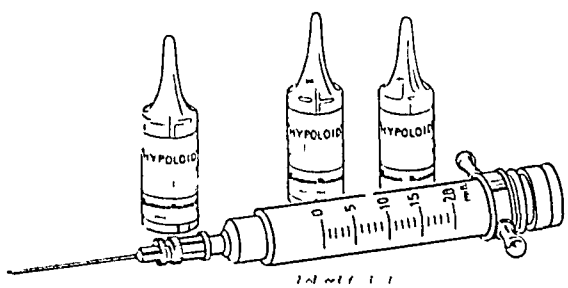
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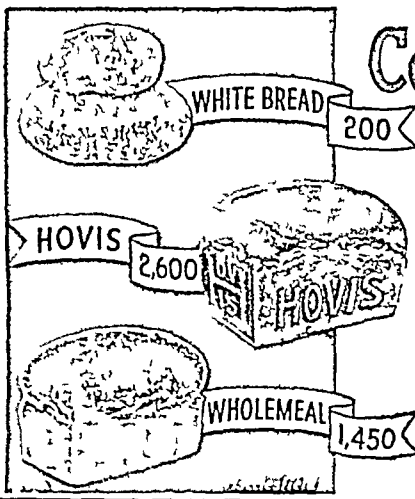




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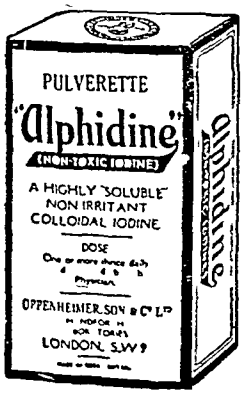
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by someone experienced in the method Mr Oliver's suggestion that transfusions should be carried out by men specially trained in that work should certainly be more generally adopted Moreover, when the work is centralized as it is in this hospital, and several transfusions are done every week, it becomes possible to keep a supply of blood from a universal donor in the ice box ready for emergencies thus saving much valuable time

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1 A simple method of storing blood without sacrificing the plasma

2. The relative merits of citrated defibrinated, and whole blood

3 The advantage of a number of small transfusions rather than a single transfusion in the various types of case

4 The safety or otherwise of repeated transfusions from the same donor

5 The most satisfactory technique

From my own limited experience it seems that ordinary citrated blood may be stored in the ice chest for one to six days with safety provided it is well mixed with the citrate both during and for some minutes after collection It has been stated that defibrinated blood is toxic but after using it in 150 cases I have failed to observe any evidence of this The work of Wright suggests that the use of defibrinated blood has advantages over the citrate method in all cases in which one is endeavouring to increase immunity to infection

To my mind it has not yet been proved that there is any danger in repeated transfusions from the same donor I have done it scores of times without observing any ill effect If such reactions do occur possibly the interval between transfusions may here be of importance as in the case of serum anaphylaxis

The simplest technique is usually the best but methods involving the use of rubber tubing have two disadvantages Unless the blood is heated to an undesirably high temperature it is nearly cold by the time it reaches the vein Further, the inadequate cleaning of rubber tubing is a most complicated process I have found the simplest satisfactory apparatus is a 100 c.cm Record syringe with a Harrison's tap on the needle After injecting each syringeful the tap is turned off and the syringe detached, to be refilled by the nurse In this way blood can be given at body temperature

The suggested conference might do much to elucidate some of the points I have mentioned and indicate the directions in which further research is required—I am etc,

R VAUGHAN FACEY
Honorary Bacteriologist Royal Victoria and West Hants Hospital Bournemouth

Bournemouth Dec 21st 1936

SIR—Dr N S Plummer, in his recent report of six fatalities following blood transfusions, writes Ordinary precautions had been taken in the preliminary tests and in the performance of the operation He makes no mention however of the method used nor of the length of time taken in giving the transfusions

It is now I think, agreed that it is safer in all cases especially in those suffering from disease of the heart muscle or with anaemia to give the blood slowly, taking at least an hour for a transfusion of a pint In order to do this satisfactorily some kind of drip apparatus is needed and the Laurie glass drip is most satisfactory The simple tube and funnel method should never be used since it is difficult for the blood to be given slowly Its only virtue is its simplicity, but this is outweighed by the increased risk In a patient with a defective heart muscle it is more than likely that if a pint of fluid is introduced quickly into the blood stream the circulation will become embarrassed, in which case pulmonary oedema and heart failure may easily follow For some years I have used the slow drip method in giving blood transfusions, and febrile or anaphylactic reactions have been markedly reduced in number and greatly lessened in severity Rigors and severe reactions are practically unknown now

It is, however, with patients suffering from anaemia especially of the haemolytic variety, that great care has to be taken to avoid these reactions since in these cases such reactions are liable to be very severe and even dangerous Therefore in order to use with safety blood transfusions which are so valuable for these cases the blood of the same group as that of the patient should be given and besides the testing of the recipient's serum against the donor's red corpuscles the patient's red cells should also be tested against the donor's serum The transfusion should then be given slowly at a rate of no more than three drops of blood per second

If blood transfusions continue to be given quickly severe reactions and fatalities will continue to occur—I am etc,

Derby Dec 24th 1936 F GRAHAM LESCHER

A Problem in Diagnosis

SIR—Under the heading Clinical Memoranda in the *Journal* of December 26th Mr H Bernard Bagshaw discusses a problem in diagnosis Summarized, the notes of his case are as follows

A man aged 50 received multiple injuries to his head arm and leg He was unable to pass water The lower portion of his abdomen was guarded but not rigid there was dullness but no distension A rubber catheter was passed following an attempt with a gum elastic catheter and 50 ounces of blood stained urine were withdrawn The temperature and pulse rate remained normal The inability to pass urine persisted and a catheter was tied in and drained 60 ounces in the day When the catheter was removed micturition was still impossible and an instrument was passed every three hours The amount withdrawn per diem was 60 ounces Vomiting and increased abdominal pain supervened He died six days after admission Post mortem a large rupture of the fundus of the bladder was found At no time were there the usual signs of the acute abdomen and the pulse rate did not rise for three days after the accident. Mr Bagshaw thinks that it is possible that the catheter passed per urethram and entered the hole in the bladder and that in reality the general peritoneal cavity was drained on each occasion

I published the notes of a similar case in 1928 (*Injuries to Bones and Joints*) It was then pointed out that the onset of peritonitis, cellulitis and suppuration with accompanying rigors rise of temperature and general symptoms of toxaemia may be delayed for a period of two or even three days in cases of leakage from the urinary bladder containing healthy urine

The case in question was seen in France at a casualty clearing station in 1916 The man had fallen from the roof of a house and fractured his jaw bone and both forearms He had abdominal tenderness and made ineffectual attempts to pass water A fracture about the pubis was suspected but not confirmed and a ruptured bladder diagnosed On passing a catheter however a full quantity of blood stained urine was withdrawn This appeared to justify delay especially as the pulse remained about 80 and there was no rise of temperature The inability to urinate continued A catheter passed every four hours resulted in the withdrawal of normal quantities of unstained urine Blood was only present on the first occasion Twenty four hours after admission vomiting

commenced and abdominal rigidity was more marked The abdomen was opened and a large rent was found in the fundus of the bladder There was a quantity of urine without odour lying free in the abdominal cavity While the abdomen was open a catheter was passed, and it then became obvious that on every previous occasion the instrument went through the rent in the bladder and that, in fact, extravasated urine had been withdrawn The rent was stitched and the abdomen closed without drainage Notwithstanding the multiple injuries and the delay of twenty-four hours the patient did well

The case is in all relevant respects similar to that published by Mr Bagshaw The first diagnosis was correct, but the result of catheterization was so confusing that there was uncertainty and delay There is little doubt that the catheters passed by Mr Bagshaw went through the tear in the bladder into the general peritoneal cavity He has done a service in drawing attention to a certain group of cases in which the success of repeated catheterization may be more apparent than real I think we should suspect ruptured bladder after trauma when the urine is in the first instance blood-stained and when the inability to pass water persists Catheterization and the general condition of the patient may mislead us for two or three days—I am, etc,

London, W 1, Dec 26th, 1936 W I DE C WHEELER

Mechanics of Glaucoma

SIR,—There are several objections that may be raised to the theory expressed by Mr Richard Kerry in your correspondence columns of December 19th, 1936, but the chief one is the absence of any other evidence of cyclitis in acute primary glaucoma An eye suffering from this condition, submitted to operation such as iridencleisis in the acute stage, whitens rapidly without the appearance of precipitates on the cornea or haze of the aqueous fluid

The appearance is very different when glaucoma develops secondary to cyclitis, and whereas the raised tension of an acute glaucoma does vast damage in a short while, that of glaucoma secondary to cyclitis, although maintained over a long period, commonly leaves no adverse effects—I am, etc,

Hull, Dec 19th D STENHOUSE STEWART

Diphtheria Immunization

SIR,—I have just read an extraordinary communication in your issue of December 12th, 1936, from Dr C H Foley (p 1230), in which he refers to anaphylactic shock following the first of three diphtheria prophylactic injections He states that this phenomenon is an objection to the three-injection method of prophylaxis, and refers to the increase of this anaphylactic tendency owing to the use of prophylactic diphtheria antitoxin in contacts He seems to think that when such subjects are subsequently immunized they are liable to develop anaphylactic symptoms

My personal experience of giving repeated injections of prophylactic must amount nearly to the six-figure mark during the last twelve years or so, and many of the children so treated have had antitoxin previously I have never once, during all that time, had to use adrenaline in the treatment of any disturbance due to a second, third, or, in fact any other prophylactic injection, nor have I ever even had to consider its use I think it would be interesting if Dr Foley would tell us, first, what is his definition of anaphylaxis, and secondly, what prophylactics he has used which have produced the symptoms he complains of For years I have worked with a variety of brands of toxoid-antitoxin mixture and toxoid-antitoxin floccules all of which contain a small amount of serum The instances in which any reaction of sufficient severity to demand discontinuance of treatment has occurred are so few as to be negligible

My view is that reactions are more common and more severe following the use of alum-precipitated toxoid than is the case with any other prophylactic, except strong formol toxoid, whatever the past history of the subject as regards previous diphtheria or passive immunization I am quite unable to reconcile Dr Foley's experiences with my own, unless he and I have a totally different conception of the meaning of the term anaphylaxis—I am, etc,

GUY BOUSFIELD, M D, B S Lond

London, S E 5, Dec 21st, 1936

Regions of the Mind

SIR,—In view of the special interest taken in psychology and the frequent reviews of textbooks and other works on this subject in the *British Medical Journal* it may be worth while to quote from a letter I received in 1904 from the late Dr Alexander Hill, relating to the definition of the "soul" or "spirit" Dr Hill was then the Master of Downing College He stated

"Alfred Russel Wallace stood alone amongst evolutionists in accepting an evolutionary origin of all animate things other than man He required a separate origin for man Subsequently he recognized, as everyone must, that man's body is an adaptation from that of four-footed and creeping things, but still holds out [he died in November, 1913, aged 90] in what is quite an incomprehensible way for a difference in kind between the mind of animals and the mind of man No true evolutionist can even think of such a separate origin, but we—most of us—find no difficulty in supposing that all man's faculties are products of evolution We have to fit man into the animal series as best we can As to St Paul's 'spirit' or Aristotle's cognitive soul,' the conception does not differ widely from the modern 'ego' Ward says, 'No system of philosophy can afford to extrude the ego,' and such a standpoint satisfies most of us It leaves a very open door"

This is what Hill wrote a third of a century ago Since that time the study of psycho pathology has stressed the teaching that there are two separate regions of the mind—one comprising the unconscious, or the primordial impulses and the instinctive urges that strive for relief but are mostly unrecognized, the other, the conscious region, which, after deliberation, directs the decisions expressed in the general conduct Freud described the former as *impersonal* and referred to its place in the mind as *it* (or the Latin *id*), which, for his pupils, is its present identification mark The conscious part of the mind, or the critical attitude, he described as the "ego," and he added that there was a perpetual struggle on the part of the unconscious inherited impulses to reach the "ego," but these impulses (most of them connected with the instinct of self-preservation) are often kept back or withheld by the so-called censor, or the super-ego which is the third adjustment, and described as the "soul" or "spirit"—namely, the personality which endeavours to bring inner perceptions or the subjective life into harmony with external reality or objective sense perceptions It is clear that Dr Hill regarded the "soul" or "spirit" as the mind in its moral and religious aspects, which means the mind in the contemplation of higher things The "ego" is no new conception It is the splitting up of the "ego" which has become the vogue to-day We are in a period when analysis is rife—a schizoid era, afflicted with schizophrenia—I am, etc,

ROBERT ARMSTRONG-JONES

London, W 8 Dec 20th 1936

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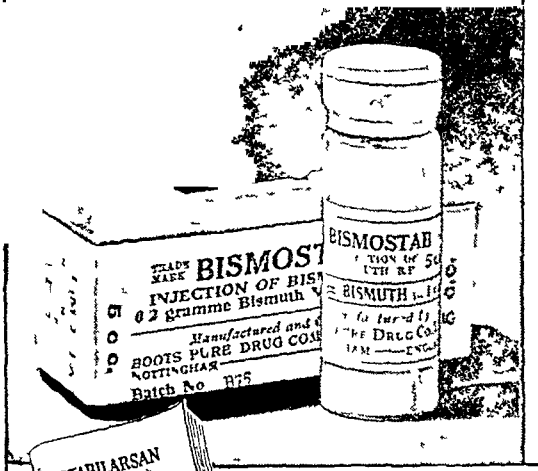
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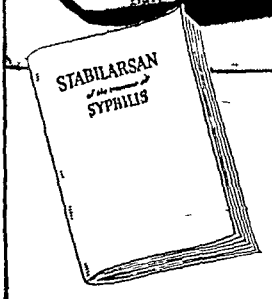


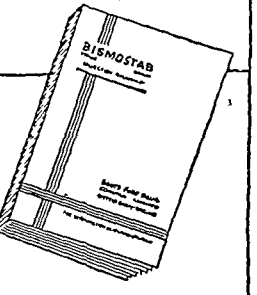
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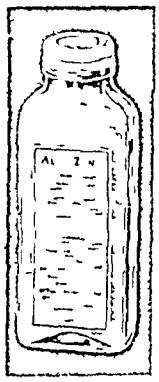


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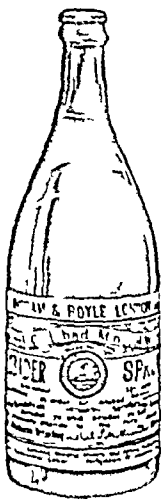
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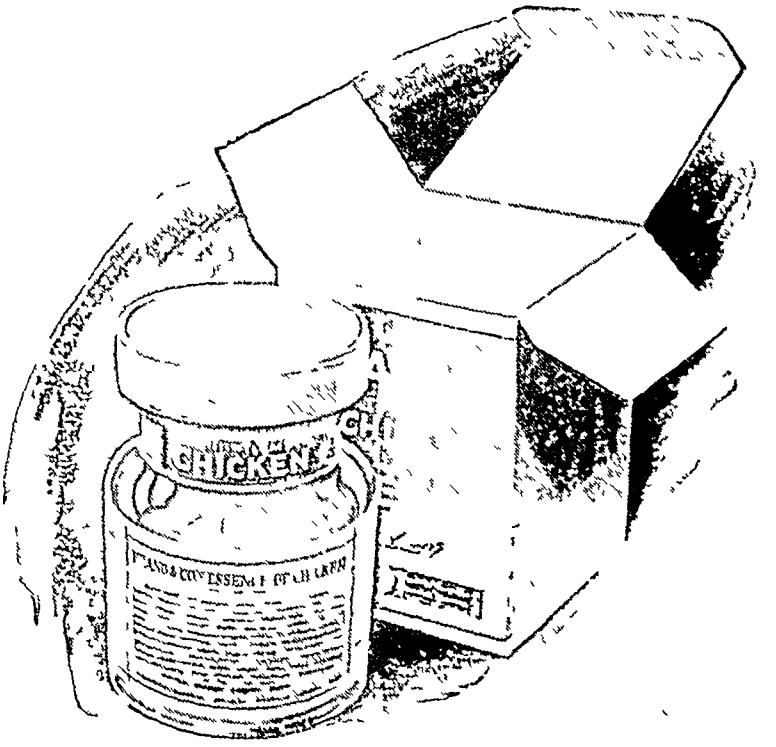
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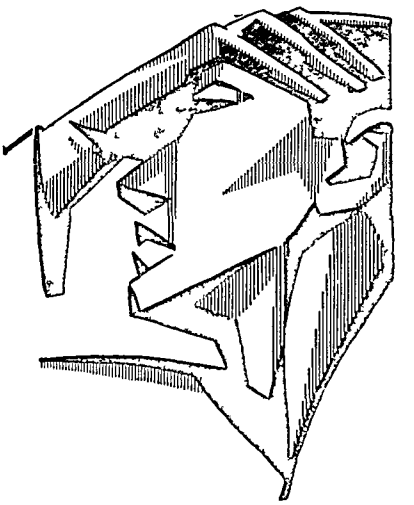
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TRADE **SOLUSEPTASINE** MARK

Disodium-*p*(γ phenyl-propyl-amino) benzene-sulphonamide-α-γ-disulphonate

a **water-soluble** preparation in **colourless solution** for intramuscular and intravenous injection

PROSEPTASINE and SOLUSEPTASINE are not dyestuffs, are of low toxicity, and are entirely manufactured in our own works at Dagenham

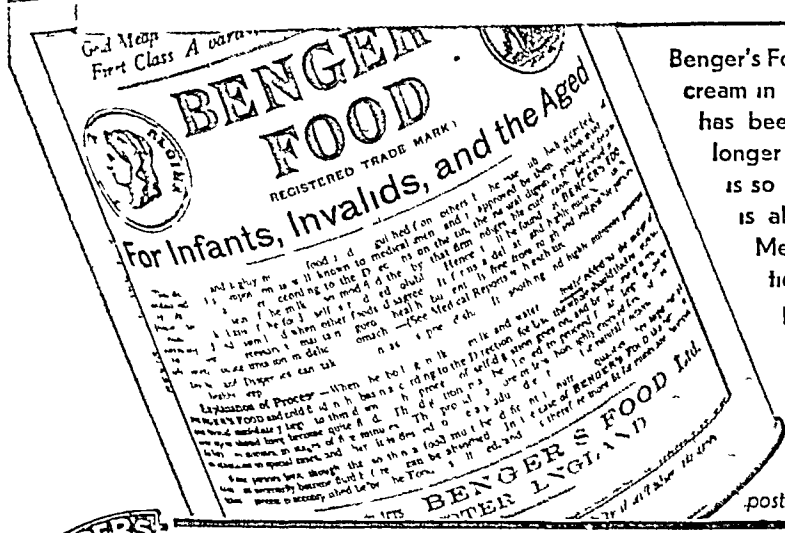
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PROSEPTASINE Bottles of 25 tablets each 0·5 gramme
SOLUSEPTASINE Boxes of 6 ampoules 5 c.c. and 10 c.c.

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Benger's Food is specially devised to be used with fresh cow's milk



Benger's Food, when prepared, is a dainty food cream in which the tough curd of cow's milk has been broken down so that it can no longer form indigestible clots Because it is so easy of assimilation Benger's Food is almost universally prescribed by the Medical Profession for enfeebled digestion, and for extreme conditions its prescription is almost standard Benger's Food is so delicious that it is eaten with enjoyment by those who find milk, or diluted milk, unpalatable

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A step in the right direction

New Cocoa process means improved nutrition for the masses

THE desirability of increasing the nutritional value of the diet of the masses is too obvious to need emphasis here Because it achieves this end without adding one penny to the cost of meals, we believe the new predigestion process now used in making Rowntree's Cocoa will be of real interest to every medical man

This new predigestion process makes for improved nutrition in two ways —

1 The buffering power of Rowntree's Cocoa is increased by 10%—and consequently its role in the digestive process is increased accordingly It now makes even milk three times as digestible The increase in digestibility is particularly noticeable with the enzyme erepsin, making this improved cocoa particularly beneficial to children Practically no indigestible protein now passes into the large intestine, thus bacterial decomposition and the accumulation of poisonous substances in this region is avoided

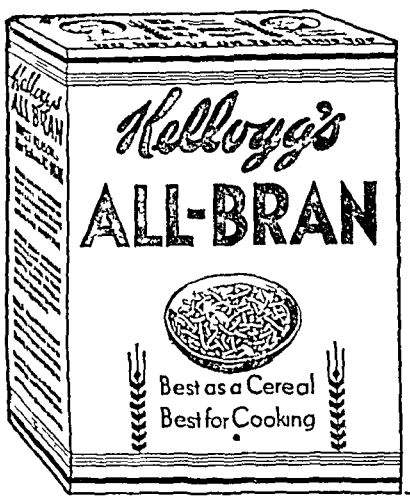
2 The protein in Rowntree's Cocoa is now more digestible than that in other cocoas This means that it actually builds more bone and muscle than other cocoas—again a factor of particular value in the case of children

* * *

This improvement in Rowntree's Cocoa has been made without altering the delicious flavour in any way The price is also unchanged

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BRAN

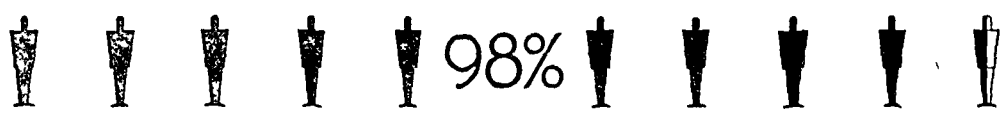


the safest method of remedying the deficiencies of

BULK

in modern diet

7½D per packet



CHRONIC CONSTIPATION YIELDS TO BRAN REMEDY

The problem of balancing up the lack of bulk in diet and so ensuring normal bowel action is one which is solved by the addition of Kellogg's ALL-BRAN to the diet ALL-BRAN is a natural laxative food and is rich in Vitamin B and iron

ALL-BRAN cleanses like a *water-softened sponge* Within the body the soft "bulk" of ALL-BRAN gently exercises intestinal muscles, and *sponges out* the system ensuring natural and regular elimination Some patients eat Kellogg's ALL-BRAN, served from the packet, with cream or milk Others prefer it cooked into biscuits, cakes or omelettes

Except in cases of hyper-sensitive digestive tracts, Kellogg's ALL-BRAN can be safely and confidently prescribed. Full-sized sample packet free on request.

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The Natural Laxative Food

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533

MANDELIX

(Elixir of Ammonium Mandelate B D H)

Below is given a report of a case of urinary infection treated in one of the London general hospitals

Female—pain in abdomen, vomiting and urinary frequency with dysuria

30th November 1936—Catheter specimen of urine showed
Albumen—very faint trace
10 pus cells per high power field
Culture sterile

Patient was then put on a course of Mandelix treatment

7th December 1936—Catheter specimen of urine showed
Albumen—nil
Only an occasional pus cell seen
Culture sterile

She was then symptom-free and was discharged

Literature on request

THE BRITISH DRUG HOUSES LTD LONDON N 1

Mndx/S/30

The Weaning Period —



After 6 months the child can deal with starch, and this is best introduced as Allenburys No 3 Malted Food

(1) Prepared from roasted wheat and malt Contains partly converted starch in the form of sugars and dextrins, together with albuminoid constituents of wheat

(2) Calcium and phosphorus present in ample amount

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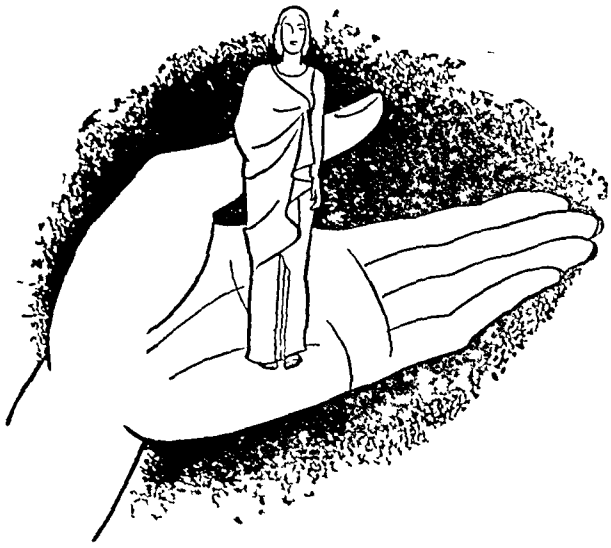
Allenburys No 3 Food makes a thickened food and may if the physician favours this method be used to modify cow's milk in earlier infancy

Descriptive literature and clinical sample will be sent on application

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The destiny of the woman—in the hands of the physician

The timely and thorough medical treatment of female genito-urinary diseases is frequently a decisive factor in the health and happiness of the patient

Obstinate Leucorrhoea

of an infectious or non-infectious character (Gonorrhoea, post-gonorrhoeal conditions, trichomonas colpitis constitutional catarrh, etc) can be treated simultaneously from two or three directions in a particularly active and effective manner by means of

I know from my own experience with what difficulties one has often to contend in cases of obstinate leucorrhoea of various types and how often the desired result is still not achieved Every one of my colleagues will welcome a new absolutely reliable method of treating this crux

Boris Wiener Med Wochenschrift No 40/1934

SPUMAN STYLI

vaginal, cervical, urethral treatment

SPUMAN as a *medicinal foam therapy* is the most rational method of treatment for every kind of leucorrhoea

Send for free samples and full particulars State exactly combinations desired

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Telephone WHItehall 2486

Survey of the indications

Spuman therapy provides the most suitable remedy for every description of leucorrhoea

Leucorrhoea of constitutional origin *Spuman cum lactic acid*

Gonorrhoea (including the ascendent form) purulent inflammation of the urethra vulvovaginitis gonorrhoica *Spuman cum silver protemate Spuman cum silver nitrate Spuman cum zinc sulphate Spuman cum ichthyol*

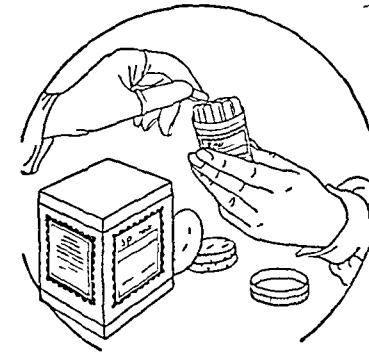
Postgonorrhoeal leucorrhoea leucorrhoea associated with trichomonas *Spuman cum salicylic acid*

Adnexitis parametritis inflammatory tumours *Spuman cum salicylic acid Spuman cum ichthyol*

Endometritis portio erosions *Spuman cum salicylic acid Spuman cum tannin Spuman cum ichthyol Spuman cum zinc sulphate*

Douglas pains *Spuman cum ichthyol*

Leucorrhoea resulting from carcinomatous ulcers *Spuman cum zinc sulphate*

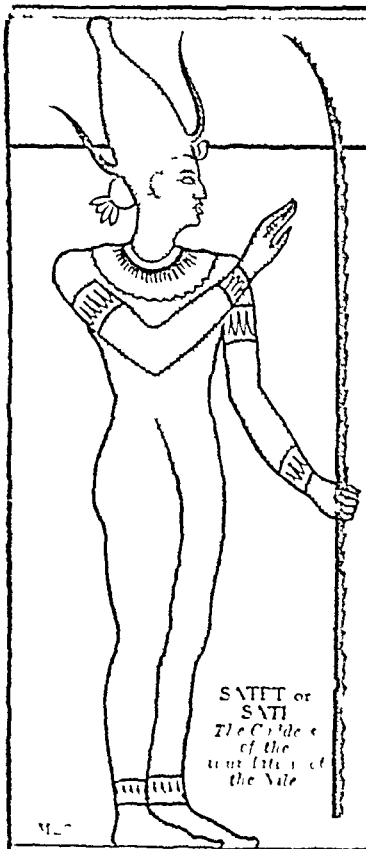


In conditions of depleted vitamin reserves



RADIOSTOLEUM

THE BRITISH DRUG HOUSES LTD LONDON N1



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AN AID TO HEALTHY DEVELOPMENT

MODERN medical research makes it increasingly clear that abnormalities of form, mental defects and even permanent constitutional weakness are often a direct result of failure to obtain in infancy a diet adequate to the physiological needs of the organism The basic necessity, therefore, in constructing the dietary of the infant and growing child, is to ensure one that is complete in all the essential food elements

Ovaltine finds one of its most valuable applications in this direction Composed of the nutritive constituents of fresh, full cream milk eggs and malt, in well-balanced proportions, it supplies calcium, phosphorus vitamins and other accessory food factors and its regular addition to the ordinary diet of the child renders this safe and adequate

Ovaltine is so delicious and easily digested that it can be prescribed with complete confidence for children of all ages Ovaltine is easily prepared and is most economical

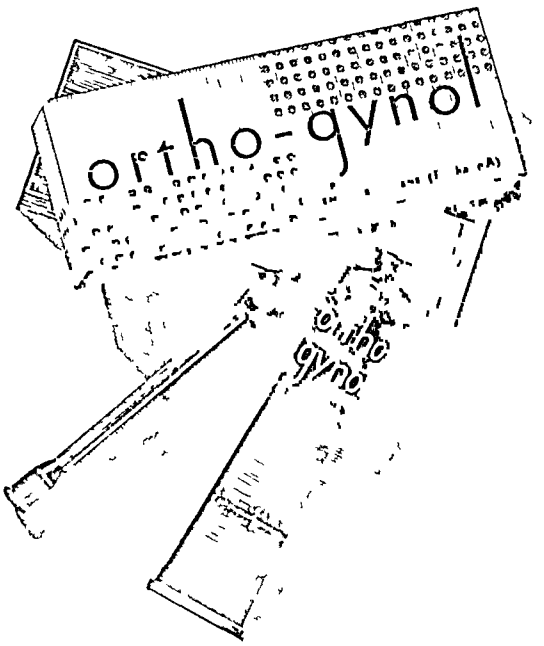
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Recommending a Contraceptive

Clinical data have clearly established that Ortho-Gynol may be confidently recommended in all cases where physiological conditions are normal It is dependable and at the same time æsthetically acceptable in the majority of cases

Ortho-Gynol is effective from the moment of application and douching is contra-indicated for 6 or 8 hours It is independent of variations in moisture and pressure For the maximum convenience, Ortho-Gynol is available in the economical bulk tube illustrated This contains sufficient for 15-20 applications, and is sold complete with unbreakable Applicator for 5/- A refill of the same size, without Applicator, costs 4/- Ortho-Gynol is also available in its original packing of 6 complete units each with disposable nozzle for 4/6



For a clinical sample, you are invited to communicate with

Johnson & Johnson
(GT BRITAIN) LIMITED
SLOUGH BUCKS ENGLAND

ADEXOLIN
RE-CREATES RESISTANCE

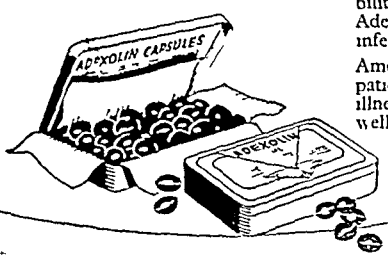
Each 3 m capsule contains 6 000 international units of vitamin A and 1 000 of D Tins of 25 2/9 100 8/6 500 30/6 1 000 56/ Prices which are subject to the usual professional discount do not apply in the I F S

GLAXO LABORATORIES LTD
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Among children, infection is often followed by an increased susceptibility to the common cold, bronchitis or pneumonia In such cases Adexolin enhances the constitutional resistance against secondary infection and promotes the rapid normalising of the tissues

Among adults, after being laid up by infections such as influenza, the patient is often weakened and depressed by the lowering effect of his illness By accelerating recuperation and by building up the general well-being, Adexolin expedites the return of the patient to full health



A PRODUCT OF THE GLAXO LABORATORIES

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ADEXOLIN Capsules

GL 240

AVOID YOUR PATIENTS' COLDS!



A pleasant way of preventing infection from patients suffering from colds is the timely application of 'Endrine'

A few drops sniffed up each nostril will avoid the discomforts of nasal congestion and the chance that you yourself will infect your patients

'Endrine with its carefully selected ingredients and well balanced formula, acts as a mild astringent, and by reducing nasal congestion promotes sinus drainage and improves breathing

For children and for adults where long standing nasal disorders have rendered the nasal mucous membrane over sensitive to more active medication prescribe 'Endrine Mild—a modified formula without menthol

'ENDRINE'
Regd Brand

NASAL COMPOUND

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(Oral)



A potent extract of carefully selected mammalian liver, prepared by a process which ensures the haemopoietic factor and the vitamin B complex in the highest proportions

It is the most concentrated oral extract available, and is palatable and easily assimilated

The therapeutic equivalent of two ounces of fresh liver is contained in a teaspoonful dose

DOSAGE In the initial treatment of pernicious and other primary anæmias, one to four fluid drachms per day will be found sufficient

As the condition of the patient improves a maintenance dose of one or two teaspoonfuls a day will suffice, or alternatively, one larger dose may be given weekly

A 4-oz bottle of Hepatex contains sufficient for one week's initial treatment or three weeks' maintenance

Issued in 4 fld oz bottles - 12'6 each

Neo Hepatex, for parenteral use is the latest advance in Liver Therapy, and is suitable for either intravenous or intramuscular administration

The Hepatex Liver Extracts are stocked by Pharmacies the world over

Prepared at Evans' Biological Institute
by

Evans Sons Lescher & Webb Ltd.

LIVERPOOL and LONDON

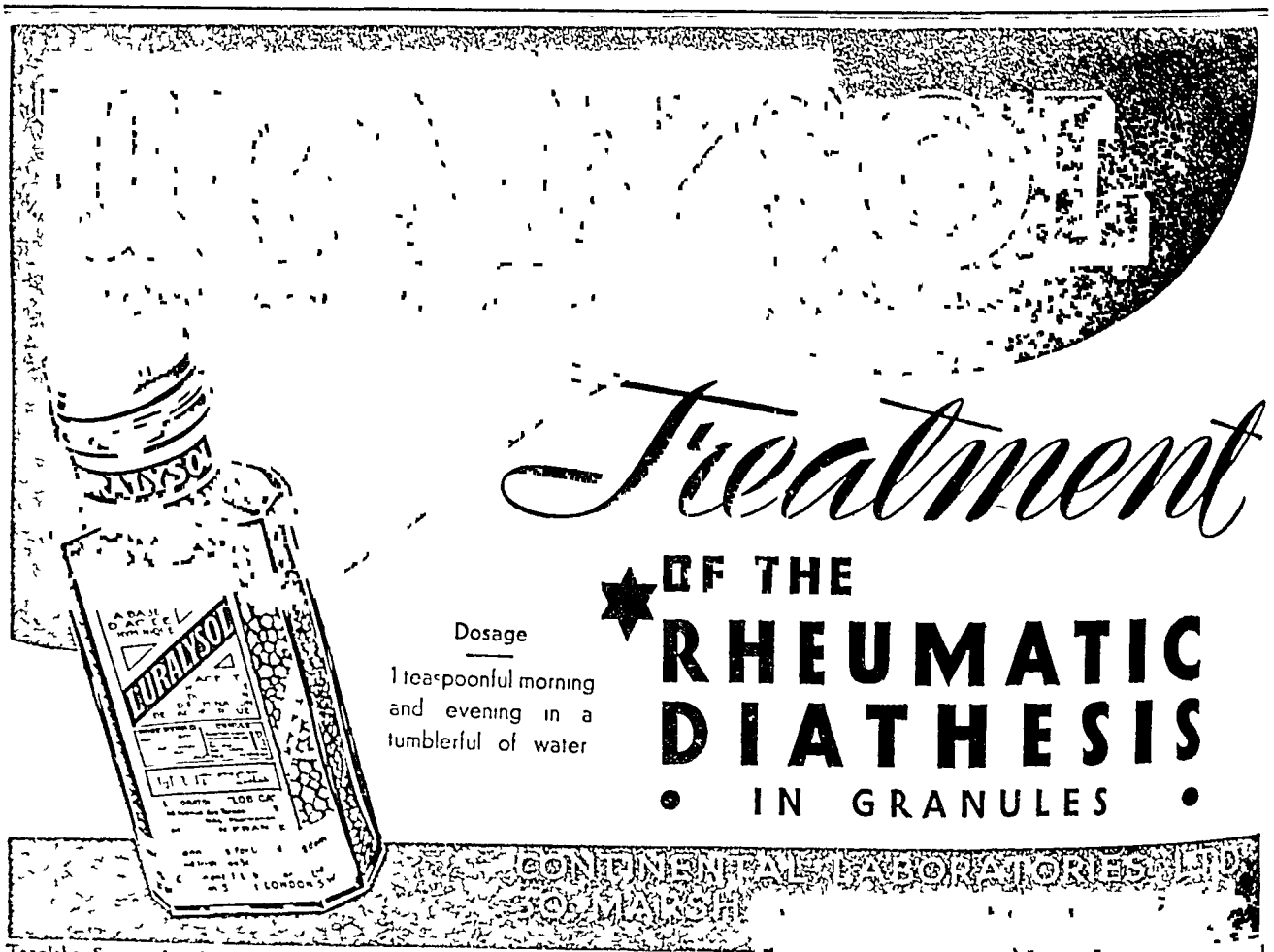
Modern Iron Therapy

Iron 'Jelloids' are an elegant and reliable means of administering the proto-carbonate of iron The preparation has none of the disadvantages of Pil Blaud The iron content remains fresh and unoxidized indefinitely, and injury to the teeth is avoided

The 'Jelloids' are highly effective in the treatment of achlorhydric anæmia and indeed in all the simple anæmias in which massive iron therapy is indicated

Iron Jelloids

You are cordially invited to apply for samples for clinical test
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Cystopurin

The ideal urinary antiseptic for oral administration!

From information received —

"I have had an interesting experience with Cystopurin in a case of inoperable carcinoma of the bladder in a male aet 67 After a month's X-ray treatment he was in a very exhausted condition and contracted a very acute Cystitis with strangury and micturition every 15 minutes I put my patient on Cystopurin tab one t d s, but on the advice of the consultant changed to —— The strangury was becoming worse and the question of a suprapubic cystotomy was being considered and sedatives, including opiates, had to be administered in considerable quantity I reverted to the Cystopurin, and within a week the patient's condition had vastly improved Temperature became normal, pulse rate settled and the strangury gradually subsided Now, after just under four weeks, my patient is up and dressed and passes sixty ounces of urine daily, at intervals of not less than three hours This improvement has been manifest in spite of the presence of an inoperable cancer I have no doubt that the condition of malignancy has improved following the X-ray treatment, but the clearing up of the Cystitis under very unfavourable circumstances in an exhausted patient suffering from malignant disease is most interesting'

A PRODUCT OF THE GENATOSAN LABORATORIES

Samples and literature available on request to

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NOVASORB

A Pure Magnesium Trisilicate with Exceptional Adsorbent and Antacid Properties

Novasorb forms a rational treatment in dyspepsia, gastric discomfort due to hyper-acidity, and ulceration of the gastro-intestinal tract

As it cannot cause alkalosis nor generate carbon dioxide it has important advantages over the bicarbonates

Dosage —One or two teaspoonfuls in water between meals with an additional dose whenever the discomfort recurs

NOVASORB is issued in bottles —
3½ oz 2/6 8 oz 4/9 16-oz 9/ 5-lb 40/
(dispensary size)
Also in Tablets tins of 48 2/3

Evans Sons Lescher & Webb Ltd.

Liverpool and London



To a high degree the important fresh-fruit constituents of ripe pineapple are in

THIS ORIGINAL PINEAPPLE JUICE FROM HAWAII

WE believe you, as a doctor, interested in the welfare of your patients, will insist on quality and goodness in every fruit juice that you may recommend These facts, then, will interest you Dole Hawaiian Pineapple Juice is the original Hawaiian pineapple juice It has received the Seal of Acceptance of the American Medical Association s Committee on Foods It is a natural source of vitamins A, B and C The exclusive Dole Fast Seal Vacuum Packing Process retains in high degree those important fresh fruit constituents which you want when prescribing a fruit juice to your patients

J K Husband & Co , Ltd 10 Eastcheap, London, E C 3

Here is a typical analysis of Dole Pine pple

Moisture	
Ash	
Fat (ether extract)	
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Carbohydrates other than sugars (by diff	

P.S. If you would like a free sample t write us a line on your letterhea once free



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LIVER CONCENTRATE

CAPSULES

1 : 125

BY A SPECIAL ARMOUR PROCESS THIS EXTREMELY HIGH CONCENTRATION IS NOW AVAILABLE AND PROVIDES THE HÆMOPOIETIC FACTOR OF LIVER IN A FORM SPECIALLY SUITABLE FOR EFFECTIVE ORAL ADMINISTRATION.

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is the prime food

"The neutral taste of Bread does not over-stimulate and, therefore, fatigue the sense organs of taste, so that much larger quantities of Bread may be eaten with satisfaction than is possible with foods of stronger flavour This is important, since Bread is the chief supplier of carbohydrates, and as such is a principal constituent of our national dietary"

Professor David Katz, Ph.D.

BREAD

FOR ENERGY

CFH 292

The treatment of

acute inflammatory conditions

There is abundant evidence, which has accumulated over a period of more than a decade, of the value of S U P 36 in the treatment of acute conditions in which pyrexia is an outstanding symptom

Its value in influenza has been demonstrated repeatedly in epidemics of this infection, whilst in pneumonia and broncho-pneumonia the effect of one or two injections of S U P 36 has been described as 'dramatic' In certain skin affections also, and in such localised infections as lymphangitis, mumps, measles and chicken-pox, the administration of S U P 36 is highly recommended inasmuch as its injection reduces the virulence of the disease and tends to mitigate the effects of the usual complications

S.U.P. 36

Sample on request

THE BRITISH DRUG HOUSES LTD LONDON N 1

SUP/S/48

VITAMIN B_1 : 5,700

While Bemax is the standard Vitamin B_1 supplement for the ordinary diet, Vitamin B_1 (Bekailin Brand) is indicated whenever the desired dose of the Vitamin is higher than can conveniently be administered in a natural food For example, the neuritis of pregnancy has been relieved by Vitamin B_1 (Bekailin Brand) in doses of 1,500-2,250 units daily (*Lancet*, April 11, 1936, p 835) For such massive doses a concentrate must be used Vitamin B_1 (Bekailin Brand) is an active adsorbate which is biologically assayed and standardized to contain 200 units per gram (5,700 per oz) Prepared in the form of 0 5 gram tablets, it is convenient for oral administration Recommended in ARTHRITIS, NEURITIS, ULCERATIVE COLITIS, AND DIABETES

Vitamin B_1 (Bekailin Brand) is a reliable preparation of high potency at a moderate cost.

VITAMIN B_1

(BEKAILIN BRAND)

PROFESSIONAL PRICE 8/- for 100 tablets

[100 International Units per tablet]

Obtainable from THE BEMAX LABORATORIES (address below)

B_{II} : 400

No one would think of prescribing, for example, insulin of unknown potency or non-standardized Vitamin A or D preparations Why then prescribe non-standardized Vitamin B_1 preparations? Not only is Bemax standardized at 400 International Units per ounce, but it is also stable over a period of years, *i e*, its potency does not deteriorate with age Such statements cannot be made in respect of any other natural source of Vitamin B

Providing as it does the unique combination of a *natural* yet *standardized* source of Vitamin B_1, Bemax is used as a routine in PREGNANCY, LACTATION, DEBILITATED STATES IN CHILDREN, DIGESTIVE DISTURBANCES and CONSTIPATION Vitamin B therapy in the form of Wheat Germ (of which Bemax is a stabilized and standardized preparation) is recommended by the Committee of the British Medical Association for FIBROSITIS and ARTHRITIS

In addition to its high Vitamin assay, Bemax is a unique source of accessory nutritive factors for the optimum protective diet (See table below)

BEMAX

Vitamin B_1—400 International Units per ounce

Vitamin B_2—Flavine present B (anti-dermatitis) one of the richest sources

Vitamin E—the richest known food source

Phosphorus—330 mg per ounce

Magnesium—09 mg per ounce

Iron—3 mg per ounce (70% available iron)

Copper—0 45 mg per ounce

Fibre—less than 1 5%

E : ?

While a standardized source of Vitamin E does not yet exist, the physician will naturally turn to the richest supply The most recent activities in research on Vitamin E point to wheat germ oil as the richest source Now that it has been established that human sterility and habitual abortion, when not due to pathological conditions or anatomical abnormalities, may sometimes be traced to a dietary deficiency of Vitamin E, the use of Fertilol—wheat germ oil—is to be preferred The Vitamin E activity of Fertilol does not deteriorate with keeping Administration over a period has no ill-effect The dose recommended for patients is one to three 5 minim capsules daily for a minimum period of three months

PROFESSIONAL PRICE

12/- per 100 5-minim capsules

FERTILOL

BRAND

Wheat Germ Oil

Literature on request from

The Bemax Laboratories

Vitamins Ltd, Dept B 32

23 Upper Mall, London, W 6

BOAT RACE. *We have space at the Bemax Factory Wharf at Hammersmith Reach for about 400 members of the medical profession and friends to see the Oxford and Cambridge Boat Race to be held on March 24th Early application for tickets should be made*

Benzedrine

SIR,—Your article on the use of benzedrine (December 12th, 1936, p 1204) prompts me to send the following brief notes

The patient was a man aged 40 giving a history of an attack of bradycardia associated with low blood pressure in March of this year On October 8th he complained of a depressed sinking feeling and was very irritable wanting to shriek when upset There were heavy stupefying headaches and attacks of exhaustion and somnolence The blood pressure was 110/74 mm Hg pulse rate 84 I ordered him tablets of benzedrine sulphate (Menley and James) the doses to be adjusted according to the subjective results On October 26th he reported that his sleep was interfered with though at times he was conscious of increased energy Diurnal somnolence was banished and there were no attacks of depression but he occasionally felt dizzy his systolic blood pressure was 90 mm Hg On November 9th he was able to manage the dosage so that interference with sleep did not occur He was conscious of great heaviness and tiredness in the mornings then on taking the tablets after breakfast he was braced up for some hours blood pressure 96/70 mm Hg On November 28th he was taking three tablets daily any larger dose caused sleeplessness He noticed increasing difficulty in voiding faeces and urine and was conscious of something holding them back Exhaustion was less severe but still present at times blood pressure 106/76 mm Hg

I decided to abandon this particular form of experimental therapy and put him on a good old fashioned mixture of potassium bromide and compound syrup of iron and phosphorus On December 12th his blood pressure was 112/74 mm Hg He said that he felt more equable and more sure of himself

In this case the drug appears to have acted in ways contrary to those usually described The fall in blood pressure was striking under the circumstances and the apparent spasm of his sphincters about which his information was wholly voluntary, is difficult to explain—I am, etc,

DONALD M O CONNOR.

London S.E.21 Dec 17th 1936

The Anaesthetist in the Theatre

SIR—Anaesthetists needs were discussed by Dr George Edwards at the meeting of the Section of Anaesthetics of the Royal Society of Medicine on December 4th and reviewed in the *Journal* of December 12th 1936 (p 1204) Having spent one-third of my life as an anaesthetist I fully sympathize with Dr Edwards's difficulties I agree with him that the anaesthetic room and the theatre should be on the same level as the surgical wards and the passage to and from the anaesthetic room should not present any 'terrors' to the patient The two rooms should be close together and should communicate by a partition door The anaesthetic room should look like a miniature ward or a private bedroom or an examination room so that little or no psychic trauma be caused in any patient The transport of the patient should be undertaken by the nurses rather than by porters dressed in theatre clothes

Dr Edwards suggested too that there should be a recovery room adjacent to the theatre and that the patient should remain there until his condition was such that he could be safely taken back to the ward this arrangement allowing both surgeon and anaesthetist to be within easy call in case of emergency, especially when engaged with other operations

Here I beg to differ for I have had experience of such recovery rooms next to the theatre First how many patients could be accommodated in one or two recovery rooms? Secondly, would it not distract both surgeon and anaesthetist from concentrating their attention on the case in hand? Thirdly the recovering patient would in all circumstances disturb the silence that should be observed in and about the operating theatre

I would suggest that the recovery rooms should be in the vicinity of the surgical wards and attended by a special nurse and a medical officer both competent to treat immediate post operative and post anaesthetic conditions With each patient returning from the theatre there should be a report of the operation performed complications found and condition during operation and anaesthesia Also suggestions for further treatment and observations might be made In any emergency or difficulty the attending officer should be in touch with the operating surgeon for further instructions—I am etc,

London W 1 Dec 18th 1936 F N TARAPORVALA

Cervical Gland Tuberculosis

SIR—Judging from some of the letters and especially one in the recent correspondence in the *Journal* with regard to cervical gland tuberculosis it would appear that there still exist those who would advocate the so called radical surgical procedure which one hoped had been dead and buried many years ago

It is I think, fairly obvious when we consider the pathology of the condition and have any clinical experience, that a wise combination of surgical procedure and ultra violet ray therapy is the course of election with perhaps the addition of tuberculin injections in selected cases

The surgical intervention should be limited to the removal of the involved gland or glands and abscess cavity if there be one with primary suture if possible and if not only allowing for a very small drainage aperture Such an operation should be followed by ultra-violet irradiation both local and general the latter being of the utmost importance

Treatment carried out on these lines will in the great majority of cases result in a scarless or practically scarless site of operation no return of the infection and general good health—I am etc,

Bath Dec 18th 1936 H NORMAN BARNETT

Physical Medicine

SIR—Dr A Gordon Watson suggests in his letter in the *Journal* of December 19th 1936 (p 1288) that the Medical Advisory Committee of the British Health Resorts Association *should press for a chair* of physical medicine at all teaching centres Well we tried it on London University as the body which has often been most enterprising in regard to new developments in medical teaching We took up informally with the University the project of a chair in medical hydrology and climatology at the point where it had been left in 1914 when a very distinguished body of medical men including Osler Allbutt Mott and many others, made a proposal to this effect backed by a reasoned statement We returned to the charge in 1935 and drew up a document showing that this is the only country of any importance which offers

no special training in these subjects, and one of the few which offers no diploma after post-graduate instruction We were told that there is no evidence of any demand in this country for such instruction, and therefore no justification for a chair or even a lectureship

We are not convinced, and we intend to use every opportunity that offers for demonstrating our belief that the subject of physical medicine (of which climatology and hydrology are an important section) is worthy of the attention of our medical education authorities—I am, etc,

ALFRED COX,
General Secretary

British Health Resorts Association Ltd,
London, W 1, Dec 21st, 1936

Milton's Blindness

SIR,—I was much interested in the article by "L R" under "Nova et Vetera" in the *Journal* of December 19th, 1936, on the subject of Milton s blindness, and in his reference to my opinion as to its cause

Milton's work, the intriguing incongruities of his changing temperament, the cause and the effects of his tragic blindness are of perennial interest At this distance of time it is of course impossible to be absolutely positive or dogmatic as to the exact pathological nature of his blindness Only an examination by a modern ophthalmologist, with all his modern armamentarium and his present-day precision of diagnosis, could settle the question Even then I expect someone would ask for a second opinion In those days, before ophthalmoscopes for instance, even a lengthy report by a contemporary doctor of Milton's could not seek to define a diagnosis, at least not a diagnosis as we understand the term The diagnosis given then was just amaurosis or gutta serena, some were satisfied merely to say it was a punishment from heaven

All we can now do is to collect all extant references to the symptoms and signs of Milton s blindness, then to tabulate all *the possible* pathological explanations, and finally from among all these possibles carefully to determine the one which is *the most probable* diagnosis The most probable diagnosis on all the evidence about Milton s blindness is, I think, primary chronic glaucoma "L R" suggests an intracranial tumour—namely, a cyst arising from remnants of Rathke s pouch and exerting pressure on the optic chiasma This could certainly cause some of the clinical features of Milton s case, but there were several important, indeed cardinal, symptoms which it would not explain, including the rainbow halo, the sharp pains, and the poet's health during the subsequent twenty-two years of his life

It is not possible to discuss here the various clinical manifestations I have endeavoured to set them all out in my recent book *Hero-Dust* May I, however, remark here that in coming to a diagnosis in circumstances like these an important consideration in one s deliberations should be the fact that a cyst arising from the remnants of Rathke s pouch is a rare thing compared with glaucoma So that of all the possible alternatives in the differential diagnosis which have been suggested both before and since the publication of my book I still feel that I have as yet no reason for altering the final conclusion to which I then came—that the most probable explanation of the cause of Milton s blindness as judged upon all the evidence available is primary chronic glaucoma—I am etc,

London W 1 Dec 21st 1936 JAMES KEMBLE, F R C S

The Consistency of University Examinations

SIR,—The very interesting article by Dr W Gilbert Millar published in your columns on December 12th, 1936, appears at a time when there is considerable disquietude among educationists and others in regard to the value of examinations The analysis of the Edinburgh results that he has made is a valuable contribution to the growing literature on the subject of examinations in general, and is noteworthy as a pioneer effort to assess the reliability of certain medical examinations in particular

The results of his investigation into the correlation existing in the marks recorded in certain medical subjects lead him to suppose that these medical examinations, in contradistinction to those others investigated by the International Examination Inquiry Board, "do give a pretty fair estimate of a student s capabilities, and that such anomalies as are disclosed by Hartog and Rhodes do not occur, or, if they do, only to such an extent as to be negligible" But are there any real grounds for so sanguine a conclusion? It would be very surprising indeed if medical examiners alone had evolved a test technique enabling them to reach a position where serious anomalies did not occur It is difficult to see, for example, why the results in such examinations as Dr Millar quotes should, in the nature of things, be any more reliable in a statistical sense than those, say, of the honours examinations in university mathematics, or the university honours history examinations quoted by Hartog and Rhodes in the publication referred to The evidence adduced does not, I suggest, altogether justify the somewhat sweeping generalizations made in summary form at the conclusion of the article

The coefficients of correlation between the six subjects of the combined third-year examination given in Tables I to VI are calculated on a relatively small number of cases (less than 200) and the value of "r," ranging round about + 0 5, is interpreted as indicating "a very significant correlation of high degree" when taken in conjunction with a P E of about ± 0 04 Dr Millar admits, of course, that the P E in itself does not furnish the best guide to significance in the case of correlations, and quotes it merely as a convenient method of expression He has accordingly checked the results by Fisher s "t" and "z" formulae, but even so, it is surely a bold assumption that an average coefficient of + 0 5 under the conditions of this investigation indicates a high degree of correspondence in the results Hartog and Rhodes, for example, referring to the correlation coefficients between the orders of the different examiners for the papers in the history honours examination, most of them of the order "r" = + 0 5 (see "The Marks of Examiners," p 341), take it for granted that they "may justifiably say that this is a collection of *low* correlation coefficients" There is obviously room, therefore, for disagreement, not so much on the score of the significance of "r" as on the value to be attached to that significance

It is to be noted also that Dr Millar's results, while showing a certain uniformity of performance among the candidates, do not necessarily reveal reliability—namely, the degree of agreement between independent sets of measurements of the same set of things For this purpose it is essential to compare the marks of the various examiners, noting differences in standard deviation random variation, and the like discrepancies As no direct evidence of this kind is produced it is a little unfortunate that the word "consistency" should be used in the title of the article, for the term "consistency" is now being regarded as the more suitable technical substitute for the

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should like to examine this drift of our thoughts and practice relative to the part played by the skin in the uraemic state

Maintenance of the Water Balance

The body is provided with four channels of elimination the kidneys, the bowel, the lungs and the skin Reflection will show that of these the skin at least has no true excretory function at all, the elimination of water by this channel being really subservient to the necessary provision of a means for cooling the body The normal water balance of the body ranges about an income of 2½ litres per diem Of this 1½ litres are excreted by the kidneys, 1/2 litre, in the proportion of 4/5 and 1/5, by the lungs and the intestine the remaining 1/2 litre being earmarked, as it were, for the use of the skin If, under identical conditions of work and temperature extra water is taken in the excess is got rid of by the kidneys The normal kidney is able to maintain a substantial increase in water elimination for a long time, but if, by feeding with water that capacity is worked up to its maximum possible renal failure will set in At this moment we are all eliminating water by our skin at a rate corresponding to half a litre in twenty-four hours Although this is called insensible perspiration it does not denote any activity on the part of our sweat glands, it is not a slow sweating, but a process of osmosis and evaporation If, however, the temperature of this room were to be raised our rate of water elimination would gradually increase to a point when we would begin to show visible perspiration the secretion of sweat having been shown to begin in health when the body temperature reaches a height of 0·2 to 0·5° C above normal (Kuno 1930) Normal sweat has a specific gravity of 1003, it is the most dilute of all the body fluids In other words the sweat glands are designed to respond to any need of the body for increased evaporation and not to nitrogenous surfeit Even in the absence of visible perspiration we recognize that some skins are dry and some moist without subjecting our observations to precise measurement Our hands not our eyes, tell us that the patient with Graves's disease has a moist skin, and that he with uraemia is dry, even though his subcutaneous tissues may be literally a bog

The Skin in the Uraemic State

In the later stages of sclerosis of the kidney the amount of real kidney tissue available for the bodily needs is but a fraction of the normal The resulting failure is in part qualitative and in part quantitative In the first place the kidney is unable to concentrate urea in order therefore to excrete urea it has to exercise its faculty for excreting water to its utmost ability But this, as I have said, is a limited faculty even in a healthy kidney, how much more restricted, then, in contracted kidney? So the unequal battle goes on, large amounts of water may be eliminated for a time, with ever increasing difficulty until the kidney is on the point of complete arrest At this stage the lungs may excrete a watery sputum, the large bowel initiate a diarrhoea, but the skin remains inert It seems as though the water were more urgently held elsewhere, either in the maintenance of osmotic balance or in excretory channels whereby it may relieve the body of nitrogenous waste This is a condition in which the body can not afford to sweat, for if is essential that any water leaving the tissues should carry with it its quantum of waste At its best the skin is still parsimonious in its output of solids even though it be profligate in expenditure of water We know that it is often difficult to induce sweating in uraemia but that, having seen it established, we ascribe the patient's ultimate recovery to our success My own impression is that when the patient is ready to sweat—that is, when the abnormal claim of other tissues on the water stores of the body having in some way abated, water is again available for the skin—then, and only then, he will sweat The dry skin of uraemia only eliminates water when it is no longer dry If, then your patient is showing evidence of elimination by the lungs or bowel do all you can to aid the action of these organs and leave the skin alone Keep him reasonably warm, watch for the first appearance of moisture on the skin, and then, if you will, apply your packs and your poultices If there is no sign of tentative excretion by any of the accessory channels your patient will die, he is probably the subject of a widespread poisoning the nature of which we do not yet know There are two types of acute uraemia in one the kidney has failed for the time being but the subsidiary paths of elimination are capable of tiding over the crisis while the kidney undergoes a measure of recovery in the other the poison is so far flung that nothing we can do is of the least avail

Conclusion

I have covered a bare tithe of the ground of uraemia, a fraction of chronic Bright's disease We are tempted to ask if this patient with convulsions or coma, this one with nocturnal asthma, and this man with an obstinate dyspepsia are subjects of one and the same disease Yet we recall other conditions which alike in their origin are as far apart as the poles in their appearances Two men are suffering from parenchymatous syphilis of the central nervous system One a paretic, comes to you wearing maybe, the cloak of a Pan European dictator, maybe the motley of a genial clown the tabetic retains his intellectual poise to the last Look back for a moment at some time in our childhood we were interested in the bewildering succession of patterns we saw in a kaleidoscope Yet each little coloured component preserved its own shape through all these variations and the plaything of a forgotten afternoon may have its counterpart in some of these fascinating problems of to day

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The trustees of the Ella Sachs Plotz Foundation for the Advancement of Scientific Investigation received ninety two applications for grants during 1936 thirty of which were approved, including one continued annual grant Eighteen of the new grants were awarded to scientists in countries other than the United States Among those receiving grants were Dr Melville Arnott of Edinburgh for research into the connexion between renal damage and hypertension The annual report of the Foundation states that during the present great need for funds grants will be given in the sciences closely related to medicine without reference to special fields, the maximum amount being as a rule 500 dollars There are no special forms of application, but letters asking for aid must state the qualifications of the investigator the nature of the proposed research, the size of the grant requested and the specific way in which the money is to be expended Applications which should include letters of recommendation from the directors of laboratories and clinics in which the work is to be done should be sent to Dr Joseph C Aub Collis P Huntington Memorial Hospital 695 Huntington Avenue, Boston, Massachusetts, before May 1

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TREATMENT OF ASPIRIN POISONING BY INTRAVENOUS SODIUM LACTATE SOLUTION

BY

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Aspirin, or acetyl salicylic acid, is formed by the action of acetic anhydride upon salicylic acid It is not a completely stable substance, and samples often have the odour of acetic acid In the commercial preparation certain impurities may be present in the form of orthocreosotic acid and acetic acid, as well as free salicylic acid

A solution of aspirin yields a buff-coloured precipitate with ferric chloride In the presence of free salicylic acid a violet colour is formed, although the colour due to a small amount of salicylic acid can be masked by the addition of tartaric, citric, or other oxyacids The limit of free salicylic acid has been suggested as 0 2 per cent in the tablet form (Martindale and Westcott, Vol 2)

Large single doses are usually required to produce symptoms of intoxication, and very large doses may be fatal A patient recently reported by A V Neale (1936) recovered with intensive treatment after taking 500 grains (32 4 grammes) and a patient of S C Dyke's recovered with treatment after taking 435 grains (28 8 grammes) (Dyke, 1935) Dyke also quotes from the literature a series of fatal cases Hitche's patient, who died after taking 1 000 grains (64 8 grammes), five cases of Janoviche's, in whom the average fatal dose had been about 500 grains (32 4 grammes) and a series of cases studied by Balazs, who considered the minimum fatal dose to be in the neighbourhood of 450 to 600 grains (29 8 to 38 9 grammes)

We have found no mention, however, of the dose which may prove fatal in children One child whose case we are here reporting was 14 months old, and took a dose of about 30 grains (1 944 grammes) which would probably have proved fatal but for intensive treatment

Poisoning may also occur where salicylate is administered therapeutically in divided doses M Odin (1932) reports fourteen cases in which poisoning occurred after doses of 90 grains (5 8 grammes) a day and two cases in which only 45 grains (2 9 grammes) per day were administered

Metabolism of Aspirin

The solubility of aspirin in water is very slight—only 1 in 400 —and the rate of hydrolysis is minimum in a neutral solution It is markedly increased by the presence of acid or alkali Martindale showed that the percentage hydrolysis in water after four hours was only 2 9 per cent, in 0 2 per cent hydrochloric acid it was 4 7 per cent Thus hydrolysis with physiological acid is very slight, which means that the amount split up while passing through the stomach does not exceed 5 per cent of the total amount taken The bulk of the ingested aspirin is decomposed by the alkaline intestinal juices to salicylate while a small amount is absorbed unchanged as aspirin and may be excreted in this form The total excretion in the urine of ingested salicylate is normally between 60 and 75 per cent The total excretion of unchanged aspirin varied from 8 to 36 per cent in a series investigated by Henzlik (Martindale and Westcott Vol 2)

Potassium citrate increases the water solubility of the aspirin two volumes of potassium citrate rendering it soluble 1 in 20 (Martindale and Westcott, Vol 1) When prescribed with potassium citrate "there may be a notable difference in physiological effect, as apart from the independent action of the potassium citrate the speed and even the locus of absorption in the system, may give enhanced effect A larger proportion may perhaps be absorbed in the stomach, and in consequence less would be carried forward to the duodenum, where alone aspirin is thought to be assimilated" Sodium bicarbonate has a similar action in hastening the decomposition of aspirin and leads to the formation of acetate and salicylate of sodium These pharmacological factors have an important bearing on the treatment of aspirin poisoning For example, a stomach wash-out will probably be of value only if performed within the first hour or two after the ingestion of the aspirin, when the bulk of the aspirin has not yet passed on to the duodenum Also, the oral administration of sodium bicarbonate as an antidote, which is so popularly favoured, is contraindicated in the early stage when the absorption of aspirin may be increased

Clinical Picture

The clinical features of aspirin poisoning may best be described by the report of a case from the literature S C Dyke's patient (1935) was a woman who recovered after taking 435 grains (28 8 grammes) In the first few hours of illness the main symptoms were nausea and buzzing in the ears During the night she appeared to be mentally confused, and became deaf Next day she became stuporous, disorientated, and extremely restless, and resisted all interference Severe vomiting produced dehydration, but sweating was not specially noted Her respirations were deep and slow, and she presented the picture of acidosis, the urine showing acetone by Rothera's test and a deep purple colour with ferric chloride This latter reaction was out of proportion to the amount of acetone present, and was best explained by the probable presence of aspirin in the urine Visceral damage was indicated by the presence in the urine of bile salts and traces of urobilin The urine also reduced Fehling's solution Treatment consisted mainly in the administration of fluid and glucose by the bowel and mouth, and in repeated lumbar punctures, which appeared to have a very beneficial effect By the third day the patient had improved, although she was still drowsy and complained that her head felt large and that her vision was blurred She made a complete recovery

A V Neale (1936) described a patient who rapidly developed symptoms after taking 500 grains (32 4 grammes) of aspirin Vomiting occurred after two and a half hours, and four and a half hours later she became semi-comatose She was very pale and sweated profusely, and her respirations were quick and shallow, later becoming deeper The alkali reserve in this patient was 40 volumes per cent (the normal is from 50 to 60 volumes per cent) Treatment consisted chiefly of a stomach wash-out and lumbar puncture In twenty four hours there was improvement, but she complained of deafness and tinnitus A reactionary pyrexia up to 100° F (38° C) followed forty-eight hours later The urine was free from salicylic acid four days after admission

Report of Patients at the Children's Hospital, Melbourne

CASE I

A male infant 14 months old was admitted to the Children's Hospital Melbourne under the care of Dr Stewart Ferguson at 4 p.m. on September 16 1936, with the history that two and a half hours previously he had eaten six o

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PROTAMINE INSULIN AND ZINC PROTAMINE INSULIN IN THE TREATMENT OF DIABETES MELLITUS*

BY

H P HIMSWORTH, M D , M R C P

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It is now nearly sixteen years since insulin was discovered and in this period the treatment of diabetes mellitus has been changed profoundly The first stage of this period was occupied in learning how to adopt the use of insulin to that dietetic treatment which had been devised to eke out the diabetic's existence before the introduction of insulin The second stage saw a less theoretical outlook develop when, as a result of the empirical trial of high carbohydrate diets, physicians were emboldened to adjust insulin to the patient's requirements when taking a more natural diet The last two years have seen us enter a third stage—the stage in which insulin itself is being artificially modified to meet more effectively the requirements of the diabetic patient

As yet the protamine insulin preparations have not been widely used in this country, and this is largely due to the commendable caution of the various manufacturers of insulin who refrained from putting on the market, without adequate investigation modifications of such a vital agent But very shortly now these new preparations will be available for general use and, judging by past history in therapeutics, it is possible that their general acceptance will be inaugurated by a period of considerable disagreement as to their value Such a period may be inevitable, but it is to be hoped that it will not delay a just appreciation of the new remedies nor vest them with pretensions which have later to be discarded The risk of either of these unfortunate possibilities can be minimized if at this time we take the trouble to review the present state of diabetic therapeutics with the object of placing ourselves in a position to decide exactly what improvement in treatment we may expect from the new preparations

To do this we must begin by considering clearly two questions What is the object of our treatment of the individual diabetic patient? How far towards this aim does the treatment available to day carry us? Then from what is already known of the new preparations, we may try to see how much nearer they can bring us to the attainment of this same object

The Object of Treatment

At the risk of being trite I shall define the aim of treatment in our individual diabetic patient as the production of a normal sense of physical health and mental well being The significance of this definition will become more apparent when it is insisted that no chemical definition of normality such as freedom from glycosuria or a blood sugar value within normal levels can justifiably be taken in substitution In medicine the ultimate achievement must be measured by clinical not by chemical standards The diabetic without complications has nowadays the right to feel well, and if he does not do so then treatment is at fault But patients with their differing temperaments, have different measures of well being and it is necessary that we as clinicians should have some standard by which the vague generalizations of several individuals can be assessed in relatively precise terms I suggest that a diabetic may be considered to have achieved satisfactory physical and mental health when he has satisfied the following three standards He must have sufficient energy for his needs he must maintain his weight about the accepted normal figure for his height and age, and he must not be subject to hypoglycaemic symptoms Each of these standards is worthy of further consideration

For a diabetic to feel that he has at his disposal sufficient energy to take again his place in the world with healthy men and women the physician must have dealt successfully with two problems He must have controlled the physical disability arising from the disease and he must have sustained the patient to overcome the psychological shock consequent upon the realization that he has diabetes The latter feat presents varying degrees of difficulty, but the persistence in the lay mind of prognostic standards derived from medical experience before insulin was available still engenders a real psychological factor in each case There is no weapon so potent against this as the knowledge on the part of the physician that diabetes mellitus, in all save the severest cases can now be so effectively controlled that the conscientious patient need suffer no disability from his disease and I would urge the importance of imparting to the patient this conviction and the knowledge of the experience upon which it is based

In a disease which is characterized by deficient assimilation of certain foodstuffs a knowledge of the variations in the patient's weight provides us with a valuable index of the general effect of our treatment (Himsworth 1936) When the wasteful excretion of food as glycosuria has been either abolished or restricted a falling of the weight below the normal standard clearly indicates that the diet is unsatisfactory But an increase in the weight to an abnormal figure is also unsatisfactory for such gains presage a breakdown in carbohydrate tolerance A weight at the normal figure for the patient's age and height should be established and preserved

It is unfortunate but it is necessary that the absence of symptoms from overdosage with insulin must be included as one of the standards of the successful treatment of diabetes It is undeniable that nowadays many diabetics, especially children lead lives restricted by the

* Lecture delivered to the Harrogate Division of the British Medical Association on March 5

seven aspirin tablets—that is at least 30 grains (1 944 grammes) Half an hour later he had vomited white frothy material freely mixed with pink blood and the vomiting had been repeated three or four times He was now looking a little paler than normal but was otherwise well At 6 p m he had a temperature of 98 5 F (36 8 C) a good pulse of 128 and the respirations of 28 per minute were quiet and easy When seen again at 11 p m he was sitting up and looking very wideawake but seemed quite comfortable with a good pulse and colour During the night his respirations increased in frequency and depth, and he became agitated and noisy passing a sleepless night Five ounces (142 1 c cm) of 10 per cent glucose and saline were taken orally by the child When seen next morning he showed extreme mental and physical restlessness and great thirst He drank liberal amounts of fluid but most of it was vomited His respirations were rapid and gasping at 56 per minute Circulatory depression was present the pulse being 162 per minute and of very poor volume and the child's colour was slightly grey and cyanotic He was also dehydrated and hollow eyed A specimen of blood was taken from the superior longitudinal sinus through the anterior fontanelle for an estimation of the alkali reserve which was 22 volumes per cent The temperature was 102 F (39° C) His general condition rapidly became worse and the respiratory distress was greater, making the outlook extremely grave

A continuous intravenous infusion of a buffer solution of isotonic sodium lactate as described by Hartmann (1934) was commenced and 15 ounces (85 6 c cm) were run in by the slow drip method This was followed by 30 ounces (170 52 c cm) of 10 per cent glucose and saline solution Two units of insulin were given four hourly with the glucose Chloral hydrate and potassium bromide 4 grains were administered as a sedative and large amounts of sodium bicarbonate solution and glucose were given by mouth

Two hours after the intravenous solution had been running his general condition commenced to improve His colour and circulation were better and the respirations though deep and rapid were less distressed His temperature remained elevated and he fell into a light restless sleep By the next morning he had become peaceful and the respirations while remaining rapid were shallow and easy Another estimation of the alkali reserve showed that it had risen to 55 volumes per cent On the following day the alkali reserve had fallen again to 38 volumes per cent but the general improvement was sufficiently established to allow the intravenous infusion to be discontinued

From the third day until the tenth day he continued to vomit several times daily he was looking pale and sick running an irregular temperature and losing weight The urine showed occasional hyaline and granular casts The alkali reserve on the seventh day was 42 volumes per cent From the tenth day onwards he commenced to improve and to gain in weight and became a normal cheerful baby once more making a complete recovery

There are many interesting features in this case on which we should like to comment There are several symptoms in common with those seen in adult patients, such as the vomiting mental restlessness, thirst dehydration, and respiratory changes The long latent period may be very misleading in assessing the seriousness of the intoxication There is also the very critical level of 22 volumes per cent to which the alkali reserve had fallen this is the lowest figure we have seen reported in literature in which recovery occurred

With regard to treatment it would have been advisable to wash out the stomach in spite of the fact that copious vomiting had occurred The dose of sodium lactate solution required to raise the alkali reserve 25 to 30 volumes per cent is 10 c cm of the molar sodium lactate per kilogramme of body weight diluted with five volumes of distilled water (Williams and Panting) We can find no previous record of the treatment of aspirin poisoning with this solution

Discussion

It is of interest to consider what is the pathological and biochemical basis underlying these clinical manifestations of profound toxaemia in aspirin poisoning A necropsy of the case described by Andrew Wyllie (1935) revealed blood in the stomach and petechial haemorrhages on the serous surfaces of the lungs and heart The kidneys were in a condition of glomerulonephritis, and the liver showed fatty degeneration Paisseau, Friedmann, and Vaille (1934) describe the anatomical changes as being discrete in the case of the kidneys, but of great intensity in the liver which was in a state of fatty degeneration The anatomical changes are well established, but the mechanism of the production of the clinical syndrome is not so universally agreed upon

Almost everywhere in the literature salicylate poisoning has been regarded as an acidosis due to poisoning by the acid radical, either that contained in the salicylate itself, the view most commonly held or by some other acid formed in the body as a result of disturbed metabolism, a view held by Balazs (1930) In 1928 opposition had been raised by Veil and Graubner against the view that salicylate poisoning was due to an acidosis and more recently by Martin Odin, who regards the symptoms of deep respiration as being due to a specific toxic action of the salicylate on the respiratory centre

As early as 1882 Quincke described the hyperpnoea so frequently found in salicylate poisoning and regarded it as being due to the action of the acid radical on the respiratory centre This was again regarded as being analogous to the deep breathing found regularly in the acidosis of diabetic coma Further support for this conception is the fact that there is always a fall in the alkali reserve of the blood Also it is thought that a favourable result could be observed from the administration of sodium bicarbonate G Paisseau notes further points in favour of this interpretation in the acidity of the urine with a constantly lowered *p*H, the resistance to alkalinization, and the raised ammonia excretion

Veil and Graubner base their opposing theory partly on certain theoretical calculations showing disproportion between the fall of the alkali reserve and the quantity of salicylic acid ingested They regard the deep breathing as due to a specific action on the respiratory centre

Martin Odin (1932) compares the biochemical findings in salicylic intoxication and diabetic coma He finds in the first instance an average alkali reserve of 38 volumes, a salicylic acid content of the blood of about 0 3 gramme per litre of blood, the *p*H of the blood being normal or slightly raised In diabetic coma where deep breathing was present the alkali reserve was usually about 26 volumes, the total acids in the blood 0 75 gramme per litre—double the amount of salicylic acid—and the *p*H of the blood lowered He draws the conclusion that the salicylic acid must be considerably more toxic than diacetic acid, seeing that the symptoms of poisoning in diabetic coma arise only when the content of the latter acid in the blood is considerably higher And so one can hardly speak of salicylic poisoning as an acid poisoning pure and simple it is a more specific toxic action

Investigation of a second child treated at the Children's Hospital, Melbourne, for aspirin poisoning lends support to the view of a specific action of salicylate on the respiratory centre, at least in the earlier stage of the toxic effect

CASE II

A girl aged 2 years and 8 months swallowed approximately 60 grains (3 89 grammes) of aspirin and it was not until twelve hours later that her parents became worried

fear that symptoms of hypoglycaemia may supervene if they depart from a routine of semi-invalidism This state of affairs results directly from the imposition on clinical medicine of chemical standards of normality to the disregard of clinical evidence If chemical signs such as freedom from glycosuria or the restriction of variations in the blood sugar level within certain limits are elevated to the status of objects of treatment, then on the finding of glycosuria, or an unusual hyperglycaemia, treatment must logically be devoted to its removal, even if this involves the periodic induction of hypoglycaemic attacks It should be realized once and for all that, with the treatment at present available, there are many diabetics whose blood sugar cannot be maintained within normal limits, whose urine can never be kept consistently free of sugar, without giving insulin in such doses that frequent hypoglycaemic attacks will certainly result and prevent the patient attaining a stable and normal degree of health To satisfy chemical criteria at the price of such disability from over-treatment is the antithesis of rational therapeutics

First Stage of Treatment

Hitherto we have been dealing with that final phase of treatment which is concerned with the adjusting of the diabetic to normal health, but we must now consider the preliminary phase in which the patient is being removed from the dangers of the uncontrolled disease itself In this stage we are dealing with the gross objective evidence of disordered metabolism, and the finer subjective appreciations of health are submerged in the general illness of the patient It is here that chemistry finds its proper place as a guide to treatment

To-day there are in use three main tests estimation of the blood sugar, testing of the urine for sugar, and testing of the urine for ketone bodies Of the information these provide a knowledge of the presence or absence of ketonuria is immeasurably the most important (Himsworth, 1934a, 1936) Ketonuria indicates that the morbid processes of diabetic metabolism hold sway within the body and until they are under control, as indicated by the cessation of ketonuria, the diabetic is in danger of being overcome by his disease in its crudest form and dying in diabetic coma We have two simple tests available for detection of ketone bodies in the urine The ferric chloride test, which detects these substances only when they are present in quantities which indicate the imminence of coma, and the nitroprusside test, which detects them in minute amounts such as occur in the early stages of balancing and in the severe relapses of the previously balanced patient Patients in whom the ferric chloride test is positive are medical emergencies and should be treated as such (Himsworth, 1932), patients in whom the ferric chloride reaction is negative but the nitroprusside reaction is positive are in no immediate danger, but are as yet still the subject of grossly disordered metabolism A more detailed discussion of the significance of these tests and the treatment of the states they reveal is out of place here and has already been given in detail elsewhere (Himsworth, 1932, 1936)

It is regrettable that a knowledge of the blood sugar level should still enjoy the greatest vogue as the guide to treatment Based on imposing theoretical considerations it yet survives the practical criticism that it bears little relation to the condition of the patient (Himsworth, 1934a) In my opinion its use is comparable to that of the electrocardiogram Both are useful in research and in diagnosis, both are superfluous as guides to treatment

Testing the urine for sugar has lost prestige as a result of the authoritative support accorded to the blood-sugar test This is unfortunate, as the urine can be made to yield relatively more information than the blood The finding of glycosuria indicates loss of food in the urine, the testing of specimens passed at different times in the day shows when this waste occurs and points the way to the necessary modification in treatment If Benedict's test is used the resulting colour measures the concentration of sugar in the urine, and if a sequence of urine specimens are examined the rise and fall of the sugar level in the body is revealed (Fig 1) Such knowledge permits a much closer control of treatment than do isolated blood sugar estimations (Himsworth, 1936)

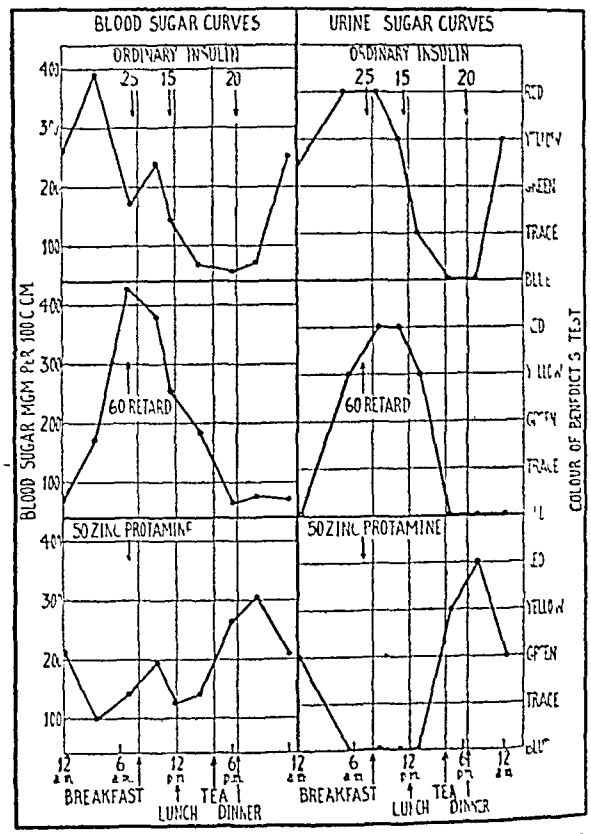


FIG 1.—Blood sugar and urine sugar curves showing the effects of ordinary insulin, insulin retard, and zinc protamine insulin taken from the same patient while on the same diet (Case III) The urine sugar test is performed by adding eight drops of urine to one teaspoonful of Benedict's solution and boiling briskly for fifteen seconds After standing for two or three minutes the colour of the test is noted Red, yellow, and green precipitates and a greenish opalescence (trace) indicate respectively decreasing concentrations of urinary sugar

We can conclude that the metabolism of a diabetic patient may be considered under control when the urine is always free of acetone bodies and when the waste of glycosuria has been reduced to the minimum compatible with freedom from hypoglycaemic attacks This control and the attainment of the ultimate objects of treatment can be achieved by the appropriate use of diet and insulin

Diet

For a considerable time after the discovery of insulin diets greatly restricted in carbohydrate continued to be employed, but the successful trial of higher carbohydrate diets has now resulted in the acceptance of a regime which approximates to that of healthy individuals The discovery of insulin automatically rendered obsolete the various formulae which were taught for calculating the amount and composition of the diabetic's food intake,

about her condition At first irritable, while mentally very alert with rapid breathing and fits of screaming she was admitted to hospital twenty four hours after the ingestion of the aspirin Her clinical picture, with deep rapid respirations 48 per minute, flushed face, and vomiting, was compatible with a diagnosis of acidosis, yet this was not confirmed by investigation The alkali reserve was 50 volumes per cent, and the urine gave negative reactions to Gerhardt's and Rothera's tests The treatment given was 8 ounces (227 c cm) of 2 per cent glucose and saline solution intravenously, and 1 pint (568 c cm) of 10 per cent glucose and 0 9 per cent sodium bicarbonate solution orally during the first twelve hours The child's breathing remained deep, and the rate was 40 per minute, she was still irritable The alkali reserve had fallen to 29 volumes per cent and the urine gave positive reactions to Gerhardt's and Rothera's tests, showing that a state of acidosis had developed

Twenty six ounces (738 c cm) of sodium lactate solution and 17 ounces (447 c cm) of 10 per cent glucose and saline solution were given by the slow-drip method intravenously in twenty hours the patient showing considerable improvement She was able to take a normal light diet and appeared quite well after a further three days

Conclusion

In our cases the weight of evidence seems to be in favour of the intoxication being possibly a toxic action on the respiratory centre, but chiefly due to an acidosis This is borne out by the rapid improvement in the clinical condition which accompanied the rise in the alkali reserve following the administration of sodium lactate solution Odin (1932) warns us to be careful in using salicylate in nephritic patients In two of his cases already quoted albumin was present in the urine before treatment was commenced, and both patients developed symptoms of poisoning with so small a dose as 45 grains a day All of his cases had a moderate number of red blood cells in the urine, five had albuminuria, and two had some casts This, considered with the necropsy findings of acute nephritis, indicates that it is difficult for nephritic patients to excrete salicylic acid

Summary

1 A survey of the reported cases of aspirin poisoning is given, showing that large doses are necessary in adults to produce toxic effects

2 Alkalis increase the absorbability of aspirin

3 Two infants, who developed severe toxic symptoms after the ingestion of 30 grains (1 944 grammes) and 60 grains (3 89 grammes) of aspirin respectively are described both recovered after sodium lactate (Hartmann's solution) had been injected intravenously

4 It is considered that the toxicity of aspirin is due to an acidosis, and possibly to a direct action of salicylic acid on the respiratory centre

ACKNOWLEDGEMENTS

We wish to thank Dr Stewart Ferguson for permission to publish the reports of these patients

We are greatly indebted to Miss Splatt of the Walter and Eliza Hall Institute Melbourne, whose estimations of the alkali reserve served as a valuable guide to treatment, to Dr Bolton medical superintendent of the Royal Melbourne Hospital who supplied us with the sodium lactate solution, and to Dr Ian Wood for his advice and assistance

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CONTINUOUS INTRAVENOUS SALINE INFUSION

BY

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Continuous intravenous saline infusion is now being used more extensively in this country unquestionably it has helped to save many lives We feel that a time has been reached when it would be well to review its advantages, to try to enumerate its indications and contraindications, and particularly to dwell upon the dangers connected with its use

Indications

1 *Dehydration* from any cause such as starvation, vomiting diarrhoea or excessive sweating—In acute intestinal obstruction the combination of continuous gastric aspiration and continuous intravenous saline infusion both before and after operation is a marvellous therapeutic advance

2 *Prevention of Post operative Shock*—A typical indication is at the close of the operation of partial gastrectomy especially when it has been performed on a poor subject

3 *Shock*—Here we appear to have a helpful method of combating shock In these cases we have added one ampoule of coramine to each pint of saline solution with advantage French observers have reported favourably on the results of adding adrenaline to the solution in doses of about 5 minims of 1 in 1,000 solution to each pint

4 *Diabetic Coma*—This is probably the best method of introducing large quantities of glucose and insulin, a measure which is so necessary in this condition

5 *Post-operative Thyrotoxicosis*—It has long been recognized that a copious fluid intake is beneficial in these cases If administered early enough continuous intravenous saline infusion will often tide the patient over a crisis If hyperpyrexia and other signs indicate that the patient is being flooded with the toxin the injection of 50 minims or more of Lugol's solution into the delivery tube, associated with the application of an ice pack to the limbs and precordial region, and, above all the employment of an oxygen tent, is the best possible course to adopt in these anxious, but now fortunately rare, catastrophes

6 *In profound jaundice after the obstruction has been removed* it is often remarkable how quickly the jaundice clears when continuous intravenous saline treatment is administered (see also Contraindications)

7 *Septicaemia*—That benefit accrues from continuous intravenous medication in septicaemia is not generally agreed In our experience in some cases continuous intravenous saline therapy, by diluting the circulating toxin and stimulating the excretory activity of the kidneys, appears to have done good The addition of a capsule of intravenous mercurochrome to each filling of the reservoir definitely has done no harm and we believe that in several cases of septicaemia it has helped the patient to combat the infection

and the realization of this, combined with the acceptance of the modern diets, has permitted a great simplification of treatment

The calorie value need no longer be calculated, for the amount of food taken by the patient is governed by the weight chart While it is still a practical advantage to begin balancing a diabetic on a diet in which the amount of food is restricted, the final quantity taken by the balanced patient need only be restricted if he is over weight

The composition of the diet now advised varies somewhat, but I think it is permissible to say that in this country medical opinion is rapidly accepting a proportion of the order of carbohydrate 2, protein 1 fat 1, so that a 2000 calorie diet of this type contains about 200 grammes of carbohydrate Those who are familiar with diets containing 50 or 60 grammes of carbohydrate may raise objections to such a large allowance, but their main practical objection can be anticipated and disproved Such large allowances of carbohydrate do not necessitate proportionate increases in insulin dosage Often the dose need not be increased, infrequently a few more units are required (Himsworth, 1934b) The advantages of the new diets are obvious to all who have tried them It is undeniable that they are more convenient and that they are more palatable Comparison of the number of admissions to University College Hospital for rebalancing since these diets were used with those of the period in which a low carbohydrate diet was given suggests that they render the patient less liable to relapse It is probably to the new diets that the disappearance of xanthoma diabeticorum and of diabetic dwarfism can be attributed, while evidence already available encourages the hope that this increased carbohydrate militates against the development of the most fatal complication of diabetes arteriosclerosis (Rabinowitch *et al* 1934, Joslin, 1935, White, 1932) And lastly, but most important they increase the patient's subjective sensations of health and energy These diets have come to stay and will supplant completely their older rivals in the treatment of diabetes

Insulin

Nearly all patients who become diabetic before middle age require insulin within two years of developing the disease, of those in whom the condition appears in later life about one half come to need it The indications for the administration of insulin can be stated precisely It must be given immediately to any patient whose urine contains sufficient acetone to give a positive ferric chloride test, it must be given to a diabetic who, after four days treatment with a modern diet, passes urine which in the majority of specimens contains enough acetone to give a positive nitroprusside test, it must be given to a patient who while showing no ketonuria, passes sugar in all specimens after a fortnight's dietetic treatment

Insulin treatment having begun the dose is systematically increased until the chemical tests indicate that the patient's metabolism is under control and the final objects of treatment are in sight (Himsworth, 1936) We must now consider how far modern dietetics and ordinary insulin will carry us along the path of treatment

Mild diabetes can be treated successfully with diet alone More severe cases require in addition insulin, in one, two, three, or even four doses a day The severest cases cannot be completely controlled throughout the whole twenty-four hours In these latter cases by large and repeated doses during the day the disease can be more or less restrained, but at night, in the absence of further injections of insulin, the abnormal metabolism again reasserts itself For half the twenty four hours such cases are virtually untreated diabetics, and by reason of this are prevented from attaining the normal health which less severe cases can achieve (Fig 1)

This summary of the possibilities of present day treatment reveals that it is to the transience and the rapidity of ordinary insulin action that in the severer cases of diabetes the obvious shortcomings of our therapeutics can be attributed The transient effect necessitates multiple doses for cases of any severity, and makes control of the disease difficult if not impossible during the night The rapidity of action results in the full effect of the insulin injected being manifested within a short time of injection and thus, by rendering a hypoglycaemic attack inevitable if insulin in excess of the immediate requirements is given it precludes either the administration of the multiple daily injections as one dose or the control of the diabetes during the night by a large injection of insulin in the evening It was to meet the needs created by the shortcomings of ordinary insulin that an attempt was made to find a preparation which would have an action at once longer and slower The production by Hagedorn after many years of research of a preparation in which insulin was linked to a natural protamine from fish sperm was the first attempt which was fully successful (Hagedorn *et al* 1936) Modifications of the original discovery have since appeared and the most notable of these is D A Scott's preparation containing zinc, protamine, and insulin (Scott and Fisher, 1936*a*, 1936*b*) To avoid confusion we shall refer to Hagedorn's* preparation protamine insulin by its trade name of insulin retard and to Scott's modification as zinc protamine insulin The work upon which the following conclusions are based has been carried out in conjunction with Dr M R Thomas at University College Hospital

Advantages of Protamine Insulins

The slow action of the protamine insulins is seen only after subcutaneous injection After intravenous injection their action differs little from that of ordinary insulin given by the same route

In different patients either of the new insulin preparations shows slight variation both as regards duration and speed of action, but of the two the zinc protamine insulin acts more slowly For the purposes of comparison we may take conditions under which ordinary insulin exerts its maximum effect in two to three hours after injection and is spent at the end of six hours Insulin retard under such conditions would produce its maximum effect in six to ten hours and have worn off by twelve to eighteen hours Zinc protamine insulin would show its greatest effect in eight to fifteen hours and be still exerting some action at twenty-four to thirty hours (Fig 1)

This comparison indicates the respective advantages and disadvantages of the new preparations and suggests the considerations which must be taken into account when formulating a technique for their administration The prolongation of action obviously allows reduction in the number of doses and ensures that the injection of either preparation in the late afternoon controls the disease throughout the night In the less severe cases, which require one or two daily injections of small amounts of ordinary insulin, the administration of either new preparation in one dose before breakfast will give equally good control In more severe cases the longer action of zinc protamine insulin permits effective control with a single

* I am indebted to Dr Hagedorn of Copenhagen and Messrs Boots Pure Drug Co for their generous supplies of insulin retard and zinc protamine insulin suspensions respectively

8 *As a Convenient Means of Inducing Evipan Anaesthesia*—In cases of perforated peptic ulcer we give the patient continuous intravenous saline infusion while the theatre is being made ready With the saline solution still dripping into the vein the patient is brought to the theatre The abdomen is opened under local anaesthesia As soon as the peritoneum has been reached a small dose of evipan is introduced into the rubber tubing of the saline apparatus, and evipan flows into the vein together with the saline solution which has been turned to a steady flow The anaesthesia produced by the evipan gives ample time for the performance of the operation The infusion before and during the operation mitigates shock, and the absence of a general anaesthetic helps in a large measure, to prevent a major complication of treated perforated peptic ulcer—pulmonary involvement

9 *Continuous Intravenous Sodium Sulphate in Oliguria and Anuria*—Providing that in obstructive cases the cause of the anuria has been removed continuous intravenous saline, or, what would be better still, continuous intravenous sodium sulphate, are diuretics without a peer I L Dick found that in every case the diuresis produced by intravenous sodium sulphate was greater than that produced by sodium chloride and in no case was there any evidence of storage of sodium sulphate in the body An isotonic solution is made by dissolving 42 85 grammes of Glauber's salt in one litre of water We have used this solution in a variety of cases of anuria oliguria, and latent uraemia Needless to say in cases where there is a mechanical obstruction to the outflow of urine this must be first removed Some of the patients were actually moribund In only one instance did it fail to produce diuresis and that was in a case of polycystic disease of the kidneys which at the post mortem examination showed no evidence of any renal tissue remaining We generally give only one or one and a half pints of this solution daily, during the rest of the twenty four hours normal saline solution is employed There is no reason for limiting the dosage to this amount other than timidity on our part

Contraindications

1 *The Failing Heart*—A history of dyspnoea on exertion uncompensated valvular disease, or any possibility of cardiac weakness should call for hesitation in increasing the bulk of circulating fluid When the integrity of the heart muscle is suspected a physician should be consulted before employing continuous intravenous saline infusion

2 *Pulmonary Congestion*—In all conditions where there are signs of oedema or consolidation of the bases of the lungs the method is inadvisable

3 *Hypertension*—If the blood pressure is high it is obviously courting danger to burden the circulation still further Essential hypertension and the sthenic form of uraemia with convulsions are especially mentioned as contraindications, for in these cases some degree of cerebral oedema may be present

4 *Bright's disease* in all its stages is a grave contraindication In advanced uraemia, where Bright's disease is a possible underlying cause venesection one pint followed by continuous intravenous sodium sulphate one to one and a half pints may be tried The same precaution of preliminary venesection and cautious replacement of circulating fluid should be taken in all cases of chronic bilateral pyelonephritis Polycystic disease is a definite contraindication

5 *In Obstructive Jaundice where the Obstruction has not been Removed Completely*—Death is hastened by this measure, as was observed in one of our patients where the obstruction was due to carcinoma of the common hepatic duct At the post mortem examination the kidneys were deeply stained and choked with bile

Preparation of the Solution

Obviously a solution which is introduced directly into the circulation must be absolutely sterile but this is not enough It must also be free from dead bacteria and other extraneous matter such as fur from the sterilizer Boiled tap water does not fulfil these requirements and if it is used reactions are bound to occur Triply distilled water must be employed in all cases Although the Pharmaceutical Society is less stringent in its regulations we have made it a rule that distilled water more than a week old is discarded With a view to this flasks are stamped with the date of preparation

It is, of course, equally important to have the sodium chloride sterile and pure Tablets sold in tubes for the preparation of normal saline are not prepared with a view to intravenous therapy Sterile ampoules for making a 5 per cent solution of glucose are readily obtainable it would be an advantage to have similar ampoules of sodium chloride

In fully equipped institutions the whole of the work of preparing the saline solution can be undertaken by the dispensary staff At the Royal Northern Hospital flasks of sterile saline solution prepared by the dispenser with newly triply distilled water are supplied on demand to the wards Periodical bacterial examinations are made in the pathological laboratory

Saline or Saline and Glucose?—Normal saline solution alone meets most requirements It has two outstanding advantages over glucose or combined saline and glucose First, it causes less chemical phlebitis and thrombosis, and secondly it is manifestly physiological When glucose is employed we are introducing a substance into the circulation which requires katabolism and in our opinion if glucose is to be used there should be adequate reasons for its introduction the patient must be in need of glucose, as one who has been starved and only sufficient glucose for his immediate needs should be introduced by the intravenous route A 5 per cent solution of glucose in six pints of saline contains about 180 grammes of glucose so at the usual rate of flow the patient is receiving 720 calories in the twenty four hours This may be increased if no other source of nourishment can be utilized by the patient As regards insulin if there is no reason to think that there is a deficiency in this hormone there is no reason to give more

Technique

Inserting a Needle or Cannula—It is not always necessary to cut down upon a vein, a small nick in the skin and the insertion of a special hollow needle (Fig 1)

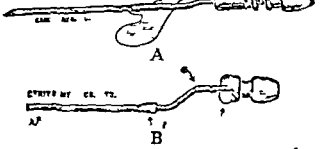


FIG 1—A Needle for inserting into a vein by a puncture Once it is in place satisfactorily it is kept at rest by a strip of adhesive plaster across each flange B Cannula for use when vein is too inconspicuous for a needle to be inserted This is made in two sizes for adults and children

is equally effective in many instances A vein in the forearm is usually chosen It is a great mistake to choose the most prominent vein One which is easily palpable but well obscured and supported by subcutaneous fat will

morning dose when insulin retard, with its relatively shorter action fails to do so (Case III)

The slowness of action by avoiding sudden reduction in the sugar content of the blood minimizes the possibility of hypoglycaemic attacks This has a great practical advantage in relation to exercise Exercise, as is well known,

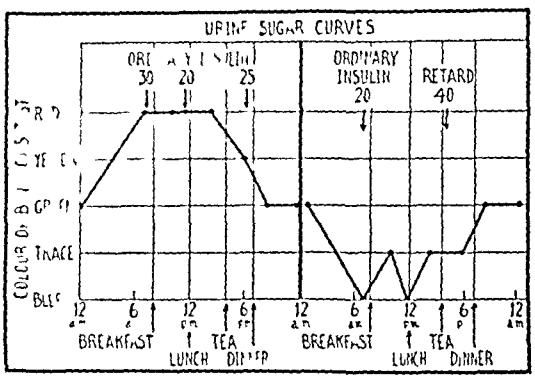


FIG 2—Urine sugar curves from a girl aged 16 years, the first while taking ordinary insulin the second taking ordinary insulin and insulin retard The diet was the same in both instances (Case II)

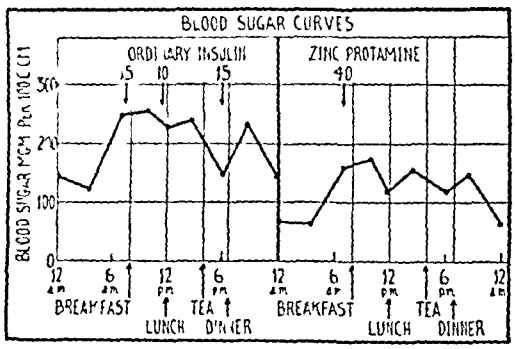


FIG 3—Blood sugar curves from a man aged 65 years, the first while taking ordinary insulin the second taking zinc protamine insulin The diet was the same on both occasions (Case I)

potentiates insulin action, and any diabetic taking ordinary insulin is liable to precipitate a hypoglycaemic attack by unusual exertion These slower-acting preparations are less affected by exercise, and hypoglycaemia from this influence is infrequent

Disadvantages

The very characteristics which constitute the advantages of the protamine insulins also have their drawbacks The first disadvantage they give rise to is the severity and nature of the hypoglycaemic attacks when they do occur As a result of the prolonged action hypoglycaemic attacks when untreated last for a considerable time, and administration of sugar may need to be repeated many times to counteract the series of relapses occasioned by the persisting insulin effect The mild attacks, produced by ordinary insulin and consisting of subjective sensations followed by rapid spontaneous recovery, do not occur, for with protamine insulins the attack once it begins, progresses to severity A further unpleasant feature is the suddenness with which severe attacks burst on the patient The fall of blood sugar produced by the new insulins appears to be so gentle that the warning symptoms of hypoglycaemia are not evoked and the blood sugar slides on unchecked to lower levels where a severe attack is inevitable The danger of such attacks is naturally more with zinc protamine insulin than with insulin retard, as the duration of action of the former for more than twenty four hours favours a summation effect It is because of these severe hypoglycaemic attacks that one cannot fully utilize this summation effect and give indefinitely large single doses of the protamine insulins in an attempt to enable severe cases to manage with one injection a day It may be here noted that, as in the case of ordinary insulin, the susceptibility to hypoglycaemic attacks is most marked in the young and least evident in the old

The second disadvantage is attributable to the slowness with which the protamine insulins come into action This renders them less efficient than ordinary insulin in restraining the rise of sugar in the body and the consequent glycosuria, following the rapid influx of sugar after meals It has long been known that the susceptibility of the body to the action of ordinary insulin varies at different times of the day, being least at breakfast, more marked in the evening, and most marked in the middle of the day Exactly the same variation in susceptibility is revealed by the new insulin It is for this reason that, in cases of any severity, single morning doses of the protamine insulins are so inefficient in restraining the rise of blood sugar and restricting the glycosuria after breakfast, and it is for the same reason that attempts to remedy this particular inefficiency by increasing the size of the single dose, to amounts which will abolish the post-breakfast glycosuria, may result in hypoglycaemia either during the night or in the middle of the morning, when the body is becoming most susceptible to insulin Realization of this point has led to the devising of a technique designed to avoid hypoglycaemia whilst restricting post-absorptive glycosuria within reasonable limits

Technique of Administration

Hagedorn (*et al*, 1936, Krarup, 1935), using the moderately slow-acting insulin retard, does not attempt to treat any save mild cases with one dose of insulin a day In the severer cases he gives insulin retard in the afternoon to control the disease in the evening and during the night, and next morning before breakfast he gives a dose of ordinary insulin This latter by the rapidity of its action controls the glycosuria consequent upon breakfast, and by reason of its transience does not continue acting strongly in the middle of the day when hypoglycaemia is prone to be induced (Fig 2) The persistence of the insulin retard effect into the next morning ensures that the morning dose of ordinary insulin required is considerably less than if the patient were taking two doses of ordinary insulin a day If this method proves unsuccessful the diet is modified so that breakfast contains 20 per cent of the total carbohydrate, lunch 30 per cent, tea 10 per cent and dinner 40 per cent

A different technique for zinc protamine insulin has been largely worked out by the Canadian physicians (Rabinowitch *et al*, 1936, Campbell *et al* 1936), and by Lawrence and Archer (1937) in this country In this the longer duration of action is exploited One dose of zinc protamine insulin is given before breakfast and at the same time a dose of ordinary insulin is administered Mixing of these two types of insulin results in a product whose action is little different from that of zinc protamine insulin, but with care the two solutions can be drawn without mixing into the same syringe and given as one injection (Campbell *et al*, 1936) The ordinary insulin controls the post-breakfast rise in sugar, and its action has weakened by the time the zinc protamine insulin is coming into full action For the next six or seven hours zinc protamine insulin is exerting its greatest effect and thus restraining the rise of sugar following the subsequent

be found to be less mobile, and thus more readily entered The large prominent veins of the aged are notoriously difficult to enter, and in these cases it is as well to transfix the vein transversely with a fine needle before carrying out the puncture When the veins are small and difficult to locate, if time permits it is useful to soak the arm in a hot bath for fifteen minutes before attempting the puncture When it is necessary to cut down upon a vein a small transverse incision is used If no veins can be seen an incision should be made over the commencement of the internal saphenous vein Even in a new-born infant we have never failed to find this just anterior to the internal malleolus There is no need to dissect out a vein with the point of a scalpel, blunt longitudinal dissection by opening the jaws of a small haemostat (Fig 2) is more efficient and saves time

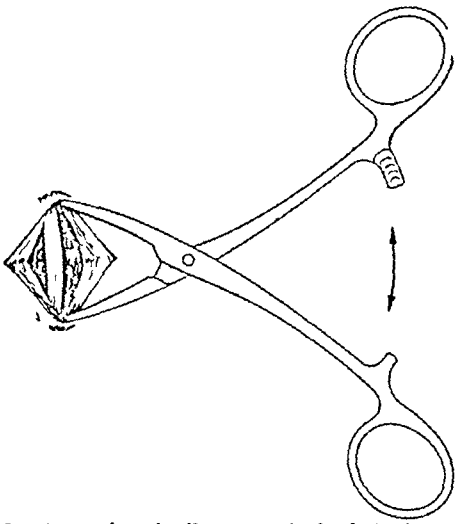


FIG 2—A rapid and efficient method of displacing a subcutaneous vein through a small transverse cutaneous incision

Splinting the Arm—A posterior plaster strip well padded with gamgee with a turn around the wrist forms an ideal splint readily adapted to each individual patient

Splinting the Leg—There is no better method than Thomas's knee splint, as described in a previous article

The Temperature of the Fluid

In spite of the many ingenious devices which have been invented for keeping the fluid warm we are still of the opinion that the simplest is the best—namely, the patient's leg or arm into which the saline solution is flowing should be kept warm with a hot-water bottle or a Q-pad In addition to simplicity this leaves the reservoir and the delivery tube in full view

The Administration

The actual administration is largely in the hands of the nursing staff It is of paramount importance to be sure that the nurse appreciates the simple yet vital responsibilities connected with the care of the apparatus and the maintenance of strict asepsis The nursing instructions are really very simple, and can be carried out by any conscientious State-registered nurse, providing that if she has not been trained in the method she receives special instructions With the help of a competent nurse there is no reason why continuous intravenous saline solution should not be administered to a patient in a private house, as contrasted with a fully equipped hospital

Nursing Instructions

1 Every portion of the apparatus must be freshly boiled and washed through with sterile water or saline solution before the reservoir is filled New rubber tubing should be boiled, stretched, and washed through to remove chemicals before the apparatus is assembled

2 Every utensil used in the transfer of the saline to the reservoir must be absolutely sterile (Fig 3)

3 To prevent the entry of bacteria from the air the top of the reservoir must be covered with sterile gauze

4 The reservoir must always be kept more than half full of saline solution

5 The patient's limb into which the solution is flowing should be kept warm with a hot-water bottle or Q pad

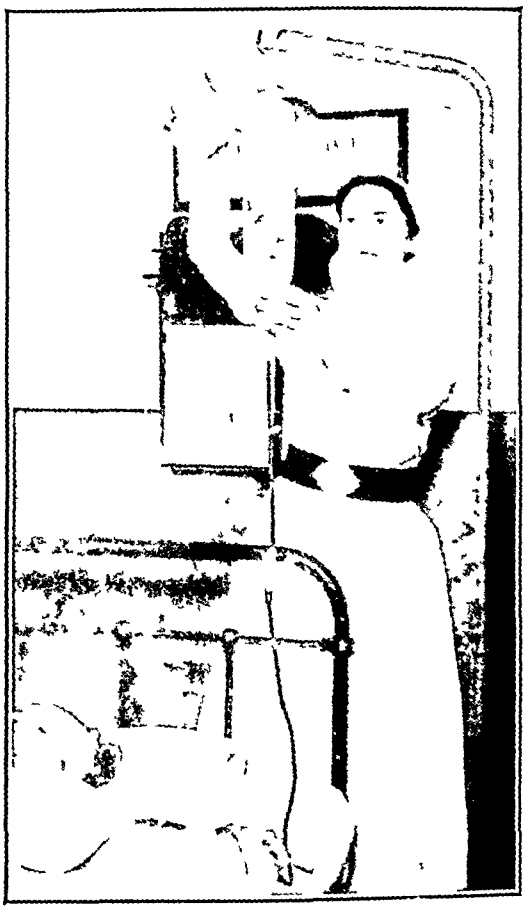


FIG 3—Replenishing the reservoir

6 The average rate of flow is fifty drops per minute This should be timed at frequent intervals Fifty drops per minute is about a quarter of a pint per hour—six pints in twenty-four hours

7 If the flow stops (*a*) do not pinch the tubing, (*b*) see if the tubing is kinked (*c*) if the flow is not restarted by some simple adjustment of the limb or the tubing report the matter at once

8 Watch for and report immediately (*a*) rigors, (*b*) redness along the vein (*c*) oedema of the feet, face, or arms, and (*d*) any sign of respiratory distress

9 Measure the amount of urine the patient has passed If the output is less than the intake report the matter Also report if the specific gravity becomes low

Special Instructions for the Medical Officer

1 If the patient does not appear to be responding take the blood pressure Intravenous saline infusion should not be continued in the presence of a falling blood pressure

2 Especially after forty-eight hours watch the bases of the lung for signs of oedema

3 Watch the urinary output, paying particular attention to the specific gravity

meals Later, the action still persisting the disease is controlled during the night I may add that we have not always found this happy sequence of effects The development of zinc protamine insulin action may be so long delayed that the full effect of the morning dose does not appear until the evening, with the result that the later meals of the day are inadequately controlled In such cases the full action of the insulin develops during the night and persists well into the next day so that the rise in the sugar content of the body following breakfast is suppressed (Fig 1 zinc protamine insulin curves) A perfect result can be obtained in such cases by giving a small dose of insulin retard instead of ordinary insulin, along with the zinc protamine insulin

Principles of Treatment

It is now possible for us to see the indication for the employment of these new insulins, and to formulate, tentatively, principles which should govern their administration

The protamine insulins are indicated in those cases in which nocturnal glycosuria reveals that ordinary insulin has failed to control the disease during the night, in patients in whom exercise is especially liable to produce hypoglycaemia, and when reduction of the number of daily injections is desired The principle governing their administration is that the protamine insulins should have as their first object the control of the disease during the night and only as their second object the restraint of the morbidly exaggerated rises in the sugar content of the body which occur after meals It is only in mild cases that the new preparations may legitimately be expected to control the disease during the whole twenty four hours (Fig 3) In cases of any severity their action should be reinforced by the administration of ordinary insulin at those times when a sudden influx of sugar from the intestine is found to overwhelm their mild action An analogy may be drawn between the use of the new insulin and a modern technique in anaesthesia The protamine insulins are comparable to the basal anaesthetics whose effect is both mild and prolonged ordinary insulin is comparable to the volatile anaesthetic which is superimposed at times when stronger control is required

Translating these generalizations into practical terms we may say that the dose of protamine insulin should be increased in accordance with its particular technique, until the urine formed during sleep is free from sugar If when this has been achieved glycosuria persists, after breakfast an auxiliary dose of ordinary insulin should be given and increased until the urine formed in the second half of the morning is free from sugar In the present state of our knowledge the danger of hypoglycaemia renders it hazardous to attempt to free from sugar the urine passed in the three hours following breakfast We should aim at keeping a trace of sugar always in this specimen and if freedom from glycosuria occurs here the dose of both the new insulin and the ordinary insulin should be reduced until sugar again reappears

Case Reports

The following cases illustrate various aspects of the use of the protamine insulins

CASE I

A man of 65 years was admitted with a history of diabetes for four years He was given a diet of 1 750 calories (carbohydrate 178 grammes protein 80 grammes fat 80 grammes) and was found to require insulin Ultimately he was receiving 40 units a day (15, 10 15) and yet his disease was not adequately controlled After three weeks on this diet and this dose of ordinary insulin blood sugar estimations were made throughout the twenty four hours (Fig 3) Doses of 40 units of zinc protamine insulin were then given one hour before breakfast and the same diet continued After a fortnight of such treatment the second series of blood sugar estimations were made (Fig 3) It will be seen that 40 units of zinc protamine insulin adequately controlled the disease An attempt was then made to substitute 30 units of insulin retard but this proved inadequate to prevent the rise of sugar in the body during the night

This patient is an example of those cases which while too severe to be controlled by one injection of insulin retard, are sufficiently mild to be controlled by one injection of zinc protamine insulin

CASE II

A girl aged 16 years who had been treated for diabetes for seven years on admission to hospital was grossly unbalanced but showed only traces of ketones She was given a diet of 1 500 calories (carbohydrate 146 grammes protein 80 grammes fat 66 grammes) and the insulin was raised until she was taking 75 units a day (30 20 25) The disease was not controlled after ten days of such treatment when the urine sugar curve in Fig 2 was obtained She was then given 20 units of ordinary insulin before breakfast and 40 units of insulin retard at tea time and continued with the same diet The urine sugar curve after a fortnight of this regime is shown in Fig 2 She was discharged on this diet and this dosage but because of hypoglycaemic attacks in the middle of the morning the dose of insulin retard was subsequently reduced to 35 units She has continued with the same doses of insulin but the diet has since been raised to 2 000 calories (carbohydrate 208 grammes protein 80 grammes fat 94 grammes) For the past year she has been in the best of health working and playing hard and has only occasionally passed traces of sugar

CASE III

A man of 26 years who was found to have diabetes mellitus eleven years ago was treated then with insulin and a low carbohydrate diet His insulin requirements gradually rose and he came to take 50 units a day (25 0 25) Two years ago he was given a diet of 1 750 calories (carbohydrate 178 grammes protein 80 grammes fat 80 grammes) and this necessitated no increase in insulin dosage An acute infection in the autumn of 1936 unbalanced him and in January 1937, he was admitted for rebalancing

In hospital he was given the same diet and the insulin was raised to 60 units a day (25 15 20) On this dose of insulin some of the urine specimens became sugar free for the first time After ten days of this dosage the blood sugar and urine sugar curves marked ordinary insulin (Fig 1) were obtained He was then changed to 60 units of insulin retard one hour before breakfast The same diet continued to be given After ten days on this diet the blood sugar and urine sugar curves marked retard (Fig 1) were taken The insulin retard was then replaced by 60 units of zinc protamine insulin given one hour before breakfast but two days later the occurrence of a severe hypoglycaemic attack in the middle of the morning necessitated a decrease of dosage to 50 units After one week on zinc protamine insulin the curves thus labelled (Fig 1) were obtained

This case illustrates several points With ordinary insulin the sugar content of the body rose in the late evening and during the night with insulin retard this rise was delayed to the early hours of the morning with zinc protamine insulin the nocturnal rise was abolished and the only evidence of escape of the disease from control was in the late afternoon and early evening when that day's dose of insulin not yet being in full action the action of the previous day's insulin was waning It is noteworthy that while taking ordinary insulin acetone appeared in the urine during the night While taking the protamine insulins it was absent The speed with which the different insulins come into action is also demonstrated by this case, ordinary insulin acting quickly,

4 Unless there are definite indications to the contrary there is seldom need to continue the flow after the third day A good working rule is to remove the needle or cannula at the end of seventy two hours and if necessary to reinsert it into another vein after six or twelve hours

5 If the flow stops do not dissemble any part of the apparatus without due thought of the possibility of air embolism Rather remove the needle or cannula, and if necessary reinsert it into another vein

6 In some cases, especially when glucose is employed, redness and tenderness appears along the course of the vein This is hardly ever anything more than a chemical phlebitis, which soon settles down after the flow into that vein has been discontinued

Conclusion

A patient who is ill enough to warrant this form of therapy needs watchful care and attention The continuous administration of saline solution intravenously does not therefore add materially to the nursing or medical attention which such a patient requires

The advantages of this over other methods of administering saline solution are great the rate of flow and the amount of fluid given can be regulated with mathematical precision Like all good things the principal evil lies in its abuse, and the most obvious danger is oedema It should be realized that it is not until about eight pints of fluid have collected in the tissues, a quantity equal to the volume of the circulating blood itself that the sign of *pitting on pressure becomes manifest It would be* a very great help if there existed some simple test which would indicate when the patient had received sufficient fluid and that more would be harmful At the present time the only choice lies between an estimation of the plasma protein, which is far too complicated and time consuming for general application and the rough and ready method of charting the output of urine and its specific gravity in one column and the intake of all fluid in the other (see table) Providing that reasonable care

*Continuous Intravenous Saline Balance Sheet**

24 hours ending	Intake	Output
	Pints	Pints
	At 50 drops per minute	Urine { S G a m / S G p m }
	30 drops per minute	Vomitus
	drops p r minute	Normally 1½ pints { Faeces / Sweating and lungs say
	By mouth	
	Total	Total

* Pads of these charts can be obtained from the G U Manufacturing Co 28A Devonshire Street

is exercised the latter is enough for practical purposes A balance sheet of fluid loss and intake should be drawn up For loss of fluid by sweat lungs and normal defaecation a total of one and three quarter pints has to be calculated To this is added the urine output plus vomitus if necessary From this total the maintenance dose for the next twenty four hours can be calculated

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CLIMATO-PHYSIOLOGICAL INVESTIGATIONS AT THE SEASHORE*

BY

OTTO KESTNER, M D

For nearly two hundred years convalescent children have been sent to the seaside, and it is generally known that this treatment is successful When, as a physiologist I began to study the curative power of the seashore I remembered that pharmacology had greatly increased the efficiency of drugs by modern methods of experimental study In recent years many investigations have been made upon children at the small seaside town of Wyk on the island of Foehr, on the German side of the North Sea where there are two large children s homes belonging to Berlin and Hamburg and a great number of smaller homes for convalescent children under national insurance The town built a small laboratory for us and the insurance organizations made a grant of some money Dr Haberlin who has practised in Wyk for more than thirty years and other local medical men were associated with me in this investigation

Physiological Effects of Climate

Medical climatology makes a true distinction between climates that are stimulating or bracing and those that are sheltered or sedative But a stimulating climate so called includes both the stimulus of the solar heat which we do not feel so bracing and the ultra violet rays of the sun which we do not feel at all Obviously climatic stimuli of all kinds—of the sunshine, wind, cold air, or rolling breaking waves—operate upon the body through the skin and it is true also that it is by means of the skin that the human body controls its temperature regulation by changing the size of the capillaries at different external temperatures

The observations which formed the basis of our work may be summarized as follows

1 There is a very rapid reaction of the capillaries (Haberlin, Kestner *et al* 1923) both dilating and contracting in healthy children living at the seaside

2 In pale weakly and undernourished children damaged by town life and sent by health officers or doctors to the seashore the same reactions occur but they are slower and weaker We found that these children not protected by immediate reactions lose many calories and that the temperature of the body falls considerably after the shortest sea baths even in August and even whilst merely playing on the seashore Such children cannot at first tolerate sea bathing but during the cure the capillaries gradually recover their normal gymnastic function The circulatory reactions improve week by week and the same children who felt terribly cold and cried at their first bath could play later on in the open air without clothing even in stormy weather The time and completeness or otherwise of the reaction can be determined and measured and these measurements are very helpful in checking the degree of exposure and the recovery of health This behaviour of the cutaneous circulation explains an observation of Curschmann He found that healthy young men mostly students had the same systolic blood pressure after sea bathing as before but that in patients with contracted blood vessels (arterial hypertonus) the blood pressure was lowered after a sea bath For this reason he called the seashore the paradise of the hypertonic

* Abstract of a lecture given to the Kensington Branch of the British Medical Association October 16 1936

† The reference to Dr Carl Haberlin s address reported in the *British Medical Journal* August 22 1931 (p 331)

insulin retard moderately so, and zinc protamine insulin being relatively delayed

Shortly after the last test shown in Fig 1 the man had a hypoglycaemic attack just before breakfast The dose of zinc protamine insulin was dropped to 40 units As it was feared that this reduction would permit much sugar to escape during the morning 10 units of ordinary insulin were given along with the zinc protamine insulin The patient was discharged on these doses and now appears to be satisfactorily controlled

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NON-SURGICAL RENAL EMERGENCIES

A POST-GRADUATE LECTURE

BY

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It would be an unprofitable exercise to attempt in one lecture an exhaustive survey of what I have called the non surgical emergencies of the kidney Suffice it, then, to recall that though there are rare conditions such as paroxysmal haemoglobinuria and less rare ones like the renal crisis of tabes dorsalis which are independent of any abnormal condition of the kidneys themselves, the great mass of the subject is concerned with some serious anomaly of the function of these organs

Starting with the kidney itself in a state of disorder, or with some developmental abnormality, or perhaps a constitutional weakness in the general vascular system which renders it incapable of standing up to the progress of wear and tear we may arrive at substantially the same end result That end result may take on a multiplicity of forms which we group under the term 'uraemia" It may be that uraemia is the most natural termination of life that we know, but at the same time in the face of every emergency, medical or surgical, that arises in practice we should ask ourselves the question "Ought this to have come about or were we in a position to prevent it? Acute illnesses such as a pneumonia or a fulminating appendicitis we will always meet without having had any forewarning of their approach, but there are other conditions of emergency which are recognizable in their pre emergency stage—a stage that ought never to be far from our minds

The boundary between the pre emergency and the emergency involving the function of the kidneys is so ill marked that it is easy to lose sight of it altogether, but its clinical recognition, by which I mean the bedside recognition, is so important that I stress it For it is generally easier to modify the life of an individual so as to bring it within the compass even of a grossly impaired kidney function than to persuade a completely arrested kidney to take up its role again

Illustrative Case No 1

Take the case of a woman who has passed the allotted span of years She has suffered in the last few years from a good deal of headache and pain about the back of the neck, her eyesight is not very good, she is breathless, and she has signs of aortic leakage without the large heart of the "aortic" patient in the prime of life her aortic valve is the seat of that slow sclerosing endocarditis which we know to be associated with some degree of granular kidney We are called to see her and find her breathless, but there is no obstruction to the breathing, the respirations are long and deep, there is a hyperpnoea rather than a dyspnoea She has been unable to sleep for a few nights, the skin is hot and dry, there are many moist rales all over the chest, and she has passed no more than a few ounces of urine during the last twenty four hours

She is within sight of acute uraemia How is she to be treated? Complete withdrawal of all food, abundant water to drink, a warm room and many blankets on the bed, and a large compress of antiphlogistine over the loins are the immediate indications and may achieve a very striking transformation, but the relief of such a condition is at best only temporary her kidneys are permanently impaired and secondary changes elsewhere are already established

Illustrative Case No 2

Here is a very different picture, where a situation which appeared desperate was fortunately got over, with, in all likelihood, little or no damage to the kidneys

A woman of 43 is troubled with oedema of the legs during the last weeks of her first pregnancy, but no changes are found in the urine An hour after her successful delivery she has an eclamptic fit and the urine is found to contain much protein In the next three days the amount of albumin steadily diminishes to little more than a trace, when it begins to rise again and she becomes very breathless She is admitted to hospital on the tenth day post partum She is very ill the pulse 108, the respirations 44 per minute, and the temperature 98·4°, she coughs much and brings up a purulent spit She is flushed, with a slight cyanosis, there is much oedema of the legs and back, there is a nasty burn on the dorsum of the left foot, a relic of the fit The urine becomes almost solid on boiling, the blood pressure is 174/88 The breath sounds are loud and harsh with many rales, mostly dry A large needle is inserted into a vein in front of the elbow and a few ounces of dark viscid blood are withdrawn, but clotting in the needle is so rapid that the vein is exposed by dissection and a cannula inserted The cannula too is quickly blocked, and in all not more than eight ounces of blood have been drawn and a like quantity of saline infused

Next morning the patient is in a parlous state A few more ounces of blood, not so dark and thick as on the previous evening are aspirated by syringe, more perhaps as a salve to the conscience than anything else The woman, rather stout and plethoric, is literally struggling for breath, but seems to get a measure of relief from oxygen administered by intranasal catheter She is coughing incessantly and bringing up much frothy sputum and there is a dusky cyanosis in spite of the oxygen Her distress is explained by an examination of the chest, there

3 Respiratory reactions It is a familiar fact that putting the feet in cold water is answered by deep breathing The cool air and the continual breezes of the seashore deepen the respiration and change the form of the chest (Haberlin and Krauel, 1933)

4 It has been demonstrated that exposure to bright sunshine raises the content of haemoglobin in undernourished anaemic children (Haberlin, Kestner, *et al*, 1923, and Haberlin and Krauel, 1933) When we began our investigation the children had dinner at midday and rested or slept after dinner for two or three hours The best hours of the day, therefore, were spent indoors, and play on the seashore was only possible in fair weather At that time we found a striking parallelism between the duration of sunshine and content of haemoglobin (Haberlin, Kestner, *et al* 1923) We then altered the scheme of daily life in the convalescent homes, and so arranged it that children could spend the time out of doors, even on days with only brief intervals of sunshine The weather changes often and suddenly on this island At the present time the children play out of doors for hours, even in winter, and for half an hour, twice daily, without clothing This they do with enjoyment even in the snow When we repeated our previous determinations we could not find any relation between sunshine and haemoglobin

It is one of the important practical results of these investigations that all these homes are now open throughout the year The doctors in charge now consider that the best results are obtained during the winter (Haberlin, 1928) These observations agree with the experience at Berck-sur-Mer It is evident, therefore, that ultra-violet rays cannot be the one and only active factor in the sea climate Haberlin found the proportion of ultra-violet rays in summer and winter as 330 to 1

5 The stimuli of the seashore increase human metabolism The astonishing extent of this increase both at marine and Alpine stations, and indeed as produced merely by exposure of the body to the open air, has been demonstrated by Sir Leonard Hill We studied the effects of exposing children and adults to the sun and air and found that the oxygen consumption was higher in the sunshine than in the shade (5–1 1) A rise could be observed if we exposed only the face and hands, but it was higher if the rays of the sun could touch the whole body Artificial light, so rich in ultra-violet rays, does not produce the same reaction This effect of the sun-bath is, however, at once lost if the body becomes heated, for the processes of oxidation (for example, in the liver) are diminished by heat Thus is explained one of the principal advantages of the seashore as compared with other health resorts—namely, the great stimulation of metabolism—for the incessant movement in the atmosphere has great cooling power and prevents disturbance of this stimulation by neutralizing the effects of solar heat

6 An increasing metabolism is the best criterion of a stimulating climate, both in the Alps and on the seashore It is always connected in children with a retention of nitrogen During the summer and winter we have had boys aged 6 to 8 under our care Before arriving at Wyk they spent ten or fourteen days in the clinic of the University Hospital in Hamburg on a diet containing calories, proteins, vitamins enough for maintenance, and they excreted in urine and faeces about the same quantity of nitrogen as they obtained in their food These children were then brought to one of the convalescent homes in Wyk, accompanied by the same nurse, and were put on exactly the same diet We found that the excretion of nitrogen was lowered from the third to the last day of a month, so that a daily retention of 0 6 to 1 gramme of nitrogen could be observed, equivalent to 400 to 600 grammes of new living tissue Physiology does not show any considerable storage of proteins in the body, retention of nitrogen must signify the building of new tissues and growth The sea climate, therefore, enables the human body to grow and build up tissues on the same diet which in a good hospital, where the children spend a good part of the day in the garden and play and live in the same way as by the sea, does not allow retention of nitrogen During a further period spent by these children in Hamburg no retention could be observed In another group of boys, who lived in the hospital as far as possible in the same way as on the seashore, and who were exposed daily to artificial ultra violet rays there was also no retention

7 This retention of nitrogen is in full accordance with Haberlin's determinations of the body weight of groups of children who lived for ten months of the year in a city and for two months at Wyk on Foehr Body weight and haemoglobin went up at the seashore and dropped or did not increase when they were in the city The whole life history of these children looks on the charts like a staircase The circumference of arms and legs increased by growth of the muscles the circumference of the abdomen decreased (Haberlin Kestner, *et al*, 1923 and Hering 1925)

8 A further important influence of the seashore is increased gastric secretion observed at Wyk by Maria Braun In both adults and children she found the hydrochloric acid and total acidity figures after the usual test meals higher than in Hamburg The increased appetite of people during their stay by the sea or on board steamers is probably connected with the rise of gastric secretion but it is not easy to give a physiological explanation of this rise of acidity as in the case of the fall of blood pressure by the improved reaction of the capillaries My investigation could not be finished so no explanations can be offered

Conclusion

Most of our investigations are made on children—pale, weak convalescent children It seems to be a rule that healthy, vigorous persons have very slight reactions to differences in climate They are not greatly disturbed by changes of environment A full measure of adaptability is a symptom of perfect health That may be the reason why many climatologists studying the influence of climates on themselves or on their friends and comrades have found surprisingly minute reactions

The stimuli of the seashore are sun air water, winds, and waves We do not at present know any others These stimuli exist only in the open air, not in the room of a hotel or a convalescent home This enables the medical man to control the dose Undoubtedly the complex must be different in different health resorts, and even in different parts of the same health resort Modern biology tells us that every living being elects the stimuli of its environment according to its ability to be influenced by them The living man is the instrument for investigations in medical climatology It appears that two climates can be very different for the meteorologist and nevertheless have the same influence upon our patients

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is a widespread acute oedema of both lungs, and it is clear that fluid is accumulating in the air channels more rapidly than it is being got rid of She looks likely to die Most of us are dubious regarding the use of morphine in the presence of impaired kidney function, but Sir William Osler was a strong advocate of its employment in uraemia, and no one could say that Osler favoured short sighted enthusiasm I compromise giving this patient 1/20 grain of apomorphine hydrochloride hypodermically Ten minutes later she is reported to be in a more desperate state than ever, restless and delirious, but in the next hour or two she loses no more ground In fact the quality of the pulse seems to improve a little and she is getting rid of her copious spit with a little less effort Four hours after the first dose the apomorphine is repeated, and again in a few minutes she becomes notably confused In the course of the afternoon she is given an enema of an ounce of magnesium sulphate, two ounces of glycerin, and three ounces of water better known in the surgical wards as a flatus enema, but a preparation well adapted to rid the body of a large amount of water by the bowel This is a really drastic measure, which I only commend to your notice in the case of a water logged patient who is not too exhausted At 7 p m a third dose of apomorphine is given, and I am at least hopeful that our patient is not in such danger of drowning as she was in the morning At 10 p m it is clear that all other ends must be sacrificed to the necessity for sleep, and 1/4 grain of morphine with 1/100 grain of atropine is administered In the course of the night she gets a few hours uneasy sleep, and has further doses of apomorphine at 2 a m and 6 a m Twenty four hours have seen a striking improvement cyanosis is less the pulse is 84 the respirations have dropped from 60 the previous afternoon to 36, coughing is less insistent the lungs not so full The enema is repeated in the after noon, the apomorphine at 6 p m the morphine at 9 p m, and the apomorphine again at 3 30 a m Thereafter a satis factory convalescence sets in the bowels being kept active with jalap powder and magnesium sulphate by the mouth During the first few days of this illness there has been incontinence so that the amount of urine passed is diffi cult to state

You will have noted that the patient was very oedema tous and I attribute some of our success in the elimina tion of water to the presence of the burn on the dorsum of the foot an area of roughly twelve to fifteen square inches which literally poured out water for several days The mental disturbance shown in this case deserves a note There is no doubt as to an access of confusion after each dose of apomorphine but an equally striking disorder was a complete amnesia as to the events of a whole week before her admission to hospital this amnesia persisting up to her discharge six weeks later

Illustrative Case No 3

A woman of 59 had a breast removed for cancer seven years ago and as yet there is no recurrence She has been subject to infrequent attacks of asthma, relieved by expectorants She is taken ill with an attack of diarrhoea, with some pain in the chest and a pleural rub Her temperature rises to 102 , there are moist sounds in the right lung She perspires very freely for the first few days of this illness and then the skin becomes dry and she passes but little urine During the seventh day she passes no urine but the bowels still tend to be loose there is slight fever and she is becoming drowsy In the evening she shows some mental confusion she complains of head ache the blood pressure is 150/80, the breathing is em-barrassed, the optic disks show a heightened colour Three hours later she is only semi conscious and has become restless and rather noisy, she does not recognize a familiar face or voice A few ounces of blood are with difficulty, drawn from a vein in the arm It is thick and dark At 1 a m she is given 1/20 grain of apomor-phine At 4 45 a m she is so noisy that 1/4 grain of mor-phine is given At 10 a m she is almost comatose but there is considerable resistance as I insert a spinal needle She has passed a stool containing much blood in shreds the skin is dry the breathing difficult and her pallid face reflects that slaty grey cyanosis which we so dislike to see The apomorphine is repeated, and the next two hours see some hopeful perspiration but an hour later she is once more dry restless, and noisy Oxygen is being delivered by the nasal catheter, and again she is quieted with 1/4 grain of morphine In the evening barely con scious she is able to swallow 3 drachms of the syrup of chloral and the loin pack of antiphlogistine is applied At 11 15 p m apormorphine at 2 30 a m morphine and in the morning she is to all appearance *in extremis*—we actually note that curious delineation of the nasal carti lages which always seems to say that a fatal issue is not far distant At 10 45 a m I return to the apomorphine, and instruct that it be given every four hours or sooner if she should again become restless and that nothing else be given

Twenty four hours later she is conscious but wildly confused She recognizes her husband she recognizes myself, and when I offer her ice cream she roundly abuses me for having withheld that delicacy so long She is now coughing and has a free expectoration and during the day she takes abundant water A bromide and chloral sedative in the afternoon 3 grains of soneryl at night and next morning her confusion is lessening Sleep on the following night is appreciably aided by 1½ drachms of paraldehyde, and the mental condition is now clear she is passing a satisfactory amount of urine, the systolic blood pressure has dropped to 134 and the acute uraemia may be said to have been weathered Here too there was a retrograde amnesia of about five days antecedent to her admission to hospital

Nitrogen Retention

I come now to an observation in these two cases on which I have so far laid no stress—the blood urea We are accustomed to think of this estimation as a chapter in the modern development of blood analysis but the first note on increased nitrogenous retention in chronic nephritis came from the collaborators of Richard Bright himself more than a century ago It remained to their successors to show that urea could be fed to the body till its concentration in the body fluids was equal to that seen in uraemia without causing symptoms of that dis order It follows, then that a high blood urea is not diagnostic of uraemia and that we are not better placed in the matter of diagnosis when we have our colleagues of the laboratory at our immediate call than when we are dependent on our own unaided faculties Uraemia is a syndrome which is recognizable at the bedside be it in the clinic the castle, or the croft It is really after the condition has been recognized that the degree of nitrogenous retention should be estimated for it does go some way to tell us what kind of kidneys we are dealing with what hope there is that we can induce them to take up their proper role again what likelihood of our patient resuming if not a normal life, at least a life of modified usefulness

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Clinical Memoranda

A Sporadic Case of Encephalitis Lethargica

In the island of Jersey the condition of encephalitis lethargica is almost unknown This case presented unusual difficulty of diagnosis, which prevented its early recognition as will be easily appreciated from the report there seems, however, no reasonable doubt as to its correctness

CASE RECORD

A female aged 33 first came under observation in 1930 when she had a large pyonephrosis on the right side Nephrectomy was performed with uninterrupted recovery on examination the tumour revealed only fibrous tissue and pus no renal substance remaining The patient complained of some frequency of micturition particularly nocturnal after the operation

In 1931 the frequency of micturition called for treatment because the patient had to rise from nine to twelve times a night No marked physical signs were apparent the urine was acid with a trace of albumin and some pus cells bacilli of the *coli* group were present Hexamine was given with some improvement.

In 1934 frequency of micturition which had never completely disappeared again became very troublesome and as it resisted medical treatment and bladder lavage she elected to go to London and was admitted to the Westminster Hospital under the care of Mr Arthur Evans Cystoscopy revealed some ulceration of the bladder and cystitis the left urethral orifice was enlarged and the bladder capacity small Intravenous pyelography showed normal filling of the renal pelvis and ureter and no sign of stone Hexamine was administered and bladder washes with silver nitrate and oxycyanide of mercury given but the urine remained as reported above The patient was placed on a ketonic diet without any marked result Treatment with the *B acidophilus* was likewise unattended with improvement and the patient returned to her home

She was then given intravenous injections of cylotropin 5 c cm every other day ten injections in all with marked benefit nocturnal frequency being reduced to three times in the night Treatment was discontinued and the patient remained in this state for about two years

On October 5 1936 the patient again presented herself this time complaining of headache and drowsiness Examination revealed no physical signs and the condition was regarded as uraemic No pyrexia was present she was placed on a suitable diet and given diuretics she continued to work in her home October 10 drowsiness and headache increasing patient liable to go to sleep anywhere and at any time she also complained of blurring of vision—examination of the optic disks revealed nothing Urea concentration test gave a negative result and the blood urea was found to be 41 5 mg per 100 c cm This, of course upset the diagnosis of uraemia

The patient continued to get gradually worse An examination of the cerebro spinal fluid gave 0 02 per cent protein cells mainly lymphocytes 1 per c mm and a few red blood cells On October 31 she took to her bed with increasing lethargy and somnolence The temperature which had been irregularly subnormal suddenly rose for a few hours to 103 F only to fall and remain at its previous level Further careful examination showed no physical signs other than very doubtful bilateral Babinski plantar reflexes She now exhibited a change of character from being a very reserved and shy woman she showed a tendency to indecent conversation and exposure

November 11 muscles of deglutition becoming paralysed progressive difficulty in swallowing solids incontinence developing largely because she cannot be bothered November 15 severe haemorrhage occurred from the vagina and persisted for about forty eight hours November 16 patient became comatose November 17 death supervened in the state of coma

COMMENTARY

The outstanding features of this case were (1) headache which was persistent and mainly frontal, (2) lethargy which was at first associated with somnolence and later with insomnia (3) dimness of vision (4) complete absence of physical signs

The difficulty of diagnosis was in the main due to her previous renal history Unfortunately permission for a post mortem examination could not be obtained

St Helier Jersey J J W EVANS F R C S

Haemolytic Streptococcal Meningitis Treated with Prontosil Recovery

I believe the following case of streptococcal meningitis successfully treated with prontosil is worthy of record

CASE REPORT

A boy aged 9 years was admitted to hospital on October 6 1936 with the signs of acute meningitis The child had marked neck rigidity and a positive Kernig s sign and was complaining of pain in his back On admission his temperature was 101 8 pulse 128 respirations 28 The child was very thin and looked neglected The history was that he had not been well for two weeks and had a discharging ear Lumbar puncture was performed the cerebro spinal fluid was clear but under a pressure of 220 mm C S F No abnormalities were found in the cerebro spinal fluid except for a slight reduction in the chlorides to 680 mg The physical signs increased the pyrexia persisted and lumbar puncture was repeated three days later The fluid was now turbid and under increased pressure Mulford s polyvalent anti meningococcal serum was given intrathecally and intravenously The cerebro spinal fluid was sent to the Birmingham University laboratory for examination and beta haemolytic streptococci were reported in pure culture

Anti meningococcal serum was repeated intravenously the next day with no reduction of temperature On having the report of the presence of streptococci prontosil was administered on October 13 10 c cm was given intramuscularly daily and two tablets by the mouth three times a day After thirty six hours of treatment with prontosil the temperature became normal Lumbar puncture performed on October 16 and 20 yielded thick pus and beta haemolytic streptococci were again reported in pure culture Three doses of 20 c cm of anti scarlatinal serum were also given intravenously but not until after the temperature had returned to normal Prontosil was continued for eight days The patient continued to improve and by November 5 there was no head retraction but Kernig s sign was still positive A week later the child appeared perfectly normal and had no Kernig s sign By the end of November the child was up and has remained perfectly well

I am indebted to Mr E S Clayton M D F R C S Ed medical superintendent of the hospital for permission to record this case

CHRISTIA F LUCAS M B Ch B
Assistant Medical Officer Manor Hospital Walsall

"Uraemia"—A Note of Caution

We do not know with certainty how the symptoms of uraemia are determined, and I would warn you against the view that this is but a name for the terminal features of a chronic nephritis We speak of chronic uraemia and acute uraemia, and we recognize that a patient with the former is in danger of the latter, but whether it be the sudden maniacal seizure, the onset of convulsions, or the rapidly developing coma, these emergencies are so distinctive of the acute condition that it would seem proper to limit the term "uraemia" to this group, and to regard the chronic as the pre uraemic phase—a phase which has much in common with the acute disorder, but in which some further factor responsible for the catastrophe must, on the face of it, be lacking Scarcely a single feature has been demonstrated in a case of uraemia, but it has been shown to be present in a patient who was not suffering from uraemia The cerebral symptoms have been widely attributed to the very constant oedema of the brain which is found at necropsy, but oedema of the brain is also found in patients who have not to our knowledge had uraemia So it is with the findings during life this patient with uraemia has 100 milligrammes or more of urea in 100 c.cm of blood, this one with the same concentration of urea has no uraemia The toxaemia of eclampsia even when it introduces a picture which outwardly cannot be separated from uraemia, is not attended by any appreciable rise in the blood urea, 42 mg having been found in the patient I have described to you The second patient showed 95 mg at midnight and 125 at 10 a.m., undoubtedly an evil prognosis And yet, in a most readable chapter on diseases of the kidney, Boyd (1931) cites a case where a man injured in an accident had complete suppression of urine for a week and a blood urea rise to 200 mg without the least suggestion of uraemia in his condition

Emergencies cannot be provided to meet a pre arranged occasion I have sought, therefore, to show you to the best of my ability one or two word-pictures of illustrative cases met with in the last year or two, but it would be misleading to confine my remarks to instances on which we can look back with some satisfaction Here is a canvas of different hue

Illustrative Case No 4

A boy of 6 is seen in the out-patient department in August 1935 on account of constipation and loss of appetite a few moist sounds are noted in the chest a common enough finding and many such are admitted to the children's sanatorium One day in September he is noted to be a little puffy under the eyes and there is a trace of protein in the urine, but a week later this has gone and he remains clear Towards the end of November he has a slight cough and again there are rales in the chest and a trace of albumin in the water During the last week of the month his mother notices that his gums appear to have been bleeding in the morning, and for three days his motions have been black and he has complained of a sore head Then he vomits a large quantity of blood and he is brought into hospital On the next day he has a small epistaxis, there is cough but no adventitious signs in the lungs A little albumin is found in the urine, he is pale and has a considerable secondary anaemia Two days later he becomes very restless and talkative There is no fever he develops a squint and has double vision Then he becomes hemiplegic and falls to the weakened side when he sits up The cerebro-spinal fluid is not under pressure Next morning convulsive movements of the limbs lead up to a deepening coma, and this little patient dies An hour or two before the end the spinal theca is tapped again, and the pressure within is seen to be more than normal Subsequent analysis of the fluid reveals a urea content of 274 mg in 100 c.cm Too late we noted that though his urine showed no tube casts he was passing more than healthy kidneys should need to pass This boy had a narrowing of his urethra, probably developmental in origin, the bladder and ureters were widely dilated, the kidneys shrivelled and shrunken, completely played out I draw from this case the reminder that no age is exempt from uraemia, and that oliguria is not a necessary precursor of its onset

Attempts at Clarification

Nine-tenths or more of our present day knowledge of nephritis we owe to the master who first described it Bright's disease is still Bright's disease Over a full century one or another, clinician or anatomist, has tried to clarify our conception of the disorder by this or that terminology, to pigeon-hole, as it were, the various clinical entities or anatomical pictures which we meet only to find that the partitions between the pigeon-holes are as broken as the kidneys they contain Uraemia can occur in every form of the disease, the concomitant of every type of inflamed or degenerated kidney that we know and there is no denial that with a long history of nephritis, a long losing battle against the failing excretory powers of the body, the advent of this syndrome finds us helpless Yet we do less than our duty if we throw in our hand too soon, we must play it out to the last trick every time For there are cases of uraemia which can rightly be regarded as crises in the life of the human machine, and which may, with fortune's favour, be got over

Now a word from Richard Bright (1836)

> 'The first circumstance which strikes the mind is the extent and frequency to which the derangement of one organ is connected with the derangement of several others, yet we are not at liberty to assume that the disease of the kidney has been the primary cause on which the disease of the rest depended It may be that some other organ has first suffered and that the kidneys, together with the rest have become involved I confess I am inclined to believe that the kidney is the chief promoter of the other derangements The only organ except the kidney which I think, on taking a review of the history of this disease, might probably act as the primary cause, is the skin, and this is so closely connected in its derangements with the kidney that the relation of their lesions, as regards cause and effect, becomes equivocal
>
> In almost every case the first impression which brings on the anasarca is suppression of perspiration

This reference by Bright to the skin as a possible factor in the causation of nephritis is of some interest, for it is in the management of the disease rather than in the causation that the skin has been the subject of most attention In point of fact we reached the anomalous position which we still retained up till twenty years ago, that though we ignored the skin in our views of the aetiology except in cases following extensive burning, we gave it pride of place in the treatment We are more consistent to day, gone are the hot packs ousted by the radiant heat bath until an unhappy patient, perspiring freely, came into contact with a bad insulation and was electrocuted but the hot pack has never regained its once honoured place—honoured perhaps by ourselves alone, for it had long been damned by the nursing profession So for a moment I

Reviews

THE NATURE OF CANCER

Principles and Problems of Cancer Research in Regard to Etiology and Nature. By William Rienhoff, sen., M.D., I.A.C.S. (Pp. 200.) Baltimore: Waverley Press. 1936.

That Dr. William Rienhoff's book is no ordinary medical treatise may be judged from the fact that its bibliography of 611 items includes ten references to the Bible, eleven to the works of Goethe and others to Horace, Schiller, Kant, Einstein and Shakespeare. It is, nevertheless, an attempt to appraise the cancer problem as a whole and this apparently extraneous matter plays its part largely in giving a literary flavour to the author's criticisms of present-day belief. Although some of his more severe castigations are directed to those who use expressions without definite meaning and presumably think in an equally nebulous fashion it has to be said that his own ideas are sometimes clothed in language which it is far from easy to follow. No one however, can complain that there is anything obscure in his final conclusions since these declare dogmatically that cancer is a virus disease and even go so far as to add statements about the distribution of this virus and the mode of its transmission. other "apparent co-operative factors" are 'but chanceful preliminaries'. It is well as the author says, that we should sometimes try to see the whole rather than a part, and the serious student of the cancer problem will find parts of this book helpful in trying to do so. But we need not consequently force a general conclusion unwarranted by facts. Not long ago Peyton Rous said it would be a pity if the final solution of this problem did not prove to involve some new biological principle. These words recur to mind with some force before the spectacle of someone who appears content with a very incomplete explanation on very orthodox lines.

THE MECHANISM OF ABSORPTION

Absorption from the Intestine. By F. Verzár assisted by F. J. McDougall, Ph.D. (Pp. 294; 70 figures. 21s. net.) London: Longmans, Green and Co. 1936.

This monograph is a comprehensive study of the mechanism of absorption and a serious attempt to bring the whole question into harmony. The experimental work is spread over the role of biles in absorption of hydrotropy, of hydrostatic pressure, the absorption of water and salts, the absorption of fat and the synthesis of neutral fat, absorption of carbohydrate, of bile acids, of sterols (especially cholesterol) xanthophyll bilirubin and flavine, absorption of amino acids of adrenal cortex, and of morphological particles and the histology of absorption.

The main problem is taken to be whether it is possible to explain the facts of absorption from the intestine in physio-chemical terms. It was found that diffusion and osmosis are the chief forces, and that inhibition plays a part. There is in the absorption of certain substances a special selective advantage which seems to be completely contrary to physical laws since from a mixture of hexoses and pentoses glucose and galactose are selectively and quickly absorbed. In the case of sterols there is also a selective absorption of cholesterol in comparison with other sterols which seems to be true also for xanthophyll and flavine but the study of these cases shows that there are active processes in the cells of the intestinal mucosa which influence absorption. It is shown that the phosphorylation processes in the intestinal mucosa are under the influence of the hormone of the adrenal cortex, as are the phosphorylation processes in the muscles. If the adrenal cortex is destroyed the selective absorption of glucose and also of fat absorption is abolished. The incomplete fat absorption in Addison's disease pellagra, sprue, Gee Herter's disease and B avitaminosis can be explained by the disturbance in the function of the adrenal cortex in these conditions.

Fat absorption is dealt with in a manner remarkable for its clarity and this should do a good deal to clear up the conflicting views put forward hitherto. Fat is absorbed only after being split up in the intestines by lipase the fatty acids then continue with the paired bile acids to form molecular complexes water soluble diffusible and specially stable in the slightly acid reaction of the intestine these complexes are broken down in the mucosal cell and the bile acids are absorbed in the mucosal epithelium dissolving a greater quantity of fatty acids than *in vitro*. The fatty acid combines with glycerol to resynthesize neutral fat. The synthesis of neutral fat via the formation of a phosphatide is an accelerating factor in the absorption of fat and may produce the specific fats of the body and render the fatty acids non-toxic. The lecithin content of the blood is increased during fat absorption. The intermediate synthesis of the fatty acids to phospholipoids can be inhibited by mono-iodo-acetic acid and by phloridzin drugs which *inhibit indirectly* phosphorylation processes.

This book is a notable contribution to a complex subject and deserves careful study. It is excellently supplemented by a comprehensive and well-classified bibliography.

A GYNAECOLOGICAL TEXTBOOK

A Textbook of Gynaecology. For Students and Practitioners. By James Young, D.S.O., M.D., F.R.C.S.Ed., F.C.O.G. Fourth edition revised. (Pp. 417; 221 figures. 16s. net.) London: A. and C. Black. 1936.

The fact that a fourth follows within three years the third edition is proof that Professor James Young's text-book meets a need and is appreciated. The main changes in this edition are in the chapters dealing with sex hormones and although it is probable that statements now included will have to be withdrawn in later editions their inclusion is presumably necessary if the student is to pass his examinations. The section on ovarian neoplasms includes the more recently described tumours. A healthy sanity and conservatism pervades the book, giving it a special appeal to the general practitioner. The sections dealing with leucorrhoea, pain and backache incorporate the author's contribution to this important syndrome.

There are but few statements with which the gynaecologist could disagree but fibroids do sometimes grow after the menopause and Schauta's disciples can remove the malignant uterus by the vaginal route. The illustrations on the whole are poor—particularly those depicting vesico-vaginal fistula and vaginal hysterectomy—but the semi-diagrammatic histological drawings do convey clearly the main features described. The x-ray picture after injection of lipiodol (Fig. 46, p. 111) gives no certain indication that the tubes are normal particularly as no statement is made of the time which had elapsed after the injection was made. These minor criticisms but serve to indicate the general excellence of the book, and we know of no better textbook for the student or the practitioner—for whom it was written.

somewhat ambiguous term 'reliability' Strictly speaking the reliability or, better the consistency of the medical examination is not made out in this research, valuable and informative as it is in other respects, and not least in that which involves 'validity' as determined by the follow up inquiry of the final medical examination The prognostic value of the combined examination in the third year seems fairly well established and the coefficient of correlation ($r = +0.66 \pm 0.02$) between it and the final is I think higher than any similar figure arrived at in previous researches of a like nature It would be of great interest and value if this type of investigation were extended to other medical schools and the results compared —I am, etc,

Edinburgh Dec 17th 1936 JOHN L HARDIE

The College of Surgeons and its Members

SIR —At long last the Council of the Royal College of Surgeons of England has broken silence and given consdered replies (can one call them reasons?) to the century-old request of the Members for some representation on its Council What are they?

1 The main function of the College is to promote the study and practice of surgery' Have the Members who are nine tenths of the College and are the largest body of practising surgeons in England no interest in the study and practice of surgery?

2 An opportunity for discussing matters is afforded at the annual meeting of Fellows and Members' In recent years many occasions have occurred when no statutory annual meeting has taken place owing to these present being one or two short of the necessary quorum of thirty, although the President and many members of the Council were there but by a unique regulation of the Council they are not qualified to form part of the quorum The quorum of the House of Lords is four, that of the House of Commons is thirty—the same number as the College—but the members of the Cabinet are not disfranchised for the purpose of a quorum When the annual meeting does take place the report of the Council refers only to matters which have been dealt with in the past year and are already *faits accomplis* as occurred recently on several occasions Too late was the reply in reference to them

3 Representations made to it [the Council] by any Member or body of Members will receive careful consideration' This is a poor substitute for representative Members having an opportunity of setting out the views of Members on questions as they arise at Council meetings—the effective time—or of presenting and discussing thereat matters referred to them by their brother Members

The poverty of the response of the Council to the resolution passed at the last annual meeting is a great contrast to the wealth of the arguments which have been brought forward in favour of representation of Members on the Council in the interests of the College, its Members and the public—I am, etc

London SW1 Dec 18th REDMOND ROCHE

Rhythmical Agranulocytosis

SIR —Dr Embleton has reported an interesting case showing conspicuous blood changes without loss of health (*Journal* December 19th, 1936 p 1258) I do not blame him for current synthetic nomenclature but I think its inaccuracy begets confusion Leucocytes fall naturally into two groups granulocytes having specific eosinophil or neutrophil granules, and agranulocytes having neither The latter occur in all vertebrates and are the only leucocytes in fishes, the former appear in amphibia and gradually increasing in importance predominate in mammals Now the point is that no vertebrate can do without agranulocytes, and Dr Embleton shows that even man can manage without granulocytes for a time Assuming that a normal count is neutrophils 5 000 lymphocytes 2 000 and monocytes 350 his chart shows not rhythmical but continuous moderate agranulocytosis as one would expect Considerable agranulopenia is rare and of evil omen

Granulopenia however is common enough and in man eosinophils are so often suppressed that they must be highly specialized and of use only in exceptional circumstances Eosinopenia, therefore is negligible and the familiar term neutropenia may be safely substituted for granulopenia Neutrophils are more generally useful and react so energetically to our frequent coccal infections that they are almost indispensable but it is well known that they are unduly sensitive to certain toxic influences In peritonitis Dr Piney has reported a total white count of 900 per c mm, of which 780 were lymphocytes and throughout the second and third weeks of typhoid fever eosinophils are suppressed and neutrophils may fall to 1 000 per c mm without harm if the agranulocytes do their duty as in Dr Embleton's case in which there are recurrent periods of complete neutropenia during which the monocytes invariably rise to the occasion These the most primitive of leucocytes seem to be all rounders and often play the leading part—for example in malaria kala-azar and glandular fever (infective mononucleosis) Therefore, so long as nomenclature is based on the blood condition Schilling's term malignant neutropenia is greatly to be preferred for most of these cases and for those like Dr Embleton's recurrent or rhythmical neutropenia sufficiently emphasizes the really outstanding abnormality which is always attended by pyrexia ulcers in the mouth and disintegration of erythrocytes with a consequent great increase of blood platelets —I am etc

West Ealing Dec 28th 1936 ROBERT CRAIK

A Case of Locked Twins

SIR —In view of the rarity of this condition I am sending you a report of a case recently seen in St Thomas's Hospital which may be of interest

The patient aged 30 2 para was admitted to hospital on October 27th with mild albuminuria which responded well to rest and diet An x ray examination confirmed the presence of twins the first presenting by the breech the second by the vertex

On November 11th she went into labour the first stage lasted seven hours After one and a half hours in the second stage the first child a breech was born spontaneously as far as its umbilicus the arms were easily brought down but no further progress occurred On internal examination the head of the second child was found to have entered the pelvis below that of the first thus obstructing delivery Owing to the small size of the foetus it was fortunately possible to push up the second head whereon the first child was easily delivered The child had made several inspiratory efforts *in utero* and was in a state of white asphyxia but revived within a few minutes The second child was born without difficulty after half an hour The respective weights were 4 lb 11 oz and 4 lb 6 oz.

The puerperium was quite uneventful

—I am etc,

L A C WOOD

St Thomas's Hospital Dec 19th Obstetric House Physician

Medico-Legal

SURGEON'S LIABILITY FOR NURSE'S NEGLIGENCE

INGRAM v FITZGERALD

The Court of Appeal of New Zealand, consisting of five judges, gave judgement recently on an interesting point of law (to which our Wellington correspondent referred in the *Journal* of December 12th, 1936, p 1221) whether the surgeon in charge of an operation can be held liable for the negligence of a nurse when he has not himself been negligent The facts were simple, and were admitted It was an assistant nurse's business to paint the abdomen of the patient with tincture of iodine, and through her negligence in misplacing the containers she painted the abdomen with *iodized phenol* There were two immediately consecutive operations on the same patient, and the phenol was correctly used in the first and then wrongly placed on the tray holding the tincture of iodine The surgeon discovered the error very soon afterwards, and took prompt measures The action was removed into the Court of Appeal by consent, so that the learned judges could decide whether the surgeon was liable in law

The Judgement

Mr Justice Kennedy, delivering the judgement of the Court, said that the contention of the patient was that the surgeon had the right or power to control the nurses in the operating theatre, that they were his servants, and that he must answer for their negligence This submission seemed to impose an intolerable burden upon the surgeon, for it would impose upon him the legal responsibility for negligence in the theatre even though he himself had exercised all possible care and even though it was wholly impossible for him to guard against or prevent the damage The Court must inquire what the surgeon had undertaken to do and what had been negligently done, whether the negligent act was done by some person put into the surgeon's place to do an act which he intended to have done as for himself, or whether it was done by an independent collaborator upon whom he was entitled to rely Under the conditions of modern surgery, observed the judge, it is impossible for the surgeon himself to do the whole work of an abdominal operation, and, in following the usual course of having the work done by a team, he was consulting not his own convenience but the interests of the patient Thus the preliminary painting, the preparation in the theatre, the sterilizing of the instruments, and the final painting were generally performed by the nurses The theatre sister and the assistant nurses were supplied by the private hospital where the operation was performed, and they thus had *independent duties to carry out*

In the circumstances the Court thought that the proper inference was that the surgeon did not undertake personally to do all the work necessarily involved in the operation, including the preliminary painting He must rather have undertaken to perform the operation in the hospital selected, with the appliances there available, and with the assistance and co operation of qualified, competent, and experienced nurses attached to the hospital It was true that he was in supreme control and had the right and the duty to intervene The persons subject to that control were, however, skilled collaborators with independent duties, and he did not find it necessary, nor would he expect to find it necessary, to intervene to direct the manner in which they discharged those duties They were not his delegates in the sense that they were there to do the work which he had contracted to do or to have done They were for general purposes the servants of the hospital but in the theatre they were subject to his directions The Court therefore found that the surgeon was not liable for the negligence proved against the nurse

Commentary

This decision is of special interest because the circumstances are in no way exceptional The hospital was a private hospital, but the position would have been the same if it had been a voluntary hospital or even a municipal hospital The question of the surgeon's liability for the negligence of a nurse usually arises when a swab or an instrument has been left in In James v Dunlop[1] a woman surgeon was held to be liable because the jury found that she did not make such personal search in the wound as was reasonable and proper and was not justified in closing the wound without making more extensive search than she had made In that case, however, the surgeon was unable to call the theatre sister as a witness and her defence was therefore handicapped In Crotch v Miles[2] a patient sued a surgeon alleging that he had left a pair of forceps in her body at operation Lord Hewart, the Lord Chief Justice, made some observations in his summing-up which must be taken to set out correctly the law on the subject He said that, although in the actual course of the operation the surgeon is not to be expected to busy himself with the counting of instruments or swabs, yet after the wound has been stitched up it is reasonable that he should personally satisfy himself that nothing is missing His lordship then pointed out that the jury must ask themselves whether the surgeon on the day in question ought personally to have counted the instruments or whether he was entitled to say that it was the job of the skilled theatre sister and that he was entitled to act upon her report, remarking "She is not his servant, she is one of the team We can all make mistakes" They had to ask themselves the question whether it was a breach of duty on the surgeon's part that the theatre sister miscounted (always assuming that she did), and he added that they might think that the question was linked up with the question what the surgeon did after the operation was over In the event the jury were not satisfied that the forceps had been left in at that operation at all

In Van Wyk v Lewis,[3] where a swab was left in, the appellate division of the Supreme Court of South Africa found that the surgeon could not be held responsible in that particular case It observed that the operating surgeon no doubt has control of the operating room or theatre, and circumstances may arise where he may become liable for the acts of the nurse or sister in attendance One of the judges, however, said that the relation of a nurse to a surgeon is not even analogous to that of master and servant, she is an independent assistant of the surgeon though under his control in respect of the operation "The surgeon does not ensure that he will be responsible for every misfeasance of the nurse To make him so would make his position intolerable"

In the present case the assistant nurse placed the beaker containing iodized phenol in the dangerous position while the surgeon was scrubbing up and long before it was applied to the patient It was never suggested that the surgeon was at fault because the two liquids were kept in similar containers There seems to have been no stage at which he could possibly have discovered the error before the damage was done, and there seems little doubt that the learned judges of the New Zealand Supreme Court came to their unanimous conclusion on good grounds The test apparently must always be in the particular *circumstances of the case* could the surgeon reasonably have been expected to supervise or check the actions of the assistant and to intervene if a mistake was committed?

REFERENCES

[1] *Law J* 1931 71 289
[2] *British Medical Journal* 1930, 1, 620
[3] *S Afr Law Rep* 1924, 438

The November issue of the *Bulletin de l'office International d'Hygiene Publique* contains among others articles on typhus in Mexico from 1925 to 1935, the epidemic of three-day fever at Athens and the neighbourhood in 1935, and the organization and new programme of studies at the Kitchener Medical School of Khartum

A SIXTEENTH CENTURY HYGIENIST

The Wisdom of Andrew Boorde Edited with an introduction and notes by H Edmund Poole Illustrated by A E Christopherson (Pp 63 Limited to 500 copies 500 for sale at 7s 6d) Leicester Edgar Backus The Garswood Press 1936

The beautifully printed and charmingly illustrated little book with this title is an abridged version of *The Dyetary of Helth* by Andrew Boorde with one page from his *Breuyary of Helth* prefixed to the rest of the work The introduction by the editor, Mr Edmund Poole, contains a short sketch of the life of Boorde and his scientific background He was born about 1490 at Cuckfield in Sussex studied at Oxford, was received into the Order of Carthusians while still under age, and in 1521 appointed Suffragan Bishop of Chichester In 1529 he was released from his vows and travelled in Europe to study medicine On his return the following year he set up in practice and counted among his patients the Duke of Norfolk, for whom he subsequently wrote *The Dyetary of Helth* and Thomas Cromwell, whose political agent he became After subsequent Continental tours, during which he wrote the *Breuyary of Helth* and the *Dyetary of Helth*, he settled in Winchester, where though he kept the Carthusian rules of fasting and wearing the hair shirt he was found guilty of fornication for which he was imprisoned in the Fleet Prison in London, and died in 1549 In addition to the two works mentioned, Boorde has been credited with the authorship of two jest books, *The Wise Men of Gotham* and *Tales of Scrogin* The selections from his works in the present volume contain shrewd advice concerning the preservation of health especially in relation to domestic hygiene, food, sleep clothing and the avoidance of mental worry

HYPERGLYCAEMIAS

Les Hyperglycemies Étude Clinique et Physiopathologique By Henri Warembourg (Pp 584 65 fr) Paris Masson et Cie 1936

Dr Warembourg of Lille has written the most extensive book on hyperglycaemias that has yet appeared It deals almost entirely with the physiological and pathological aspects of hyperglycaemia, and the short practical section on diabetes and its treatment is not important

The most interesting idea in the book, and indeed its *leitmotif* is the description and significance of a new test of carbohydrate metabolism— l'indice chromique residuel —which is difficult to describe and is not easy to translate and assess in value The author employs the method of Polonovski for the determination of total reducing substances in organic fluids After removal of proteins by tungstate precipitation the filtrate is boiled with sulphuric acid and an excess of bichromate and back titrated with hyposulphite The amount of decinormal bichromate oxidized in this process from 1 c cm of plasma is called the total chromic acid index From this the oxidation produced by glucose is subtracted and the result called the *residual* chromic acid index This is used as an index of the non glucose reducing substance of the blood, and measures (among other things) the intermediary products of sugar metabolism, glycerol and its derivatives, pyruvic and lactic acids, etc It is stated that its variations have important biological and clinical significance in diabetes and hyperglycaemias An increase in this residual reduction is said to be a more subtle and definite indication of disturbed carbohydrate metabolism than the more usual glucose tolerance test and it involves a simpler technique The book in most of its serious parts is full of references to this residual chromic acid index, but it is always difficult to tie its meaning down to tangible results or interpretations The reader will be annoyed at having to search for the meaning of this new test in a discursive text and never feeling clear about it And when we read in the general conclusions that the I C R is raised not only in hyperglycaemias but in hepatic insufficiencies, in obesity, in hypertension in heart failure in cancer, the purpose of this semi erudite book seems too elusive

In more practical and direct matters concerning hyperglycaemia in all varieties of disease we have had equal difficulty in finding a critical stability among the pros and cons in the literature quoted We hope if the book is much developed and republished, that brevity and clarity will be introduced

QUACKERY AND PSEUDO-MEDICINE

Nostrums and Quackery and Pseudo Medicine Vol 3 By Arthur J Cramp M D Foreword by George H Simmons, M D LL D (Pp 232 1 50 dollars) Chicago American Medical Association 1936

This valuable book has been compiled by Dr Arthur J Cramp on behalf of the American Medical Association, of whose Bureau of Investigation he was director for thirty years Unfortunately it concludes the work of the editor in this field, for he was compelled to retire in December, 1935, on account of ill health He has fought quackery for thirty years and produced volume 1 in 1911 and volume 2 in 1921 , the present volume was completed in 1930, but its publication was delayed by the financial depression

The new volume differs from the first two in that it is more condensed Hence it has more the character of a work of reference and contains fewer amusing tales of roguery than did the previous volumes On the other hand the 232 pages contain an extraordinary amount of compact information Among other notes which may be of special interest to our readers are two pages on the 'electronic reactions' of Abrams and an account of Dr Hay and his dietary theories The scope of the volume is best indicated by the fact that the index refers to nearly 1,500 remedies,' a considerable proportion of which are sold in this country Dr George H Simmons Editor Emeritus of the *Journal of the American Medical Association* who during a quarter of a century had intimate knowledge of the problems involved and the responsibilities assumed by the director, writes a foreword paying tribute to the work carried on with the necessary caution, with courage and with unswerving honesty of purpose by Dr Cramp from 1906 to 1936

HUMAN REACTIONS

Reactions of the Human Machine By John Yerbury Dent (Pp 288 8s 6d net) London V Gollancz 1936

This book is perhaps not of the importance which the publishers and their expert advisers were inclined to attach to it, but it is a very interesting example of an attempt by a thoughtful and well read doctor to co ordinate his reading and experience and to build up and expound some sort of coherent philosophy of human life and behaviour The author describes it as an objective description of such behaviour and a plea especially for the physiological material attitude of patients and doctors towards life and its discomforts and for the exclusion of magic and the supernatural from the treatment of the

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 13 1937

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NOTES OF THE WEEK

District Nursing in London

The Central Council for District Nursing in London has appointed an executive committee to inquire into the adequacy and efficiency of district nursing in the county of London to report on the question of improving the present arrangements, and to consider the extension of the work beyond the area of the county of London The personnel of the executive committee includes Dr M B Arnold Sir Comyns Berkeley Dr W Paterson, Dr A G G Thompson, and Sir Stanley Woodwark

Dorset Public Medical Service

The Dorset Public Medical Service will come into operation at the end of March The benefits of the scheme are available to dependants of insured persons and to other persons within the following income limits

For single persons	£150 per annum
For married persons without children	£200 ,
For married persons with children	£250

It is stated that the majority of general practitioners in the county have expressed their willingness to take part in the scheme

National Advisory Council on Physical Training

The new National Advisory Council on Physical Training held its first meeting last week The council was welcomed by Mr Oliver Stanley, President of the Board of Education, who said that the most urgent matter for the council s consideration was the setting up of local committees throughout the country for on them depended the functioning of the whole scheme There were also technical questions to be considered such as the syllabuses of instruction for adults It was possible that a trained physiologist would be appointed to the staff At the conclusion of the meeting the council appointed three sub committees The Local Organization Subcommittee will consider the policy to be adopted for the establishment of local committees and will make recommendations to the council on their functions the areas they should serve the method of their appointment and the details of their administration The Technical Policy Subcommittee will be concerned with the training and supply of teachers and leaders including the proposed establishment of the new National Physical Training College and with questions relating to the technical and physiological aspects of physical training The Propaganda Subcommittee will recommend means whereby the desire for physical well being can be stimulated and maintained in all sections of the community

B M A Division's Contributions to Charity

The Southport Division of the B M A has good reason to be proud of its efforts on behalf of the Charities Trust Fund In forwarding a cheque for £45 the proceeds of a dance arranged by the ladies of the Division the Charities Secretary remarks that the contributions of the Division during the last nine years amount to £959 and that it is hoped to pass the £1 000 mark next year

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The Essex Public Assistance Committee has decided to continue for another twelve months the free choice method for domiciliary medical relief in the Great Clacton and Little Holland Chingford and Walthamstow medical relief districts

The Derbyshire County Council has prepared a scheme for a municipal midwifery service

Dr C C Easterbrook of Dumfries has received a presentation from his friends on the occasion of his retirement from the appointment of physician superintendent of the Crichton Royal Institution which he has held for twenty nine years

human mechanism" He stresses the importance of psychological knowledge in medical training and equipment, curiously describing medicine surgery, and psychology as the three main departments of that equipment The trinity so formed—in place of the more usual classification of psychology with anatomy and physiology as one of the essential professional sciences on which the art of medicine must be based and which must constantly permeate its practice—may perhaps be taken as an example of a certain originality or perversity (as you wish) which manifests itself throughout Dr Dent's exposition of his theme This exposition is able, orderly and generally clear The author first gives biological illustrations of the statement that "life is reaction,' and then goes on in successive chapters, to give his own presentation of the evolution and development of reaction of the reaction to external, internal, and 'conversational" environment, of conflicting reactions and of the persistence decrease, inhibition, and therapeutic alteration of reaction He ends with a chapter on hypnosis, to which he attaches much importance

To follow the author's thought and to appreciate his arrangement is a pleasant exercise which will be illuminating to many, and will doubtless carry with it some profit to all but a few The preface invites readers to use the blue pencil Some crudities of belief, some curiosities of deduction, some imperfections of knowledge doubtless may be found in need of such correction or deletion, but to read the book is to realize how interesting and helpful it must have been to write it

Notes on Books

The official *Medical Register* for 1937 has now been published by Constable and Co, Ltd, at 21s, post free 22s 6d It appears from the table printed in the introductory pages that 1 905 names were added last year—twenty-three more than in 1935 New registrations numbered 920 in England, 490 in Scotland 223 in Ireland, and 272 on the Colonial and Foreign lists The total number of names on the *Register* at the end of the year was 59,010, representing an increase of 649 The number of names removed from the *Register* during 1936 was 1,304, compared with 1,057 in the previous year Of these, 1,082 were deleted on evidence of death, 214 for failure to comply with the inquiries of the registrar as to cessation of practice or change of address, and seven were struck off under the disciplinary powers conferred by Parliament on the General Medical Council The average annual number of penal erasures during the past twenty years was five

Books on treatment arranged on an alphabetical plan suggest readiness of reference in an emergency rather than systematic reading and study The *Vade Mecum of Medical Treatment*, by Dr W GORDON SEARS (E Arnold and Co, 10s 6d), falls into this group, and meets fairly well the expectations excited by its title It begins with "Achalasia of the Cardia" and concludes with "Xerostoma," and in the intervening pages most of the conditions met by the practitioner in his daily work receive attention The compilation has been carefully done, and the classical methods of treatment are presented in brief and strictly practical fashion While alternative methods are mentioned, the author not infrequently bases his recommendations on his own immediate experience Nor does the book fail to recognize modern developments, even when these have yet to justify the promises made on their behalf The discussions cannot pretend to be exhaustive or to offer anything very striking or original, but they have their opportunity of usefulness in the field which they profess to serve and the volume deserves a place in the practitioner's library

Two further additions have been made to the Sportsman's Library published at 5s each by Philip Allan *The Shot-Gun* by T D PURDY and Captain J PURDY, is a useful handbook of the gun, there is a chapter on fitting, a detailed one on cartridges and powder and valuable hints are given on the care of the gun *Field Sports of Scotland* by PATRICK CHALMERS is a description of the sport to be had in the Highlands and Lowlands the estuaries and coastal waters of Scotland with the natural history of the roe deer, the caper, black game, and ptarmigan It is well worthy of the attention of sportsmen

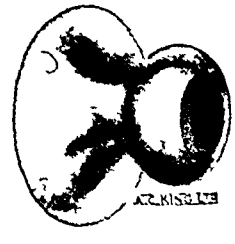
A new edition has been received of Professor CARL J WIGGERS *Physiology in Health and Disease* (Kimpton 42s), which was noticed in these columns on its first appearance two years ago Considerable portions of the book have been rewritten new and better illustrations are included the index has been enlarged, and the bibliography modernized

Preparations and Appliances

ORAL PROPS IN GENERAL ANAESTHESIA

Dr A H I BAKER (anaesthetist, West Middlesex County Hospital) writes

The accompanying illustration shows a new oral prop for use in general anaesthesia While incorporating most of the features of existing props this one has been designed with a view particularly to the patient's comfort and to the lessening of oral trauma It is made in three sizes A further modification of this may be lengthened at will so that the inner aperture lies well back over the dorsum of the tongue without undue discomfort however to the patient This is especially useful in edentulous patients who have difficulty in gripping the shorter pattern with the gums and invariably block the inner aperture with the tip of the tongue I would like to express my thanks to Mr Talley of Messrs A Charles King Devonshire Street, W 1, the makers of these props, for much helpful advice in their production



A DUSTING POWDER

"Kinoo powder" (Kinu Ltd, 6, Finsbury Square, E C 2) is a dusting powder made from pure cocoon silk (90 per cent) with 5 per cent boric powder and 5 per cent zinc oxide The use of cosmetics runs back far into pre-history, and that of many of the commoner ingredients such as starch kaolin, and calamine is of like antiquity Modern methods of applied chemistry have provided a very wide choice of powders for such purposes but firmly established traditions have checked enterprise in the employment of new methods The traditional bases are however, unsatisfactory in certain respects—for example, starch when moistened forms a fermenting paste The silk basis of kinoo powder gives a very fine, light and voluminous powder, which has absorbency without producing a paste which is liable to fermentation An independent analytical report confirms the makers' statements regarding the composition of the powder, and shows that it has a very low bacterial content and that no organisms of the *B coli* group are present

STERICREPE BANDAGE

'Stericrepe bandage' is made of a porous elastic material lined with sterilized gauze It is self-adhering and does not stick to skin or hair It is porous seamless grease-proof, waterproof and washable After rolling it off and sprinkling it with ordinary talcum powder it can be used again It can be applied with any desired tension as a support and only a minimum of dressings is required It is supplied both in bandage rolls and finger strips by the makers, at 23, Clarges Street, Piccadilly, W

THE MEDICAL SECRETARY'S VISIT TO INDIA

The following are Dr Anderson's concluding notes The earlier ones appeared in the "Supplement" of February 6 (p 68) and February 27 (p 102)

After a journey of about twelve hours we arrived on the morning of Friday, February 12, at Patna in Bihar Province, where we were met by Lieut.-Colonel G H Mahony, I M S, principal of the Prince of Wales Medical College and professor of obstetrics there I was particularly interested to see the College and its associated hospital of over 500 beds in view of the recognition by the General Medical Council for the first time, in 1935 of the medical degrees granted there The College buildings and the hospital are very conveniently situated, and the wealth of clinical material provides ample opportunities for teaching purposes I was fortunate in meeting the majority of the teaching staff at a tea-party on the first day of my stay in Patna, and well over a hundred medical men and senior students attended a gathering at which I gave an address Lieut.-Colonel Mahony Lieut.-Colonel A N Bose, I M S, professor of pathology, and Major D P Bhargava, I M S, professor of surgery, were instrumental in making the visit extremely enjoyable and interesting

During our stay in Patna I was afforded the chance of seeing the work of the Subdivisional District Hospital at Dinapore and the Rural Dispensary at Khagoul, and it was through the kindness of Colonel P S Mills, I M S, the inspector of civil hospitals in the Province and Major G P F Bowers, I M S, the civil surgeon that I was able to do so As there are considerable numbers of unattached members of the Association in Patna, and indeed in Bihar, and as a desire was freely expressed that a Branch of the Association should be formed in the Province, the first steps have been taken to form a Bihar Branch We left for Benares on Tuesday February 16, having spent a very pleasant four days in Patna, where we experienced the same kindly hospitality which has been accorded us in all parts of India

Benares and Lucknow A Contrast

Two members of the Benares Medical Association Dr Bhola Nath and Dr Ganga Singh, met us on arrival and conducted us to our hotel The same evening I addressed a meeting of the members of the Benares Medical Association, which was held in one of the charitable hospitals in the city Captain S K Chaudhuri the president was in the chair, and a very useful discussion followed my address Part of the next day was devoted to sight-seeing, for which arrangements had been made by Captain Chaudhuri, Dr Bhola Nath, Dr Ganga Singh and Dr Thungamma (a lady doctor) One day is all too short a time to spend in Benares, the centre of Hindu religious life However, through the kindness of our friends we saw a riverside panorama such as no other town in the world affords Shortly after 7 a m, in a boat lent by Captain Chaudhuri, we were rowed along the curve of the north bank of the Ganges and beheld the wonderful array of temples and palaces, with their innumerable stairs ever descending to the water's edge, where massed humanity carries out the daily rite of purifying itself in the sacred river It was a most impressive scene, and one never likely to be forgotten The afternoon was spent in a visit to Sarnath, where Buddha first made known his doctrines to the world, and where some of the most interesting Buddhist ruins have been discovered We parted from the medical profession in Benares at a tea-party in the late afternoon which had been arranged in our honour

Our next stop was the historic city of Lucknow, where we were met on arrival by Lieut Colonel R S Townsend, I M S, president of the United Provinces Branch, Mrs Townsend, and Dr B B Bhatia, the honorary secretary Lucknow the 'city of palaces and parks,' is a decided contrast to Benares The medical college buildings and hospital are in close proximity and make a most picturesque setting, and I was extremely pleased to be able to visit them and to meet many members of the staff Perhaps the best time of the day in which to see the college buildings is towards evening just before the sun begins to set It is then that their beauty stands out in noblest relief the whole structure in perfect harmony with the Mohammedan architecture in the background We were officially welcomed to Lucknow by the members of the Branch at a tea-party given in our honour, and I was also given the opportunity to address a gathering of the medical profession on Saturday afternoon in the Convocation Hall of the college

While in Lucknow I continued my practice of talking with representative members of the profession (one of whom was Dr B N Vyas president of the Indian Medical Association) so as to obtain at first hand their impressions as to the way in which the problem of medical care in this country could best be approached I addressed also a clinical society of students My wife and I spent some time in seeing some of the many historic places in the neighbourhood Our last day in Lucknow was Tuesday February 23 in the evening of which we were entertained to dinner by the members of the Branch Council

Two Busy Days in Poona

During our five days' stay in the capital of the United Provinces much kindness and hospitality was extended to us We left Lucknow on Wednesday morning February 24 reaching Bombay twenty-four hours later The same evening we departed for Poona the last place we were to visit before returning again to Bombay We were met on arrival by Major-General D S Skelton, Khan Bahadur Dr E S Barucha, president of the Poona Branch of the Indian Medical Association and chairman of the Reception Committee, Dr A J Noronha president of the Poona Medical Society Rai Bahadur Dr V B Gibbah retired civil surgeon, Dr N L Ranade vice-president of the Poona Branch of the Indian Medical Association Dr P L Dishmukh and Dr C G Dharap, secretaries Poona Medical Society and Dr V R Dhamdhere, secretary Poona Branch, Indian Medical Association, and secretary of the Reception Committee A programme had been arranged which kept me busy during the two days spent in Poona In company with Dr Barucha I visited the K E M Hospital for women and children, and was shown round this institution by the lady medical superintendent Dr Vakil I was then conducted over the Byram Jeejeebhoy Medical School and the Sassoon Hospitals by the civil surgeon, and the Connaught Military Hospital by Major General Skelton The latter may well be called the Millbank of India A meeting of medical practitioners was held in the Tata Hall of the Poona Seva Sedan's new nurses' quarters, where a very useful and instructive discussion followed an address which I had been asked to give The meeting was well attended

The Reception Committee, which had spared no pains to make my visit enjoyable and educative, arranged that I should see the following important centres of interest

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ZINC PROTAMINE INSULIN

It is a sure index of the importance of a new therapeutic agent when its introduction is quickly followed by the appearance of modifications for which even more advantages are claimed The protamine insulin of Hagedorn has not waited long for such recognition of its merits The most successful of these modifications appears to be the zinc protamine insulin produced by D A Scott of Toronto, and investigations into the clinical use of this preparation have recently been reported by Rabinowitch and his co workers[1 2] in Canada and by Wilder[3] and by McCullagh[4] in the U S A A paper by Dr R D Lawrence and Dr Nora Archer appeared in the *British Medical Journal* last week (p 487) and a contribution to the subject by Dr H P Himsworth is printed in this issue at page 541 These workers have been content to designate this insulin briefly and clearly either as zinc protamine insulin or protamine zinc insulin but the English manufacturers and the Ministry of Health, intent on attaining a high standard of terminological exactitude, have issued the new preparation under the title of "protamine insulin (with zinc) suspension" It is to be feared that the essential distinction embodied in the parenthesis of this phrase will not survive the rough handling of common usage and if the new preparation is to remain clearly differentiated from the other protamine insulins it would appear desirable that the original and more convenient term of "zinc protamine insulin" be generally adopted

The essential advantage of the original protamine insulin—insulin retard—was that its action was slower and more prolonged than that of ordinary insulin, hence fewer injections were required and a smoother control of the diabetic's metabolism was obtained The reports on zinc protamine insulin indicate that the new preparation has an action which is even slower and more prolonged than that of insulin retard This slow and prolonged action has obvious advantages but also disadvantages, which are clearly demonstrated in the above reports on its clinical use The prolonged action permits reduction in the number of insulin injections With one injection of insulin retard control for twelve or fifteen hours was obtained, with zinc protamine insulin control is achieved for twenty four hours or even longer This makes it possible for that large group of mild diabetics requiring up to a total of 20 to 30 units in divided daily doses of ordinary insulin to be maintained in a satisfactory state of balance by means of one injection of the zinc preparation given before breakfast For reasons that will be explained later, patients with more severe diabetes requiring larger amounts of insulin need in addition a supplementary dose of ordinary insulin but as this can be given at the same time as the injection of zinc protamine insulin the inconvenience thus caused to the patient is negligible

The reduction in the number of daily injections is a convenience to the patient but is in itself no indication that the new preparation has the fundamental property of permitting a more effective control of diabetes That zinc protamine insulin does indeed allow more effective control of the disease than does ordinary insulin is shown by the ability of the new preparation to control the disease during the night It has long been known that in patients with diabetes of any severity hyperglycaemia consequent glycosuria and sometimes ketosis develop spontaneously during sleep Whereas multiple daily doses of ordinary insulin enable control to be maintained in the waking hours, the relatively transient action of ordinary insulin is insufficient to restrain the disease in the long interval between the evening and morning injections Such patients for half the twenty four hours are virtually cases of untreated diabetes By means of zinc protamine insulin these cases can be completely controlled The injection of an appropriate dose before breakfast is enough to ensure control of the disease throughout the following night The prolonged action also enables a continuous rather than an intermittent restraint to be maintained during the day Although the slow action of the new preparation is not so effective as the rapid action of ordinary insulin in suppressing the morbidly exaggerated hyperglycaemia following meals the persistence of the action beyond the times at which ordinary insulin action would have waned results ultimately in a lower post-prandial blood sugar level As a consequence, when zinc protamine insulin is being taken the average blood sugar level during the day is usually a good deal lower than when even larger doses of ordinary insulin are being administered in several injections The slowness with which zinc protamine insulin comes into action militates against sudden reduction of the blood sugar, and as a result against the frequency of hypoglycaemic attacks

[1] *Canad med Ass J* 1936, 35 239
[2] Ibid 1927, 20 287
[3] *Minnesota Med* 1937, 20 6
[4] *Cleveland Clin Quart* 1937 4 26

the headquarters of the Poona Seva Sadan society, the museum of the Bharat Itihasa Samshodhak Mandal and the headquarters of the Servants of India Society On this sight seeing expedition Dr Bhuchar the doyen of the medical profession in Poona and Dr Dhamdhere accompanied me The programme finished with tea at home on the terrace of the Seva Sadan's Hostels from which a delightful view of Poona is to be obtained This proved to be a most agreeable function and was a fitting termination to a very enjoyable time in Poona

We returned to Bombay on the following day Before we sail for home on Saturday March 6 there will be a meeting of representatives of the various Branches I have been able to visit in order that I may have some idea of the collective views of the profession in India as represented by the Association upon some of the many problems I have been investigating We shall also discuss problems connected with the future organization of the B M A in India The members of the Branch Council have very kindly invited the representatives to be their guests at a dinner at the close of the representative meeting and at this function my wife and I will bid farewell to those who have worked so hard to ensure that every opportunity should be given me to secure the information which it has been my mission to obtain During our journey of ten thousand miles or so round India we stayed at hotels in all the larger centres but on other occasions we availed ourselves of the generous hospitality of the Governor of the Central Province and Lady Hyde Gowan at Nagpur Dr J Cairns C I E at Lahore Lieut Colonel R F D MacGregor I M S at Hyderabad (Deccan) Dr and Mrs D Manson at Cinnamara in Assam Dr G Fraser at Cachar in Assam Lieut Colonel G H and Mrs Mahony at Patna and Major General D S and Mrs Skelton at Poona To all of these and to the many others who invited us to partake of their hospitality we are indeed grateful

I cannot close these notes without making special mention of Dr B B Yodh the honorary secretary of the Bombay Branch on whose shoulders has fallen the difficult task of co ordinating the arrangements which had to be made well in advance of our arrival in Bombay

COMBINED ENGLISH UNIVERSITIES PARLIAMENTARY ELECTION

SIR HENRY BRACKENBURY'S CANDIDATURE

Sir Henry Brackenbury's address to the electors of the Universities of Durham Manchester Liverpool Leeds Sheffield Birmingham Bristol and Reading was printed in last week's JOURNAL *at page 516 We have now received for publication the following manifesto signed by a large number of supporters of his candidature whose names are printed below Polling is from March 15 to 19*

At the by election for one of the two Combined English Universities seats Sir Henry Brackenbury will stand as an Independent candidate accepting the whip of no party Sir Henry Brackenbury first entered public life on account of his interest in educational progress He became a member of the School Board for Hornsey in the year 1899 and has remained a member of bodies concerned with educational administration ever since At that time Hornsey largely under his influence became well known as in the van of educational progress and after the Education Act of 1902 Sir Henry was for ten years the Chairman of the Education Committee of that borough He was for four years the President of the Association of Education Committees of England and Wales and is now a Vice President of that Association and a member of its Executive He has been a member of the Education Committee of the County of Middlesex for more than twenty years and Chairman of the Governing Body of several large secondary schools both for boys and for girls

His activities in municipal life have been extensive He has been a Councillor Alderman and Mayor of his town and Chairman of its principal administrative Committees His interest in questions of public health and social welfare has been well known and widely appreciated in national circles For thirteen years he held the highest offices in the British Medical Association and is now one of its Vice Presidents He is Chairman of the Council of the Institute of Medical Psychology and has been a Vice President and Chairman of the Education Committee of the Central Association for Mental Welfare He is a Member of the Council of the Society of Medical Officers of Health a Fellow of the Chartered Insurance Institute and an Honorary Freeman and Liveryman of the Worshipful Company of Stationers and Newspapermakers He has served on a number of Departmental and Interdepartmental Committees dealing with health and education He is a member of the Court of Governors of the London School of Hygiene and Tropical Medicine and of the British Post Graduate Medical School and a direct representative of the medical profession on the General Medical Council

While it is not to be expected that all Sir Henry Brackenbury's supporters will be in complete agreement with him on every detailed question affecting health and education we consider that it is of considerable public importance that the House of Commons should include members with qualifications such as his independent of party and enjoying the confidence of representative members of all parties We believe that it is the particular function of university representation to afford an opportunity for the election to Parliament of independent candidates with such special knowledge and experience as he possesses

We believe that on questions affecting health and education Sir Henry Brackenbury is exceptionally well equipped to make a valuable contribution to Parliamentary deliberation and we hope that you will cast your vote for him

FIRST LIST OF SUPPORTERS

Francis Askew, LL D President Association of Education Committees
Sir Percy R Jackson LL D Vice President Association of Education Committees
Sir George Lunn D C L Vice President Association of Education Committees
Percival Sharp LL D Secretary Association of Education Committees
Thomas Walling M A Treasurer Association of Education Committees
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W Jenkyn Thomas M A formerly President Incorporated Association of Head Masters
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Miss A Lawrence M A LL B Principal St Hild's College Durham
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British Medical Association

Sir Kaye Le Fleming M D Chairman of Council
H S Souttar M Ch F R C S Chairman of Representative Body
N Bishop Harman LL D F R C S Treasurer
H Guy Dain M B Deputy Chairman of Representative Body
Charles Hill M D Acting Medical Secretary

It would be expected that for the same reason patients taking the new insulin would be less liable to the hypoglycaemic attacks which can be induced by exercise On this point there is some disagreement Himsworth states that attacks from this cause are less frequent, and indeed goes so far as to advocate the use of zinc protamine insulin for those patients who, when taking ordinary insulin, are unusually sensitive to the effect of exercise Lawrence and Archer fear that under the new treatment hypoglycaemia will be produced more easily by exercise, but admit that this has not been the experience of their patients who have to lead energetic lives Wilder, from his experience, forms the opinion that hypoglycaemia during the night may result from excessive exercise during the day It is probable that experience will show that although the familiar hypoglycaemic attacks which supervene shortly after or during exercise when the patient is taking ordinary insulin do not occur when zinc protamine insulin is being administered, hypoglycaemic attacks several hours after the provoking exercise will become common If this is so the taking of an extra carbohydrate meal at the appropriate time will prevent any untoward effect

The very properties to which the clinical advantage of zinc protamine insulin can be attributed are also responsible for its disadvantages The slowness with which it comes into action prevents in all but mild cases adequate restraint of the alimentary hyperglycaemia resulting from meals The injection being given before breakfast, the intensity of insulin action is naturally weakest when breakfast is taken, but becomes progressively stronger as the day goes on For this reason, in moderately severe cases hyperglycaemia and glycosuria will occur after breakfast and to a progressively less extent after the succeeding meals In the relatively rare severe cases gross hyperglycaemia and glycosuria appear after every meal In explanation of this Lawrence and Archer suggest that small doses of zinc protamine insulin come into action more rapidly than large doses On the face of it this explanation seems improbable, and it is controverted by experiments recorded in Rabinowitch's paper A more probable hypothesis would appear to be that post-prandial hyperglycaemias in moderately severe cases, which need relatively small doses of zinc protamine insulin, require less intensive insulin action for their suppression than do similar rises in severe diabetics who need large doses

In patients with moderately severe diabetes in whom marked hyperglycaemia appears only after breakfast, adequate control can be obtained by injecting, simultaneously with the zinc protamine insulin, a small dose of ordinary insulin This, exerting its action rapidly, deals with the influx of sugar from the gut but its action wanes by the time that the zinc protamine insulin is coming into full action and becoming capable of dealing with later meals In the severe cases this method, while enabling restraint to be exerted over the post breakfast hyperglycaemia is insufficient to suppress the alimentary glycosuria brought about by the later meals Wilder and Himsworth claim to have established control in such patients by injecting simultaneously with the zinc protamine insulin, not ordinary insulin but a moderately slow acting insulin such as insulin retard

The great drawback of the new insulin is the type of hypoglycaemic attacks to which it gives rise Though it is true that the slower action results in fewer such attacks than happen with ordinary insulin, it is also true that the attacks which do occur are of unusual severity Two factors contribute to this The fall of blood sugar induced is so gentle that the early warning symptoms of hypoglycaemia are not evoked, and the first evidence of an attack may be convulsions or loss of consciousness The attack having begun the prolonged action of the new insulin holds the blood sugar down at hypoglycaemic levels, thus preventing spontaneous recovery and militating against attempts to raise and maintain the blood sugar at normal levels Himsworth and Wilder stress particularly the severity of these attacks Wilder goes so far as to advise that when a patient is taking zinc protamine insulin he should never sleep alone, and he quotes the remark of one of his patients "I don't have diabetes any more, I have insulin reactions" Realization of the gravity of such attacks has led to insistence upon two rules First, it is insisted that at the beginning of treatment with zinc protamine insulin the patient must be in hospital or under such conditions that he can be closely observed, secondly, that attempts to control severe cases completely by one daily injection of the new insulin alone must be abandoned Instead, it is advocated that zinc protamine insulin should be given only in such doses as will prevent glycosuria during the following night, and that any escape from control during the day should be dealt with by the easily controlled ordinary insulin

The clinical experiences recorded in these papers are in remarkable agreement, and establish clearly that zinc protamine insulin is a more effective therapeutic weapon than ordinary insulin All the investigators recognize the same advantages, but the Canadian workers do not emphasize the dangers of the severe hypoglycaemic attacks which are likely to limit the use of the new preparation in ordinary medical practice

Medical Women's Federation

Ellen B Orr F R F P S President
Elizabeth Bolton, M D, Hon Treasurer

Society of Medical Officers of Health

L Ward M D F R C S President
G L C Elliston M A Executive Secretary

Sir Humphry Rolleston Bt M D F R C P
Sir Ewen Maclean D Sc, M D F R C P, P C O G
Alfred Cox L L D M A M B
Beckwith Whitehouse Ch M F R C S F C O G Professor of Midwifery and Diseases of Women University of Birmingham
Stanley Barnes M D D Sc, F R C P Dean of the Faculty of Medicine University of Birmingham
Seymour G Barling Ch M M S F R C S Professor of Surgery, University of Birmingham
W Gemmill Ch M F R C S Professor of Surgery, University of Birmingham
Professor J B Leathes B M, F R C S F R C P, late Dean of the Faculty of Medicine and Professor of Physiology, University of Sheffield
R J Brocklehurst D M Professor of Physiology and Dean of the Faculty of Medicine University of Bristol
G L Roberts M B Ch B B D S Professor of Dental Surgery, University of Sheffield
J C Matthews M D F R C P late Lecturer in Medicine, University of Liverpool
Robert A Burrows, Member of University Court Manchester
W Cobbett Member of University Court Manchester
F R Barnes M A Head Master Heaton Secondary School Newcastle upon Tyne
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Thos A Goodfellow M D B Sc Lecturer in Medical Ethics and Conditions of Medical Practice, University of Manchester
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E Frances Brown M B Ch B
G H Brown M D
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I V Clarke M D F R C S
A B Davies M B Ch B
F D Abreu Ch M, F R C S
D J Evans, Ch M F R C S
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Hilda M Lloyd, F R C S, F C O G
H A Picton M B B Ch
Doris Pindar M B Ch B
Frank Radcliffe M D
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C F V Smout M B Ch B
H R Tighe M D F R C S I
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A M Witts M D D P H
Fauset Welsh M B F R C S
J D Young M B Ch B
E Baylis Ash M B M R C P
W Bowater M R C S B D S
Gwendolen Buckle M B B S
J A Davidson M D
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J H Ebbs M D
Harold E Emmett, M B F R C S Ed
Sir Alfred Evans M R C S
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L P Jameson Evans, M D F R C S
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I C Graves M D B S B Sc
I L Hardy, M D F R C P
R Bentson Hird, Ch B, F R C S
J A Hislop M D
L Kilroe M D
G G Macphee M D L D S
R H Metcalfe M D M Chir F R C S
G P Mills M B F R C S
R L Pleasance M D
T N V Potts M D D P H
C A Ranson M B F R C S
G O Wood B Sc
J Burleigh Scott M D
H M Stanley Turner M D
J Shirley Walker M B Ch B
S Wand M B Ch B
B J Ward F R C S
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MEDICINE STAMP DUTIES

PROPOSED SIMPLIFICATION AND EXTENSION

A Select Committee of the House of Commons was appointed in November last to consider the duties of excise chargeable on medicines under the Stamp Acts of more than a hundred years ago and has just issued its report (H M Stationery Office 3d net) Its conclusions are that the Stamp Acts are out of date and inappropriate that wholesale avoidance of duty has been practised that the law should be simplified and anomalies removed that 'in spite of some evidence to the contrary the trade in medicinal articles is suitable for taxation but that the rate of duty should be lowered and more evenly graded and that a far larger range of preparations should be made dutiable

History of Stamp Duty Law

Duties on medicines were first imposed by the Budget of 1783, but the present practice is based on the Medicines Stamp Act, 1812 with its attached schedule, still in force containing the names of 550 preparations liable to duty—'pills powders lozenges tinctures potions, cordials electuaries, plaisters unguents salves ointments drops, lotions oils spirits medicated herbs and waters chemical and officinal preparations —which are secret or proprietary or held out as beneficial for human ailments Three exemptions from duty were allowed one of these is now obsolete but the other two—namely single drugs (drugs sold without admixture of any other ingredient) and "known admitted and approved remedies" —have led to great loss of revenue The scale of duties remained the same for over one hundred years until 1915, when it was doubled An article made to sell at 2d attracts a duty of 3d an article at 1s 1d a duty of 6d The committee thinks the gradations too steep

The Acts have been obscured by judicial decisions, and a number of anomalies have crept in For example, salines escape duty though held out as medicines A preparation which is liable to duty when "it is recommended by the use of an ailment name (for example backache pills) is free from liability when reference is

THE FACTORIES BILL AN ADVISORY BOARD?

The days when the law in its formulation and interpretation was based for long periods on fairly fixed principles of human conduct and environment have gone Modern applied science causes conditions to change more quickly than Parliament can wisely change its enactments Hence, as was pointed out in a leading article in the *British Medical Journal* of February 27 (p 450), the newer, less democratic, but more flexible technique of rule by Order in Council or Statutory Order becomes not only more common but more necessary Lord Hewart in *The New Despotism*, warns us against the serious implications of this departure from the principle whereby the courts are the final arbiters of appeal against the executive He shows how by this new method which in a totalitarian State is the only source of law, the citizen virtually has no appeal, because the maker of the law, in our case a Secretary of State, can be both formulator and judge of his own actions This is dangerous and needs to be checked The difficulty is to devise means whereby the elasticity of the new methods can be turned to advantage while safeguarding ourselves from the thin end of the wedge of executive tyranny The British people have no liking for the *droit administratif* Graham Wallas and his school of social thinkers showed a way out The advisory board or committee of experts based on the principle of co-option gives at once an additional source of strength to the administrative machinery and a safeguard against oppressive rule Co opted members of committees have shown themselves to be generally among the most valuable members of such bodies The experience of education committees has demonstrated this It is not that they are better men or women but on the whole they are more keen, and this results from their freedom from electoral pressure

Experts are dangerous people unless used properly Their function lies in advising lay bodies composed of intelligent but often uninformed persons The ultimate results achieved in this way are generally excellent The lay bodies, being appointed for their judicial and critical wisdom digest and compare the different aspects of expert advice Apparently more cumbersome in method than the direct contact between executive and appointed adviser, the principle of advisory boards, part lay part expert, has enormous advantages It lends to decisions a comprehensiveness which if they are to find expression in Orders with the force of law is essential We take the opportunity when a new and important measure like the Factories Bill is passing through Parliament to urge that during the committee stage a clause should be inserted directing the Secretary of State to set up such an advisory board to deal with the mass of Statutory Orders which will have to be issued We suggest that a permanent board of about six persons with a judicially minded chairman should be set up by the Minister, the members being representative of employers, of workers, and of Parliament. To this board should be co opted a panel of doctors, industrial administrators, physiologists psychologists, engineers and such others as from time to time may seem desirable The board sitting to discuss certain matters would call in the relevant co opted members, so that when the Orders finally emerged they would be in tune with practical reality, with humane requirements, and with scientific knowledge

The experiment is well worth trying and Parliament could enter a proviso that after, say, a three-year trial the whole method must be reviewed in the light of experience and of the desirability of its extension to other types of legislation For every issue the number of non political co opted members should be so arranged that it is not less than the number of full members The plenary sessions of the board ought to be public If all powers to make Statutory Orders were based on the principles outlined above we feel that much of the sting would have been extracted from the "new despotism" and a notable advance achieved in scientific government

TWINS ON A VEGETABLE DIET

In a recent report[1] D E Lane makes some interesting observations on the effect on the growth of twins of a vegetable diet planned to contain all the requirements suggested by modern scientific studies on nutrition These children are now 7 years old and Dr Joseph Brennemann after examining them on their last birthday, considered their state of nutrition to be excellent the teeth were good and there was no evidence of dental caries The twins had apparently been freer than the average child from infection of any kind The dietetic regime was as follows They were given "vegetable milk" and increasing amounts of orange juice and cod liver oil during early infancy with the gradual addition of wheat barley rice potato legumes and various fruits and vegetables in season At approximately 3 years of age their general condition was so good that it was thought advisable to go on with this type of feeding until their physical state should warrant a change to the conventional mixed diet containing cow s milk This time has apparently not yet arrived and the only change in the diet as the children have grown older has been that many of the foods

[1] *Amer J Dis Child* 19 6 52 1397

made only to an organ or part of the body Although the original intention was to tax the quack and exempt the apothecary, the committee considers that all dutiable remedies should be sold on equal terms by chemists and non chemists The registered chemist already has certain advantages under modern legislation

Recommendations

The committee recommends the repeal of the Act of 1812 and the associated Acts, and the making dutiable subject to certain exemptions of

'preparations or substances of any sort including medicines medicaments medicated articles drugs herbs fumigants inhalants disinfectants antiseptics soaps tooth pastes tooth powders mouth washes medicated wines natural or artificial mineral waters or compositions for making such waters confectionery toilet preparations and cosmetics to be used or applied externally internally or otherwise as medicines or medicaments, which are recommended for the prevention cure or relief of any human ailment

Exemptions should be granted to all the medicines mentioned when recommended and sold exclusively to registered members of the medical and dental professions, *and to all preparations supplied to such practitioners* for use in the discharge of their professional duties or to registered pharmacists or practitioners for use in dispensing *on the prescription of such practitioners* Medicines exported abroad should also be free as should all British spa waters consumed at their place of origin The recommended scale of duty is for an article whose retail price exclusive of duty would be sixpence one penny with an additional penny for every further sixpence or part thereof, or an *ad valorem* duty of twopence in the shilling Medicines whose retail price is below sixpence should also be subject to a graduated duty of a penny or a fraction thereof

The Select Committee also urges consideration of the propriety of taxing foods and certain appliances (such as deaf aids) beverages (alcoholic and otherwise), and other widely advertised preparations put forward as possessing properties beneficial for health

Control of the Trade in Medicines

Strong opinions were expressed to the committee by certain witnesses that some form of control of the medicine trade was desirable to safeguard the public from fraudulent exploitation Statements were made that people largely of the poorer classes spent more money than they could afford on remedies of little or no efficacy resulting indirectly in danger to health following upon delay in seeking medical or surgical treatment The committee believes that if control of the trade in medicines and appliances is deemed desirable for the protection of the public the best method would be a system of examination and registration of all advertised medicines and appliances

The yield of the medicine stamp duty has fallen since 1928–9, when it was almost £1¼ million to below £750 000 owing very largely to the use of legal methods in securing exemption But during this same period the number of excise licences has doubled suggesting that the trade in dutiable preparations is a valuable one On a conservative estimate the annual turnover of the proprietary medicine trade reaches the figure of £20 millions A duty of twopence in the shilling in the event of the abolition of many existing exemptions would yield £3 300 000 The addition which the committee suggests of articles other than proprietary medicines would, of course, add substantially to the yield

CONFERENCE OF PROVIDENT ASSOCIATIONS

NATIONAL FEDERATION TO BE FORMED

A conference of representatives of provident associations was held at the British Medical Association House on March 4 Dr PETER MACDONALD chairman of the Hospitals Committee of the Association, presiding It was attended by representatives of the British Provident Association the British Hospitals Association the Hospital Saving Association and local associations in different parts of the country, including Birmingham Wolverhampton Sheffield Sunderland and Merseyside The British Medical Association was represented by Professor A H Burgess Sir Henry Brackenbury, and Dr J C Matthews in addition to the chairman

A previous conference a year ago affirmed the desirability of establishing a permanent central co ordinating body of provident associations in place of the existing Advisory Committee on Provident Schemes and appointed an interim committee of ten members to prepare a draft scheme This interim committee held two meetings during the year under Dr Peter Macdonald's chairmanship and completed its reference submitting for the consideration of the conference a memorandum on the constitution of a National Federation of Provident Associations

Objects of the Federation

The main business of the conference was a detailed examination of this draft scheme The objects of the federation were given as (1) the co ordination of the activities *of the federated associations* and (2) the provision of advice and information on the subject Its membership may consist of associations whose objects are in general conformity with the model scheme approved by a previous conference in 1934 and by the Annual Representative Meeting of that year A basis was put forward in the scheme for entitlement to representation at general meetings of the federation—namely one representative for a subscribing membership up to 2 000 a second representative for a subscribing membership up to 5 000 and a representative for each further 3 000 members provided that the total representation of any one federated association shall not exceed six The British Medical Association the British Hospitals Association and the British Hospitals Contributory Schemes Association are to be regarded as associated organizations and each to be entitled to send two representatives

Election of Officers

The subscription basis for the federation led to some discussion but ultimately it was agreed that each constituent association should pay two guineas for its first thousand subscribing members or part thereof and two guineas for each additional thousand or part thereof the associated organizations—that is the British Medical Association and others—to pay a minimum of two guineas It was agreed that the federation should at its annual general meetings elect honorary officers as follows a president vice presidents chairman of executive council honorary treasurer and honorary secretary also an executive council consisting of nine members selected from nominees of the federated associations together with the chairman honorary secretary and honorary treasurer It was also agreed that the British Medical Association should be entitled to two members on the council and each of the other associated organizations to one member The remainder of the draft scheme, which was agreed to dealt

are now served in a more solid form Bread made with the "vegetable milk" was given at an early age, and this contained dried fruits and whole almonds Much care has been taken over the vegetable milk, which in its improved form is known as "almond-lac" It is prepared from a fine preparation of almond meal with corn starch, dextrin, and maltose Dehydrated leafy vegetables supply the mineral content of the milk, and as now prepared "almond-lac" can be used in place of cow's milk Its content of the vitamin B complex is high, and it also contains appreciable amounts of vitamins A and C Careful study of calcium storage shows that with this milk and other vegetable foods entirely satisfactory results have been obtained, and this is reflected in the normal state of dentition The object has been not only to study the growth of the twins but also to demonstrate that "almond-lac" can safely be taken over long periods without any harm to health, for it has been found of great value in children with infantile eczema due to hypersensitivity to other food substances If one twin had been brought up on this strictly vegetable diet and the other in the more orthodox manner the value of the experiment would have been much greater It is evident that such care has been taken of the twins that good results might have been expected with almost any diet

A STUDY OF ONE THOUSAND PLACENTAS

The histopathology of the placenta has attracted no little attention in recent years, and there are those who claim that maternal syphilis and the late toxaemias of pregnancy cause specific changes in this organ Much of the confusion surrounding this subject is attributable to the fact that writers interested in one problem devote their attention to placentas from women manifesting certain symptoms during pregnancy and pay insufficient regard to the wide ranges of variation in normal cases W B Haver[1] has made a careful study of one thousand consecutive placentas obtained from white women He concludes that placental infarcts may be divided into two groups foetal and maternal In the early stages of placental formation the trophoblast is invasive and the syncytial cells do not cause the blood to clot Later the enzyme action is lost and degeneration occurs in the syncytial cells, so that they no longer inhibit, but actually cause, the deposition of fibrin Similarly the decidua undergoes degenerative changes with the formation of red infarcts, which in time become white Although the incidence of these infarcts was higher in the group of women suffering from the late toxaemias of pregnancy some 30 per cent of the placentas from this group "were as nearly normal as are usually found at term" Moreover, the placentas from women suffering from pre-eclamptic toxaemia which showed marked infarct formation merely evinced pathological changes "exactly similar to, but more extensive than, those seen in the average normal cases," although equally marked changes were found in placentas from women who manifested no symptoms and gave birth to living children It was therefore concluded that infarct formation is evidence only of senility in the organ and that the factors associated with pre eclampsia tended to hasten these changes The author was unable to diagnose syphilis from the gross or histological study of the placenta He observed the condition of placentosis described by Goodall in 226 placentas, and formed the opinion that the condition is due to passive congestion of the placenta, which is, as a rule, of no clinical significance The interesting problem remains What are the factors which cause infarction in approximately 50 per cent of all placentas, or, conversely what are the factors which resist their formation?

[1] *Amer J Obstet Gyn*, 1936, **32**, 795

RADIOLOGY AND ITS RELATION TO MEDICINE

Radiology is a rapidly expanding subject, both in the details of conditions already susceptible to x-ray investigation and in new fields The increasing complexity of radiological work presents a problem to him who undertakes it because of the diversity of specialized knowledge he should in theory possess He must be acquainted not only with radiological interpretation but with the various departments of medicine and surgery which seek his help in diagnosis and therapy It is obviously impossible for any one person to achieve expert status in all these branches, but the nearer the radiologist approximates to that ideal the greater his value to his colleagues It has been suggested that he should be content to enumerate in his report the radiographic and fluoroscopic departures from the normal appearances, without indicating their diagnostic significance This does not help matters greatly, since someone must correlate the radiological with the other evidence, and for this the radiologist's experience possibly equips him better than the clinician The difficulty should primarily be met by co-operation and consultation between the radiologist and the clinician It is a commonplace how often a doubtful x-ray diagnosis is made definite by some point in the clinical aspect of the case, and such doubts can only be cleared up by personal consultation More information will be obtained from x-ray examinations in this way than if the two work in water-tight compartments To make such co-operation fruitful the radiologist should widen his knowledge as much as possible in general medicine and surgery, in the special branches, and in pathology The last, being the basis of so many of the changes seen in a radiograph, is of particular importance, and is emphasized in a recent article by K Kornblum and H J Tumen[1] That radiologists as a whole are alive to these problems is indicated by the fact that at the International Congress of Radiology to be held in Chicago this year the main subject is the unity of medicine and surgery in its relation to radiology This is a matter which has fully occupied the attention of radiologists in this country In 1934 the British Association of Radiologists was founded "to promote the interests of radiologists in relation to medicine with special reference to the following aspects (1) clinical, (2) educational, (3) ethical, (4) economic" In

[1] *Amer J Roent*, **36**, 202, 232

with the functions of the executive council, the arrangements for general meetings, the acceptance and termination of membership, and the alteration or amendment of the constitution

Eligibility

The principal discussion in a most amicable conference concerned the rules governing the eligibility of associations for membership of the federation It was acknowledged to be very difficult at the present juncture, when the whole matter is in its early formative stage, to lay down absolute rules governing inclusion and exclusion A little interchange of conversation among those present showed how widely different are the associations already in existence, being governed largely by the circumstances of their area

It was generally agreed that eligibility for admission should be dependent upon general conformity with the model scheme, whether the provident association be organized on a "full cover" or "grant-in-aid" basis This would mean that even though the scheme in an area might not at present be on all fours with the model scheme, in expression of general adhesion to the model is the ideal and objective would be taken to justify inclusion at the present stage A request was made for a definition of the phrase 'general conformity,' but no one appeared to be prepared to give it The only line of exclusion which was drawn was that a scheme which did not make any contribution direct or indirect for medical services could hardly be described as a provident association in the sense of the memorandum

It was left to the Interim Committee already appointed to issue invitations to provident associations to join the federation subject to a declaration of general conformity with the model scheme It was reported to the conference that the British Medical Association had agreed on the request of the Interim Committee to place at the disposal of that committee for the purpose of any expenses preliminary to the formation of the National Federation of Provident Associations a sum of up to £100 on condition that such sum would be refunded by the federation as funds were available A warm vote of thanks was accorded to the British Medical Association for its generous action on the motion of Mr T W Place of the Birmingham Hospitals Contributory Association, and was seconded by several representatives

PUBLIC HEALTH NOTES

Factory Legislation

There have been three distinct periods in the history of factory legislation In the first period which was roughly the first half of the last century, legislation was the result of concern about *industrial fatigue* A *Factories Inquiry* Commission disclosed excessively long hours of work and its recommendations were incorporated in the 1833 Factory Act which fixed twelve as the maximum number of working hours for persons under 18 and forbade the employment of children under 9 An improvement followed on the passing of the Ten Hours Act in 1847 in which the hours of labour of women and children in textile factories was limited to ten

In the second period, lasting from 1850 to 1870, the concern was mainly over the toll of life and danger to limb arising from accidents by machinery Legislation followed, and the enactments later consolidated in the Factory Act of 1878, by which time the beneficial results from the operation of hygienic principles in factory labour were realized From 1870 onwards attention was concentrated more on industrial diseases A number of Acts were passed containing provisions which were designed to control dangerous trades and to secure early knowledge of certain occupational diseases by placing on medical practitioners and on employers the obligation of notifying diseases

With a few amendments and extensions the Factory and Workshops Act of 1901, in which factory legislation was consolidated, has been the main factory code In this measure three places of work were mentioned factories, workshops, and workplaces In general the term "factories" included all places in which mechanical power was used in aid of the manufacturing process and also those places whether mechanical power was used or not, in which certain specific industries were carried on Workshops in general were those places, not being factories, in which manual labour was exercised by way of trade or for purposes of gain in making altering etc any article, and to or over which the employer of the persons working there had the right of access or control A workplace was not defined but has been construed as being any place where work is done permanently and where people assemble together to do work permanently of some kind or other

Places of employment are under the control of the Home Office, and since the appointment of the first factory inspectors in 1833 their supervision has been except to a limited degree, dissociated from the jurisdiction of the local sanitary authorities and their health officers The responsibility of the local sanitary authorities in the case of factories has been limited to ensuring the provision of satisfactory means of escape in the event of fire the provision of suitable and sufficient sanitary conveniences, and some special duties as regards bakehouses and domestic factories District councils had somewhat more extended duties in regard to workshops and workplaces—namely, to supervise their sanitary condition, to see that provision was made for means of escape from fire in the case of workshops to enforce special sanitary regulations for bakehouses and to control conditions of homework The main features regarding sanitation were the supervision of cleanliness the ensuring of sufficient air space and ventilation the securing of satisfactory drainage of floors and the provision of sufficient sanitary accommodation The objects of the provisions relating to home work were to ensure that such work should not be carried out in places injurious or dangerous to the health of the persons working there and to prevent the risk of spread of infection through articles being dealt with in premises in which any inmate was suffering from an infectious complaint

The general inspection and supervision of factories is undertaken by an official of the Home Office, the factory inspector Another official of this department is the certifying factory surgeon whose duties include those of examining, at the request of the employer, young persons under 16 as to fitness for employment in factories and workshops reporting on certain accidents and certain cases of poisoning examining persons employed in specified dangerous processes and making special inquiries, examinations and reports when required of the Secretary of State

The Factory Bills promoted in 1924 and 1926 failed to reach the Statute Book From the Bill now before the House of Commons it is hoped an Act will emerge which will simplify and consolidate the existing Acts Regulations and Orders A summary of the provisions of the Bill which

1936 the council of this body approved the establishment of a Fellowship of the British Association of Radiologists to meet the need for a higher radiological qualification Those who have framed the regulations for the Fellowship examination hold that radiologists should have a wide knowledge of clinical medicine of pathology and of certain aspects of general surgery if they are to make the fullest use of their specialty They have therefore appointed among their examiners a physician a surgeon and a pathologist The first examination for the Fellowship will be held on November 29 of this year The medical profession will we are sure welcome the step that has been taken to consolidate the educational equipment of the radiologist

THE WORK OF DR CRAMP

The fight against quackery that has been conducted for thirty years and more by the American Medical Association is well known in this country and its value is appreciated not only by the medical profession but by all who are interested in the combating of commercial fraud In particular many of our readers will be familiar with the two interesting and racy volumes entitled *Nostrums and Quackery* that appeared in 1911 and 1921 A third volume of the same quality entitled *Nostrums and Quackery and Pseudo Medicine* is noticed on another page but our pleasure in welcoming it is qualified by the regret with which we learn that the author Dr Arthur J Cramp has been compelled by ill health to relinquish further work on these lines All three volumes have been compiled by Dr Cramp who for thirty years has led this struggle against heartless fraud This is a fine record of courageous persistence in public service The persistence is all the more remarkable because the struggle is endless Disease and suffering beget credulity and wherever credulity exists knaves will be found ready for its exploitation It might be thought that an ordinary sense of human decency would act as a check on the exploitation of human misery but experience teaches otherwise and indeed in no other field of commerce do we encounter such impudent fraud as in the sale of quack medicines Whenever a fraud is exposed half a dozen new ones spring up to take its place but Dr Cramp has never been disheartened by the unending nature of the task to which he devoted his life In his introduction to the new volume he points out that the quack trades on human ignorance more than on human stupidity and that credulity can only be remedied by a spread of knowledge He expresses the hope that a Utopian period may arrive when it will be as legally dangerous to falsify in any medical advertising as it is under present law to make false or fraudulent statements on or in the trade package We are as far away from this moderate ideal in this country as our colleagues are in the United States but if any advance is made Dr Cramp will have the satisfaction of knowing that he has done more to prepare the way than any other man The quack nostrum trade is international in its activities, and the British medical profession owes a great debt to Dr Cramp for providing it with the information necessary for combating both home produced and imported frauds We can only state our thanks and express the hope that he will enjoy the leisure he has earned by his many years of strenuous combat

VOLKMANN'S CONTRACTURE

Ever since 1881 when Richard von Volkmann of Leipzig first described this condition there has been a good deal of speculation about its precise nature It has been regarded by some as an ischaemic myositis or an ischaemic muscular atrophy and more recently by Leriche as an arterial infarction with necrosis and venous stasis and exudation followed by a slow sclerosis resulting from the initial vascular lesion It is well known that Volkmann's contracture has a rapid onset most often results from injuries in the region of the elbow which are treated by flexion at this joint and follows treatment by too acute flexion or by tight splints bandages or casts which interfere with the circulation in the forearm Pain is usually intense and should be the signal for early diagnosis it cannot be insisted upon too forcibly that a fracture in the course of treatment should not be painful and that if pain is present its cause must be sought In all cases of fracture of the elbow a careful watch should be kept upon the digital circulation as any signs of its impairment call for investigation In addition to the removal of tight splints and bandages and the relief of flexion compression further decompression of the forearm vessels can be brought about by dividing and opening up the deep fascia (aponeurotomy) In a recent paper on the pathology of Volkmann's contracture MM L Tavernier J Dechaume and F Pouzet[1] give details of three cases in children aged 8 10, and 5 years From careful histological studies of pieces of forearm musculature taken during aponeurotomy they agree with Leriche that muscle infarction is the primary factor and that interstitial exudation with further vascular obstruction and anoxaemia are contributory ones The contracture is not the inevitable result of this process but comes about gradually as sclerosis occurs in the affected muscle fibres "La griffe n est pas une sequelle definitive mais un processus pathologique en constante evolution" This study not only throws more light upon the nature of Volkmann's syndrome but emphasizes the importance of early decompression

The one hundred and first annual general meeting of the Royal Medical Benevolent Fund will be held in the library of the Medical Society of London 11 Chandos Street Cavendish Square, W on Tuesday March 16 at 5 p m with the president Sir Thomas Barlow in the chair

A widely supported manifesto in favour of Sir Henry Brackenbury's candidature for the forthcoming Combined English Universities Parliamentary election will be found in this week's *Supplement* at page 127 Polling is from March 15 to 19

[1] *J Med Lyon* December 20 1936 p 815

was introduced in the House of Commons on January 30, and which is now being examined by a Standing Committee appeared in the *Journal* for February 13 (p 367) and a report of the second reading on February 27 (p 477) It is proposed that the Bill shall come into force on July 1, 1938 but with powers given to the Secretary of State to postpone to January 1 1940, the operation of any particular provision of Part II The debate on the second reading revealed a considerable measure of agreement between all parties The opposition was directed more to what was omitted than to what was included the chief criticisms being that the Bill avoided the larger issues demanding attention such as the necessity for a forty hour week limitation of working hours abolition or curtailment of overtime and provision of holidays with pay In reply to these criticisms it was pointed out that factory legislation had never been extended to include measures such as the extension of leisure beyond the minimum necessary for health and safety and that these further considerations were more the concern of the Minister of Labour A number of criticisms were passed on the proposal to class together women and young persons, it being contended that in no circumstances should young persons be permitted to work overtime and that the number of hours of work should be more restricted In spite of the criticisms levelled against the Bill it passed the second stage without a division

Notification of Ophthalmia Neonatorum

Under the Public Health (Ophthalmia Neonatorum) Regulations 1914 it was obligatory on a midwife to notify to the local medical officer of health any case in which she had reasonable grounds for supposing that a child upon whom she was in attendance was suffering from ophthalmia neonatorum unless notification had already been made by a medical practitioner This divided responsibility resulted in instances of complete failure to notify so by the Regulations of 1926 the duty was placed solely on the medical practitioner in charge of the case, though the midwife by the rules of the Central Midwives Board still had to notify the local supervising authority

The notification by the medical practitioner was required to be sent to the medical officer of health of the district within which the place of residence of the parent or other person having charge of the child was situate at the time The 1928 Regulations introduced an amendment whereby the practitioner was required to notify the case to the medical officer of health of the district within which he is attending such child ' instead of within which the place of residence of the parent or other person having charge of the child is situate Notification of cases occurring in hospitals in London however had to be sent to the medical officer of health of the district in which the mother of the patient was residing when the child was brought to the hospital By the 1926 Regulations it became obligatory on the medical officer of health of the local authority to forward a copy of every notification received by him to the medical officer of the administrative county within which the district is situate

With regard to treatment the circulars accompanying the regulations expressed the view that the appropriate authorities were those carrying out maternity and child welfare schemes In the case of those sanitary authorities responsible for the maternity and child welfare services in their areas there is no delay in taking the necessary steps following the receipt of notification of a case of ophthalmia neonatorum The position is different however in those districts in which the county council maintains the child welfare services since the county medical officer will not ordinarily receive intimation of the occurrence of a case until twenty four hours after the facts are known to the local medical officer of health To remedy this position the Public Health (Ophthalmia Neonatorum) Amendment Regulations 1937, have been framed and will come into operation on April 1 next from which date notification of cases of ophthalmia neonatorum must be sent by the practitioner to the medical officer of health of the local authority of the administrative area within which the medical practitioner is attending such child at *the date of notification*'—'*administrative area*' being defined as the area in respect of which the local authority is the responsible one for the purposes of the Notification

Public Health Appointments

The following changes have recently taken place in public health service medical staffs

Dr S F Allison medical officer of health for Lowestoft to be medical officer of health for Warrington

Dr Sarah Harris deputy medical officer of health for Keighley to be deputy medical officer of health and assistant school medical officer for Maidstone

Dr G Ramage assistant medical officer for Holland Lincolnshire to be *senior assistant medical officer of health* and clinical tuberculosis officer for Stockport

Dr G S Robertson deputy medical superintendent of Calderstones Certified Institution Whalley has been appointed medical superintendent of the institution in succession to Dr F A Gill who is retiring

Dr J M Thomas assistant medical officer of health for Barking to be deputy medical officer of health and school medical officer for the same authority

Dr J V Walker to be assistant medical officer of health and assistant school medical officer for Croydon

Dr J M Watt medical officer of health for Shipley to be medical officer of health for Rotherham

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The death is announced of Dr W D Wiggins medical superintendent of St Alfege's Hospital Greenwich

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INSURANCE MEDICAL SERVICE WEEK BY WEEK

Patient's Right to Change His Doctor

One of the most difficult problems that has arisen from time to time in the administration of medical benefit has been the question of how far the patient's free choice of doctor—which is inherent in the insurance scheme—should be restricted after he has made his first choice in the district in which he has come to reside It will be remembered that originally transfers could only be effected at the end of each year but the 1920 Regulations provided for transfer at half yearly intervals By the 1924 Regulations a drastic change was made and patients were given a right to change their doctor at any time This was done because it seemed to be the only effective way in which the principle of free choice of doctor could be adequately observed A few years experience however led to the present arrangement which was introduced in 1931 whereby the right to change at any time is conditional upon the consent of both doctors The normal method is however a transfer at the end of a quarter upon one month's notice being given This means that if for example the patient who is dissatisfied with his doctor has not given notice by the end of February of his desire to be transferred at the end of March he must remain on the doctor's list until the end of June

It may be assumed that as so many alternatives have been tried the present compromise is on the whole the

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE PHYSIOLOGY OF THE ENDOMETRIUM AND UTERINE MUSCLE, AND OF THE OVARIAN CYCLE

BY

J. M. ROBSON, M.D., D.Sc.

(Concluded from page 514)

The Genesis of Menstruation

The alterations in the secondary sex organs occurring during the various phases of the sex cycle are under the control of the hormones secreted by the ovaries. The changes in the ovary, as has already been explained in a previous article (*Journal* March 6, p. 512), are in their turn controlled by hormones produced in the anterior lobe of the pituitary gland, the pituitary hormones have, however, no direct effect on the uterus or on other secondary sex organs.

The general scheme of the alterations in the uterus—follicular phase–ovulation–luteal phase leading to menstruation—has already been described. This scheme is based on numerous investigations and observations on the state of the uterus and the ovaries in primates, including the human subject, at various stages of the menstrual cycle. There is also ample evidence that the two chief phases of the cycle—the follicular and the luteal phases—are controlled essentially by the two ovarian hormones oestradiol and progesterone. Indeed, the conditions of the uterus in the follicular and luteal stages have been reproduced on numerous occasions by hormone injections in ovariectomized women and in monkeys. Administration of large doses of oestrin will produce a proliferated endometrium similar to that present at the end of the follicular stage of the menstrual cycle. If such a period of oestrin injections is followed by the administration of suitable doses of progesterone then a secretory endometrium typical of the luteal phase of the menstrual cycle is produced.

Equivalent conditions of the uterine endometrium can also be obtained in the lower animals. The exhibition of oestrin brings about a state of the uterus similar to that seen at oestrus, and injection of progesterone after a period of oestrin administration causes a state of the uterus similar to that seen during the normal luteal stage of the sex cycle. Indeed, the typical endometrial condition thus produced in the rabbit (progestational proliferation) is used extensively for the standardization of preparations of the corpus luteum hormone, though synthetic preparations of the hormone are now becoming available, the dosage of which does not depend on animal standardization, as a definite weight can be given.

Oestrin Production and Menstruation

The interrelations of oestrin and progestin in their action on the uterus require some consideration. The typical effects of progesterone on the uterine endometrium and muscle are only seen when these structures have been previously under the influence of oestrin. This latter substance *therefore prepares the uterus for* the action of the luteal hormone. This is, of course, what occurs in the menstrual cycle, in which the luteal follows the follicular phase. Oestrin, however, is also produced during the luteal phase of the cycle, and acts then synergistically with progesterone in controlling the uterine changes. Indeed, examinations of the hormone content of the blood and urine during the various phases of the menstrual cycle suggest that oestrin production is at a maximum during the later stages of the cycle. Quite large quantities of the hormone are excreted in the urine of primates during both the follicular and the luteal stages, but the excretion of oestrin decreases during menstruation itself.

Peaks of oestrin excretion at ovulation and also later *in the cycle have been described. The hormone content* of the blood is low in the follicular phase but increases gradually and reaches a maximum a few days before the onset of menstruation. Too great a reliance cannot at present be placed on the quantitative data of oestrin production and excretion, as methods of extraction are by no means yet standardized, but the available data nevertheless demonstrate that oestrin may be found during all phases of the menstrual cycle, and suggest that the production is at least as great during the later part of the cycle as at any other time. Furthermore, they show that associated with the onset of menstruation there is a decrease in the oestrin production. Much experimental evidence also supports the view that the menstrual bleeding follows a withdrawal of oestrin. The administration of large doses of oestrin to ovariectomized primates including women is followed by uterine bleeding which occurs as a rule several days after the last injection of the hormone. Occasionally, however, bleeding may take place during the period of administration of oestrin, but it appears likely that this is due to an insufficient dosage of the hormone, and that when adequate amounts of oestrin are given there is no uterine bleeding during administration but only after it.

There has been much discussion about the relative importance of oestradiol and progesterone in the genesis of menstrual bleeding. It has been found experimentally that if an ovariectomized monkey is given oestrin the bleeding which usually follows cessation of the injections can be delayed by the administration of progesterone, and that uterine bleeding then occurs several days after the last injection of the luteal hormone. On the other hand, uterine bleeding during progesterone administration has been demonstrated in a monkey in which the oestrin level was decreased. This suggests that the fall in oestrin level is the essential factor in the genesis of uterine bleeding. In the normal ovular cycle this fall probably takes place about the same time as the luteal activity ceases and leads to bleeding from a secretory endometrium while in the anovular cycle no alteration in luteal activity is involved, and the uterine bleeding following a decrease in oestradiol production occurs from a proliferated endometrium.

During the whole of the menstrual cycle (and during pregnancy) a substance is excreted in the urine of women which has certain properties ascribed to the male hormone. Whether this substance plays a part in the control of *the uterine changes during the menstrual cycle* and during pregnancy is at present unknown.

most satisfactory, and that the change by consent of both doctors is usually sufficient to bring about a separation where the relations of the doctor and the patient have become somewhat strained. The doctor of course can give notice at any time to have a patient removed from his list after fourteen days (or upon the patient's earlier acceptance by another doctor). This right is subject to a condition that a patient who is at the time incapable of work could not ordinarily be removed until he was fit to resume work.

Although the general position may be regarded as perhaps the most satisfactory that can be arranged in a scheme affecting so vast a number of insured persons there is a provision which appeared in earlier Regulations whereby, after an investigation by the Medical Service Subcommittee, the Insurance Committee might make immediate arrangements for the transfer of the complainant to the list of another doctor, and also a wider power that the committee might decide "that they will on the application of any person included in the list of the practitioner made within six months after the date of their decision, make arrangements without further inquiry for the transfer of that person to the list of another practitioner and may inform the insured persons included in his list of their right to be so transferred." These provisions became unnecessary when the insured persons were given an unrestricted right to change their doctor at any time and were omitted from the Regulations. When restrictions on the right to change at any time were again introduced in 1931 the old medical service provision referred to above was not included in the Regulations.

A writer in the *Journal of the Clerks to Insurance Committees* has put forward for consideration the view that the old medical service provision should be reintroduced. In the course of his article he says:

> The clauses giving the committee power after an investigation by the Medical Service Subcommittee to allow the complainant to transfer immediately or to open a list have not been restored to the Regulations and it follows that at the present time the committee has no power even in a case where the doctor is admittedly negligent to expedite the transfer of the insured person concerned in the inquiry. Is it not desirable that the power which was given to Insurance Committees when there was a restriction on transfers and was only taken away presumably because that restriction was removed should be restored now that a restriction on transfers is again in force?
>
> It is submitted that the power to open a list may in some cases, be extremely useful. There may well be cases where the committee hesitates long before taking the extreme step of making representations to the Ministry that the continuance on the medical list of the practitioner would be prejudicial to the efficiency of the medical service of the insured as it is generally recognized that this is likely to have a most serious effect upon the practitioner's professional career. On the other hand it is not difficult to imagine circumstances in which it is desirable to allow insured persons if they wish to do so to select another doctor immediately. The General Medical Council itself recognizes the desirability of having some intermediate penalty which it can impose short of striking a doctor off the *Register* because at almost every meeting held for disciplinary purposes cases come up which obviously cannot be overlooked and in default of any kind of half way remedy the Council adjourns consideration for six months in order to give the doctor an opportunity of re-establishing his reputation. Of course the committee has the power of imposing a fine but this while it marks the committee's view that the doctor's conduct has been unsatisfactory does nothing to help the insured persons who are on his list and may wish to transfer immediately without the waiting period usually imposed.
>
> An even stronger case may be advanced for allowing an individual complainant to transfer immediately. Experience shows that a complaint is not usually made unless there has been a certain amount of friction and while in some cases the investigation by the subcommittee may act as a safety valve for heated feelings in other cases it is impossible altogether to relieve the tension. Even in a case where no blame attaches to the practitioner that confidence which is recognized as an essential feature if the relationship of doctor and patient is to be successful must sometimes be destroyed and no effort on the part of the subcommittee can restore the proper atmosphere. It surely cannot be desirable that the patient should be tied to a doctor in whom he has rightly or wrongly lost confidence for a period of anything up to four months.

As noted in this column recently, there has been a considerable falling off in the number of cases brought before Medical Service Subcommittees, and therefore it is not often that action would have to be taken if the earlier provisions referred to in the above article were reintroduced. The proposal made is at any rate one which merits careful examination.

Delay in Choosing a Doctor on Removal

A communication has been received by the Insurance Acts Committee of the B.M.A. from a South Coast medical practitioner (*a*) drawing attention to the great influx now taking place to the South-East of England from the North and Midlands of families which include insured persons, (*b*) pointing out that a large number of the insured persons concerned are not choosing a doctor in their new area and (*c*) inquiring whether any action can be taken by the Insurance Acts Committee with a view to bringing pressure to bear upon such insured persons to choose a new doctor expeditiously.

The question is only one aspect of a general question, which is really not capable of any exact settlement. A certain number of the insured population who perhaps move rather frequently are always inclined to delay choosing a doctor until they need his services. The present generation of insured persons however, is much better educated than their seniors in the matter of choosing a doctor as a routine procedure on entering insurance and also on removal. It is quite clear in any case, that an attempt to make any adjustment between areas or between the practitioners in an area would involve factors quite impossible of assessment. The present method results in a rough-and-ready measure of equity. Delay on the part of any insured person in getting on to a doctor's list is usually compensated by an equivalent delay after he removes from the area during which time his name remains on the doctor's list. The Insurance Acts Committee is of opinion with regard to the particular representation which has been made that no useful purpose would be served by action on its part.

Correspondence

PARKING OF DOCTORS' CARS

SIR,—In view of the Minister of Transport's recent announcement that he is considering the prevention of the parking of motor cars in public squares and streets certainly in London and possibly in the Provinces through the various local authorities I consider it is important to bring the matter up from the point of view of the medical man. What will be our rights in the matter?

There are many occasions on which one has to leave a car by or night for long periods sometimes for as long as two hours in a street outside a patient's house admittedly sometimes in busy thoroughfares. Is one going to be forced to put the car in a garage or in an official parking place perhaps a long way away, and have to waste an enormous amount of time in a busy day quite apart from the possible urgency of the particular call?

I feel most strongly that as a profession we should definitely and quickly get a ruling on this, and that we should claim

Sterility and Fertility During the Sex Cycle

The alterations in the ovaries and uterus during the menstrual cycle and during the corresponding phases of the sex cycle in the lower animals have now been described, and before going on to an examination of the changes which take place during pregnancy the question of the time in the menstrual cycle at which fertilization and conception can occur will be briefly discussed

Obviously there can be fertilization only after ovulation, and the period during which coitus may lead to conception is therefore determined by three factors (1) the actual time of ovulation during the menstrual cycle (2) the period of time after ovulation during which the ovum can be fertilized, and (3) the period of time during which spermatozoa remain capable of fertilizing the ovum after they are introduced into the female genital tract

Evidence derived from the study of the state of the ovaries and uterine endometrium during various phases of the sex cycle gives a satisfactory answer to the first question It appears probable that in primates, including women, ovulation occurs at about the middle of the menstrual cycle, though the experimental data for monkeys suggest that in exceptional cases it may take place rather earlier or later On the whole the available evidence is strongly in favour of the view that ovulation almost always occurs well within the middle third of the menstrual cycle

No answer based on direct evidence can be given to the second and third questions in so far as the human subject is concerned, but there is good evidence that the periods during which the ovum can be fertilized after ovulation and spermatozoa retain the power of fertilization after coitus are comparatively short in a large number of species investigated It would indeed appear that the ovum can no longer be fertilized even a few hours after its extrusion from the ripe follicle while the spermatozoa in the female genital tract retain their power of fertilization at most for a few days after coitus It seems most unlikely that the behaviour of the ova and spermatozoa in the human subject should be essentially different in this respect from those in the lower animals

The conclusion from these data is that coitus can only lead to conception when the former takes place within the middle third of the menstrual cycle Recent carefully controlled experimental work in monkeys and observations in women are in agreement with this conclusion On the other hand there is much previous evidence which suggests that conception can occur at all times during the menstrual cycle Only carefully controlled clinical work by observers fully cognizant of the physiological factors involved can lead to a definite conclusive answer to the question The general practitioner is in an especially favourable position to obtain such evidence

Changes in the Ovaries and Uterus During Pregnancy

If the ovulated ovum is fertilized and becomes implanted then the phase of activity of the corpus luteum is markedly prolonged and extends over an appreciable part of the ensuing gestation During the development of the implanted ovum an organ for the nutrition of the embryo is formed—the placenta—which then probably takes an important part in the production of hormones during pregnancy

The processes of follicular maturation and ovulation which take place at regular intervals in the non pregnant subject are inhibited during gestation Nevertheless cyclical waves of follicular growth occur, but the follicles do not become mature and do not ovulate, and hence no corpora lutea are formed The duration of activity of the corpora lutea of pregnancy varies in different species Thus in the rabbit they remain active throughout the whole of gestation and their removal is followed by abortion (or absorption of the uterine contents if they are removed early in pregnancy) In the mare the corpora lutea rapidly atrophy after the first third of gestation but their removal at any stage after implantation does not lead to abortion Similarly in the human subject the corpora lutea are probably not active in the later stages of pregnancy, and removal of the ovaries even early in gestation can be followed by a normal pregnancy and parturition It appears likely that in certain species the production of the luteal hormone progesterone is partly taken over by the placenta and that after removal of the ovaries and corpora lutea in these species the vicarious secretory activity of the placenta is sufficient to maintain a normal gestation

During pregnancy in primates the production of the follicular hormone oestradiol markedly increases and large quantities of oestrogenic substances derived from it (oestrone and oestriol) are excreted in the urine As in the second or secretory stage of the menstrual cycle the corpus luteum probably takes part in the production of the follicular hormone during pregnancy, thus secreting both progesterone and oestradiol After removal of the ovaries the production and excretion of oestrogenic substances is continued and it appears likely that the placenta is the source of this hormone too, the vicarious production of oestradiol by the placenta is again sufficient to maintain normal gestation in women in whom the ovaries have been removed It is of great interest that most of the oestradiol produced during pregnancy is rapidly converted into and excreted as inactive compounds (of glycuronic acid), and that only just before and at parturition does this hormone not become inactivated and is therefore excreted as active oestrone and oestriol

There is considerable increase in the size of the uterus during pregnancy necessary to accommodate the developing foetus To some extent this growth is brought about by the large quantities of ovarian hormones produced at that time but other factors, about which little is known, are probably also involved Local distension is certainly one of the factors responsible for the growth of the uterus for it has been shown that some hypertrophy will occur when the distension is brought about experimentally apart from pregnancy

The alterations in the uterine endometrium in the earliest stages of pregnancy are similar to those observed in the secretory stage of the menstrual cycle and are under similar hormonal control—that is progesterone and oestradiol secreted by the ovaries These two hormones are necessary for the formation of the placenta which follows implantation and indeed, a decidual reaction can be elicited experimentally when trauma is applied to the uterus of non pregnant animals subjected to the action of the two ovarian hormones

The alterations in the physiological activity of the uterine muscle during pregnancy have been especially studied in an attempt to elucidate the factors which maintain gestation and in late parturition Quantitative measurements of the reactivity of the muscle to the oxytocic hormone of the posterior pituitary lobe have been made in several species and it has been found that the muscle always attains its maximum reactivity at parturition, when very small doses of oxytocin will bring about its contraction This is true both for the organ *in situ*

special privileges while on professional work It is a matter that could be easily worked if we were entitled to wear some distinctive badge on our cars while on professional work, with covering clauses of heavy penalties for abuse of the use of the badge

I shall be pleased to hear what other practitioners feel on the matter—I am etc,

S F LOGAN DAHNE M A M B B Ch

Caversham, Reading March 5

*** The question of issuing a special badge for doctors motor cars was discussed by the Representative Body of the British Medical Association in 1935 The Representative Body then expressed itself against the institution of any such practice

MEDICAL ADMINISTRATION IN SCOTLAND

SIR—In your leading article of March 6 (p 506) reviewing Sir Arthur Newsholme's latest book you comment on the Report on Scottish Health Services saying that all but two of six (properly seven) medical persons on the committee were disposed to hand over the functions of Scottish Insurance Committees to the Scottish local health authorities

The section of the profession most vitally interested in national health insurance administration are the general practitioners None of these seven persons was a N H I practitioner The administrative and public health sides of the profession were disproportionately represented There is no reason to believe that N H I practitioners wish the service to be administered by the local health authorities There is evidence that they wish for an *ad hoc* authority as can be seen from para 817 (p 296) where the evidence submitted by the Scottish Committee of the B M A is discussed

A large part of the financial basis of the N H I service is provided by insured persons If the service is extended a still larger part will be provided by them It is essential that insured persons should have representation on the controlling bodies It is equally essential that doctors should be represented on the controlling bodies in order that they may have opportunities of conferring with representatives of the many interests which collaborate in the N H I service

Handing over the functions of the Insurance Committees to the local health authorities would in practice result in a further aggrandisement of the power of the local bureaucracy a further diminution of independence and a closer approach in a quiet Scottish way to the totalitarian State I hope and happily I believe that Scottish practitioners are aware of the danger—I am etc

Loanhead Midlothian March 7 W HAMILTON

THE BELFAST MEETING

ACCOMMODATION AND CRUISE ON S S "ALMANZORA"

To supplement the limited accommodation in an attractive manner arrangements have been made with the approval of the Council of the Association for provision of accommodation on board the s s *Almanzora* During the period of the meeting the liner will be moored in order that members may take a full part in all the social and scientific activities Moreover, the mooring berth will be adjacent to a tram service which will take members to the city centre in ten to fifteen minutes At the close of the meeting the liner will leave Belfast and proceeding via the Inner and Outer Hebrides and Scapa Flow will cruise in the Norwegian Fjords visiting Trondhjem Merok Hellesylt Oie and other places of interest The liner will return to Southampton on August 3 This cruise has been planned by Pickfords Travel Service in conjunction with the Royal Mail Lines and members of the Association who propose to attend the Belfast meeting and are interested in these arrangements are asked to make an early application to Messrs Pickfords at 205 and 206 High Holborn, W C 1, or at any of their branches

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Diary of Central Meetings

MARCH

12	Fri	Conference between Representatives of B M A and the Society of Medical Officers of Health 11 15 a m
		Journal Board 11 30 a m
		Public Health Committee 2 p m
16	Tues	Central Ethical Committee 2 p m
17	Wed	Medico Political Committee 11 a m
18	Thurs	Dominions Committee 2 15 p m
19	Fri	Journal Committee 2 p m
23	Tues	Health Services Committee 2 p m
		Naval and Military Committee 2 30 p m
24	Wed	Finance Committee 2 30 p m

APRIL

2	Fri	Journal Board 2 p m
7	Wed	Council 10 a m
15	Thurs	Radiologists Group Committee 2 30 p m
29	Thurs	Charities Committee

Sir Charles Hastings Clinical Prize

The Sir Charles Hastings Clinical Prize which consists of a certificate and a money award of fifty guineas is again open for competition in respect of 1935 The following are the regulations governing the award

1 The Prize is established by the Council of the British Medical Association for the promotion of accurate observation research and record in general practice It includes a money award of the value of fifty guineas

2 Any member of the Association who is engaged in general practice is eligible to compete for the Prize

3 The work submitted must include personal observations and experiences collected by the candidate in general practice and a high order of excellence will be required If no essay entered is of sufficient merit no award will be made It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject though reference to current literature should not therefore be omitted when it bears directly on their results their interpretation and their conclusions

4 Essays or whatever form the candidate desires his work to take must be sent to the *British Medical Association* House Tavistock Square London W C 1 not later than December 31 1937 The Prize will be awarded at the Annual General Meeting of the Association to be held in July 1938

5 No study or essay that has been published in the medical press or elsewhere will be considered eligible for the Prize and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work A prizewinner in any year is not eligible for a second award of the Prize

6 If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay the decision of the Council on any such point shall be final

7 Each essay must be typewritten or printed must be distinguished by a motto and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address

8 The writer of the essay to whom the Prize is awarded may on the initiative of the Science Committee be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association

9 Inquiries relative to the Prize should be addressed to the Medical Secretary

and for strips of muscle suspended in physiological solution, and clinical experience with the oxytocic hormone also leads to the same conclusion as regards the human uterus That the spontaneous rhythmic contractions of the uterine muscle gradually increase during pregnancy and attain their maximum at parturition can be concluded from clinical observation as well as from experimental data

The alterations in the physiological activity of the uterine muscle during pregnancy are controlled by the ovarian hormones, the conditions being somewhat similar to those already discussed for the luteal phase of the menstrual cycle To what extent progesterone plays a part in the control of the activity and reactivity of the muscle of the pregnant uterus in species other than the rabbit is rather doubtful, there exists little positive evidence on the question, and further experiments on primates are very desirable There is a good deal of evidence, however, that the follicular hormone plays an important part in bringing about the gradual increase in the spontaneous rhythmic activity and reactivity to oxytocin which appears during the course of pregnancy, and that the culminating process of parturition may be dependent on the action of this hormone—that is, oestradiol The sudden and marked increase in the elimination of active oestrogenic material about the time of parturition also suggests that oestradiol is a causative factor in the mechanism of parturition

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SURGERY OF THE THYROID GLAND

LECTURES BY SIR THOMAS DUNHILL*

LECTURE III

In his third and last Lettsomian Lecture before the Medical Society of London on March 1 SIR THOMAS DUNHILL dismissed the consideration of surgical technique by saying that it was best studied in the operating theatre Each surgeon varied in the details of his procedure He described and illustrated the operation table he favoured, drawing attention to the neck rest He added that his death rate had remained at about 2 6 per cent , it had never been below 2 5 or above 3 To his actual knowledge forty-one patients had died without operation after having made an appointment for consultation, or while awaiting admission, or during the first few days after admission Post-operative management should be easy but was often neglected The new tranquillity, the low pulse rate and regular rhythm, the increasing strength were sometimes liable to induce carelessness The regained health was worth guarding

Malignant Disease

Sir Thomas Dunhill said that he did not propose to cover the entire field of malignant disease of the thyroid gland, but only to make such observations as seemed to him of interest and importance Metastases might occur in malignancy of such a low grade that for a long time it might be regarded as innocent In no other organ did malignant change work slowly enough for its operation to be watched It had been seen how responsive was the thyroid epithelium to stimulation The morphological appearance of the epithelium might vary greatly in simple tumours To be of service to their patients they must recognize the very beginnings of malignancy, and for this they were dependent on histology If they who had the care of patients were to save the lives of some of them they must learn what changes were suspicious enough to justify their belief and line of action, show clinical evidence of such weight that it could not be ignored and re-examine the histological conclusions in the light of such knowledge

"Malignant adenoma" was not a perfect term but in the present state of knowledge it might be the most satisfactory It was intended to convey a malignant transformation, while the tumour yet maintained in some respects the morphological characters of an adenoma This type of carcinoma constituted a high percentage of the total number—the average in very large clinics was 85 to 90 per cent Benign adenomata differed from one another Some were composed of anastomosing columns of cells, in others differentiation had occurred and the tumour consisted of follicles When malignant transformation took place these ancestral characteristics were maintained to a considerable extent though ultimately the differentiation was lost and the cells grew in disorderly fashion, presenting the appearance conveniently called medullary, and many authors had given that name to a type of carcinoma

Often some degree of papilliferous activity occurred One could not say with certainty where normal tissue ended and tumour tissue began The incidence of papilliferous adenocarcinoma constituted about 24 per cent of his total but apparently this was not the case in some other countries One authority in Switzerland had mentioned its rarity there This type unlike malignant adenoma spread to neighbouring glands It was very slow in its evolution He mentioned four cases in which this change had been shown Of two he had lost trace, although he had kept in touch with both of them for over seven years One other had died in St Bartholomew's Hospital and in one the condition was causing extreme discomfort It was interesting that out of forty-five cases collected from literature including his own, the condition in twenty-five became obvious before the age of 30 and in fifteen before the age of 20 A third type was scirrhous which was infrequent it originated in the same manner as scirrhus in the breast

Illustrative Cases

Turning to illustrations of cases the lecturer mentioned one woman seen in 1930, in whom the histological examination showed at least three types of fibroid epithelium This case illustrated how the morphological types of epithelium might overlap He removed the tumour x-ray treatment was given at St Bartholomew's, and she was well for five years In 1935 the breathing became laboured on slight exertion and several quite severe haemorrhages occurred Examination showed a projection into the trachea, just below the larynx After she had been given an appropriate amount of x-ray treatment it flattened out

Speaking with regard to lymphadenoid goitre, Sir Thomas Dunhill said that when those who had as frequent opportunities as many of them had of seeing cases differed in their views he thought it meant that all cases did not run along parallel lines He quoted some cases which showed that lymphadenoid goitre could clear up and need not go on to myxoedema though it did so in certain instances He thought it could be taken that lymphocytic infiltration to a very high degree could occur whenever there was exhaustion of epithelial tissues Lymphadenoma might sometimes disappear, sometimes continue sometimes go on to myxoedema or fibrosis Rarely in these patients was any past history to be found No surgeon saw enough of them to generalize about them He had seen cases in which he had thought that focal

* Concluded from page 516

Scholarships and Grants in Aid of Scientific Research

Scholarships

The Council of the British Medical Association is prepared to receive applications for Research Scholarships as follows an Ernest Hart Memorial Scholarship, of the value of £200 per annum a Walter Dixon Scholarship of the value of £200 per annum, and three Research Scholarships each of the value of £150 per annum These Scholarships are given to candidates whom the Science Committee of the Association recommends is qualified to undertake research in any subject (including State medicine) relating to the causation, prevention, or treatment of disease Preference will be given other things being equal, to members of the medical profession Each Scholarship is tenable for one year commencing on October 1, 1937 A Scholar may be reappointed for not more than two additional terms A Scholar is not necessarily required to devote the whole of his or her time to the work of research, but may hold a junior appointment at a university, medical school, or hospital provided the duties of such appointment do not interfere with his or her work as a Scholar

Grants

The Council of the British Medical Association is also prepared to receive applications for Grants for the assistance of research into the causation treatment or prevention of disease Preference will be given, other things being equal to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine

Conditions of Award Applications

Applications for Scholarships and Grants must be made not later than Saturday May 8, 1937 on the prescribed form, a copy of which will be supplied on application to the Medical Secretary of the Association B M A House Tavistock Square, London W C 1 Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated

Branch and Division Meetings to be Held

ABERDEEN BRANCH CITY OF ABERDEEN DIVISION—At 29, King Street Aberdeen Thursday March 18 8 30 p m Professor J R Learmonth Certain Aspects of Urinary Infection

BIRMINGHAM BRANCH—At Medical Institute Birmingham, Thursday, March 18 9 p m B M A Lecture by Professor John Morley (Manchester) Cancer of the Stomach Preceded by supper at White Horse Hotel Congreve Street at 8 15 p m

KENT BRANCH EAST KENT DIVISION—At Royal Fountain Hotel Canterbury Friday March 19 8 45 p m Dr Constance Pondel Work of the County Public Health Laboratories

LANCASHIRE AND CHESHIRE BRANCH BURNLEY DIVISION—Thursday March 18 Film of B M A World Tour 1935 Commentator Dr J Crighton Brimwell (Manchester)

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION—Joint meeting with Preston Medico Ethical Society at Preston Royal Infirmary Tuesday March 16 8 30 p m Dr John I Wilkinson (Manchester) Toxic Anaemias

METROPOLITAN COUNTIES BRANCH CAMBERWELL DIVISION—At Maudsley Hospital Denmark Hill S E Tuesday, March 16 9 p m Dr I Tennant Functional Nervous Disorders

METROPOLITAN COUNTIES BRANCH FINCHLEY DIVISION—At Finchley Memorial Hospital Tuesday March 16 8 45 p m Address by Professor James Young

METROPOLITAN COUNTIES BRANCH GREENWICH AND DEPTFORD DIVISION—At Dreadnought Hospital Greenwich S E, Tuesday, March 16 9 p m Clinical evening

METROPOLITAN COUNTIES BRANCH STRATFORD DIVISION—At Cecil Hill Park Avenue, Ilford, Tuesday, March 16, 9 15 p m Dr I Jenner Hoskin Cardiac Emergencies

METROPOLITAN COUNTIES BRANCH WILLESDEN DIVISION—At Willesden General Hospital Harlesden Road, N W, Wednesday March 17 9 p m Dr S Levy Simpson The Menopause

NORTH OF ENGLAND BRANCH BISHOP AUCKLAND DIVISION—At King's Cafe Bishop Auckland Friday March 19 7 30 p m Annual dinner

NORTH OF ENGLAND BRANCH DURHAM DIVISION—At Durham County Hospital Tuesday March 16, 8 15 p m Miss A Lawrence Public Opinion and Medical Ethics At Lynchdale Abbey Hotel Thursday March 18 Dinner

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION—At Alnwick Infirmary Wednesday March 17 3 p m Mr T A Hindmarsh (Newcastle upon Tyne) Surgery of Toxic Goitre

SOUTH WALES AND MONMOUTHSHIRE BRANCH NORTH GLAMORGAN AND BRECKNOCK DIVISION—At Pontypridd, Tuesday, March 16 B M A Lecture by Dr William Evans

SOUTH WESTERN BRANCH PLYMOUTH DIVISION—At Central Police Station Wednesday March 17, 8 30 p m Demonstration of Scientific Methods of Crime Detection by Superintendent W J Hutchings Preceded by supper at 7 30 p m

SOUTHERN BRANCH ISLE OF WIGHT DIVISION—At Isle of Wight County Hospital Ryde Friday, March 19 3 p m Annual meeting Election of officers, etc 3 30 p m, Clinical meeting

STAFFORDSHIRE BRANCH WALSALL AND LICHFIELD DIVISION—At Stork Hotel, Friday March 19 8 15 p m Mr Alfred Danby A Practical Talk on Some Matters of Obstetrical and Gynaecological Interest

YORKSHIRE BRANCH WAKEFIELD PONTEFRACT AND CASTLEFORD DIVISION—At Strafford Arms Hotel Wakefield Thursday March 18 B M A Lecture by Dr H Letheby Tidy Certain Diseases of the Stomach Preceded by dinner at 7 45 p m

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses ophthalmology at Royal Eye Hospital April 5 to 17 plastic surgery, April 14 and 15 neurology, especially intended for general practitioners at West End Hospital for Nervous Diseases April 19 to 24 heart and lung diseases at Victoria Park Hospital April 10 and 11 fevers at Park Hospital April 17 and 18 infants diseases at Infants Hospital April 24 and 25 On April 3 there will be a special M R C P demonstration on pulmonary tuberculosis at Preston Hall and on April 6 at 8 30 p m there will be a special demonstration on the fundus oculi also intended for M R C P candidates

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W—*Daily* 10 a m to 4 p m, Medical Clinics, Surgical Clinics and Operations Obstetrical and Gynæcological Clinics and Operations *Wed* 12 noon Clinical and Pathological Conference (Medical) 2 p m Dr J Vaughan The Blood Picture in Bone Diseases 3 15 p m, Clinical and Pathological Conference (Surgical) 4 30 p m Dr Honor Fell Tissue Culture *Thurs* 12 noon Clinical and Pathological Conference (Obstetrics and Gynæcology) 2 30 p m, Dr Duncan White, Radiological Demonstration 3 30 p m, Mr A K Henry Demonstrations on the Cadaver of Surgical Exposures 3 30 p m Dr P M F Bishop Hormone Therapy in Gynæcology *Fri* 2 p m, Operative Obstetrics 2 30 p m Prof I W Hey Groves, Fractures, 3 p m Department of Gynæcology Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W—*Royal National Orthopædic Hospital* 234 Great Portland Street W All day Course in Orthopædics *West End Hospital for Nervous Diseases* Welbeck Street W Afternoon Course in Neurology for M R C P candidates *Royal Chest Hospital* City Road E C Mon Wed and Fri 8 p m Course in Chest Diseases (M R C P) *Brompton Hospital* S W Twice weekly, 5 p m, M R C P Course in Chest Diseases *All Saints Hospital* Austral Street S E Sat and Sun Course in Urology

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C—*Fri* 4 p m, Mr W G Scott Brown Deaf Mutism

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL—*Wed* 4 p m Mr D H Patey, Present Position of Surgery of the Thyroid Gland

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C—*Thurs* 2 p m Clinical Lecture, Mr Eric I Lloyd Technique in Operations on the Knee joint 3 p m, Clinico Pathological Lecture Dr Alan Moncrieff, Some Special Diets Out patient Clinics mornings, 10 a m to 12 noon Ward visits afternoons 2 p m to 3 30 p m

INSTITUTE OF MEDICAL PSYCHOLOGY, Malet Place W C—*Mon* 5 45 p m Dr Emanuel Miller [illegible] tive Thoughts Cults Rituals p m Prof C Spearman F R S New bility *Wed* 6 p m, Dr Alice M H and Principles of Training 7 p m Discussion

NATIONAL HOSPITAL Queen Square, W C—*Mon* to *Fri* 2 p m Out patient Clinics *Mon* 3 30 p m, Dr S A Kinnier Wilson, Congenital and Heredo familial Diseases *Tues* 3 30 p m Dr F Granger Stewart Epilepsy *Wed* 3 30 p m Dr Kinnier Wilson, Clinical Demonstration *Thurs* 3 30 p m Mr T P Cawthorne Intracranial Complications of Disease of the Cranial Air Sinuses *Fri* 3 30 p m Dr J Purdon Martin Toxic Diseases of the Brain and Spinal Cord

NATIONAL HOSPITAL FOR DISEASES OF THE HEART Westmoreland Street, W—*Tues* 5 30 p m, Dr D Evan Bedford Left Ventricular Failure

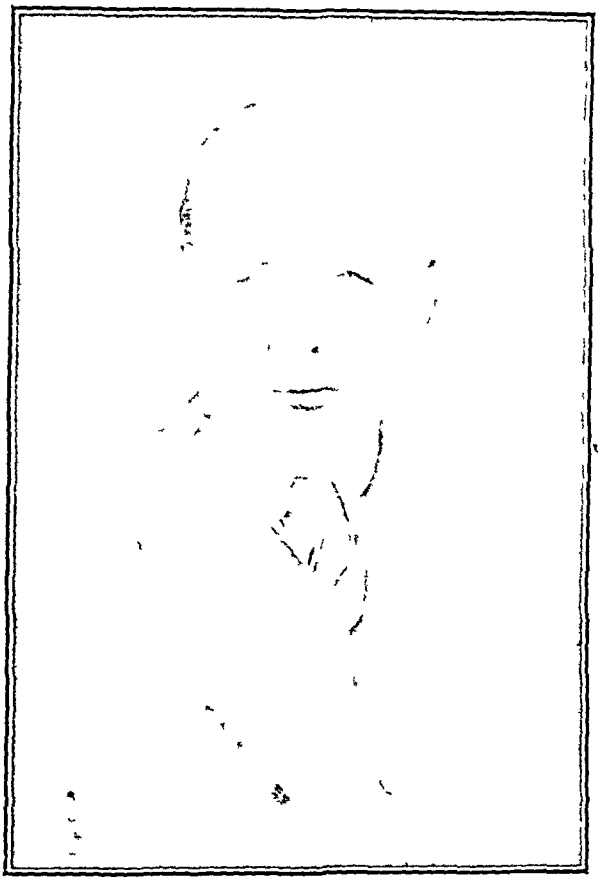
ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Rawleigh Road, S W—*Fri* 4 30 p m Mr A G Timbrell Fisher, Orthopædic and Surgical Treatment in Rheumatic Diseases

Obituary

SIR JOHN BLAND SUTTON, BT LL D

Past President Royal College of Surgeons of England
Consulting Surgeon Middlesex Hospital

We announced last week with much regret the death on December 20th in his eighty second year of Sir John Bland Sutton the eminent surgeon and naturalist whose active working life was spent in large part at the Middlesex Hospital to which he presented the Pathological Institute that bears his name There was a time early in his career when it seemed doubtful whether Bland Sutton would stick to pure science and the study of comparative pathology or become one of the leading surgeons of his time He decided fortunately for his many patients and the art of surgery, in favour of the latter course but he never ceased to be interested in zoology and comparative anatomy and pathology and his occasional papers on those subjects to the columns of the *British Medical Journal* were always welcomed by our readers



John Bland Sutton was one of the nine children of Charles William Sutton who married a daughter of Joseph Wadsworth of Northamptonshire farming stock He was born on April 21st, 1855 at Enfield Highway, Middlesex His father was what is commonly called in villages a naturalist a man interested in all forms of animal life and skilled in taxidermy Living in a country district John had every opportunity of gratifying that love for animals and plants which lasted all his life He used to say that watching his father stuff birds gave him his first introduction to anatomy and physiology Not being of robust constitution he spent a good deal of time in reading During the last two years at school he acted as pupil teacher in training for a schoolmaster's life but his innate interest in natural history in all its forms and his study of Huxley's Darwin's Owen's and Tyndall's writings decided him to take up medicine and become a surgeon It was at an unusually late age that he made this decision and he only took the preliminary arts examination for the College of Surgeons diploma in 1878 Once off he lost no time passed the L S A and M R C S examinations in 1882 and gained the Fellowship six years later He studied anatomy in Cooke's School and soon showing his unusual talent for dissection was offered a post as demonstrator He did not accept this, but joined the Middlesex Hospital School of Medicine in 1878, where he was immediately made a prosector by Henry Morris and went up for his examination in anatomy at the College with his own pupils He won a gold medal and scholarships at the school While demonstrator of anatomy he began to interest himself in its comparative aspects and prepared many specimens for the museum He visited Paris and Vienna and had the idea of practising ophthalmic surgery, but while at Vienna the senior demonstratorship of anatomy in his school was offered him, and this on the advice of friends he accepted in 1881 In the same year he became attached to the prosectorium of the Zoological Society of London and thenceforward took a keen practical interest in comparative morphology and pathology and in the welfare of all the inhabitants of the Zoological Gardens

In 1886 there was trouble at the Middlesex Hospital because all the surgeons went away on holiday in August and September and to meet it an assistant surgeoncy was created on condition that the holder stayed on duty in these months Sutton was appointed and thereupon made a practice of getting away in November He travelled very widely and from 1880 onwards made half a hundred voyages to all parts from Ireland to South Africa and the sources of the Nile and east and west over the Old and New Worlds In 1886 antiseptic surgery had gained ground in London, but the carbolic spray was regarded with disfavour Lawson Tait and other abdominal surgeons did not adopt such antiseptic methods the carbolic acid being an irritant and harmful to the peritoneum They used boiled water or aseptic methods and Sutton followed He soon got into trouble with his colleagues for his zeal for abdominal surgery especially for pelvic operations on women His observations on the reproductive organs of mammals led to a paper on cysts of the ovaries in animals which attracted the attention of Alban Doran and Lawson Tait In 1892 he received the Jacksonian Prize of the Royal College of Surgeons for a dissertation on diseases of the ovaries and uterine appendages In 1896 the Chelsea Hospital for Women was under a cloud and after inquiry and energetic action to reform its methods Sutton was appointed assistant surgeon and full surgeon six months later This gave him more scope for his abdominal operations and he disarmed public opinion by opening his theatre to professional men and women and by publishing his results widely in the journals A characteristic comment on this rather stormy period of his life is

"No great change has ever been wrought in Religion, Medicine, or Science without serious opposition Surgeons in this respect are no better than the silversmiths of Ephesus I may have won some credit for helping to put this class of surgery on a sound footing after dragging it out of obloquy which at one time threatened to overwhelm it"

He adopted the name of Bland-Sutton by deed poll in 1899 because a medical practitioner of the same surname and initials had opened a shilling dispensary close to his home, and some people thought that this was his own venture He took no notice of this confusion of names until he was rung up at night for cheap midwifery

Bland-Sutton was very popular as a lecturer to students and graduates, never lecturing for more than three quarters of an hour As a public speaker at medical dinners and elsewhere he was much in demand, his oratory being spiced with humour and homely turns of phrase, with apt illustrations and unexpected similes For the more formal occasions he took Sir James Paget as a model, committing the text of his address to memory beforehand In 1905 he was elected full surgeon to the Middlesex Hospital, retiring in 1920 From 1910 to 1927 he served on the Council of the Royal College of Surgeons of England He had been Erasmus Wilson Lecturer at the College in 1885–7, Bradshaw Lecturer in 1917, Hunterian Orator in 1921, and in 1923 was elected President, this office he held for three years, and during its tenure was created a baronet, having been knighted in 1912 He was chosen as first President of the Association of Surgeons of Great Britain and Ireland on its foundation in 1919, and as a tribute to his work for the science and art of surgery his portrait in colour, reproduced from the picture by John Collier at Lincoln's Inn Fields, was published in the *British Journal of Surgery* to commemorate his seventy-fifth birthday

In *The Story of a Surgeon* (1930) he gave an account of his own beginnings, aspirations, climbings, and successes —a very diffuse very readable story by a man who always knew what he wanted and how to get it Several of his best addresses were published as *Selected Lectures and Essays* (1920) In the preface to this book he says

"I taught almost daily in the Middlesex Hospital Medical School from 1880 to 1920 Now like a reaper binding his sheaves I venture to collect a few lectures and essays and present them to the old students They may serve as reminders of the hours we spent together studying the dead with the hope of aiding the living'

The first thirteen chapters of this collection represent a fourth edition with rearrangements and additional matter of his little book on *Ligaments*, which first appeared in 1887 A score or more different subjects are dealt with, some of general interest from the Bible and the Apocrypha, as well as others of pathological and surgical interest These essays and lectures display a wide knowledge of general literature and a power of apt quotation, and are most interestingly illustrated with over a hundred figures Of much the same flavour is *Orations and Addresses* (1924), a book very characteristic of the man, revealing his varied knowledge in the spheres of human and comparative anatomy, morphology, and pathology He tells us that while waiting for practice, like John Hunter he taught human anatomy for capital and comparative anatomy for interest The chief paper so reproduced is the Hunterian Oration Here is brought to light the remarkable similarity of scientific inquiry which possessed the two men, for probably no other surgeon since Hunter's time had so extensive a range of curious interests in the animal creation generally or in the collection of freaks Bland-Sutton's intense love of animals made him a frequent visitor to the Zoological Society's Gardens, and for many years he was a general honorary consultant on diseases of the birds, beasts and reptiles there There was scarcely a paper or address by him on human anatomy or ailments but he managed to work in something apropos and interesting about the lower forms of animal life In 1917 he was appointed a War Office representative with the rank of lieutenant-colonel for collecting pathological specimens illustrating gunshot injuries, which were finally entrusted to the Royal College of Surgeons The collection was described in the *British Journal of Surgery* (1919) in a most interesting paper The excellent preparations, with careful clinical histories, were a very valuable accession to the Hunterian Museum

Of his other writings must be mentioned *The Diseases of Women*, a handbook for students and practitioners, first published in 1897 in collaboration with the late Arthur Giles, and *Tumours, Innocent and Malignant* (1893) Eight years were occupied in collecting material for this latter work, the underlying idea of which was to classify tumours on an embryological basis and to illustrate them by comparative pathology It was his most successful book, and reached a seventh edition in 1922 Princess Marie Louise, when furnishing the Dolls' House for Queen Mary, asked him to write a book on *The Principles of Doll Surgery* (1922) for the library His versatility was quite equal to the task It is written in the style of a work on operative surgery, and contains 74 pages 1¼ by 1 inch in size Each page contains an average of fourteen letters engrossed in antique script, with the initial of each chapter illuminated as in an old missal

Sir John Bland-Sutton was President of the Medical Society of London in 1914, of the Royal Society of Medicine in 1921–2, and of the International Cancer Conference held in London in 1928 He joined the British Medical Association in 1884, was honorary secretary of the Section of Surgery at the London Meeting of 1895, and vice-president of the same Section when the Association met again in London in 1910 He received the honorary degree of LL D from the Universities of Aberdeen, St. Andrews, Birmingham Glasgow, and Leeds, the D Sc from Toronto, the M Ch from Trinity, Dublin, and the M D from Bordeaux In 1905 he constructed at the back of his house (now demolished) in Brook Street, W., a complete replica, reduced by one-third, of the Apadana, or hall of honour, built by Darius I for his palace at Susa In this wonderful dining court with its columns and enamelled bricks, Sir John and Lady Bland-Sutton dispensed a generous hospitality

SIR ALFRED WEBB-JOHNSON writes

With the passing of a man of such remarkable personality as John Bland-Sutton it is fitting that a word should be written of those sides of his life and character which may not find place in a more formal appreciation

Bland-Sutton was privileged to live to his eighty-second year When he first realized that his time of active operative work was finished he was inclined to regard it as no privilege to live on, but as he got used to the idea of having laid aside his working tools he began to appreciate that he had been vouchsafed a great blessing He had the happiness of seeing those works to which he had set his hand established on a firm basis and bearing rich fruit He had the special joy of seeing his hospital recognized as one of the greatest hospitals and medical schools and research institutes in the kingdom He saw the Royal College of Surgeons going from strength to

SOUTH WEST LONDON POST GRADUATE ASSOCIATION St James Hospital Ouseley Road S W—*Wed* 4 p m Dr H Haldin Davis Common Skin Ailments

UNIVERSITY COLLEGE Gower Street W C—*Wed* 5 30 p m Dr V Friedenreich (Copenhagen) Blood Groups and Genetic

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W—*Daily* 2 p m Operations Medical and Surgical Clinics *Mon* 10 a m Dr Post Demonstration of X Ray Films Skin Clinic 11 a m Surgical Wards 2 p m Surgical and Gynaecological Wards Eye and Gynaecological Clinics *Tues* 10 a m Medical Wards 11 a m Surgical Ward 2 p m Throat Clinic 4 15 p m Dr Konstam Hypertension *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Eye Clinic Gynaecological Operations 4 15 p m Dr Redvers Ironsides Neoplasms of the Posterior Intracranial Fossa *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p m Eye and [illegible] s *Fri* 10 a m Medical Wards Skin [illegible] on Treatment 2 p m Throat Clinic [illegible]staxoid Infection *Sat* Children's and S Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

GLASGOW POST GRADUATE MEDICAL ASSOCIATION—At Western Infirmary *Wed* 4 15 p m Prof A J Ballantyne Treatment of Cataract and the Cataract Patient

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS—At Leeds General Infirmary *Tues* 3 30 p m Mr J Foster Diagnostic and Prognostic Significance of Retinal Changes in Renal and Vascular Disease

MANCHESTER ANCOATS HOSPITAL—*Thur* 4 15 p m Dr A Renshaw Twenty five Years Work as a Pathologist

MANCHESTER ROYAL INFIRMARY—*Tues* 4 15 p m Dr J Wharton Demonstration of Ophthalmic Cases *Fri* 4 15 p m Mr A Graham Bryce Demonstration of Surgical Cases

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON Pall Mall East S W—*Tues* and *Thurs* 5 p m Oliver Sharpey Lectures by Dr H Gardiner Hill Growth and Development their Pathological Aspects

ROYAL COLLEGE OF SURGEONS OF ENGLAND Lincoln's Inn Fields W C—Museum Demonstrations *Mon* 5 p m Dr C Keith Simpson The Pathology of the Adrenal Gland in Relation to Sudden Death *Fri* 5 p m Mr A J E Cave Anatomy of the Trigeminal Nerve

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ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows—Tues 5 30 p m Ballot for election to the Fellowship

Section of Pathology—Tues 8 30 p m Annual General Meeting Election of Officers and Council for 1937–8 Communications and Demonstrations

Section of Dermatology—Thurs 5 p m (Cases at 4 p m)

Section of Neurology—Thurs 8 30 p m Discussion Neurological Sequelae of Spinal Anaesthesia Speakers Dr J K Hosler Prof A D Macdonald Dr Macdonald Critchley Dr F R Ferguson Dr W Russell Brain

Sections of Physical Medicine and Obstetrics and Gynaecology—Fri 5 p m Special Discussion Physical Treatment of Pelvic Disorders (excluding Electrotherapy) Openers Dr M Keyes Dr Leonard Boyes Dr D Dougal and Dr J D Barris

Section of Odontology—Fri Visit of Odontological Section of Birmingham Medical Institute At Langham Hotel W 7 p m Dinner 8 30 p m Prof H F Humphreys Three Cases of Osteomyelitis of the Jaw Dr E W Fish Significance of Oral Infection its Accessibility and Treatment Dr J Wallace Graham Toxicity of Sterile Filtrate from Parodontal Pockets Sat 10 15 a m Clinical meeting at Royal Society of Medicine Cases will be shown 12 45 p m Luncheon at University of London new building

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BRITISH INSTITUTE OF RADIOLOGY 32 Welbeck Street W—*Thurs* 8 p m Prof S Russ and Miss G M Scott Some Biological Effects of Continuous Gamma Irradiation with Note on Protection

CHELSEA CLINICAL SOCIETY—The meeting arranged for Tuesday (March 16) has been cancelled owing to the illness of Prof Georges Portmann

HUNTERIAN SOCIETY—At Simpson's Restaurant Cheapside E C *Mon* 7 15 p m Discussion Gastro Enteritis in Children To be opened by Dr A G Maitland Jones and Dr L Mandel

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY—At Royal Northern Hospital Holloway N *Wed* 9 15 p m Judge Earengey K C The Doctor in the Witness Box

ROYAL INSTITUTION 21 Albemarle Street W—*Tues* 5 15 p m Dr Edward Mellanby F R S Digestion and Indigestion

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE—At Royal Army Medical College Grosvenor Road Millbank S W *Thurs* 8 15 p m Laboratory Meeting

SOCIETY OF MEDICAL OFFICERS OF HEALTH 1 Thornhaugh Street Russell Square W C—*Fri* 5 p m Discussion Physical Education To be opened by Dr Henry Herd and Captain S J Parker

VACANCIES

ACCRINGTON VICTORIA HOSPITAL—H S Salary £150 p a

ACTON HOSPITAL W—C O (male unmarried) Salary £150 p a

ALBERT DOCK HOSPITAL Connaught Road, E—R M O (male) Salary £110 p a

AYLESBURY ROYAL BUCKINGHAMSHIRE HOSPITAL—Senior R M O (male) Salary £150 p a

BANSLEY BLICKEITT HOSPITAL AND DISPENSARY—J H S (male) Salary £200 p a

BARNSTAPLE NORTH DEVON INFIRMARY—R M O Salary £150 p a

BARROW IN FURNESS COUNTY BOROUGH—Assistant M O H and Assistant School M O (male) Salary £500 £25 £700 p a

BARROW IN FURNESS NORTH LONSDALE HOSPITAL—R C O (male) Salary £150 p a

BASINGSTOKE PARK PREWETT MENTAL HOSPITAL—(1) Second A M O (married) (2) J A M O Males Salaries £600 £25 £700 p a and £350 £25 £450 p a respectively

BATH ROYAL UNITED HOSPITAL—H S (male unmarried) for E N and Throat Department Salary £150 p a

BECKENHAM BETHLEM HOSPITAL—Two R H P (males unmarried) Honoraria £150 £200 p a each

BIRMINGHAM CITY—R A M O (male unmarried) for Monyhull Colony Salary £350 £25 £450 p a

BLACKHILL RICHARD MURRAY HOSPITAL—H S (male) Salary £100 p a

BLACKPOOL VICTORIA HOSPITAL—H P (male) Salary £100 p a

BOLTON ROYAL INFIRMARY—Assistant R S O (male) Salary £100 p a

BOOTLE COUNTY BOROUGH—Assistant M O H and Assistant School M O (male) Salary £500 £25 £700 p a

BOSTON GENERAL HOSPITAL—R M O (male) Salary £150 p a

BRADFORD CITY—(1) H P s and (2) H S s for St Luke's Municipal General Hospital Salaries £150 p a each

BRADFORD ROYAL EYE AND EAR HOSPITAL—H S (male) Salary £160

BRADFORD ROYAL INFIRMARY—(1) Two H P (2) Three H S (3) Casualty H S Males unmarried Salaries £150 p a each

BRIGHTON ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN—(1) Hon Anaesthetist (2) Two Hon Assistant Anaesthetists

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W—Resident Anaesthetist Salary £150 p a

BURNLEY VICTORIA HOSPITAL—(1) H S (2) H P Males Salaries £150 p a each

BURTON-ON-TRENT GENERAL INFIRMARY—H S (male) Salary £150 p a

BURY INFIRMARY—Second H S (male) Salary £175 p a

BUXTON DEVONSHIRE ROYAL HOSPITAL—H P (male) Salary £150 £175

CANTERBURY KENT AND CANTERBURY HOSPITAL—H S (male unmarried) Salary £125 p a

CARDIFF ROYAL INFIRMARY—(1) Ear Nose and Throat H S (2) Ophthalmic H S Salaries £100 p a each

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C—First Assistant to the Out patient Department

CHELTENHAM GENERAL AND EYE HOSPITALS—H S (male) Salary £150 p a

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS Victoria Park E—H P (male) Salary £100 p a

DARLINGTON COUNTY BOROUGH—Assistant M O H Salary £550 £25 £700 p a

DERBY DERBYSHIRE EDUCATION COMMITTEE—Assistant School M O Salary £500 £25 £700 p a

DONCASTER ROYAL INFIRMARY AND DISPENSARY—Resident Anaesthetist (male) Salary £175 p a

DOVER ROYAL VICTORIA HOSPITAL—R M O (male unmarried) Salary £180 p a

DREADNOUGHT HOSPITAL Greenwich S E—(1) H S (2) H P Males unmarried Salaries £110 p a each

DUDLEY COUNTY BOROUGH—(1) Supervisor of Midwives Health Visitors and School Nurses (2) School Nurse Salaries £260 £10 £300 p a and £200 £6 10s £226 p a respectively

ESSEX COUNTY COUNCIL—Assistant County M O H Salary £500 £25 £700 p a

ESSEX COUNTY COUNCIL AND THURROCK URBAN DISTRICT COUNCIL—Assistant County M O and Assistant M O H for Thurrock Urban District Salary £500 £25 £700 p a

EXETER ROYAL DEVON AND EXETER HOSPITAL—H S (male) to the Ear Nose and Throat Department Salary £150 p a

EVELINA HOSPITAL FOR SICK CHILDREN Southwark S E—(1) H S (male) Salary £120 p a (2) Ophthalmic S Honorarium £52 10s

FRODSHAM LIVERPOOL SANATORIUM—Senior Assistant (male unmarried) to the Medical Superintendent Salary £325 p a

GLOUCESTER GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION—H S (male) Salary £150 p a

HALIFAX COUNTY BOROUGH—Medical Superintendent (male) to Halifax General Hospital Salary £800 £50–£950 p a

HALIFAX ROYAL HALIFAX INFIRMARY—Second H S (male unmarried) Salary £175 p a

HARLOW WOOD ORTHOPAEDIC HOSPITAL—H S (male) Salary £100 p a

HARROGATE ROYAL BATH HOSPITAL—R M O (male) Salary £15[illegible] p a

HARTLEPOOL HARTLEPOOLS HOSPITAL—J H S (male) Salary £150 p a

temporary plating of a compound fracture in order to save the limb If metal must be used the stainless variety of steel was certainly the best

Mr BROOMHEAD, in replying on the discussion mentioned that people who were particularly tall tended to be much longer in uniting than did people of average stature, also in multiple fractures the tendency was for union to be rather delayed as though there were some substance in the body which had to do with bony union and which expended itself in producing a tall person and was inadequate to cope with the multiple fractures so often seen nowadays As to the supposed increase in the number of non unions, it must be remembered that the total number of fractures was greater, and naturally the number of non uniting cases also increased, but he did not think the proportion was greater

SIGMOIDOSCOPY IN TROPICAL PRACTICE

At a meeting of the Royal Society of Tropical Medicine and Hygiene on February 18, with the president, Sir ARTHUR BAGSHAWE in the chair, papers on sigmoidoscopy in tropical practice were read by Dr P MANSON BAHR and Lieut Colonel A G BIGGAM

Dr MANSON BAHR said that a knowledge of sigmoidoscopy as a means of differentiating the various forms of dysentery from each other, as well as from other diseases of the large intestine, was invaluable to the tropical physician In the Tropics sigmoidoscopy had hardly received the attention it deserved especially in the diagnosis of the various stages of amoebic dysentery For the true appreciation of the minor changes in the mucous membrane as viewed with a magnifying eyepiece, a knowledge of the normal appearance of the mucous membrane of the rectum and sigmoid was essential After describing the valves of Houston and Nelaton and the recto sigmoidal sphincter, he drew attention to the openings of the racemose mucoid glands situated immediately above the internal sphincter not to be confused with the small depressions or pits so often seen as the result of chronic amoebic ulceration

The account of amoebic dysentery lesions as seen by sigmoidoscopy had been compiled from a study of 183 cases of proven amoebiasis in which either the active forms of *Entamoeba histolytica* or its cysts had been recognized in the faeces The acute stage or a surface infection with the amoebae producing a superficial excoriation as seen in the artificially produced disease in cats was seldom observed in man He had seen three cases in which there was a contused or bleeding granular surface resembling that of ulcerative colitis, in these it was easy to demonstrate the organisms in large numbers in scrapings obtained by a Volkmann spoon from the diseased surface In one instance the amoebae had been found in the blood and mucus stool passed before examination In amoebic dysentery the earliest lesions observed were small yellow elevations or papules which represented undeveloped ulcers, later these appeared as small red depressions with haemorrhagic margins The mucous membrane in between the individual ulcers was folded or ridged, and it was of a pale yellowish pink colour Usually small petechial haemorrhages were seen dotting the surface Occasionally large solitary ulcers up to 1 cm in diameter were discovered, and might be so indurated as to simulate a malignant ulcer, but amoebae could be found in scrapings from the ulcerated surface Attention was also drawn to amoebic granuloma, or the hyperplastic form of lesion, which closely resembled carcinoma and had been well described by American observers In chronic amoebic dysentery, when *E histolytica* cysts were present in the faeces, the lesions in the rectum were not so easy to detect The ulcers were often represented by minute depressions or "pits," giving a "pock marked" appearance and could only be detected with a magnifying eyepiece These pittings really represented the scars left by the ulcers in the more acute stage and their development could be traced by observing the healing of ulcers under specific treatment with emetine The response to emetine and emetine bismuth-iodide was remarkable, the ulcers granulated with extraordinary rapidity, and all traces might disappear within ten days from the initiation of specific treatment The sigmoidoscopic appearances of chronic bacillary dysentery were as a rule, difficult to distinguish from those of certain stages of ulcerative colitis The inflammatory process permeated all the layers of the bowel wall The chief features were the partial stenosis and the spongy and easily traumatized mucous membrane These cases were more frequently met with as the result of infections contracted in the great war and were now more rare The serum agglutination test afforded a further diagnostic measure In doubtful cases of sprue sigmoidoscopy was also of value In the acute stage the mucous membrane was of a rose red colour, and the typical light coloured faeces could be seen in the upper part of the rectum, in the later stages it was pale yellow and parchment-like

Lieut Colonel A G BIGGAM illustrated his remarks with coloured paintings made from actual cases by Mr Strekalovski, and with a series of microscopical preparations If, he said, a case of bacillary dysentery was seen early an accurate diagnosis could usually be made by cytological examination of the stool or by isolation of the causative organism Later laboratory investigation was frequently of little help In such cases the visual examination of the mucous membrane just inside the sphincter afforded a view of the mucosa adequate for identifying the type of infection In amoebic ulceration the characteristic sigmoidoscopic appearances were the discrete nature of the ulcers and the healthy intervening mucous membrane in contrast to the diffuse inflammation of a bacillary infection In very debilitated subjects amoebic dysentery might clinically simulate an acute bacillary dysentery infection In them the identification of small islands of healthy mucous membrane persisting between areas of extensive ulceration would give the clue to the diagnosis The course of an amoebic ulcer could be followed by repeated examination Under specific treatment complete healing was the rule, the mucous membrane reverting to its normal condition

With regard to malarial colitis, he emphasized that in subtertian malaria there might on occasion be acute dysenteric symptoms indistinguishable clinically from those of bacillary dysentery The sigmoidoscopic appearance of the mucosa varied from patchy hyperaemia to scattered haemorrhages and areas of superficial necrosis These lesions disappeared rapidly after adequate quinine treatment

In endemic areas of schistosomiasis symptoms caused by infestation with *S mansoni* might give rise to an erroneous diagnosis of amoebic or bacillary dysentery Differentiation could be readily effected by employing the sigmoidoscope The earliest recognizable change was a patchy hyperaemia of the mucosa In these patches small more intensely hyperaemic areas not elevated above the surface, could be discerned in the mucosa As the disease progressed these areas became elevated finally to form polypoid masses Later still degenerative changes led to ulceration of these papillomata Under treatment by tartar emetic the early lesions rapidly subsided if however they had progressed to the polypoid stage resolution did not occur In this type of case dysenteric symptoms might persist for years Many of these polypi could be removed through the sigmoidoscope by electric cautery or diathermy

Discussion

Dr C C CHESTERMAN was particularly interested in the type of papillomata produced by the terminal spined

VACANCIES

SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, WC—(1) RHP (2) RHS (male) Unmarried Salaries £100 p a each

HOSPITAL OF ST JOHN AND ST ELIZABETH Grove End Road, NW —RHS (male) Salary £75 p a

HOUNSLOW HOSPITAL—(1) RMO (2) JHS Males Salaries £250 p a and £150 p a respectively

HOVE LADY CHICHESTER HOSPITAL FOR FUNCTIONAL NERVOUS DISEASES—(1) Senior HP (2) JHP Females Salaries £100 p a and £50 p a respectively

HULL CORPORATION HEALTH DEPARTMENT—JRMO (unmarried) for Hull City Hospital Salary £350 £25 £450 p a

HULL ROYAL INFIRMARY—(1) HS (male) to the Ophthalmic and Ear Nose and Throat Departments Salary £150 p a (2) Hon Assistant S to Ear Nose and Throat Department

HULL VICTORIA HOSPITAL FOR SICK CHILDREN—RHS (female) Salary £120

ILFORD KING GEORGE HOSPITAL—HP (male) Salary £100 p a

INFANTS HOSPITAL Vincent Square SW—HP Salary £100 p a

IPSWICH COUNTY BOROUGH—Medical Officer of Health Salary £1 000 p a

ISLE OF ELY COUNTY COUNCIL—Assistant County and School M O Salary £500 £50 £700 p a

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY—RMO (male) Salary £175 p a

KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—RSO Salary £300 p a

LANCASTER COUNTY MENTAL HOSPITAL—AMO (female, unmarried) Salary £500 £25 £600 p a

LANCASTER ROYAL LANCASTER INFIRMARY—Two JHS (males, unmarried) Salaries £130 p a each

LEAMINGTON SPA WARNEFORD GENERAL HOSPITAL—Hon P

LEICESTER ROYAL INFIRMARY—Resident Radiologist Salary £200 p a

LEICESTERSHIRE COUNTY COUNCIL—Assistant County M O H (male) Salary £700 £25 £750 p a

LIVERPOOL EAR EAR AND THROAT INFIRMARY—Ophthalmic H S Salary £240 p a

LIVERPOOL UNIVERSITY—Lecturer (ungraded) for the Department of Physiology Salary £600 p a

LONDON COUNTY COUNCIL—(1) Resident Medical Superintendents at (a) St Giles Hospital Camberwell and (b) St Alfege's Hospital Greenwich Salaries £1 300 £50 £1 550 p a and £1 100 £50 £1 350 p a respectively (2) A M O s (Grade I unmarried) for (a) Hackney Hospital L (b) Mile End Hospital L, (c) St Giles Hospital S E (d) St James Hospital S W, (e) St Mary Abbots Hospital W (f) St Mary, Islington Hospital, N, (g) St Olave's Hospital S E (a) (b) (c) (e), and (f) male appointments only Salaries £350 £25 £425 p a each

LONDON HOMOEOPATHIC HOSPITAL Great Ormond Street WC—HP Salary £100 p a

LONDON UNIVERSITY—Courtauld Chair of Anatomy Tenable at Middlesex Hospital Medical School Salary £1 000 p a

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL—RHS (unmarried) Salary £175

LOWESTOFT BOROUGH AND PORT SANITARY DISTRICT—M O H and School M O Salary £900 £1 000 p a

MANCHESTER ANCOATS HOSPITAL—(1) RMO Salary £150 p a (2) HS Salary £100 p a

MANCHESTER CITY—(1) Assistant Tuberculosis Officer (2) Deputy Medical Superintendent for Booth Hall Hospital for Children (3) RAMO for Withington Hospital Salaries £650 £25 £750 p a £550 p a and £200 p a respectively

MANCHESTER ROYAL EYE HOSPITAL—JHS Salary £120 p a

MARGATE AND DISTRICT GENERAL HOSPITAL—RMO (male) Salary £150 p a

MIDDLESBROUGH NORTH RIDING INFIRMARY—CO (male unmarried) Salary £150 p a

MIDDLESEX COUNTY COUNCIL—(1) P to the County Sanatorium Hatefield Salary £1 000 £50 £1 500 p a (2) District M O and Public Vaccinator for Shepperton and Littleton Salary £50 p a

NEWARK GENERAL HOSPITAL—RHS (male unmarried) Salary £175 p a

NEWCASTLE UPON TYNE CITY AND COUNTY—(1) Resident Medical Assistant (male) for the City Hospital for Infectious Diseases (2) HS (male) for Newcastle General Hospital Salaries £350 and £150 p a respectively

NEWPORT ROYAL GWENT HOSPITAL—(1) HP (2) CO (3) HS Salaries (1) £150 p a and (2) and (3) £135 p a each

NORTHAMPTON MANFIELD ORTHOPAEDIC HOSPITAL—JRMO (male) Salary £150 p a

NORWICH NORFOLK AND NORWICH HOSPITAL—HS (male unmarried) to the Special Departments Salary £120 £160 p a

NOTTINGHAM CITY—(1) Resident Medical Superintendent to the City Hospital and M O to the City Institution Salary £1 000 p a (2) A M O (female) for Maternity and Child Welfare Work Salary £500 £25 £700 p a (3) A M O (male) for the Venereal Disease Clinics Salary £500 £25 £700 p a

NOTTINGHAM AND MIDLAND EYE INFIRMARY—RHS Salary £200 p a

OXFORD UNIVERSITY—Whole time Assistant Director of Pathology for Radcliffe Infirmary Salary £1 000 p a

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—Casualty HS (male unmarried) Salary £150 p a

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue W—(1) Hon Radiologist (2) HP (male) Salary £120 £150 p a (3) Part time Registrar Honorarium £100 p a

PUTNEY HOSPITAL Lower Common, SW—RSO Salary £150 p a

REDHILL EAST SURREY HOSPITAL—Senior HS Salary £150 p a

RICHMOND ROYAL HOSPITAL—JHS (male, unmarried) Salary £100 p a

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL Broad Street, WC—Third HS (male) Salary £100 p a

RUGBY HOSPITAL OF ST CROSS—Two RMO (males) Salaries £100 £25 £150 p a each

SAMARITAN FREE HOSPITAL FOR WOMEN Marylebone Road, NW—HS Salary £100 p a

SCUNTHORPE AND DISTRICT WAR MEMORIAL HOSPITAL—HS (male) Salary £175 £200 p a

SHEFFIELD CHILDREN'S HOSPITAL—HP (male, unmarried) Salary £100 p a

SLAMINS HOSPITAL SOCIETY Greenwich SL—Hon Assistant P in charge of Psychotherapeutic Department

SOUTHEND ON SEA GENERAL HOSPITAL—(1) HP (2) HS Males Salaries £100 p a each

STAFFORD STAFFORDSHIRE COUNTY COUNCIL—(1) Assistant County M O H and M O H (2) Second Assistant Bacteriologist and Pathologist £800 p a

STOCKTON ON TEES STOCKTON AND THORNABY HOSPITAL—JRMO Salary £700 £50 £550 p a

STOKE ON TRENT BURSLEM, HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—RHP Salary £150 p a

STOKE ON TRENT NORTH STAFFORDSHIRE ROYAL INFIRMARY—HS Salary £150 p a

SUNDERLAND ROYAL INFIRMARY—CO Salary £150 p a

SURREY COUNTY COUNCIL—AMO (male) Salary £600 £20 £700

SWANLEY HOSPITAL CONVALESCENT HOMES—RMO (female) Salary £200 p a

SWANSEA GENERAL AND EYE HOSPITAL—HP (male, unmarried) Salary £150 p a

TROWBRIDGE WILTS COUNTY COUNCIL—AMO (male) to act as M O to the Council's three Mental Deficiency Institutions Salary £700 £25 £800 p a

UNIVERSITY COLLEGE HOSPITAL Gower Street WC—Hon Assistant S to the Ear Nose and Throat Department

WESTMINSTER HOSPITAL Broad Sanctuary SW—Non resident Assistant Medical Registrar Salary £100 p a

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL—HS Salary £150 p a

WILLESDEN GENERAL HOSPITAL Harlesden Road NW—Resident Officer (unmarried) Salary £100 p a

WIMBLEDON HOSPITAL Thurstan Road SW—RMO (male) Salary £150 p a

WINSLEY SANATORIUM near Bath—Whole time ARMO (male) Salary £250

WOLVERHAMPTON ROYAL HOSPITAL—HS (unmarried) to the Orthopaedic and Fracture Department Salary £100 p a

YORK DISPENSARY—RMO (female, unmarried) Salary £175 p a

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT 1925 for the Obin Sheriff Court District (Sheriffdom of Argyll) Applications to the Private Secretary, Scottish Office, Whitehall SW1 by March 24

CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced (1) Swinton (Lancashire), (2) Sudbury (Suffolk) (3) Malvern (Worcestershire) (4) Blyth (Northumberland) Applications to the Chief Inspector of Factories Home Office Whitehall SW1 for (1) and (2) by March 16 and for (3) and (4) by March 23

Notifications of offices vacant in universities, medical colleges and of vacant resident and other appointments at hospitals will be found at pages 48 50 51 52 53 54 55 56 57 and 61 of our advertisement columns and advertisements as to partnerships assistantships and locumtenancies at pages 58 and 59

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTHS

ANDERSON—On March 2, 1937, to Dr and Mrs J S Anderson Grove Hospital, Tooting Graveney SW17 a son

MCLETCHIE—At the Rubislaw Nursing Home on March 6, 1937 to Wilhelmina Stephen Greene, wife of J L McLetchie MB ChB DTM and H, Colonial Medical Service Nigeria, a daughter

MARRIAGE

BROOKS—LACY—On Saturday March 6, 1937 by licence at Emmanuel Church Plymouth, by the Rev Carnegie Knox, Dr Rosslyn K Brooks, elder son of Captain Henderson Brooks IMS (ret) and Mrs Henderson Brooks to Kitty, only surviving daughter of the late Mr H C Lacy and Mrs Lacy of 1 Collings Park, Plymouth Future address Stone House Chipping Sodbury Gloucestershire

DEATH

CRESSWELL—On March 1 1937 at a nursing home in Bath Richard Cresswell, MRCS LRCP DPH Lond of Portishead and late of Cheltenham, aged 93 years

eggs of *S haematobium* in the bowel In the Congo he had never noted anything like that in infestation with *S intercalatum* All that sigmoidoscopy showed in infestation with that schistosome was reddening and a sandpaper appearance in the lower bowel, polyps had never been observed

Dr N HAMILTON FAIRLEY pointed out that preparation for sigmoidoscopy involving the use of aperients and cleansing enemata might alter the appearance of the mucosa If the mucosa bled on swabbing that was good evidence of inflammation Sigmoidoscopy was of value in determining non-tropical causes of blood and mucus in the stools, and it should be remembered that carcinoma sometimes coexisted with either active or latent amoebiasis In the absence of cellular exudate in the stools sigmoidoscopy rarely yielded positive findings of tropical interest The usual sigmoidoscopic pictures were well known Rarer forms included amoebic granuloma of the rectum or colon, readily confused with carcinoma, and amoebic proctitis with more or less uniform involvement of the human rectum similar to that described in experimentally infected kittens In his opinion chronic bacillary dysentery was rarely met with among Europeans from the Tropics, when it did occur it was impossible to distinguish it from the chronic ulcerative colitis of Bacillary dysentery was a self-limited disease which killed or cured, and examples of so-called chronic bacillary dysentery among prisoners of war and inmates of gaols in India probably originated from multiple reinfections over long periods

Dr GOLDBERGER said that proctosigmoidoscopy should be practised as a routine procedure by every physician investigating bowel trouble He then described his special instrument which by means of a telescope gave a magnification of some ten diameters It was particularly suited for strictures, and could be passed as far as 35 cm up the bowel By attaching a tube and using water pressure it was possible to clease the bowel of blood and mucous exudate during the examination

Dr MANSON-BAHR in reply, said that definite puckering of the bowel did sometimes follow the healing of extensive amoebic ulcerations That was the only point on which he was at variance with Colonel Biggam

BIOMICROSCOPY OF THE FUNDUS OCULI

A meeting of the Royal Medico Chirurgical Society of Glasgow was held in the eye department of the Western Infirmary on February 19 with the president, Mr G H EDINGTON, in the chair Professor A J BALLANTYNE read a paper on biomicroscopy of the fundus oculi

He said that ophthalmoscopy was essentially a branch of microscopy, for with the ophthalmoscope they examined structures which were more or less transparent under varying degrees of magnification and with various forms of illumination Since there were many lesions of the fundus which it was difficult or impossible to explain by histological methods, it was all the more necessary that every refinement of ophthalmoscopy which made the ophthalmoscope a more perfect microscope should be employed The communication was designed to show how this purpose could be served in two ways—namely, by focal illumination of the fundus and by the use of filtered or selected light In the biomicroscopy of the interior segment of the eye focal illumination was employed in five ways by direct illumination, by lateral or proximal illumination by retro-illumination, by examination in the zone of specular reflection and by examination in optical section Within certain limits these methods all had their application in the examination of the fundus oculi The modern interest in the examination of the fundus with selected or filtered light dated from Vogt's employment of an approximately red-free light to demonstrate that the yellow spot was not merely a post-mortem phenomenon, but could be seen in the living eye In many other ways the view of the fundus obtained with the red-free light differed from that obtained with the mixed light of the electric bulb, and for most purposes the light of the mercury vapour lamp was a good substitute An entirely different picture resulted from the use of a sodium vapour lamp This lamp provided a bright monochromatic yellow light, which enhanced the definition of fundus details Clear definition was further assisted by the fact that the vessels stood out darkly against a pale background Surface reflexes were abolished and the retina was rendered more transparent Hence deep seated lesions especially in the choroid were more easily seen The advantages of focal illumination and of examination with selected light could be obtained without costly apparatus

Dr JOHN MARSHALL gave a lecture demonstration of the various types of appliances—magnifying glasses, binocular magnifiers, telescopic spectacles, and contact glasses—which could be used to improve the vision in amblyopia, arising from such conditions as retrobulbar neuritis, central choroidal degeneration, partial cataract and conical cornea There was a full display of the appliances

Nystagmus

Dr I C MICHAELSON discussed nystagmus He described the postural reflexes which controlled the automatic movements of the eyes the purpose of these reflexes was to maintain the eyes as long as possible in the same position relative to the visual field The different stimuli for these reflexes arose in the retina the proprioceptive system, and in the semicircular canals Physiological stimulation of the last-named produced a nystagmus with a slow component designed to maintain the relationship of the eye and the visual field, and a quick component which was the result of supranuclear stimuli from the cerebrum Pathological nystagmus was described as being ocular, vestibular, or central nervous, according as the aetiological factor which impinged on the physiological reflex was disease of the eye, ear, or central nervous system The pathological anatomy, clinical features, and differential diagnosis of the various types of pathological nystagmus were discussed, including that found in disseminated sclerosis

PLACENTA PRAEVIA

At a meeting of the Edinburgh Obstetrical Society on January 13, with the president Dr DOUGLAS MILLER, in the chair, Professor JAMES HENDRY of Glasgow and Professor DUGALD BAIRD of Aberdeen read a paper on the treatment of placenta praevia

They reviewed first the opinions expressed at a meeting of the society in 1925, when the same subject was discussed Caesarean section was then thought suitable for a few hospital cases but vaginal methods of controlling haemorrhage and effecting delivery were given first place, and no reference was made to the importance of making up the patient's blood loss From the consideration of large series of cases collected by various workers there appeared to be a uniform international standard of maternal mortality for this complication in the neighbourhood of 7 per cent Limited series had been reported showing a much lower mortality, and the speakers felt that much better results could be obtained

A series of ninety fatal cases of placenta praevia occurred in the Glasgow Royal Maternity Hospital within the period 1925–34 Death was due to haemorrhage in fifty-four cases and sepsis in thirty six cases Two groups were recognized (*a*) those arriving in hospital in good condition, and (*b*) those arriving in poor condition The mortality was higher in the latter, it also increased with the degree of placenta praevia

The following recommendations suggested themselves to the speakers (1) If possible every case of placenta

infection had an important effect on the thyroid gland and all had seen the good result that occurred when a source of focal infection was removed He was inclined to think that this must start in some focal infection elsewhere and for some reason at present not understood its emphasis was on the thyroid gland It was one of the pathological conditions not yet solved They could only record their observations he did not think they ought to romance about it too much '

Vote of Thanks

At the conclusion of the lecture Sir WILLIAM WILLCOX in expressing the thanks of the society to Sir Thomas Dunhill, said that during the Melbourne Meeting of the British Medical Association in 1935 he had learned with what great affection and respect Sir Thomas was regarded in Australia Since he had made his home in England he had evoked a similar affection and respect from his colleagues here The subject of which he had treated in these masterly lectures concerned an extraordinary organ The thyroid gland acted like a flue to a furnace and could increase the metabolism of the body in a remarkable way He had been impressed by the fact that toxic factors might increase the activity of the thyroid It was important always to see whether there was any toxic focus which was acting as a cause of hyperthyroidism or as a stimulus to the activity of the gland The thyroid gland also had a very profound influence upon the immunity of the body Those suffering from hyperthyroidism were extremely sensitive to any infection such as tonsillitis or influenza when the activity of the gland might be so stimulated that a fatal thyrotoxicosis resulted

Sir JAMES WALTON said that it was only the older members of the profession who realized how recent had been the progress in the work upon the thyroid gland It had been said that the whole of the surgical treatment of the thyroid dated from the development of the Spencer Wells forceps, but for long after that surgical treatment was limited practically to localized adenomatous growths To day the whole aspect had changed great progress had been made, a large number of lives had been saved and enormous amelioration of symptoms obtained To Sir Thomas Dunhill more than to any other man did the medical profession owe the knowledge of what cases to select for operation He had widened the scope of treatment bringing in those cases of cardiac disease which a few years ago would have been pronounced hopeless

Professor F R FRASER added a few words of commendation of the lectures It was through the collection of cases around Dunhill thanks to his successful methods of surgical treatment that physicians like himself had had the opportunity of studying the disease and the after history of patients

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A F RIZZOLO (*These Paris* 1936 No 824) states that generally speaking small pox in the United States is of the mild form, the fatality being relatively low (0 9 per cent) During the decennium 1921–30 there were 380 890 cases with only 3 484 deaths, as compared with a fatality of 23 1 per cent in France among 1,573 cases during the period 1925–8 The efficacy of vaccination in North America is shown by the following incidence of small pox in various States, according to the stringency of the vaccination laws In ten States with a population of 32 775 000 inhabitants where vaccination is compulsory, there are only 6 6 cases of small pox per 100 000 inhabitants In six States with a population of eighteen millions, in which vaccination is facultative, there are 51 3 cases per 100 000 inhabitants In twenty nine States with a population of sixty millions, in which there is no law on the subject there are 66 7 cases per 100 000 inhabitants and in the four States (Arizona, Minnesota North Dakota and Utah) in which vaccination is definitely discouraged there are 115 2 cases per 100 000 inhabitants Rizzolo comes to the conclusion that vaccination should be made compulsory throughout the United States by a federal law

SCIENCE COMES TO THE HOUSE

AN EXHIBITION IN LONDON

A small exhibition has been arranged by the Department of *Scientific* and Industrial Research at the Building Centre 158 New Bond Street London to illustrate the application of science to building especially domestic construction The exhibition, which remains open until March 25 is not the usual assembly of the *competing* products of commercial firms but a demonstration of the work of the various research organizations controlled by the Department or associated with it These include for example the Forest Products Research Laboratory the *Water Pollution* Research Board, and the various associations concerned with research into fuel iron and steel *non ferrous metals* rubber, paint colour, and varnish

Building Amenities and Noise

The National Physical Laboratory has chosen some *interesting* examples of contributions to building amenities One of these is an artificial daylight window intended for rooms and corridors where little or no natural light is available This little window fitted with semi transparent glass, gives a very cheerful illumination but on turning the casement on its hinges one looks out not on the open landscape, but on a specially shaped silvered reflector with *lamps* above The laboratory is also devoting a good deal of attention to noise transmission in buildings Propaganda against noise has in the main been directed very properly, against street and factory noises, but with an ever increasing population living in flats the very trouble some source of noise from the people in the flat above ' demands attention The laboratory has devised a floating floor which deadens impact noises such as footsteps This is a supplementary floor supported upon the structural flo[illegible] er blocks The device may not b[illegible] for the tenants of less luxurious [illegible] that something of this kind will have to become standard practice if it is to be tolerable for people to live on the top of one another

Water Supply and Heating

The Water Pollution Research Board is showing a process of water softening by means of base exchange materials particularly synthetic resins These are familiar to most people for other domestic uses as in electrical insulators but here starting with a special tannin and with formalin usually met with as a disinfectant a resin is produced which can remove the metallic parts of any salts in water whether calcium, magnesium or iron leaving the corresponding acids which themselves are removed by a second resin made from formalin and a product obtained from coal tar On water being passed through these two resins in succession any unwanted material can be removed and the water rendered nearly as pure as distilled water Another device shown by this body is a filter for removing the whole of the lead in drinking and cooking water The Fuel Research Station has an exhibit instructive in the principles of domestic heating The radiant efficiency of the open fire is shown to depend on many factors the most important being the recessing of the grate the depth of the fire from back to front the shape of the fire brick and the obstruction of the bars in front Air supply to the fire has within limits little effect on the efficiency but affects the rate of combustion Efficiency is however very much affected by the type of fuel The radiant efficiency of coal is said to vary from 19 to 24 per cent and for low temperature coke up to 33 per cent The more free burning the fuel the less draught is required It is also shown how the type of grate should be related to the properties of the fuel to be used

The whole exhibition at the Building Centre suggests that a large amount of knowledge on all these subjects has already accrued as a result of scientific research, and how very much of it remains as yet unapplied

praevia should be dealt with in a maternity hospital or well equipped nursing home, but a blood transfusion should be given in the patient's own home before she was removed if she was already collapsed for this purpose a mobile blood transfusion unit should be organized (2) The importance of warning haemorrhages should be more fully appreciated (3) All cases of ante partum haemorrhage should be examined vaginally only under circumstances which allowed of efficient treatment being carried out at once and then only by a person qualified to carry out such treatment (4) The blood loss must be replaced by blood transfusion (5) Caesarean section should be considered far more often as it offered a very satisfactory form of treatment (6) The successful treatment of placenta praevia required the co operation of the general practitioner and the hospital staff The speakers suggested that if due attention was paid to these points a relatively small number of cases would in future be classified as unavoidable deaths

Caesarean Section

During the last six years 228 cases of placenta praevia had been treated in Professor Hendry's unit, with a maternal mortality of 2.7 per cent For patients admitted *in good condition and in whom the placenta did not reach* the internal os puncture of the membranes was carried out Occasionally in such a case if bleeding had ceased and the child was very premature expectant methods were sometimes adopted Where the placenta praevia was central, or the placenta partially covered or reached down to the edge of the internal os Caesarean section was performed in practically every case—expectant treatment was never considered The number of cases treated by Caesarean section had risen to 64 per cent. during 1936, the more frequent use of this operation had been made possible by blood transfusion so that women arriving in poor condition could be safely operated on An efficient blood transfusion service had been established most of the 200 donors living near the hospital

Vaginal packing had been discontinued except in grave emergencies Practitioners were encouraged to send all cases of ante partum haemorrhage into hospital for diagnosis without themselves making a vaginal examination a blood transfusion was given before any such examination was made if the patient's condition was unsatisfactory Version was only used in eight cases in which the vagina had been packed before admission During the last two years eighty-seven consecutive cases of placenta praevia had been dealt with on the lines described with only one death—a mortality of 1 1 per cent—this death was due to the giving of incompatible blood The foetal mortality rate in this series was 43 per cent where version was used it was 81 per cent where the membranes were ruptured 32 per cent , and following Caesarean section it was 30.2 per cent

One hundred women who had a Caesarean section performed for placenta praevia more than two years previously were re examined, so as to estimate the end results In ninety no abnormality was found and their general health was good *In only three symptoms referable to* the operation probably due to adhesions were present Fifty four of the patients had been sterilized at operation as many of them were over 40 years of age and considered they had large enough families Of those not sterilized it was calculated that there was a sterility rate of 8 7 per cent A group of women who were treated by vaginal methods in the same years as those who had Caesarean section were examined as to end results 15 per cent were found to be in poor health, and the sterility rate was calculated at 18 per cent From this it seemed that the end results of Caesarean section compared very favourably with those of the vaginal methods of treatment, and the dangers of sterility and rupture of the uterus in a subsequent pregnancy or labour were probably not nearly so great as had been thought

Local News

SCOTLAND

Appointment to the Department of Health

The Secretary of State for Scotland has appointed Dr James Macalister Mackintosh to be Chief Medical Officer of the Department of Health for Scotland in succession to Dr J L Brownlie, who retired last November Dr Mackintosh who was born in 1891, was educated at Glasgow High School and the University of Glasgow, where he graduated M A in 1911 and M B , Ch B in 1916 , he proceeded to his M D in 1923 In 1920 he took the diploma of public health of London University and later became a barrister at law of Gray's Inn During the war he served in France first as a combatant and later in the R A M C and after the war became for a time medical officer to the Ministry of Pensions Devoting himself to public health he became assistant medical officer of health for Dorset, and in 1924 assistant medical officer of health for Burton on-Trent where he organized an orthopaedic scheme Later he became *deputy medical officer of health* for Leicestershire and in 1930 medical officer of health and school medical officer for the county of Northampton Dr Mackintosh has taken much interest in movements associated with the promotion of public health being chairman of the Propaganda Committee of the British Social Hygiene Council, and a member of the Central Council for Health Education and of the executive of the Association for Mental Welfare and Child Guidance

Glasgow Maternity Hospital

Glasgow Royal Maternity and Women's Hospital has received a gift of £25 000 from Mr Archibald Walker who has been a director of the hospital for over fifty years and who retired from the chairmanship last year Professor D M Blair of the chair of anatomy at Glasgow University speaking at the annual meeting of the hospital said that this institution was the largest of its kind in the British Isles The statement which had recently been made in the House of Commons that the maternity hospital service was a matter of sending out untrained students to look after women in confinement was an entire misrepresentation The students were well-trained final-year students who had behind them the entire medical staff of the hospital, and if any student was unable to cope with a case he could call upon the qualified medical staff, who again might call upon the visiting or consulting staff if necessary The usefulness of this system was shown by the fact that in the last five years there had been only twelve maternity deaths per annum giving a total rate of 0 5 per 1,000 The speaker also referred to the blood transfusion service, *which had affected the vital statistics* of the hospital, and to the necessity for the hospital to play a part in increasing knowledge of obstetrics by research work A study had been made here regarding certain lesions of the pituitary gland which had been found with unexpected frequency This was a new disease which seized women just after childbirth and led to an extreme degree of malnutrition enfeeblement and ultimately to death Six cases had been identified by the director of research in the past six *months and this suggested* that it was much less rare than was previously thought Further study would probably lead to the discovery of a successful form of treatment

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Dr P Mauriac dean of the medical faculty and professor of clinical medicine at Bordeaux has been nominated corresponding national member of the Academie de Medecine and Dr J Verhoogen of Brussels and Professor Davide Giordano of Vienna foreign corresponding members of the Academie de Medecine

STANDARDS OF HOSPITAL CONSTRUCTION

REPORT OF DEPARTMENTAL COMMITTEE

A Departmental Committee was appointed by the Minister of Health over three years ago to consider the costs of the construction and maintenance of hospitals, and has now issued its first report, which deals with the acute general hospital,[1] specifically the hospital provided by the local authority. The committee of fifteen, under the chairmanship of Mr Adam Maitland, M.P., and with six medical members, heard evidence from the Ministry of Health, the various associations of local authorities and of their servants, also the Society of Medical Officers of Health, the Royal Medico-Psychological Association, and bodies representing architectural, structural engineering, gas and electricity, and other interests.

The committee soon reached the conclusion that it is not practicable to express standards in terms of cost. Building costs vary with period and locality, and there are other difficulties. The common method of computing "cost per bed" is open to many fallacies. The cost even of smaller hospitals does not vary directly with the number of beds. One hospital may have an out-patient department and another not, one may be staffed to a greater extent than another by non-resident personnel, one may be a completed institution and another planned with a view to early extension, all of which reflects itself in cost per bed. The committee therefore avoids cost figures so far as possible and discusses the respective advantages of different methods of planning and equipment.

The Ward Unit

The term "ward unit" is taken to mean a self-contained unit under the charge of one sister comprising about thirty beds in one or more wards with associated service rooms. The committee thinks that such a ward should include at least four one-bed rooms. As to whether the remaining twenty-six beds should be in one large ward or two or more similar wards there is much to be said on both sides. The smaller wards offer greater privacy for the patients, provide opportunity for classification, limit the spread of infection, and facilitate periodical cleaning. The large ward is simple and economical to plan, easier to supervise by the nursing staff, and lends itself more readily as a rule to a good arrangement of window space. The committee is evidently impressed by the advantage of replacing the large ward by smaller wards. It recognizes that this plan may mean increased capital cost, though this need not be more than £4 or £5 per bed, and with a moderate degree of subdivision, such as the replacement of the main ward by two smaller wards, a plan might be devised which would entail no extra cost at all.

The space per bed is usually expressed in cubic feet, and this is also open to a fallacy because height is relatively unimportant in comparison with floor area and distance between bed centres. With an adequate area to each bed and sufficient distance between adjacent beds the height can be determined by considerations of proportion and amenity. The committee found general agreement among its witnesses that for convenience of nursing in acute medical and surgical wards a wall space of eight feet between bed centres is desirable. As for the total width of the ward, having regard to the traffic along the central gangway, the London County Council has ordained twenty-six feet, the Ministry of Health in 1924 recommended twenty-four feet, which would leave ten feet for the gangway. The committee's view is in favour of the greater width.

[1] *Departmental Committee on the Cost of Hospitals and Other Public Buildings. First Report. The Acute General Hospital.* H.M. Stationery Office. (1s. 3d. net.)

Operating Theatre Suite and Special Departments

More precise figures are set out for the operating theatre and ancillary rooms. It is considered that a good average provision of floor space for an operating theatre in a non-teaching hospital would be twenty-two feet by eighteen feet, for the anæsthetizing room 140 square feet, and for the sterilizing room with hand-washing facilities for surgeons and nurses 230 square feet in a single suite and 300 square feet when there are two theatres and anæsthetizing rooms with ancillary accommodation common to both. Stress is laid on the desirability of direct access from the anæsthetizing room to the theatre and of exit from the theatre other than through the anæsthetizing room.

A reception department, in which patients are received and examined before being sent to the wards as usual in municipal hospitals, and suitable dimensions are given for the waiting and examination rooms. It is considered that the out-patient practice of local authorities has not yet become standardized enough for structural standards to be put forward. Nor are the x-ray and massage and electrical departments suitable for the application of standards. The size and equipment of the laboratory must depend upon whether it is self-sufficient or called upon to deal only with certain classes of work, the rest being sent to a central laboratory. Some suggestions are made with regard to the administration block, kitchens and offices, dining-rooms, stores, and dispensary.

Residential Accommodation

It is considered that in an acute general hospital of, say, 400 beds residential accommodation should be found for the medical superintendent and his deputy, five other medical officers, matron, sisters, and nurses to the number of 133, and maids to the number of twenty-four. A separate house should be provided for the medical superintendent and small houses or self-contained flats for one or more married medical officers. Without such separate accommodation outside the administration block it is considered that it would be difficult to retain the right type of man in the hospital medical service. The appropriate room accommodation for married officers is indicated. Other resident medical officers may be housed in the administration block, each medical officer to have a sitting-room and bedroom and there should be a common dining-room with serving pantry. The accommodation for the matron and nursing staff is also discussed.

Another detail of the hospital on which not always sufficient thought is expended is the mortuary block. A working rule is laid down that the average acute general hospital requires mortuary places in the proportion of 3 to 4 per cent. of the number of patient beds. A convenient arrangement is a rectangular room with a series of compartments in two or three tiers ranged along the back wall. A mortuary for twelve bodies should be of 300 square feet, and the post-mortem room, for one table, of a similar dimension.

The report embodies much interesting information elicited in evidence on the engineering, constructional, and finishing side. The best finish for the floors of wards is said to be hardwood, but a satisfactory substitute at about half the cost is thick linoleum which should have a life of twenty years. On the subject of temperature and air-change the committee had to feel its way through a multitude of diverse opinions. Consulting engineers and medical superintendents were not agreed within 5° as to the temperature for the wards, within 10° as to the corridors, and within 15° (65° to 80° F.) as to the operating theatres. On air-change the opinion was even more divided, ranging between one and a half to five changes an hour for wards and between four and twenty changes an hour for operating theatres. In its conclusions the committee steers a middle course between these opinions. The experts differ over matters small and great,

ENGLAND AND WALES

Cardiff Corporation Fracture Service

We have received from the medical officer of health of Cardiff (Dr J Greenwood Wilson) a pamphlet on the Cardiff Corporation Accident Service, of which he and Dr A O Parker of the Prince of Wales Hospital Cardiff, are the authors The service is believed to be the only one of its kind under municipal control, and it is claimed as a good example of what may be done with existing local resources without embarking upon new and costly schemes of building and equipment The Corporation has opened at City Lodge, which was formerly a Poor Law institution, a self-contained fracture clinic Under the same roof, though with a separate entrance and with a different medical and surgical staff except for the visiting consulting surgeon, is a new central orthopædic clinic The fracture block consists of a reception room, a massage room with six treatment cubicles, and a plaster room with a portable x-ray apparatus There are eight beds which are available for short-stay cases On the acceptance of a patient for treatment a general and x-ray examination is made, and should fracture be diagnosed the displacement is reduced Whenever possible the patients are allowed to go to their homes and are given an appointment to attend the clinic for after-care Cases which require hospitalization are transferred from City Lodge, which is in the centre of the town, to Llandough Hospital, an appropriated public health municipal hospital three miles away The patient's private practitioner is notified of the diagnosis and acquainted with the treatment that is being carried out It is said that practitioners make increasing use of the fracture clinic and readily refer their patients for treatment and after-care During the first twelve months of the service the total number of accident cases treated for the first time was 673 and the attendances were 2,917 Of the fractures and dislocations 270 were of the upper extremity and the clavicle, and 156 of the lower extremity The total cost of the service for eleven months from the opening in September, 1935, was £2,492, and for the last five months of that period, during which an almoner had been at work, £789 was recovered

Guy's Hospital Dental School

The annual clinical meeting of Guy's Hospital Dental School, said to be the largest gathering of its kind in the Empire, was held on March 6, and attracted, as usual, several hundreds of former students who came to renew old acquaintance and to watch demonstrations of modern procedures by members of the staff In two theatres operations for dental cyst and other procedures of dental interest were carried out by surgeons of the school, and in the anæsthetic rooms of the out-patient department there was a demonstration of anæsthetics The prosthetic and dental research laboratories, the denture room, and the children's department (the last given up to an exhibition of orthodontic cases and appliances) were full of eager groups In the large conservation room, which accommodates more than seventy dental chairs, demonstrations were given on gingivectomy, root canal treatment, preparations for bridge abutments speech training, facilitation of extractions using the impactor mallet, apicectomy, and practical applications of tooth carving In the x-ray room radiographs showing representative pathological conditions were exhibited, and in the denture room there was a display of impression technique and denture design At a semi-public luncheon the dean of the school, Professor T B Johnston, who presided expressed the view that in the next eight or ten years there would be a large increase in the openings for members of the dental profession and the number of students at present coming forward would not be sufficient to fill them The Government plans for physical training, the demands of the Services (where the most fruitful cause of rejection of recruits was caries in some form or other), the obvious desirability that the work done by the school dentist should be continued after school—at least until the young person entered national health insurance, when he might or might not come under dental benefit—and generally the new awareness of dental health on the part of the community, all pointed in the same direction, and meant that the present 7,000 qualified dentists would not be enough to meet national requirements A call for an increase in the number of dental students would not necessarily advantage Guy's Hospital, which was limited in the number it could take, moreover its dental students must be rather fewer than its medical students An increased number of applicants however, might perhaps enable the school to be a little more selective in its admissions The visitors were then taken round the school by Mr Bocquet Bull, the sub dean, and Mr W E Herbert the director of the department of conservative dental surgery Extensive as the premises are, the accommodation is overtaxed, and a scheme of replanning will have to be undertaken during the next few years From small beginnings just over fifty years ago it has grown to a department with 114 dental chairs in constant use and about 100,000 attendances of patients annually The total number of students in the school is a little over 300, of whom about 130 are senior students working in the conservation room It is the school's boast that about one quarter of the dental practitioners who qualify in this country are Guy's men

Rescue Work in North London

The good work which is being done by the Children's Moral Welfare Committee—now also styled "Rescue and Preventive"—for the boroughs of Holborn, St Pancras and Hammersmith has already received comment in these columns (*Journal*, 1936, **1**, 484) The committee's eleventh annual report shows that during last year it dealt with a considerably larger number of cases, nearly all the increase being in preventive work, in which, it believes, it is most accurately fulfilling its function On the other hand, less follow-up work has been possible and a smaller number of cases have been carried forward An after-care helper is necessary to release the present worker for more of the earlier rescue and preventive activities which she wholeheartedly carries out on the committee's behalf Outside adult rescue workers have been appointed in Holborn and St Pancras and some of the after-care work of the committee has already been turned over to them In several of the year's cases it has been necessary to reorganize the family life of the child, and the committee has been able to secure a change of environment and a holiday for a whole family instead of sending the child away alone Of the 159 cases dealt with, thirteen children were placed in homes, twenty two were referred to other agencies, forty-five were visited and advised, and fifty-nine are under supervision The case records, however, do not show the wide educational aspect of the committee's work and the extent to which it fosters a true preventive outlook It is representative happily, of a large and increasing number of moral welfare committees which perform this invaluable work in London and the provinces Copies of the report may be had from the honorary secretary, Miss T M Pagan, 7, Ampthill Square, N W 1

The annual malaria control course for laymen (engineers, planters, etc) will be held at the London School of Hygiene and Tropical Medicine, Ross Institute of Tropical Hygiene, Keppel Street, Gower Street W C, from June 21 to 25, under Sir Malcolm Watson, director of the Ross Institute The course includes instruction on mosquitos and their habits, drainage and other measures for the prevention of malaria, and an address by Dr G P Crowden on "Insulation against Heat and Cold" The course is free, and full particulars may be obtained from the organizing secretary at the Institute Applications should be sent to him as early as possible

even as to the quantity of hot water which might be considered a reasonable provision for different types of hospitals, but if this variety of opinion rather destroys the crispness of the conclusions it makes the report more interesting One pays one's money and takes one's choice And the money—1s 3d—is very little for the mass of information and impression which the committee has assembled

THE CASE FOR PASTEURIZATION

POOLE CORPORATION BILL

At a meeting of the Section of Medicine of the Royal Society of Medicine reported in our last issue (p 518) Dr W G Savage who opened a discussion on milk as a factor in the cause of disease made reference to the outbreak of enteric fever in Bournemouth and Poole last summer The Poole Corporation Bill, which has been considered by the House of Lords committee, would among other things provide for the compulsory pasteurization of milk for human consumption Dr R J Maule Horne medical officer of health for Poole has prepared a memorandum on that part of the Bill which deals with this important problem (Part IV Section 21, Poole Corporation Bill 1937) Dr Horne writes

A national campaign for improvement of nutrition is at present prominently before the country An important feature in nutrition especially for the young centres on the consumption of milk But milk should be both clean and safe if it is to be considered a factor in nutritional progress otherwise as the Government's Advisory Committee on Nutrition has said Milk is a medium through which disease may be conveyed to man Scientifically only clean milk can be made safe It is the submission of the promoters as a body who have the public health as their special charge that efficient pasteurization of milk provides the best known most immediately practical and least prejudicial method of rendering the fluid reasonably safe from a bacterial point of view for human consumption

In the past allegations have been made that the pasteurization of milk far from protecting against disease has, in fact been the cause of it On investigation of such statements it has always been found either that the pasteurizing process in question was not efficient or that the introduction of infection was due to some avoidable factor subsequent to pasteurization For this reason the Bill would give the local authority power to refuse to grant licences unless satisfied that the heating apparatus meets with the requirements of the Ministry of Health and it will also control by by laws the utensils for storage and the methods of delivery of the milk The need for a safe milk supply was discussed by the Representative Body of the British Medical Association at the Annual Meeting in Oxford last year, following a recommendation from the Council of the Association that only milk complying with the conditions required for the designations tuberculin tested or pasteurized could be safely consumed without boiling

Milk borne Infections

Dr Horne goes on

It can only be the possession of the well known characteristic of the ostrich which makes it possible for the British Dairy Farmers Association to accept without qualification the statement made at their general meeting in 1933 that it was medical humbug to make out that bovine tuberculosis could be transmitted to human beings and that all this talk about the risk of contracting tuberculosis by drinking milk from tuberculous cows is rot

Recently Dr Ernest Ward president of the Society of Medical Officers of Health pointed out that 2 000 to 2 500 persons mainly children, die in this country each year from tuberculosis of bovine origin, and that twice that number are made seriously ill and that apart from tuberculosis there are many epidemics that owe their origin to the consumption of unsafe milk There have in fact been about one hundred outbreaks of milk borne epidemics in the last thirty years In 1924 fifty seven cases of paratyphoid fever were notified in the borough of Chorley in the months August–September The infected milk supply was stopped on October 1 and no further cases appeared A similar outbreak on a larger scale affected 166 persons in Hertfordshire in 1927 More recently in March 1935, there was an outbreak of milk-borne scarlet fever at Denham and in August–September of the same year in Chelmsford and Chelmsford rural district there were 487 cases of scarlet fever with six deaths the infection coming from raw milk supplied by one farm where eight employees were found to be in an infective condition

Poole Bournemouth and Christchurch suffered from an outbreak of milk borne infection in August last About 900 persons were affected with typhoid fever of whom about 400 were temporary visitors on holiday in Bournemouth and the surrounding districts There were fifty one local deaths from the infection which was due to raw bulked milk infected by a focus which is at present the subject of investigation by the Ministry of Health The outbreak was checked as soon as the infected milk was pasteurized After visiting the district Sir Kingsley Wood Minister of Health said Pasteurization immediately cut the outbreak short and it has since run a normal course and can now as I have said be regarded as over The outbreak illustrates once again the difficulty of ensuring otherwise than by pasteurization a safe milk supply where the milk is derived from many sources and pooled before distribution

Finally there has been the outbreak of scarlet fever at Doncaster in December of last year 186 cases were notified and there were three deaths all directly due to infection of raw milk by a dairy worker with tonsillitis (*Journal* January 2 p 26)

In Poole itself the fact that only pasteurized milk is authorized for use in schools under the authority of the local education committee and for mothers and infants supplied under the maternity and child welfare scheme of the borough has already done much to pave the way for the general introduction of pasteurized milk The medical officer's memorandum concludes

The foregoing particulars of outbreaks associated with the consumption of raw milk could be confirmed by other instances of the gross dislocation of the life of a community the untimely loss of useful or potentially useful lives the needless heavy expenditure—the cost of the outbreak of last autumn in this district in hospitalization alone was £34 000—but the promoters hope that they have submitted sufficient evidence to show that the power sought to require the efficient pasteurization of milk circulating in the borough is reasonable and justified in the interests of the community and that if they did not make this endeavour to safeguard their community from a recurrence of their recent tragic experience they would be guilty of an almost criminal neglect of a duty which with the facilities available they consider obvious

Dr Horne's memorandum is an effective summary of the case for pasteurization The need for legislation on this problem of safe milk seems to be recognized by everyone except perhaps the British Dairy Farmers Association In the past clauses relating to pasteurization have had to be struck out of Bills presented to Parliament by various local authorities It is to be hoped that Section 21 of Part IV of the proposed Poole Corporation Bill will not meet with the same fate

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Sir Humphry Rolleston Bt GCVO KCB has accepted the chairmanship of the medical board of the Eichholz Clinic 204 Great Portland Street London in succession to the late Lord Moynihan The clinic employs a staff of blind chartered masseurs and is administered by the National Institute for the Blind

Correspondence

Royal Medical Benevolent Fund Centenary Appeal

SIR—It may be of interest to your readers to have a brief summary of the results up to December 31, 1936, of our special centenary appeal

During April, 1936, we posted to 44 694 medical practitioners (at a cost of £590 16s) an appeal signed by Sir Thomas Barlow, president of the Fund, together with a historical review of the hundred years' work of the Fund, compiled by Sir Humphry Rolleston The Centenary Fund was opened by the very generous lead of Sir Thomas Barlow, who made a gift of £1,000 which has been followed by 596 donations amounting to £3 570 11s 7d It was noted that of these 596 donations no fewer than 337 were from subscribers who already give annual contributions and only 259 donations were from those who had not previously supported our benevolent work In addition to the above, after the dispatch of the 44 694 appeals 117 practitioners signified their wish to become annual subscribers to the amount of £149 10s, and a few old subscribers increased their subscriptions, adding a further £23 12s to our annual income

The administrators of the Fund felt that the response from the profession as a whole had been somewhat disappointing and consequently decided to send out a reminder to the appeal In November 1936 (at a cost of £65) 6 523 letters were posted to practitioners in the postal districts of London who were known not to be subscribers to the Fund, and each was asked for a small contribution such as an annual subscription of 5s To this appeal 286 replies were received, of which 220 had signed bankers' orders, thereby becoming annual subscribers of a further £101 5s

Our committee has decided to keep the Centenary Fund open until April, 1937 when the centenary year will have ended *A reminder is being sent this month to every* practitioner in England, Scotland and Wales who has not yet responded to the appeal We earnestly beg those of your readers who are not already subscribers to fill in the banker's order for 5s as soon as they receive this final appeal, which will reach them in the course of the next few days—We are, etc

D ARCY POWER
Chairman of Committee
LEWIS G GLOVER
Honorary Treasurer

11 Chandos Street Cavendish Square W 1 March 2

Protamine Insulin

SIR,—The announcement *from four British firms in* your last issue that a preparation of protamine zinc insulin of British manufacture will now be available in this country is of great interest to everyone occupied with the treatment of diabetes, *it is, however desirable to emphasize* the mild words of warning included in the letter announcing its appearance on the market

The new insulins have come to stay their slower action not only enables the physician to reduce the number of daily doses in many cases but reproduces more exactly the theoretical manner of insulin secretion in health It is probably on this latter account that so many patients report a considerable improvement in their general feeling of well being when the new products are employed But *in some instances the change over to one of the new* insulins as the herald of a period during which insulin reactions may be frequent and sometimes severe to the point of danger, for this reason the change should only be made when the patient is under close medical supervision, and unless this rule is strictly observed the introduction of the new products may result in major or minor catastrophes liable to mar the record of a most valuable advance in therapeutics

Having employed protamine insulin for many months I am convinced of its immense value but I am also familiar with the serious difficulties which must arise when any potent drug is introduced with an action sufficiently slow to carry with it the risks of cumulative effect When such a substance has the further property of being variable in its potency owing to changes of the amount held in suspension in different conditions, and of being liable to alteration when slightly contaminated by sterilizing fluids it is clear that considerable care is required in its administration

For these reasons I feel it necessary to express a warning as well as a welcome in this letter—I am, etc,

London W 1, March 8 T IZOD BENNETT

*** A leading article on zinc protamine insulin appears at page 561 —ED *B M J*

Prostatectomy

SIR—A measure of heat has developed in the correspondence between Mr W K Irwin and Mr W W Galbraith on the relative merits of certain operative procedures for the removal of the prostate gland Fortunately a rise of temperature of this kind is never serious it falls to normal in the subsequent atmosphere of thought and reflection

The views expressed in Mr Irwin's original communication indicating that the two stage operation for prostatectomy is the method of choice were followed by a letter from Mr Galbraith condemning the whole procedure and strongly advocating the Harris technique Surely we should not be wedded to any one ritual in dealing with the diverse problems which arise in the average case of prostatic obstruction Each case requires the detached and impartial consideration that experience dictates Furthermore the type of operation should vary in accordance with the surroundings In a propitious atmosphere where the preoperative and postoperative treatment can be carried out under good conditions the Harris operation or its predecessors as described by Thomson Walker and Judd may be adopted without misgiving assuming of course that nothing in the patient's condition precludes operations of this type

The operation must of necessity sometimes be performed under adverse conditions and then the two stage method is one of the best Those who perform the Harris operation *should in justice to the memory of a great surgeon* insist upon the detailed precautions originally described I allude to the preoperative and postoperative care Mr Galbraith has referred to them but their importance may be *overlooked* From Harris's insistence upon scientific treatment before and after operation and the necessity for care and judgement in the general management of the case we may infer that he was one of those who considered the term operating surgeon as obnoxious and that he realized the fundamental distinction which often exists between first class operators and first class surgeons Harris was by no means a mere technician he was what Wallace alludes to as an operating physician a term which accurately signifies the line of modern thought

THE MEDICAL SOCIETY OF LONDON

ANNUAL DINNER

The Medical Society of London held its 162nd anniversary dinner on March 4, when a large number of fellows and guests were present, the president SIR WILLIAM WILLCOX, being in the chair. After the loyal toasts had been honoured, Lord WRIGHT proposed the health of the society. It was, he said, a great honour to be present at a meeting of such an ancient society, founded as it was in 1773 by John Coakley Lettsom. The law, to which he belonged, was, owing to the fact that human nature changed but little a stationary profession. Medicine, on the other hand, was progressive. The one was an art and the other a science. It was medical science that had made the construction of the Panama Canal possible and which had been so invaluable in the conduct of the war.

In responding to the toast SIR WILLIAM WILLCOX thanked Lord Wright for the kind words he had said about the society to the members of which the memory of Lettsom was always green. To those who wished to know more about Lettsom he recommended the life written by Mr Johnston Abraham who was present with them to-night. The Medical Society of London, Sir William remarked, was almost the only medical society that did not admit women within its ranks. It was possible that this exclusion might not be maintained in the future. Reviewing the year during which he had been president he said that the position of the Medical Society of London was to-day better than it ever had been but the one thing it lacked was an endowment and he hoped that admirers of the society would in time supply the necessary funds. The number of fellows was now over 600, and among them were a large number of young and energetic medical men. Sir William then announced that Dr Arnold Chaplin had presented to the society nearly 400 engravings of famous medical men on condition that the engravings were suitably housed and catalogued. Dr Chaplin hoped that this would form a nucleus for a large collection. On behalf of the society the president warmly thanked Dr Chaplin for this generous gift.

The difficult task of proposing the health of the visitors was admirably carried out by Mr J. E. H. ROBERTS, who with short biographical notes welcomed the following: Lord Wright, Lord Burghley, Sir Arthur MacNalty, Sir Edward Tindal Atkinson, Lord Dawson of Penn, Sir Buckston Browne, Dr Arnold Chaplin, Dr Watson Smith, Dr A. P. Gibbons, the presidents of kindred societies, the Medical Directors-General of the Navy and Air Force, and representatives from the *Lancet* and the *British Medical Journal*. Responding for the guests, Lord BURGHLEY said that he spoke with the trepidation most people felt when they came into contact with the income-tax collector and the medical profession. One of the most remarkable characteristics of the medical profession to-day was its great activity. Discussing the question of fitness Lord Burghley said that other nations had stolen a march on us in the matter of physical fitness of the young and this did not apply only to the totalitarian countries. In the excellence of our social services we had led the world, but in the matter of physical fitness we had lagged far behind. There were two problems to be solved. The first and simpler was the provision of adequate recreational facilities. The second and more difficult problem was the changing of the mind of the young people in this country. To secure the end that was desired every organization had a part to play, and the medical profession could play the greatest part of all. SIR ARTHUR MACNALTY, who also replied on behalf of the guests, said that Lettsom [illegible] many of the questions to which those [illegible] public health were devoting their attention to-day—the importance of fresh air, good food, and good physique. Referring to the activities of past presidents of the Medical Society of London Sir Arthur told how during a cholera epidemic in 1854 Dr John Snow had informed the vestrymen of St James's that the water supply was at fault. The epidemic was controlled by the simple process of removing the handle from the Broad Street pump. Another president, Sir Benjamin Ward Richardson, had given in 1875 an address on the advisability of appointing a Minister of Health. Sir EDWARD TINDAL ATKINSON, also speaking for the guests, paid tribute to the medical profession for the assistance they rendered his department in dealing with medico-legal problems and in this connexion mentioned especially Sir William Willcox, Sir Bernard Spilsbury, and Dr Roche Lynch.

THREE YEARS OF L.C.C. HOSPITAL SERVICE

The administration of the L.C.C. hospital services which figured prominently in the elections decided on March 4 was the subject of a long review presented at the last meeting but one of the old Council by Mr Somerville Hastings, chairman of the Hospitals and Medical Services Committee. It was a statement chiefly numerical, of the developments and extensions of the last three years, the "life" of the outgoing Council. Many of the facts and figures given in the review have been recorded in these columns from time to time in notes on the Council's proceedings or reviews of its annual reports.

The number of hospitals under the control of the committee—seventy-four—is the same as it was in 1933. The accommodation in these hospitals shows a slight decrease on the figure of three years ago, or, if allowance be made for certain beds temporarily unavailable owing to reconstruction works, a slight increase. This situation at first sight rather puzzling in view of the ever-increasing demand on the hospitals, is explained in the report in the statement that side by side with the provision of new accommodation there has been a reduction in existing accommodation from two causes: (1) the modernization of existing unsatisfactory wards entailing the partitioning of portions of them for duty rooms, ward kitchens etc., and (2) the necessity for reducing the number of beds in overcrowded wards particularly as a result of the standards of bed space laid down by the Council in 1935 for various categories of patients. It is added that no patient whose admission was duly authorized was refused or indeed could be refused. Until the accommodation is increased sufficiently to render it equal to the demand in all exigencies the pressure of accommodation on many hospitals during the winter peak must continue to be met in the only way possible—by the provision of temporary extra beds in wards.

The new accommodation provided during the last three years consists of 996 beds and extensions are under construction or in preparation to provide a further 1,834 beds. Reconditioning schemes carried out at public health institutions allocated for use as hospitals have during the same period provided 1,038 beds suitable for chronic sick patients and a further 1,200 beds for this class are in prospect. Of the new accommodation 323 beds are for maternity patients. In addition, as already stated in the *Journal* of February 6 (p. 294) a new hospital of 500 beds has been authorized south of the Thames (at Tooting).

Increases in Treatment and Service

The admissions to the general hospitals in 1936 numbered 173,997, an increase of 24,000 on the figure for 1933 and the attendances of out-patients numbered 778,600, an increase of over 300,000. At the special hospitals in 1936, a year of measles epidemic, the number of admissions was 57,188, a falling off on the figure for 1933 and almost exactly the same as the figure for 1932, which was also a year marked by measles epidemic. Confinements in the Council hospitals increase by more than 2,000 every year. The number in 1936 was 17,831 comparing with 11,668 in 1933. The attendances at ante-natal

I think the following words of Harris illustrate what I desire to convey "The most careful aseptic and antiseptic ritual must be observed in the case of the indwelling catheter Any slovenliness in this regard, apart from any immediate ill effects, will reap its own harvest of post-operative septic sequelae" And again "The method so often seen of allowing the open end of the catheter to drain into a urinal between the patient s thighs is fraught with danger, and should no longer be tolerated" I venture to say that Mr Irwin is not on solid ground in his wholesale condemnation of the indwelling catheter Everyone recognizes its drawbacks He says it is to some patients an instrument of torture and to all a method of treatment conducive to sepsis I have recently (*Practitioner*, March, 1937, p 284 et seq) described the methods by which torture and sepsis can be avoided

In referring to the Harris operation Mr Galbraith says it is not the method for the occasional prostatectomist, as considerable experience in bladder surgery is essential and not a little skill I am disposed to take another view The operation appeals to those who are accustomed to deal with difficult plastic operations on the bile ducts, to those who repair cleft palates and perform the many plastic procedures with which the general surgeon is confronted as a daily routine I congratulate Mr Galbraith on his results following the Harris operation He says 'After the plastic operation (Harris) the vast majority of the patients micturate naturally after the withdrawal of the urethral catheter on the tenth post-operative day" He invites readers of the *British Medical Journal* to see the operation performed by a surgeon experienced in the correct Harris technique, and the smooth, comfortable, and speedy convalescence which follows I have seen many Harris operations performed by experts, but the results, although sometimes beyond reproach, were by no means as satisfactory as Mr Galbraith portrays On the other hand, Mr Irwin is particularly unfortunate in judging results by a case with a swollen penis, pus dribbling from the urethral meatus, and urine leaking from the suprapubic wound

I have had the privilege of watching the work of many of those who have studied intensively the problems of prostatic obstruction These included Freyer, Thomson-Walker, Judd, Squier Bumpus and many Continental observers I have seen also the methods adopted by a younger generation in London and in the great surgical centres in the provinces As a result of this and a long experience I vary the operation of prostatectomy to suit to the best of my judgement, each individual case The facilities for proper pre-operative and post operative care are often the deciding factor In most cases I plan the operation so that a clear view can be obtained of the prostatic bed This is a point against the two-stage procedure I fear the first stage of this last operation in bad risk cases, unless slow decompression is secured by means of the catheter or by a suprapubic tube introduced with the aid of one of Kidd s appliances To the suprapubic tube a glass dripper is attached (Mr Irwin draws attention to the necessity for such precautions) When the gland is removed and the cavity visualized it may be obvious that the wisest course is to leave well alone It may be advisable to secure a spouting vessel, and it is nearly always desirable to clear the area of tags and debris On the other hand a plastic operation of the Harris type may be the ideal Unless speed is essential the walls of the bladder are closed layer by layer, just as in intestinal suture For ten years I have employed open suction drainage as a routine when primary closure was contraindicated Open suction is a simple means of keeping the patient dry and clean It is difficult to prove but I am convinced that suction has diminished the incidence of post-operative haemorrhage

I have not adopted the Harris operation with the same enthusiasm as some of my friends and colleagues for two reasons In the first place I sometimes fear the very complications which Harris was able to eliminate—haemorrhage and sepsis—in the absence of a suprapubic drain. Unless there is unremitting vigilance after operation and personal attention is given with unceasing regularity these disasters may occur It is not always possible to fulfil these conditions. Furthermore, the boomerang needle does not appeal to me In discussing needles with Harris he told me he had experimented with many others, but I doubt if the various forms of cleft palate needles and holders have had a fair trial

Mr Galbraith reasonably raises the question of multiple anaesthetics in a many stage procedure Local anaesthesia however, is the ideal for suprapubic cystotomy After infiltration of the tissues in the middle line and exposure of the bladder the wall of the latter is infiltrated through a fine needle and the tube is painlessly introduced

Is there not a danger that we are losing our sense of proportion and judgement as regards the operation of prostatectomy? We lost it when Lane was treating every fracture with plates and screws with admirable skill, we lost it more recently in the surgical treatment of peptic ulcers Advocates of the two-stage operation, converts to the Harris method, and those who favour almost exclusively endoscopic resection are equally convinced they have reached Utopia All are surprised to find there is more than one main road The whole history of surgical progress suggests balanced judgement, conservatism in forming conclusions, and the avoidance of dogmatic assertion A fellow countryman practising medicine once told me he had found by experience that the surgeon who was never in doubt was invariably wrong!—I am, etc,

London, W 1, March 6 W I DE C WHEELER

Psychological Factors in Rheumatism

SIR,—In the exuberance of his attack on Dr J L Halliday, Dr James Cook has overlooked the fact that he is in complete agreement with Dr Halliday so far as the latter s main thesis is concerned In all the valuable papers which Dr Halliday has contributed to the *Journal* his principal theme has been to point out that many patients alleged to be suffering from physically determined disease are in fact the subjects of mentally determined conditions I gather that this is Dr Cook s view also The difference between their views rests on the fact that one of them thinks that malingering is common while the other would give weight to unconscious factors in many cases, but it is no more hazardous to correlate rheumatism with misfortune than it is with malingering

It is not surprising that these different outlooks should exist, for one of these observers draws his conclusions from a prison population and the other from people living in freedom It is true that the inmates of a prison do not differ very much from the rest of us as regards their essential make-up, but their environment is quite different from ours, and I fancy that if we found ourselves in that environment many of us would be tempted to make the most of any ailments we had

It is true that Dr Cook does not mention the word "malingering," nor does he say explicitly that his treatment was punitive, for these are dangerous words to use, but unless he implied them all that he says about prisoners is meaningless It is regrettable that he does not tell us whether he used the methods of isolation, purgation, and buttermilk diet in the treatment of rheumatic patients in his outside practice, seeing that he had so many cases, and as he had so splendid a panacea for the prisoners he must have devised something as useful for those outside, but he says nothing about them

I wonder whether Dr Cook ever considered that some of his prisoners, even after his strict examination, may in fact have suffered from physically determined pain, but

clinics reached just upon 120 000 compared with 58,000 three years earlier It is stated that there has been also a considerable increase in the attendances at the post natal clinics Some further figures show substantial increases in treatment and service at the general hospitals

	Operations	Massage and Electrical Treatments	X ray Films	Laboratory Examinations
1934	33 689	482 452	130 830	390 824
1935	37 365	544 007	169 773	441 767
1936	41 176	623 253	202 715	515 631

Among other details given in the report is an extended reference to nurses' accommodation Since 1934 new accommodation has been provided at various hospitals for 813 nurses, and it is under construction or in preparation for 1,596 others Each nurse has a separate bedroom and each departmental sister a sitting room in addition When a hospital has a training school for nurses and adequate accommodation does not already exist provision is made in the nurses home for lecture and demonstration rooms and library

The ambulance services, general and accident have their place in the multiplication table The number of persons conveyed in 1936 was 372,260 some 14,000 more than three years ago Finally as to cost the expenditure is given only from April to December of 1936, as the financial year runs from April to March The capital expenditure during those nine months was £348,653, and the maintenance £4,181,129 The committee claims that while the annual cost has inevitably increased the increase has been reasonable having regard to the extensive developments in all directions during the last three years and that this has been possible only by constant and close supervision and effort on the part of all concerned By the time these words are read it will be known how far the electors of London have endorsed this view

Reports of Societies

IRRADIATION, PRE- AND POST OPERATIVE, IN MALIGNANT DISEASE

A discussion on the value of pre and post operative irradiation in malignant disease took place at a combined meeting of the Sections of Surgery and Radiology of the Royal Society of Medicine on March 3, Professor GREY TURNER presiding

Mr W SAMPSON HANDLEY said that of the methods of radiation he thought radium more effective in quality and subject to fewer drawbacks than *x* rays, but both agents had their field There were not wanting sceptics who denied to irradiation any value in connexion with operations for carcinoma but their error was most clearly seen when considering post operative irradiation in the prevention of implantation recurrence After describing a short series of cases he said that they illustrated the reality of the danger of implantation of floating cancer cells in the operation wound and the effectiveness of radium in dealing with the condition If radium could destroy massive implantation recurrence it would, if applied just after operation, destroy the implanted microscopic foci For this purpose deep x rays would probably be just as effective as radium and more convenient

Implantation Recurrence

Implantation recurrence even when considered alone provided a wide field for the post operative employment of deep x rays There were indeed few cases in which the possibility could be excluded, and a short course of deep x rays should be applied to the scar after operation in all cases of gastric and pelvic malignant disease breast cancer and malignant glands in the neck He never advised pre operative irradiation except in rare cases as a possible means of converting a fixed inoperable growth into a mobile operable one, but he admitted that his decision against pre operative irradiation was based on *a priori* grounds, and might be considered as a prejudice Pre operative irradiation entailed unnecessary and undesirable delay in the performance of the operation and during the time of waiting the deep microscopic extensions of the growth which were its most dangerous part had time to make further advance He believed that some who practised this method postponed operation for as long as three months on that account The delay would not matter if it were certain that in the meantime the deep extensions of the growth were kept inactive by irradiation treatment but the evidence was the other way In cases treated by x rays only it was his experience that as a rule while the primary growth shrank and became mobile dissemination proceeded unchecked or only partially checked

It was certainly very difficult even with modern apparatus and methods to convey to any considerable depth beneath the skin a dose of x rays lethal to carcinoma cells To attempt the irradiation of carcinoma cells in the pectoral fascia or muscle through the whole thickness of a voluminous mamma was to impose on the method an extreme handicap but when the breast had been removed even deeper layers such as the intercostal muscles or the pleura were brought within a short distance of the skin and exposed to the full force of the radiation Again there were certain glands—namely the apical glands of the axilla and the internal mammary glands—which were so sheltered that he doubted whether they could be dealt with by any dose of x rays that the overlying skin could tolerate The apical glands in the axilla could easily be removed and the internal mammary glands could be treated at the time of operation by interstitial radium tubes but subject to any evidence from his radiological colleagues it seemed to him that no proof had yet been supplied that x rays could destroy the carcinoma cells in the internal mammary glands and he had proved that interstitial radium was competent for that purpose Until convinced of the equal competence of deep x rays he would continue to use interstitial radium for the internal mammary glands as a routine in all breast cancer operations

A decision as between pre and post operative irradiation on statistical grounds would not be possible for a long time to come The differences between individual cases of breast cancer were so enormous that large errors of sampling were inevitable The differences in the methods of individual radiologists were at least as great and the x ray tube was still undergoing evolution The best hope for progress in treatment appeared to lie in public education as to the vital necessity for prompt attention to suspicious lumps in the closer study on the part of radiologists as well as surgeons of the process of dissemination and in the adoption practically as a routine after carcinoma operations of a short prophylactic course of x rays at a voltage of at least 180 000

Pre-operative Irradiation

Dr W M LEVITT said that he did not think all surgeons would be as generous as Mr Sampson Handley in conceding a case for x rays in the routine treatment of carcinoma of the breast In a series of 100 cases of breast carcinoma a certain number would be well five years after treatment by surgery and a certain number would be well five years after treatment by irradiation The identity of the individuals in the two groups would almost certainly be different It was obvious that the factors which made for radio sensitivity and for operative success were

that after one course of his treatment they thought it wiser never to complain to him again about any symptom To silence a patient is not always to cure him A prisoner knows he has no redress in the matter of an internal scourging which leaves no marks that might be shown to visiting justices These are not pleasant thoughts, it is in truth very unpleasant when doctors in official positions let themselves become the people who mete out punishment

I do not agree that Dr Halliday seems to claim to have discovered anything new To me it seems that he is calling attention to something well known which is being neglected

On one point I am in full agreement with Dr Cook I hope he will remain guarded about psychoanalysis and not attempt to use its methods But that is not because I think that those who do so are necessarily "as queer as their patients —I am, etc

London W 1 March 6 T A ROSS

The Maudsley Hospital

SIR,—Your leading article (*Journal* March 6 p 507) on the organization of the Maudsley Hospital with its unrivalled sources of clinical material records Dr Mapother's opinion that it will be found necessary here as in the rest of the civilized world, to affiliate psychiatric clinics with teaching hospitals This is a policy which no one who is interested in general as well as psychological medicine could fail to endorse but it should be pointed out that there are two types of affiliation among the clinics abroad The more usual type of liaison is of very intimate nature, and the psychiatric clinic is in fact part of the general hospital and stands if possible in the same grounds This has advantages over mere affiliation advantages not only of mere proximity of the resources of one to the other, but advantages which derive from the identification of the psychiatric clinic with the general hospital

Professor D K Henderson of Edinburgh recently pointed out that the time is passing when it should be necessary for patients to be admitted to a mental hospital on different terms from those on which they are admitted to general hospitals, and admission should be as free to the one place as to the other Very much the most likely way of bringing this about is that psychiatric clinics should be as necessary a part of the general hospital as a children's clinic or a maternity ward is now There are clearly other advantages from the patient's point of view in being in a general hospital with all its facilities for investigation and treatment From the aspect of medical education the advantages are equally obvious From the scientific standpoint it is in a close association of this kind that the hope lies of raising psychological medicine in this country to the Continental and American standards —I am, etc,

London N W 1 March 8 R D GILLESPIE

Large Renal Calculi

SIR,—In the *Journal* of February 20 (p 387) Mr D J Harries gave an interesting account of a large renal calculus he removed and a list of large calculi that have been removed in the past It is of interest to know that Mr Hurry Fenwick removed a large renal calculus and several smaller ones from a man in Leicester in 1887 When dry, the single large calculus weighed 26 oz The patient lived for eight years after the operation I do not think Mr Hurry Fenwick published this case as no mention of it is made in any list The calculus was kept by the patient and many years later it was given to me by his daughter in law It is now in the Museum of the Royal College of Surgeons Roughly speaking it is the size and shape of a guinea-pig This calculus should be included in the list of such cases —I am, etc,

Evercreech Somerset Feb 25 DESBOROUGH BRODIE

Puerperal Inversion of Uterus

SIR —I was greatly interested to read in the *Journal* of January 30 (p 220) of a case of acute puerperal inversion

In my practice as a medical missionary in Northern Rhodesia I was called in December 1933 to see a patient—an African native woman of 19 years of age Eight hours before I saw her she had been delivered of a 6 lb male child this was her second baby her first being 18 months of age I strongly suspected that the placenta had been delivered by traction on the cord although the native midwife strenuously denied this rather too strenuously in my opinion

When I saw the patient she was suffering from a very mild degree of shock and from slight haemorrhage The uterus was completely inverted the fundus presented outside the vulva and the cervix was low down in the vagina That *portion of the uterus lying outside the vulva was caked with* dust from the mud floor of her hut Under chloroform anaesthesia the uterus was thoroughly cleansed and well swabbed with iodine and was then gradually and with extreme gentleness reduced No further treatment was given and unfortunately I was prevented from seeing her on the next day Forty hours after the operation of reduction I was more than a little surprised to see her standing on my veranda She had walked twelve miles to thank me for curing her There were no signs of sepsis temperature 97 8 F, pulse 72 and the uterus was felt by abdominal palpation to be in the normal position From the time when the inversion of the uterus had been rectified she had a perfectly normal puerperium Nine and a half months later she delivered a full time child the confinement being in every respect normal

The most striking points in this case were the comparatively slight amount of haemorrhage and shock and the complete absence of sepsis Incidentally in my four and a half years experience among the natives of Northern Rhodesia I have never come across any puerperal sepsis —I am, etc,

T MORRIS BEVERIDGE M.B, Ch B
Late of Church of Scotland Mission Hospital
Chitambo N Rhodesia

Edinburgh March 1st

Cancer of the Breast

SIR —I would hesitate to take part in the interesting discussion on the treatment of cancer of the breast appearing in the correspondence columns of the *Journal* did I not feel that the dust of battle was obscuring at least two important considerations which should receive attention in any discussion of this important subject I refer to the fear of the surgeon's knife and the horror that many women entertain of the mutilation ablation of the breast inflicts upon them These are two factors that account for much of the regrettable delay in seeking treatment we are accustomed to meet with in these cases a delay which in the Hamburg census of 1908 was found to average eleven months and which has apparently not been much reduced since then

In the last twenty cases operated on for cancer of the breast at the National Temperance Hospital eleven or 55 per cent showed involvement of the axillary glands According to Mr Sampson Handley this would indicate that in these eleven cases already the internal mammary glands were also involved and the disease had passed beyond the reach of the surgeon's knife alone Cases therefore continue to reach the surgeon in a very late stage of the disease

widely different and even in some cases antagonistic The factors determining operability might be termed "mainly mechanical," whereas radio sensitivity depended upon certain obscure biological properties in the cell It was reasonable to suppose that if these methods of treatment were combined a more or less complete summation of success might be expected But how were they to be combined? Should irradiation precede or follow operation? How long was to elapse after the one procedure and before the other? What would be the dangers should x rays or radium be used? In the past, when the two methods of treatment had been combined, it was the common practice to carry out the radical operation first and to regard x-ray therapy as a rather doubtful safeguard following operation Carcinoma cells required a lethal dose of irradiation, whether they were living in small colonies which had escaped the surgeon's knife or in large colonies which were clinically appreciable Partly because of the tendency in the past to under-treat these cases post operative irradiation had so far produced no spectacular improvement in the published results, although the percentage of local recurrences had materially decreased Another factor was that few surgeons sent their patients for irradiation as a routine measure

Surgical Objections

The objection of the surgeon to pre operative irradiation was, in the first place, that it meant an undesirable postponement of the operation, and in the second place that the progress of secondary deposits was uninfluenced by the local irradiation, though it was equally true that the progress of secondary deposits was uninfluenced by immediate surgery Was the irradiation treatment capable of preventing the occurrence of fresh secondaries, and at what stage in the treatment? Surely the danger to the patient during this fortnight or so interval must be offset by the reduced danger of implantation at the operation A third objection was the difficulty of conveying x rays to the requisite depth, but this did not hold so far as high voltage therapy was concerned [illegible] were able to pass through bone almost the soft tissues

In favour of pre-operative irradiation was the definite experimental evidence, not only that the irradiated carcinoma cells were much less likely to flourish should they be implanted in the site of the operation, but that a considerable reduction in the size of the growth followed irradiation, and this must clearly be interpreted as meaning actual damage to the tumour cells Dr Levitt summed up in favour of pre operative irradiation with a reduced x ray dosage and without modification of the radical operation, followed by a supplementary course of post-operative irradiation An interval of from four to six weeks was recommended between the pre-operative irradiation and the operation The supplementary post-operative course should be given as soon as the patient had sufficiently recovered from the operation The post-operative field was unsuitable for interstitial radium, and with modern methods of deep x ray therapy protection of deep structures was easily obtained In pre operative irradiation he did not think that the choice as between the two agents was important With x-ray administration any anæsthetic was avoided, but, on the other hand, x ray treatment was tedious and required about three weeks to complete

Radiation Sensitivity and Resistance

Dr G F STEBBING asserted that in the treatment of malignant disease irradiation had a much wider field than surgery Many cases could be treated by irradiation for which for one reason or another surgery was unsuitable In carcinoma of the breast he started treatment on the assumption that by irradiation alone he would be able to get rid of the tumour Excision of the breast and adjacent structures was only performed when it was realized that irradiation by itself was not going to be successful Pre operative irradiation could be given for the following reasons (1) to reduce the size of the tumour by getting rid of the most radio sensitive cells, (2) to render the tumour more mobile, (3) to lessen the vitality of the tumour cells so that during the operation any of them which were sown on the surface of the wound had less chance of surviving to form local recurrences or metastases In the majority of tumours there were a certain number of very radio sensitive cells, and a very small dose of x rays therefore was better than none Post operative irradiation was only given on the assumption that the operation had left behind certain tumour cells It was generally thought that if tumour cells were sown on the wound surface during operation they would be more rapidly and easily destroyed than cells growing in a tumour This was unlikely to be true for cells which were in a resting state, and cells partially asphyxiated were more radio resistant than cells forming part of a growing tumour The only important thing was that each cell of the tumour, large or small, should receive the necessary amount of irradiation at the proper time After a radical breast operation it was not possible to deliver to that part of the wound over the chest wall an effective carcinoma-killing dose of x rays without doing lasting injury to the skin He doubted very much whether it was desirable to give any routine post-operative irradiation to the lateral aspect of the chest wall If and when recurrences appeared in this area they could be treated by radium, which entailed little constitutional disturbance to the patient

The position was different with the axilla which, with the supraclavicular region was a not uncommon site of recurrence Here irradiation could be so arranged that every lymph gland in the region could be given a carcinoma-killing dose without causing more than a temporary inconvenience to the patient For very superficial tumours such as local recurrences after operation applications at a few millimetres from the surface formed the best means of treatment with little discomfort to the patient Post-operative irradiation should always be employed where it was known or assumed that carcinoma cells had been left behind Suspected metastases even at a distance from the primary site should always be treated when they were accessible to irradiation and not so numerous as to render the effective treatment of all of them impossible

Theoretical Conceptions

Dr RALSTON PATERSON entered into a discussion from the theoretical point of view of the manner in which pre operative or post-operative irradiation was likely to act He did not think there was any substantial evidence that irradiation could in any way increase immunity or body resistance to metastatic growth A mild post operative irradiation might act as a temporary growth restraining factor This growth restraint was of undoubted value, but of no enduring importance, and did not come into the consideration of radiation as a curative agent. To be of value pre-operative or post-operative irradiation must be given in such doses as were known to produce definite lethal changes in whatever type of malignant disease was concerned There must be no difference between irradiation used as a pre operative measure and irradiation applied as a direct therapeutic agent Whether in the presence of obvious disease or not it had to be given as intensively as possible Mild prophylactic courses of irradiation were, frankly, a meaningless concept Further, irradiation carried out before or after an operative procedure would only be of value in that type of case where it was proved to be of value when used alone

A lesion genuinely inoperable when first seen could not be rendered operable by irradiation unless it were at the same time completely cured by that irradiation By a process of shrinkage of growth a condition might be so altered as to appear and feel operable, but such an appear-

Conceding for the sake of argument that Mr Sampson Handley's scheme of treatment is the best, is it not possible that this is an occasion when the best is the enemy of the good and that by constantly insisting on the best we are putting obstacles in the way of our doing the good, which, while falling short of the best, may yet be very good indeed? It seems to me possible that if the radiologist could only obtain in cases of cancer of the breast 50 per cent of the successful results claimed for surgery in operable cases, his total successful results in cases presenting themselves to him for treatment might considerably exceed the successful results of all cases presenting themselves for surgical treatment At the present time so many cases are seen so late that neither the surgeon nor the radiologist can hope for success Were the fear of the knife removed this most regrettable delay might to a great extent be avoided and the hope of successful treatment much increased

Early operation may offer the best chance of cure, but should we not face the fact that patients are unwilling to come early to the operating surgeon?—I am, etc,

London, W 8, March 1 HAROLD H SANGUINETTI

Ludwig's Angina Treated with Prontosil

SIR,—I read with interest Dr W H Palmer's report in the *Journal* of February 27 (p 472) on the efficacy of prontosil in a severe case of Ludwig's angina He remarks on his inability to estimate the value of the method by considering a series of cases so treated, since this line of treatment has in the main been confined to obstetrics it is unlikely that anyone could draw conclusions from a number of cases of cervical cellulitis so treated Yet what may be lacking in the experience of one man might be gathered from a lumping together of occasional cases if those responsible would trouble to report them If prontosil or any similar preparation can be relied upon with a high degree of certainty to prove effective in severe septic conditions of a streptococcal nature, such as cervical cellulitis, then we have at our disposal an agent that will relieve the surgeon and conserve the already depleted powers of resistance of the patient by eliminating the necessity for operation, not to mention preservation of the neck from disfiguring scars Dr Palmer's letter moved me to report the following case which I treated a month ago

A man, aged 25 passing through the immediate post-influenzal period, developed an acute alveolar mandibular abscess in the molar region on the left side The mouth was supposed to be edentulous but examination showed three root fragments It was decided that all the fragments should be removed, though only one of them was giving trouble at the time

This was done under gas and oxygen, and the patient appeared well No further trouble was anticipated Four days later I received a somewhat urgent request to see the patient I found him seriously ill with an extensive cellulitis from the malar process and infra orbital region to the clavicle on the right side From the horizontal ramus of the mandible to the thyroid cartilage the neck felt like wood Externally all anatomical landmarks were obliterated by the swelling and induration The floor of the mouth appeared to be a mass of sloughing tissue with a foul smell The tongue was upturned hard and fixed as though carcinomatous Rigors were experienced, the temperature was 103° F The case was not a pleasant one yet immediate incisions and drainage appeared to me the only life saving measure At the same time I realized that I might easily lose under the anaesthetic a patient whose recuperative powers had been so violently assailed

The patient fortunately solved the difficulty He did not want any more operating He became highly emotional and hysterical breaking down and sobbing freely It was then I decided to wait twenty-four hours longer and try the effect of prontosil As a matter of fact I used Evans Lescher and Webb's preparation, streptocide At the same time he had local treatment, which consisted of swabbing with a 2 per cent solution of mercurochrome, together with a cardiac tonic and free pugation

By the next day the external appearances were much the same, but I felt that the patient was not quite so ill He certainly was not worse, so I decided to continue with the streptocide On the third morning there was a surprising and gratifying change The temperature had dropped to 100° F, the external swelling was still much the same but the indurated area was softening The mouth itself showed a great improvement in that the sloughing was less and the tongue much freer From this time fairly hot lotions for the mouth were added to the treatment On the fourth morning the improvement was maintained and was so marked that I felt that the case was likely to recover From this time the improvement continued steadily Within eight days the patient was up and about, though there was still a little swelling and induration present under the symphysis and in the submaxillary region with some soreness on pressure along the sterno mastoid He made a good and complete recovery

Since most of these cases are usually streptococcal, and often dental in origin, it would appear a wise thing in the early days or hours of onset to prescribe prontosil or similar preparation freely—I am, etc,

Manchester, March 3 H LYTH

Physical Training and Pregnancy

SIR,—As the National Advisory Council for Physical Training is now in being I am writing to suggest that the opportunity might be taken to investigate the advisability of suitable exercises for prospective mothers In a book recently published called *Safe Childbirth* Dr Kathleen Vaughan indicates that much of the slow and difficult labour of to day is due to the oval pelvic brim as distinguished from the round brim which she has found in races where childbirth is easy She believes that suitable exercises will produce a better-shaped brim with more mobile joints Could not the attention of the National Advisory Council be drawn to this question?—I am etc

London, S E 19, March 4 M I BALFOUR

"Rachi-resistance" and Spinal Anaesthesia

SIR,—The recent correspondence concerning "rachi resistance" has been rather interesting From time to time in informal discussions about spinal anaesthesia I have heard remarks similar to those of Dr W R Black and Mr G A B Walters (*Journal*, January 30 p 218) A few anaesthetists, without being aware of the term "rachi-resistance," have said that some of their patients seem to have had a sort of immunity to the effects of spinal anaesthesia In 1929 and 1930, when we first began to use spinal anaesthesia according to the Pitkin technique as modified by Sise, there were a few failures which were ascribed to idiosyncrasies of the patients With increasing experience, however, these failures became extremely rare At the present time there have been approximately 2,500 anaesthesias with spinocain given in the Central Park Clinic, and based on this experience it is the opinion of myself and my associates that failure to produce anaesthesia is due to an error in the technique of administration

This statement applies only to a complete failure to produce anaesthesia We have had cases in which a desired level was not reached and in one of these we were able at a later date to demonstrate a partial block in the canal caused by an old fracture It is more than likely that many partial failures associated with a some

ance was deceptive in that damaged though not dead malignant cells were present A surgeon finding himself in difficulties and unable to effect a complete removal when he had expected to do so could not be rescued from his misjudgement as to operability by his *radiological* colleague either by calling for radium at the beginning or asking for x rays later Owing to the opening of the malignant tissue the patient's chances became less than they would have been had the case been treated as an inoperable one from the beginning Surgical excision and radical radiation treatment must be looked upon as two independent methods Half a treatment by x rays and half a treatment by radium might conceivably add together to produce a cure and be a whole treatment but half a treatment by surgery and half a treatment by irradiation could not summate to anything at all Each method of treatment must be very thoroughly employed so that it achieved in its own right a definite percentage of cures without leaning on the other except in so far as it was associated with it in actual clinical use

General Discussion

Miss LOUISA MARTINDALE showed an analysis of a long series of her cases proving the value of post operative *irradiation with x rays* Out of sixty six cases of breast cancer in which radical operation was followed by adequate deep x ray therapy, fifty three survived three years forty seven five years and twenty eight ten years In some cases she had also used pre operative treatment but only because she had had to keep the patient waiting for a bed in hospital Dr DOUGLAS WEBSTER expressed the view that in breast cancer post operative irradiation more or less doubled the value of the purely surgical result He had also treated post operatively cases of cancer of the cervix—mostly those in which hysterectomy had been done—and he was inclined to think again that the value of the operation result was doubled by the irradiation treatment The value of pre operative irradiation was most clearly shown in borderline or inoperable cases He had seen irradiation applied to large masses of growth in the breast with the result that a frankly inoperable case became operable, and although a large mass had still been left it had not regressed If pre operative irradiation could do so much in advanced cases it was likely that it could do still more in milder and operable cases

Dr G B BATTEN mentioned that Mr Sampson Handley had operated on one of his patients—a woman of 72—more than twenty five years ago for breast cancer the woman died five years ago at the age of 92 without recurrence All such operations had been followed by interstitial radium and post operative x ray treatment not at very high voltages—185 to 200 kV Dr J E A LYNHAM was not in accord with Dr Paterson when he claimed a surgical conception of post operative irradiation Dr Paterson's desire was to get a massive dose of irradiation into the tissues in a very short period but it was well known that where large tumours had been given massive doses of *x* rays and subsequently microscopic section had been done a certain number of cells had been found to have survived very often in the periphery of the mass where the intensity of the irradiation might be assumed to be the greatest Some of Dr Martindale's cases went back for many years, when high voltages were not used Surely there was something to be said for the sort of dose given in those days

Mr SAMPSON HANDLEY replying said that he thought Dr Stebbing over stressed the physical elements in radiation and under estimated the importance of pathological knowledge as the guiding principle Dr Stebbing had suggested that Mr Handley's method of introducing radium tubes along the borders of the mammary glands was a hit or miss method on the contrary it was a method of precision based accurately upon anatomical findings

UNUNITED FRACTURES

At a meeting of the Section of Orthopaedics of the Royal Society of Medicine on March 2 Mr WHITCHURCH HOWELL presiding, a discussion was held on the prevention and treatment of ununited fractures Fractures of the neck of the femur which have been considerably discussed were excluded

Mr A M A MOORE declared that the problem of non union which had exercised the minds of surgeons for a very long time was as acute as ever In conversation with other orthopaedic surgeons he had formed the view that the percentage of cases of ununited fracture was decidedly high He proceeded to a study of sixty five such cases at three hospitals with which he was connected in the London area Of these cases, which extended over a period of ten years forty six were originally simple fractures and nineteen compound, twenty nine of them occurred during the first half of the period and thirty six during the second half All of them were cases which had not united despite treatment for six months after the primary injury It was difficult to obtain particulars of the early treatment which had been carried out in nearly forty hospitals and other institutions The Wassermann reaction was tested in thirty nine of the cases and was positive in two One patient had chronic nephritis (this was the only one in whom any urinary abnormality was found) one had rheumatoid arthritis and one developed sclerodermia Complete blood investigations were carried out in nineteen cases, but no positive results were obtained It was suggested that the taking of an excessive number of x ray films had a bearing on non union and in one case forty five films had been made in four weeks but in this instance he did not think the number of radiographic examinations had had any part in the result No general factor accounting for non union was established Bone infection could be demonstrated clearly in nineteen of the series Very careful attention was paid to the possibility of over extension as a cause of non union Twenty out of the sixty five cases had been treated by skeletal traction over a long period during the primary treatment, and in some of this series the radiological evidence of over extension was clear His impression was that whilst skeletal traction was an extremely valuable method of applying extension it had often been used without reasonable care

Grafting Operations

Mr REGINALD BROOMHEAD spoke in particular of reconstruction operations and their technical difficulties In his series of cases the commonest site had been at the middle and lower third of the tibia next came the radius and ulna and much more rarely the humerus and the femur There were various opinions about the method of bone grafting One view was that a bone graft was only successful when chips were used He did not believe that bone chips in themselves were effective in treating ununited fractures Another view was that the graft would only take when its blood supply was preserved by having muscle attached to it but such a graft was manifestly technically impossible for all ununited fractures in the middle of a long bone He was strongly of opinion that if a bone grafting operation was to be done it must be carried out as a sound mechanical proceeding and the bone should be as large a piece as was compatible with the mechanical conditions present The graft also must be firmly fixed In the forearm bones where there was no weight-bearing the bridging of a gap was usually successful In the case of the humerus he thought it was best to make a Z shaped cut and to fix the ends together with two wires Operations on the humerus were not at all easy and in order to make a good Z shaped cut so that there was apposition of the cut surfaces a wide exposure was necessary It was essential to be careful with the traction because the musculo spiral nerve was so liable to be damaged As a first step in operation the

what bizarre spread of anaesthesia are due to the presence of old adhesions within the canal

In conclusion, I must agree with Mr Norman C Lake (*Journal*, February 6, p 297) that it is inadvisable to invoke a concept such as 'rachi resistance' to explain a failure to obtain a satisfactory spinal anaesthesia.—I am, etc,

New York, Feb 19 JOHN BURKE

Angioneurotic Oedema of the Tongue

SIR,—Not uncommonly acute swelling of the tongue and lips is caused by drugs of the antipyrine–phenacetin group—in certain people even a very small dose may be responsible.

The first case of the kind I saw was many years ago in an American patient to whom I gave a tablet of the above drugs. Almost immediately the tongue and lips became acutely swollen. The swelling subsided very soon without treatment. The patient allayed my anxiety by telling me that a few years previously in New York the same thing happened after presumably a somewhat similar headache tablet.—I am, etc,

London, S.W.1, March 6 REDMOND ROCHE

Intraperitoneal Haemorrhage from a Graafian Follicle

SIR,—I agree with Mr Leedham Green (*Journal*, March 6, p. 527) that this condition deserves better recognition in surgical and gynaecological textbooks in order to save 'unnecessary sacrifice of tube and ovary owing to confusion at operation with primary and secondary ovarian pregnancy.

Even in my short experience I have operated on two of these cases and I have seen two more operated on by Mr Woolfenden and Mr Silverstone at the Liverpool Royal Infirmary. These cases simulate acute appendicitis much more closely than an ectopic gestation owing to the absence of vaginal bleeding and a missed menstrual period; hence they are more often referred to a general surgeon than to a gynaecologist. I think this explains why the condition is not stressed in textbooks because gynaecologists should and usually do write the chapters on the ovary in the general surgical textbooks.

In the four cases I have seen the intraperitoneal haemorrhage was insufficient to cause the signs and symptoms of gross internal haemorrhage such as occurred in Gordon-Taylor's and Klein's cases. In all four the pain started exactly two weeks after the last menstrual period—that is the time that ovulation is believed to take place; this enabled me strongly to suspect the condition in one case before operation. In three of the cases the pain started as a low constant abdominal pain settling in the right iliac fossa, but in one case rectal pain and tenesmus were the first symptoms, presumably due to the filling of the pouch of Douglas.—I am, etc,

Liverpool 1, March 7 M. J. BENNETT JONES

SIR,—The recent correspondence in the *Journal* on the subject of intraperitoneal haemorrhage from a ruptured Graafian follicle giving rise to symptoms which were mistaken for an 'acute abdomen' tempts me to record a case I operated on in September 1936, which puzzled me a good deal at the time.

A single girl, aged 19, was admitted to hospital on August 25 with a five days' history of pain in the right iliac fossa, varying in intensity and pain on micturition. She continued to have pain while in hospital for some days and urinary investigations were being carried out. On the evening of September 3 she had a sudden acute attack of abdominal pain with marked tenderness and rigidity and hyperaesthesia in the lower part of the abdomen, more particularly on the right side. Rectal examination gave no information. She appeared very ill and had a raised pulse rate but no rise in temperature. The diagnosis of acute appendicitis was made and an operation decided upon.

At the operation through a paramedian incision the appendix was found to be normal and about half a pint of free blood and clot was present in the pouch of Douglas. On examination the right ovary was seen to be congested and a large Graafian follicle which was torn across was bleeding rapidly. The Graafian follicle was cut away and the bleeding area buried by suture with catgut. The appendix was removed and the abdomen closed. Subsequently she developed a urinary infection which cleared up under treatment.

One month later she was readmitted with further attacks of pain which her doctor described as being similar to those of right renal colic. Full examination including cystoscopy and ureteric catheterization revealed no abnormality. The patient was discharged and since then has been in good health.

Although I have not seen a similar condition before I find on inquiry among other surgeons that they have operated on similar cases and I do not think that the condition can be particularly rare. Fortunately this particular mistake in diagnosis is not one likely to lead to any permanent harm to the patient and the appendix can be removed at the operation; always a good prophylactic measure when laparotomy has been carried out and no gross pathological lesion found. In my case I found the haemorrhage could be quite easily controlled by infolding the ruptured 'cyst' by suture and it would seem to be unwarrantable to sacrifice the ovary in most cases of this kind.

My thanks are due to Mr Denham Pinnock under whose care this patient was in hospital for permission to record the case and for helpful criticism and advice.

—I am, etc,

London, W.1, March 4 J. C. NICHOLSON

Specific Antitoxins for Gonococcal Infections

SIR,—The treatment of gonorrhoea is too important for me to ignore Dr Anwyl-Davies's reply to my letter (*Journal*, February 20), and in this respect practical clinicians would be the better served if instead of apportioning praise to the pathologists and others concerned with such scrupulous precision Dr Anwyl-Davies would with equal precision elaborate and so clarify his own results.

In my letter I did not ask whether adjuvant treatment was employed. The term I used was orthodox treatment and I stated explicitly what this meant. However Dr Anwyl-Davies naively admits that some cases were 'treated along routine lines'—that is some cases had (presumably) irrigations and some form of massage—but with a conspicuous lack of precision fails to tell us which type of case had routine treatment and why, and which type of case was denied this and for what reason. To justify his omission Dr Anwyl-Davies (by implication) compares the routine treatment of gonorrhoea with throat sprays, cardiac stimulants and skilled nursing in the treatment of diphtheria and summarily disposes of the matter. He says: After all one does not rely on antitoxin in treating a case of diphtheria to the exclusion of throat sprays, cardiac stimulants and skilled nursing. My reply is—one does. It is in the absence of antitoxin or in its delayed use that cardiac stimulants are chiefly indicated. But this is not the point. If a clinical research were con

nerve should be exposed fully and retracted well out of the way. After describing bone-grafting of the femur—which he said was one of the biggest operations in surgery—and the tibia, he analysed the thirty-seven cases at the General Infirmary at Leeds over a ten-year period. The average age of the patients was 33. The number of operations carried out was drilling, three; reconstruction, two; grafting, thirty-five (of which twenty-five were autogenous grafts); and amputation, one.

Bone Plating

MR H. A. T. FAIRBANK expressed the view that delayed union was as common as it was twenty years ago. The causes were local and not general. He did not regard imperfect immobilization as the only cause, as some people would have them believe. Want of apposition of the fragments and deficient blood supply of one of them were causes in some instances. He was old enough to have seen the old fixation—not rigid, because the splints were not very good—without regard to anything else give place to mobilization and massage, and his feeling was that the latter procedure gave just as bad results as the former. Now they had gone back to realize that rigid immobilization was an essential feature, but with due regard to the functional use of the limb when this was possible without endangering immobilization. The cases one saw nowadays of delayed union and non-union were still far too often the result of early massage and movements of the adjacent joints. Another class of cases still to be seen were those treated by open operation without a sufficient number of screws being used for the bone plated and also without adequate external splintage. A plated fracture required just as much care in splintage, and for the same length of time, as a fracture which had not been operated on. Personally he could not help feeling that the pendulum had swung rather too far from open operation in earlier cases, which, after all, should give perfect results. Mal-position of the fragments was very important. He had seen cases which on being exposed three to five months after the injury showed practically no change whatever, or merely a suspicion of the rounding off of the sharp ends, but when the ends were put in position and plated there was no trouble about joining up. He shared Mr Moore's view that it was a mistake to let students leave hospital with the idea that skeletal traction was a routine method of obtaining extension when this was necessary. With regard to the femur it was a good plan to plate as well as graft. He had done this several times, and had no reason to regret it.

Vascular Supply

MR G. R. GIRDLESTONE said he himself had passed through two periods in dealing with cases of non-union. His change of mind or repentance dated from a trouble-some case of a healthy undergraduate with a fractured femur showing a very obstinate condition of non union. A great deal of splintage was done the patient underwent four operations, including plating and grafting and he was made to walk on a calliper, but for about two years the bone refused to unite. The secret in that case as he thought in other difficult cases, was the factor of blood supply. When one or both ends of the bone were anaemic a difficult condition was presented. In a case of obstinate non union it might be best to stop worrying it for the time being, to fit up some splint which allowed ambulatory activity if a lower limb, or action of the hand if an upper, and to tell the patient to go away and forget about it and come back in six or nine months. The principles of treatment were (1) immobilization without circumferential pressure, (2) end-to-end intermittent strain, (3) a good blood supply. The last was the one thing that would save amputations and failures. It might be a necessary part of the operation to provide the blood supply with a path. At Oxford a point had been made of never raising the ends of the bone from their vascular bed in any operation for non-union. Sclerosed fibrous tissue was taken out and channels of vascular supply opened up. Grafting was done by the inlay method, by osteo-periosteal grafts, and by chip grafts. But the most important thing of all was to open up the blood channels.

General Discussion

MR K. H. PRIDIE said that there was an inverse ratio between the cross section of bone and the time taken to unite. In transverse fractures there was a call for patience and for immobilization for sufficient time until consolidation occurred. In 80 or 90 per cent. of tibial fractures he put on traction by means of Kirschner wire and reduced it and the wire was out in twenty minutes. He had never used a bone plate, he did not think it necessary. In the case of a young person with a fracture where there was good apposition but non union at the end of three months he thought matters should be anticipated and multiple drilling be done through a minute tenotomy wound, putting the patient in adequate plaster, which must come up to the tuberosity of the ischium, for a further three months. He had found that he could get good union in that way.

MR MCCRAE AITKEN said that the causes of failure to unite were non-apposition and movement, and the worst movement was rotation. The failure to unite was seen most often in the transverse fracture, especially in the humerus when there was frequently a stiff elbow as well, and in the lower third of the tibia because the foot had not been properly fixed and the astragalus inverted. MR ERIC LLOYD described half a dozen cases of non union. One was in a man of 20, in whom there had been non union for two and a half years. He carried out the usual drilling operation as described by Bohler, and seven months after operation the bone was clinically and radiologically united. Another case was a man of 24 with non union where with 35 lb. of skeletal traction for five weeks. He underwent the same operation and walked next day in his plaster, and four months later there was union and the plaster was discarded.

MR B. H. BURNS had been unsuccessful with wire. Whenever he had put wire into a fracture he had always noticed that in the neighbourhood of the wire non union occurred. He had been startled by MR FAIRBANK'S advocacy of steel plates. In his experience, in an area where these had been put on union did not take place and where union did take place eventually it was in an area furthest removed from the plate. MR NOEL ST J. BUXTON referred to the after-history of twenty four cases of non-union or delayed union of tibia and fibula which he had dealt with in eight years. He had circularized the patients and had heard from the greater number. All had exactly the same operation—a bone graft, the ends exposed, sclerosed bone cut away—and he never used any wire or plate. Not one of the patients had had any treatment since the graft except splintage. All were satisfied, though two complained of bad ankles.

DR DUNCAN WHITE believed that ununited fractures now were more common than twenty years ago. Absolute and complete immobilization had something to do with it. The question of excessive x-ray examination as a contributory cause might be dismissed. Even the forty five films in four weeks mentioned by the opener of the discussion could have had no bearing on the question of union. MR WHITCHURCH HOWELL said that there were a certain number of cases in which no union would take place until an operation was done. These were often due to interposition of fibrous tissue perhaps periosteal, between the ends. No amount of drilling would cure this, and a massive, wide, and long bone graft, with stripping of periosteum up and down the shaft to a very considerable extent with free eversion of the two ends of the bone, would give the best result. Lately he had been using a much wider and deeper saw, specially made, and his results had considerably improved. Metal must be used sometimes, but the more he saw of these cases the less he used it. Occasionally it was necessary for the

ducted in the treatment of diphtheria and a new therapy used, one would necessarily want to know which cases were cured with the new therapy alone and which needed cardiac stimulants or any other treatment, and why. The cases would then have to be subjected to careful analysis before results of any value could be published. Throat sprays are very comforting, so are bowls of roses. Both are of equal efficacy if one "does not rely on antitoxin" in diphtheria. With reference to skilled nursing, does Dr Anwyl-Davies imply that some of his cases "having no other treatment" had no skilled nursing? In asking this and other questions I am not indulging in idle persiflage, but am attempting to deal logically not only with the data in his reply but with certain desiderata of paramount importance omitted from it. If my criticism is destructive it is because of my deep interest in gonorrhoeal research in particular, and in scientific method as applied to it.

For an experienced clinician using an entirely new method of treatment to state (and then only after being questioned on the matter) that "some of the cases quoted had no other treatment, others were treated along routine lines," and to leave it at that, reduces clinical research to such depths as to remove it irreparably from the realms of scientific method. Thus with regard to the antitoxin it may or may not possess the value already attached to it. All one can say so far is that the results obtained from its clinical application are meaningless.—I am, etc.,

Enfield, March 6 W. LESTER, M.B., B.S.

Diathermy for Cervicitis

SIR,—In cases of "infective arthritis" investigations to ascertain the focus of infection are made, and usually the tonsils or teeth are blamed. Rarely is the cervix or prostate investigated, yet strangely enough it would appear that these form the commonest site of infection. For many years now from just after the war, when Dr. C. A. Robinson produced his classic work on the treatment of cervicitis by means of diathermy, the electrical department of one of the large teaching hospitals of London (where his pioneer work was carried out) has been treating large numbers of these cases with unfailing success.

Many members of the profession are unaware of the prevalence of these cases and of the method of treatment, and those who do know of this form of therapy seem to think that it is confined to the treatment of gonorrhoea. This is not so. There appear to be four categories into which cervicitis can be divided: (1) gonococcal, (2) post-partum, (3) menopausal, (4) general. The symptoms of this condition form a syndrome which Robinson worked out as follows: first, vaginal discharge, followed by low backache, depression, toxaemia (bruising easily, etc.), and finally arthritis. On examination the backache can be produced and made more severe by pushing the cervix upwards but not by putting the patient through the movements of the sacro-iliac joints. The speculum shows erosion of the cervix and discharge therefrom in varying degree according to the length of duration of the infection.

Treatment by means of general pelvic and cervical diathermy twice weekly for about three months is usually sufficient to clear up this infection entirely. Over a period of many years it has been found that this prolonged treatment is more certain than the more rapid methods of cauterization or coagulation. I have been treating large numbers of these patients for some years now, and I feel from the results that a letter on this condition and its treatment is not untimely.—I am, etc.,

London, W.1, March 5 ROBERT LEAVER

Prevention of Silicosis

SIR,—I ought to answer Mr. McLachlan's queries in your issue of February 13 (p. 361) concerning evidence as to the adsorptive action of coal dust.

If a few grammes of coal dust in a boiling tube are just wetted with alcohol and then well shaken up with, say, 15 c.cm. of a concentrated ruby solution of iodine in water the solution will rapidly be almost completely decolorized (cf. Davis, 1911; Rideal, 1926), the iodine being adsorbed by the coal dust particles. Soot will adsorb iodine in the same way and both coal dust and soot will decolorize industrial methyl ated spirit by adsorbing the methyl violet dye. I first observed this adsorptive effect in 1924, and silica dust would probably behave similarly, though I have not yet tried it. This might help to indicate to Dr. Craddock how iodine may be introduced into the lungs in connexion with his letter in your issue of February 20.

Recapitulating this adsorption of iodine by coal dust, and combining it with Dr. J. Goodfellow's experiments with iodine, described in your issue of February 6, a definite procedure becomes outlined whereby the value or otherwise, of iodine application as a preventive of silicosis may be ascertained. This is as follows:

(*a*) Some coal mine or mines, where silicosis is most prevalent—for example, South Wales anthracite mines—should be chosen for experiments.

(*b*) In a circumscribed portion of the workings the atmosphere should be persistently and consistently sprayed with an atomized solution of iodine, so that iodine would be available for adsorption by the dispersed coal and other particles before they passed into the lungs.

(*c*) The dispersed dust should be periodically collected and studied, and analysed to ascertain that iodine is being adsorbed by the particles.

(*d*) Examination should be made and records should be kept of the incidence of silicosis among workers chiefly or wholly engaged in the circumscribed region, as compared with its incidence among other workers immune from iodine spraying. Spraying should be generalized immediately if positive benefits were detected.

The introduction of iodine, since it would freshen the air and give it a sea tang, would hardly be resented by workers, valuable results might be obtained relatively quickly, and if a positive advantage were realized iodization of all coal mines and other industries subject to silicosis could quickly follow. Thus silicosis might be stamped out long before the general prevention of dust formation is achieved and many lives might be thus saved.

Since iodine is very volatile it might be found preferable, to prevent over-moistening the atmosphere, to merely volatilize it into the atmosphere, if the vapour were found to be readily adsorbed, extent of vaporization being controlled by the temperature of the iodine. Whatever silicosis theory were proved or disproved is, of course, of quite incidental importance beside the necessity of relieving sufferers, and such bodies as the King Edward VII Welsh National Memorial Association, the South Wales Miners' Federation, or the Health Advisory Committee of the Mines Department ought surely to be keen to have carried out such a positive, possibly preventive, and relatively simple research.

In fact, it might be better to institute similar research at once in all silicosis-producing industries, in view of wide national and current Parliamentary interest in silicosis and the urgency of the problem, either through the Home Office or the Department of Scientific and Industrial Research.—I am, etc.,

Leeds, March 1 S. C. BLACKTIN

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strength and embarking on intensive scientific research, which was always so near to his heart. He saw his old hospital completely rebuilt, he read with pride the scientific papers published by workers in the research laboratories which he built and which bear his name, and he saw the completion of the exquisite hospital chapel which had always been his special care. He was well enough last year to attend the ceremonies in connexion with the opening of the new Middlesex Hospital and the centenary of the medical school and listened with pride to the tributes to the large part he had played in bringing the hospital and medical school to their present proud position.

Many of Bland Sutton's friends marvelled that with his apparently frail physique he should have been able to lead such an active life and yet be spared to live to over eighty. And it is indeed remarkable when we call to mind that in order to satisfy his insatiable curiosity and in order to observe many of the inhabitants of zoological collections in their natural haunts he travelled all over the world. He ventured into Arctic snows and under tropical suns, and even undertook a hunting expedition to East Africa. His urge was to study men, beasts, fishes, birds and plants, and he took little interest in the hunting except to secure something for the next meal. It was *not my privilege to know him until twenty eight years ago* when his reputation was world wide not only as an operating surgeon but for his work and writings on anatomy, pathology and surgery. The broad biological outlook which he maintained from first to last has led to his being recognized as the nearest approach to his hero the immortal John Hunter.

Bland Sutton was a prolific writer and lecturer. He always had something to set forth and had the gift of setting it forth in spoken or written words. Writing and lecturing were a joy to him, and he spared no pains or expense in making his lectures and writings attractive and readable. His lectures were generously illustrated by diagrams, his books were lavishly illustrated by the most exquisite wood engravings. He had no use for lantern slides for his lectures or for photographs for his books. He maintained that the points which the lecturer or writer wished to emphasize and expound could not be made clear in photographs. He was never afraid to admit that he had been in the wrong which he regarded as but saying that he was wiser to-day than he had been yesterday. I have surprised him in his study at his beautiful Brook Street house kneeling before the fire watching the flames consume copies of one of his books. On asking him the reason for the holocaust he replied that he was no longer willing to propagate error.

In the more intimate sphere many will recall with gratitude and admiration the princely hospitality he offered both in his private capacity and officially when holding office as president—whether of a Branch of the British Medical Association, the Medical Society of London, the Royal Society of Medicine, the Royal College of Surgeons, the Association of Surgeons, or an International Congress on Surgery or Cancer. His interests were wide and he had a large circle of friends. At his house besides men of science one met leaders in all walks of life: artists like Frampton and John Collier, playwrights like Pinero, Sutro and Henry Arthur Jones, players like Charles Wyndham and Fred Terry, Julia Neilson, Phyllis Neilson-Terry, and Irene Vanbrugh, authors like Kipling, judges like Sir Samuel Evans, journalists like Gwynne of the *Morning Post*—all his close and intimate friends. In all his activities he had the staunch and loyal support of Lady Bland Sutton who has tended him so devotedly in his later years. They were indeed happy complementary to each other and real helpmeets in every way.

Bland Sutton was staunch in friendship. His love of entertaining found expression in his later years in inviting a few intimate friends to his lovely house on the cliffs at Kingsdown where he delighted in the activities of the Channel, the great variety of birds in the bird sanctuary he created, the marvels of the heavens, and the joys of his unique garden. In these surroundings he was indeed a good companion and hardly a minute would pass without his imparting some illuminating item of information. I doubt not that I voice the feelings of all his friends when I express real and heartfelt gratitude that this very remarkable man and lovable personality passed our way.

Mr VICTOR BONNEY writes:

I desire to add my tribute to the memory of the great surgeon and remarkable man who has just passed away.

My memories of Sir John Bland-Sutton extend back to 1891 when I entered the Middlesex Hospital Medical School. Mr Sutton as he was then called was the junior assistant surgeon and senior demonstrator of anatomy. He was a small pale man with a dark moustache. Among us younger students he was chiefly known as a brilliant teacher of anatomy, but there was talk too of remarkable operative dexterity and courage. Our medical education had not then proceeded far enough to appreciate or even to know about the wealth of anatomical and pathological work which he had already accomplished. In those days a junior assistant surgeon had very little opportunity to distinguish himself in the operating theatre except during the holiday months, and it was not until he was appointed surgeon to Chelsea Hospital for Women in 1895 that Sutton got his chance.

It was on his advice that in 1898 I went to Chelsea as resident officer and by that time he was the star turn there. The surgical treatment of uterine fibroids was then in process of development against considerable opposition from certain quarters. Assisted by the late Arthur Giles Sutton operated every Monday afternoon, and the theatre was crowded with surgeons from all parts of the world. He had a remarkable power of infusing enthusiasm into those who served under him, and all of us worked with a will to make the operations go off as perfectly as possible. It was the beginning of that "team work" which is now an established practice in all first-class surgical centres. In the face of his brilliant dexterity and successful results the opposition to the surgical treatment of fibroids rapidly died down, and to him more than to any other surgeon in this country is due the credit of changing professional opinion in the matter of these tumours. But he did more than this for he raised the status of abdomino-pelvic surgery *out of the narrow rut of specialism in which it threatened to stick* and created the gynaecological surgeon in place of the gynaecologist.

In appraising his place as a great operator it is necessary to have regard to the state of surgery at the time when he entered the calling. The new territory which Lister's discovery had opened to surgeons was being cautiously explored; antisepsis was still in the carbolic spray stage; steam sterilization was unknown; catgut was unsafe; silk, silkworm gut, and silver wire were the popular ligature materials; the most advanced surgical attire was a carbolized mackintosh apron over ordinary clothes; and the idea of rubber gloves was nearly twenty years distant. Operating theatres were poorly equipped and a large proportion of surgical operations were carried out in the houses of the patients under very disadvantageous conditions. There was no system and very little co-

ordination As a result surgery with very few exceptions was laborious, slow, and timid Bland-Sutton perceived that for operative work to be reasonably safe under such conditions simplicity and speed were essential, and his results justified his opinion He reduced the number of instruments he used to the very minimum, six pairs of Spencer Wells forceps, a dissecting forceps, a pair of scissors, a scalpel, half a dozen needles, and a couple of reels of silk thread sufficing him for any operation He used antiseptic solutions very sparingly, especially on his own hands, maintaining, much in advance of his time, that they merely made the skin rough and more prone to harbour infection There can be no doubt that at the outset of his career his views and practice as regards operating were largely influenced by Lawson Tait, of whom he always spoke with great respect He was exceedingly quick and dexterous yet light-handed, and his determinations were taken with unfailing rapidity and carried out with unfaltering resolution To the last day of his surgical life tedious, prolonged operations had no interest for him, and indeed he never entered upon them

Those who are old enough to know, and those who though young can yet visualize, the operating theatre of the 'eighties can appreciate how much our art is indebted to him Since this present century began surgery has undergone a profound and advantageous elaboration, purchased, however, by the loss to the surgeon of some of that self-reliance which was so striking in Bland-Sutton at the operating table The conditions under which surgeons now work mask this loss, but there are occasions still when the fate of the patient depends on this great quality alone, and for that emergency every surgeon should keep within himself something of the spirit of Bland-Sutton

Professor GREY TURNER writes

The death of Sir John Bland-Sutton removes a most stimulating personality who, by his writings and by his adroit work in the operating theatre, did a great deal to encourage the younger generation of surgeons of his time

I remember that it was away back in the late 'nineties in my undergraduate days that Professor Frederick Page of Newcastle-on-Tyne first told me about Bland-Sutton and recommended that I should read his book on tumours Of course it was true that even at an earlier stage I had read his little book on ligaments, which opened up a new world to us in anatomy and made us think of the possibilities suggested by the novel and wider outlook that he put forward in his interpretation of what one had previously looked upon as rather dull things The book on tumours was at once arresting and fascinating, and I never read any story with greater avidity About that time he kept up a correspondence with Frederick Page concerning the treatment of the placenta in advanced cases of ectopic gestation, and I remember with what glee we were told about those letters and how much we looked forward to hearing about what was really a mild controversy At that time and for some years afterwards Mr Sutton, as he then was, contributed regularly to the popular *Clinical Journal*, and as I recall those days it brings to my mind the eager anticipation with which the appearance of the journal on Friday nights was awaited just in the hope that it would contain something from his facile pen

In 1900 as a mere fledgling I came to look round London armed with introductions from my old teacher Rutherford Morison and I shall never forget the warm reception which Sutton gave me He not only invited me to see his work at Chelsea, but he used to ask me to turn up at his house and to accompany him in his victoria with a pair of beautiful grey horses, and the drive through the park over to Chelsea was a never-to be forgotten experience His conversation was like his writings, except that he used more of those quips which the writer of the memoir in the *Times* has picked out as characteristic They would be difficult to reproduce in writing, but they always conveyed some lesson, and I remember many of them as if they had just been uttered yesterday At that time he always had good operation lists, and it was a great treat to be a witness of his dexterity in the abdomen His London accent, of which I am quite sure he was a little proud, seemed to heighten the point of many of his remarks I remember on one occasion he told me that he had been born within the sound of Bow Bells, but he added, "Thank God within easy reach of the green fields and the country" But visits to his theatre did not represent the whole of his thoughtfulness to an extreme junior, for he invited me to his house, then in Queen Anne Street, and later on to Brook Street, where it was a great privilege to be a guest at some of the wonderful entertainments which were there staged

His enthusiasm and reverence for Hunter were very remarkable, as is well illustrated by the following incident Some years ago I was able to purchase three of John Hunter's letters, and as I thought that one of them would be of particular interest to Sutton I sent him a transcript By return came one of his characteristic notes in a clear, legible hand telling me how much obliged he was for the chance of being made familiar with the Hunterian letter, and he added, "When you come to town be sure to bring it and show it to me, *but don't trust it to the post*"

Later I saw a good deal of his work at Middlesex, and each time there was something which impressed the visit on my mind and made me feel that it had been worth while As others have said, his technique perhaps lacked finesse and in the early days of the rubber glove he certainly treated them with a certain amount of levity, but nevertheless he was wonderfully skilful and most adept in emergency, and I know that his results were remarkable

I feel very grateful to him not only for his stimulating friendship over a long period of years but for his help in other ways He it was who encouraged me to take an interest in the College of Surgeons and to go up for the Council, and I am quite sure that it was a very genuine pleasure to him when I was finally elected He loved the Hunterian Museum and everything to do with it, and his work on the Museum Committee was a great joy When acting in that capacity he took the trouble to write me a delightful letter of thanks for some specimens I had presented Such considerate kindness, shown on so many occasions, revealed the real character of the man and is not easily forgotten

[The photograph reproduced is by Elliott and Fry Ltd]

R F C LEITH, M B, F R C P ED

The death took place, at his residence in North Berwick on December 14th, of Emeritus Professor Robert Fraser Calder Leith, who retired in 1919 from the chair of pathology and bacteriology in the University of Birmingham He was born in 1854, and after graduating M A with honours at the University of Edinburgh in 1882 and B Sc in 1883, he took up the study of medicine and graduated M B, C M with first class honours in 1885 He had also for a short time studied for the Scottish Bar, but abandoned a career in law for one in medicine During his period as an undergraduate he took much interest in student affairs, and was president of he

Inhalational Therapy

SIR—The correspondence on inhalational therapy has interested me by reason of a recent experience of the Duke Fingard treatment The history of events is as follows

After answering an advertisement in a Sunday paper my patient went to London The treatment and apparatus required were described to him and he was referred for examination to a medical man, who wrote to me on November 11 1936 Prior to the London visit my patient had not informed me of his intentions but between his return and the receipt of the doctor's letter on November 12 the patient sent for me to explain what was to happen He had bought a machine but owing to pressure on production it was not yet installed in his house The machine he informed me was somewhat costly but the charge for the machine included no recompense to Mr Fingard and it was left to the patient to make a payment of an unstated amount after he had received benefit from the treatment At the same time he heard of a celebrated film star who had been cured by the treatment and of a payment of a thousand pounds The medicaments cost my patient between £2 and £3 a week

He started treatment in November and soon became able to spend the whole of the night in a medicated atmosphere He began to feel much improved in health the cough and expectoration being much diminished He was able to sleep and his capacity for exertion increased

I visited the house some two or three weeks after treatment began and had a demonstration of the method Personally I did not find the vapour pleasant smelling and I took a considerable odour home with me The vapour was not irritating but was capable of removing the finish from all furniture and woodwork with which it came in contact As the vapours pervaded the whole of the house these effects were not limited to the bedroom in which treatment was provided

On January 19 1937 I was called to see the patient who had contracted an acute bronchitis diffuse and deep seated For two days he was able to expectorate some muco purulent sputum but then in spite of stimulant expectorants he became less and less capable of clearing his chest and died on January 22 1937 From previous experience of my patient I should have said he was likely to live another fifteen years

I think it is important to record instances of this kind when a correspondent (*Journal* February 13, p 360) mentioning his experience of the treatment, writes "I have not seen any ill effects even after a prolonged inhalation of this vapour My conclusion is that it is unsafe for a patient to spend his nights in such a warm, medicated atmosphere and to go out by day into the rigours of our climate—I am, etc,

Runcorn March 2 N A' BOSWELL

Hire Purchase Research

SIR—I have read with much interest your article under the heading A Disclaimer in the *British Medical Journal* of February 13, as my society, the London and Counties Medical Protection Society has for a considerable period dealt with a number of complaints by its members against the Consolidated World Research Society Ltd Not only has it advised such members to discontinue subscriptions to the Consolidated World Research Society Ltd, but has offered to defend them should proceedings be brought and in collaboration with its solicitors has repeatedly invited the Consolidated World Research Society to take proceedings but in no instance has this challenge been accepted This challenge is still outstanding and will be accepted whole heartedly should the opportunity occur—I am, etc,

C M FEGEN
London W C 2 March 2 Secretary

Obituary

ARCHIBALD FAIRLIE, M D

Late President North of England Branch B.M A

We regret to record the death on February 28 of Dr Archibald Fairlie of Blyth at the age of 72 after a very short illness Born at Killearn he received his education in the University of Glasgow, graduating M A M B C M in 1889 and proceeding M D in 1900 His first appointments included those of resident assistant to the Western Infirmary and house surgeon to the maternity hospital in that city Later he was assistant in a practice at Dunfermline and went to Bebside in 1894 adding to the latter extended professional work in Blyth from 1908 onwards He was also medical officer to the Thomas Knight Memorial Hospital at Blyth and a trustee and a member of its general committee taking a prominent part in the expansion and reorganization of the hospital a few years ago For many years he had been chairman of the Bebside Nursing Association His long continued and devoted work on behalf of the St John Ambulance Association led to his being created a Serving Brother of the Order of St John of Jerusalem

Dr Fairlie was elected a member of the British Medical Association in 1895 and was chairman of the Blyth Division from 1927 to 1928 He was president of the North of England Branch from 1933 to 1934 and during this period his son Dr C F Fairlie was elected chairman of the Blyth Division a coincidence which is probably of very rare occurrence if not unique Dr A Fairlie had represented the Blyth and Morpeth Divisions at two recent annual meetings of the British Medical Association He was a founder member and a past president of the Blyth Rotary Club a member of the Whitley Bay St Andrew's Society and of the Blyth Literature and Scientific Society and a Freemason He was noted as an authority on Scottish Border and Roman history and took an active part in the proceedings of the Newcastle Society of Antiquaries He devoted much time to public life—he was a justice of the peace and had been a representative of the Bebside ward on Blyth Urban Council His wife died eighteen years ago and he is survived by two sons both of whom are in the medical profession

A colleague (W C L) writes Dr Fairlie was known and respected by all for his honesty of purpose and equally honest and faithful conduct towards his fellow practitioners and fellow citizens He won the respect and confidence of all who came into contact with him by his thoughtful appreciation of their problems his astonishing grasp of detail his careful marshalling of facts and his practical opinions on men and matters He never hesitated to give of his talents and his time to the welfare of the community He had a high sense of his duty as a citizen and his death has inflicted a great loss on the medical profession He was keenly interested in medicine took an active part in the work of the British Medical Association and gave freely of his time to the betterment of professional practice On the scientific side of medicine he was equally keen and his work was invariably sound and accurate He was quick to learn and adopt new and useful methods of treatment Great indeed is the sense of personal loss among those of his fellow practitioners who came into contact with him

Dr Theodore Craig writes By the death of Archibald Fairlie Blyth has lost its oldest most erudite and generally

ing, four of pachymeningitis and extradural abscess, and three of cavernous thrombosis Most of the patients were young, as many as twenty two being under the age of 30 The youngest patient was only 6 months old Bacteriological examinations in nineteen cases revealed the commoner pathogenic germs In twenty one cases there were ocular symptoms, which in sixteen cases were indicative of inflammation of the orbit In five cases the inflammation had extended to the eyebrows and the conjunctivae In twenty cases the source of the intracranial inflammation was frontal sinusitis, and there was not one case in which the maxillary sinuses were to blame There was only one case in which the intracranial disease was due to a purely chronic sinusitis, in all the other cases the primary focus represented an acute condition, with or without a history of chronic disease earlier In as many as thirteen cases the primary lesion was limited to a single nasal sinus Recovery occurred in ten cases With regard to treatment the author considers a pleocytosis an indication for radical treatment of the primary focus and an exploratory exposure of the dura Should pachymeningitis be found the exploratory exposure should be so extensive that healthy dura is visible at the periphery of the field of operation

201 Infections of Accessory Sinuses

H. LOEBELL (*Med Welt* January 2, 1937, p 10) draws attention to the fact that the nose and the nasal accessory sinuses must always be regarded together Of the 45 c.cm air space in the sinuses 15 c.cm are in the maxillary sinus The common cold is the aetiological factor in 80 per cent of inflammatory conditions of the accessory sinuses, 10 per cent. of cases of maxillary sinus infection are due to dental disease Osteomyelitis and trauma are rare aetiological factors Inflammation may be serous, polypal, purulent, or necrotic Patients complain of pain in the frontal region more commonly than in the maxillary region, of lassitude anorexia, running cold in the head, difficulty in breathing through the nose and shooting pains in the ear Headache usually occurs in the morning on rising and passes off in the afternoon The patient often has an unnaturally resonant voice Eczema of one nostril is almost pathognomonic of maxillary sinus infection in the adult Examination of the nasal discharge is important Rhinoscopy and diaphanoscopy are valuable methods, but care must be taken in making deductions from the findings of the latter Puncture of the maxillary sinus, which is then washed out, may reveal pus An *x* ray of the sinus immediately after puncture and filling with iodine solution may be helpful in estimating the extent of disease In cases of chronic headache syphilis and anomalies of refraction must be excluded In the acutely inflammatory stage the patient should be treated on general principles Intensive local treatment is contraindicated Analgesics, baths heat and inhalations suffice Spa treatment often gives relief when all other conservative measures have failed In a small percentage of cases radical operation is necessary With modern technique operations on the accessory sinuses may be performed under local anaesthesia A good cosmetic result can be assured

202 Endolaryngeal Cancer

W DE BRUIN VAN RAAMSDONK and A C DE BRUIN (*Nederl Tijdschr Geneesk* January 9, 1937, p 112) record their observations on ten cases of endolaryngeal cancer which after cure by operation or *x* ray therapy underwent treatment for the voice The ages of the patients when they came under treatment ranged from 40 to 77 In all the operable cases treatment consisted in laryngo fissure and electrocoagulation of the tumour when one or both vocal cords were involved Although a complete recovery of voice was not obtained, application of faradic and galvanic currents during periods ranging from six months to a year gave fairly satisfactory results

Obstetrics and Gynaecology

203 Intracavitary Uterine Polypi

According to P MOCQUOT and R PALMER (*Paris med*, December 19, 1936, p 462) intracavitary polypi of the uterus can now be more easily diagnosed by modern methods, and are therefore suitable for conservative treatment Ordinary clinical signs and symptoms only permit suspicion of the existence of a polyp the classical procedures of intra uterine exploration are often inconclusive, and the polypus may elude either the curette or the finger Lipiodol hysterography is the most valuable means of diagnosis it must be done, however, in the absence of haemorrhage or infection and with manometric control, so that the pressure remains less than 4 cm of mercury Both mucous and fibroid polypi give the picture of a rounded clear cut lacuna their distinction from one another often depends on an oblique (three quarters) *x* ray picture Hysteroscopy by Segond's instrument is a valuable auxiliary The diagnosis of the nature of the polypus in the cavum uteri is dependent chiefly on its size A polypus of less size than a nut is nearly always mucous,' in combination with hormonic ovarian metropathy one larger than a nut is nearly always a submucous fibroid The mucous polypus, once it has been located, can usually be removed with ease by means of the curette The fibroid polypus is often found as a single tumour, and in young women it then calls for a conservative operation—hysterotomy This may be done by the abdominal route in the absence of infection If there is infection and if the local conditions are favourable (for example, wide supple vagina and mobile uterus) vaginal hysterotomy after anterior colpotomy may be successful Hysterectomy should be done when called for by an associated lesion The operation specimen should be carefully examined a 'mucous polypus' may be an early carcinoma and a fibrous polypus' an adenomyosis

204 Radiotherapy for Uterine Fibromata

SIMONE LABORDE and H SAILLANT (*Bull Soc Obstet Gynec Paris* November, 1936, p 644) state that of 303 patients with uterine fibromata coming during 1922–35 to the gynaecological department of the Paris Cancer Institute about 130 have been referred for operation twenty five given radium and ninety one treated by *x* radiation, other cases have been treated by medical means or (more satisfactorily) by diathermy of the pituitary As indications for operation they give very large fibromata, single or pedunculated fibromata which are suitable for myomectomy and complicated or calcified fibromata Surgical treatment is called for when there is any possibility of diagnostic confusion with pregnancy, ovarian tumour, or cancer of the corpus uteri Radium treatment was used when the size of the uterus was that of two and a half to three and a half months pregnancy, it was applied in the vagina in seven, in the uterus in seventeen, cases In all the haemorrhages ceased and the fibroma diminished in size A climacteric followed in the cases in which this was desired In four women aged 31 to 42 the menses became normal after being suspended for from a few months to two years and one of these gave birth to a healthy infant *X* radiation was, as a rule, given when the womb was the size of three to six months pregnancy fractional doses from two to four fields were chosen varying with the age and obesity of the patient Suppression of haemorrhage and slow regression of the fibroma were invariably attained, and the menstrual suppression was temporary in only two out of sixty who could be traced Radium by virtue of its quicker action is better for cases of abundant bleeding but *x* radiation appears to have been chosen in the majority of the series because most patients preferred out patient to in patient treatment Laborde and Saillant have found no case in which radiotherapy has led to malignant degeneration of a fibroma.

beloved physician His was essentially a scholarly mind with a fund of knowledge on innumerable subjects apart from medicine and surgery Always a shy and unassuming gentleman Fairlie never sought honour or advertisement, yet no doctor in Northumberland has been the recipient of more honours than he An extraordinarily lovable man, who enjoyed the trust of his patients and the esteem of all his colleagues, Fairlie was never in a hurry, never flustered, and never in the least degree irritable, yet he contrived to discharge the duties of a busy general practitioner with the utmost efficiency and still found time to interest himself in a myriad outside directions I think he was the most unselfish doctor that I have ever known, generous to a degree He was associated with every charitable and benevolent work in the Blyth area, but only the recipients of his charity were aware of his good works Some fifteen years ago the whole of the doctors in Northumberland and Durham combined to present Professor Rutherford Morison with a portrait in oils as a mark of our general esteem Rutherford Morison is still with us and still carrying on good work in his evening hours, but at the presentation meeting he was visibly affected by the affection and esteem shown by his fellow practitioners He looked around the great hall of the Durham Medical College trying to find words to express his feelings, and he happened to see Fairlie He said how deeply he felt the honour which we had done him, and then added "I am glad to see my old friend Fairlie with us to-day We of the staff of the Newcastle Infirmary always feel that when Fairlie sends us a patient we have to put on our 'thinking-caps' Fairlie never sends a patient to the Infirmary unless he feels that our best efforts are required, and his diagnosis is always correct" Mention must be made of his unfailing work for the British Medical Association and for the Northumberland Local Medical and Panel Committee He rarely missed a meeting and very rarely spoke, but when he did express an opinion it was backed by a mass of real knowledge which was invaluable to his colleagues His presidential address to the Newcastle and Northern Counties Medical Society last year was a masterpiece of carefully compiled facts and figures concerning the origin and development of the voluntary hospitals This lecture is carefully preserved in the archives of the society and will be most valuable to us as a ready source of exact information upon voluntary hospital matters

The late Dr ROBERT JAMES DICK of Morven Dartford Road Sevenoaks, was born on December 15, 1875, at Dunbar, East Lothian, son of a schoolmaster He was educated at George Watson's School Edinburgh, and Edinburgh University, and graduated M B, Ch B in 1898, proceeding M D in 1910 He came south after qualifying, and a few years later settled at Sevenoaks In 1917–18 he served with the R A M C on a hospital train in France In May 1936, his health broke down, and he passed peacefully away on February 23 at Nuffield House, Guy's Hospital, after a long illness He leaves a widow, one daughter and two sons The following appreciation has been written by a colleague, Dr J Finlay Alexander Robert James Dick's first introduction to Sevenoaks, where he practised for over thirty five years, came through acting as locum there When a partner was wanted in the firm which he eventually joined the doctor for whom he had worked introduced Dick This I think, shows the kindly feeling that his colleagues had for him and it has existed ever since he came to the neighbourhood He was on friendly terms with all of them, and his opinion on controversial matters was always listened to with the attention it deserved He formed his opinions after consideration and thought, and when he had made up his mind he stuck to them This same consideration was also a characteristic of his work He gave much thought to his cases, and when he had any patient seriously ill this was reflected in his worried mood He was as careful and unhurried with his poorer patients as with the more affluent, and he was respected and loved by them Many could tell tales of the trouble he took over details of their illnesses and the kindness which they received He was a reader and interested in music, and had a great love of beautiful country His holiday was preferably taken in some out of-the way village, and remained a joy to him throughout the year, and his dry humour made him acceptable, whether he went north or south His long illness he bore patiently, and his friends will feel glad for his sake that the end came suddenly and unexpectedly, at a time when he was less worried about his illness and in a cheerful frame of mind

The following well-known foreign medical men have recently died Dr OSKAR KLOTZ, professor of pathology and bacteriology at the Toronto University Faculty of Medicine, aged 58, Dr WILLIAMS MCKIM MARRIOTT, dean and professor of research medicine at the University of California Medical School and author of a work on infant nutrition, aged 51.

Universities and Colleges

UNIVERSITY OF OXFORD

Congregation on March 2 approved a decree proposed by Sir Farquhar Buzzard, Regius Professor of Medicine, authorizing a special allowance of £500 a year to any Nuffield professor who undertakes not to retain fees accruing to him by reason of attendance on patients in hospitals associated with the Nuffield scheme Sir Farquhar Buzzard explained that the object was to permit any professor who did not wish to practise for gain to compound for any fees for this annual payment His service would naturally be at the disposal of patients and colleagues in cases of special interest

An election of two members of the Board of the Faculty of Medicine vice Mr H S Souttar and Dr O L V S de Wesselow, will be held on June 2, the members elected will come into office on the first day of Michaelmas Term 1937, and will hold office for two years The General Medical Electorate consists of all Oxford graduates in medicine who are members of Convocation The Board of the Faculty of Medicine includes four members elected by the General Medical Electorate, who must be members of that body, and of whom three at least must be persons engaged in teaching one or more of the clinical subjects of the Faculty Nominations of duly qualified candidates for election will be received by the Secretary of Faculties at the University Registry up to 10 a m on May 12 Each nomination must be signed by six members of the General Medical Electorate, and no candidate will be eligible whose nomination has not been received by that date

C " be held for the purpose of granting
gra degrees on the following days at 2 30
p r 29, Saturday June 5, Thursday, June 24, Saturday, July 17, Saturday, July 31 Names of candidates must be entered at the University Registry Clarendon Building Broad Street, not later than noon of the second day before the degree day

H M Sinclair, M A, B M, B Sc Lecturer in Physiology and Biochemistry in University College has been elected to a Fellowship on the foundation of Dr John Radcliffe

In our advertisement columns this week the University of Oxford invites applications for the whole time post of Assistant Director of Pathology under Lord Nuffield's benefaction The stipend offered is £1,000 a year and the work must be carried out at Radcliffe Infirmary Applications should reach the Secretary of Faculties, University Registry, Oxford, by *April 26*

UNIVERSITY OF CAMBRIDGE

Edgar Douglas Adrian M D, F R C P, F R S, Fellow of Trinity College, has been elected to succeed Sir Joseph Barcroft, F R S, in the Chair of Physiology from October 1

205 Colposcopy

H HINSELMANN (*Nord med Tidskr*, January 16, 1937, p 85) reports from his hospital in Altona the results he has achieved in the early diagnosis of cancer of the cervix by the employment of Leitz or Zeiss instruments in the survey *in situ* of the surface of the cervix It is brought to view as for an ordinary macroscopic examination through a speculum, but the enlargement by ten times of the structures seen enables the examiner to familiarize himself with a great variety of conditions, normal and pathological, hitherto unrecognized by naked-eye examination or by palpation with one finger After a little practice it becomes possible to distinguish correctly between physiological and pathological pictures, and to discard the common clinical diagnosis of an erosion unless there is actually loss of epithelium at a given point The author has already in 190 cases succeeded in detecting cancer in an early stage by the system he describes, and he has found that in about one-third of all the suspicious cases in which the cervix and surrounding structures were examined *in situ* and through the instruments used, a subsequent microscopical examination of excised tissues revealed malignant disease In addition to revealing malignant disease before it has given rise to any clinical symptoms, this system facilitates the diagnosis in more advanced stages, small ulcers and tumours being seen much more clearly than on a naked-eye examination The author has often observed cases of malignant disease which had been overlooked by experienced gynaecologists, and the true nature of which became evident on examination by one of his assistants This new system does not render exploratory excisions and subsequent microscopical examinations superfluous, but it greatly facilitates the discovery of suspect areas requiring excision and microscopical examination The exploratory excision is thus rendered an even more delicate test than it was before

Pathology

206 Cultivation of Typhus Virus

F BREINL and E CHROBOK (*Zbl Bakt*, 1937, **138**, 129) record the successful cultivation of the viruses of typhus and of Rocky Mountain spotted fever in a simple tissue serum medium Small pieces of tunica vaginalis from a guinea-pig are inoculated with a suspension of brain or spleen from an infected guinea-pig in the febrile stage, and are added to dilute guinea-pig serum (one part serum and two parts tyrode solution) contained in a small Erlenmeyer flask After seven days' incubation at 37° C a small piece of tunica is taken from the culture and ground up in a mortar Part of the suspension is used to inoculate a fresh batch of serum, part is used for microscopical examination, virulence experiments, and bacterial sterility tests In such a medium the typhus virus becomes microscopically demonstrable after two to five subcultures Rickettsial bodies are found in large numbers in the endothelial cells of the tunica, and animal tests show them to be highly virulent The virus of Rocky Mountain spotted fever takes rather longer to develop, and is not microscopically demonstrable until after five to eight passages Neither tissue nor serum can be dispensed with in the medium Whether living cells are required seems doubtful, since growth apparently occurs even when N/100 sodium cyanide is added to the culture Growth likewise takes place in the presence of immune serum, though some agglutination of the rickettsial bodies is demonstrable

207 Diagnosis of Rabies

L T WEBSTER (*Amer J publ Hlth* 1936, **26**, 1207) describes a method that appears to be of some value in the diagnosis of rabies Sterile pieces of Ammon's horn taken from the suspected case are made into a 5 to 10 per cent suspension in distilled water, and injected in a dose of 0·03 c cm intracerebrally and 0·25 c cm intramuscularly into each of six of a specially susceptible breed of mice Three animals are sacrificed on the fifth, sixth and seventh days respectively and the brains examined for Negri bodies The remaining three mice are observed for four weeks for signs of rabies, when prostrate they are killed and their brains examined as before Using this method the author has been able to demonstrate rabies infection not only in dogs, but also in three out of nine supposedly normal skunks The mouse inoculation method, moreover holds out promise for assessing the value of various antirabic vaccines By taking sera from human beings and mice that had been vaccinated in different ways, mixing it with progressive dilutions of mouse passage virus, incubating at 37° C and injecting the mixture intracerebrally into mice, it was found possible to titrate the neutralizing antibody of the sera Preliminary results indicate that commercial vaccines differ greatly in their potency, that vaccines containing no demonstrable living virus may yet immunize satisfactorily, and that in mice the highest degree of immunity seems to be reached by six doses of vaccine given intraperitoneally on alternate days

208 Bacillus Suipestifer

R VEDEL (*Thèse Paris*, 1936, No 734) states that the European *B suipestifer*, the American *B suipestifer*, and the bacilli of Eastern Europe of the Hirschfeld type are closely related to one another but are not identical The Hirschfeld bacillus ferments dulcite and arabinose, and in cultures its specific colonies can always be identified The American *B suipestifer* does not ferment either dulcite or arabinose, nor does it produce sulphuretted hydrogen in media containing lead acetate Specific colonies can always be isolated from its cultures The European *B suipestifer* does not ferment arabinose but does ferment dulcite at a late stage, and never shows specific colonies in its cultures In only very rare cases has the American *B suipestifer* been found in man, whereas the European *B suipestifer* has been found in cases of food poisoning, diseases resembling paratyphoid septicaemia, and miscellaneous diseases such as arthritis, enteritis, and abscesses Cases of this kind have occurred in Europe, especially England, and in America The two possible sources of infection are the faeces of pigs and the meat of these animals when affected with swine plague and even non-specific infections The laboratories in which pork is prepared for consumption should therefore be kept at a distance from slaughterhouses, and as far as possible the slaughtering on the one hand and the preparation of food on the other should be carried out by different sets of workers

209 Ultra-violet Irradiation

S KITAMURA and M MURAYAMA (*Klin Wschr*, January 16, 1937, p 88), using the Schultz-Dale method, were unable to confirm Murayama's previous findings that horse serum irradiated for thirty minutes with ultra violet rays is capable of preventing anaphylactic shock Pure horse serum and serum diluted 1 in 10 with sodium chloride solution were used, 1 c cm of horse serum was injected intraperitoneally into sixteen virgin guinea pigs Three weeks later, after preparation of both uterine horns, the Schultz-Dale test was applied Horse serum irradiated by a Kromayer lamp for thirty minutes was used The authors' findings were as follows (1) A new substance is formed in the irradiated serum which produces a contraction of the normal uterus (2) Contraction of the uterus after the addition of non-irradiated serum was conceived as an antigen-antibody reaction Addition of diluted irradiated serum brought about complete desensitization (3) Irradiated serum always produced contractions of the uterus whether this was sensitized or desensitized The authors believe that it is on account of the new substance produced in horse serum after irradiation that its capability of preventing anaphylactic shock cannot be proved by the Schultz-Dale reaction

Dr Adrian was awarded the Nobel Prize for Medicine in 1932 and has been Gedge Prizeman Raymond Horton Smith Prizeman, and Foulerton Research Professor of the Royal Society

W H G Jessop and J W S H Lindahl have been examined and approved for the degree of M Chir

During the month of February the title of the degree of M D was conferred by diploma on Mrs A M Stewart (Girton) that of M B on M Ball (Newnham) and that of B Chir on M E Barnard (Newnham)

UNIVERSITY OF LONDON

Recognition of Teachers

The following have been recognized as teachers of the University in the subjects indicated in parentheses

Guy's Hospital Medical School Mr C Lambrinudi (Orthopaedics)

St Thomas's Hospital Medical School Dr T Anwyl Davies (Venereal Diseases) Mr N R Barrett and Mr B W Williams (Surgery) Mr R K Bowes Dr A J Wrigley and Mr J M Wyatt (Obstetrics and Gynaecology) Mr W Rowley Bristow and Mr George Perkins (Orthopaedics) Dr G B Dowling (Dermatology) Mr Philip G Doyne and Dr G G Penman (Ophthalmology) Dr J St C Elkington Dr H Gardiner Hill Dr Reginald Hilton and Dr J Forest Smith (Medicine) Mr Geoffrey Fildes (Radiology) Mr W A Mill and Mr D F A Neilson (Oto rhino laryngology) Mr H B Wilson (Anaesthetics)

The Senate on February 17 resolved that the *Addendum to the British Pharmacopoeia* published in 1936 be used at the second examination for medical degrees in and after July 1938

Mr H J Nightingale has been appointed governor of the University College of Southampton

University Medals

The University Medals in Pathology and in Psychological Medicine at the M D examination for internal and external students in December 1936 have been awarded to A H T Robb Smith (St Bartholomew's Hospital) and to A C Dalzell (King's College Hospital) respectively The University Medal in Surgery at the M S examination for internal and external students in December 1936 has been awarded to J B G Muir (Middlesex Hospital)

UNIVERSITY COLLEGE

A public lecture on Blood Groups and Genetics will be given by Dr V Friedenreich of Copenhagen in the Galton Laboratory University College Gower Street W C on Wednesday March 17 at 5 30 p m with Professor R A Fisher F R S in the chair The lecture is open to the public without fee or ticket

MIDDLESEX HOSPITAL MEDICAL SCHOOL

The University of London invites applications for the S A Courtauld Chair of Anatomy tenable at Middlesex Hospital Medical School The salary will be not less than £1 000 a year and applications for the post must reach the Academic Registrar, University of London W C 1 by April 23

The Services

HONORARY PHYSICIAN TO THE KING

Major General G A D Harvey C M G has been appointed Honorary Physician to the King in succession to Major General T S Coates C B O B E, who has retired

DEATHS IN THE SERVICES

Colonel HARRY ARTHUR LEONARD HOWELL C M G R A M C (ret) died at Lincoln on February 26 aged 69 He was born at Old Brompton Kent on December 19 1867 the son of Major R Howell and was educated at Manchester Grammar School and Queen's College Cork Entering the Army as surgeon lieutenant on January 29 1895 after a period of general practice he became lieutenant colonel on March 1 1915 and retired on account of ill health with the rank of colonel on October 31 1921 He served with No 1 General Hospital Tirah Expedition 1897-8 and was on plague duty during the Bombay plague 1900 He was Parkes Memorial Gold Medallist in 1901 and was a writer on military medical history During the great war he served in France and Italy, being mentioned in dispatches and awarded the C M G

Lieut Colonel ARTHUR DE COURCY SCANLAN R A M C (retired) died at Hailsham Sussex on February 21 aged 76 He was born at Bristol on December 9 1860 and was educated at Westminster Hospital where he gained a prize in clinical medicine in 1881 He took the L S A in 1882 the M R C S in the following year and the L R C P in 1898 After filling the posts of house surgeon at Westminster Hospital and at the Royal Westminster Ophthalmic Hospital and of clinical assistant at the West End Hospital for Nervous Diseases he entered the Army as surgeon on January 31 1885 in which year he gained the Parkes memorial medal for hygiene at Netley He was on temporary half pay on account of ill health from March 11 1896 to January 4 1897 but attained the rank of lieutenant colonel after twenty years service retiring on September 6 1905 While on the retired list he was employed at Dorchester in 1905-6 at Woking in 1906-8 and at Guildford in 1909 and for some years after He had been a member of the British Medical Association for forty four years

Medical Notes in Parliament

The Public Health (Drainage of Trade Premises) Bill was read a first time in the House of Lords on March 3 on he motion of Lord Gage On the same day the Lords read the National Health Insurance Act (Amendment) Bill a third time On the second reading of the same Bill, which was taken on February 25 Lord Gage explained that it was made necessary through changes of nomenclature introduced by the Pharmacy and Poisons Act 1933 The Bill would substitute in the National Health Insurance Act 1936 words with the object of regularizing contracts made with corporate bodies by the Insurance Committee of each county or county borough for the supply of medicines to insured persons It would also make clear that such contracts could be entered into in future on the same basis as before the Act of 1936 Lord Gage mentioned the proviso that dispensing must be by or under the direct supervision of qualified pharmacists

The Divorce (Scotland) Bill was reported to the House of Lords from committee without amendment on March 4 On March 9 the Children and Young Persons (Scotland) Bill and the Merchant Shipping Bill were read a second time

The House of Commons this week discussed the financial resolution governing the proposed further assistance to the Special Areas Orders incidental to the establishment of the new systems of government in India and Burma were approved The Annual Holiday Bill was reported to the House from a Standing Committee on March 3 and on March 4 the Defence Loans Bill was read a third time The Methylated Spirits (Scotland) Bill was read a second time without debate on March 9 On the same day the report of the Royal Commission on Local Government in the Tyneside Area was presented to Parliament

Factories Bill in Committee

A Standing Committee of the House of Commons on March 2 resumed consideration of the Factories Bill at Clause 2 which deals with overcrowding Mr ELLIS SMITH moved that the provision exempting existing workrooms from the new regulation regarding cubic space per worker should not apply at times when persons were being employed overtime He said that a subsequent amendment to be moved by the Home Secretary would propose that Home Office inspectors should require the provision of effective and suitable mechanical ventilation He gathered that until an inspector paid a visit a firm might be able to carry on for months and years under the old standards Even under these

Decline and Fall of the Undescended Testis

Lancet p 999 May 2 1936 A Report on 25 treated cases

GROUP	TYPE	CASES	RESULT
I Adherent Normal Testis Normal Child	Unilateral - -	5	Failed
II Subnormal Testis Subnormal Child	Bilateral - -	6	Cured
	Bilateral c hypo spadias - - -	2	
	Unilateral - -	3	
III Subnormal Testis Normal Child	Unilateral - -	3	Cured
	Bilateral - -	3	Improved

Practitioner 867 868 November 1936

"Treatment is undertaken in order to safeguard the gland from the trauma to which it is inevitably exposed, and also to encourage its development by placing it in the only situation in which maturity can be reached

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standards 16,649 firms had been served last year with contravention notices Under the Home Secretary s amendment it would be possible for young persons between 16 and 18 to work in a room of 250 cubic feet per person for fifty-four hours a week, and it would be possible for girls of 16 to be occupied in such a room for ten and a half hours a day The deleterious effect would be greater if employees were asked to work above the normal hours in factories under such unhealthy conditions

Sir JOHN SIMON said that he and his advisers were not satisfied with the form of the proviso exempting from the general obligation to provide cubic space for workers He did not like the fact that it made possible an indefinite prolongation of the less satisfactory standard, nor did he wish the Bill to leave the committee in a form whereby certain workshops because they were to be built hereafter, would be on the 400 cubic feet principle, while others, because they already existed, might without any limit of time remain on the lower standard He would have to confer with representative authorities, and would ask the committee to insert an amendment in the names of Mr Lloyd and himself on the understanding that during the report stage they would have a plan whereby the 250 cubic feet standard would disappear within a limited number of years As for the provision proposed by Mr Ellis Smith he saw a great difficulty in putting it in His advisers told him it was not practical to reduce the number of people who worked overtime, for the result would be that those left would work more overtime Mr RHYS DAVIES said that the Opposition did not see the difficulty which Sir John Simon apprehended about the number of people employed in a room Sir ERNEST GRAHAM-LITTLE said that all scientific research demonstrated that movement of air was more important than cubic space and if the committee laid stress on cubic space it missed the most essential thing On battleships the sleeping accommodation provided for sailors was 50 cubic feet That was made possible by effective ventilation Bacteriological infection spread far more quickly in still air than in moving air, and still air induced fatigue

Mr ELLIS SMITH then withdrew his amendment On the motion of Sir John Simon the committee added words to ensure that the premises in which the lower standard of cubic space was permitted should only be those which had, since the passing of the Bill, been continuously in the same occupation

Sir JOHN SIMON then secured the adoption of an additional proviso laying down that

'(*a*) If the inspector for the district requires the provision of effective and suitable mechanical ventilation in any such room and the requirement is not complied with this proviso shall cease to apply to that room notwithstanding that the said period of five years has not expired and (*b*) if at the expiration of the said period effective and suitable mechanical ventilation is provided in any such room (whether in pursuance of the inspector s requirement or otherwise) this proviso shall continue to apply to that room so long as such ventilation is provided and maintained '

After a discussion on the provision authorizing the inspector for the district to require the posting in a workroom of a notice specifying the number of persons who might be employed there the clause, as amended, was approved and the committee adjourned

TEMPERATURE OF WORKROOMS

The committee resumed on March 4, when Clause 3 (temperature) was considered The clause provided that no method of ventilation should be employed 'which resulted in the escape into the air of any fume of such a character and to such an extent as to be likely to be either injurious or offensive to persons employed therein ' Mr GRAHAM WHITE moved to insert words forbidding the escape of any fume likely to affect the purity of the air He said it was difficult to find words dealing with fumes and gases in the air upon which practical administration could be based Gases escaping from heating apparatus and so on might be highly dangerous without being in the least offensive Mr GEOFFREY LLOYD said the provision in the existing law was to the effect that there must be no interference with the purity of the air in the room and that provision had been deliberately altered It had probably been put into the 1901 Act from the old fashioned idea that the amount of carbon dioxide in the room was the measure of the effective purity of the air from the point of view of the individual Research had proved that to be quite wrong The fundamental question was not the purity of the air but whether there was anything in the air which was injurious or offensive The amendment would make it an offence for there to be some mild impurity of a chemical kind only to be detected by chemical instruments and not in the least injurious or offensive

Mr GRAHAM WHITE said it would be possible to have an injurious percentage of carbon monoxide in the air without it being offensive He agreed it was difficult to reach a form of words which would satisfy everybody, and he withdrew the amendment

Mr MANDER also withdrew an amendment which sought to remove the restriction to persons who worked seated, in the subsection which provided that a temperature of not less than 60° should be deemed reasonable after the first hour where the work did not involve serious physical effort Mr RHYS DAVIES moved to leave out the limitation which restricted the minimum of 60° to time worked after the first hour He said that this restriction was not in the Factories Bill which had been introduced in 1924 Sir JOHN SIMON said the whole subsection was an experiment There was no power under the present Act to prescribe standards of temperature by degrees Fahrenheit, and precise limits of temperature would be difficult to lay down at the beginning in some cases Even in the same industry opinion differed among workpeople on what constituted a suitable temperature If Parliament insisted that at the moment of opening the factory the temperature must be not less than 60° it was likely to expose people to unreasonably high temperature before work was finished Mr Rhys Davies withdrew his amendment

Mr MANDER moved to provide that the temperature after the first hour should be recorded in each workroom by "other instruments for recording temperature prescribed by the Secretary of State" as an alternative to the provision of at least one thermometer as laid down by the Bill Sir JOHN SIMON said that the thermometer meant an instrument for measuring temperature and the proposed alternative words were unnecessarily elaborate Mr Mander then withdrew his amendment and the chairman ruled that this cut out an amendment tabled by Sir Ernest Graham-Little to ensure provision beside the thermometer of "one katathermometer or other similar instrument for testing ventilation and coolness of air"

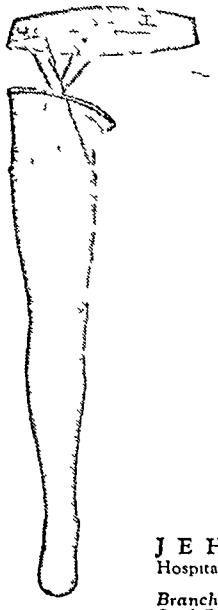
The clause was then accepted and added to the Bill without amendment

VENTILATION

On Clause 4 (ventilation) the committee, on the motion of Sir John Simon, amended the wording to lay down that the provision of the circulation of fresh air in each workroom should be suitable as well as effective Other amendments were negatived after brief discussion

Mr SILVERMAN moved to add at the end of the clause 'provided that no mechanical ventilation shall be deemed efficient which does not secure such frequency of complete changes of air in the workroom as the Secretary of State may by order direct' He said there was unanimity among experts that the effectiveness of mechanical ventilation depended in the main on the frequency with which the air in the workroom was completely changed In aeroplane factories poisonous fumes had been removed by mechanical ventilation which completely changed the air in a room thirty times an hour Sir JOHN SIMON said the clause already provided that the Home Secretary might by regulations prescribe a standard of adequate ventilation for factories or for any class or description of factory or parts thereof Sir ERNEST GRAHAM-LITTLE said sufficient attention had not been given to the importance of change of air in a room To insist on so many changes an hour was not practicable A far better system could be adopted A simple instrument in the form

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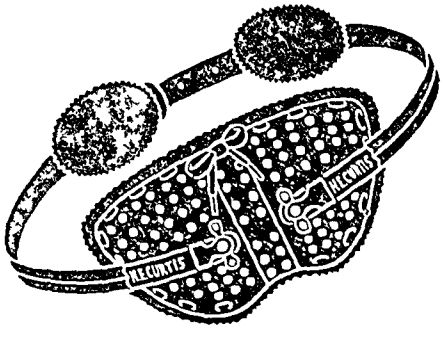
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of a thermometer could be used to test the efficiency of the ventilation and the temperature of the air

Mr SILVERMAN withdrew his amendment and Clause 4, as amended, was added to the Bill

LIGHTING

On Clause 5 (lighting) Mr CARTLAND moved to add the words after the provision that the Home Secretary could, by regulations prescribe a standard of sufficient and suitable lighting enabling the Home Secretary by special regulations to direct that any operation in a factory should be carried on while sufficient natural lighting was available during the day time Mr HAMILTON KERR said the Institute of Industrial Psychology had proved the bad effect of poor lighting on the health and productive capacity of workers in factories When a worker suffered from headache or eye strain or had to look too closely at his work he suffered ill effects and his production fell off The same was true where he had to work with different colours or with various tools which he had to change from time to time

Sir JOHN SIMON said the committee must consider whether it would be practicable to carry out the amendment We lived in a country where there was sufficient daylight one day and not sufficient another and when the day was dull it might be greatly to the advantage of workpeople to turn on the artificial light In Clause 5 as it stood the Bill was taking a great step forward There was not any provision in the factory law at this moment requiring adequate lighting except in certain dangerous trades That was scandalous In making a big reform the committee ought not to place on the Home Secretary the duty of making regulations which it would not be easy to enforce Mr BUCHANAN asked whether the Home Secretary could not do something to deal with the case of a factory in which one side was light and the other had a windowless wall and some of the employees were against this wall Provision should be made to deal with cases where there could be ample accommodation in natural daylight if only the employer cared to use it properly Sir JOHN SIMON said he would look into the matter His impression was that a little pressure from the factory inspector would meet such a case

Mr CARTLAND withdrew his amendment

On Subsection (3) of Clause 5 which laid down that nothing in the earlier provisions should be construed as enabling directions to be prescribed or given as to whether artificial lighting is to be produced by electricity gas or any other particular means Mr RIDLEY moved to leave out the whole subsection Sir JOHN SIMON said that the Home Secretary under the Bill would be able to require a standard candle power of sufficient and suitable lighting in every part of the factory but it was no part of the business of the Home Office to say how that lighting was to be produced

Mr BROAD said that for most industrial processes where fine work and steadiness of hand were required gas lighting was obsolete Parliament was contemplating the possibility of having to defend the public against gas attack and workers in factories might have to work in gas tight rooms The only possible illuminant in such conditions was electricity Mr BUCHANAN said the use of naked gas lights in joiners' or carpenters shops was dangerous

Sir JOHN SIMON said that other parts of the Bill dealt with safety He suggested to the committee that it should omit from the Bill the references both to gas and electricity and merely to forbid the giving of instructions as to whether any artificial lighting is to be produced from any particular source of illumination It could still insist that there should not be a glare of lighting throughout the shop The committee accepted the amendment

A discussion then followed on the subsection providing that all glazed windows and skylights of workrooms should be so far as practicable kept clean on both the inner and outer surfaces The committee made some small amendments and the clause as amended was added to the Bill

The committee then adjourned until March 9

Respirators and Concentrated Gases

Mr PARKER on March 2 asked the Home Secretary what was the rate of rise of pressure across the filter when smokes were present in the area in a concentration of 0 6 gramme per cubic metre and were breathed through a civilian respirator

Mr GEOFFREY LLOYD said that the concentration of arsenical gas mentioned in the question was extremely high and such as could only be produced in quite exceptional circumstances It was considered that such concentrations were unlikely to be encountered by the general civilian population under ordinary practical conditions and the question as to the behaviour of the civilian respirator under these hypothetical conditions had therefore no practical significance

Mr PARKER also asked the Home Secretary for what period of time the civilian respirator was calculated to give complete protection respectively when phosgene was present in the air in a concentration of 10 grammes per cubic metre and when mustard gas vapour was being given from the ground when the atmospheric temperature was 15 C and there was no wind

Mr LLOYD replied that the concentration of phosgene mentioned was extremely high Such a concentration would be very difficult to maintain under ordinary practical conditions It would therefore be misleading to give the period for which the civilian respirator afforded protection against such concentration The Government was satisfied that this respirator would afford protection against such concentrations as were likely to be encountered by the general civilian population under normal conditions The civilian respirator would protect the wearer for very long periods against mustard gas vapour under the conditions mentioned

Cleanliness of Hairdressers' Premises

A Private Bill Committee of the House of Commons on March 8 considered the Southampton Corporation Bill which seeks powers in one of its clauses to establish a compulsory register of hairdressers and barbers premises and to make by laws for securing the cleanliness of the premises

Dr H C MAURICE WILLIAMS medical officer of health for Southampton said he had inspected a number of hairdressers and barbers shops in the town Generally speaking the inspection revealed that there were a large number of hairdressers premises without water supplied to the saloon In some cases the basins were emptied or drained into buckets and he had seen premises where hot water was either brought in in a kettle from the living quarters at the rear or boiled on a fire in the saloon In a number of cases no paper was laid on the head rests of the chairs and the use of antiseptic solution particularly in respect of shaving brushes was apparently unknown His inspection of these smaller hairdressers shops justified his committee in inserting the clause in the Bill Unless proper precautions were taken with regard to cleanliness and sterilizing there was great danger of spreading disease Ringworm was undoubtedly spread in a number of cases by barbers shops Another disease impetigo which was common to children could also be spread They had about seven hundred cases in a year usually among children but sometimes among adults In Southampton where there were a number of Lascars and foreign crews it was possible that a tropical disease similar to ringworm but very much more difficult to cure and seldom found in this country would be spread There was also the question of vermin In cross examination Dr Williams said that the Bill was mainly aimed at a very small number of poor barbers shops in the poor part of the town but even in the better class hairdressers there was room for improvement

Mr ASKEW on behalf of the Hairdressers Association opposing the Bill said it was not right that the corporation should be given these overriding powers for a large and important trade in the whole of Southampton because there were in one part near the docks one or two shops of the condition described No system of control or by laws could prevent a barber having dirty hands If it was thought proper that there should be some registration or supervision of the activities of hairdressers that was a matter for general legislation Last

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year the Hairdressers' Registration Bill was introduced into Parliament, but it was too late in the session for it to proceed The Bill would very shortly be reintroduced, and it made provision for the proper supervision and control of these premises

The committee decided that there was justification locally for the clause and that, so far as the clause was concerned, the preamble of the Bill was proved

Health Services in Special Areas—In a tabulated statement which he furnished to Mr Batey on March 4 Mr ERNEST BROWN showed that the Commissioner for Special Areas in England and Wales had entered, up to January 31, 1937, into commitments of £1,519,360 for hospitals, £39,610 for maternity and child welfare services, and £53,250 for district nursing and ambulance services Expenditure by the Commissioner on the same services in that period had been respectively £23,220, £8,560, and £31,400

Vitamins Added to Margarine—Mr WILLIAM LEACH, on March 4 asked if the Minister of Health was aware that it was the practice of manufacturers of margarine to add cod-liver oil or other oil from fish livers and to treat with ultra-violet rays or by other means artificially to vitaminize the margarine synthetically under the claim that its food value was then equal or superior to that of summer butter Sir KINGSLEY WOOD replied that vitamins were added artificially to some brands of margarine He had no reason to doubt it was possible to make margarine the equivalent of butter in vitamin content No investigation had been made by experts of his department to decide whether the claims mentioned by Mr Leach were valid

Manchester Royal Infirmary and New Labour Exchange—On March 8 Mr ECKERSLEY asked the Parliamentary Secretary to the Ministry of Health, as representing the First Commissioner of Works, whether, before the plans for the new labour exchange in Manchester were approved, full consideration would be given to the value to the city of the Robey Street branch of the Manchester Royal Infirmary and to the necessity for ensuring that the new exchange would not interfere with its light or amenities Lieut Colonel MUIRHEAD said he was aware of the position regarding the erection of the new central employment exchange for Manchester The Minister of Labour and the First Commissioner for Works had discussed the matter with the chairman and other members of the board of the Royal Infirmary After careful consideration the Minister had decided that the building of the exchange should proceed and the contractors were now working on the site

Typhoid Fever Outbreak at Liverpool—On March 8 Mr GROVES asked the Minister of Health whether any investigation had been made into the milk consumed by the sufferers in the recent outbreak of typhoid at Liverpool, and whether the majority obtained their milk from the same source or from different sources Sir KINGSLEY WOOD replied that this outbreak had been investigated by officers of the Liverpool City Council Some 60 per cent of the persons affected obtained their milk supply from the same retailer, but there was no reason to think that milk was the source of infection in these cases

Notes in Brief

On March 2 Mr RUNCIMAN replying to Mr T Williams, said he understood that the rise in the price of glycerin in recent months was due to an expansion of normal industrial demand and that the effect of the Government's rearmament programme on the position could be regarded as negligible

The number of textile factories in the West Riding in which women and young persons over 16 are employed on a two-shift system is nineteen and the number of women and young persons so employed is rather over 1 000

About 90 000 workpeople in England and Wales are covered by agreements providing for holidays with pay

A Bill to extend the principle of removal of the blind from the administration of the Poor Law is in preparation

The taking of certain protective measures at the Palace of Westminster against gas and other air attack risks is under consideration

Medical News

The House of the British Medical Association, including the Library, will be closed for the Easter holiday from 6 p m on Thursday, March 25, until 9 a m on Tuesday, March 30 (Library 10 a m)

Owing to the illness of Professor Georges Portmann the meeting of the Chelsea Clinical Society, arranged for March 16, has been cancelled

The following members of the medical profession were returned at the London County Council's elections on March 4 Dr J A Gillison (Lab), Bermondsey, Rotherhithe, Dr Esther Rickards (Lab) Greenwich, Dr B Homa (Lab), Hackney, Central, Dr S Monckton Copeman (M R), Hampstead, Dr S W Jeger (Lab), Shoreditch, Dr C W Brook (Lab), Southwark North, Mr Somerville Hastings (Lab), Stepney, Mile End, Dr Florence B Lambert (M R), Westminster, St Georges

Dr A G Mutland-Jones and Dr L Mandel will open a discussion on "Gastro enteritis in Children" at a meeting of the Hunterian Society at Simpson's Restaurant, Cheapside, E C, on Monday, March 15, at 8 30 p m The meeting will be preceded by a dinner at 7 15 p m

The annual dinner of the Medical Superintendents' Society will be held at the Langham Hotel, London, W, on Saturday, March 20, at 7 30 p m

A meeting of the Sussex Association of the Medical Women's Federation will be held at the new Sussex Hospital, Brighton, on Thursday, March 18, at 5 30 p m, when Dr Janet Vaughan will read a paper on "The Diagnosis and Treatment of Common Anaemias" Members of the Brighton Division of the British Medical Association are invited to be present and to take part in the subsequent discussion

The German Society of Balneology and Climatology will hold its spring meeting at Breslau from March 26 to 28

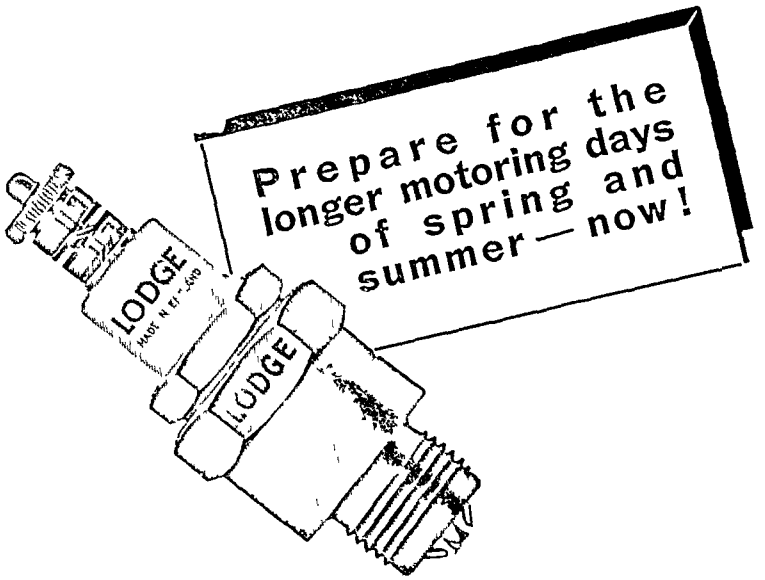
The fourth International Congress on Leprosy will be held in Cairo on March 21 The first was held in Berlin in 1897, the second in Bergen in 1909, and the third in Strasburg in 1923

The sixty first Congress of the German Society for Surgery will be held in Berlin from March 31 to April 3, when papers will be read by K H Bauer of Breslau on the progress of experimental research on tumours, the nature and treatment of pseudarthrosis, by G Magnus of Munich, the surgical importance of vitamins, by A Fromme of Dresden and the physiological principles of circulatory collapse, by H Rein of Gottingen

The January issue of the *Archives of Dermatology and Syphilology* is dedicated to Dr William Allen Pusey on the occasion of his retirement from the editorship

We are asked to state that at the Kaiserin Friedrich Haus, connected with the Berlin Academy for Post Graduate Medical Study, there is a bureau of general information which will, gratuitously and with strict impartiality, answer all questions pertaining to matters of interest to physicians Every foreign practitioner visiting Berlin is urged to get in touch with this information bureau (Auskunftei), Berlin N W 7, Robert Koch-Platz 7 either by writing or by personal call, so that a plan for the most profitable utilization of the time at his disposal may be drawn up for him The bureau is also willing to provide letters of introduction to clinics, institutes, etc, in Berlin as well as in other parts of Germany

During the week ended March 6 the number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales was 181 compared with 242 in the preceding week In London the number of deaths from influenza was sixteen, compared with twenty three in the preceding week The notifications of pneumonia in London were eighty five against 101



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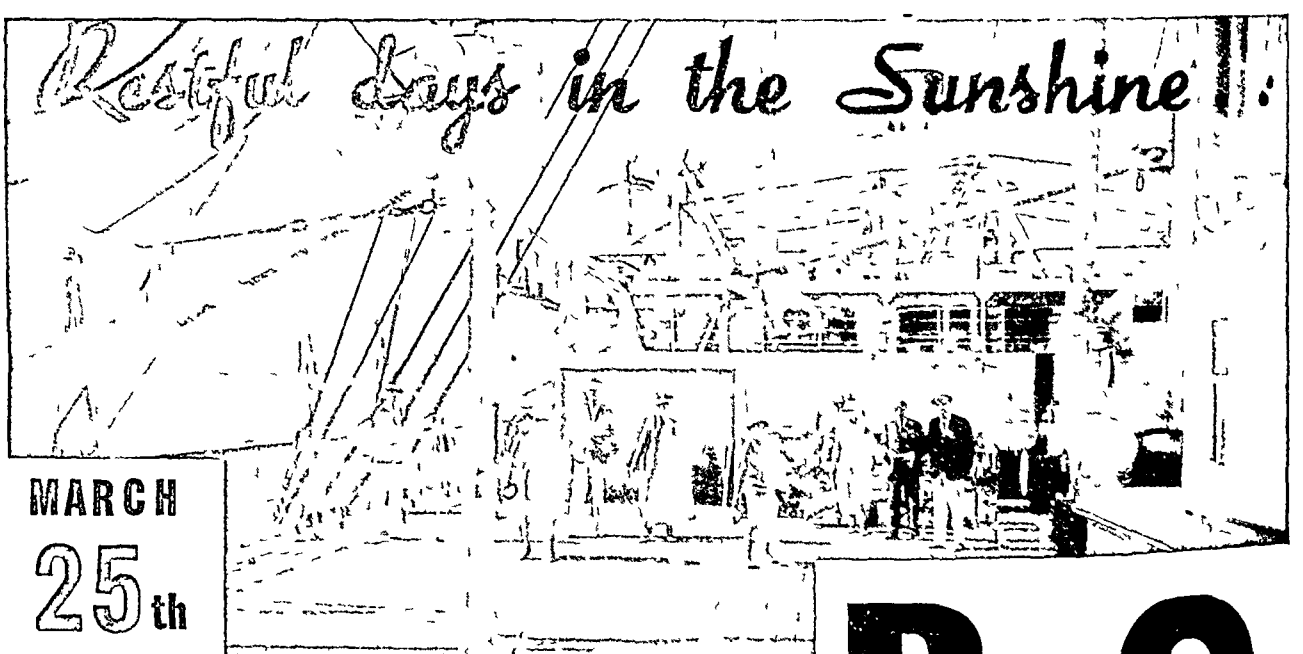
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The issue of the *Bulletin de l'Office Internationale d'Hygiene Publique* for January contains a report by Professor D Danielopolu the delegate of Rumania and Drs C Dimitru and Tanasoca on the problem of rheumatism and diseases of the circulation A supplement is devoted to papers on the education of backward or abnormal children

Sir Arthur MacNalty Chief Medical Officer of the Ministry of Health referred to the possibility of reducing mortality and sickness among young children at the toddler stage ' in an address delivered at the opening of a new maternity and child welfare centre at Hornsey on March 1 The decline in the rate of infant mortality for England and Wales as a whole had he said, been a source of satisfaction to all concerned with infant welfare The success achieved in the reduction of infant mortality gave ground for hope that in due course a corresponding advance might be made in protecting children in the next important stage of life—the toddler " stage—from those impairments which could be avoided or mitigated by careful supervision Here continuity of medical supervision, before and after school age was reached was of much importance, and called for a maximum degree of co ordination between the maternity and child welfare service and the school medical service

The Bishop of Birmingham, preaching before the University of Oxford on March 7 said The cost of social derelicts and especially of the feeble minded is harmful in that indirectly it presses on all classes I cannot think it right to keep alive individuals whom doctors know to be doomed from birth to a subhuman existence A false humanitarianism is at the present time a drag on social progress ' Dr Barnes also said It is well to emphasize that the lower middle and artisan classes are the most valuable population reservoir of the country They replenish the wealthier classes which constantly tend to disappear, and from them come at an interval of a generation or two, many of the nation s leaders '

In memory of Nicol McNicol Rankin *M C* M B, who died in December, 1931 a fund has been opened to commemorate his name in the Central London Throat, Nose and Ear Hospital with which he was closely associated as a surgeon and a member of the committee of management Mr Rankin s interest in and affection for the hospital was very great and notwithstanding the lapse of time his work has not been forgotten in the institution he loved so well A number of friends have therefore inaugurated a fund to provide a permanent memorial and it is felt that the naming of a cot in the children s ward would be the most appropriate way Gifts for The Nicol Rankin Memorial Fund ' may be sent to the treasurer Lord Erskine of Restormel Central London Throat, Nose and Ear Hospital Gray s Inn Road W C 1

Dr T Madsen, chief of the State Serum Institute in Copenhagen has again been elected a member of the Health Committee of the League of Nations and has become for the seventh time its president

A recent epidemic of approximately 500 cases of scarlet fever in Oswego Tioga County, New York State has been traced to the use of raw milk from a cow which had been infected on a farm where there had been three cases of scarlet fever

It is reported that 142 cases of cerebro spinal fever have recently occurred in Cyprus including eighteen in the capital Nicosia, with a mortality of 30 per cent

Dr Julius Wagner Jauregg professor of psychiatry and neurology at Vienna, celebrated his *eightieth birthday on* March 7, and Geh Rat Dr Emil Abderhalden professor of physiology and president of the German Academy of Natural Sciences at Halle celebrated his sixtieth birthday on March 9

Sterilization has been made legal in the canton of Vaud in Switzerland

Letters, Notes and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated Correspondents who wish notice to be taken of their communications should authenticate them with their names not necessarily for publication

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager British Medical Association House Tavistock Square W C 1 on receipt of proofs Authors overseas should indicate on MSS if reprints are required as proofs are not sent abroad

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QUERIES AND ANSWERS

Oxaluria

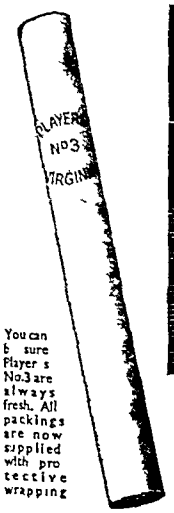
PERPLEXED writes Perhaps some of your readers may be able to suggest a satisfactory method of prophylactic treatment for a woman patient of mine Urinary calculi form every few months causing considerable agony until voided On analysis they consist of calcium oxalate and fibrin Dieting with the exclusion of meat egg yolk and certain vegetables *has failed as have Vichy and Contrexéville* waters to prevent the *formation of the calculi*

External Use of Iodine

Dr J C MACAULAY (Northampton) writes in reply to E P (*Journal* February 27 p 482) The antiseptics I have in mind as satisfactory are derived from xylenol There are several preparations by good firms now on the market I did not mean to convey by my first letter (February 13 p 374) that iodine was of no use but that it had certain disadvantages

Dr W R GROVE (St Ives) writes Instead of this unsatisfactory application for some twenty years I have used a mixture of lysol 2 drachms with ether 1/2 oz in surgical spirit to 4 oz The wound is cleaned with the solution and is then dressed with gauze wrung out in it The smarting lasts only about a minute and is probably not more than with the iodine Afterwards it is a comfortable dressing and where the application has reached the depth of the wound there is no pus formation Bleeding is stimulated but the solid mass formed with the blood can be usually left till healing has occurred In roadside accidents one s own hands can be disinfected with the same solution Lately I have substituted dettol for lysol in the same quantity and find it just as satisfactory The same solution is used for disinfecting instruments and syringes but in the latter case the syringe is washed out before use with pure spirit or sterile water As an unashamed Victorian trained under the carbolic spray I have never deserted antiseptic for aseptic midwifery and I use this solution to disinfect the external parts several times during labour and the inside of a rupture before suture while my own hands and arms after the usual ablutions and while still wet have the same mixture well *rubbed in* and the examination made while the hands are wet I have never found my results make me wish I had used gloves When the hands have been soaked in this way with the lysol preparation a slight roughness will remain for two or three days but I do not find this happens when dettol has been substituted I was introduced to this solution at a bacteriological laboratory during the war where it was used for syringes





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Granuloma Annulare

"H F P" writes: Could anybody advise me as to the treatment of a girl aged 8 years suffering from granuloma annulare? X rays and various ointments have been tried with only temporary success. It disappears in summer but reappears again each winter and seems to be spreading.

Sequels of Tooth Extraction

"G P" writes: I am attending a woman who has had a wisdom tooth extracted. Soon afterwards her neck became swollen and very painful, she also complains of facial neuralgia going over head and into ear, with difficulty in opening mouth and swallowing. The breath is extremely offensive. I should be much obliged for suggestions as regards any treatment that would cut short this most distressing condition, which sometimes continues for months, completely incapacitating the patient. The neuralgia is most persistent comes on when opening the mouth, and wakes the patient after sleeping. Aspirin 15 grains, bromide, and butyl chloral hydrate and gelsemium have been tried. The latter relieves the neuralgia of the fifth nerve, but not so much the pain spreading from lower jaw into ear and over head.

Income Tax

Estimate of Tax Payable

"M B, B CHIR" gives some particulars of his gross earnings and expenses, and asks for an estimate of the amount of income tax payable.

*** Gross earnings, less common practice expenses		£1,200
Expenses as per list	£330	
Add half local rates	20	
Add half net Schedule A assessment, say	45	
Running costs of car	60	455
		£745
Less depreciation allowance		45
Share of firm's Schedule D assessment		£700
The tax payable on this will be as follows		
Earned income relief one fifth of £700		£140
Personal allowance (married)		180
		£320
Tax payable, therefore, on £700−£320=£380		
On £135 at 1s 7d in the £	£10 13 9	
On £345 at 4s 9d in the £	81 18 9	
	£92 12 6	
Less life assurance allowance, £39 at 2s 4½d in the £	4 12 7	
	£87 19 11	

As against this tax, however, 'M B B Chir' can claim repayment at 4s 9d in the £ in respect of the amount of bank interest paid by him in the year, as he can deduct tax on paying interest to the insurance company no similar relief is due for that interest. Tax will also be payable on the Schedule A assessment of his house.

LETTERS, NOTES, ETC.

Wax Solvents

Mr M R SHERIDAN F R C S Ed (Truro) writes: If Dr G C Pether (March 6, p 529) will turn up page 168 of *The Principles and Practice of Otology* by Watkyn Thomas and Yates published in 1932 he will find there liq paraffin described and recommended as a solvent of wax in the ear.

Vitamin E

Glaxo Laboratories Ltd (Greenford, Middlesex) have prepared a useful pamphlet describing the therapeutic uses of this anti sterility factor. The existence of vitamin E was proved by Evans as early as 1922, but its therapeutic value is only now being discovered. It is a fat-soluble vitamin found in wheat-germ oil and at present rapid progress is being made in identifying its chemical nature. Female rats deprived of this vitamin grow normally and can conceive but at a certain stage in pregnancy the foetuses die and are reabsorbed. In male rats the deficiency leads to loss of mobility in the spermatozoa and later to azoospermia. Administration of this vitamin by mouth is proving a successful method in the treatment of women who abort habitually. In 1931 Vogt-Moller reported success in this form of treatment and during the last two years several favourable reports have appeared based on relatively large numbers of cases. Less attention seems to have been paid to the possibility of treating male sterility, but here also there would appear to be a possible therapeutic application. The ten year interval between the discovery and the successful clinical use of the vitamin is an interesting point, for it shows how difficult it is to judge at once the ultimate therapeutic importance of a physiological advance.

Sclerosing Submucosal Injection of the Turbinates

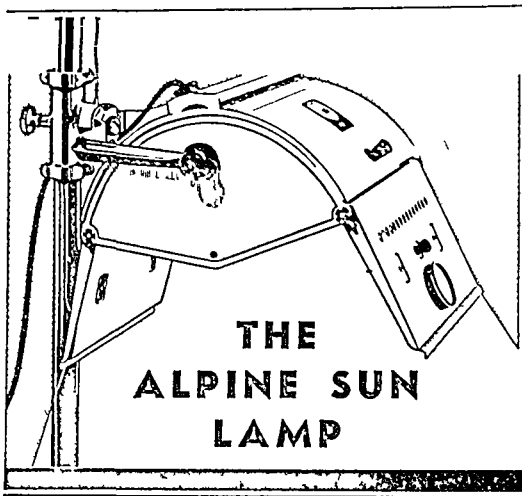
Mr ARTHUR MILLER (London, W 1) writes: Further to the correspondence in the *Journal* (February 13, p 359 and February 20, p 416), may I be allowed to state that my respect for the nasal mucosa is such that removal or cauterization of the redundant parts of the turbinates is only resorted to in exceptional cases where there is obvious interference with the drainage of the sinuses, etc. I treat most of these cases by diastolization, thus avoiding any injury to the mucous membrane. The treatment is a somewhat prolonged one (six to eight weeks), but most gratifying. The improvement in nasal breathing is very marked, a number of cases of catarrhal deafness particularly in children respond to it very well. Mr Arthur Wells introduced this treatment in this country in 1926, and I am indebted to him for bringing it to my notice.

New View of Pneumonia

Dr LAURENCE E D KNIGHTS (Cheam, Surrey) writes: The new view of pneumonia presented by Dr W A Morris (*Journal* February 13, p 361) will receive wide support. The raised respiratory rate is not due to a reduction of vital capacity, extensive fibroid phthisis leads to no rise in a patient at rest, and high pyrexia from inflammation outside the respiratory tract—for example, pyelitis—but moderately affects pulmonary ventilation. On the other hand the insidious acute otitis media which characterizes a Group 3 pneumococcus (*Streptococcus mucosus*) infection produces, particularly in children, a "pneumonic" type of respiration when no coexisting pneumonia is present. This always occurs in pneumococcal septicaemia too. In primary pneumococcal peritonitis, almost invariably pelvic, and in arthritis one would not expect on anatomical grounds, a similar degree of toxic absorption to occur, and I believe that rapid respiration is not a feature in these conditions. I would be interested to know the effect on respiration of a pneumococcal osteomyelitis where ready absorption might be expected. With regard to treatment in general my opinion is: (1) The kaolin poultice is of little value, and its application causes unnecessary handling of the patient, with the gamgee jacket it should become of 'historic interest.' (2) The pain of pleurisy is far more efficiently eased by strapping the chest in expiration. (3) Digitalis is a general cardiac poison with a specific effect on the bundle of His. Its use in pneumonia should be restricted to patients with fibrillation and then it should be given with caution to attempt to allay a toxic tachycardia is as misguided as to reduce the laudable temperature with antipyretics. I have seen its exhibition in straightforward pneumonia cases lead to a fatal termination. (4) The patient should recline in the position of greatest comfort, frequently supine, and not as routine in a sitting position. (5) A recent personal experience of pneumonia made me eternally grateful to the physician for prescribing morphine 1/4 grain (together with strychnine 1/20 grain) six-hourly. The relief to the fevered and poisoned mind must be experienced to be appreciated.

Academic Costume

With reference to the letters by "X Y Z" (February 20, p 430) and Dr R R Prewer (February 27, p 482) Dr CLAUDE A P TRUMAN of Exford, Somerset, has sent us a list of non-university bodies which grant hoods. He adds: 'Some long time ago Oxford University granted to S M (*students in medicine*) and students in law (S C L) a hood of black stuff, lined with blue silk. In addition, the University of Durham grants to L Theol and Assoc Sc a black stuff hood, faced with velvet and bound with palatinate purple silk. This does not exhaust the list, I think.'



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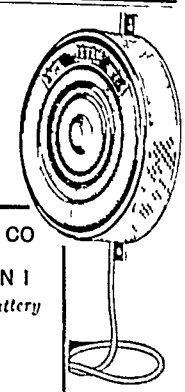
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

191 Tuberculosis in Nurses

A GULLBRING (*Hygiea Stockh*, December 31, 1936, p 865) draws attention to the fact revealed by recent studies in Scandinavian institutions for the sick, that the frequency with which probationers and nurses contract tuberculosis is much higher in general hospitals than in sanatoria This comparison does not reduce to negligible proportions the risks of nursing the tuberculous in sanatoria, but it emphasizes the unsatisfactory character of the conditions under which nurses work in general hospitals In the author's opinion the most important difference in the two classes of institution concerns the work hours In a general hospital probationers begin work at 6 a m and end it at 8 p m, with only three hours in the interval for food and rest To this eleven hour day is added night duty every fourth night These working conditions are the more onerous for the fact that most probationers are recruited from homes in which continuous and heavy physical work has been conspicuous by its absence In the author's hospital the sixty hour week between 1928 and 1934 has since been reduced to a fifty four hour week With regard to tuberculous infection, he has found that the probationers who were tuberculin negative on joining his hospital showed a subsequent tuberculosis rate of 8 4 per cent, whereas it was only 2 8 per cent among the nurses who were already tuberculin positive when tested as probationers This striking difference has impressed the author with the desirability of not setting tuberculin-negative probationers to work forthwith on tuberculous patients

192 Chronic Meningococcus Septicaemia

E APPELBAUM (*Amer J med Sci*, January, 1937, p 96) who records three illustrative cases in patients aged from 19 to 35, states that chronic meningococcus septicaemia, which was first described by Soloman in 1902, is a distinct clinical entity, which is probably commoner than is generally suspected The characteristic features are headache, intermittent fever, migratory joint pains, and a maculo papular or polymorphous rash The patient's general condition appears good The principal complications are meningitis, endocarditis, nephritis, and epididymitis The diagnosis may be suspected clinically but can only be made definitely by obtaining a culture of the meningococcus from the blood The patient's serum does not as a rule agglutinate meningococci The spinal fluid in cases uncomplicated by meningitis is normal The disease lasts several months, but its duration is considerably shortened by specific treatment The prognosis is usually favourable The disease responds promptly to the intravenous injection of anti meningococcus serum In some cases an autogenous vaccine may be beneficial Spontaneous recovery may occur

193 Surgical Scarlet Fever

E GOTTLIEB (*Ugeskr Laeg* January 7, 1937, p 8) has in the course of only four years seen as many as thirty four cases of surgical wound, or extrapharyngeal scarlet fever at his hospital in Denmark Twenty six of these cases or more than 5 per cent of all the cases of scarlet fever seen, were observed in the year ending November 15, 1936 *In the three earlier years the cases of* surgical scarlet fever represented only about 1 per cent of all the cases of scarlet fever The author traces this change partly to the increased interest taken of late in this condition and partly to the change in different parts of the world in the behaviour of scarlet fever, which has recently assumed a comparatively benign character Common to all his cases was the development of scarlet fever in association with some wound and apparently as a sequel to it, but it remains an open question whether the object inflicting the wound introduced *the infection into it or whether the traumatized* area was infected afterwards as is presumably the case when scarlet fever develops after a burn In three adult cases the condition developed after dental extractions, and in three other cases after operations on the nose for deviation of the septum There were eleven children who contracted surgical scarlet fever in association with infections of the arms and legs, whitlows seeming to be a favourite source of the infection In every case the onset of fever and rash was sudden, and in most cases the condition of the tongue was characteristic With only three exceptions the desquamation ran a textbook course All the patients recovered but the acute stage of the disease was on the whole somewhat more stormy and the rash more marked than in ordinary scarlet fever As many as nine of the thirty four patients were over the age of 15—a comparatively high adolescent plus adult rate only from 8 to 9 per cent of the author's patients suffering from ordinary scarlet fever being over 15 years of age

Surgery

194 Benign Prostatic Hypertrophy

H L CHANG and G Y CHAR (*Chin med J*, December, 1936, p 1707) believe that this condition is comparatively rare in Chinese As the result of 1,900 consecutive post-mortem examinations of persons over 40 years of age in the Peiping Union Medical College Hospital *they found* that about half of the non Chinese (Russians Americans British, and others) showed benign hypertrophy of the prostate while only one fifteenth of the Chinese were similarly affected They suggest that this may be due to the fact that the Chinese believe that the seminal secretions are very essential to life and health, and that consequently most Chinese males, after the age of 50, greatly restrict their sexual activity In addition various other factors, such as diet, endocrine balance, and social and physical activities, must be taken into consideration

195 Thoracoplasty

F KLEIN (*Z Tuberk*, 1936, Bd 76 Heft 6 p 396) advocates thoracoplasty being done in sanatoria as an operative measure *There the patient is in the best possible* environment both before and after operation In any case a stay of five to six months afterwards is essential The main indication for thoracoplasty is the belief that neither conservative nor other operative measure will save the patient His general condition and resistance must be good Unilateral disease with a *marked tendency to* fibrosis affords the best *hope of cure* Patients with no tubercle bacilli in the sputum should only rarely be operated upon In the presence of an unsuccessful pneumothorax air may be withdrawn and operation proceeded with On the day prior to operation strophanthin is given Klein does the rib resection under local anaesthesia Resection of all ribs is done in two stages Brauer's subscapular paravertebral *method* is the one of choice The total length of ribs resected is on the average *180 cm* Resection of the first to fifth ribs may be sufficient Resection of ribs one to six is contraindicated because the angle of the scapula then rides on the seventh rib causing the patient pain Post operative treatment is very important The patient must have a nurse constantly in attendance for the first three days She must see that he lies comfortably and that he breathes deeply every

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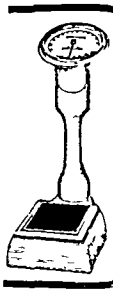
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half-hour, and she must support the affected side when he coughs Digitalis is given for the first three days The sutures are removed on the seventh day, and on the tenth day he is allowed to lie out on the balcony In the absence of complications the patient has returned to his normal routine in three weeks As soon as the scar has healed exercises are undertaken under personal supervision of the physician, so that they may be controlled and not overdone They are carried out for weeks, until the muscular movement is as good as it was before operation

196 Dislocation of the Shoulder

F DEMMER (*Wien klin Wschr*, December 25, 1936, p 1587) doubts the common statement that in shoulder dislocation the head of the humerus passes through a tear in the capsule by which it is "button-holed" in an extracapsular situation and is fixed by muscular force Anaesthesia, he points out, does not relax the fixation gravitation haematomata near the borders of the triceps do not occur clinically the tear of the capsule is not found at operations for habitual dislocation, and plastic cure of this by strengthening the anterior part of the capsule by means of the coraco-brachialis is difficult to understand if the traumatic displacement be extracapsular In one case of primary dislocation coming to operation Demmer found, through a Maisonneuve incision, an intracapsular wedging of the head between the anterior margin of the glenoid cavity and the tense articular capsule If such an intracapsular dislocation were the rule, the frequent success but occasional repeated failures of Kocher's manœuvre would be explicable, also the fact that after the "unsuccessful Kocher" the Hippocratic extension, with foot on axilla, is always effective, whereas this older method, applied in the first instance, without Kocher's manipulations, is often unsuccessful In treating the unanaesthetized patient by Kocher's method Demmer recommends that the patient be prone, and one of the surgeon's unbooted feet should fix the axilla on the sound side

Therapeutics

197 Hypertonic Glucose in Acute Confusional States

S OLDBERG (*Uppsala Lakaref Forh*, December 31, 1936, p 257) reports from the psychiatric clinic in Uppsala his experiences with intravenous injections of hypertonic solutions of glucose in cases of acute confusion and agitation He recalls that cases of acute psychosis often end fatally in asylums under strong persistent agitation and in spite of every treatment In some such cases the post-mortem examination has shown the characteristic picture of 'hirnschwellung," the genesis of which the author discusses in the light of recent research In six male cases of acute confusion and agitation he has given intravenous injections of 10 to 30 c.cm of solutions of glucose in concentrations ranging from 10 to 50 per cent He confined these therapeutic essays to glucose, dispensing with sodium chloride because it is apt to provoke nausea, headache, and fever In one case the injection of glucose had no apparent effect In the remaining five cases it seemed to have a sedative effect and to promote sleep, notably when comparatively large doses (20 to 30 c.cm.) were given In two cases there was a marked improvement in the mental condition with temporary return of lucidity The favourable results could hardly be traced to suggestion in view of the patients' mental state Even when no immediate beneficial effect was observed sleep seemed to be better on the following night The effects of the injections in the case of a patient receiving eleven in all became slighter after the first five or six, the dosage having to be gradually increased accordingly In most cases the response to an injection came about half an hour after it had been given The author does not consider himself competent at the present stage to give a plausible explanation of the processes leading to the reactions he has observed

198 Erythema from Irradiation

E WELLISCH (*Med Klinik*, January 29, 1937, p 162) describes the conditions in which induction of cutaneous erythema by carefully dosed irradiation with the rays (chiefly, the ultra-violet) of the quartz lamp has been found useful Local applications to the thorax are helpful in asthma, bronchitis, and angina pectoris, to the abdomen in peptic ulcer, and especially in fibrinous peritonitis, to the limbs in neuralgias, to the face in erysipelas and the scalp in alopecia, and also in chronic eczema, psoriasis, and furunculosis Induction of erythema in the whole of the skin by successive irradiation of various areas may be useful in chronic infections of joints, muscles, and nerves probably products of lysis of epidermal cells induce an unspecific protein irritation therapy Irradiations in large doses of extensive body areas are thought to have saved life in cases of carbon monoxide poisoning (in which they promote dissociation of CO and haemoglobin) and in eclampsia Total skin irradiations, owing to the desquamation induced, have also produced improvement in pityriasis versicolor, acne vulgaris, and lichen ruber planus

Laryngology

199 Histamine in Nasal Polypi

C C BUTHRMISTER and W F WENNER (*Arch Otolaryng* Chicago, November, 1936, p 570) assume that oedematous polypi are always allergic in origin Histamine is involved in the allergic phenomena and therefore also in the production of polypoid tissue The authors undertook a comparative analysis of nasal polypi and normal mucous membrane in order to ascertain whether histamine appeared in greater quantities in polypoid tissue than in normal mucous membrane Histamine or a histamine-like substance has been found to be widely distributed in mammalian tissue, it is present in the lymph and blood stream after anaphylactic shock The biological test for it is made on the anaesthetized atropinized male cat The extracts from nasal polypi always produced a fall in blood pressure This fall, expressed as histamine equivalent, shows that polypoid tissue contains from 3·6 to 10·2 mg of histamine-like substance per kilo of moist tissue The extract of nasal secretions in allergic rhinitis caused a slight fall in blood pressure, much less than that caused by an equivalent extract of polypi Histamine is probably absent from the mucin of nasal secretions, and the small amount of depressor activity is due to the proteoses formed during hydrolysis Normal mucous membrane of the nose contains approximately the same amount of histamine-like substance as the moist polypoid tissue But calculated on the basis of the dry weight of the tissues nasal polypi contain more histamine than the normal mucous membrane of the nose

200 Intracranial Complications of Nasal Disease

G HAGERUP (*Hospitalstidende*, December 29, 1936, p 1357) calculates that since an ear department was opened in 1906 at his hospital in Denmark some 1,330 patients attended it suffering from inflammation of the nasal sinuses Up to the end of 1933 there were in this material thirty-three cases of spontaneously developing intracranial complications of the nasal condition To these thirty-three the author adds three other cases in which intracranial complications of sinusitis followed operation The incidence of such complications in this material was thus about 3 per cent Among the thirty-three "spontaneous" cases were fourteen of leptomeningitis and subdural abscess, twelve of brain abscess and cerebral soften

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Methods of Treatment at

BATH

See Supplement, page ii

Students Representative Council and of the Royal Medical Society in Edinburgh After holding a post as tutor in clinical medicine in Edinburgh Royal Infirmary he took up the subject of pathology and became patho logist to that institution and from 1892 held the post of lecturer in pathology at the School of Medicine of the Royal Colleges in Edinburgh He joined the Royal College of Physicians of Edinburgh as a Member in 1891, proceeding to the Fellowship in 1892

In 1899 he was appointed professor of pathology and bacteriology at Birmingham University a post which he held until 1919 During his active years Professor Leith had been examiner in pathology and bacteriology for the Indian Medical Service and for the Universities of Cambridge Bristol Glasgow, and Sheffield as well as for the Royal College of Physicians of Edinburgh and the Royal College of Veterinary Surgeons He was celebrated as a teacher and as a pathologist and his publications included many contributions to medical and scientific journals He may be described as a great all round man for in his Edinburgh days he was a keen tennis player in the celebrated Whitehouse Tennis Club and he was also a member of the polo club at Murrayfield and of the Alpine Club When he retired from the chair at Birming ham in 1919 he spent the winter months regularly at Cannes and the summer at Gullane Scotland where he was a well known figure on the golf links Professor Leith was also a well known collector of china in which he was regarded as a connoisseur and some years ago he divided his valuable collection of china between Birming ham Art Gallery and the Royal Scottish Museum in Edinburgh He was a man of many friends and his death will be widely regretted He joined the British Medical Association in 1888 was vice president of the Section of Pathology at the Toronto Meeting in 1906 and president of the same Section at the Birmingham Meeting in 1911 In 1934 he made a donation to Birmingham University of £1 000 as foundation for a prize in pathology His portrait hangs in the great hall of the university at Edgbaston

SIR JOHN ROBERTSON

Dr JAMES F BRAILSFORD writes With the passing of Sir John Robertson one of the great pioneers of preventive medicine has left us Only those who worked with him can appreciate how devoted and untiring he was in this labour There was no sphere of public health work in which he did not take a leading part and we owe to him a great measure of the success and benefit which this work has achieved Until his death he actively discharged his duties as professor of hygiene and public health at the University of Birmingham a post which he had held for nearly a quarter of a century He organized and took a large part in courses of training for all branches of public health service His popular lectures secured the willing co operation of all sections of the public

He was a great teacher who loved his work and inspired his students with a desire to obtain the goal which he so ardently desired and for which he so faith fully and unsparingly worked But above all he was a kindly man possessed of a charming old world modesty and courtesy of manner which endeared him to all Easy of approach to all and ready at all times no matter how sorely pressed by his manifold duties to give his sym pathetic hearing and advice there must be many of us who owe to him not only advice in the planning of but also much support in our early careers We mourn his loss and extend our sympathy to his wife and children In the words of the leader in the *Birmingham Mail* No one can measure the boon which he conferred upon the community His memory will be preserved on the tablets which record the names of great public servants pro fessional and voluntary for his work was at no time and in no wise bounded by the limits of his official responsi bilities, great though these were '

We regret to announce the death of Dr EDWARD JAMES LLOYD for many years a leading practitioner at Bangor North Wales He was born in 1850 and studied medicine at St Bartholomew s Hospital and Aberdeen graduating M B , C M Aberd with honours in 1873 He proceeded M D in 1875 and became M R C S Eng in 1877 Imme diately after qualifying he acted as civil surgeon in the Transport Service of the Ashantee Expedition In later life he reached the rank of surgeon colonel to the 1st Cheshire and Carnarvonshire R G A Vol receiving the Volunteer decoration Dr Lloyd was for twenty years surgeon to the Carnarvonshire and Anglesea Infirmary, and on retirement from the active staff was elected con sulting physician He joined the British Med cal Asso ciation in 1873 and was president of the North Wales Branch in 1888 He was also a past president of the Menai Medical Society The funeral at Bangor on December 18th was largely attended

We regret to record the death in London on December 22nd 1936 of Dr EDWARD FULLER MARTIN of Weston super Mare in his eightieth year Dr Martin was the son of the late Dr Edward Martin and was born at Bristol in 1857 He received his medical education at Edinburgh University where he graduated M B in 1879 and received the diploma of membership of the Royal College of Surgeons of England and in 1895 he proceeded to the M D and C M degrees Dr Martin settled in general practice in Weston super Mare becoming surgeon to the hospital there and on retirement from the active staff in 1927 was elected consulting surgeon He had been a member of the British Medical Association since 1880

The Services

PARKES MEMORIAL PRIZE 1936

Major E F W Mackenzie O B E M C R A M C has been awarded the Parkes Memorial Prize for 1936 for his investiga tions into the ammonia chlorine process of water purification in the field coupled with research carried out by him in con nexion with food supplies in India By this work Major Mackenzie has achieved much in the advancement of military hygiene The prize is awarded annually to the officer who is considered by the committee to have done most to promote the advancement of naval or military hygiene by professional work of outstanding merit and is open to medical officers of the Royal Navy the Army and the Indian Army with the exception of the professors and assistant professors of the Royal Naval Medical College Greenwich and of the Royal Army Medical College London during their term of office

GREENWICH HOSPITAL PENSION

A Greenwich Hospital pension of £50 a year has been awarded to Fleet Surgeon C S Facey R N retired in the vacancy created by the death of Surgeon Captain P E Maitland R N retired

DEATHS IN THE SERVICES

Lieut Colonel JAMES TIDBURY O B E R A M C (retired) died at Woking on December 22nd aged 84 He was born on July 4th 1852 was educated at Queen s College Cork and at University College London and graduated M D M Ch and L M of the Queen s later the Royal University of Ireland in 1877 Entering the Army as surgeon on February 3rd 1878 he became lieutenant colonel after twenty years service and retired on June 25th 1898 He served in the Egyptian campaign of 1882 was present at the action of Tel el Kebir and received the Egyptian medal and the Khedive s bronze star While on the retired list he was employed at Winchester He rejoined for service in the war of 1914–18 and early in the war was employed in recruiting and later was in charge of the Woking Military Hospital

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a congregation held on December 19th, 1936, the following medical degrees were conferred

M D—E W P Thomas, J J Keevil
M B—A G V Aldridge, J H Conyers, C W C Karran, I C Robertson
B CHIR—*S J R Reynolds, E E Pochin, H S Mellows, J Woodrow

* By proxy

The following candidates have been approved at the examination indicated

THIRD M B—*Part I (Surgery Midwifery and Gynaecology)* C D Anderson, D A P Anderson, E F Aubert, A M Barry, F G A Beckett, A G Bellamy, I G Braddon, A S J Bradford, H A Brook, C T A Burgess, J H Burkinshaw, R D Caton, N F Coghill, F S Cosh F M Crawshaw, A C Cunliffe, S B Darbishire, C M Dickins, E S Dismorr, R Edwards, J S Ellis, E M Evans, J N Fell, G M Fleming, E B French, J C Gilson, C W C Gough, I A Guest, H Haigh, J N Horne, C W Hutt, N D Jekyll, W H R Jeremy, P Kidd, G J G King, A P Kitchin, J I H Laurie, A D Ledward, R G M Longridge, T P H McKelvey, R W Markham, A H Masina, R M Miller, B D Molesworth, R C Neville, L B Paling, A K Pardhy, M T Parker, E A Pask, G O Richardson, A Rothwell, C G Scorer, C J S Sergel, K M M Sheldon, A W Stewart C E Watson, R W Watts, R R Wilson, L A C Wood, G H Wooler, G E Yardley *Women* M B Billington, G M S Caldwell, C E Peaker *Part II (Principles and Practice of Physic, Pathology and Pharmacology)* A M Barry, K E Bond, R S Castle, K W Donald F S A Doran, G W N Dunn, J S Ellis A B Evans, D G Freshwater, E A G Goldie, T E Johnson R G M Keeling O C Lloyd, T E S Lloyd, G E Loxton, H C Maclaren, C McNeil, H K Meller, A J Moon W S Nutt, W V Owen, B C M Palmer, A M-M Payne W L Petter, E H Platts G Rigby Jones, V C Robinson K W B Rostron, A Rothwell H Sirota, L W Spratt, R H Taylor, C E Watson, A S Wigfield J Woodrow *Women* M. E Barnard, A F M Briggs, F Pollecoff

The Vice Chancellor gives notice of the forthcoming appointment of a university demonstrator in pathology, whose duties will begin not earlier than April 1st Particulars of the stipend and duties may be obtained from Dr F J W Roughton, Physiological Laboratory, Cambridge

UNIVERSITY OF LONDON

V S Mangalik has passed in the examination for the Academic Post-Graduate Diploma in Clinical Pathology and P J B Murphy in the examination for the Academic Post-Graduate Diploma in Medical Radiology

UNIVERSITY OF BIRMINGHAM

The following degrees were conferred at a congregation held on December 18th, 1936

M B, CH B—G S Adams, J H Austin Margaret B Dow, Lilian M Fogarty, A H Khan, J Lockley, G W Phillips, D Senzer

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examinations indicated

M D—H E Pearse
FINAL M B, CH B—Coralie W Rendle Short (with distinction in obstetrics and public health), L Schnipelsky, E Want *In Group II (completing examination)* Ursula G Hewitt

UNIVERSITY OF MANCHESTER

The following appointments have been made *Lecturers in Surgery* H H Rayner, M B, Ch B, F R C S, W H Hey, M B, Ch B, F R C S, J P Buckley, M D, M S, F R C S, W R Douglas M C M B Ch B, F R C S, A H Southam, M D, M Ch, F R C S D McK Sutherland, M D, F R C S, A Graham Bryce, M D, D P H, F R C S, R L Newell, M D, F R C S, *Clinical Lecturer in Dermatology* P B Mumford M D F R C P *Lecturer in Regional Surgery* R L Newell, M D, F R C S, *Lecturer in Medical Ethics and Conditions of Medical Practice* Lawrence Kilroe, M D

The following candidates have been approved

FINAL M B CH B—*Part II* Beryl A Barlow Helene E K Booth Muriel J Brayshay Violet Cohen B Flacks J A Herd, C B Holland V T Lees A E Martin W S Parker, A Shashoua H B Slater A M L Smith J Starkie *Part I* L S Anderson L Ballon R S A Beckett C D Coe, J H Ferguson W S Holden R B Hollos, R Jackson G B Locke, J R Monks D A F Shaw

THIRD M B, CH B—*Pathology and Bacteriology* N Alkin J N Appleton Muriel I R ApThomas H B Austin T M Brand, W W Burnett T E A Carr, J E Coates, A F David D B H Dawson, T B S Dick A M Dickson G Garmany K Harrison, Kathleen M Henderson A G Heppleston C P Heywood Barbara M Jessel, F A Langley, N Levy L Lovell D Longbottom Jean Mason, J C Mellor, A Morgan Jones, *S Mottershead, *T H Norton Mary B Oakden Lilian P Parry, J K Rowson E Saunsbury, M R Tomlinson T B Whitehead W W Wilson Frances T Wright *Pharmacology* Peggy Anderson, G T Ashley, *J G Barlow, D Bolclover, Irene M Bower, Frances M Bullough, R Cocker L Consterdine, G R Crawshaw Barbara H Fiddian, J H Gifford R T Grime Joan Halstead C Hamwee, P Hasham, Hannah Horton W I R Kenyon, J Latham, Joyce Leech, E Lee *A D Leigh R A Martin, Asa Mills *M D Milne, A S Ogden M J Parsonage J R Platt, T H Redfern, J C A Renshaw, E Ridehalgh, W E Rigby, G G Robertson B Roditi E S Rogers M S Rowley, L D Rutter, Barbara M Statham F W Taylor, A F Williams, R M Winston

DIPLOMA IN PSYCHOLOGICAL MEDICINE—*Part II* G Williamson

* With distinction

UNIVERSITY OF DURHAM

The following degrees were conferred at a Convocation held in the College of Medicine on December 19th, 1936

M S—H B L Levy T Moore, L M Smith
M B B S—J N Alexander Rachel Birk, Mary Buchan W S Gale, R M Gray, H Halson, B D Houston, L Ison G S Michelson Margaret L Osborne, E V Parker, E D Robson, J W G Weddle H D Welch G A Wilthew
D P H—A J Muir, H J Peters, A Swindale

UNIVERSITY OF LEEDS

The annual report of the University, presented at a meeting of the Court held on December 23rd, 1936, records that during the past educational year the number of full-time students in attendance during the year was 1,663, the highest figure attained since the institution of the University, and an increase of exactly 1,000 above the number in attendance in the last year before the great war In the Faculty of Medicine it was decided that as soon as possible Readers in Medicine and in Surgery should be appointed, so that the University might by the appointment of whole time clinical investigators, make its contribution to what has come to be one of the most promising methods of developing medical knowledge

UNIVERSITY OF EDINBURGH

A graduation ceremonial was held in the Upper Library Hall on December 18th, 1936, when the following degrees were conferred

M D—J S Brown (*in absentia*), ‡J Bryant, *C W Chisson, A D Frazer, A J Galbraith, C P Hay, †I C Macdonald, Surgeon Lieutenant R N, J Meyer, A M Simson, Major, R A M C (*in absentia*), R C Speirs (*in absentia*), ‡J M M Steven, R H Tait, W H F Wilson
PH D, (*Faculty of Medicine*)—G P Matthews (*in absentia*)
M B, CH B—B G H Balfe, W-F E Baumann, R C Bellingham, N R Butcher, E Christianson, W Drummond, J E Farren, I Ferguson, B N S Gillette, M Hurwitz R W Irving, A F Maccabe, R B M Martin, Frances I B Macmillan, H Miller, Evangel H Murcott, Jane K Murray L Nandkeolyar, E G C Orchard, M B Parhad (*in absentia*) W Paterson, J G Paton, H W Porter, K Li Pringle, J A F Roberts A St C Robertson, D N S Robertson I M Shahin, V J R Sheridan, A Stadion, N B Stewart, D A Thomas, J K Thomson, S Viravaidya, R M White

* Awarded gold medal for thesis † Highly commended for thesis ‡ Commended for thesis

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated

SURGERY—G F C Harvey, G G Sahasrabuddhe, J S Wood
MEDICINE—J T Boocock, J S Wood
FORENSIC MEDICINE—J S Wood
MIDWIFERY—J R Audy, J M Lea, J E R Palmer O Rochlin

The diploma of the Society has been granted to G F C. Harvey, J M Lea and J S Wood

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

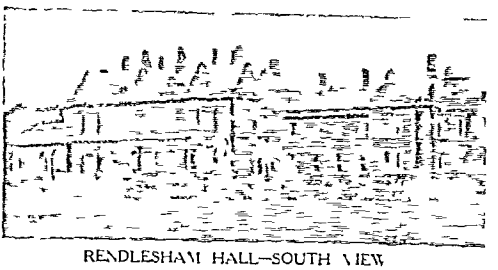
A meeting of the Royal College of Surgeons of Edinburgh was held on December 17th 1936 when Mr Henry Wade President, was in the chair The following candidates having passed the requisite examinations were admitted Fellows

G R Butterfield, C E Thomas A L Allen C P Allen W H Belford, D L C Bingham, D D Campbell J P Campbell, N Chakravarty C D Clark, G D Falconer N F Greenslade N Heath, F S M Heggs C P Hudson J R S Lahz D K Lennox J S Lyle A Mukerji B F Macfarlane, A G Palin, C E Roberts R D Stronach T Wooldridge

THE RESIDENTIAL TREATMENT OF ALCOHOLISM & DRUG ADDICTION

RENDLESHAM HALL

(Postal Address)—WOODBRIDGE, SUFFOLK



RENDLESHAM HALL—SOUTH VIEW

Rendlesham Hall which is open to receive patients, is essentially a Sanatorium Its daily life and routine are that of an ordinary comfortable holiday or health resort, or of a large country house Each patient has all the privileges of a guest consistent with the prescribed medical treatment Rendlesham Hall has 45 bedrooms, and about 450 acres of gardens and park It has also a private nine-hole golf course, tennis and croquet lawns, and bowling green Illustrated booklet giving particulars as to terms, etc, can be had on application to the

RESIDENT MEDICAL SUPERINTENDENT

Telegrams and Telephone WICKHAM MARKET 16 *(Toll call from London)*

Proprietors The Norwood Sanatorium Limited

RUTHIN CASTLE, NORTH WALES

The fees are from 15 guineas a week They include medical attendance all scientific investigations that may be needed such as analyses bacteriological cultures the ordinary x ray examinations and electrocardiograph readings all treatment that may be prescribed such as special diets insulin artificial sunlight electrical treatment baths massage nursing medicines or vaccines board and lodging

The only extra charge is that for a complete alimentary x ray examination or for x ray therapy

All the usual forms of treatment are given at Ruthin Castle The climate is mild The annual rainfall is 30 5 inches that is less than the average for England There is central heating throughout

Address—THE SECRETARY Ruthin Castle North Wales *Telegrams*—Castle Ruthin *Telephone*—Ruthin 66

BOWDEN HOUSE, Harrow-on-the-Hill

For residential treatment of

FUNCTIONAL NERVOUS DISORDERS

No case under certificate Thorough clinical and pathological examinations Psychotherapeutic treatment occupation and recreation as suited to the individual case

STAFF—H CRICHTON MILLER MA MD MRCP *(Senior Physician)* GRACE H NICOLLE M A MB *(President Physician)* S ROODHOUSE-GLOYNE M D D P H *(Consulting Pathologist)* MILDRED CARPENTER M B B S *(Hall Resident)* T S RIPPON M R C S L R C P *(Medical Superintendent)* Telephone and Telegram BYRON 1011

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive ground— Detached Villa Chapel Garden and dairy produce from own farm Terms very moderate

CONVALESCENT HOME at BOURNEMOUTH Detached Villa standing in 12 acres of ornamental ground with tennis court Both Voluntary Temporary or Certified Patients may visit by arrangement for longer short period

Illustrated Brochure on application to the Medical Superintendent The Old Manor Salisbury Telephone 51

THE ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, DYKE ROAD, BRIGHTON

ELECTION OF HONORARY ANAESTHETISTS

The Election Committee of the Hospital will meet on Friday, April 2nd, at 3 p.m., and it is hereby convened for the purpose of electing one Honorary Anæsthetist who will be a Member of the Permanent Honorary Medical Staff and two Honorary Assistant Anæsthetists who will be appointed for a period of two years in the first instance but who may seek re-election at the end of that time.

Candidates must be registered under the Medical Act.

All candidates are required to transmit their applications and testimonials under cover to the undersigned not later than Saturday, March 27th, and must hold themselves in readiness to attend the meeting of the Election Committee on the day of election.

Any candidate personally or through an agent canvassing members of the Election Committee will be disqualified, *ipso facto*, from holding the office for which he is a candidate, but every candidate will have an opportunity of appearing before the Election Committee, and may send a copy of his testimonials to the members of the Committee of Election not more than ten days before the meeting of the Election Committee.

Further information can be obtained if desired from the Secretary of the Hospital.

Board of Governors' Hospital.

March 6th, 1937.

HOSPITAL OF ST. CROSS, RUGBY
(120 Beds)

Applications are invited for the post of TWO MALE RESIDENT MEDICAL OFFICERS (Three P.M.O.).

Salary to commence at the rate of £100 per annum for the first three months, £125 per annum for a second three months, and at the rate of £150 per annum for subsequent months. Full board, washing, etc., provided.

Six months' appointment, and eligible on completion of service for further extension of six months.

One candidate must be prepared to commence duties immediately. The other candidate will be required to commence duties on April 5th.

The practice of the Hospital offers excellent opportunities for wide experience.

Certificates and other fees shared by R.M.O.s.

Application, stating age, nationality, and full details, with copies of three recent testimonials, to be sent to the undersigned.

(Signed) W. COCKBURN,
Supt. & Sec.

NORTH RIDING INFIRMARY, MIDDLESBROUGH
(General Hospital—143 Beds—3 Residents)

CASUALTY OFFICER required for a period of six months from April 1st. (Third H.S. and H.P. is an applicant.) The appointment will be for not less than six months and renewable. Salary £150 per annum, with board, residence, and laundry.

Candidates who must be male, unmarried, and of British nationality are asked to state whether they are prepared to apply for the combined post of Third House Surgeon and House Physician (£140 per annum). In the event of the present Resident being appointed.

Application, stating age, qualifications, and experience, together with copies of three recent testimonials, should be sent to the undersigned forthwith.

GERALD A. KENYON, Secretary, Supt.

VICTORIA HOSPITAL, ACCRINGTON

The *Governing Body of this Hospital invites* applications for the post of HOUSE SURGEON.

Candidates must be duly qualified and registered. Number of beds 50. Salary £150 per annum, with board and lodging.

Conditions of appointment and particulars of duties may be obtained from the undersigned to whom applications, with copies only of testimonials, should be sent on or before the 22nd instant.

Victoria Hospital,
Accrington. J. KENYON,
Secretary.

VICTORIA HOSPITAL FOR SICK CHILDREN (Incorporated), PARK STREET, HULL.

The Board of Management of the above Hospital requires a RESIDENT HOUSE SURGEON (male) at a salary of £120, with board, residence and laundry, to take up duties on April 1st.

Applications, with *copies of recent testimonials*, stating age and qualifications, and other particulars to be sent to the Secretary, not later than the 17th instant.

March 8th, 1937.

RICHARD MURRAY HOSPITAL, BLACKHILL, CO. DURHAM

HOUSE SURGEON

Applications are invited for the post of House Surgeon (male) at the above Hospital, which has accommodation for 16 surgical cases and 16 *maternity cases*. The salary offered is £200 per annum, with board, apartment, and laundry in addition. Applicants will require to have had previous experience as a House Surgeon in a General Hospital, and preference will be given to those with similar experience in a Maternity Hospital.

The appointment is for a period terminating on December 31st, 1937, and is not renewable.

The Hospital is served by a Visiting and Consultant Obstetrician.

So far as the Maternity Unit is concerned, the person appointed will be subject to the administrative control of the County Medical Officer of Health.

The duties will include the medical supervision of an adjacent small Convalescent Home for *mothers and young children*.

Application, stating age, qualifications, and experience, and accompanied by copies of not more than three recent testimonials, must be received by the undersigned not later than March 20th.

T. W. ADDISON,
Secretary to the Richard Murray Hospital.
Shire Hall, Durham. Joint Board.
March 2nd, 1937.

VICTORIA HOSPITAL, BURNLEY
(150 Beds)

HOUSE PHYSICIAN (Male)

Applications are invited for the above post which will become vacant on March 31st. The duties include the giving of a certain number of anæsthetics. The appointment is for six months in the first instance at a salary of £150 per annum together with board, residence, and laundry. At the end of this period reappointment may be applied for, and if granted the salary for the second six months will be at the rate of £200 per annum.

Applications giving full details of qualifications and experience, stating nationality, together with copies of recent testimonials, should be addressed to the undersigned forthwith.

J. E. WHEATCROFT, Secretary.

ROYAL BERKSHIRE HOSPITAL, READING (338 Beds)

Applications are invited for the following resident appointments:

ONE HOUSE SURGEON (male), immediately.

ONE CASUALTY OFFICER (male), immediately.

ONE HOUSE SURGEON to the Special Departments (Eye, Ear, Nose, and Throat) (male), vacant May 1st.

Appointments are for six months, and candidates must be fully qualified and registered.

Remuneration at the rate of £125 per annum, with board, residence, and laundry.

Applications, stating age and experience, with copies of testimonials to be sent to the undersigned as soon as possible.

H. E. RYAN, Secretary & House Governor.

YORK DISPENSARY

Applications are invited for the post of RESIDENT MEDICAL OFFICER (female) to *commence* duties May 1st.

The resident staff consists of two medical officers, whose duties are to visit and attend the sick poor in their own homes and to assist the honorary staff. *Candidates must be duly qualified*, registered, and unmarried. Some experience of the administration of anæsthetics is essential. Salary £175 per annum, with board, lodging, and attendance and allowance for laundry.

Applications, with testimonials to be sent on or before March 27th, to—

JOHN C. PETERS,
4 New Street, York. Secretary.

ROYAL DEVON AND EXETER HOSPITAL, EXETER

HOUSE SURGEON (Male) to the Ear, Nose, and Throat Department.

Applications are invited for this post which becomes vacant on April 1st.

The appointment is for six months, but candidates are eligible for re-election.

Salary at the rate of £150 per annum, with board, lodging, and washing.

Applications, giving particulars as to age and qualifications, together with copies of *three recent testimonials*, should be sent to the undersigned on or before Tuesday, 16th inst.

S. S. COLE,
March 2nd, 1937. Sec. & Manager.

HULL ROYAL INFIRMARY

Applications are invited from registered Medical Practitioners for the post of HOUSE SURGEON (*male*) to the Ophthalmic and Ear, Nose, and Throat Department, vacant March 15th.

Salary at the rate of £150 per annum, plus board, residence, and laundry.

The post is recognised by the Conjoint Board of the Royal Colleges for the Clinical work required in the regulation for the Diplomas in Ophthalmic Medicine and Surgery and Laryngology and Otology.

The appointment will be for six months, but will be determinable at any time by one month's notice on either side.

Applications, giving particulars of age, experience, and nationality, together with copies of recent testimonial, should be addressed to the undersigned.

P. J. CAPLESS,
March 1st, 1937. House Governor.

HULL ROYAL INFIRMARY

Applications are invited for the post of HONORARY ASSISTANT SURGEON to the Ear, Nose, and Throat Department. The appointment will be for a period of five years, and may be renewed.

During the term of his appointment the successful candidate shall not apply for or accept a post at any other hospital or clinic without the previous consent of the Board.

The present holder of the post is applying for

[illegible] to the Chairman [illegible] should reach [illegible] 2nd].

R. J. CAPLESS,
March 8th, 1937. House Governor.

ANCOATS HOSPITAL, MANCHESTER

This Hospital is recognised by the Royal College of Physicians for its Medical Practice.

RESIDENT MEDICAL OFFICER required to commence duty on April 16th. Appointment for six months. Salary at the rate of £150 per annum, with board, residence, and laundry. Previous experience in a similar position necessary. The appointment includes the supervision of the Medical Beds and assistance in the work of the *Medical Out-patients' Clinic*.

Application, stating age, qualifications, experience, and full particulars of appointments held, to be forwarded to the undersigned on or before March 31st, together with copies of three recent testimonials.

By Order of the Board,
HERBERT J. DAFFORNE,
Gen. Supt. & Sec.

ANCOATS HOSPITAL, MANCHESTER

This Hospital is recognised by the Royal College of Surgeons of England for its Surgical Practice.

HOUSE SURGEON (General) required to commence duty on April 1st. Appointment for six months. Salary at the rate of £100 per annum, with board, residence, and laundry. Application, stating age, qualifications, previous experience (if any), to be forwarded to the undersigned on or before March 16th, together with copies of three recent testimonials.

By order of the Board,
HERBERT J. DAFFORNE,
Gen. Supt. and Secretary.

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY (200 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male). Duties to commence as soon as possible.

The appointment is for six months, subject to re-appointment at a salary of £175 per annum, inclusive of board, residence, and laundry.

Candidate must possess registered qualifications, and should forward their applications, stating age and nationality, to the Secretary, with copies of three *recent testimonials*, to the Secretary, Accountant from whom further particulars may be obtained.

H. S. PLYMEN, Secretary, Accountant.

BETHLEM HOSPITAL, MONKS ORCHARD, EDEN PARK, BECKENHAM, KENT

Wanted, TWO RESIDENT HOUSE PHYSICIANS (gentlemen unmarried) registered qualified in Medicine and Surgery.

The *term of residence* is usually for six months. Apartments, board, and laundry per month. To each officer an honorarium at the rate of £150 per annum will be paid for the first three months, rising thereafter to the rate of £200 per annum.

Written applications, with testimonials to be forwarded to the Physician Superintendent at the Hospital from whom copies of the duties can be obtained.

ST. ANDREW'S HOSPITAL
FOR MENTAL DISORDERS
NORTHAMPTON.

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C.M.G., A.D.C.

Medical Superintendent DANIEL F. RAMBAUT M.A., M.D.

This registered Hospital is situated in 120 acres of park and pleasure grounds. Voluntary patients who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble, temporary patients, and certified patients of both sexes, are received for treatment. Careful clinical biochemical bacteriological, and pathological examinations. Private rooms with special nurses male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided.

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted. It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorders. It contains special departments for hydrotherapy by various methods, including Turkish and Russian baths, the prolonged immersion bath, Vichy Douche, Scotch Douche, Electrical bath, Plombieres treatment, etc. There is an Operating Theatre, a Dental Surgery, an X-ray room, an Ultra Violet Apparatus, and a Department for Diathermy and High Frequency treatment. It also contains Laboratories for biochemical, bacteriological, and pathological research.

MOULTON PARK.

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres. Milk, meat, fruit, and vegetables are supplied to the Hospital from the farm, gardens, and orchards of Moulton Park. Occupation Therapy is a feature of this branch, and patients are given every facility for occupying themselves in farming, gardening, and fruit growing.

BRYN-Y-NEUADD HALL.

The seaside house of St. Andrew's Hospital is beautifully situated in a Park of 330 acres, Llanfairfechan, amidst the finest scenery in North Wales. On the North-West side of the Estate a mile of sea coast forms the boundary. Patients may visit this branch for a short seaside change or for longer periods. The Hospital has its own private bathing house on the beach. There is trout fishing in the park.

At all the branches of the Hospital there are cricket grounds, football and hockey grounds, lawn tennis courts (grass and hard courts), croquet grounds, golf courses, and bowling greens. Ladies and gentlemen have their own gardens, and facilities are provided for handicrafts, such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (Telephone No. 2356 and 2357 Northampton), who can be seen in London by appointment.

NORTHUMBERLAND HOUSE,
GREEN LANES, FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Six acres of ground, highly situated facing Finsbury Park. Voluntary and Temporary Patients received without certification. Occupational Therapy, Psychotherapy, and other modern forms of treatment.

Telephone STAMFORD HILL 2698. Telegrams SUBSIDIARY LONDON.

Convalescent Home, KEARSNEY COURT, DOVER. For further particulars, apply to the Medical Superintendent.

THE COPPICE, NOTTINGHAM.
HOSPITAL FOR MENTAL DISEASES.

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment. It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted. Occupational Therapy. Voluntary and Temporary Patients received. *Tel.* 61117. *For terms, etc. apply to the Medical Superintendent.*

HAYDOCK LODGE.
NEWTON-LE-WILLOWS, LANCASHIRE.

Telegr. Street, Ashton-in-Makerfield. *Phone* Ashton-in-Makerfield 7311.

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from mental and nervous diseases either voluntarily, temporarily, or under Certificate. Patients are classified in separate buildings according to their mental condition.

Situated in park and grounds of 400 acres. Self-supported by its own farm and gardens in which patients are encouraged to occupy themselves. Every facility for indoor and outdoor recreation. For terms, prospectus, etc., apply MEDICAL SUPERINTENDENT.

COURT HALL, KENTON, near EXETER,
for the treatment of eight Ladies, voluntary, temporary, or certified patients
Large gardens and own dairy

CLIFFDEN, TEIGNMOUTH, for early and convalescent cases. A well appointed house with spacious balconies and extensive views of the South Devon Coast. Sub-tropical gardens, own dairy in 25 acres. Private road to beach.

Resident Physicians { BERTHA M. MULES M.D., B.S. / ANNE S. MULES M.R.C.S., L.R.C.P.

Telephones: Starcross 59, Teignmouth 289

BARNWOOD HOUSE
GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS. Within two miles of the G.W. Railway and L.M. & S. Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom. It is beautifully situated at the foot of the Cotswold Hills and stands in its own grounds of over 300 acres. Voluntary Patients of both sexes are also received for treatment.

Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE which has its own private grounds and is entirely separate from the Main Hospital.

For particulars as to terms, etc., apply to—ARTHUR TOWNSEND, M.D., Medical Supt.

Telephone No. 6207 Barnwood.

HILL END HOSPITAL
FOR MENTAL AND NERVOUS DISORDERS
(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on modern lines as Voluntary, Temporary or Certified Private Patients at the Hill End Hospital. Convalescent or mild cases can be treated in a delightful country mansion, with extensive grounds known as

HIGHFIELD HALL,

situate about a mile away from the Hospital. FEES TWO TO THREE GUINEAS PER WEEK.

For further particulars apply to the Medical Supt. W. J. T. KIMBER, L.R.C.P., D.P.M.

ST. ALBANS, HERTS.

FENSTANTON,
CHRISTCHURCH ROAD,
STREATHAM HILL, S.W.2

A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders. Certified Voluntary and Temporary Patients received. Large Mansion with 12 acres of grounds. (See *Medical Directory*, p. 2312.) Apply Resident Physician. *Telephone* Tulse Hill 7181.

HOME FOR EPILEPTICS
MAGHULL (near LIVERPOOL)

Chairman Brig.-Gen. G. Lyslin Taylor, C.B.E., V.D., D.L.

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses

FEES 1st Class (men only) from £3 p.w. upwards. 2nd Class (men and women) 32/- p.w.

For further particulars apply

C. EDGAR GRISEWOOD, Secretary,
20 Exchange Street East, Liverpool.

HEIGHAM HALL, NORWICH

A PRIVATE MENTAL HOME situated in 11 acres of well-wooded grounds. For Ladies and Gentlemen suffering from Nervous or Mental Illness. Voluntary Patients, Temporary Patients, and Patients under Certificate are admitted for treatment. Fees from 4 guineas a week upwards according to requirement. A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician. Apply to Dr. T. A. SMALL. Telephone 80 Norwich. Telegrams Small 80 Norwich.

BAILBROOK HOUSE
BATH.

For sufferers from Nervous and Mental Disorders with or without certificates.

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory*, page 2322.)

For terms apply A. GUIRDHAM, M.A., D.M., B.Ch., D.P.M., Resident Physician. Telephone Bathealton 8189.

STRETTON HOUSE,
Church Stretton, Shropshire

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit. All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930. Bracing Hill country. See *Medical Directory*, p. 2328.—Apply to Medical Superintendent. 'Phone 10 P.O. Church Stretton.

LEICESTER ROYAL INFIRMARY
(500 Beds)

RESIDENT RADIOLOGIST

Applications are invited for the above newly created post

The successful candidate will be expected to act as House Physician to the Radiologist and assist in the diagnostic and therapeutic sides of the X Ray Department

The appointment is for six months, in the first instance and the salary is at the rate of £200 per annum together with board residence and laundry

Candidates should hold the D M R T Diploma

Applications giving full particulars as to age qualifications, experience and accompanied by not more than three testimonials should reach the undersigned not later than April 3rd The appointment will be made on April 21st

GEO W COOLING House Governor

THE BOLTON ROYAL INFIRMARY
(315 Beds including two Auxiliary Hospitals)

Applications are invited from gentlemen for the post of ASSISTANT RESIDENT SURGICAL OFFICER

The duties of the Assistant R S O comprise responsibility for the whole of the Casualty and Orthopaedic Departments and to deputise for the R S O in his absence

The post is recognised by the Royal College of Surgeons of England for the Final Fellowship Examination

Salary £200 per annum with board residence, and laundry

Applications stating age nationality, and previous experience together with copies of testimonials should be forwarded to the undersigned not later than March 10th

G A HUGHES, Secretary

BOSTON GENERAL HOSPITAL
(70 Beds)

RESIDENT MEDICAL OFFICER (male) required to commence in April

Salary £150 per annum with board, residence and laundry

The appointment is for six months, and is renewable

Applications stating age qualifications and previous experience with copies of three recent testimonial should be sent to the undersigned immediately

GORDON PASTO Secretary

HARROGATE ROYAL BATH HOSPITAL
(Special Hospital for Rheumatic & Allied Diseases) (150 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties as soon as possible

Salary at the rate of £156 per annum with board residence and laundry

Exceptional facilities for research or preparation of thesis

Applications stating qualifications age etc with copies of recent testimonials should be forwarded to the undersigned

E I L DIXON M A Secretary

HULME HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE ON TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry

The appointment is for six months in the first instance reappointment may be applied for Applications stating age and experience with copies of three recent testimonials to be sent to the undersigned immediately

C L LOWNDES Secretary

DONCASTER ROYAL INFIRMARY & DISPENSARY (185 Beds)
(Recognised under the Regulations for the Diploma in Anaesthetics)

RESIDENT ANAESTHETIST (male) wanted immediately The appointment is for six months Salary at the rate of £175 per annum with board residence and laundry

Application accompanied by not more than three recent testimonial to be sent to the Secretary Superintendent

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ROYAL LANCASTER INFIRMARY
(140 Beds)

TWO JUNIOR HOUSE SURGEONS (male British single) required for April 1st Salary £150 per annum with board residence, and laundry

The appointment is for six months Applications with copies of testimonials should be addressed to the Hon Secretary Royal Lancaster Infirmary

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THE HARTLEPOOLS HOSPITAL
HARTLEPOOL (96 Beds)

Applications are invited for the appointment of a JUNIOR HOUSE SURGEON (male) salary £150 per annum with board residence and laundry

The appointment is for six months (subject to renewal) Duties to commence on March 24th

The appointment offers good general experience with special Departments for Aural Ophthalmic and Orthopaedic work

Applications stating nationality age qualifications, and experience (if any) should be addressed to the undersigned

NORMAN O DEANS Secretary

THE LADY CHICHESTER HOSPITAL, HOVE FOR FUNCTIONAL NERVOUS DISEASES
(60 Beds)

SENIOR HOUSE PHYSICIAN (Woman) required SIX months appointment at £100 per annum, all found

Also JUNIOR at £50 per annum Valuable experience for Diploma in Psychological Medicine

Duties to commence at the beginning of April

Applications, with testimonials to be sent to the Secretary, Mr P I SPOONER 33, West Street Brighton

March 4th 1937

ROYAL UNITED HOSPITAL, BATH

HOUSE SURGEON required for Ear Nose, and Throat Department, who will also be expected to give anaesthetics in other Departments

Salary £150 per annum, with board residence and laundry

The appointment is for six months and candidates must be male, unmarried and of British nationality

Applications with copies of three testimonials to be addressed to the undersigned immediately

J LAWRENCE MEARS
February 2nd 1937 Secretary Supt

SCUNTHORPE & DISTRICT WAR MEMORIAL HOSPITAL (150 Beds—3 Residents)

Applications are invited for the post of HOUSE SURGEON (male) which will become vacant at the above Institution on March 20th Salary at the rate of £175 per annum, rising to £200 after six months service with board residence and laundry

Application, stating age experience and qualifications giving earliest time for commencing duties if appointed and enclosing copies of recent testimonials to be forwarded to the undersigned not later than the first post on Tuesday March 16th

ARTHUR L MAW Secretary

THE ROYAL INFIRMARY
BRADFORD

TWO HOUSE PHYSICIANS (male) THREE HOUSE SURGEONS (male) and ONE CASUALTY HOUSE SURGEON (male), wanted for May 1st Six months appointments Candidates must be single and legally qualified Salary £150 per annum, with board residence and washing There are 345 beds and 10 Resident Officers

Applications stating age qualifications and previous experience with copies of recent testimonials should be sent to the undersigned not later than March 23rd

J J BARRON,
March 5th 1937 Sec Supt

NORFOLK AND NORWICH HOSPITAL
NORWICH (417 Beds)

Applications are invited for the post of HOUSE SURGEON to the Special Departments (Ear Nose and Throat and Ophthalmic) Salary £120—£160 per annum (according to experience) with board residence and laundry

Candidates (male) must be unmarried and must possess registered qualifications

Applications stating age nationality etc together with copies of testimonial should reach the undersigned as soon as possible

FRANK INCH
March 5th 1937 House Cov & Sec

MANFIELD ORTHOPAEDIC HOSPITAL
NORTHAMPTON (159 Beds)

Applications are invited for the post of JUNIOR RESIDENT MEDICAL OFFICER (male) to commence duties about April 1st Salary £150 per annum with board residence etc Preference will be given to candidates who have previously held Medical and Surgical appointments in a General Hospital

Applications stating age qualifications etc and copies of testimonials should be sent not later than March 22nd to—

H G LEWIS Secretary Supt

STOCKTON AND THORNABY HOSPITAL
STOCKTON ON TEES
(140 Beds—3 Residents)

JUNIOR RESIDENT MEDICAL OFFICER (male) required for a period of at least six months Duties to commence on or about April 7th Salary £150 per annum with board residence and laundry Candidates must be duly qualified and unmarried

Applications stating age nationality and experience together with copies of three recent testimonials to be sent to the undersigned

J WILKINSON, Secretary

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL

Wanted as early in April RESI (male or female) and medical and surgical Practical experience of anaesthetics is requi with apartments board and laundry All applications stating age etc with copies of testimonial to be sent to me at once

9 Leicester Rd, FRANK H TOONE
Loughborough Secretary

THE CHILDREN'S HOSPITAL
SHEFFIELD (140 Beds)

Applications are invited for the post of HOUSE PHYSICIAN, vacant April 8th

The appointment is for six months, Salary £100 per annum with board, residence and laundry Candidates (male and unmarried) who must possess registered qualifications, should forward applications stating age nationality etc together with copies of three recent testimonials to the undersigned

T H G GARLAND Supt & Sec

NOTTINGHAM AND MIDLAND EYE INFIRMARY

RESIDENT HOUSE SURGEON required end of March 56 beds Large Out patient Department Salary £200 per annum, with board and laundry Post recognised for D O M S

Applicants should state age qualifications experience and send copies of three recent testimonials to the Secretary, The Ropewalk Nottingham

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SWANSEA GENERAL AND EYE HOSPITAL
(336 Beds)

HOUSE PHYSICIAN wanted Gentleman, single Salary £150 per annum with board residence and laundry Appointment for six months

Applications stating age nationality qualifications and experience together with copies of three recent testimonial to be forwarded to the undersigned

O C HOWELLS Secretary Supt

NORTH LONSDALE HOSPITAL
BARROW IN FURNESS (154 Beds)

Required immediately RESIDENT CASUALTY OFFICER (male appointment) Applications are invited for the above resident appointment from fully qualified Practitioners experienced in the administration of Anaesthetics Salary £150 per annum with board residence and laundry Applications stating age qualifications experience and nationality accompanied by copies only of three recent testimonial should be sent to the Secretary immediately

---

NORTH DEVON INFIRMARY
BARNSTAPLE
(70 Beds including Maternity Ward)

Wanted April 6th duly qualified Sole RESIDENT MEDICAL OFFICER Salary £150 per annum with board apartment and laundry Appointment to be for not less than six months Applications stating age qualifications with copies of testimonials to be sent to the Secretary

---

MANCHESTER ROYAL EYE HOSPITAL

JUNIOR HOUSE SURGEON will be required on April 1st Salary £120 per annum with residence board etc Applications (with copies of testimonials) endorsed Hon Surgeon to be addressed to the Chairman of the Board of Management

H R NORTH Gen Supt & Sec

BURTON ON TRENT GENERAL INFIRMARY

Applications are invited for the post of HOUSE SURGEON (male) Salary at the rate of £150 per annum with board residence and laundry There are three residents

Applications giving age and qualifications together with copies of testimonial to be sent to E W THORNLEY Secretary

CHEADLE ROYAL HOSPITAL,

CHEADLE CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES
The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary
In addition to the Main Building there are separate villas Extensive ground Hard and grass tennis courts cricket and croquet grounds and a court for badminton There are also wireless installations Golf may be had within easy distance Occupational therapy VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received
The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London
For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT
Telephone CITY 2231 (3 lines)

PECKHAM HOUSE, 112, Peckham Road, London, S E 15.

Telegrams Alleviated London **Telephone Rodney 2641 2642**

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week
Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

CALDECOTE HALL

NUNEATON

WARWICKSHIRE

(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L M S R) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A E CARVER M D D P M Resident Medical Superintendent

CAMBERWELL HOUSE, 33, Peckham Road, London, S E.5

Telegrams PSYCHOLIA LONDON **FOR THE TREATMENT OF MENTAL DISORDERS** *Telephone* RODNEY 4242 (2 lines)

Also completely detached villas for mild cases with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes X ray and Actino-therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept Chapel Senior Physician Dr HUBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants
An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary
The Convalescent Branch is HOVE VILLA BRIGHTON and is 200 feet above sea level

THE CORNISH RIVIERA SANATORIUM

ROSEHILL, PENZANCE

For the treatment of patients suffering from tuberculosis

The Sanatorium stands in its own grounds of 13 acres of garden lawn and woodland and is well sheltered from cold winds The climate is mild in winter cool in summer Artificial pneumothorax and other modern forms of treatment are available Day and night nursing staff Electric light Wireless in all rooms
Med Supt Francis Chown, M B Lond D P H Consulting Physician (late Med Supt) Cornwall County Sanatorium
Terms 5 to 7 guineas weekly **Phone—Penzance 598**

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First opened in 1898 and rebuilt in 1925 On the Cotswold Hills seven miles from Cheltenham for the treatment of Pulmonary and all other forms of Tuberculosis Aspect S S W sheltered from North and East elevation 800 feet Pure bracing air **Special Treatment by Artificial Pneumothorax** (X ray controlled) **Tuberculins and Ultra violet** Rays is available when necessary without extra charge X ray plant Fully equipped Dental Department Electric light Radiators hot and cold basins and Wireless in all rooms Up to date main drainage
Full day and night Nursing Staff **Terms 5 gns to 7½ gns a week inclusive**
Med Supt GEOFFREY A HOFFMAN B A M B T C Dub *Assist Phys* MARGARET A HARRISON M B B S Lond *Pathologist* EDGAR N DAVEY M B B Ch *Consult Laryngologist* CASSIDY DE W GIBB F R C S Edin *Consulting Dental Surg* GEORGE V SAUNDERS L D S R C S Lond Apply Secretary The Cotswold Sanatorium Cranham Gloucester *Tel* 81 and 82 WITCOMBE *Grams* HOUSEMAN BIRDLIP

The MUNDESLEY SANATORIUM

The central building makes the Mundesley Sanatorium the best equipped building in England for the cure of Tuberculosis All the bed rooms have hot and cold running water electric light and wireless headphones The public rooms are spacious and comfortable

Resident Physicians
S VERE PEARSON
M D (Cantab) M R C P (Lond)
E C WYNNE EDWARDS
M B (Cantab) F R C S (Edin)
GEORGE H DAY
M D (Cantab)

For all information apply
THE SANATORIUM MUNDESLEY NORFOLK
Telephone Mundesley 94 and 95 (2 lines)

The buildings face S S W and are sheltered from the sea by a pine clad ridge The sunshine record and dry air complete a perfect site The medical equipment is of the latest kind and there is a day and night nursing staff

TERMS FROM 7½ GUINEAS WEEKLY

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square, W C 1 (in the case of Scottish appointments, with the Scottish Medical Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CWMDACH VALE TENYCRAIG CLAMORGAN *(Workmen's Medical Scheme)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen Medical Scheme)*	
INVICTA MEDICAL BENEFIT SOCIETY, GILLINGHAM *(Junior Medical Officer)*	PONTYCLUN AND DISTRICT *(Medical Officer for Medical Aid Association)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*
LOWESTOFT MEDICAL INSTITUTE. *(Medical Officer)*		

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association, B M A House Tavistock Sq W C 1

Town or District	Hon Sec. of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**QUEENSLAND** *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec. Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia
VICTORIA *(All Institute of Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria				

March 10 1937 By Order of the Council G C ANDERSON *Medical Secretary*

DEVONSHIRE ROYAL HOSPITAL BUXTON DERBYSHIRE (300 Beds) (A National Hospital for Rheumatism & Allied Diseases)

HOUSE PHYSICIAN (male) Salary £150 rising to £175 after three months service (and prospects of promotion to Resident Medical Officer) with board, residence and laundry

Candidates must be fully qualified and registered

The appointment is for a minimum period of six months and may be extended for a further period of six months

Application endorsed House Physician stating experience and qualifications together with copies of three recent testimonials must be forwarded without delay to the undersigned from whom any further particulars may be obtained

Considerable Orthopaedic experience is available and the appointment offers special facilities for any gentleman preparing a thesis or wishing to undertake special work as the Hospital contains all the necessary laboratory and other facilities for research.

Canvassing will disqualify

By Order of the Committee of Management

A PRESTON TURNER Gen Supt & Sec

HARLOW WOOD ORTHOPAEDIC HOSPITAL NEAR MANSFIELD NOTTS (155 Beds)

Applications are invited for the post of HOUSE SURGEON (male)

The salary is at the rate of £200 per annum with board residence and laundry The duties may include attendance at the associated Hospitals and Out patient Clinics and commence on May 1 st. The appointment will be for 12 months and may be renewed for a further six months.

Applications stating age and experience with copies of testimonials should be received by the Secretary not later than March 25th

---

ROYAL HALIFAX INFIRMARY (250 Beds)

Hospital recognised by the Royal College of Surgeons of England

Wanted a SECOND HOUSE SURGEON (male unmarried) Candidates must be duly qualified and registered The appointment will be from March 11th to September 30th 1937 Salary including all services required in connection with Paying Patients Ward £175 per annum with residence board and laundry The Resident Staff consists of Resident Surgical Officer and three H[illegible] The Hospital contains 250 bed[illegible] [illegible]irtment and Paying [illegible]so a Patho logical [illegible] Department Radium [illegible] Ear Nose and Throat Department

The Third House Surgeon is not an applicant for the post

Particulars of the duties may be obtained from the undersigned to whom applications stating age nationality etc together with testimonial should be sent

A MIDGLEY Secretary

March 1st 1937

SOUTHEND ON SEA GENERAL HOSPITAL (235 Beds—7 Residents— Hon Specialist Staff of 19 members)

Applications are invited for the posts of HOUSE PHYSICIAN HOUSE SURGEON (including work in one Special Department) Duties to commence on April 1st [illegible]ment for 12 months Salary [illegible] annum with board [illegible] must be registered [illegible] with copies of two [illegible]ld be sent to the undersigned not later than March 24th

P H CONSTABLE Secretary

COUNTY MENTAL HOSPITAL LANCASTER

Applications are invited for the post of ASSISTANT MEDICAL OFFICER (lady)

Candidates must be single and under 35 years of age Commencing salary £500 rising by annual increments of £25 to £600 with further increase on promotion subject to a deduction of 3 per cent under the Asylum Officers Superannuation Act. There are no emoluments

The elected candidate will be required to live in the Hospital and he will be provided with board lodging etc for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the officer to an additional £50 per annum

Applications giving full particulars with testimonial (copies only) should be forwarded at once to the Medical Superintendent

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THE GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION GLOUCESTER (225 Beds—Five Residents)

Applications are invited for the post of HOUSE SURGEON (male) Salary at the rate of £150 per annum with board residence and laundry

The appointment is for six months which may be extended for similar period by selection from time to time

Application stating age qualification experience and nationality with copies of not less than three recent testimonials should be sent to the undersigned not later than Wednesday March 24th

The elected candidate will be required to enter upon his duties on March 31 st

F J SYMONS Secretary

March 11th 1937

(Appointments continued on p 61)



Full range of Hydropathic Treatments in Unrivalled suites of Baths Turkish and Russian Baths Mix and Vichy Douches Manipulations Treatment Studio Chair Electric Inhalation Fir Baths and other Medical Electrics Dowsing Radiant Heat Infra-red Light Artificial Sunlight Diathermy Arsonval High Frequency Diathermy Nauheim Baths Swedish Room Baths etc Certified milk from own farm Large Winter Garden Orchestra Special provision for Invalids Night Attendance Over 60 trained Male and Female Nurses Masseurs Attendants etc

Terms 13/ to 18/6 per day inclusive board

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TORQUAY THE MARINE SPA

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Newly fitted Balneological Electro-medical and Russian Bath sections for recognised forms of Spa, etc, treatment under mild winter climatic conditions

Large Cooling Lounge and Vita Glass Sun Lounge

Warm sea water Swimming Bath with modern filtration plant

Assistants with C S M M G and Biophysical qualifications

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Treatments available include

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Electrical —Ultra Short Wave Diathermy

Light and Heat —Ultra Violet and Infra Red

Inhalation Therapy Plombieres Massage

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RESIDENT PATIENT —VACANCY IN DOCTOR'S house for NERVOUS or SMALL CASE in beautiful country district near London Moderate inclusive terms —Address No 1118 B M A House Tavistock Sq W C 1

THE LONDON SCHOOL OF DERMATOLOGY

St John's Hospital for Diseases of the Skin,

5, Lisle Street, Leicester Square, W C 2

Conducted by the Honorary Staff of the Hospital together with the Physicians in charge of the Dermatological Departments of the London Teaching Hospitals Lectures and Demonstrations twice weekly during October and November and again during January and February and four times weekly during May General Practitioners desiring to attend any particular lecture or occasional lectures can do so without paying a fee Clinics daily at 2 p m and 6 p m Saturdays 2 p m only The Laboratory is particularly well equipped and arrangements can be made for classes individual instruction or for research work Inquiries The Dean or Secretary of the School

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr H CARDINER HILL will deliver the OLIVER SHARPEY LECTURES on March 16th and 18th at 5 p m at the COLLEGE PALL MALL EAST S W 1

Subject *Growth and Development their Pathological Aspects*

Any Member of the Medical Profession admitted on presentation of card

By Order of the President

H M BARLOW Secretary

BRITISH POSTGRADUATE MEDICAL SCHOOL

Department of Obstetrics and Gynaecology

COURSE OF LECTURES ON PRESENT DAY GYNAECOLOGY

The Lecture on *Neoplasms of the Ovary* arranged later April 1st will be delivered by Mr JOHN BLAIR M A F R C S M C O G

Preliminary Examinations

The COLLEGE OF PRECEPTORS holds Preliminary Examinations for Medical and Dental Students in London and at Provincial Centres in March June September and December For Regulations apply to the Secretaire College of Preceptors Bloomsbury Square London W C 1

UNIVERSITY OF BIRMINGHAM

Faculty of Medicine

DEPARTMENT OF INDUSTRIAL HYGIENE AND MEDICINE

Medical Post Graduate Courses

The following Post Graduate Courses will be held in the above Department during the coming summer

1 *On the Care of the Injured Workman* —May 24th to June 4th 1937 (inclusive)

This course is designed especially to meet the practical needs of Medical Practitioners working in Industrial Practices

The following subjects amongst others will be dealt with by means of lectures clinical and other demonstrations, hospital and works visits, viz

Organisation and Methods of First Aid and Minor Surgery in Industry, Diagnosis and Treatment of Bony and Non Bony Injuries in Industry, the Rehabilitation of the Injured Workman Safety Appliances and Rescue Work the Physiology and Psychology of Accidents Skin Diseases and Eye Injuries in Industry Medico Legal aspects of Injury, etc, etc

2 *An Intensive Course in Industrial Hygiene and Industrial Medicine* —June 14th to 25th 1937 (inclusive)

This course is designed for whole or part time Medical Officers in Industry, and for General Practitioners working in Industrial areas

It will consist of lectures, clinical and other demonstrations, and works visits The syllabus includes

Non Occupational Diseases in Industry Factory Ventilation, Lighting, and Sanitation, Industrial Skin Diseases, Lead Poisoning in Modern Industry; the Metallic Poisonings Organic Toxins and Solvents the Dust Diseases, Industrial Eye Diseases Fatigue and Practical Psychology in the Factory, Mine Fumes, Safety Appliances, and Rescue Work, the Organisation of a Works Medical Service Medico Legal Problems etc, etc

The fee for each of the above Courses is £6 6s

Further particulars and a detailed syllabus may be obtained from Dr H L COLLIER The Department of Industrial Hygiene and Medicine The University, Edmund St, Birmingham

£100 GRANT FOR STUDY OF HOMOEOPATHY

Applications for the AUTUMN SESSION are invited from Graduates in Medicine under the age of 30, of Universities in England Scotland and Wales, and the University of Calcutta for the above grant The successful applicant will be required to undergo a Course of not less than six months at the London Homoeopathic Hospital for study of the principles and practice of Homoeopathy Applications must reach the Secretary British Homoeopathic Association, Chalmers House 15 Russell Square London W C 1, by July 1st

EXPERIENCED COACHING IN PHYSIOLOGY Pathology and Medicine by M D Lond (Hons) M R C P Lond B Sc Physiology Lond All exams Classes held —Address No 7902, B M A House Tavistock Square W C 1

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The Secretary,
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19 Welbeck St, Cavendish Square, London W 1

Sir, Please send me a copy of your "Guide to Medical Examinations" by return

Name

Address

Examination in which interested

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STAMMERING, CLEFT PALATE SPEECH LISPING 3/9 at Miss BRINKI 39 Earls Court Sq S W 5

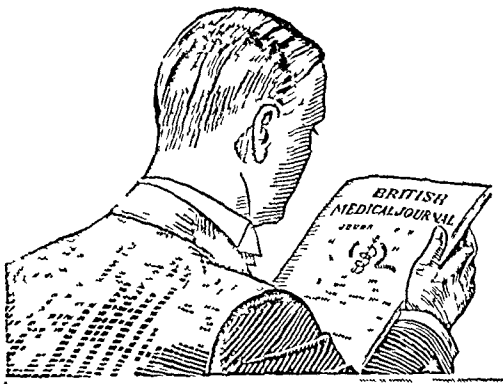
LIVERPOOL SCHOOL OF TROPICAL MEDICINE

(UNIVERSITY OF LIVERPOOL)

COURSES of INSTRUCTION (lasting about three months) for the Diploma in Tropical Medicine commence on September 30th 1937 and January 3rd 1938 and for the Diploma in Tropical Hygiene, on April 22nd 1937 and January 6th 1938 (Candidates for the D T M must possess the D T M of this University)

For particulars apply to the Laboratory Secretary, School of Tropical Medicine Pembroke Place Liverpool 3

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WANTED APRIL 1ST YOUNG MALE Indoor ASSISTANT, *with view to Partnership* Private and panel in town country practice in South Wales Welsh preferably Salary £350 p a Usual bond Car *provided* —No 1812 B M A House Tavistock Sq W C 1

WANTED IN MAY OR JUNE ASSISTANT with view to Partnership in good class Practice in Surrey Applicant must be well qualified and have held Hospital appointments —Address No 2135 B M A House Tavistock Square W C 1

WANTED APRIL 1ST OR AS SOON after as possible Outdoor ASSISTANT male, Protestant British pleasant North of England town Dispenser kept Good rooms available near surgery No branch surgeries Sunday surgeries or afternoon surgeries Very little Midwifery or Night Work Usual bond Newly qualified man considered if right type Salary £400 with car allowance—Address No 1903 B M A House Tavistock Square W C 1

WANTED IMMEDIATELY, YOUNG ENERgetic male ASSISTANT to develop Nucleus and assist practice View to Partnership Salary £300 House car or allowance Surrey Town 40 minutes London—Address, No 2125 B M A House Tavistock Sq W C 1

WANTED IMMEDIATELY — INDOOR AND Outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars — BRITISH MEDICAL BUREAU, 33 Cross Street Manchester 2

WANTED IMMEDIATELY—NORTH YORKS—Indoor ASSISTANT with some G P experience Salary £300 plus £50 car allowance — Address, No 2101, B M A House Tavistock Square W C 1

WANTED — INDOOR ASSISTANT FROM May 1st Industrial practice, West Riding, Second Assistant kept Ample time off Suit recently qualified £300 all found £50 p a car allowance—Address No 1836 B M A House Tavistock Square W C 1

WANTED, INDOOR ASSISTANT, NOT OVER 30 with previous Hospital or G P experience R C preferred but not essential North Midlands Salary £350 with car allowance Address with references, No 1902, B M A House Tavistock Square, W C 1

WANTED—LADY DOCTOR AS ASSISTANT in Private Sanatorium Previous experience not necessary—Address No 2060 B M A House Tavistock Square W C 1

WANTED ASSISTANT, about 30 years old midwifery essential Excellent prospects (Partnership Hospital) for suitable man—Address, No 1921 B M A House, Tavistock Square W C 1

WANTED—ASSISTANTSHIP OR LOCUMS by Medical Woman Some years experience in private and panel practice Accustomed to sole charge Own car—Address No 2124 B M A House Tavistock Square W C 1

WANTED MONMOUTHSHIRE — OUTDOOR male ASSISTANT middle April Salary £450 (inclusive of car allowance) Furnished rooms provided State whether married or single and fullest particulars Usual bond— No 2209 B M A House Tavistock Sq W C 1

ASSISTANT WANTED APRIL WITH VIEW outdoor young, male British married Protestant Hospital experience own car, for mixed semi rural practice in Midlands Send photo Salary £450 and house rent free— No 2110 B M A House Tavistock Sq W C 1

ASSISTANT, WITH VIEW TO PARTNERship required early April by Partnership in pleasant and prosperous City South Midlands Male single ex H S or H P English or Scottish preferred £350 all found Usual bond—Address No 1837 B M A House Tavistock Square W C 1

ASSISTANT, WELL QUALIFIED SINGLE, required in general practice near London Partnership would be offered if satisfactory Address giving age experience qualifications etc No 2139 B M A House Tavistock Square W C 1

ASSISTANT REQUIRED BUSY PRACTICE N I district £425 p a Meals Indoors but living outside Must own car—Address No 2116 B M A House, Tavistock Square W C 1

ASSISTANT WANTED PRACTICE IN Central district Surrey Prospect of Partnership and succession for suitable man Further particulars on application—Address No 2107 B M A House, Tavistock Square W C 1

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YOUNG MALE ASSISTANT (INDOOR) wanted for country practice in County Durham—outside coal mining area Start April 1st Glasgow man *preferred* Salary £300 p a plus £50 car allowance—Address No 2106 B M A House Tavistock Sq W C 1

LOCUMS

WANTED—LOCUMS BY MEDICAL WOMAN, L R C P S, L M, D P H Accustomed sole charge and dispensing Excellent references Several years experience At present free in town Now booking for Easter—Address No 2136 B M A House Tavistock Sq W C 1

LOCUM TENENCIES OR ASSISTANTSHIP *wanted by* young Indian Doctor Experienced in private and panel practice Excellent references Address— Address No 2133 Square W C 1

LOCUM REQUIRED FOR AUGUST IN return for hospitality South Coast town Light work Car required—Address No 2105 B M A House Tavistock Square W C 1

RELIABLE LOCUMS REQUIRED IMMEDIately Send full particulars—BRITISH MEDICAL BUREAU 33 Cross Street Manchester, 2.

BRITISH POSTGRADUATE MEDICAL SCHOOL

(UNIVERSITY OF LONDON)

DEPARTMENT OF MEDICINE

A Course of Six Lectures
on
ARTHRITIS
will be given by
Dr C W BUCKLEY, MD FRCP
on
April 5th, 12th 19th 26th
May 3rd 10th at 2 30 p m

DEPARTMENT OF SURGERY

A Course of Six Lectures
on
SURGERY OF THE CHEST
will be given by
Mr J E H ROBERTS, OBE FRCS
on
March 31st April 7th 14th
21st 28th May 5th at 4 p m

DEPARTMENT OF PATHOLOGY

A Course of Six Lectures
on
EXPERIMENTAL CANCER RESEARCH
will be given by
Dr W E GYE, MD
on
April 7th 14th 21st 28th
May 5th 12th at 4 30 p m

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY The lecture on Neoplasms of the Ovary arranged for April 1st will be given by Mr JOHN BEATTIE M A I R C S M C O G

The lectures are for regular students of the School, but a limited number of tickets are available, without fee, to medical practitioners

Applications for tickets should be addressed to the Dean, British Postgraduate Medical School, Ducane Road, W 12

REFRESHER COURSES FOR GENERAL PRACTITIONERS, lasting a fortnight, will commence (Fee 5 guineas) on the following dates

April 26th, May 31st, June 28th, September 20th, October 18th, November 18th

Stations Wood Lane (Central London Rly) Ladbroke Grove (Metropolitan Rly) and No 7 (Acton Vale) Bus Buses No 7 (Acton Vale) No 93 to Bentworth Road Westway Trams Nos 28 and 30

Post-Graduate Teaching, West London Hospital.

Continuous Clinical Instruction daily from 10 a m to 4 p m —Post Graduates may enrol at any time for any period from 1 week to 3 months —Special facilities for Study Leave' and for those wishing to take a course under the Grant aided Scheme for Post Graduate Study by Insurance Practitioners' —Anaesthetic Courses —Clinical Assistantships —Annual Membership Tickets at Special Terms available for General Practitioners who wish to attend the Hospital Practice at irregular intervals

Prospectus from the DEAN, West London Hospital, Hammersmith, W 6

MARGARET STREET HOSPITAL FOR DISEASES OF THE CHEST

26, Margaret Street, Cavendish Square, London, W 1 Telephone Langham 4112

NASAL IONIZATION CLINIC FOR HAY-FEVER

The Clinic will be open from March 15th until the end of the summer for the preventive and curative treatment of Hay fever

Patients recommended by their medical advisers will be treated at the Clinic either as Hospital or as private patients For further particulars apply to the Secretary Miss D M Fenn

CITY OF LONDON MATERNITY HOSPITAL

(Incorporated by Royal Charter)
CITY ROAD LONDON E C 1

[illegible] for Training School
PRACTITIONE admitted to Hospital Practice with operative Midwifery and 2 000 patients annually Fees £16 16s per month or of board residence)
PUPILS trained as Midwives in accordance with C M B regulation Reduced fees under Ministry of Health Scheme Sister Tutor on Staff In truction in administration of Anal esia Phone Clerkenwell 5171

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Short Intensive Revision Courses Oral and Postal in preparation for the e Diplomas
For full details write SECRETARY Medical Correspondence College 19 Wel beck Street W 1

DIPLOMA IN PUBLIC HEALTH
The Royal Institute of Public Health

The Course of Instruction can be com menced at any time Special provision is made for students who can give only part time to the work
A prospectus and further particulars can be obtained from the Secretary
Telephone Terminus 4788—5206
23 Queen Square (Guilford Street) London W C 1

F R C S (Edin)
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Full detail of above and Private Tuition — H C O'BRIEN F R C S Surgeons Hall Edinburgh

THE UNIVERSITY OF LIVERPOOL
FACULTY OF MEDICINE

The Council invite applications from candi dates holding registered qualification for the post of LECTURER (ungraduated) in the Department of Physiology Salary £600 per annum Experience in the teaching of Histology and Cytology is required
Applications together with the names of three referees should be sent not later than May 1st to the undersigned from whom further particulars may be obtained
EDWARD CAFFYN Registrar

March 1937

MEDICAL POSTS DISPENSERS etc

A Course of Training in Dispensing and Pharmacy is given at GORDON HALL SCHOOL OF PHARMACY and Secretary Dispensers can be supplied to Doctors Sessions January April and September—Apply Principal School of Pharmacy Drayton House Gordon Street W C 1 Phone Museum 3930

A LADY DISPENSER BOOKKEEPER supplied immediately on request qualified and with practical experience in private practice and dispensary work also trained in Bacteriological Laboratories of the LONDON COLLEGE OF PHARMACY FOR WOMEN Preparation for Examinations—Write wire or phone (Bayswater 0969) Secretary 7 Westbourne Park Road W 2

DOCTORS REQUIRING Dispensers Visit Dispenser Secretary Dispensers invited to write 3 THE DISPENSER 171 Shaftesbury

DISPENSER (HALL) REQUIRES PERMANENT POST Experienced and thoroughly reliable Book keeping and account shorthand and typing Free now—Address No 2121 B M A House Tavistock Square W C 1

LADY SECRETARY DISPENSER (28) HALL Certificate requires post with Doctor() London or Southern suburbs 8 years experience Excellent references Last post 5 years —Miss LAWLEY 14 The Orchard W 4 Telephone Chiswick 1772

LADY DISPENSER BOOKKEEPER REQUIRED immediately in South Wales port State full particulars and salary required—Address No 2137 B M A House Tavistock Square W C 1

LADY DISPENSER BOOKKEEPER SEEKS post with Doctor Hospital or Institution (Essex preferred) Ten years experience present post over five years—Address No 2126 B M A House Tavistock Sq W C 1

NURSE RECEPTIONIST REQUIRES SITUATION Some experience Good reference —Address No 2108 B M A House Tavistock Square W C 1

PRIVATE SECRETARY REQUIRES POST immediately with London Doctor Trained Mr Hosters Good reference Particulars —Write Miss P G J Flat 5 3 Petersham Terrace Gloucester Road S W 7

RECEPTIONIST SECRETARY—YOUNG LADY desires post with Doctor Experienced Shorthand typist and Secretary Well educated adaptable and of good appearance—Address No 2103 B M A House Tavistock Square W C 1

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 85 Eccleston Square S W 1 (Telephone Victoria 2722) supplies qualified Dispenser Book keepers Laboratory Assistants Sanitary Assistants Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies Porter Caretaker etc without charge to prospective employers

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L C C) 24b Hereford Road W 2 will supply qualified Dispensers Secretaries Receptionists etc without fee to Medical Practitioners Phone Bayswater 0823

YOUNG LADY DOCTOR'S DAUGHTER German training and examinations as technical assistant (medico chemical biological research method) seeks POSITION with doctor or in hospital laboratory—Address No 2129 B M A House Tavistock Square W C 1

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THIRD PARTNER REQUIRED MUST BE well qualified (F R C S or M R C P or M D D P H) young and with experience Town and country practice with Hospital Full details essential—Address No 2131 B M A House Tavistock Square W C 1

MEDICAL — JUNIOR PARTNERSHIP FOR sale in attractive West of Scotland seaside resort Old established practice Steady income Early option to increase initial share Desirable Male Protestant married (or with prospect of early marriage) Special qualification in surgery or D P H useful—Apply CRAWFORD HERRON & CAMERON Solicitors 257 West George Street Glasgow C 2

MERSEYSIDE SUBURB — ONE THIRD SHARE of old established practice total receipts of which average over £3 200 p a including fair panel increasing very rapidly Purchaser may increase his share to two thirds over a period of six years Very good house available 5 bed 3 reception own grounds Premium for share 2 years purchase—Apply LEACOCK & HADLEY LTD 67/68 Chandos Street Strand W C 2

SOUTH COAST—TWO FIFTHS SHARE OF £1 500 Delightful seaside resort near large town Great scope and opportunity Capital essential Two year purchase Very good class practice Small panel 650—Address No 2102 B M A House Tavistock Square W C 1

EASTER HOLIDAYS —1937—

Advertisements and Communications intended for our issue of MARCH 27th should be received by first post on MONDAY, MARCH 22nd

It will also assist in the preparation of our issue of April 3rd if copy is posted to reach us by Thursday, March 25th

PRACTICES

WANTED FOR TWO LARGE PRACTICES or would buy existing PARTNERSHIP Firm panel and private South London preferred Capital available—Address No 2058 B M A House Tavistock Square W C 1

WANTED—PANEL AND PRIVATE PRACTICE in suburb of large town Midlands or London district Income £1 200 Capital available—Address No 2123 B M A House Tavistock Square W C 1

WANTED—GENERAL PRACTICE PRIVATE and panel (1 000—1 500) Income (£1 000—£1 500 p a) London S E England by M B Ch B F R C S E Capital available —Address No 2119 B M A House Tavistock Square W C 1

WANTED—MIXED PRACTICE IN COUNTRY or Country Town within about 50 miles of London N W W or S W £1 500 upwards House with some grounds Would purchase—Address 2081 PERCIVAL TURNER LTD 4 Adam Street Strand London W C 2

WANTED — MIXED PRACTICE PANEL industrial Income £1 500—£2 000 gross — Address No 2109 B M A House Tavistock Square W C 1

A NUMBER OF SMALL PRACTICES AT very low premium Excellent opportunities for practitioners wishing to get a Practice with scope — Apply PEACOCK & HADLEY LTD 67/68 Chandos Street Strand W C 2

FOR SALE IN NORTHERN CATHEDRAL City old established panel and private PRACTICE (30 year) Panel 1 960 Receipts average roughly £2 000 p a Good double-fronted house Rent £60 p a Branch surgery Good scope for increase—new estate close to house Health reason Premium 2½ years purchase No agent — Address No 2117 B M A House Tavistock Square W C 1

FOR SALE—ESTABLISHED AND THRIVING PRACTICE in the Highlands of Scotland (Rossshire) with modern dwelling house surgery etc For particulars apply to the Subscribers forthwith—T S H BURNS & SON Solicitor Dingwall

FOR SALE—PRACTICE £650 p a SOMERset town Scope for increase Held 11 years Owner retiring Good house to be let Price £900—Address No 2114 B M A House Tavistock Square W C 1

FOR SALE — RECENTLY ESTABLISHED PRACTICE Sussex Coast Building in progress Present income about £300 p a increasing panel With or without attractive house and garden Suit man or woman Premium £500—Address No 2122 B M A House Tavistock Square W C 1

FOR SALE PRIVATELY OWNER'S OLD established RIDING PRACTICE and HOUSE Good position W Riding City Panel 1 200 Average receipts £1 400 garage With live out standing debts £4 000 or near offer—Address No 1957 B M A House Tavistock Sq W C 1

FRCS ENG AGED 37 ENGLISH EXPERIenced in general and operative surgery and general practice desires PRACTICE PARTNERSHIP Private Advertiser—Address No 1922 B M A House Tavistock Square W C 1

LONDON S E — WELL ESTABLISHED mixed class PRACTICE Receipts last year over £1 500 Good panel 10 roomed house and garden rent moderate Premium 1 year purchase but on average receipts for last 3 years — Apply PEACOCK & HADLEY LTD 67 68 Chandos Street Strand W C 2

LONDON BAKER STREET NEIGHBOURhood old established good mixed PRACTICE Panel 1 800 Receipt (practice and surgery) £1 400 Premium 2½ years purchase —Address No 2118 B M A House Tavistock Square W C 1

NUCLEUS—WELL ESTABLISHED IN GROWing N W London suburb Mixed panel and private Small modern main road house Illness cause of selling—Address No 2051 B M A House Tavistock Square W C 1

NEW FOREST—HIGH CLASS COAST RESort Small but rapidly growing PRACTICE Unlimited scope Vendor specialising Ex modern house and garden (¼ acre) All services Prem £250 Unequalled opportunity — No 2132 B M A House Tavistock Sq W C 1

NUCLEUS FOR SALE RAPIDLY GROWING Country town Suit semi retired man Golf hunting Nice modern detached house garage large garden — Address No 2127 B M A House Tavistock Square W C 1

SHEFFIELD—£1 000 PANEL AND appointment £450 Good district Great scope Choice of house 1½ year purchase —Address No 1936 B M A House Tavistock Square W C 1

SURREY—TEN MILES VICTORIA—WELL established mixed class PRACTICE steadily increasing Receipts last year nearly £700 Panel over 300 Very nice house Rent £85 long lease Premium £—5—Apply PEACOCK & HADLEY LTD 67/68 Chandos Street Strand W C 2

WEST END—PHYSIOTHERAPEUTIC PRACTICE for sale on account of ill health reasonable sum for quick sale—Address No 2054 B M A House Tavistock Square W C 1

WARWICKSHIRE — OLD ESTABLISHED country PRACTICE Income over £900 Panel 7 £1 8 Good house No 2120 with lar W C 1 B M A

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE

It is anticipated that not less than 30 vacancies for Medical Officers will occur in 1937 The majority of these will occur in Tropical Africa and in Malaya

QUALIFICATIONS —Candidates must be British subjects of European parentage, under 30 years of age and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics, radiology, surgery medicine, ophthalmology, gynaecology and midwifery, diseases of the ear, nose, and throat, venereal diseases, etc

SALARY —Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1,000 and £1 200

PRIVATE PRACTICE —Private practice is not allowed as of right, but in the case of some appointments it is permitted on certain conditions

QUARTERS —In Tropical Africa free quarters, or an allowance in lieu, are provided In Malaya quarters are provided at an annual rental not exceeding 6 per cent of the officer's salary

PASSAGES —Free first class passages are provided on first appointment and when proceeding on and returning from leave Assistance is also given towards family passages

TERMS OF APPOINTMENT —The appointments are pensionable, subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE —Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES —Although Medical Officers are appointed in the first instance for general service, there are opportunities for work in special branches of medicine and surgery, in public health and in medical research

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service), 2, Richmond Terrace, Whitehall, London, S W 1

COUNTY BOROUGH OF HALIFAX

THE HALIFAX GENERAL HOSPITAL

MEDICAL SUPERINTENDENT (Male)

Applications are invited from fully qualified registered Medical Practitioners for the appointment of Medical Superintendent at The Halifax General Hospital Halifax

The Hospital has accommodation for 400 patients mainly medical, surgical, and maternity cases

The salary will be £800 per annum rising by biennial increments of £50 to a maximum of £950 with residence and emoluments valued at £150 per annum

Experience in administrative Hospital work is essential

The person appointed will be required to devote the whole of his time to the duties of his office and will not be allowed to engage in private practice

Forms of application and further particulars of the duties and conditions of the appointment may be obtained from the undersigned

Applications on the prescribed form accompanied by copies of three recent testimonials must be sent to me endorsed Medical Superintendent not later than Monday March 29th

Canvassing either directly or indirectly, will disqualify

The Council has not adopted a Superannuation Scheme

Town Hall PERCY SAUNDERS,
Halifax Town Clerk
March 8th 1937

CITY AND COUNTY OF NEWCASTLE UPON TYNE

NEWCASTLE GENERAL HOSPITAL
(795 Beds)

ONE HOUSE SURGEON (Male)

The above post will become vacant on April 1st and applications are invited from duly qualified and registered Medical Practitioners

The salary in respect of the appointment which is tenable for six months is at the rate of £150 per annum, with board lodging etc

Applications stating age and qualifications, together with copies of not more than three recent testimonials must be submitted to the Medical Officer of Health Town Hall Newcastle upon Tyne 1

March 2nd 1937

COUNTY BOROUGH OF BARROW IN FURNESS

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

Applications are invited for the above appointment at an inclusive salary at the rate of £500 per annum, rising subject to satisfactory service by annual increments of £25 to £700 per annum

Candidates must be fully qualified and registered Medical Practitioners and possess the Diploma in Public Health

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the person appointed will be required to pass a medical examination

Forms of application and particulars of the duties may be obtained on application to the Medical Officer of Health Town Hall, Barrow in Furness and completed applications endorsed Assistant Medical Officer of Health accompanied by copies of not more than three recent testimonials must be returned to my office not later than first post on Monday March 22nd

directly or indirectly disqualification

ALLEN Town Clerk

COUNTY BOROUGH OF BOOTLE

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

Applications are invited for the appointment of Assistant Medical Officer of Health and Assistant School Medical Officer (male) The salary will be within the scale of £500 per annum rising by annual increments of £25 to £700 per annum the commencing salary to be fixed according to the previous experience of the person recommended for appointment Particulars of the duties and forms of application may be obtained from the Medical Officer of Health Town Hall Bootle

Applications accompanied by copies only of not more than three testimonials must be returned to the Medical Officer of Health not later than the first post on March 24th

Canvassing either directly or indirectly will disqualify candidates

Town Hall HAROLD PARTINGTON
Bootle Town Clerk
March 5th 1937

COUNTY BOROUGH OF DUDLEY

SCHOOL NURSE

Applications are invited for the appointment of a School Nurse at a commencing salary of £200 per annum rising by annual increments of £6 10s to £226 per annum

Applicants must be fully qualified and State Registered Nurses not more than 35 years of age and must hold the Certificate of the Central Midwives Board, and either

(a) the new Health Visitor's Certificate of the Royal Sanitary Institute as approved by the Ministry of Health or

(b) the Certificate of Health Visitor as prescribed by the Board of Education Regulations 1919 or

(c) any equivalent qualifications

The Local Government and Other Officers Superannuation Act, 1922 is in force and the successful applicant will be required to pass a medical examination

Applications stating age qualifications and experience together with copies of not more than three recent testimonials, and endorsed School Nurse should be forwarded to the undersigned, so as to arrive on or before Wednesday, March 31st

Canvassing in any form will be a disqualification

The Council House GEO C V CANT
Priory Road Dudley Town Clerk
March 8th 1937

CITY AND COUNTY OF NEWCASTLE UPON TYNE

CITY HOSPITAL FOR INFECTIOUS DISEASES

RESIDENT MEDICAL ASSISTANT (Male)

Applications for the above appointment are invited from duly qualified and registered medical practitioners who possess a practical knowledge of Bacteriology The holding of a previous resident appointment will be considered a recommendation

Salary £350 per annum, with board lodging etc

The appointment is for a period of one year only

Applications on the prescribed form which can be obtained on application to the Medical Officer of Health Town Hall Newcastle-upon-Tyne 1 must be submitted not later than Wednesday March 31st

March 8th, 1937

HOUSES CONSULTING ROOMS

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BOURNEMOUTH (CLOSE MILLICK PARK Links)—Spacious main road RESIDENCE 2 floors only 5 bed dressing room bath, 3 recep rooms kit and s Good garden Garage space Price £2 300 freehold — W H WILLOUGHBY & SONS 142 Old Christchurch Road Bournemouth

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COVENTRY — IN RAPIDLY DEVELOPING district pleasantly situated open outlook over Hearshall Common well built brick detached FREEHOLD HOUSE, with separate surgery entrance Minton tiled hall 2 reception, 3 bedrooms large attic bathroom kitchen larder and scullery 2 w c s garage and usual outhouses Spacious lofty rooms There is room for extensions Vacant possession For sale or to let For particular Address, No 2113 B M A House Tavistock Sq, W C 1

CONSULTING SUITE OF TWO SPACIOUS rooms and waiting room now available on ground floor of a fine house close to Portman Square Central heating Alterations will be made to meet tenant's requirements — No 2150 B M A House Tavistock Sq W C 1

FARMHOUSE TO LET—MAY SEPTEMBER Eight rooms 7 gns week Comfortably furnished Linen china etc provided Bath Ideal boiler Quiet near beach and cliffs Recommended —THOMAS Salla Bee St Marys, Scilly Isles

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MORNING USE OF CONSULTING ROOM with plate in Wimpole Street Rent £80 or offer—Address No 2246 B M A House Tavistock Square W C 1

NURSING HOME (MATERNITY) BUSY DISTRICT 60 miles London showing £600 year profit (Audited Accs) For sale at low price £2 250 to include freehold all furnishings and equipment Beautiful house and grounds and great scope to further develop business Easily run Possession £1 000 cash —HANFORD & Co Valuers 1 Green Street Park Lane W 1

NORTH WALES RHOS ON SEA BETWEEN Colwyn Bay and Llandudno on main road detached CORNER HOUSE for sale House faces South with large sun parlour—Address No 2111 B M A House Tavistock Square W C 1

PARK CRESCENT PORTLAND PLACE — Large quiet well furnished Ground Floor CONSULTING ROOM available for three days or more per week with exceptional service at NOMINAL RENT—Address No 1829 B M A House Tavistock Square W C 1

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PARK LANE — DENTAL PRACTITIONER with high class practice has one or two CONSULTING ROOMS to let in modern building Rent includes use of waiting room and usual services — Address No 1621 B M A House Tavistock Square W C 1

WHEN YOU COME TO LONDON STAY AT THE HAMPDEN RESIDENTIAL CLUB FOR GENTLEMEN, Hampden Street N W 1 Close Kings Cross and Euston 300 bedrooms, 12/6—25/ p w, includ baths attend & boot cleaning All meals à la carte in dining room Mod tariff Large club rms, reading rm study for students Illus prosp Sec Euston 2244/5

WIMPOLE STREET—EXCELLENT NEWLY decorated First Floor Large CONSULTING ROOMS with Secretary's Room Rental £175 p a Service recommended—BERTRAM & Co 43 New Cavendish Street W 1 Welbeck 3703/4

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to MEMBERS of the MEDICAL PROFESSION

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FULL IDEAL Suit for C[illegible]
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from £6 6s

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B M A Model Forms (No 1) for Doctor's use when sending a Patient to Hospital
Price 1s per 100 post free

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Price 6d per book of 50 forms

Copies of the above can be obtained on application to the Financial Secretary and Business Manager

BOROUGH AND PORT SANITARY DISTRICT OF LOWESTOFT

APPOINTMENT OF MEDICAL OFFICER OF HEALTH & SCHOOL MEDICAL OFFICER

The Town Council of Lowestoft hereby give notice that they intend at an early date to appoint a Medical Officer of Health and School Medical Officer for the above-named Borough and Port Sanitary District and they invite applications for the appointment

The salary will be at the rate of £900 per annum rising subject to satisfactory service by annual increments of £33 6s 8d to a maximum of £1 000 per annum which salary will be apportioned in respect of the various offices

An allowance of £60 per annum will be paid if the officer regularly uses his own car in the service of the Council

Further particulars of the duties terms and conditions of the appointment together with a form of application may be obtained by sending a stamped and addressed envelope to the undersigned Application must be made on the prescribed form and enclosed in a foolscap envelope endorsed Medical Officer and must reach the undersigned not later than Friday March 19th

Canvassing directly or indirectly will be deemed a disqualification

By Order
C ASHTON STRAY
Town Clerk

Town Hall
Lowestoft
March 3rd 1937

AMENDED ADVERTISEMENT

CITY OF NOTTINGHAM

APPOINTMENT OF RESIDENT MEDICAL SUPERINTENDENT OF THE CITY HOSPITAL AND MEDICAL OFFICER OF THE CITY INSTITUTION

The Nottingham City Council invite applications from duly qualified persons for the appointment of Resident Medical Superintendent of the City Hospital and Medical Officer of the City Institution

Salary £1 000 per annum An unfurnished house free of rent and rates will be provided but no other emoluments are offered

The person appointed will not be allowed to engage in private practice and all fees received by him will be required to be paid to the Council

The duties will be carried out under the general supervision and control of the Medical Officer of Health

Applicants in addition to possessing the usual professional qualifications must have held the position of House Physician or House Surgeon in a public general Hospital, and have had considerable experience as a Medical Officer in a Poor Law Infirmary or similar Institution Administrative experience and ability are essential

Further particulars as to the terms of the appointment and of the duties to be performed in connection therewith may be obtained on application to me the undersigned and the successful candidate will be deemed to have had notice of and to have accepted such terms

The appointment will be subject to the Superannuation Scheme in force and the successful candidate will be required to pass a medical examination

Application stating age qualifications and full particulars of present and past experience to other with copies (which will not be returned) of not more than three recent testimonials endorsed Resident Medical Superintendent to be delivered at my office not later than March 22nd next

Canvassing whether directly or indirectly is prohibited and will be deemed a disqualification

Dated this 26th day of February 1937
J E RICHARDS
Town Clerk

Guildhall
Nottingham

CITY OF NOTTINGHAM

ASSISTANT MEDICAL OFFICER FOR MATERNITY & CHILD WELFARE WORK

Applications are invited for the above post from Women Medical Graduates experienced in practical midwifery and ante natal and infant welfare work

The duties will be chiefly in the ante natal and infant welfare clinics under the administrative control of the Medical Officer of Health

Salary £500 rising by annual increments of £25 to £700 The salary is subject to deductions under the Superannuation Scheme of the Corporation The successful candidate will be required to submit to a medical examination and to reside within the City of Nottingham

Application forms may be obtained from the undersigned and must be returned to me not later than March 22nd Canvassing will be a disqualification

J E RICHARDS
Town Clerk

Guildhall
Nottingham
February 24th 1937

COUNTY BOROUGH OF IPSWICH

MEDICAL OFFICER OF HEALTH

The Council invite applications from persons not exceeding 45 years of age for the appointment of Medical Officer of Health for the Borough

The commencing salary will be at the rate of £1 000 per annum together with a motor car allowance of £60 per annum

The person to be appointed must be a legally qualified Medical Practitioner and registered in the *Medical Register* as the holder of a Diploma in Sanitary Science Public Health or State Medicine

The appointment will be subject to the approval of the Minister of Health and the Board of Education to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the successful candidate passing the necessary medical examination

The person appointed must reside within the Borough The appointment is terminable by three calendar months notice in writing on either side

The person appointed will be responsible for the performance of all the duties imposed on the Medical Officer of Health under relevant Acts Orders and Regulations and required to act as School Medical Officer Administrative Tuberculosis Officer Medical Superintendent of the Maternity and Child Welfare Centres the Maternity Home the Isolation Hospital and the Small pox Hospital Medical Officer to the Port Sanitary Authority Medical Examiner of Entrants to the Council's Service and to perform such other duties as may from time to time be prescribed by the Council He must devote his whole time to the duties of the office and will not be allowed to engage in private practice

Forms of application and particulars with regard to the appointment may be obtained from the Medical Officer of Health Public Health Department Elm Street Ipswich and applications must be delivered to the undersigned not later than 12 noon on March 31 in an envelope marked "Appointment of Medical Officer of Health"

Canvassing members or officers of the Council in any manner whatsoever is prohibited and will disqualify candidates

A MOFFAT
Town Clerk.

Town Hall
Ipswich
February 27th 1937

CITY OF NOTTINGHAM

ASSISTANT MEDICAL OFFICER IN THE VENEREAL DISEASE CLINICS

The Corporation invite applications for the above position from male Medical Graduates who have gained special experience in Venereal Disease work

The successful candidate will be required to give his whole time to the service of the Corporation and will not be allowed to undertake any other work or to accept fees (with the exception of fees if any for lecturing or teaching out of duty hours)

Salary £500 per annum rising by annual increments of £25 to a maximum of £700 subject to deductions under the Corporation's Superannuation Scheme The officer will be required to pass a medical examination and to reside within the City boundary

Further particulars will be forwarded with forms of application which may be obtained from the undersigned Applications must be received not later than March 31st

J E RICHARDS
Town Clerk

The Guildhall
Nottingham
March 8th 1937

CITY OF BRADFORD

MUNICIPAL GENERAL HOSPITAL ST LUKE'S

HOUSE PHYSICIANS and HOUSE SURGEONS required each at £150 per annum plus Salary in each case Board and lodgings These appointments are for six months renewable for a further period of six months

Application forms may be obtained from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than March 19th

N I FLEMING Town Clerk

Town Hall Bradford

ALBERT DOCK HOSPITAL

(Seamen's Hospital Society)

RESIDENT MEDICAL OFFICER required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male Application with copies of three testimonials to be sent in immediately to the undersigned

Seamen's Hospital Society
Greenwich S E 10

T A LYON
Secretary

COUNTY COUNCIL OF MIDDLESEX

PHYSICIAN

Applications are invited from registered medical practitioners for the pensionable appointment of Physician to the COUNTY SANATORIUM HAREFIELD Applicants are expected to hold high qualifications and to have devoted themselves wholly or chiefly to the practice of clinical medicine with special experience in the treatment of pulmonary tuberculosis

The successful candidate will work under the direction of the Medical Superintendent and the whole of his time must be given to his official duties He must be prepared to act as consultant to general medical practitioners outside the sanatorium if called upon so to do to undertake the teaching of post graduate students if required and to carry out such other duties as the Council may from time to time direct

The appointment is non resident and the successful candidate will be required to reside within a short distance of the sanatorium The appointment which will be subject to medical examination will be held during the pleasure of the Council and is terminable by three months notice on either side

Salary £1 000 per annum (including living out allowance of £150 per annum) rising by annual increments of £50 to £1 200 The salary is inclusive and any fees received by the officer appointed must be paid over to the Council

The Harefield County Sanatorium which accommodates 378 patients (men women and children) has just been completely rebuilt and embodies many new features in hospital construction

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than March 20th Application forms are not provided Envelopes must be endorsed "Physician Harefield County Sanatorium"

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE
Clerk of the County Council

Middlesex Guildhall
Westminster S W 1
March 1st 1937

LEICESTERSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from duly qualified Medical Practitioners (male) under the age of age for the appointment of Assistant County Medical Officer of Health

Candidates must possess a Diploma in Public Health The duties of the appointment will be in connection with the work of the School Medical Tuberculosis and Maternity and Child Welfare Services In addition the officer will be required to undertake general administrative duties

The person appointed must devote the whole of his time to the duties of the office and will carry out such other duties as the County Medical Officer may assign to him

The salary will be at the rate of £700 per annum rising subject to satisfactory service by annual increments of £25 to £750 per annum with travelling expenses according to the County Council scale

The appointment is subject to the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination

The appointment will be terminable by three months notice on either side.

Canvassing of any description will be a disqualification

Forms of application may be obtained from the undersigned and must be received accompanied by copies of not more than three recent testimonials not later than the first post on Wednesday March 24th

LUCAS E RUMSEY
Clerk of the Council

County Office
Leicester
March 1st 1937

BRITISH POSTGRADUATE MEDICAL SCHOOL

Applications are invited for the post of RESIDENT ANAESTHETIST on the staff of the British Postgraduate Medical School at the Hammersmith Hospital (L.C.C.) Duration 6 months W 12 The appointment will be for 6 months to commence on April 1st

Salary will be at the rate of £150 per annum with board lodging and laundry

Preference will be given to candidates who have had a similar appointment and to those who have obtained the Part I graduate Membership of the Royal College of Physicians or of Surgeons

Further information can be obtained from the Dean British Postgraduate Medical School Ducane Road W 12 to whom applications accompanied by testimonials should be sent to arrive not later than first post on Monday March 22nd

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark S E

Applications are invited for the post of OPHTHALMIC SURGEON to the Hospital Candidates must be Graduates in Surgery of a recognized University and either a Fellow of the Royal College of Surgeons of England or a Member of the Royal College of Physicians of London They shall not be engaged in general practice

The Ophthalmic Surgeon will have charge of beds and will do one Out patient Clinic per week There is an honorarium of fifty guineas attached to the post

Application with copies of not more than four testimonials should reach the Secretary not later than March 31st

Candidates will be required to call upon Members of the Medical Staff whose names together with the standing orders relating to the post will be forwarded by the Secretary

W H SIDNELL
March 5th 1937 House Governor

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark S E 1

Applications are invited for the post of HOUSE SURGEON (male) for six months from April 12th (first two months in the Casualty and Out patient Department) Salary at the rate of £120 per annum with full board and residence

Application with copies of three recent testimonials should be sent to the undersigned from whom particulars can be obtained not later than first post on Thursday March 18th

W H SIDNELL House Governor

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds)
St Quintin Avenue North Kensington W 10

The Board of Management invite applications for the post of part time REGISTRAR An honorarium of £100 per annum is payable and the successful applicant will also be required to take charge of the London County Council Minor Ailment Clinic on one session a week commencing in April

Application with copies of three recent testimonials should be sent to the undersigned from whom any further particulars can be obtained not later than March 31st

H J ELEY Secretary

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue North Kensington W 10 (81 Beds)

The Board of Management invite applications for the post of HONORARY RADIOLOGIST The holding of a Diploma in Medical Radiology and experience in superficial X Ray Therapy are essential Two attendances a week will be required A proportion of certain fees is payable

by copies of three to the undersigned from whom any further information can be obtained not later than Saturday March 27th

H J ELEY Secretary

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds)
St Quintin Avenue North Kensington W 10

HOUSE PHYSICIAN (male) required immediately for six months Salary at the rate of £120 per annum for the first three months and £150 per annum for the second three months with board residence and laundry Applications with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned

H J ELEY Secretary

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS
Victoria Park, E 2
(Bus Tram and Rail, Cambridge Heath L & N E Railway)

A vacancy for a HOUSE PHYSICIAN (male) will occur on May 1st Six months appointment Salary at the rate of £100 per annum Board residence and laundry provided

Applications, with copies of testimonial (three) should be sent to the Secretary on or before Saturday April 3rd

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road London N W 1

Applications are invited for the post of HOUSE SURGEON for a period of six months commencing May 1st next

Salary at the rate of £100 per annum with board lodging and laundry Previous experience as House Surgeon essential

Applications stating age accompanied by copies only of testimonials must reach the Secretary at the Hospital on or before Tuesday March 30th

G H HAWKINS Secretary

WIMBLEDON HOSPITAL
Thurstan Road S W 20
(General Hospital—74 Beds)

RESIDENT MEDICAL OFFICER (male of British nationality) required for a period of six months in the first place from April 1st eligible for re election Salary at the rate of £150 per annum with board residence and laundry

Candidates must possess registered qualification

Applications stating qualifications and experience together with copies of testimonials should be sent to the undersigned

Mr ASHLEY EDWARDS Hon Sec

PUTNEY HOSPITAL
Lower Common S W 15
(75 Beds including 17 Private Wards)

Applications are invited for the post of RESIDENT SURGICAL OFFICER Preference will be given to candidates holding Fellowship or who have passed their Primary examination Salary £150 per annum with considerable emoluments from the private ward

Application stating age and giving full particulars together with three recent testimonials must be received by the undersigned by March 23rd

H SEYMOUR HADWEN Secretary

THE WILLESDEN GENERAL HOSPITAL
Harlesden Road N W 10

Applications are invited from fully qualified and registered candidates (unmarried) for the appointment of a RESIDENT OFFICER to hold *the appointment of Casualty Officer for a* period of three months from April 1st followed by a six month appointment as House Physician (Total nine month)

Salary at the rate of £100 per annum

Application to be sent in immediately to the undersigned from whom further particulars can be obtained

Greenwich F A LYON
March 8th 1937 Secretary

DREADNOUGHT HOSPITAL
Greenwich S E 10
(Seamen's Hospital Society)

HOUSE SURGEON required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Duties include attendance once a week at V D Clinic and charge of V D beds for which there is a special honorarium of £25 Applications with copies of three testimonial to be sent in immediately to the undersigned

F A LYON
March 9th 1937 Secretary

DREADNOUGHT HOSPITAL
Greenwich S E 10
(Seamen's Hospital Society)

HOUSE PHYSICIAN required for six months from April 1st Salary £110 per annum and a proportion of fees with board residence and laundry Candidates must be male and single Application with copies of three testimonial to be sent in immediately to the undersigned

F A LYON
March 9th 1937 Secretary

LONDON HOMOEOPATHIC HOSPITAL
(Incorporated by Royal Charter)
Great Ormond Street Bloomsbury W C 1
(A General Hospital 200 Beds)

APPOINTMENT OF HOUSE PHYSICIAN

Application are invited for the appointment of House Physician vacant April 1st

The appointment is one of three Resident Medical posts which occur periodically during the year and is for a period of six months with salary at the rate of £100 per annum and board apartment and laundry

Candidates must be legally qualified and registered

Selected candidates will be required to attend a meeting of the Medical Committee

Applications stating age with copies of testimonial to be sent to the undersigned immediately L J KNOWLES Secretary

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL Broad Street Holborn W C 2
(Tube Station—Holborn (Kingsway))

Application are invited for the appointment of THIRD HOUSE SURGEON (male) required for May 1st for six months Salary at the rate of £100 per annum with board residence and laundry

At the end of this period of six months the appointed candidate will be promoted to the next higher grade then for a further six months as First House Surgeon and I M O to the Staff if recommended by the Medical Committee

Note Candidates must be duly qualified Medical Practitioners registered in this country and must have had experience in Ophthalmology Application accompanied by copies of testimonial are to be sent to the Secretary on or before March 31st from whom further particulars can be obtained Intending candidate should call upon the Members of the Honorary Staff at the Hospital

THE HOSPITAL FOR SICK CHILDREN
Great Ormond Street London W C 1

A RESIDENT HOUSE PHYSICIAN and a RESIDENT HOUSE SURGEON (male) are required Duties to commence on April 18th

The appointments are tenable for six months Salaries at the rate of £100 per annum

Candidates must be unmarried possess a legal qualification to practise and have held a responsible resident appointment at a General Hospital

Applications must be received by noon on Monday March 22nd and candidates must be *prepared to attend for interview by the Joint* Committee at 4 45 p m on Wednesday April 7th

Further particulars and form of application are obtainable from the undersigned

HERBERT F RUTHERFORD
February 1937 Secretary

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

There is a vacancy for an ASSISTANT MEDICAL REGISTRAR for six month duty in the first instance commencing April 1st Salary £100 per annum non resident Candidates must be registered medical practitioners and have held a previous resident appointment in a General Hospital Seven copies of application together with seven copies each of three testimonial should be sent to the undersigned not later than Friday March 26th

CHARLES M POWER Secretary

THE INFANTS HOSPITAL
Vincent Square Westminster

Applications are invited for the post of HOUSE PHYSICIAN (either sex) Salary at the rate of £100 per annum with board residence and laundry

The appointment is for six months from May 1st Application with copies of testimonial to be forwarded to the undersigned not later than March 31st

ALFRED J SMALL Secretary

UNIVERSITY COLLEGE HOSPITAL
Gower Street W C 1

Application are invited for the Honorary post of ASSISTANT SURGEON to University College Hospital in the Ear Nose and Throat Department (Royal Ear Hospital)

Application accompanied by evidence of fitness for the post must reach the Secretary by first post on Wednesday March 31st Further particulars on application

ESTABLISHED 1868
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67 68 Chandos Street Bedford St Strand W C 2
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Branches MANCHESTER 176 Oxford Rd GLASGOW 28 Wellington Terr DUBLIN 23 Upper Pembroke St
Telephone London 12[illegible] Welbeck [illegible]
Manchester 3152 Ard[illegible]
Dublin 62006 Cla[illegible] Dublin
Telegrams Tactear London Surgical Glasgow Tactear Manchester Tractear Dublin

COUNTY BOROUGH OF DARLINGTON

ASSISTANT MEDICAL OFFICER OF HEALTH

AMENDED ADVERTISEMENT

Applications from qualified Medical Practitioners are invited for the combined appointment of Assistant Medical Officer of Health for Tuberculosis Public Assistance under the terms of the Public Assistance Order 1930 and other Public Health duties The duties will not include domiciliary visiting for the Public Assistance Committee

Applicants must not exceed 40 years of age and must have had at least three years Post graduate experience in general medicine and surgery and in Public Health work

The person appointed will be required to give full time service under the Authority, to act generally under the direction of the Medical Officer of Health to carry out such duties as may from time to time be assigned to him, to pass a medical examination to contribute to the Superannuation Fund under the appropriate Superannuation Act and to reside in a house provided by the Authority The appointment will be terminable by three months notice

The combined salary is £550 per annum, rising to £700 per annum by annual increments of £25 and in the case of a candidate now in the service of another Authority on a rising salary scale recognition may be given to past service with such Authority in fixing the commencing salary A rental of £40 per annum will be required for the house provided All fees or emoluments received will be required to be paid over to the Local Authority

Application forms and particulars as to duties may be obtained from the Medical Officer of Health Greenbank, Darlington to whom applications endorsed Assistant Medical Officer of Health together with copies of three recent testimonials, must be delivered not later than March 22nd

H HOPKINS,
February 22nd, 1937 Town Clerk

COUNTY COUNCIL OF THE ISLE OF ELY

APPOINTMENT OF ASSISTANT COUNTY AND SCHOOL MEDICAL OFFICER (Male or Female)

Applications are invited from suitably qualified medical men and women for the above post

The duties are mainly but not entirely, in connection with the School Medical Service, and experience in refractions and the prescription of glasses will be necessary

The salary will be £500 per annum rising by annual increments of £50 per annum to £700 The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination form will be deemed a

and further details may be obtained from the County Medical Officer, County Hall March Cambs by whom completed applications must be received on or before Tuesday March 30th

County Hall R F G THURLOW
March Clerk of the County
March 5th 1937 Council

DERBYSHIRE EDUCATION COMMITTEE

ASSISTANT SCHOOL MEDICAL OFFICER (Male or Female)

The Derbyshire Education Committee require the services of an Assistant School Medical Officer (male or female) at a salary of £500 rising by annual increments of £25 to £700 per annum together with a travelling allowance in accordance with the County scale

Candidates must be registered Medical Practitioners of at least three years standing The duties will include work under the Maternity and Child Welfare Service Experience in this work and Mental Deficiency is desirable

The appointment will be a designated post under the Local Government and Other Officers Superannuation Act and the successful candidate will be required to pass a medical examination

The Officer appointed will not be allowed to engage in private or consultant practice but will be required to devote his whole time to the duties of the office and will act under the direction of the School Medical Officer

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of not more than three recent testimonials on or before Wednesday, March 31st endorsed Assistant School Medical Officer

The appointment will be determinable by three months notice on either side

New County Offices W M ASH
St Mary's Gate School Medical Officer
Derby March 9th 1937

COUNTY BOROUGH OF DARLINGTON

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications from qualified Medical Practitioners are invited for the combined appointment of Assistant Medical Officer of Health for Tuberculosis Public Assistance under the terms of the Public Assistance Order 1930, and other Public Health duties The duties will not include domiciliary visiting for the Public Assistance Committee

Applicants must not exceed 40 years of age and must have had at least three years post graduate experience in general medicine and surgery and in Public Health work

The person appointed will be required to give full time service under the Authority, to act generally under the direction of the Medical Officer of Health to carry out such duties as may from time to time be assigned to him to pass to contribute to the under the appropriat and to reside in a house provided by the Authority The appointment will be terminable by three months notice

The combined salary is £550 per annum, rising to £700 per annum by annual increments of £25 and in the case of a candidate now in the service of another Authority on a rising salary scale recognition may be given to past service with such Authority in fixing the commencing salary A rental of £40 per annum will be required for the house provided All fees or emolument received will be required to be paid over to the Local Authority

Application forms and particulars as to duties may be obtained from the Medical Officer of Health Greenbank Darlington to whom applications endorsed Assistant Medical Officer of Health together with copies of three recent testimonials must be delivered not later than March 10th

H HOPKINS
February 22nd 1937 Town Clerk

SURREY COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER

Applications are invited for the appointment of an Assistant Medical Officer (male) Applicants must possess a qualification in Public Health and have had experience in the Medical Inspection of School Children, Maternity and Child Welfare and the conduct of a Venereal Diseases Clinic The officer appointed will be required to undertake such other Public Health duties as may be allocated to him He will be on the staff of the County Medical Officer of Health must reside in the County of Surrey and devote his whole time to the work Salary £600 per annum rising by annual increments of £20 to £700 per annum Travelling expenses in accordance with the Council's scale will be allowed

The appointment will be subject to the approval of the Ministry of Health and of the Board of Education, to the successful candidate passing a medical examination, to the provisions of the Local Government and Other Officers Superannuation Act, 1922 and to the Staffing Regulations of the Council which provide *inter alia*, that appointments may be determined at any time by three months notice

Applications, stating age, qualifications, and experience, together with copies of three recent testimonials, should be made on the prescribed form and sent to the County Medical Officer of Health County Hall Kingston upon Thames from whom copies of the application form may be obtained and to whom any inquiries relating to the appointment should be addressed

Last day of receipt of applications March 20th

Canvassing directly or indirectly, will disqualify

County Hall DUDLEY AURIAND
Kingston upon Thames Clerk to the
March 1st 1937 County Council

ROYAL GWENT HOSPITAL, NEWPORT, MON (210 Beds)

Applications are invited for the following appointments which will become vacant on April 1st next

HOUSE PHYSICIAN Salary at the rate of £150 per annum, together with board quarters and laundry This appointment includes attendance at V D Clinics

CASUALTY OFFICER Salary at the rate of £135 per annum, with board, quarters and laundry

HOUSE SURGEON Salary at the rate of £135 per annum with board, quarters, and laundry

Each appointment is for a period of six months terminating on September 30th 1937

Applications together with copies of testimonials should be addressed to the undersigned

S CECIL HILL, Secretary Supt

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND MEDICAL OFFICER OF HEALTH

Applications are invited for the joint whole-time appointment of an Assistant County Medical Officer of Health for the Administrative County of Stafford and Medical Officer of Health for the Darlaston Urban District (population 20 110) The salary will be at the rate of £800 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act 1922

Applicants must be fully qualified medical men with experience in public health duties and must hold the Diploma in Public Health The person appointed will as regards his duties as Assistant County Medical Officer of Health act under the direction of the County Medical Officer of Health and will be required to perform such duties as may be from time to time prescribed As regards his duties as District Medical Officer of Health the officer will be subject to the sole control and direction of the Local Sanitary Authority

The joint appointment is subject to the approval of the Minister of Health and Board of Education and also so far as the office of District Medical Officer of Health is concerned to the provisions of the Sanitary Officers (Outside London) Regulations 1935

The joint appointment will be subject to three calendar months notice on either side subject so far as the office of District Medical Officer of Health is concerned to the consent of the Minister of Health

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

Forms of application may be obtained from the undersigned and should be returned by first post on March 18th together with copies of not more than three testimonials

County Buildings, H I UNDERWOOD
Stafford Clerk of the County
February 25th 1937 Council

COUNTY BOROUGH OF DUDLEY

SUPERVISOR OF MIDWIVES HEALTH VISITORS, AND SCHOOL NURSES

Applications are invited for the post of Supervisor of Midwives Health Visitors and School Nurses from persons under the age of 40 years, at a salary of £260 per annum rising by annual increments of £10 to a maximum of £300 per annum

Candidates must be State Registered Nurses and Certified Midwives and have had prolonged experience in the actual practice of Midwifery They should have been approved by the Central Midwives Board as teachers of midwifery or have passed the Midwives Teachers examination of the said Board and have actually been engaged in the training of pupil midwives or have held an administrative post in a Maternity Hospital

Candidates must also hold the Health Visitors Certificate of the Royal Sanitary Institute or the prescribed Certificate of the Board of Education

The successful candidate will be required to pass a medical examination and to contribute to the Council's Superannuation Scheme The appointment will be subject to one month's notice on either side

Applications, stating age qualifications and experience together with copies of not more than three recent testimonials and endorsed Supervisor of Midwives, should be forwarded to the undersigned so as to arrive on or before Wednesday March 31st

Canvassing in any form will be a disqualification

The Council House CLO C V CANT
Priory Road Dudley Town Clerk
March 8th 1937

HOSPITAL OF ST JOHN & ST ELIZABETH, 60 Grove End Road N W 8

Applications are invited for the post of RESIDENT HOUSE SURGEON (male) The post is recognised for the Degree of M S London University The appointment will be for six months from May 1st Salary at the rate of £75 per annum with full board Applications, together with copies of three testimonials should reach the undersigned on or before The day March 30th

I DUDLEY HOBBS B A Sc

ROYAL VICTORIA HOSPITAL DOVER

Wanted for April 15th RESIDENT MEDICAL OFFICER (male unmarried) qualified and registered Salary £180 a year, and board lodging and laundry 60 beds

Applications should be sent at once and must be received not later than March 20th addressed to the Hon Secretary Royal Victoria Hospital, Dover, on a form to be obtained from him

Established in 1893 by J. A. REASIDE.

THE MEDICAL AGENCY, Ltd.

DUDLEY HOUSE, 36-38, SOUTHAMPTON ST., STRAND, W.C.2

Telephone—Temple Bar 1054 & 1034

MANCHESTER.—Middle and better working class PRACTICE. Excellent house for sale with good garden. Receipts £1,600 p.a. Panel 400. Premium £2,800, to include valuable book debts.

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LANCS.—PARTNERSHIP in mixed Practice in residential locality. Detached house to be rented on lease at £52 p.a. Receipts £2,800 p.a. Panel 2,900. Incoming man must be Roman Catholic, preferably Irish. One half share at 2 years purchase.

Financial Assistance arranged — **Quotations upon application**

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LONDON and BRISTOL

Dr. R. H. BENNETT and Dr. W. J. PARAMORE who give personal attention to every client.

Financial Assistance for Purchasers and all Classes of Medical Insurance arranged

LOCUM AND ASSISTANTS SUPPLIED WITHOUT CHARGE TO PRINCIPALS

For exclusive Agency maximum commission is £50, which includes everything sold except house property

1. S. ENGLAND.—PARTNERSHIP in delightful country town. Vendor's end is separate and unopposed. Share producing £1,420 at 2 years purchase. Good house.
2. BRISTOL.—Good mixed PRACTICE. Panel 1,360. Receipts £1,360 p.a. Good scope. Premium £3,000. House to rent.
3. BOURNEMOUTH.—Growing PRACTICE in good part. £840 last year. Panel 700, rapidly increasing. 2 years purchase or near offer. House sale or rent.
4. MIDLANDS.—PARTNERSHIP in pleasant and prosperous town. Third share of £2,300 with early increase. Panel 2,000. 2½ years purch. House at very mod. price.
5. LONDON.—Unopposed PRACTICE on growing Estate. Great scope. £950 p.a. Panel 500. 2 years purchase or near offer. House sale or rent.
6. BRISTOL.—Good class non-panel PRACTICE in best part. Scope for panel if desired. About £800 p.a. Formerly much more. Premium £700.
7. MIDDLESEX.—PRACTICE in very pleasant part. Panel 1,600. £1,800 p.a. Premium 2 years purchase. House sale or rent.
8. LONDON.—PARTNERSHIP in growing Practice. Panel 2,900. Total receipts £4,400 p.a. Share producing £1,000 p.a. at 2 years purchase.
9. CAERMARTHENSHIRE.—Country PRACTICE on Coast. Good scope. Receipts over £1,000 p.a. increasing. Panel 500. Premium £1,000. Good house to rent.
10. ASSISTANTS REQUIRED.—We have several good Assistantships vacant. Apply for details.

22, CLARE STREET, BRISTOL, 1

Tele. Midgen Bristol. *Tel.* Bristol 22689

25, SOUTH MOLTON ST., LONDON, W.1

(Bond Street Station.) *Tel.* Mayfair 6941

REYNOLDS & BRANSON LTD.

13, BRIGGATE, LEEDS, 1

Telephone 20046

Telegrams Reynolds, Leeds

GOOD MIDDLE CLASS PARTNERSHIP FOR disposal near Leeds. Both partners retiring. Three years average receipts gross £4,871. Panel £1,235. Appointments £140. Private practice £3,496. Book debts bring in £1,000—£1,200 p.a. Premium 1½ years purchase. Good house for each partner.—Apply 2792.

MIDDLE AND BETTER WORKING CLASS PRACTICE in West Riding City for disposal. Average receipts for three years £1,460. Panel 947. Patients. Good corner house freehold £1,400. Premium 1½ years purchase. Vendor specialising.—Apply 2793.

DEATH VACANCY IN SEMI-RURAL DISTRICT. Book for sale. Old-established. Receipts approx. £700. Panel £150 about. Appointments £40 p.a. Good house at fixed rental or alternative accommodation.—Apply 2795.

ESTABLISHED 1877

LEE & MARTIN, LTD.

The Birmingham Medical Agency,

71, TEMPLE ROW, BIRMINGHAM

Telegrams Locum Birmingham — *Telephone* 5963 Midland Birmingham

Transfer of Practices and Partnerships arranged

MAXIMUM FEE £50, if exclusively entrusted to us

ACCOUNTS INVESTIGATED AND INCOME TAX RETURNS PREPARED

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORT NOTICE. Also ASSISTANTS.

WANTED TO PURCHASE

1. BIRMINGHAM (or within 50 miles thereof).—Good mixed PRACTICE with a panel of 1,000 over, and receipts of from £1,500 to £3,000. URGENTLY REQUIRED. CAPITAL AVAILABLE.
2. NORTH WEST MIDLANDS.—Good mixed PRACTICE with substantial panel and income of from £1,500 upwards. IMMEDIATELY REQUIRED. CAPITAL AVAILABLE.
3. REQUIRED.—Good English, Scotch and Irish LOCUMS also ASSISTANTS immediate posts to offer, both Indoor and Outdoor.

FOR DISPOSAL

1. MIDLANDS.—HALF SHARE (New Large Estate; no other Doctor allowed to build or open Surgeries). Excellent opportunity for young married man; should be British and well qual. Good modern house available.
2. SOUTH COAST.—Good mixed PRACTICE. Receipts well over £1,200 p.a. (auditor's figs.). Panel 1,500. Excel. house; all services.
3. EAST COAST.—Old estab. Private and Panel PRACTICE. Fee av. £1,400 p.a. Panel over 800 and both inc. Good house; all services.
4. BIRMINGHAM.—Old established City PRACTICE. Receipts av. £450 p.a. House to rent. Best offer for quick sale.
5. STAFFS.—Definite PARTNERSHIP after preliminary Assistantship of six months to single man, English or Scotch Protestant. Not over 30. Further details on application.

GOOD ENGLISH LOCUMS REQUIRED

FINANCIAL ASSISTANCE *afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms. Full particulars on application.*

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORTEST NOTICE

Telephone Welbeck 2728

Telegrams ASSISTIAMO LONDON

NURSES

MALE OR FEMALE

TRAINED NURSES FOR MENTAL MEDICAL SURGICAL AND FEVER CASES

Nurses reside on the premises and are available for urgent calls Day and Night

THE NURSES' ASSOCIATION

(In conjunction with the MALE NURSES ASSOCIATION)

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Mrs. MILLICENT HICKS *Supt.*

W. J. HICKS *Secretary*

THE OLDEST AND LEADING MEDICAL AGENCY

ESTABLISHED 60 YEARS

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Assistants and Locums Provided without fee to Principals. Practices Investigated. Book-keeping. Debt Collecting, etc.

The maximum Commission charged on the sale of any practice or share placed exclusively in our hands is £50. No Commission is charged on the sale of anything else except house property. Scale of charges sent on application.

FOR DISPOSAL

WITHIN 15 MILES OF LONDON W.—Average nearly £1,700 p.a. Panel over 2,200. Excellent scope. Premium £3,500. Main road house; 2 recep., 5 bed., surgery, etc. Rent £120 or sell.—1

S. MIDLANDS.—ABOUT 60 MILES FROM Town. £1,000—£1,100 p.a. Insurance panel and appts. worth over £600. Very old established country practice. Good lasting district. Premium £2,500 to include fittings, etc. Old country house with mod. conv.; 2 recep., 6 bed., 4 acres.—2

HANTS.—COUNTRY SHARE WORTH about £800 p.a. with excellent prospect. Mixed panel, club and private. Fees 5/- to 21/. House, 2 rec., 6 bed., surgery, etc., to rent £65 p.a. Premium £1,650.—3

DEVON.—COUNTRY UNOPPOSED. ABOUT £1,000 p.a. Panel over 400. Fees 2/6 to 10/6. Premium £1,500. Charming house; 2 rec., 6 bed., surgery, etc., 1 acre. Price £2,300.—4

SURREY.—PRIVATE PRACTICE OVER £900 p.a. Very small panel (mixed, etc.). Fees 7/6, 10/6, etc. Convenient 8 roomed residence to rent at £70, or would sell. Premium 2 years purchase.—5

LONDON, W.—ABOUT £1,000 P.A. SMALL selected panel. Middle and better class. Premium £1,250. 2 recep., 4 bed. Cons. Wait, etc. Large garden. Rent £200 with option of lease.—6

SUSSEX.—£1,500 P.A. PANEL. 500 GOOD class family PRACTICE. Fees 10/6 up. Premium 14 years purchase. Charming house (3 recep., 7 bed.) and good garden. For sale freehold.—7

LONDON, S.E. NEAR OVAL.—CASH PRACTICE £500 p.a. Panel 500; increasing rapidly. Ample scope—rehousing area. House with 3/4 bedrooms, etc. Rent £80 p.a.—8

BIRMINGHAM.—AVERAGE OVER £450 P.A. Non-panel. No midwifery. Visits 7/- to 12/6. Worked as local up; but 3 bed. and 1 sitting room available. Rent £60 p.a. Premium £500 or near offer.—9

KENT.—OVER £600 P.A. PANEL WORTH £220 approx. Fees 5/6 to 10/6. Several appts. House, 3 recep., 4 bed., etc. garden. Rent £70 p.a.—10

EASTERN COUNTIES.—1/3 OF OVER £2,500 p.a. Panel nearly 1,800. Very old-established Practice. Premium 2 years purchase or near. House £55 p.a. 4 bed., 2 recep., surgery, etc., and large garden.—11

S. COAST.—£850. RAPIDLY INCREASING. Panel about 600. Club £100 p.a. Fully mixed. Good accom. available. Premium 2 years purchase.—12

LONDON, S.W. SUBURB.—AVERAGE £1,600 p.a. Panel 700. Midwifery not encouraged. Ample scope. Visits 5/6 up. Premium 2 years purchase or offer. Well appointed double-fronted house with garden, tennis, etc. Sell or let.—13

ESSEX SUBURB.—ABOUT £1,150 P.A. Medium panel. Fees 5/6 up. From 2 years purchase. Detached house (4 bed., etc.). Sell or let.—14

OUTER S.W. SUBURB.—£2,100 P.A. PANEL 2,100. Club £450/£500 p.a. and all. Premium £5,000. Detached house, 2 recep., 4 bed., surg., etc., garage and yard. £2,000.—15

HANTS.—COUNTRY PRACTICE. ABOUT £1,900 p.a. steadily increasing and open. Old estab. Panel 1,300. Clubs £130. Two houses available. Would suit two friends in Partnership.—16

ESSEX [illegible] ump[illegible] 430 Vis[illegible] 2 recep[illegible] LONDO[illegible] IR[illegible] p.a. Panel 500. Easily worked. Premium £1,800 or near offer. 8 roomed house available. Price only £800.—18

NO CHARGE TO PURCHASERS

FINANCIAL ASSISTANCE ARRANGED

ASSISTANTS.—MANY VACANCIES IN TOWN and Country. Indoor and Outdoor. List on application.

WILTS COUNTY COUNCIL

MENTAL DEFICIENCY ACTS 1913 1927

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

The Wilts County Council invites applications for the post of an Assistant Medical Officer to act as Medical Officer of the Council's three Mental Deficiency Institutions comprising in the aggregate 350 beds at Lewesy Turton and Wilton

Applicants must be fully qualified medical practitioners and must have had special experience in mental deficiency and of mental deficiency in titution A Diploma in Psychological Medicine is desirable

The Officer appointed will be responsible to the Medical Officer to the Committee for the Care of the Mentally Defective and be under the administrative control of the County Medical Officer He will be required to devote his whole time to the duties of the office The duties of the post will be chiefly concerned with the institutions mentioned above and with other mental deficiency work but the Officer may be required to perform other duties for which he may be qualified at the direction of the County Medical Officer

The salary will be £700 per annum rising by annual increments of £25 to a maximum of £800 per annum to be revised proportionately if a residence is provided at the Power Colony

The salary will be subject to deduction under the appropriate Superannuation Act From which experience in accordance with the County Scale will be paid.

The appointment will be terminable by three months notice on either side

The candidate elected will be required to pass a medical examination

Application on forms to be obtained from the undersigned together with copies of not more than three recent testimonials and enclosed in an envelope marked Assistant Medical Officer to be lodged with the undersigned by not later than the first post on March 29th

Canvassing either directly or indirectly will disqualify

County Office W L ROWE
Trowbridge Clerk of the
March 8th 1937 County Council

HULL CORPORATION HEALTH DEPARTMENT

HULL CITY HOSPITAL

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited for the above appointment at the Hull City Hospital for Infectious Diseases Cottingham

The appointment is open to registered medical practitioners of either sex who must be single not more than 40 years of age and have had experience in general hospital work Possession of the Diploma in Public Health or similar qualification and previous experience in a fever hospital will be regarded as additional qualifications

The appointment is for a period of one year and the salary is £350 per annum together with board laundry and residence The appointment may be extended for more than one year in which case the salary subject to satisfactory service will be increased by annual increments of £25 to a maximum of £450 per annum

The appointment is not designated under the Local Government and Other Officers Superannuation Act 1922

Application on forms to be obtained from the undersigned are returnable not later than 10 a.m on Tuesday March 30th

NICOLAS CRIBB M D
Medical Officer of Health
Health Department Guildhall Hull
March 1937

CARDIFF ROYAL INFIRMARY
(No of available Beds—490)

[illegible] the under

[illegible] and Throat

[illegible] per annum with board and lodging for the first post The Ophthalmic House Surgeon is expected to have some knowledge of Refractions and will be paid at the rate of £40 for the first six months and if the appointment is renewed for a further six months £60 will be paid for the second six months with board and lodging

Applications with copies of three recent testimonials should be sent to the undersigned as soon as possible as the appointments will commence on March 25th

R ARMSTRONG
March 9th 1937 Medical Supt

ESSEX COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified registered Medical Practitioners holding a Diploma in Public Health and not over 45 years of age

The Officer appointed must have had experience as a Medical Officer of an ante natal clinic

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum

Travelling expenses in accordance with the County Council's scale will be allowed to the successful candidate

The appointment will be held by the successful candidate during the pleasure of the Council and will be determinable by the Officer by three months notice in writing

The person appointed will be required to pass a medical examination and to contribute to the fund established by the County Council under the Local Government and Other Officers Superannuation Act 1922

The appointment will be subject to the Council's Sick Pay Rules and Regulations a copy of which will be forwarded on application

Applications on the prescribed form obtainable from the undersigned accompanied by copies of not more than three testimonials (which will not be returned) should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a.m on Wednesday March 31st

County Hall E S HOLCROFT
Chelmsford Clerk of the County
March 8th 1937 Council

HOUNSLOW HOSPITAL
Staines Road HOUNSLOW MIDDLESEX

APPOINTMENT OF RESIDENT MEDICAL OFFICER AND HOUSE SURGEON

Applications are invited from registered Medical Practitioner (male) for

(a) R M O Salary £250 per annum with full board etc and extras of approximately £150 per annum Previous Hospital experience essential

(b) Junior H S Salary £100 per annum with full board etc and extras

Applications stating age nationality qualifications and previous experience together with copies of three recent testimonials must reach the Secretary by Monday March 22nd endorsed Appointment

HOSPITAL CONVALESCENT HOMES PARKWOOD SWANLEY KENT (For the reception of patients (women and children) in an early stage of convalescence from the London Hospitals 120 beds) The Trustees of the Home invite applications for the post of LADY RESIDENT MEDICAL OFFICER The appointment is for a period of six months Salary £200 per annum with quarters and full board Candidates should have had recent Hospital experience

Application stating age qualifications and full details of experience should be accompanied by copies of three recent testimonials and addressed to C M POWELL Esq Secretary Hospital Convalescent Home c/o Westminster Hospital London S W 1 on or before Friday April 2nd

BECKETT HOSPITAL AND DISPENSARY BARNSLEY (153 Beds—4 Residents)

Application are invited for the post of JUNIOR HOUSE SURGEON (male) duties mainly surgical ear nose and throat work and anaesthetics Candidates must be fully qualified and registered

Salary £200 per annum with board residence and laundry

Applications stating age qualifications accompanied by testimonials should be addressed to the undersigned

ARTHUR L BOURNE Supt & Sec

ACTON HOSPITAL W 3

CASUALTY OFFICER (male unmarried) required to commence duties April 1st for a three months appointment with promotion to Resident Medical Officer for similar period if approved Salary £150 per annum with board residence and laundry

Candidates must be fully qualified and registered Application stating age nationality and qualifications should be sent with copies of three testimonial to the Secretary and should arrive not later than March 18th

DONALD D C SWORD
Secretary
Acton Hospital
Gunnersbury Lane Acton W 3
March 3rd 1937

PARK PREWETT MENTAL HOSPITAL BASINGSTOKE HANTS

SECOND ASSISTANT MEDICAL OFFICER

The Visiting Committee invite applications from registered Medical Practitioners holding a Degree or Diploma in Psychological Medicine for the post of Male Second Assistant Medical Officer (married) Cross salary £600 per annum rising by increments of £25 to £700 Age not to exceed 40 An attractive modern house situated in the Hospital grounds is available at a reasonable rental with coal and electricity at contract rate

Park Prewett which has 1 450 beds is an up to date Hospital with modern method of treatment There is a detached villa for private patients and the person appointed would in addition to other duties have charge of this unit

The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Form of application giving fuller particulars which must be returned by April 19th to be obtained from the Medical Superintendent Park Prewett Mental Hospital Basingstoke Hampshire

PARK PREWETT MENTAL HOSPITAL BASINGSTOKE HANTS

JUNIOR ASSISTANT MEDICAL OFFICER

The Visiting Committee invite application from registered Medical Practitioners for the post of Male Junior Assistant Medical Officer, age not exceeding 35 years Preference will be given to applicants who have held an appointment in a General Hospital Salary £350 per annum rising by increment of £25 to £450 with furnished apartment board laundry and attendance valued for superannuation purposes at £150 per annum An extra £50 per annum will be paid on obtaining the D P H The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Form of application giving fuller particulars which must be returned by March 27th to be obtained from the Medical Superintendent Park Prewett Mental Hospital Basingstoke Hampshire

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

Application are invited from unmarried gentlemen double qualified and registered for the post of CASUALTY HOUSE SURGEON (vacant April 1st next) Duties in Out patient Department and under Orthopaedic Surgeon and two Assistant Surgeons Number of Resident Staff seven

Salary at the rate of £150 per annum with board residence and laundering

Applications stating age qualification and experience together with copies of recent testimonial to be forwarded to Mr JOHN GIBSON Superintendent and Secretary as soon as possible

March 9th 1937

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray Inn Road W C 1

ASSISTANTS IN THE OUT PATIENT DEPARTMENT

There is a vacancy for a First Assistant to attend on Saturday at 11 30 a.m

The duties are to assist the Surgeon in seeing the patient and the post is an honorary one

Application which may be for periods of three six or twelve months should be sent to the undersigned immediately

JOHN H YOUNG Secretary Supt

EAST SURREY HOSPITAL REDHILL SURREY

SENIOR HOUSE SURGEON required as from April 1st Salary at the rate of £150 per annum with board residence and laundry Candidates must be fully qualified and registered Appointment for six months Application stating full particulars and date of recent testimonials to be forwarded to the Secretary

NEWARK GENERAL HOSPITAL
(95 Beds.)

Wanted a fully qualified RESIDENT HOUSE SURGEON (male and unmarried) Salary £175 per annum with board residence and laundry Application stating age and qualifications with copies of testimonial to be sent to the Secretary

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd)

(*FOUNDED* 1880)

NORTHERN BRANCH

33, CROSS ST., MANCHESTER, 2.

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Recommended with every confidence to the profession by the BRITISH MEDICAL ASSOCIATION as a thoroughly trustworthy medium for the transaction of all Medical Agency business

TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL

Full particulars free on request

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

DERBYSHIRE —PARTNERSHIP in old established Country Practice near to large town Cash receipts last year £3 238 Panel 1 800 Some additional developing Attractive house specially built, 2 reception 5 bedrooms garage and large garden Electric light and main drainage Rent £80 p a Premium—one third share—2 years purchase —No 854

LANCS TOWN —PARTNERSHIP in old established mixed panel and private Practice in large town about 10 miles from Manchester Gross earnings over £3 000 p a Panel over 2 000 Great scope House available Premium—1/3 share—2 years purchase further share in 3—5 years —No 931

LIVERPOOL —Sound old established PRACTICE Cash receipts last year £2 970 Panel 2 500 Scope Good house to rent containing 2 reception 5 bedroom garage and small garden Premium by offer —No 927

MANCHESTER —Well established middle and working class PRACTICE in suburban district Cash receipts last year £1 630 Panel 1 100 Good house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garden *Rent* £60 p a Premium—Practice—1½ years purchase —No 913

CHESHIRE TOWN —PARTNERSHIP in sound Panel and Private Practice in a town 6 miles from Manchester Cash receipts last year £3 079 Panel 3 000 Nice new detached house available 2 reception 3 bedrooms and bed room garage and garden Premium—one half share 2 years purchase Vendor retiring —No 926

MANCHESTER —Middle and better class PRACTICE in present hands 40 years Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms garage and garden Premium —Practice and house—£3 000, Long introduction if desired Vendor retiring —No 858

LANCS TOWN —Very old established mixed panel and private PRACTICE partly in a semi rural district Average cash receipts £2 596 p a Panel nearly 2 000 Scope Nice modern house hall 3 reception 5 bedrooms 2 professional room garage and good garden Premium—Practice—1½ years purchase —No 925

NEAR MANCHESTER —Old established middle and better working class PRACTICE in residential suburb at present held by Medical Woman but previously conducted by a man and suitable for either sex Average cash receipts £1 600 p a Panel 400 Scope a district developing Good house 3 reception 5 bedroom garage for 2 car and large garden Premium be t offer —No 923

DERBYSHIRE —Well established Country PRACTICE Cash receipts £800 p a including panel and transferable appointments £480 p a Good house 2 reception 5 bedrooms garage and garden Electricity and water *Rent* £50 p a Premium £1 350 —No 811

LANCS TOWN —Very old established mixed Panel and Private PRACTICE in large town 7 miles from Manchester Cash receipts £2 300 p a Panel over 2 000 Good house 2 reception 4 bedroom garage etc Prem —Practice—1½ yr purch Vendor retiring —No 914

NORTH WALES —Old established middle class PRACTICE in beautiful Seaside and Country district Average cash receipts £1 417 p a Panel 415 Well built house in good position 3 reception 7 bedroom garage for 2 cars and garden Good sport and educational facilities Premium—Practice—£2,100 —No 929

MANCHESTER —Old established middle and better working class PRACTICE in present hands 34 years Average cash receipts £1 082 p a Panel 470 Scope for energetic man Good house 2 reception 5 bedrooms garage and large garden Premium 1 years purchase Vendor retiring —No 875

NORTH WALES —Old established PRACTICE offering scope Cash receipts last year £843 Panel 765 Good surgery premises to rent at £52 p a Premium best offer —No 905

CHESHIRE —PARTNERSHIP in unopposed Country Practice Cash receipts £1 700 p a Panel 1 012 Expenses low Choice of houses at low rentals Premium—half share—2 years purchase —No 903

BEDFORDSHIRE —Small Country PRACTICE £400—£500 p a Panel 114 Good house 2 reception 7 bedrooms garage and garden Rent £65 p a Premium £450 —No 839

NEAR MANCHESTER —Old established middle and better working class PRACTICE in present hands 35 years Cash receipts last year £1 851 Panel about 800 Good house 3 reception 4 bedrooms garage and large garden Premium 1½ years purchase Vendor retiring —No 850

NEAR LIVERPOOL —Well established middle class PRACTICE in pleasant district Ample scope as district developing Cash receipts £800 p a Panel 650 Nice house 2 reception 5 bedroom and garden Premium 1 year purchase Vendor retiring —No 928

YORKSHIRE (W R) —Well established mixed class PRACTICE within easy reach of large city Cash receipts last year £1 167 Panel 850 Good house 2 reception 4 bedroom and maids room garage and garden Premium—Practice house and book debts—£3 000 —No 934

LIVERPOOL —Established mixed panel and Private PRACTICE Cash receipts last 11 months £800 Panel 1 183 House 2 reception 3 bedrooms 3 professional rooms (separate entrance) Rent £60 p a Premium—best offer —No 935

NORTHUMBERLAND — Mixed class PRACTICE in beautiful country district Cash receipts last year £1 064 Panel 520 Good detached house 2 reception 4 bedroom 3 professional rooms good garden electric light main water and drainage Premium—Practice and house —best offer —No 832

LANCS TOWN —PARTNERSHIP in old established PRACTICE held by Indian Doctor Cash receipts approx £3 350 Panel 2 700 Scope House available Premium—1 4 or 1 3 share—best offer Alternatively would sell separate Practice with income of £1 900 p a and a panel of 1 870 —No 920

NORTH WALES —Good class PRACTICE in Seaside Town offering scope Cash receipts £500 p a Excellent house 3 reception 4 bedrooms garage and nice garden Prem 1 years purchase —No 916

DEATH VACANCY — LEEDS —Well established PRACTICE neglected by late Incumbent owing to ill health Cash receipts £584 p a Panel 413 Great scope Good house 2 reception 5 bedrooms 3 professional rooms (separate entrance) large garden and garage Rent £50 p a Premium best offer —No 921

AUSTRALIA —Four PRACTICES for sale all situated in Victoria Cash takings from £1 100 to £2 500 p a with appointments Further particulars supplied on application

YORKSHIRE (N R) —Old established Country PRACTICE in beautiful district near to sea Cash receipts last year £1 040 Panel 600 Commodious house 3 reception 6 bedrooms garage and garden with tennis court Premium—Practice—1½ years purchase Vendor retiring —No 893

MANCHESTER —PRACTICE in industrial district in present hands 40 years Cash receipts last year £840 Panel 404 Good corner house with ample accommodation to rent Vendor retiring Premium 1½ years purchase or near offer —No 855

ASSISTANT — CO DURHAM — Married £400 p a and ca NDS—Country S £400 plus £50 pr NCHAM—Mar l £ 0 p a p a all found living out NORTH STAFFS—£500 f plus £50 car allowance Many other vacancies D f

R—NR MANCHESTER—£500 f

LOCUM ENGAGEMENTS AND ASSISTANTSHIPS — Medical Men and Women are invited to register for IMMEDIATE ments

SPECIAL NOTICE

The Commission payable on Sale of any Practice or Partnership where the Bureau is Sole Agent is limited to FIFTY POUNDS exclusive of house property

REVISED TERMS ON APPLICATION

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS ST MANCHESTER 2

BURY INFIRMARY (LANCS)
(127 Beds)

APPOINTMENT OF SECOND HOUSE SURGEON (Male)

A vacancy, as above will shortly arise on the Resident Medical Staff and applications are invited for the post from those having held a previous resident hospital appointment

The Resident Staff consists of an R S O and three House Surgeons and the duties of the Second House Surgeon include the work necessary in the Medical and Eye and Ear Nose and Throat Departments

The appointment is for six months at a salary at the rate of £175 per annum, with board residence, and laundry, and the successful candidate will be expected to commence duties towards the end of March

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned as soon as possible endorsed House Surgeon

Full particulars of duties may be had on application

H WILKINSON, Superintendent

THE ROYAL INFIRMARY, SUNDERLAND (365 Beds)

CASUALTY OFFICER required to take up duties on April 1st Salary at the rate of £150 per annum, with board, residence, laundry etc

The successful applicant will be required also to act as House Surgeon to the Ear, Nose and Throat Department

Applications stating age and qualifications and accompanied by copies of testimonials to be sent to the undersigned not later than March 19th

The Infirmary possesses modern equipment and has up to date Pathological and X Ray Departments The surgical appointments are recognised by the Royal College of Surgeons of England for the six months training required of candidates before admission to the Final Examination for the Fellowship

J A BEARDSALL
House Governor & Secretary

WINSLEY SANATORIUM, near BATH

The Governors invite applications for the appointment of a whole time ASSISTANT RESIDENT MEDICAL OFFICER (male) Salary £250 with apartments board laundry, etc

The appointment will be made for a period of twelve months (subject however to termination during such period by one calendar months notice on either side)

Applicants should state age qualifications, experience etc and submit three testimonials by March 27th

T A W CARLISLE
Winsley Sanatorium Secretary
Near Bath March 8th 1937

WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL (112 Beds)

RESIDENT SURGICAL OFFICER

Applications are invited for the above post which becomes vacant on May 4th next The post is for six months in the first instance

Salary £300 per annum

Preference will be given to applicants holding the F R C S Diploma

Applications stating age nationality and experience together with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH E SEARIGHT F C C S
House Governor & Secretary

KENT AND CANTERBURY HOSPITAL
(Recognised by Royal College of Surgeons for study for Fellowship) (137 Beds)

HOUSE SURGEON (male unmarried) for General and Ear Nose and Throat work To commence duty immediately Six months appointment Salary payable at the rate of £125 per annum with board residence and laundry There are two other resident Medical Officers

Applications stating age and particulars of qualifications together with copies of testimonials should be forwarded to the undersigned at once

S F WARD Secretary

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL

HOUSE SURGEON required Six months appointment Salary at the rate of £150 per annum with residence board and laundry Application with copies of three recent testimonials to be sent to the Secretary

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THE LIVERPOOL SANATORIUM, DELAMERE FOREST, FRODSHAM via WARRINGTON
(175 beds for the treatment of patients suffering from pulmonary tuberculosis)

SENIOR ASSISTANT to the Medical Superintendent

Applications are invited from Male Medical Practitioners with suitable qualifications for the above named appointment Candidates must be unmarried and preference will be given to applicants who have held resident medical appointments since qualification and have had practical institutional experience in the treatment of pulmonary tuberculosis

Salary will be at the rate of £325 per annum, with board, quarters and laundry

The appointment is normally tenable for twelve months, but may be extended

Particulars of duties and full information together with forms of application can be obtained from the Medical Superintendent

Forms completed with copies of three recent testimonials should be returned as early as possible to the Medical Superintendent, The Liverpool Sanatorium, Delamere Forest Frodsham, via Warrington

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THE ROYAL HOSPITAL, WOLVERHAMPTON
(Incorporated under Charter)

HOUSE SURGEON required for Orthopædic and Fracture Department duties to commence April 1st The Hospital contains 300 beds includes the usual special departments and is recognised by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board, furnished rooms and laundry provided Applications with copies of testimonials to be forwarded to the undersigned

Wolverhampton W H HARPER
March 8th 1937 House Governor

VICTORIA HOSPITAL BURNLEY
(150 Beds)

HOUSE SURGEON (Male)

Applications are invited for the above post which will become vacant on March 31st next The appointment is for six months in the first instance, at a salary of £150 per annum together with board residence and laundry At the end of this period re appointment may be applied for and if confirmed the salary for the second six months will be at the rate of £200 per annum Applications with full details of qualifications and experience and stating nationality, together with copies of recent testimonials should be addressed to the undersigned forthwith

J E WHEATCROFT Secretary

ROYAL BUCKINGHAMSHIRE HOSPITAL AYLESBURY (80 Beds)

Applications are invited for the post of SECOND RESIDENT MEDICAL OFFICER (male) for six months, to begin duty on April 1st

The candidate appointed will be eligible to apply for the senior post when it becomes vacant

Salary £150 per annum, with board, residence, and laundry Candidates must be fully qualified and registered

Applications stating age, qualifications, and experience, with copies of not more than three testimonials should be sent to the undersigned not later than March 20th

F G DAWES Secretary

ROYAL HOSPITAL, RICHMOND, SURREY

JUNIOR HOUSE SURGEON (male) required to take up duties on April 16th Salary at the rate of £100 per annum, with board furnished apartments and laundry Candidates must be fully qualified registered and single The appointment will be for six months after which the successful candidate will be eligible for the Senior post

Applications stating age nationality experience and copies of three recent testimonials must be forwarded to the undersigned not later than April 1st

G M EDEN Secretary Supt

THE ROYAL EYE AND EAR HOSPITAL BRADFORD

Wanted HOUSE SURGEON (male) Salary £180 with board residence and laundry Applications stating qualifications age etc with copies of recent testimonials to be forwarded to the undersigned

F BRIGGS Secretary Supt

WARNEFORD GENERAL HOSPITAL, LEAMINGTON SPA

POST OF HONORARY PHYSICIAN

The office of one of the Honorary Physicians will become vacant on May 1st

The Committee invites applications for the above appointment which will be made in accordance with the rules of the Hospital copies of which may be obtained from the undersigned

Applications together with Certificates of Registration and Birth and accompanied by copies of three recent testimonials should be delivered to the undersigned by Wednesday March 31st Candidates may submit further copies of their application and testimonials for circulation to members of the Electing Committee

Hydrotherapeutics in connection with the Saline Waters is one of the objects of the Institution

By Order of the Committee
EDWARD L WIRGMAN
March 4th, 1937 Hon Gen Sec

CHELTENHAM GENERAL AND EYE HOSPITALS

HOUSE SURGEON WANTED (Male)

The Board of Management invite applications for the post of House Surgeon who chief duties will be in the Eye Ear and Throat Department New Block to be opened early in April

Candidates must be of British nationality and fully qualified

Salary £150 per annum, with board lodging and laundry

The Hospitals are recognised for the F R C S D L O and D O M S Examinations

Applications with copies of testimonials to be sent in a sealed envelope marked House Surgeon to the undersigned not later than March 20th

T CUMMING SMITH F C I S
The General Hospital Secretary
Cheltenham March 9th 1937

NORTH STAFFORDSHIRE ROYAL INFIRMARY STOKE ON TRENT (390 Beds)

HOUSE SURGEON

The Committee invite applications for the above post—half duties in Casualty Over 6 000 casualties per annum Salary at the rate of £150 per annum with board residence and laundry

The appointment will be made for six months renewable

Eligible for the other resident posts as vacancies arise

Applications stating age and experience with copies of two recent testimonial to be sent to the undersigned immediately

By Order,
W STEVENSON
March 9th 1937 Sec & House Gov

VICTORIA HOSPITAL BLACKPOOL
(180 Beds)

HOUSE PHYSICIAN (male) required immediately

Duties will include charge of Ophthalmic cases

Appointment for six months Salary at the rate of £200 per annum, with board residence and laundry

Applications with copies of three recent testimonial should be sent immediately to General Superintendent

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THE LIVERPOOL EYE EAR, AND THROAT INFIRMARY MYRTLE STREET, LIVERPOOL, 7

Applications are invited for the post of OPHTHALMIC HOUSE SURGEON Salary £120 per annum The appointment is tenable for six months subject to renewal

Applications with copies of testimonials stating age qualifications and previous experience to be sent not later than March 20th to JOHN PENNINGTON Esq (Chairman) 9 Harrington Street Liverpool 2

MARGATE AND DISTRICT GENERAL HOSPITAL (98 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male)

Salary £150 per annum with board and laundry Duties to commence April 1st

Applications accompanied by copies of testimonials should be addressed to the Secretary at the Hospital as early as possible

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Tele Address
Triform, Westcent—London

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The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts, furniture, drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices, effects etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal — Full particulars sent free.

1 S W OF ENGLAND —Partner required in well-established good class non panel Practice in Favourite Health Resort Incoming partner must be experienced in Gynaecology A share worth about £1,200 or £1 800 p a is for disposal

2 LONDON S W —Partnership in well established working class Practice nearly £3 150 p a in Favourite Suburban District Panel 3 000 One fourth share would be sold at first at two years purchase

3 S W OF ENGLAND —Partnership in well-established mixed Town Practice about £4,200 p a Panel 1 950 Visits 2/6 to £2 2s medicine extra Detached house (5 bedrooms) with large garden garage etc for sale One fourth or one third share at first at two and a quarter years' purchase Applicant who must be experienced in General Practice and major surgery—F R C S preferred—would be appointed to Staff of Hospital

4 LONDON W —Practice of about £700 p a in residential district Panel 500 Large corner house (7 bedrooms) with separate surgery entrance and good garden Price of House £1 950 Scope Premium £1 250

5 MIDLANDS —Partnership in old established increasing Practice in pleasantly situated Country Town Good appointments and panel Visits 3/6 to £1 11s 6d medicine extra Suitable house obtainable Incoming partner must be good Surgeon—English or Scottish—aged 30 35 and preferably L R C S Small well equipped Hospital Share worth £1 250 p a at first at two years purchase

6 S E COAST —Old established middle and working class non dispensing PRACTICE averaging over £1 800 p a in favourite Summer Resort Panel 1 640 Visits 3/6 to 10 6 Nice house (5 bedrooms etc) good garage and small garden for sale Scope for young energetic man Premium two years purchase

7 S OF ENGLAND —Partnership in old established Practice over £4 800 p a in beautifully situated Market Town Panel over 2 850 Visits 3/6 to £1 1s medicine extra Large attractive well built house with electric light central heating garage and walled in garden for sale Premium 3 30 share two years purchase

8 S W OF ENGLAND — Partner required after Preliminary Assistantship in old established mixed Practice over £4 800 p a in Market Town Good appointments Panel about 4 000 Applicant should be English aged 25 30 preferably unmarried and must have held Hospital appointments One fifth share at first at two years purchase

9 KENT —Partnership in steadily increasing Practice £2 540 p a in rapidly developing district Panel over 3 000 Semi-detached house (3 bedrooms) Rent £60 p a Premium one half share £2 800

10 MIDLANDS —Old-established Practice in clean prosperous Manufacturing Town Receipts average £750 p a including P M S worth £125 p a and panel about 750 Pleasantly situated house (5 bedrooms, attics, etc) on main road Price (freehold) £3 200 Ample scope Premium one and three quarter years purchase

11 E ANGLIA —Partnership in old established and steadily increasing Practice about £2 300 p a in beautifully situated Country Town Panel 1 925 House to rent at £60 p a Good society and sport Scope Share worth £900 p a at first Premium two years purchase

12 N DEVON —Old-established Practice averaging over £1 050 p a in small Watering Place Panel about 400 Well built semi-detached house (5 bedrooms etc) garden, for sale Beautiful surrounding country All kinds of sport Scope Premium two years' purchase

13 S W OF ENGLAND —Partnership in very old established mixed Practice in flourishing Industrial District Cash receipts average over £3 200 p a including appointments and panel about 2 700 House, with 1/5 bedrooms, garage and small garden for sale Good Hospital One-third share at first with option of further shares later Premium 2 years purchase Short preliminary Assistantship

14 TASMANIA —Practice doing £1,500 a year, including good appointments. Fees range from 10/6 to £1 1s House with 2 bedrooms etc and garden for sale Purchaser should be able to do major surgery Premium £900

15 ESSEX —Old-established Practice in outlying Suburban District Receipts average £2 125 p a including appointments worth about £260 p a and a panel of 1 784 Well situated corner house (about 6 bedrooms) and surgery accommodation with separate entrance Garage and fine size garden Rent £120 on lease Premium two and a quarter years pur Purchaser must be English Scottish or Irish

16 LONDON, N —Well-established Practice averaging £450 p a in pleasant growing District Panel about 600 Well situated house on main road, to rent at about £65 p a Good scope—building going on Premium £600 to include surgery fittings and drugs

17 LONDON, S E —Old established Practice averaging over £450 p a in thickly populated district Panel 1 188 No midwifery House on main road (4 bedrooms), with separate entrance to surgery accommodation, for sale or rent Good scope Premium £1 700

18 SURREY —Increasing middle and working class PRACTICE in thickly populated Suburban District Receipts 1936 £1 720 Panel 660 Small house Rent £78 p a (branch £55 p a) Ample scope Premium £2 800

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE CORK

The following candidates have been approved at the examinations indicated

M D—J G O Sullivan

M B B Ch B A O—B J O Driscoll (first class honours) T J Conrin M J Downing D Lehane M F Magner P I O Connor J W Reade Margaret M M Reynolds *Part I* T Sheahan *Part II* J J McCarthy D J G Maher Loughman, P L O Neill

D P H—R T Ahern J J Hurley T J Mullins T P O Connor *Part I* M J McCarthy (second class honours) J O Herlihy *Part II* T P O Connor J J Hurley (first class honours)

Medical Notes in Parliament

Parliament rose for Christmas on December 18th On that day the Royal Assent was given to the Expiring Laws Continuance Act, the Trunk Roads Act and the Public Order Act The House of Lords stands adjourned till January 26th and the House of Commons till January 19th

The Geneva Convention Bill was read a first time by the House of Commons on December 16th Various orders consequential on the Government of India and Burmah Acts, 1935, have been approved by both Houses and a message from the King was received by Parliament on December 16th which announced that effect would be given to these decisions

The Earsdon Joint Hospital District Bill was read a second time by the House of Commons on December 16th It has been decided that the Liverpool United Hospital Bill shall *originate in the House of Lords*

Preparation of the Factory and Workshop Bill has reached an advanced stage and the Home Secretary hopes to introduce it shortly after the Christmas recess This will be a codifying and amending Bill

Unemployment and Malnutrition

Mr GEORGE HALL moved on December 17th that the Unemployment Assistance (Determination of Need) Regulations so far as they involved reductions in existing allowances should be suspended He said the operation of the regulations affected 520 000 householders or with their dependants 1,500 000 people He quoted a person charged with the care of the health of a large urban district in South Wales who said that 76 per cent of the pregnant and nursing mothers attended the clinics in that district and the majority of these mothers suffered from malnutrition Debilitated children were seen at the clinics and many women could not breast feed their children owing to malnutrition Of 270 children in the schools who received one meal a day 215 were still in a state of malnutrition and of 812 receiving milk only 310 were normal

Mr BOOTHBY said medical and scientific opinion which was beyond reproach declared that 20 per cent of the population was undernourished Recruiting figures bore this out

Mr ERNEST BROWN said the Government had paid out this year from the employment exchanges nearly £80 000 000 of which nearly £40 000 000 was paid on the assistance side In the past twelve months £80 000 000 had been paid in South Wales for benefit and assistance Under the new regulations more than a third of the cases would get increases The process of reviewing the cases was nearing completion and no applicant had yet received a notice that his allowance would be decreased as the result of the new regulations Mr Hall's motion was *rejected* by 218 *to* 135

Distress in the Highlands and Islands

Mr ROBERT GIBSON opened a debate on December 16th on distress and depopulation in the Highlands

Mr MALCOLM MACMILLAN read a petition from inhabitants of a roadless district in Harris who *declared that* in cases of illness it is at least a matter of hours before the doctor *can be brought* and if the patient has to be removed to hospital it means heavy labour for the bearers and unspeakable torture for the sufferer before the road end can be reached He instanced a confinement *during which* one twin was born in Harris and the other several hours later in the town of Stornoway whither the mother had to be carried over bad roads after enduring a boat journey In the island of Scalpay there was only *one nurse* and no doctor Outside Stornoway Tarbert and the few smaller towns of the Hebrides there was no communal water supply and in North Uist the water was taken *from dip holes* or small lochs fouled by cattle

Mr CASSELLS spoke on old and bad housing in the Highlands

Mr ELLIOT said that in the Highlands since 1919 over 6 000 houses had been built with State aid Some 3 000 had been improved under the Rural Workers Acts and the Department of Agriculture had made loans to 4 000 more persons for improvement of their houses The adjusted death rate in the Highlands was about four fifths of the death rate for Scotland as a whole The sickness rate among the insured population was only 70 per cent of that for the country as a whole Infant mortality in the Highlands and Islands was far below that for the country as a whole—32 per cent below These were not the signs of a dying and decaying race They were *the signs of* a race which had undergone and was undergoing hardships and required that its lot should be improved The Highland population was susceptible to tuberculosis but not so much in the Highlands as when the Highlander moved into the crowded cities The Government intended to examine the problem further The Scottish Development Council in consultation with the late Secretary of State had set up a Highlands Subcommittee That subcommittee was now engaged on its investigations He hoped that it would bring forward far reaching proposals They would receive the careful and sympathetic consideration of the Government

Housing in Glasgow

Replying on December 18th to a discussion about housing in Glasgow Mr ELLIOT said he did not think 2 000 houses would be built in Glasgow this year nor 3 000 next year For some time past representations about unfit houses had been restricted till the mass of condemned houses had been dealt with It was hoped within six months to resume the practice of making representations in regard to unfit houses There was enough land in possession of Glasgow Corporation for two years building at the rate of 6 500 houses a year Scotland had nearly completed 200 000 houses but had not yet made a serious inroad on the problem In Glasgow 4 638 single apartment houses were each occupied by four or more persons and 9 786 two apartment houses were occupied by six or more persons not taking account of children under 1 year For Scotland as a whole 23 per cent of the houses were overcrowded against 3 8 per cent for England and Wales In the last three years roughly 20 000 houses a year had been built in Scotland but in the past year not much over 15 000 and only some 20 000 houses were under construction That was not a record of which any Secretary of Scotland could be proud There were 30 000 families in Glasgow living in conditions which provided only one water closet for four families The Government proposals in the new block grants would ease the financial position of local authorities They had 40 000 families averaging more than three families to a water closet and 10 000 houses condemned as unfit in Glasgow There were 600 houses scheduled for demolition that had not been demolished May and June would pass before the medical officer could begin to deal with other houses for demolition That was not common sense it was not business it was not investment

Gas proofing Rooms— Mr GEOFFREY LLOYD announced on December 17th that the gas proofing of rooms in private houses would be further dealt with in the handbook in course

of preparation for householders As it was practicable to render rooms gas-proof, and as everyone in areas exposed to attack would be supplied with a respirator, it was not proposed to recommend that shelter-rooms in private houses should be fitted with air-filtration units

Acetic Acid and Vinegar—Sir KINGSLEY WOOD said on December 18th that he was inquiring into the death of a woman who had been sold acetic acid for a mineral water drink Mr KELLY, who put the question, suggested that steps should be taken to prevent the sale of acetic acid in its raw or diluted form as vinegar

Phthisis in Southern Rhodesia—Mr MALCOLM MACDONALD, answering Mr Creech Jones on December 18th, said he was not aware of any grounds for an investigation into the prevalence of phthisis in the Southern Rhodesian mines There was a certain amount of phthisis among the miners, and the medical service took many steps to deal with it Mr CREECH JONES asserted that there was no institution for diagnosing these cases, and also that there was a high death rate in the native population Mr MACDONALD said he was unaware of the high death rate He would consider any information Mr Creech Jones could lay before him

Comfort and Warmth—Mr S F MARKHAM asked whether, as the Departmental Committee investigating the warmth factor in comfort at work only carried out its investigations during the winter months, facilities would be given for an extension of these investigations to cover the spring and autumn months with particular reference to the effects not only of warmth in comfort, but also of humidity Mr RAMSAY MACDONALD, in a written reply, said that this investigation was made on behalf of the Medical Research Council, under the direction of a committee jointly appointed by that body and by the Department of Scientific and Industrial Research The committee had already recommended that the work should be extended along lines such as Mr Markham suggested, and action would be taken accordingly

Ambulance Work in Spain—Mr EDEN, answering Miss Eleanor Rathbone on December 16th, said the British Red Cross had sent no medical or nursing personnel to either side in Spain, and had not recognized the status of medical units sent out by voluntary efforts An approach to the opposing forces was under consideration, with a view to persuading them to apply the provisions of the Convention in relation to the protection of Red Cross units The British Red Cross had not asked the advice of the British Government in the matter The Geneva Red Cross Convention, 1929, did not apply to the civil war in Spain The British Government had not dissuaded anyone from taking humanitarian action

Administration of Broadmoor—Asked by Mr McEntee about the administration of Broadmoor Criminal Lunatic Asylum on December 17th, Sir JOHN SIMON replied that members of the Council of Supervision appointed under Section 4 of the Criminal Lunatic Asylums Act, 1860, undertook this public service without remuneration As regards the staff, there had been no recent increase in the salary of the medical superintendent apart from the consolidation of pay and bonus which applied to all Government servants During the present year there had been increases in the remuneration of the other medical officers and of the subordinate staff

Medical Treatment at Training Centres—Asked by Miss Irene Ward on December 17th to establish a medical centre in connexion with the Government training centres, Mr ERNEST BROWN replied that facilities at the local training centres which were being set up in the special areas in England and Wales would include provision of medical dental, and optical treatment for men who could not at present be admitted to the Ministry's centres owing to minor physical disabilities

Toll of the Roads—Between January 1931 and December 1936, approximately 40 350 persons have been killed and 1 290 000 injured in road accidents recorded by the Ministry of Transport

Medical News

A special conference of representatives of Local Medical and Panel Committees will be held at British Medical Association House, Tavistock Square, London, on Thursday, January 7th, at 2 p m The object of the conference is to consider the offer by the Minister of Health in regard to the remuneration for medical attendance on employed juveniles under 16 years of age The full position is set out in a document printed in our *Supplement* to day

Lord Dawson of Penn has accepted the Presidency of the Association of Certificated Blind Masseurs

At the meeting of the Illuminating Engineering Society to be held in the hall of the Institution of Mechanical Engineers (Storey's Gate, St James's Park S W) on Tuesday, January 12th, at 6 30 p m, a paper entitled "Some Important Considerations in Colliery Lighting" will be read by Mr J W Howell

A meeting of the Pharmaceutical Society of Great Britain will be held at 17, Bloomsbury Square, W C, on Tuesday, January 12th, at 8 30 p m, when Dr F B Parsons will give a lecture on "Anaesthetic Agents"

The 58/5 Western District Post Office Division (Prince of Wales's District) of the St John Ambulance Brigade has arranged a course of five lectures on air raid precautions and first aid for gas casualties at Marylebone Town Hall on Fridays, at 8 p m, from January 15th to February 12th The fee for the course is 5s, and full particulars can be obtained from the divisional superintendent 58/5 W D O Division, St John Ambulance Brigade, Western District Office, W 1

The sixth International Congress of the Ligue Internationale contre le Rhumatisme will be held in the University of Oxford at the end of March, 1938, and the tenth anniversary of the foundation of the Bureau of the League will be celebrated at Bath The subjects to be treated and the names of the reporters will be announced later For further details application should be made to the Secretariat of the Ligue Internationale, Dr J van Breemen, Keizersgracht 489/491, Amsterdam

The second All-India Obstetric and Gynaecological Congress will be held in Bombay about Christmas, 1937 The following are the subjects chosen for the main discussions (*a*) toxaemia of pregnancy, (*b*) cancer of the cervix The exact date and programme will be notified in due course from the headquarters of the Congress, Raj Bhuvan, Sandhurst Road, Bombay

The seventh annual congress of the Societies of Medical Science of North Africa will be held at Algiers from March 22nd to 24th, when the subject for discussion will be typhus and pseudo-typhus Papers will be read by Professor Burnet, director of the Pasteur Institute of Tunis, M Blanc, director of the Pasteur Institute of Casablanca, MM Donatien and Lestoquard of the Pasteur Institute of Algiers, M Gaud, director of hygiene and public health at Morocco, M Lemaire, director of the Health Office of Algiers, and Professor Costantini of the Algiers faculty of medicine Further information can be obtained from the secretaries of the congress Professor Senevet, Faculte de Medecine, Algiers, and M Sarrovy, 47 bis, Rue d'Isly, Algiers

At the forty-fifth Congress of French Surgery it was decided that the forty-sixth shall be held in Paris between October 4th and 9th, with Professor Grégoire as president and Professor Leon Imbert of Marseilles as honorary president The three subjects to be dealt with at this congress will be the immediate and late effects of arterial embolism of the limbs, the physiology, pathology and treatment of recent burns of the skin, and the treatment of closed fractures of the legs

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Tele Address
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Practices and Partnerships for Disposal (continued)

19 LANCS —Partnership in rapidly increasing mixed Practice about £3 200 in Manufacturing Town Panel over 2 700 Suitable house to rent One fourth or one third share at first at two years purchase

20 LONDON W —Well established non dispensing PRACTICE about £500 p a including P M S and about £50 p a from panel No midwifery Maisonette containing 6 rooms etc Rent £100 p a exclusive Scope for increase Premium £530

21 ITALIAN RIVIERA — *Small well established* good class non-dispensing Season PRACTICE Further particulars on application

22 SOUTH SUFFOLK —Partnership in sound old established Practice over £6 000 p a in most desirable Country Town Good appointments and panel over 3 000 Not much midwifery Choice of suitable houses One sixth share at first at two years purchase

23 HOME COUNTY — Partnership in old established non dispensing Practice in good Residential District within 15 miles of London Suitable house to rent Share worth about £1 100 p a at two years purchase Scope for urgent if desired

24 S E COAST — Partnership in old established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope district growing rapidly Premium one half share two years purchase

25 LONDON N — Medical Woman's Practice in populous district Receipts average £560 p a including panel 470 House (4 bedrooms) to rent at £100 p a Premium £350

26 WITHIN 15 MILES (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £500 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/ weekly Ample scope Premium £5 000

27 N DEVON —Old established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 330 Visits 5/ upwards Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting hooting fishing golf etc Premium one and a half years purchase

28 ESSEX — Well established better working and middle class PRACTICE averaging £600 p a in outlying Suburban District Panel 430 House on main road with small garden front and back Rent £90 p a on lease Good scope—building going on Premium £1 200 cash

29 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3 300 p a in Market Town No panel Fees 5/ to £1 1s Suitable house obtainable Premium one-half share two years purchase

30 CO DURHAM —Well established Practice about £1 100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £85 p a and panel 840 Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent Premium one and a half years purchase

31 LONDON S E —Working and middle class PRACTICE occupying commanding position near large L C C Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Prem £1 500

32 S BUCKS —Well established Practice between £500/£600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope Premium one and a half years purchase

33 N WALES WATERING PLACE —Good class non panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired Prem one years purchase

35 HOME COUNTIES —Old established Practice of £500 p a in first rate town 20 miles from London Panel over 500 Visits 5s No midwifery Modern nine roomed house with garage and attractive garden—about quarter of an acre Premium freehold house and Practice £2 000

36 ESSEX — Old established Practice in outlying suburban district run by two medical men averaging nearly £2 900 p a Panel 2 849 House (4 bedrooms etc) for sale or rent Premium two and a quarter years purchase

37 S OF ENGLAND — Partnership (after Preliminary Assistantship) in old established Practice of about £3 500 p a in an important town Appointments £250 Suitable house available to rent A one third share would be sold at two years purchase to a suitable man preferably one holding the M D or M R C P

38 LONDON S E — Old established Practice of about £1 000 p a in outlying residential district Panel 100 Detached house (4 bedrooms etc) for sale Premium two years purchase

39 MIDLANDS —Old established Practice of about £930 p a in country district Panel 530 House (7 bedrooms etc) for sale Premium two years purchase

40 LONDON N —Old established Practice in suburban district Cash receipts 1936 (10 months) £1 450 Panel 1 240 increasing Fees 2/6 upwards Suitable house (9 rooms) to rent at £160 p a Premium £3 400

41 HOME COUNTIES —A small Practice about £400 p a in first rate town about 30 miles from London Panel 140 Visits mostly from 5/ House with small garden to rent 25s weekly Excellent scope Premium one and a half years purchase

42 N MIDLANDS —Partnership in old established country Practice averaging over £3 000 p a close to county town Panel over 1 800 Visits 3/6 to 10/6 and a few at £1/1/ Medicine extra Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented Scope for increase as building is going on Premium one third share two years purchase to include share of drugs etc

Purchasers for cash are available for Practices with Incomes of £1 250 to £2 000 p a
Purchasers can raise additional capital for the purchase of approved practices or shares
Particulars will be forwarded on application

A number of Assistantships can be offered to suitable applicants

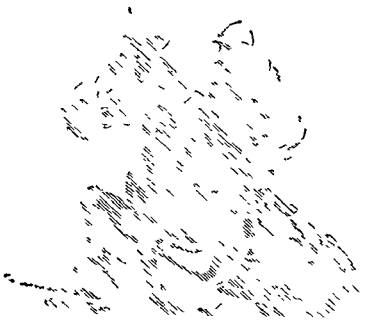
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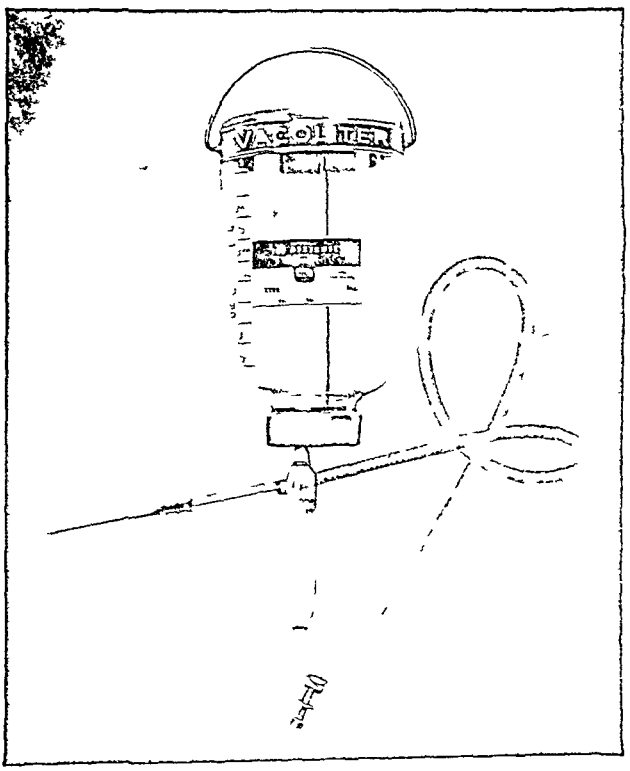
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The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 DEATH VACANCY —FAVOURITE SOUTH WEST COAST TOWN— PARTNERSHIP WITH SURGICAL SCOPE —A one third or one half share is for disposal (owing to recent death of senior of two partners) in good class non panel practice stated to average £5 600 p a for past 5 years Fees 7/6 upwards Suitable house, with ample accommodation can be rented or purchased Premium for share 2 years purchase Ingoing partner must be experienced over 35, and able to undertake major surgery

2 LONDON —WESTERN DISTRICT —Well established very sound mixed class PRACTICE Panel of 1 630 PMS 200 Receipts approximately £1 700 p a, including large proportion ready cash Excellent professional accommodation Suitable bachelor or family of not more than three

3 RIVERSIDE TOWN —Well established middle class PRACTICE producing for last 12 months approximately £940 Selected panel of 400 to 450 patients Visits from 5/ Very nice house in good repair, with ample accommodation Garden Garage Price for freehold £2 000 Premium £1 250

4 MIDLANDS — Very old established good mixed class PRACTICE situated in attractive district and producing for last 12 months over £2 400 Panel of 1,369 Appointments worth over £130 p a Fees 3/ to 21/ Midwifery from 2 gns Excellent house, specially built with all conveniences and ample accommodation Large garden and paddock Price for freehold £2 500 Smaller house available on rental if wished Premium 1½ years purchase

5 SURREY —LARGE TOWN —PARTNERSHIP —A FIVE TWELFTHS SHARE is offered in old established good mixed class Practice producing about £2 600 p a with good prospects of increase Panel of 580 and appointment worth about £200 p a Fees 5/ upwards Suitable house with 5 bedrooms can be purchased for about £1 850, or another can be rented at £100 p a Ingoing partner should be experienced and if possible, be able to do surgery Premium 2 years purchase

6 MAIDA VALE DISTRICT —Small non dispensing PRACTICE producing about £350 p a which could be much increased Panel brings in £100 p a Fees 3/ to 10/6 Ground floor maisonette containing 6 rooms bathroom etc Rent £100 p a Prem 1 years purchase

7 OUTLYING NORTHERN DISTRICT —NUCLEUS OF PRACTICE producing nearly £200 p a offering considerable scope Panel of 30 Very nice house in good position could be rented or purchased Premium £200

8 NORTH LONDON - Better class non panel PRACTICE averaging about £1 000 p a Scope for development as Vendor has not devoted his whole time to the work Panel could be obtained if wished Ground floor flat available or house on rental Very moderate premium

9 LONDON — SOUTH EAST —Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope building is in progress Good house in excellent 2 reception consulting 4 to 6 bedrooms £500 Prem £2,100

10 MIDLANDS —PARTNERSHIP —A SHARE representing approximately £1 300 p a with increase later is offered in exceptionally sound good mixed class practice averaging about £9 000 p a with substantial panel and very good appointments Excellent scope for major surgery Suitable house available Prem 2 years purchase

11 YORKSHIRE —GOOD TOWN WITHIN EASY REACH OF COAST —A ONE FOURTH SHARE with increase later is offered in very old established mixed class practice producing for last 12 months nearly £4 000 Substantial panel Fees from 3/6 Suitable house with 2 reception 4 bedrooms etc Garage Stabling and garden Electric light Can be rented at £65 p a, or freehold purchased Premium 2 years purchase

12 MIDLANDS —COUNTRY TOWN —PARTNERSHIP —A ONE QUARTER SHARE (with increase later) is for disposal in mixed class practice averaging over £2 500 p a including panel of 2 800 Fees from 3/6 Suitable house can be obtained Preliminary assistantship if wished

13 EAST COAST —Small PRACTICE producing over £300 p a, including panel of 360 Fees from 5/ Suitable house with ample accommodation Price for freehold £1 500 Premium £650

14 SOUTH COAST —PARTNERSHIP —ONE THIRD SHARE is offered in old established non dispensing practice in favourite town producing last year £3 461 Selected panel of 400 Fees 5/6 to 21/ Suitable freehold house for sale Ingoing partner must be well qualified and accustomed to better class work There are two hospitals and one partner is on the staff

15 CHISWICK (W 4) —Good mixed class PRACTICE producing last year about £700 but capable of considerable expansion Panel of 500 Well situated house with ample accommodation Good garden Premium £1 150 Ill health reason for sale

16 RESIDENTIAL DISTRICT WITHIN 7 MILES OF CHARING CROSS — Good middle class PRACTICE averaging £1 150 p a Panel of 750 Very low expenses Suitable house with 2 reception 4 bedrooms etc Separate professional rooms Garden Garage Can be rented at £90 p a Premium 2 years purchase

17 MIDLANDS — FAVOURITE RESIDENTIAL TOWN —Chiefly better class non dispensing PRACTICE producing for last 12 months over £1 600 Panel of 660 and one appointment worth about £150 p a Fees 3 6 to 21/ Very nice house with ample accommodation Garden Garage Freehold for sale Sport of all kinds Good schools Premium 2 years purchase

18 KENSINGTON DISTRICT — Better class non residential consulting PRACTICE producing for last 12 months £380 Selected panel of 94 Fees from 5/ Hours 9 30 to 12 and 5 to 7 p m Good scope for development om (inclusive of service and c 0

19 DEVELOPING PRACTICE producing for l 1 000 Fees 2/6 upwards Suitable modern flat available above professional accommodation Inclusive rental £104 p a Rates £15 p a Premium 2 years purchase

20 IN WITH BRIGHTMUI SURROUND good mixed class PRACTICE producing £1,700, including panel of 900 and p a Suitable house can be rented or bought, or o ured

21 SOUTH EAST TOWN —Old established non dispensing bett raging for last 3 years about £1 150 p a Selected panel of 500 Fees 3/6 to 21/ Ground floor flat, containing large hall consulting room 3 reception, 3 bedrooms etc Inclusive rent £190 p a Premium 2 years purcha

22 CORNWALL —SMALL TOWN NEAR SEA —Old established PRACTICE producing for last 13 months about £550 including panel of over 500 Visits from 5/ Small house can be rented at £30 p a Premium 1½ years purchase or near offer

23 SOUTH LONDON — RESIDENTIAL DISTRICT —PARTNERSHIP— Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £4 100 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

24 NORTH WELSH COAST —PARTNERSHIP —A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle class rapidly increasing Practice Gross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

25 HOME COUNTIES —WITHIN EASY REACH OF LONDON —PARTNERSHIP —A SHARE representing nearly £1 000 p a with increase later is offered in old established good mixed Practice average approximately £2 600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc Garden There is a Hospital and very good scope for Surgery if wished

26 SW LONDON —Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p a Premium £1 250

27 LONDON —WESTERN DISTRICT —Old established PRACTICE producing about £1 800 p a including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

28 HOME COUNTIES —PARTNERSHIP —A SHARE producing about £1,200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a including panel of about 1 800 Nice house, with 2 reception 6 bedrooms etc, can be rented at £85 p a Ingoing partner must be experienced, accustomed to better class work and aged between 30 and 40

29 MIDLANDS —COUNTRY DISTRICT —PARTNERSHIP —ONE THIRD SHARE (with prospects of increase later) is for disposal in good middle and working class Practice within easy reach of three good towns Gross cash receipts for past 12 months £3,..38 Panel (increasing) brings in over £900 p a House specially built for Practice, contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

30 OUTLYING EASTERN SUBURB —Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 10/6 Panel 430 Suitable house can be rented at £90 p a Prem £1 200

31 LONDON SW —LOCK UP PRACTICE —Recently established PRACTICE producing about £350 p a No panel or appointments Suitable premises can be rented at 15/ per week Premium £350

32 SW LONDON —Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £900 Panel of 500 increasing House in good repair containing 2 sitting 3 bedrooms etc

33 MIDDLESEX —Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house with 3 reception 4 bedrooms etc for sale or on rental

34 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appts worth approx £550 p a Applicants must be capable of undertaking major surgery Freehold HOUSE and be capable of undertaking major surgery Protestant and accustomed to good class work Initial share available will be about £1 000 p a Salary £7/7/ per week and all found

35 SOUTH WOODHILL COAST TOWN —Well established Practice for sale Panel of about 550 Fees from 5/ Very nice house in own grounds with 2 reception, 5 bedrooms dressing room and professional rooms Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

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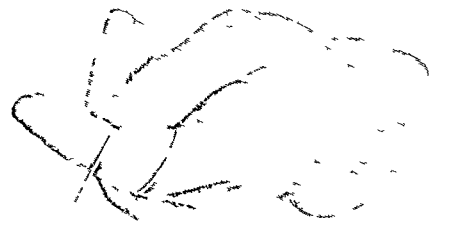


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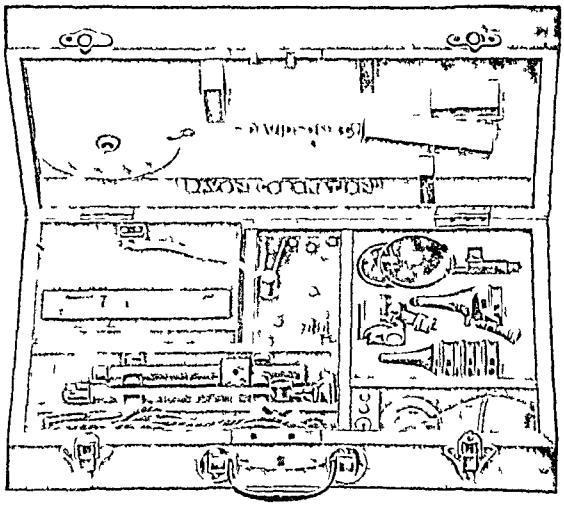
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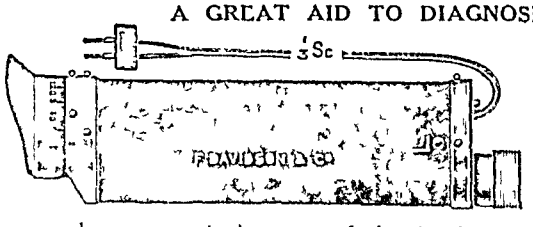
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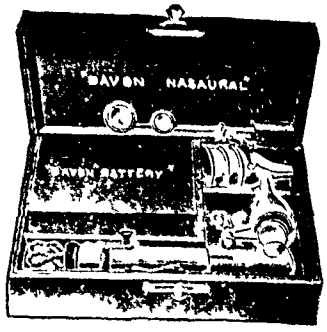
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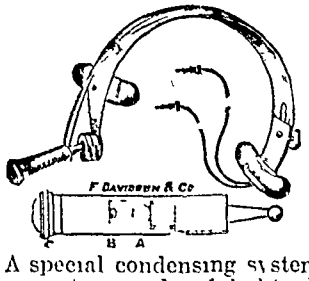
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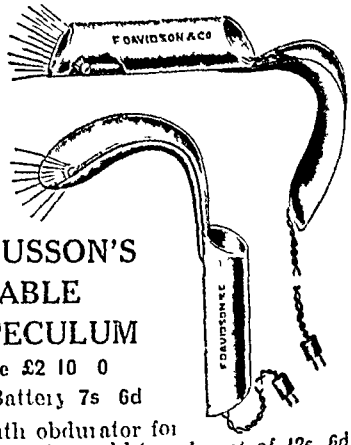
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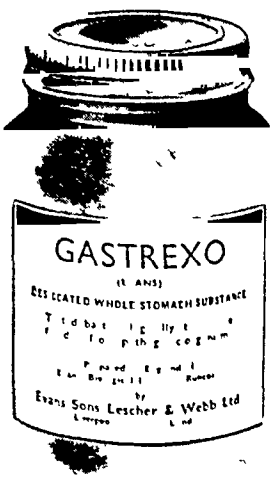
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SATURDAY MARCH 20 1937

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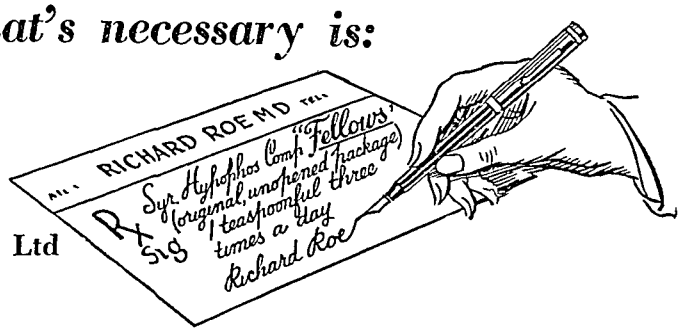
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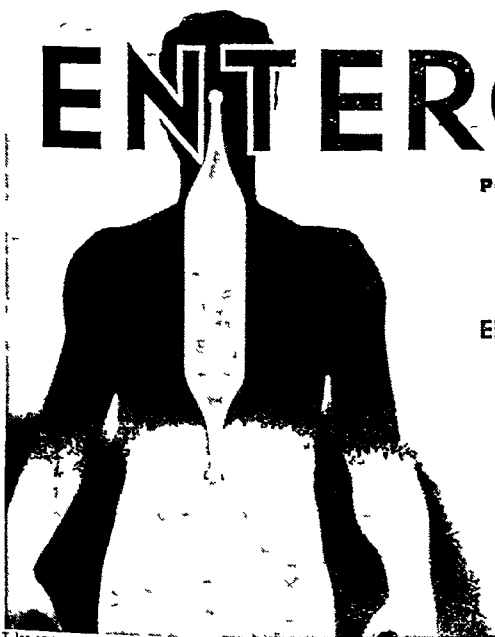


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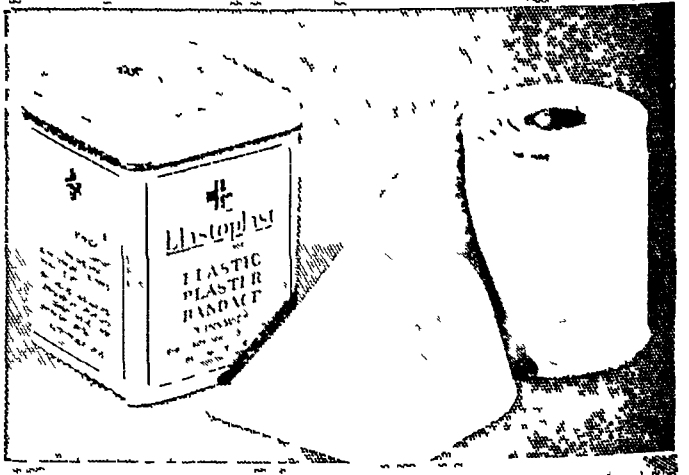
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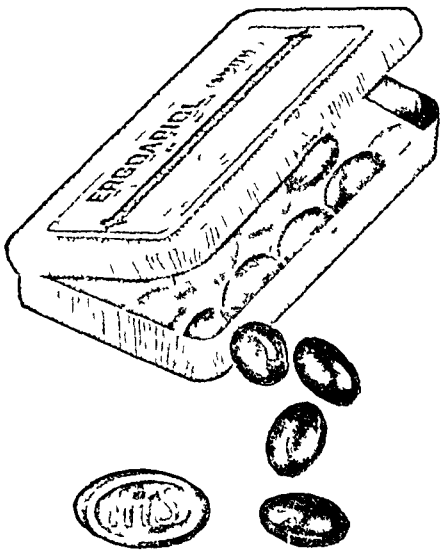
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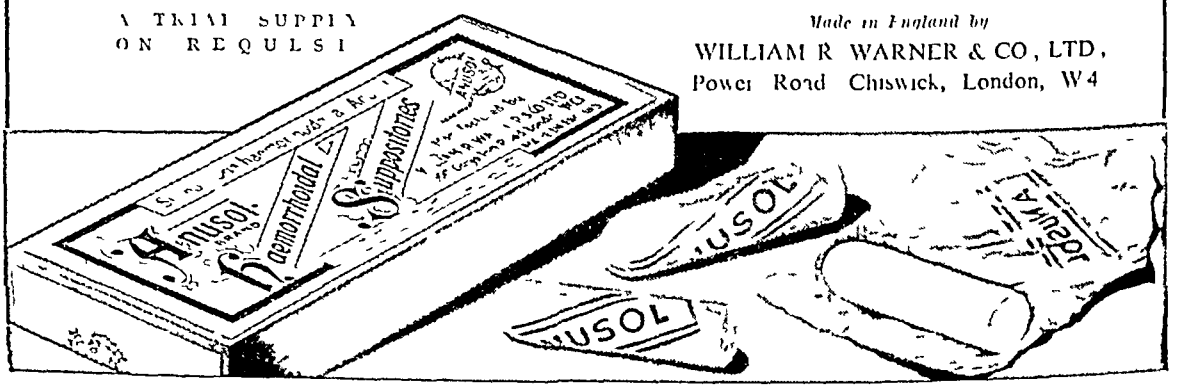
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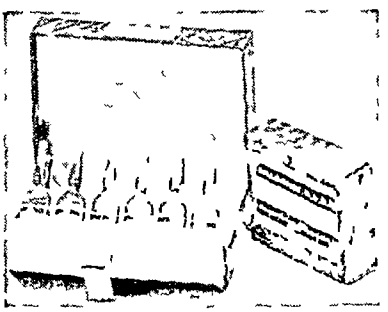
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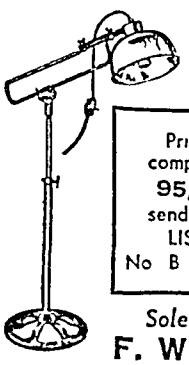
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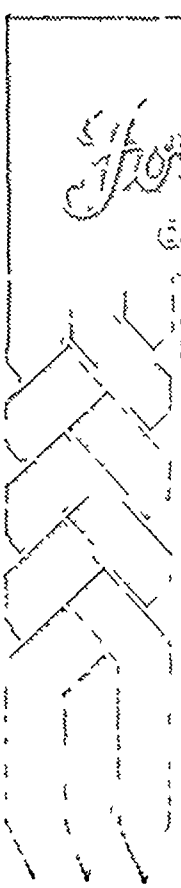
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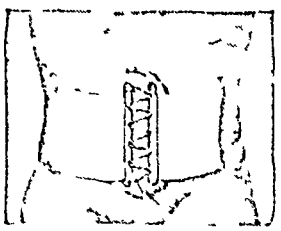
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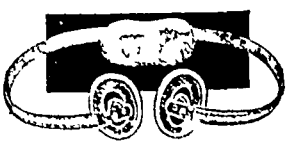
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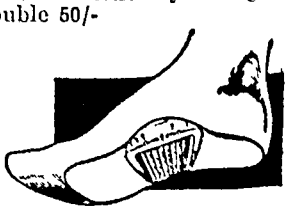
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An extension of the pathological department of the Children's Hospital (King Edward VII Memorial) Birmingham has been erected to the memory of Dr Robert John Gittins, who rendered devoted service to the hospital as pathologist for four years and gave his life in an unavailing attempt to save his son from drowning on October 7th 1934 The extension will be opened on Wednesday January 6th, at 3 30 p m, by the Lord Mayor of Birmingham

In 1926 a memorandum on fire precautions at voluntary hospitals was prepared by the Management Committee of King Edward's Hospital Fund for London These notes have now been thoroughly revised with the help of Major C C B Morris chief of the London Fire Brigade Their reissue gives an opportunity for hospital committees who have not recently made a close review of their anti fire arrangements to take them in hand The memorandum can be obtained from Geo Barber and Sons Ltd, 23, Furnival Street E C 4 price 6d net post free

The French Minister of Public Health having sought the opinion of the Academy of Medicine about the dangers of poisoning to which workers employed on the manufacture of impermeable clothing are exposed the Academy has appointed a Commission of Inquiry

For several years past May 12th Florence Nightingale's birthday has been observed as Red Cross Day throughout the Empire and collections have been made on that day for various services of the British Red Cross Society As May 12th is the date approved by the King for his Coronation it has been decided to hold the Flag Day on June 8th in view of the opinion expressed by the police and others concerned that great difficulties would attend a street collection on the day of the Coronation

The fifteenth Benjamin Ward Richardson Lecture on the supervision of the nation's food supply was given last November by Lieut.-Colonel Gerald Leighton formerly of the Department of Health for Scotland The full text of the lecture has now been issued from the office of the Royal Sanitary Institute 90 Buckingham Palace Road, S W 1

Dr Maude Abbott the well known authority on congenital heart disease, has received the doctorate of law of McGill University where she was formerly professor in the faculty of medicine

Dr Donal Sheehan, at present lecturer in neurological anatomy at Manchester University has been appointed senior professor of anatomy and director of the anatomical laboratories of the College of Medicine in the University of New York

According to Dr Tricot Royer, honorary president of the Federation Medicale Belge the number of doctors in Belgium has risen from 3,000 in 1900 to 6 000 in 1936 This means one doctor for every 1,333 inhabitants the population of Belgium being put at eight millions There is one doctor for every 800 persons in the towns with a population of more than 5,000, and one doctor for every 500 to 600 inhabitants of the four university towns On the average one doctor dies every week in Belgium and the universities turn out one doctor a day

In Paris there is one doctor to every 576 inhabitants, the average for the whole of France being 1 to every 1 600 There are some regions in which there is only one doctor to every 78,000 and in Finistere one to every 13,700 inhabitants

On the occasion of the centenary of the birth of the famous German Professor Ernst von Bergmann on December 16th a memorial exhibition was held in the Kaiserin Friedrich Haus Berlin in which articles illustrating anaesthesia x rays antisepsis asepsis and war surgery were displayed

In celebration of his seventy fifth birthday Professor August Bier has been awarded the shield of nobility by the Chancellor of the Reich

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J D writes Have any readers used pituitrin or thyroid extract in the treatment of mongolism with favourable results? Also is any other medicinal form of treatment likely to benefit?

School for Psychoneurotic Girl

X Z X asks for information concerning a school or schools suitable for a girl of 14 suffering from psychoneurosis (somnambulism and automatism) where psychological treatment would be given

Nocturnal Cramp

'ALPHA writes I thank the readers who either in your columns or by private letters have answered my query about nocturnal cramp I have taken certain remedies recommended but without effect and I have noted certain recommendations which had already been tried without effect The only course which might be successful is to study the *cause* in a clinic with a laboratory attached It may then be possible to treat it by prevention rather than by antidotes

Vasospasm after Charcoal Treatment

Dr ELI DAVIS (London S W 10) writes in reply to Mr A F Cowan (*Journal* December 12th 1936 p 1241) on intravenous charcoal treatment I would point out that in a series of 800 intravenous charcoal injections (see *Brit J Derm Syph* (1936) 48 484 and *Lancet* (1936) 2 1266) many of them given for septic conditions the reaction he describes did not occur although various other reactions were noted

LETTERS, NOTES, ETC

Remedy for Sea sickness

Dr W H DIEFFENBACH (New York City) writes to say that for thirty years he has prescribed the following treatment to patients about to sail across the Atlantic The remedy consists of apomorphine m 1 m 10 000 solution dispensed in two 8 ounce bottles for the to and fro trip The patient is instructed to sip the medicine slowly whenever the tendency to vomiting or nausea occurs There is immediate relief and the sipping can be resumed if the symptoms recur Judging from the yearly demand for this prescription the remedy is efficient.

Medical Work in Newfoundland

The tenth annual report of the Grenfell Association of Great Britain and Ireland reviews the medical work undertaken in Labrador and Northern Newfoundland It comprises the

administration of five hospitals, six nursing stations, four orphanage boarding schools and twelve summer schools, the control of various hospital and other steamers, and the promoting of industrial, educational, and agricultural work Lecturing tours in England have been conducted during the year to instruct the public in the vast scope of the undertaking and the excellent results achieved, some details of these are included in this report For instance, 818 in-patients have been treated in St Anthony's Hospital, and of the 3,468 out-patients dealt with the large majority were visited in their homes by doctors and nurses travelling by boat or by dog teams Dr C Hogarth Forsyth contributes a graphic account of the nature of the activities carried on at St Mary's River Station, Labrador, with special reference to the educational and medical treatment of children and the journeys of the staff to outlying districts Illness prevented Sir Wilfred Grenfell from contributing his usual account, but this omission has given an opportunity for others of his devoted band to reveal how difficulties are being overcome in developing medical and other amenities in a lonely part of the Empire

Painless Labour

Mr S M WELLS, F R C S Ed (Valparaiso), writes Some years ago I had a case similar to the one reported in the *Journal* of September 26th, 1936 (p 627), by Dr T B Prys-Jones, but of course the circumstances were not the same A primipara who had engaged me to attend her had her nurse sleeping in the house for convenience One morning at about 3 o clock I was called urgently by the nurse saying that the child was about to be born On my arrival the patient said she had gone to sleep as usual the night before Shortly before I was called she woke up with a feeling that the bowels were going to move She went to the w c, and felt a lot of water" come away, she had no pain She called the nurse to tell her what had happened On looking, the nurse saw the perineum was bulging, the child was born within half an hour of my arrival in the house

The Saliva in Diphtheria

Dr CHARLES J HILL AITKEN (Rotherham) writes We are warned that, in taking a swab from a case of suspected diphtheria we must avoid getting the swab covered with saliva The uselessness of a swab so covered was brought home to me when a small child in whose case the laboratory report was "negative" died of acute heart failure a day or two after the report came through The swab was taken under great difficulty, and I could see it was covered with saliva It strikes me that, if the micro organism of diphtheria will not grow under the favourable circumstances of the laboratory because of saliva, the organism of diphtheria exploded into the air from a coughing patient will not have much chance of carrying infection, provided the inhibiting saliva is enveloping the organism Further, the saliva bathing the tonsils will also act locally as an inhibitory agent and the patient supply his or her natural antiseptic There are no doubt means by which the saliva can be encouraged to flow, and these means should be adopted, of course, to those found by experience to be of

Nursery Schools for Distressed Areas

A report on emergency nursery schools for children in the distressed areas is issued by the Save the Children Fund, 20, Gordon Square, London, W C 1 This describes the work done for some three years past in establishing and maintaining nursery schools for children aged 2 to 5 who are in special danger of suffering by reason of the economic situation Nursery schools have been set up under the auspices of the Fund at Newcastle, North Shields Sunderland, Middlesbrough, and Leeds in the Northern counties, at Merthyr Tydfil and Brynmawr in South Wales, and at Hoxton in London They have been the subject of commendation in the official report of the Chief Medical Officer of the Ministry of Health, and the Commissioner for the Special Areas in England and Wales has agreed to make grants to the Emergency Open-air Nurseries Committee of the Save the Children Fund for the provision and equipment of further nursery schools in the Special Areas

The Criminology of Twins

The hereditary factor in criminal behaviour is being given increasing attention by criminologists especially on the Continent Dr Friedrich Stumpfl (*Die Ursprunge des Verbrechens*, Leipzig Georg Thieme, M 5 80) considers that one of the most promising lines of approach to the understanding of criminal heredity is the study of twins His book consists chiefly of an account of the criminal history of various pairs of twins one or both of whom has committed crime He concludes, among other things, that similarity of twins is a matter of degree Concordance of the first degree, in his classification means that both twins are convicted of crime Concordance of the second degree—similarity in the gravity of the offence—is shown by the conviction of both partners either together or on a series of later occasions Concordance of the third degree is when the partners tend to commit the same offences The fourth and fifth degrees concern respectively similarity of social behaviour and its results, which may not in themselves be unlawful, and similarity of the deeper characteristics of the psyche Discordance is similarly graded Dr Stumpfl draws a sharp distinction between the complete similarity of disposition observed in uniovular as opposed to the complete dissimilarity of binovular twins The uniovular recidivist is surprisingly similar to his twin through all stages of concordance It is also striking that offenders with only one conviction nearly always differ from one another in the manner of their offence, although there is no pronounced difference in this respect between similar and dissimilar twins Uniovular offenders of this class are more alike in their offences than binovular offenders Dr Stumpfl's chief object is to distinguish between those criminals who are capable of being influenced by proper treatment and those who are not For the latter he advocates sterilization, the study of the former should, he thinks, be the basis of a new constructive science of penology

Switzerland in Winter

The influx of British visitors to Switzerland this winter (writes a medical correspondent) is much greater than for several years past, owing no doubt to the recent depreciation of the Swiss franc and the correspondingly greater purchasing power of the pound sterling Many of the hotels in places celebrated for winter sports have had to cater for large skiing and skating parties, and over the Christmas week these enjoyed brilliant sunshine throughout the greater part of Switzerland, although the warmth of the sun tended to make the surface of the snow rather hard for perfect ski running These conditions will be remedied by the further fall of snow expected soon Of greater importance from the therapeutic point of view is the fact that patients suffering from tuberculosis can now enjoy, at reasonable cost, the curative benefits of sun and altitude which the Swiss resorts, like Davos, Leysin, and Montana, provide At Leysin the clinics of Dr Rollier show an increasing number of English patients, and several of the clinics which had of late been temporarily closed have been recently reopened It may be recalled that Dr Rollier, who has been one of the most successful exponents of the conservative treatment of bone and joint tuberculosis by general exposure to sunlight and special orthopaedic appliances, inaugurated these methods at Leysin some thirty-three years ago

Guy's Hospital Gazette A Jubilee

Guy's *Gazette* has celebrated its jubilee with a special number that will be of interest to medical readers whether they are Guy's men or not Dr L G Housden, who was editor in 1925, points out that it was the first gazette to be run by students of a London hospital, the second to appear coming from St Thomas's It was suspended in 1880 as a result of a dispute between the editor and the governors —or, as the *Gazette* put it, of "an excess of zeal' Since its revival in 1887 the *Gazette* has progressed from strength to strength, and is now a model of what a hospital magazine should be Among the many interesting contributions in the jubilee issue of December 19th are The History of the Physical Society," by Dr J M H Campbell 'Students and Politics," by Mr H L Eason, 'Dickens's Medical Students,' by Mr T B Layton, and "Ah, My Boy!", by Wing Commander H M Stanley Turner, who unfolds a tale that is worth telling

British Pharmacopoeia Addendum 1936

The official publishers (Constable and Co Ltd, 10-12, Orange Street, London, W C 2) inform us that copies of the *Addendum 1936* to the *British Pharmacopoeia 1932* are now available, price 5s each *plus postage (inland 6d, abroad 7d)* An editorial article on the *Addendum* which became official on December 29th 1936, was published in our issue of October 24th, 1936 (p 826)

Prostatic Hypertrophy

Clinical report

I have had another case which has responded favourably to the treatment by Opocaps Prostatic The patient aet 73 came to consult me about 10 months ago He had been suffering severe urinary discomforts for several years for which consultants had recommended prostatectomy as the only means of relief but he had definitely refused to undergo an operation He had a constant desire for micturition and had reached the stage of almost complete incontinence By rectal examination I found a much enlarged prostate of the soft spongy type which was pressing on to the rectum His condition was such that I had to tell him that he had left it too late for medical treatment and I advised him to have his prostate removed as early as possible He greatly dreaded an operation and begged me to do what I could for him and said he was prepared to endure his discomforts for a further two or three months if I would only put him under the treatment which I had proved successful in other cases With practically no hope of success I prescribed Opocaps Prostatic (B O C) and was surprised when he reported about two months later that there was a considerable improvement in his condition the desire for micturition being much reduced Since then there has been a gradual improvement and after 8 months treatment he is able to get about during the day with but slight urinary inconvenience and is disturbed only about twice nightly There is I find some reduction in the size of the enlargement He will continue the treatment for a further period

My other four cases are still doing well and so far have not relapsed in any way although some of them were treated two or three years ago MRCS LRCP

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STRAWBERRIES	6 21%	4 0%	27%
CHERRIES	11 94%	7 0%	24%
GOOSEBERRIES	3 42%	2 4%	23%
BLACK CURRANTS	6 64%	4 0%	31%
VICTORIA PLUMS	9 60%	6 3%	30%
GOLDEN PLUMS	9 40%	6 0%	29%
RED PLUMS	6 22%	3 8%	29%
DAMSONS	9 60%	6 3%	27%

A sample will be sent to any doctor who is interested

* * *

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These fruits are the outcome of prolonged experiment in the canning of fresh fruits without the use of sugar, and are a real achievement The natural fresh flavours of each fruit have been maintained — the vitamin content is high — they are sweet enough to please any normal palate and yet they contain no added sugar

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Children's Alimentary Disorders

Among the commonest ailments met with in general practice are disorders of the alimentary tract in children. These are often due to lack of insistence by the parent on regular habit, and in addition to this, may also be divided into two groups—*primary*, due to faulty feeding; and *secondary*, due to disorders in some other part of the child's system.

The primary group might again be sub divided :—

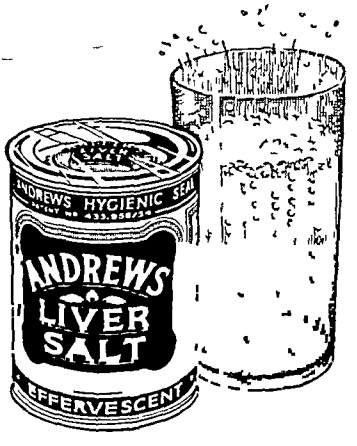
(a) Insufficient food, or variety, i.e. the "difficult" child
(b) Overfeeding, irregularity, improper mixtures of food

These result in inertia of the bowels, with peevishness, or a catarrh with furred tongue, abdominal discomfort, and fetid motions.

Disorders in the secondary group are frequently masked by the symptoms of the causative disease, such as the infectious and respiratory diseases, nasal and faucial infections, dentitions, etc. Early treatment is advisable.

An excellent treatment in either group is a course of ANDREWS LIVER SALT because

(1) Children like its merry sparkle and pleasant taste
(2) It clears the bowels promptly, without griping and residual symptoms
(3) It is a sparkling drink which cleans the mouth and improves appetite, because it assists removal of excess of mucus from the stomach.
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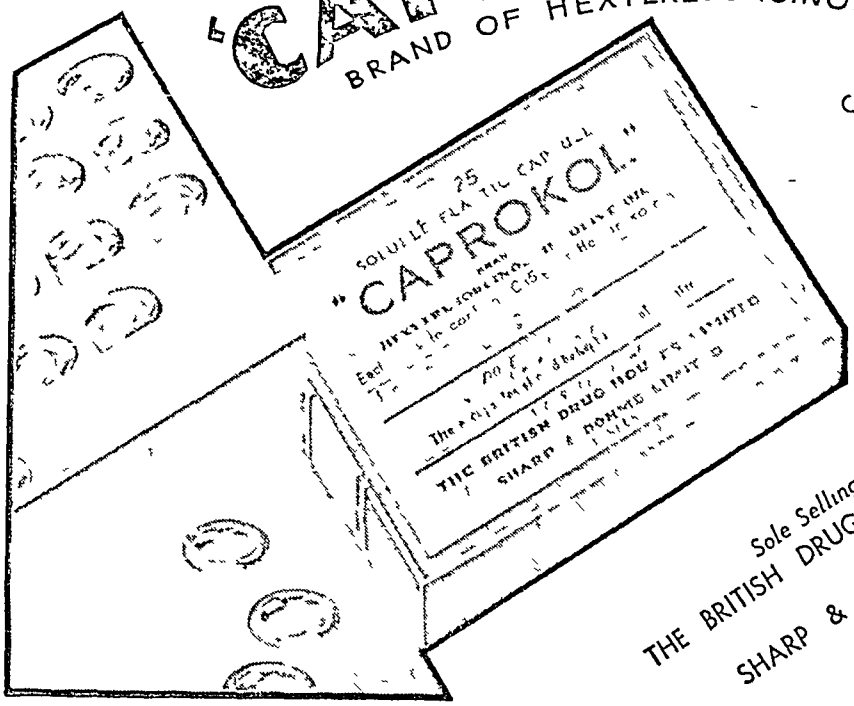
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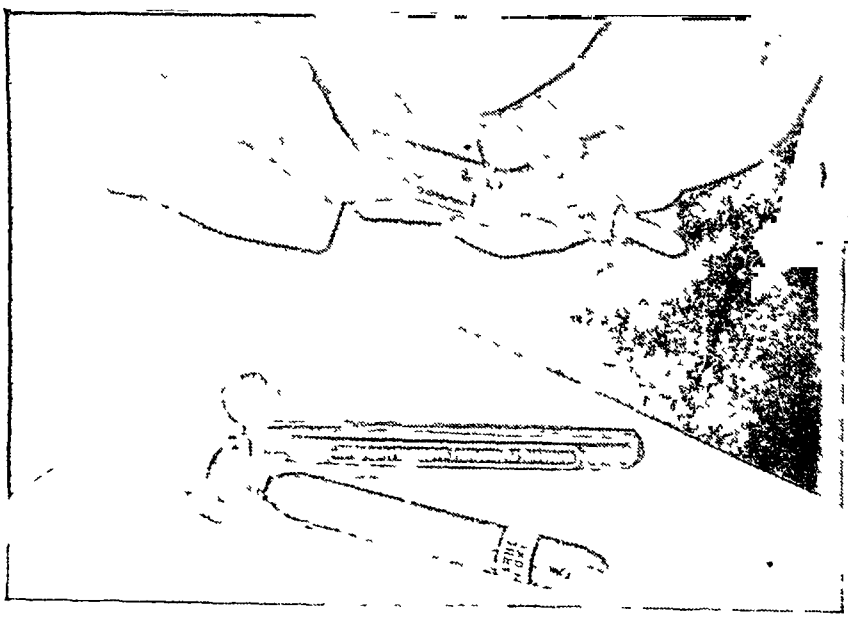


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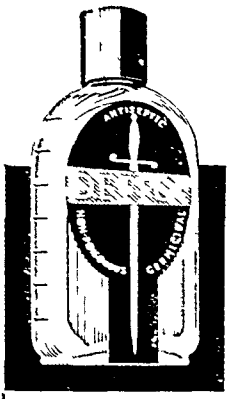
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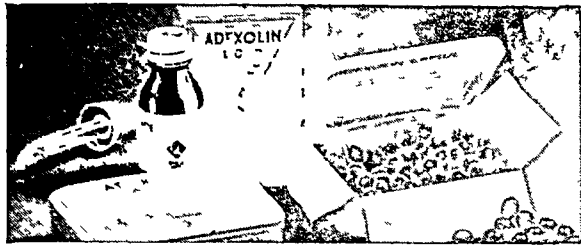
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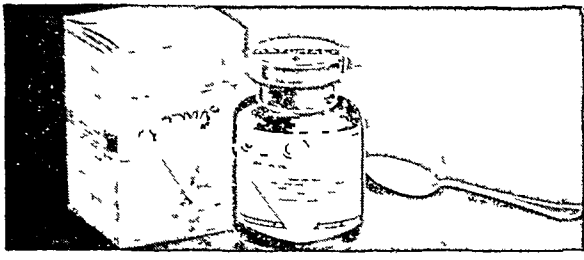
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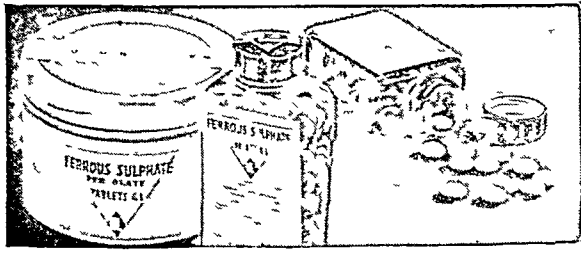
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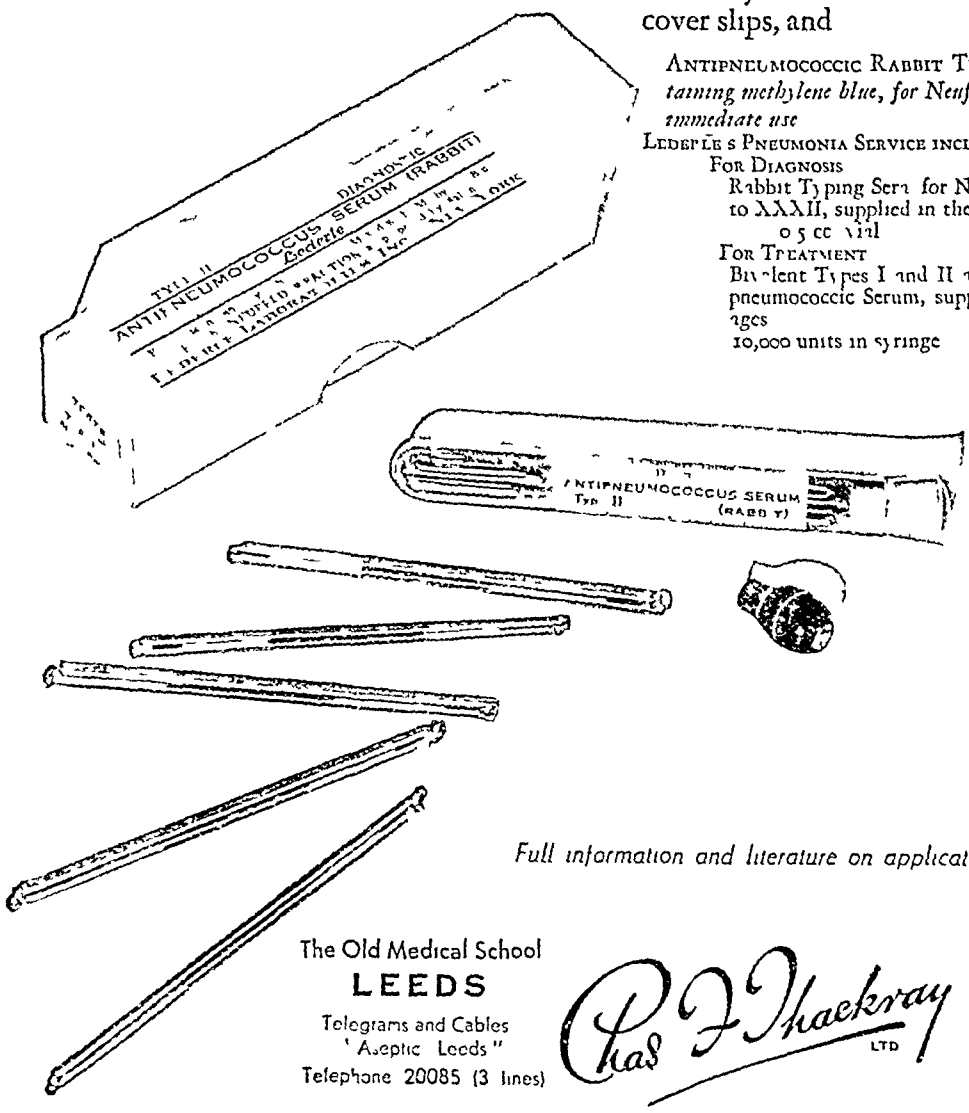
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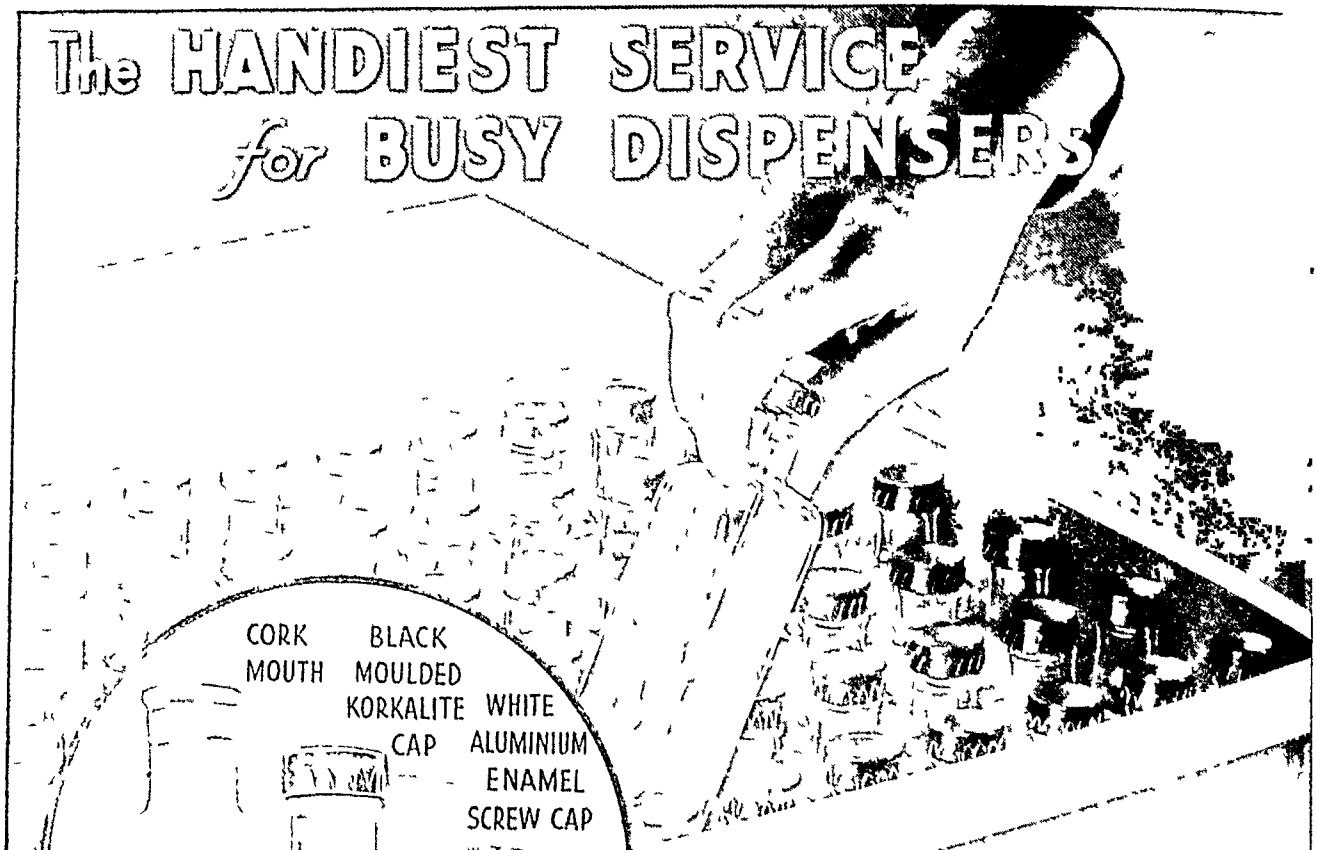
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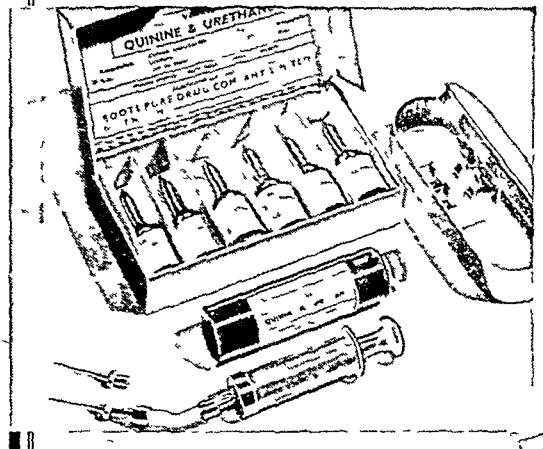
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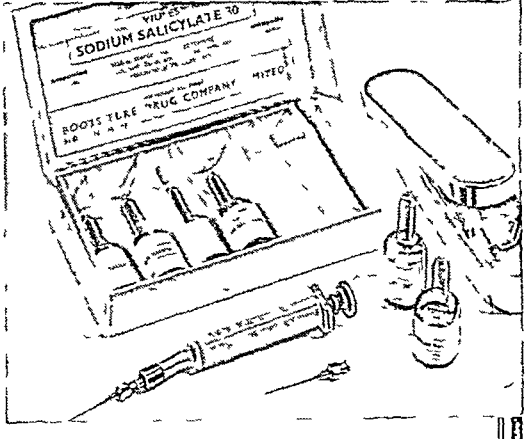
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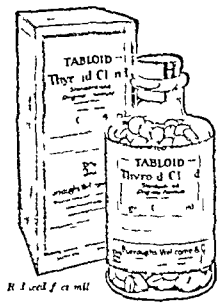
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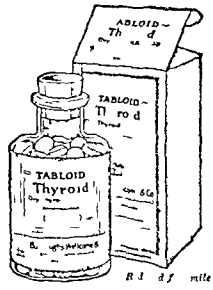
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

1 BCG Vaccination

I HOLMGREN (*Hygiea Stockh* October 31st 1936 p 689) gives an account of his experiences with a Swedish brand of BCG prepared by Wassen of Gothenburg It contains 0 5 mg of bacilli per c cm , and the author gives from 0 1 to 0 5 mg at a single dose He prefers the subcutaneous to the other routes, at any rate for adults and with an experience of some thousands of these injections he has come to the conclusion that they are perfectly innocuous as well as being of real value in the prevention of tuberculosis Even when the subcutaneous route is chosen an abscess may develop but this vexatious though harmless, accident may be rendered quite rare if care is taken to inject small quantities at a time and to space them at long intervals The more superficial an injection the greater is the chance of an abscess developing and it is most unlikely to follow an injection if this is made deep in the subcutaneous tissues or even into the muscles Professor Holmgren has given some 200 intravenous injections of BCG and has never seen any more serious reaction thereto than a transitory rise of temperature As for the discomforts of an occasional abscess following a subcutaneous or intracutaneous injection consolation should be sought in the reflection that immunity to tuberculosis is enhanced thereby Professor Holmgren publishes in one of his tables the tuberculosis morbidity in the staff of his hospital in Stockholm between 1930 and 1935 and he insists that the fourteen cases of pulmonary tuberculosis and fifteen cases of other forms of tuberculosis in his staff were twenty nine too many He is accordingly of the opinion that every tuberculin negative newly appointed member of his staff should be vaccinated with BCG and he asks if it would not also be desirable to vaccinate the tuberculin positive also with BCG on joining the staff as the immunity they already enjoy is only relative and can assuredly be increased by BCG Of late years Professor Holmgren has had considerable experience of BCG vaccination of persons with clinical signs of tuberculosis and he finds such treatment is attended by no risks

2 Differential Diagnosis of Arthritis

In contributing to a symposium on rheumatoid and arthritic diseases R H BOOTS (*J Lab clin Med* October 1936 p 14) reviews the essential features in the differential diagnosis of rheumatoid and osteo-arthritis The first is essentially a multiple arthritis apparently of infective origin while osteo arthritis is a degenerative process seen mostly in the middle aged and elderly The typical clinical pictures of the two diseases differ but diagnosis may be difficult in atypical cases and especially in the early stages or when one type is superimposed on the other Diagnosis should only be made after extended observations and examinations All the pathological features are rarely found in any given case Rheumatoid arthritis which embraces atrophic proliferative, and chronic infective types is most common in temperate climates and rare in the Tropics There is usually a personal and family rheumatoid history Onset is generally subacute, with migratory pains and occurs at any age but between 20 and 50 in over 80 per cent of cases Patients are usually undernourished and anaemic Joint involvement is symmetrical and generalized there being periarticular swelling in the early stages followed by ankylosis and deformity with marked muscular atrophy There are atrophic changes in the skin and occasionally psoriasis Subcutaneous nodules are seen in 15 to 20 per cent of cases Over 50 per cent of typical cases give a positive agglutination reaction with haemolytic streptococci The sedimentation rate is usually greatly increased and there is osteoporosis with narrowing of joint spaces bone destruction, ankylosis and deformity In osteo arthritis which includes hypertrophic degenerative, menopausal and senile types climate is unimportant as a factor and there is often a family history of a similar type of arthritis, but no characteristic personal history The disease is rare before 40 and in women is most common at the menopause Onset is insidious and not accompanied by pains Patients are usually well nourished often obese The weight bearing joints are often affected and the distal phalangeal joints There is early slight articular enlargement becoming more pronounced later Ankylosis is slight and never complete Hebe den s nodes are found but muscular atrophy and cutaneous changes are not characteristic The agglutination test is never definitely positive and the sedimentation rate is above normal There is no osteoporosis slight lipping of joint margins occurs early becoming marked later and osteophytes may then be found The plasma cholesterol tends to be low in rheumatoid arthritis and high in osteo arthritis Non-filamented neutrophils are increased in rheumatoid arthritis normal in number in osteo arthritis The author discusses the aetiology of the diseases and concludes that while rheumatoid arthritis may be connected with a haemolytic streptococcal infection together with other factors there seems to be no specific aetiology of osteo arthritis

Surgery

3 Chronic Thyroiditis

A E WALLIS (*Arch Surg Chicago* October 1936 p 545) gives an analysis of 100 cases of chronic inflammation of the thyroid gland seen at the surgical clinic and Sanatorium Victoria in Berne The condition is un *common and is only recognized* post operatively as the clinical symptoms do not lead to early diagnosis In sixty six cases there were no symptoms of inflammation and only slight dyspnoea In the majority of cases there was a firm and nodular enlargement of the thyroid gland In nineteen cases there were symptoms which suggested inflammation such as swelling tenderness and pain both local on pressure and radiating Dyspnoea and dysphagia were mild in degree and the enlargement of the thyroid gland was diffuse There were fifteen cases which were classed as the hyperthyreotic group The increase in the basal metabolic rate lay between −18 and −48 Palpitation, loss of weight and tremor were noticed in several cases Enlargement of the thyroid gland was of the nodular type It is considered that the cause of chronic thyroiditis is a bacterial toxic one and that pre existing goitre is a factor in the development of chronic inflammation of the thyroid gland Differentiation between thyroiditis and *strumitis is difficult* if an inflammatory lesion develops in a normal gland it may be said to be thyroiditis if in a goitrous gland strumitis The prognosis is good there were only three cases in which a complication such as suppuration and the formation of a fistula occurred Thyroidectomy was carried out in all cases in forty three instances on the right lobe in seventeen on the left lobe and in forty cases on both lobes Recovery in all cases was complete

4 Albee s Operation for Pott s Disease

GEORGES LECLERC (*Presse med* October 28th 1936, p 1684) gives details and end results in a series of twenty six cases of adults operated on for Pott s disease by the Albee method The majority of cases received treatment less than two years from the onset of the disease and the technique consisted in dividing the spinous processes of the vertebrae and introducing a graft between the two split surfaces

The graft was taken from the tibia and cut with an electric saw, and only in the earlier cases was a rib used The aim was to produce ankylosis of the two vertebrae above and below the tuberculous area Post-operative immobilization in a recumbent position should be for as long as possible, even up to eighteen months It is pointed out that Albee's statistics showed 90 per cent of excellent or good results These only included the end-result of the cases up to one year, and after this period the percentage of successful results falls In the twenty-six cases which have been followed up for a minimum of three years there were sixteen that showed an excellent result and three that were good, or 73 per cent for the two groups together In certain cases radiography shows the fusion of the diseased vertebrae, and in these cases there is probably a permanent cure, but in the majority of cases, even those which appear clinically successful, the affected area presents a less reassuring picture The shadow in these cases is not homogeneous and appears mottled, suggesting that the tuberculous focus may be still active If these cases are excluded the percentage of successful results falls to 23 Early treatment plays an important part in the prognosis of the disease The first year after the onset of the disease is the most favourable time for operation In cases which are not treated until later the post-operative period of immobilization must be correspondingly longer Frequent x-ray examinations should be made even after the patient appears to be cured

Therapeutics

5 Prontosil Treatment of Erysipelas

J E MINKENHOF (*Nederl Tijdschr Geneesk*, November 21st, 1936, p 5197) reviews the literature and records his observations on thirty-five cases of erysipelas at the Wilhelmina Hospital, Amsterdam, treated by prontosil The drug was administered exclusively in the form of tablets, the dosage being as follows first three days 0 3 gramme seven times daily, second three days 0 3 gramme five times daily, third three days 0 3 gramme thrice daily, and last three days 0 15 gramme thrice daily Children in the first year of life were given 0 15 gramme twice daily for the second three days, and so on Children from 1 to 4 years usually had 0 9 gramme daily for the first three days The urine always assumed an orange-red colour for one to two hours after administration of the first doses, and on the following days a darker red, while several days elapsed after prontosil had been stopped before the urine assumed its normal colour No really bad effects were observed Comparison with thirty-five controls not treated by prontosil showed that the drug considerably shortened the duration of the disease, though it did not prevent the occurrence of complications

6 Bismuth in Bejel

E HUDSON and S CROSLEY (*J trop Med Hyg* November 2nd, 1936, p 246) describe their results of treatment of 1,000 cases of endemic syphilis with bismuth Endemic syphilis, known in Syria as bejel, is a non-venereal condition, contracted by or from children A muco-cutaneous eruption disappearing spontaneously within a year is the first manifestation It is followed by a latent period Late lesions may take the form of muco-cutaneous relapses or gummatous ulcerations The general constitution remains unaffected Positive precipitation and complement fixations occur, and spirochaetes indistinguishable from *Treponema pallidum* are found in open lesions Eradication of the disease in the community by controlling the infectiousness of individuals with open lesions was the objective of therapy Bismuth in the form of sodium bismuth tartrate or bismuth salicylate was administered in daily intramuscular injections each patient receiving an average total of 0 75 gramme of the metal Bismuth was found to be less toxic and more effective than mercury, more suitable to the conditions of bejel than the arsenicals It was found to be easy to administer, less hazardous than other preparations, more prolonged in its effects a stimulator of the body defences, and cheap (the cost of each injection being less than one halfpenny) Of their 1 000 patients, 49 per cent were improved 28 per cent were healed, 10 per cent were unaffected and in 13 per cent the result was unknown Recurrence of healed lesions occurred, but healing was again secured with bismuth The authors believe that eradication of the disease could be secured in ten to fifteen years if mass treatment, including treatment of all children up to the age of 15, and all adults with open sores could be enforced A large amount of suffering would be averted and *there would be a rise in the economic level of the community*

7 Ozone Treatment of Cystitis

W BIRCHER (*Munch med Wschr* October 30th, 1936 p 1792) has had entirely favourable experiences in the treatment of chronic and acute cystitis (both in males and females) by vesical insufflation with a mixture of ozone and oxygen Fisch's apparatus is used and the catheter must be of silver, not india-rubber The bladder is filled for ten seconds five times in succession, and the last filling is retained as long as possible—that is, until a burning feeling is induced This is due to hyperaemia and to a hyperoxygenization, which, however, is reversible Similar successes are reported in treatment of cysto pyelitis from the bladder The two cases recorded in detail are those of a chronic and an acute cystitis (in females) caused by *B coli* and resistant to irrigations and drug treatment

Diseases of Children

8 Arsenical Disinfection of Diphtheria Carriers

A IANCOU TURCOU DARIOU and DAVID (*Nourrisson* November, 1936, p 359) have had successful results in disinfection of infant carriers of diphtheria from intranasal instillation of insoluble arsenic compounds as recommended originally by Leleboullet Stovarsol was effective, but spirocide in a 10 per cent watery suspension is preferred, instillation being done thrice daily for five days From one to three such series of treatments are commonly required, occasionally six to eight The successful cases numbered forty-seven, one only had toxic symptoms, consisting in morbilliform and erythematous eruptions

9 Acute Gastro-intestinal Disease

R M SMITH (*New Engl J Med* October 15th, 1936, p 701) points out that in the United States the infant mortality due to gastro-intestinal disease has dropped from 20 per cent of the total infant deaths in 1915 to 0 9 per cent in 1932 The author concludes that the three most important factors in the bringing about of this situation are better artificial feeding improved care of infants and pasteurization of milk Of infants admitted to hospital 75 per cent are brought because of loss of or failure to gain weight, vomiting, or diarrhoea Smith believes that in the majority of cases the diagnosis is found in one of the following groups, mentioned in order of relative frequency and importance of causation infection, congenital anomalies, faulty environment or hygiene, improper food An accurate history, a careful physical examination, and additional laboratory data are usually sufficient to allot the cause of symptoms to one or more of the four groups Treatment depends on the cause Infection is dealt with by specific or non specific measures Maintenance or restoration of body fluids at or to their normal levels is important Infections in parts other than the gastro-intestinal tract must be sought for and treated Congenital anomalies usually require sur-

BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 20 1937

MEDICINAL KAOLIN IN FOOD POISONING

A CRITICAL SURVEY

BY

N MUTCH, M D , F R C P

Physician Guy s Hospital Lecturer and Examiner in Pharmacology London University

[WITH SPECIAL PLATE]

Kaolin is described in the *British Pharmacopoeia* as a native aluminium silicate, powdered and freed from gritty particles by elutriation The stipulated tests are however insufficient to establish its identity, chemical purity, pharmacological activity, or freedom from insoluble gritty contaminants It has acquired a wide popularity in recent years as a medicinal substance for internal use Further pharmaceutical and pharmacological inquiry is desirable

Kaolin is not a primary mineral but always a secondary decomposition product from the weathering of granite and other rocks The term is generic covering many closely related substances of compositions varying with the geological circumstances A number of hydrated silicates of aluminium which occur in nature cannot be classified as any form of kaolin at all X ray analysis and the application of optical and other physical tests show (Ross and Kerr, 1931) that there are at least three different groups of clay classified geologically as kaolin These varieties are based on kaolinite dickite, and nacrite respectively, each of which has the same chemical formula $Al_2O_3 2SiO_2 2H_2O$ Kaolinite is the most common nacrite is rare dickite clays are found in Anglesea and worked commercially in Mexico

Pharmaceutical Kaolins

The clays used therapeutically in this country have been derived chiefly from the fine china clays found in Cornwall and West Devon These clays are of the kaolinite class Other important deposits are worked in Czechoslovakia Germany France U S A and Japan

China clays differ in general from ordinary rock clays in having a whiter colour being less contaminated with extraneous minerals and in possessing less plasticity The lack of plasticity can be accounted for by the microcrystalline structure of many of their constituent particles which contrasts with the amorphous nature of other clays For this reason they are less likely to ball up and form concretions when taken internally It is suggested that the term "medicinal kaolin' should be confined to purified china clays of the kaolinite type Other types of china clay, or indeed of common clay may eventually come to be accepted as medicinal substances but present clinical experience is based on the use of kaolinite china clays, and future confusion might be avoided if, for pharmaceutical purposes the term kaolin could be reserved for china clays of kaolinite foundation

Ordinary china clay is obtained by elutriation of the crude mined material whereby the bigger particles of quartz and mica and partially altered felspar are removed Such commercial clays still contain much fine grit imperceptible to the fingers but readily detected as grittiness between the teeth Under the microscope crystals of quartz tourmaline felspar and muscovite mica can be seen dispersed through the predominant kaolinite Simple elutriation cannot achieve any greater purity than this

To obtain the colloidal clays of commerce the kaolin particles are given an electrical charge by suspension in water and the addition of a suitable electrolyte This process of *peptization* causes the kaolin to remain in suspension but the heavier grits fall to the bottom The true clay is then thrown out of suspension by flocculation with another electrolyte or by the development of an electric field When collected and dried it still contains some of the finest mica scales which have become entangled and failed to settle out, but it is no longer gritty to the teeth It is suggested that medicinal kaolin for internal use should be defined as having been freed from grit not merely by elutriation but also by peptization and flocculation or by some equivalent process yielding a high grade colloidal clay

Examination of proprietary medicinal brands indicates that in certain cases the colloidal clays of commerce have been refined still further Even these are not entirely amorphous but contain microcrystalline elements of kaolinite mixed with the true argile colloidale The particles of the latter are invisible under a 1/12 in objective All kaolins purified by wet processes are contaminated by adsorbed electrolytes which affect their physical properties If suitable additional electrolytes are used to counteract the flocculating effect of those already present the strictly colloidal element will remain suspended in water indefinitely The rest will slowly settle out

Representative pharmaceutical kaolins were examined to determine (1) how closely they approached in composition to the idealized substance $Al_2Si_2O_7 2H_2O$ (2) to what extent they were contaminated by grit (3) whether they became agglutinated into a sticky clay on the addition of water

Presumed History of Infection

The actual order of events would thus seem to be as follows He probably received his tuberculous infection in early life, as most do, and was left with a latent focus which could not be recognized There is a statement in his notes that he had influenza in November, 1918 (when one of the greater epidemic waves was present), and that after that, in May, 1922, he began to show mental symptoms, but no recognizable spread of tuberculosis took place either then or up to July, 1936

It seems that when the wasting brought about by his self induced starvation had reached a certain point the old original focus, no longer held in check spread rapidly, involving a great part of both lungs within some fifty days That there was a complete lack of resistance or reaction is shown by the fact that during the six months before his death the temperature, taken night and morning, was only above normal on four single occasions and that during the last three weeks of life, when this rapid spread must have been taking place it was never raised above normal at any time This seems to be a rather striking example of an endogenous metastatic reinfection by the tubercle bacillus from within the body, due to severe loss of resistance As Davidson (1935) states Such reinfection being commonly preceded by a lowered resistance on the part of the individual

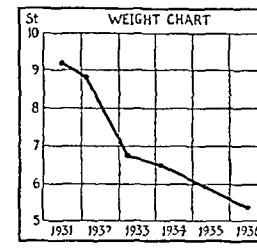
Indirectly the course of events in this man was of interest from another point of view—namely as to whether he, like other persons with sufficiently lowered resistance, might have received a reinfecting dose from without In mental hospitals and other institutions where numbers of persons are living together this possibility has always to be borne in mind, and special care is taken to remove all known cases of tuberculosis to a special block This man had been bed ridden for many months, and had not, during that time, been in contact with any known case of tuberculosis The possibility, therefore, of reinfection from without was minimal The most likely source of the sudden spread of tuberculosis in the lung seems to have been the caseating hilar gland found at the root of the right lung (Fig 1) Possibly it had ulcerated through to a bronchus with a resulting "aspiration pneumonia

Notes of Case

The patient was admitted to the South Yorkshire Mental Hospital on July 2 1929 He had had influenza in November 1918 and had been showing mental symptoms since May 1922 His father was alcoholic otherwise the family history was negative No abnormal physical signs were found in the chest on admission He was suffering from melancholia was depressed and apprehensive said he was unfit to live and was actively suicidal. His desire for death found expression in a habit of regurgitating food After his meals he used to put his finger in his throat and induce vomiting If restrained from doing this he became very resistive and threatened to do harm to himself He lost weight steadily In June 1931, he weighed 9 st 2 lb in February 1932, he weighed 8 st 12 lb in March 1933 6 st 11 lb in February 1934 6 st 7 lb and in June 1936 5 st 5 lb (See Chart) It was impossible to induce him to retain his food

On June 7 1936 a complete physical examination was made and the note on his condition reads as follows Heart sounds regular—no bruits No lesion found in chest or abdomen Remarkably free from bedsores despite extreme emaciation He had been in bed since July 1930 On sunny days he was nursed on the veranda There was no cough or sputum His temperature was taken morning and evening and was charted from February 19 1936 until his death in August of that year On only four occasions was the temperature above normal During the last three weeks of his illness there was no pyrexia at all His pulse rate was between 60 and 70 throughout and his respiration rate ranged from 18 to 22 per minute

The differential white cell count taken on June 29 1936 showed polymorphonuclears, 82 per cent lymphocytes 17 per cent and large hyaline cells, 1 per cent A specimen of his urine on June 9 contained a trace of albumin and an occasional granular tube cast The faeces were tested for tubercle bacilli on June 8 and 15 with negative findings The chest was radiographed on July 2 1936 The report reads as follows Heart normal in size and position Hila both slightly enlarged The apices light up fairly well the left



better than the right There is slight fibrosis present over the whole of both lungs but no active mottling anywhere A note on August 16 stated Is slowly degenerating both mentally and physically Appears very feeble at times—still vomits after his meals

He died on August 20 and a post mortem examination was made on the same day The body was emaciated

The pleura over the left lung was normal The lower part of the upper and upper part of the lower lobes were solid This area was clearly demarcated, it involved almost the total horizontal section of the lung and measured 5 in vertically Many areas up to 1/2 in diameter of caseation were present in the consolidation These areas had resulted in softening and cavity formation and there was a marked absence of fibrotic tissue The cavities contained thick green necrotic material, a film of this material stained by the Ziehl Neelsen method revealed a profusion of tubercle bacilli A section of the consolidated area stained with haemalum and eosin showed a diffuse caseation of the involved area of lung There was no overgrowth of fibrous tissue and no giant-cell systems were seen There were numerous alveoli containing only fibrin The section stained by the Ziehl Neelsen method showed numerous tubercle bacilli

In the right lung there were areas of trefoil necrosis in the middle lobe and the lower inch of the upper lobe but there was considerable spongy lung substance still present in the affected zone Over the diseased area of this lung there were small patches of thickened pleura and a certain amount of comparatively recent pleurisy There were also three small areas the size of a pea in this lung which had a little fibrous tissue reaction and a few giant cell systems and only in these small areas of the widely involved area in both lungs was the disease probably as much as a few months old At the root of the right lung there was a solitary caseous peribronchial gland half an inch in diameter it was darkly pigmented and distended with caseous material and appears to have been the primary focus The heart and kidneys were much atrophied There was no gross lesion of the stomach There was no dissemination of tuberculosis throughout the body

Acknowledgements

I am indebted to Sir Arthur Hall for his stimulating advice to Dr J L Grout for his opinion on the films taken and reported by Dr E M Sykes and to Mr W Vincent for the photographs I should like to express my thanks also to my colleagues who made the clinical notes and to Dr Arthur Pool medical superintendent of the South Yorkshire Mental Hospital for permission to publish the case

REFERENCE

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Composition of Kaolin

Estimations were made of aluminium, silica, magnesium, calcium, lead arsenic, soluble chloride, soluble organic matter, and moisture The results are given in Table I

TABLE I —*Quantitative Analysis (Per Cent)*

Clay	Al_2O_3	SiO_2	Fe_2O_3	CaO	MgO	Loss on Ignition	Ratio Si Al (Theoretical 1 04)
1 Kaolin *B P*	6 16	46 92	0 28	1 49	0 89	12 81	1 14
2 Kaolin *B P*	38 15	44 67	0 27	1 01	0 25	13 17	1 03
3 Collosol kaolin	36 84	48 13	0 23	0 68	0 05	13 60	1 16
4 Kaolin (Kaylene)	35 63	46 18	0 47	0 84	0 50	14 00	1 14
5 Osmo kaolin	38 46	46 47	0 12	0 51	1 20	13 22	1 06

The percentages do not furnish any direct clue to contamination by silica and mica, the constituent elements of which would merely contribute to the figures in the first two columns The calcium and magnesium, however, do indicate extraneous mineral matter, the former reaches a significant figure in No 1 and the latter in No 5

All the specimens conformed to *B P* standards for free unadsorbed lead arsenic, chlorides, and organic contaminants The ratio of Si Al 1 1 04 in the idealized formula is realized fairly adequately in every case, the closest approximation being achieved by No 2 It is suggested that neither CaO nor MgO should be present in amounts of 1 per cent or more, and that the ratio Si Al should not depart from the idealized figure for kaolinite by more than 10 per cent

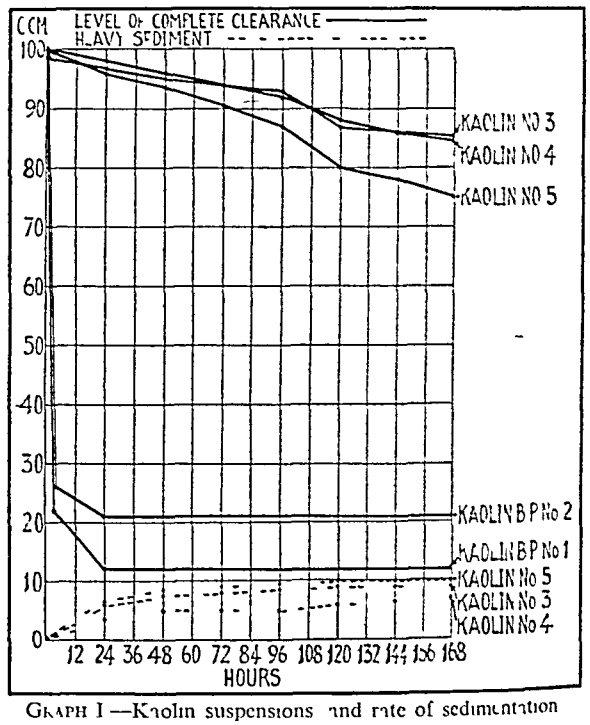
Grit

Twelve samples of *B P* kaolin were purchased from various retail and wholesale houses With one solitary exception their grit content was so high as to be detectable by grinding the clay between the teeth Three medicinal kaolins sold under registered names were free from any comparable amounts All the *B P* clays were of the flocculated variety contaminated by uncompensated electrolytes so that when suspended in water they settled out rapidly into a sticky coagulum conducive to the formation of intestinal concretions The three special clays, however became peptized when water was added, and therefore remained in suspension with relatively little tendency to throw down any plastic deposit These three kaolins were selected for further survey, also two samples of *B P* kaolin bought from important wholesale houses and therefore representative of the kaolin furnished for dispensing purposes to a large section of medical practitioners and retail chemists

A certain amount of gritty matter could be obtained from every sample of kaolin by the following method The clay was mixed with water and peptized completely by the addition of sodium pyrophosphate The full physical dispersion of the kaolin secured by this means liberated small grits which had been entangled by the clay, these quickly separated out as a sandy deposit This granular debris contained much amorphous matter, made up of conglomerations of kaolinite encapsulated in humus derived from the water used in the preliminary elutriation processes carried out at the mines These were resolved by destroying the humus with nitric acid The kaolin and grit were then separated by repeptization with pyrophosphate, and the finally deposited grits were examined under the microscope

The *B P* kaolin yielded a relatively high proportion of grit and the other kaolins comparatively little The photomicrographs (Plate, Figs 1 and 2) show deposits obtained from *B P* kaolin and from one of the registered kaolins respectively A striking qualitative difference between these two deposits is apparent as well as a quantitative one The material from the registered clay consists almost entirely of very thin flat scales of mica with a hexagonal tendency Similar scales are to be seen in the *B P* kaolin deposit also but in this case they are covered over densely by small thick angular fragments of quartz and similar abrasive substances Among them are interspersed numerous irregular large black masses of crude contaminants

The sedimentation rates of the various clays were measured by filling a 100 c cm cylinder with a 5 per cent suspension in distilled water, and measuring the steady rise in the heavy deposit at the bottom and the rate of formation of the absolutely clear zone at the top of the cylinder The results are incorporated in Graphs I, II, and III,



GRAPH I —Kaolin suspensions and rate of sedimentation

representing three sets of observations on each of the five selected kaolins The *B P* kaolin settled out almost completely in an hour, but a great part of each registered kaolin remained in suspension for a week The dotted curves measure the heavy deposit of grit plus the flocculated sticky fraction of the clay The non dotted curves measure the extent to which subcolloidal dispersion occurred The radical physical difference between the two types of clay is apparent at a glance, the best figures being given by No 4

Adsorption

Commercial kaolins vary widely in their properties Even when the clays selected come from a single county —for example, Cornwall, where all have a similar origin from the felspars of the granite of the district—several different types can be found Some have physical properties which render them particularly suitable for certain purposes whilst others, poorly adapted for those objects, are specially desirable in other directions (Coon and Lewis, 1926) It is generally agreed that the therapeutic utility of kaolin taken internally is dependent on its adsorptive affinities By virtue of these it removes toxic substances from solution, modifies saprophytico chemical processes

CARCINOMA OF THE BRONCHUS IN A BOY AGED 19

BY

J GORDON HAILWOOD, M D

Late Medical Registrar Liverpool Royal Infirmary

(WITH SPECIAL PLATE)

The occurrence of carcinoma of the bronchus at the age of 19 is rare enough to be worthy of record This condition usually occurs between the ages of 40 and 70 (Simpson, 1929), although several younger cases have been reported Many writers have published series of cases of intrathoracic neoplasms with the age incidence

Cases in the Literature

I have collected all the reported series of cases which could be found in the literature, after an exhaustive search, and compiled the following table to show the age of incidence

Age	0-20	21-30	31-40	41-50	51 60	61-70	71-
Cases (2 110)	20	89	290	576	726	341	68
Percentage	0 95	4 22	1 74	27 3	34 41	16 16	3 22

These include series collected by Hill (1934), Harvey (1936), Rosedale and McKay (1936), Kramer and Som (1936), Arkin and Wagner (1936), McCrae, Funk, and Jackson (1927), Wasch and Epstein (1935), Rogers (1932), Atkin (1931), and Duguid (1927)

This table shows that the incidence is highest between the ages of 51 and 60—namely, 34 41 per cent Over 60 per cent of all cases occur between the ages of 40 and 60 Less than 1 per cent occurred below the age of 20 Unfortunately no attempt has been made in these series to relate the pathological diagnosis to the age of the patient, and it is possible that some of the younger patients have been suffering from lymphosarcoma or Hodgkin s disease rather than carcinoma Two of the writers, however, made observations of interest

Bonser (1929) reported 170 cases of intrathoracic neoplasms of which six patients were under the age of 21 She stated that two of the six were suffering from Hodgkin s disease but the other four were not classified The other writer is Atkin (1931), who from a survey of ninety-three cases suggested that oat-cell carcinoma tended to occur at an earlier age than squamous-cell carcinoma In his series three patients were aged under 30 (the youngest being 21), each of these cases proved to be oat-cell carcinoma

Clinical Record of Case

A boy electrician aged 19 had had no previous illnesses and did not suffer from bronchitis the family history was good There was no history of familial tuberculosis When first seen early in June 1936 he complained of cough sputum night sweats and loss of weight These symptoms dated from a cold and had been present for some three months On examination little could be found in the chest other than a few crepitations at the left apex The patient was referred to the tuberculosis officer for examination an x-ray film of the chest revealed no evidence of tuberculosis but there was a faint rounded shadow in the left apex

A fortnight later the patient was admitted to the Liverpool Royal Infirmary Progress of the disease during this time had been rapid The patient was now thin and emaciated he had a cough and slight sputum but no haemoptysis Large distended vessels were present on the chest and abdominal walls There was some cyanosis but the neck was not distended and the cough was not typical Several small secondary nodules were present on the chest and abdominal walls each about the size of a marble they were situated in the superficial tissues and were freely movable The liver was hard and enlarged, extending as far as the umbilicus The left side of the chest showed diminished movement, diminished vocal fremitus and vocal resonance a dull percussion note and diminished air entry with bronchial breathing at the apex These signs were most marked at the apex but were present to a less degree at the base Examination of the sputum was negative

X-ray examination of the chest revealed a large mass extending out from the left root into the lung with collapse of the lung due to bronchial obstruction An x ray examination after the introduction of lipiodol showed obstruction of the left bronchus due to a bronchogenic neoplasm These x ray films are reproduced (Special Plate) Following this discovery one of the metastases was removed from the chest wall under local anaesthesia for section The pathological report was metastasis from oat-cell carcinoma of bronchus

The patient went downhill rapidly and died six weeks after admission to hospital Unfortunately permission for a post mortem examination could not be obtained The diagnosis had, however, been fully settled by the metastasis removed for section

Commentary

The main point of interest is, of course, the age of the patient Other points to note are the complete absence of any aetiological factor and the similarity to pulmonary tuberculosis in the early stages The differential diagnosis from this disease would have been impossible in the early stages without an x-ray picture, although later the diagnosis became obvious

A final matter of interest was the occurrence of subcutaneous metastases, which are uncommon in this form of malignant disease, although metastases in general are common In this connexion it may be pointed out that in a total of 420 cases, collected by Bonser (1929) Grove and Kramer (1926), and Maxwell (1930) in which the occurrence and site of metastases are reported, only nine cases showed involvement of the subcutaneous tissues

My thanks are due to Dr Wallace Jones for permission to publish this case, and to Dr Hewer for his help with regard to the pathology

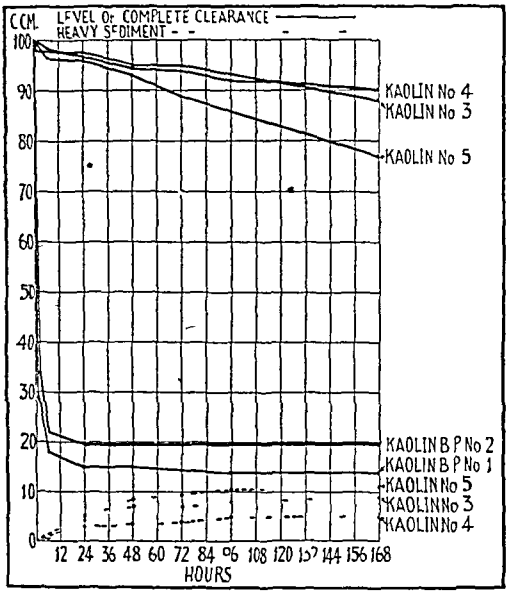
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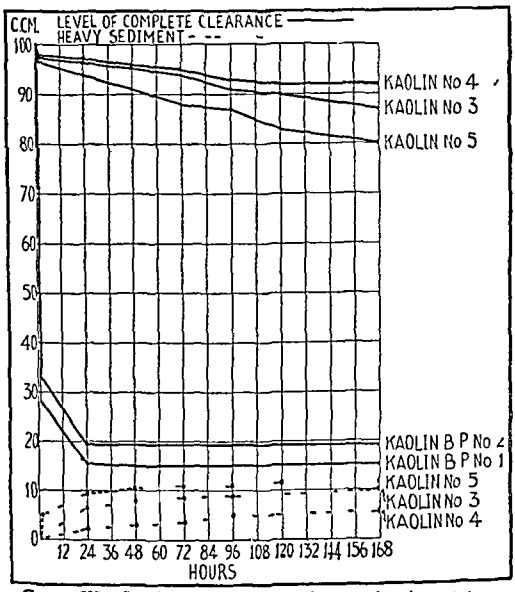
G A Metz (*Nederl Tijdschr Geneesk* January 30, 1937 p 493) records the case of a man aged 45 who developed symptoms of acute veronal poisoning after taking 9 grammes of veronal Treatment consisted in administration of strychnine nitrite, of which sixty six intravenous injections of a total of 599 mg were given in the course of eight days Delirium of six days duration set in eight days after taking the drug but subsequent recovery was uneventful Traces of veronal persisted in the urine for fourteen days after it had been taken

by adsorbing intermediate products, and is available as a surface catalyst

Great differences have been found by Rae (1928) between the adsorptive capabilities of various kaolins Hellmut Muller (1935) working in California with concentrates of mussel poison found that German kaolin (Merck) would not remove more than 50 per cent of the



GRAPH II —Kaolin suspensions and rate of sedimentation



GRAPH III —Kaolin suspensions and rate of sedimentation

toxic substance from an aqueous solution, and that activated charcoal would not remove any at all The variety of English kaolin employed in the present experiments removed the toxic substances completely In recording experiments of this kind it is therefore important to define as precisely as possible the nature of the material to which the term kaolin has been applied The common omission of authors to do so in the past has made it difficult for later workers to correlate their findings

For the purpose of the present investigation kaolin No 4 was selected as based on kaolinite, and as being uncontaminated by any excess of extraneous mineral matter (CaO and MgO content each below 1 per cent and the ratio Si Al within 10 per cent of the ideal) It had obviously been purified, not merely by elutriation but also by a method involving peptization or some kindred process and appeared to have undergone further pharmaceutical refinement Its sedimentation rate and optical appearances showed it to be exceptionally free from particles of microscopical grit It would seem therefore to approximate to the idealized mineral more closely than the other specimens examined

The range of action of a therapeutic adsorbent is quite as important as its potency Kaolin No 4 was therefore tested with a series of dyes representing several chemical groups, both crystalloids and colloids and including both acidic and basic dyes When a solution of dye is added to a suspension of kaolin it is decolorized If a standard solution of dye is added drop by drop until a faint perceptible coloration remains in the supernatant fluid the total weight of dye adsorbed at this clearance point is easily calculated The addition of further dye increases the depth of colour of the suspending fluid but does not lead to any appreciable increase in the amount adsorbed

In other words the clearance and saturation adsorptive potencies for kaolin are almost identical This contrasts strongly with magnesium trisilicate and charcoal each of which gives saturation figures considerably in excess of the clearance values (Mutch, 1936) Estimations at the clearance point are the more convenient for kaolin but for adsorbents of the magnesium silicate and charcoal types saturation figures are the only dependable ones

Table II shows the amount of each dye removed by

TABLE II —*Dyes*

Dye	Chemical Group	General Group: Basic	General Group: Acidic	General Group: Residual Precipitance of Sodium Salt	Physical State: Crystalloid	Physical State: Colloid	Physical State: Semicolloid	Weight Removed by 1 gramme of Kaolin No 4
								mg
Methylene blue	Thiazine	B			+			14
Safranine	Azine	B			+			15
Brilliant green	Triphenyl methane	B			+			15
Malachite green		B			+			5
Victoria blue		B				+		25
Methyl violet		B			+			5
Basic fuchsine		B			+			10
Acid fuchsine (magenta)			A	B			+	2
Acid green G			A	B			+	5
Disulphine blue			A	A	+			5
Fast acid violet 10B			A	B	+			15
Chrysoidin	Azo	B			+			2
Carmoisin W S	Monazo		A	A	+			2
Coomassie navy blue 2 R N	Secondary diazo		A	A		+		10
Congo red	Tetrazo		A	B		+		10
Eosine	Phthalein		A		+			2
Mercurochrome		B			+			2
Indigo-carmine	Indigotin		A	A	+			0

* Mutch N (1936)

INDUSTRIAL ASPECT OF FRACTURES OF THE OS CALCIS *

BY

BRYAN McFARLAND, M D , F R C S Ed

(WITH SPECIAL PLATE)

From an industrial point of view the os calcis presents a problem as important as it is complex Excluding those in children two out of every hundred fractures in the body involve the os calcis and occur in wage earning men at a time when they have dependent families and can least afford the loss which may follow such an injury

TABLE I

Age	Percentage of Total (63)	Age	Percentage of Total (63)
10-15	2	45-55	25
15 25 "	1	55-65	17
25-35 "	15	65 75	7
35-45	33		

Note nearly 60% between the ages of 35 and 55 years

My own experience indicates that the loss as regards money and physical condition is very considerable, and I wondered what others had found Investigation of the literature confirmed my gloomy view

Previous Literature

Golebiewski (1897) stated that he had not seen a perfect recovery in any of fifty nine cases Cotton (1908) reported permanent disability in more than 50 per cent of examined cases In 1923 Magnuson reported that in his capacity as medical director of the Illinois Industrial Commission he had seen practically no case of fracture of the os calcis which did not result in from 30 to 75 per cent disability of the foot In 1923 also Satta stated that the disability from fractures of the os calcis might amount to as much as 80 per cent He added that in Switzerland the insurance companies settle these cases on a basis of one third total disability for a period of from two to four years

Malpas (1925) investigated the period of disability in a series of fractures at the David Lewis Northern Hospital In most of these cases no definite attempt at reduction of the fractures was made Malpas found that at that time the average period of disability was eleven months, and from a comparatively small number he concluded that irregularity of the subastragaloid joint was the deciding factor Harding (1926) estimated the average duration of disability as five months Otto J Herman (1930) reported good result in 77 per cent and a poor result in 22 per cent Funston and Hall estimated the average disability period as six months

In 1931 Bartley wrote All surgeons of much industrial experience and all industrial compensation boards are unanimous in giving to this injury a very bad prognosis His figures tend to show difference between the disability period of comminuted fractures which enter the subastragaloid joint and those which do not He performs a subcutaneous tenotomy of the tendo Achillis and almost immediate subastragaloid fixation He cites as specially good result the case of a man who went back to his occupation in five months time He does not specify his occupation, though since he fell from a roof it is probable that he was either a builder s labourer or a slater or possibly a private detective It appears that the man could support the weight of his body upon the ball of the foot and also on the heel But rather naively the surgeon remarks ' There was no defect in any of the motions of the foot or ankle except the loss of *eversion* and *inversion*

In 1932 Rudolph S Reich stated that fractures of the calcaneus still resulted in permanent disability in a discouragingly large proportion of cases He reported ten recent fractures the treatment of which involved a subcutaneous elongation of the tendo Achillis, and six weeks later a subastragaloid fixation, the most fortunate of these patients was back at work in six and a half months The average for most of the others was eight and a half months one was not back at work after two years, and was then still complaining of pain One was ten months before he went back After two years three of them were on light work only The curious point is that in nine old fracture cases there was a disability period following operation of about the same duration as the recent fracture cases—namely, six and a half months to ten months or a year Nevertheless the case of a man he had operated on eleven months previously was mentioned as being too recent to report Wilson (1933) recorded the results of fifteen recent fractures not all crush fractures into the joint, but did not indicate the disability period nor the amount of permanent incapacity

Forrester (1934) referring to the cost of this type of fracture, reported that before his newer type of treatment the average disability was from nine to sixteen months Permanent disability was about 80 per cent He claimed to have reduced the period of disability to four and a half months He elongates the tendo Achillis and keeps the patients off their feet for some time It is difficult to assess his results because all his unselected cases have the same period of disability—four months—and their functional end result is 100 per cent It is rather difficult to determine from his x ray illustrations how bad the fractures were Bohler does not denote his exact periods but is reported to have said that about 80 per cent of his patients got back to heavy work, though this may be delayed for as long as two years

At a North American meeting one speaker was very illuminative, he remarked that he had treated fractures of the os calcis in every way that had been devised and that he knew of no injury which produced as much disability He usually had a patient under his care anywhere from nine months to a lifetime, and they often never went back to work

Estimations of Cost

All authorities agree that the cost is high The total economic loss is made up of four items (1) cost to the insurance companies (2) cost to the men (3) cost to the hospitals and (4) physical deterioration

I tried to obtain estimates from insurance companies On approaching several large companies I was invariably referred to the Accident Offices Association in London where I learned, as I had been advised also by the insurance companies that they were not actually interested in fractures individually, but in types of work For instance, they insure a firm not against fractures of the os calcis but against any injury For their own sakes their statistics are concerned in the accident rate of a particular occupation rather than in the period of disability of any specific injury The same is not true of a firm which carries its own insurance but even they have little exact knowledge of the cost to them of a fracture of the os calcis

* The opening paper of the annual meeting of the British Orthopaedic Association at Manchester

1 gramme of the selected kaolin. Adsorption proved to be selective, and preference was shown for basic dyes. Nevertheless certain acidic dyes also were taken up substantially. Examples are to be seen both of the active removal of crystalloids and of colloids. In the case of colloidal dyes no attempt was made to differentiate between true adsorption and mutual flocculation.

Adsorption of Alkaloids

The adsorptive activity for alkaloids was measured by observing the smallest weight of kaolin needed to clear 10 c.cm. of a 0.1 per cent. solution of each alkaloidal salt in one hour. The results are given in Table III, in

TABLE III.—*Alkaloids*

Alkaloid	Weight of Alkaloidal Salt Removed by 1 gramme of Kaolin No. 4	Alkaloid	Weight of Alkaloidal Salt Removed by 1 gramme of Kaolin No. 4
	mg.		mg.
Apomorphine hydrochloride	5	Brucine hydrochloride	4
Atropine sulphate	5	Dionine hydrochloride	3
Cocaine hydrochloride	5	Colchicine salicylate	2
Muscarine	4	Pilocarpine nitrate	1.5
Solanine	4	Emetine hydrochloride	1.5
Strychnine hydrochloride	4	Morphine hydrochloride	1.5
Papaverine hydrochloride	4	Veratrine	1
Codeine phosphate	4	Nicotine	1

which wide variations in the relative amounts of alkaloid adsorbed are to be noted. Comparison of Tables II and III with the results given in an earlier paper (Mutch, 1936), in which magnesium trisilicate was used as the adsorbent instead of kaolin, reveals not only quantitative differences between the adsorptive potencies of these two substances, but also great qualitative divergencies in their respective ranges of selection. The order of selectivity of the two silicates is radically different both in respect of dyes and of alkaloids.

It is thus clearly impossible to foretell from dye experiments alone with what vigour an adsorbent will remove any specific toxin from solution. Assessment of clinical utility by reference to the adsorption of one dye or another is unwarranted unless supported by direct observations on the adsorption of the actual toxic bodies concerned. Kaolin has obtained wide popularity in the treatment of food poisoning. Definite food poisons were therefore taken as the basis for further observations.

Mussel Poison

Many molluscs contain a little toxic matter, which varies in amount with the season and from year to year. Hermann Sommer and Karl F. Meyer (1935) explain the sporadic outbursts of shellfish poisoning as occurring at times when the poison content has become unusually high. H. Muller (1935) recently extracted the poison, and secured a concentrate of intense toxicity. He found it one hundred times as potent as potassium cyanide, and twice as deadly as strophanthin. A standard solution of this substance, for which I am indebted to Dr. Hermann Sommer of California University, was injected intraperitoneally into twenty-five mice (20 grammes) in amounts from 0.01 c.cm. to 1 c.cm. The minimum lethal dose (M.L.D.) was found to be 0.05 c.cm. To a series of flasks each containing 10 c.cm. of this solution were added various amounts of kaolin No. 4. After shaking and allowing to stand for an hour the contents were filtered, and intraperitoneal test injections were made in mice, with the results set out in Table IV. From the figures

TABLE IV.—*Mussel Poison*

Weight of Kaolin No. 4 Added to 10 c.cm. of Mussel Poison Solution (M.L.D. = 0.05 c.cm.)	Mouse	Volume Injected Intraperitoneally	Original Toxic Content of Fluid Injected	Result
grammes		c.cm.	M.L.D.	
8	1	0.5	10	No effect
5	2	0.5	10	"
4	3	0.1	2	"
	4	0.2	4	"
	5	0.5	10	"
2.5	6	0.1	2	"
	7	0.2	4	"
	8	0.5	10	"
2	9	1.0	20	Dead in twenty minutes
	10	0.2	4	No effect
1	11	0.2	4	Dead in 10 minutes

Controls

Mouse	Volume of Mussel Poison Solution (Untreated) Injected	Result
	c.cm.	
12	0.01	Slight malaise for ½ hour
13	0.02	
14	0.03	Slight malaise for ½ hour
15	0.04	Very ill in 5 minutes, recovered in 1 hour
16	0.05	Dead (5 minutes)
17	0.05	Dead (20 minutes)
18	0.06	Dead (less than 5 minutes)
19	0.10	" "
20	0.15	" "
21	0.20	" "
22	0.20	" "
23	0.20	" "
24	0.40	"
25	0.40	" "
26	0.40	" "
27	0.40	" "
28	1.00	"

given it is easy to calculate that 1 gramme of the adsorbent removed more than seventy-two minimum lethal doses (mouse 8) and rather less than 95 M.L.D. (mouse 9). The mean of 94 M.L.D. per gramme may be taken as the adsorption potency in respect of mussel poison.

Mushroom Poisoning

Many varieties of poisonous fungi of the mushroom type are known. In certain of them the toxic element is the alkaloid muscarine, a substance which is readily adsorbed by the kaolin used in these experiments. Various strengths of muscarine in water were treated with this adsorbent and filtered after standing for an hour. The filtrate was tested for toxicity to the frog by injection into

Owing to a series of changes in hospital appointments, I have few personal figures which I am at liberty to use, but I have investigated the patients who have attended my present hospital during the last five years The following is a table showing their occupations, the average duration of incapacity, the percentage of permanent incapacity, and the proportion of the total who were rendered permanently incapacitated for work

TABLE II

Occupation	No	Average Duration of Incapacity	Percentage of Permanent Incapacity
Labourers	24	1½ years (in 25%)	50
Scalers	2	6 months	15
Painters	2	6 months	10
Window cleaners	4	1 year (in 50%)	30
Bricklayers	2	2 years	40
Coal heavers	2	—	80
Stevedores	2	—	80
Housewives	4	5 months	10

Note the large proportion of labourers and how long their average duration of incapacity was many of them remain permanently disabled The bulk of the permanently disabled fall into this category

Bad as these figures are, they are not so bad as those in the next table, taken from patients referred to me for a medical report for legal purposes The disability period had to be estimated as a minimum and it will be seen how heavy this minimum is, the average being well over one and a half years

TABLE III

Occupation	Number	Average Minimum Period of Disability
Builder	3	13 months
Boilermaker	1	19 ,,
Chauffeur	1	19 ,,
Labourer	5	13 ,,
Marine fireman	1	9 ,,
Haulage contractor	1	21 ,,
Carter	2	9 ,,
Painter	2	19
Joiner	2	19 ,,
Shipwright	1	24
Unknown	2	21 ,,

I estimate the average cost of an os calcis fracture as follows

1 Cost to the insurance companies £150
2 Cost to the men 75
3 Cost to the hospital 20
} About £250
4 Physical deterioration cannot be estimated

Factors in the Protracted Disability

Let us consider what gives rise to this long, costly disability We are taking for granted that fractures such as that shown in Fig 1 (Special Plate) and also crack fractures without displacement or involvement of the subastragaloid joint recover comparatively quickly, with little or no permanent defect It is with the type of fracture represented in Fig 2 that we are concerned There are many factors involved medical and non-medical, but are interwoven to produce a complicated problem

One man who had sustained a typical fracture of both os calces seems to me the personification of the problem

After reduction and splinting under an anæsthetic, followed later by manipulations, he complained of the usual symptoms A surgeon acting for an insurance company arthrodesed his left subastragaloid joint (Fig 3) Some time later I arthrodesed his right subastragaloid and mid tarsal joints (Fig 4)

His complaints were little if at all lessened As far as external examination goes his feet look good The foot in which the three joints were arthrodesed is better than the foot in which only the subastragaloid fixation was undertaken He walks like a "cat on hot bricks," but a cinematograph analysis shows that all phases of walking are performed normally Would this man have been any different if his feet had been arthrodesed at first?

This patient compares very unfavourably with another who sustained a similar injury to both feet, and whose clinical and cinematograph analysis suggested very little disability five months after injury He was treated in a way I will describe later Fig 5 shows the x-ray result

This first patient differs markedly also from a man who sustains a fracture of the os calcis when not at work I remember an engineer who fell from a roof when "larking" in the dinner-hour Both his os calces were crushed, and in three months he was back at full work The same is partly true when a man is unaware of the fracture I examined a man once who had a fractured femur and os calcis, though the latter had never been recognized He was off duty for five months and returned to work, only complaining slightly of his heel

The medical and non-medical factors referred to can roughly be divided into two groups

1 Medical (*a*) attitude of the surgeon (*b*) subastragaloid arthritis, and (*c*) the type of treatment

2 Non-medical (*a*) unemployment, (*b*) influence of solicitors and doctors, (*c*) the type of man, (*d*) the type of his employment; and (*e*) the Workmen's Compensation Act So far as one can disentangle the various medical factors, it is certain that a firm and carefully optimistic attitude on the part of the surgeon has important psychological effects

Subastragaloid Arthritis

As regards my own observations and also as a result of investigating these hospital patients I have come to the conclusion that subastragaloid arthritis is not the deciding factor in the length of a man's unfitness or the severity of his permanent disability The following radiographic reproductions and notes illustrate what I mean

Fig 6—This x-ray picture was obtained three months after a comminuted fracture of the os calcis with displacement and involvement of the subastragaloid joint The patient returned to work about four months after the injury The treatment is described later

Fig 7—In this case the patient was only off duty for six months The x-ray illustration shows arthritis and deformity, yet he only had a short disability, and no symptoms at all five years afterwards His cinematograph record shows no disability

Figs 8 and 9—One side was noticed and treated the other side was not noticed at the time and was not treated The patient has no symptoms at all in the untreated side His x-ray films show that there is arthritis and deformity of an almost equal degree in both feet He complains only of the one that was treated, and his cinematograph record supports this

A lady sustained a very comminuted crush fracture of the os calcis with great displacement, she was treated in the way

the dorsal lymph sac The results are given in Table V From the data relating to frogs 6 7, and 11 it can be calculated that 12 grammes of the clay removed more

TABLE V —*Mushroom Poison (Muscarine)*

Strength of Muscarine Solution	Weight of Kaolin No 4 used to Treat 10 c cm of Muscarine Solution	Frog	Volume Injected into Dorsal Lymph Sac	Original Muscarine Content of Fluid Injected	Result
per cent	grammes		c cm	mg	
0 2	5	1	0 1	0 2	No effect
		2	0 5	1 0	
		3	1 0	2 0	
0 6	12	4	0 5	3 0	"
		5	0 5	3 0	"
		6	1 0	6 0	"
		7	1 0	6 0	

Controls

Frog	Weight of Muscarine Injected into Dorsal Lymph Sac	Result
	mg	
8	0 2	No effect
9	1 0	
10	1 0	
11	1 5	Prostrate in 20 minutes (recovered in 24 hours)
12	2 0	Prostrate in 15 minutes (recovered in 24 hours)
13	2 0	Dead in 30 minutes
14	2 5	
15	3 0	
16	3 0	"
17	4 0	
18	6 0	
19	6 0	

than 45 mg of muscarine from solution The adsorption potency is therefore at least 3 8 mg of muscarine per gramme.

Potato Poisoning

The alkaloid solanine occurs in the potato At times its concentration in the green shoots reaches a harmful level and outbreaks of poisoning occur Recently sixty cases and one death were reported from Cyprus (Willimott, 1933) The solanine content of the suspected potatoes amounted in certain cases to 9 mg per 100 grammes of tuber, and almost to 50 mg per 100 grammes of shoot A solution of solanine acetate was therefore prepared containing 0 1 per cent of the alkaloidal base, 10 c cm were treated with 2 grammes of the kaolin and filtered an hour later The supernatant fluid was heated on a water bath with half its volume of concentrated hydrochloric acid, and tested with Mayer's solution with almost negative results A control carried through with the original solanine solution gave a strongly positive reaction The adsorption potency of kaolin No 4 for solanine is therefore a little less than 5 mg of alkaloid per gramme of kaolin

Putrefactive Amines

Various pharmacologically active substances are evolved during the decomposition of proteins by intestinal bacteria Histamine was selected as an example of such a substance because of its wide interest to the pathologist and its therapeutic applications 0 1 per cent aqueous solutions of the phosphate were treated and filtered The filtrate and recovered kaolin resuspended in distilled water were tested for histamine by the diazo reaction The recovered kaolin gave universally strongly positive reactions but the filtrate gave negative reactions whenever 2 grammes or more of the adsorbent had been used to treat 10 c cm of the histamine solution At the clearance point 1 gramme of kaolin No 4 adsorbed 5 mg of histamine phosphate

Bacterial Toxins

An aqueous solution of dried tetanus toxin was prepared, 20 c cm were shaken with 1 gramme of the kaolin and filtered (filtrate A) Another volume was incubated at 37 C with 1 gramme of the kaolin and then filtered (filtrate B) These filtrates, the original toxin solution, and a portion of the original solution which had been incubated for an hour at 37° C were injected subcutaneously into mice in varying amounts The site chosen was the left thigh The results given in Table VI show conclusively that solutions of tetanus toxin are detoxicated by kaolin No 4

TABLE VI —*Tetanus Toxin*

Mouse	Inoculum	Dose (per 20 grammes)	Result: Day 1	2	3	4	5	6	7
		c cm							
1	Toxin solution	0 06	Nil	Spasm	Spasm	Dead			
2		0 12	Nil	Spasm	Dead				
3		0 18	Slight spasm	Dead					
4	Incubated toxin solution	0 06	Nil	Spasm	Spasm	Spasm	Spasm	Dead	
5		0 12	Slight spasm	Spasm	Spasm	Spasm	D ad		
6		0 18	Spasm	Spasm	Spasm	D ad			
7	Toxin solution treated with kaolin No 4 (filtrate A)	0 06	Nil		"	"			→ Nil
8		0 12	Nil						→ Nil
9		0 18	Nil						→ Nil
10	Toxin solution incubated with kaolin No 4 (filtrate B)	0 06	Nil						→ Nil
11		0 12	Nil				"		→ Nil
12		0 18	Nil						→ Nil

Emulsions Containing Kaolin and Liquid Paraffin

It has become a common practice to counteract the constipating action of kaolin by administering it in an emulsion of liquid paraffin It has been assumed that the adsorptive action of the kaolin is unimpaired provided that the kaolin is dispersed in the watery phase of the emulsion and not in the oil itself The following experiments were devised to test the validity of this assumption

Emulsions were prepared as follows A 50 c cm liquid paraffin with 50 c cm water (total 100 c cm) and B, 50 c cm liquid paraffin 11 grammes kaolin No 4 and 44 4 c cm water (total 100 c.cm) To 50 c cm of each was added 10 c cm of a 3 per cent solution of Muller's mussel poison concentrate (M L D mouse = 0 025 c cm) After shaking and stirring the emulsions were resolved as far as possible by warming at 37° C and were filtered through a double filter paper previously well moistened with water The toxicity of the filtrates

described later Her x ray films six months later showed very considerable osteosclerosis In the neighbourhood of the sub astragaloid joint some deformity of the bone persisted She was off work only for a short period Her cinematograph analysis appeared normal (Owing to lack of space it is impossible to reproduce the x ray films)

A man sustained a crush fracture of the os calcis which resulted in severe deformity and subastragaloid arthritis but he had no disability (Lack of space prevents reproduction of the x ray films)

Another man sustained a similar injury, x ray films nine months after injury did not show any arthritis and very little deformity He has a severe disability (Lack of space again precludes illustration)

Moreover a subastragaloid arthrodesis does not necessarily stop their pain nor terminate their disability The first patient recorded in this article affords one example, and another follows herewith

Following a crush fracture a man had marked arthritis shown in an x ray film made on March 1 1932 Some time later a subastragaloid arthrodesis was performed and the result is indicated in an x ray photograph taken on September 7, 1935 (Fig 10) which also shows the amount of arthritis which has since occurred in the mid tarsal joint There was no improvement in his working capacity

Treatment

I describe later my own preference Over a number of years my observations have not led me to believe that there is much difference between the results of various other types of treatment

Non medical Factors

Unfortunately non medical factors are very important, the type of man and of his employment being paramount It is shown in Table II that a very large percentage were labourers and that they had long periods of disability Examples are given above of men with arthritis but no disability and vice versa I have come to the conclusion that from an economic point of view the type of person and his occupation matter more than the nature of the deformity or the presence of subastragaloid arthritis, a bad subject and heavy work forecasts a slow recovery, irrespective of arthritis, a good subject and good work indicates a quick recovery, even with deformity and arthritis

Other non medical difficulties are very great A most difficult point to determine is whether a man is malinger ing I think that these patients are rare There is little to be gained to day by malingering Moreover, there is consistency in complaints from widely separated men and from men who do not know the nature of their injury I have examined injured workmen for many years, and have found very little difference in the nature or extent of their complaints

The typical complaints are as follows (1) pain in the back of the heel (2) pain on the outer side of the ankle-joint (3) a feeling described as toothache' in the pad of the heel, (4) a heavy burning bursting feeling in the main part of the sole of the foot and (5) loss of spring—flattening of the heel and shortening of the leg If a man has some disability he knows that he cannot return to work in fair competition with his fellows Often too much is asked of him by the insurance company advised by a surgeon and in response the man gives back the minimum Sides are immediately formed If we could avoid the formation of those sides and obtain close co operation between the parties interested in getting the man back to work I believe that we should enormously reduce the cost to everybody The best results occur with men employed by firms who carry their own insurance, and who work in close liaison with the surgeon

How far can we influence the non medical disability factor? In two ways—by our attitude and by our treatment A sympathetic but firm and hopeful attitude must be maintained and patients must observe others around them recovering It is bad for a fresh os calcis case to meet an old chronic one The men must feel that they will completely recover and return to work able to compete fairly with their fellows

Treatment

I believe that a long period of complete absence of weight-bearing is essential By absence of weight bearing I do not mean walking in a plaster, because I do not believe that a man walking in a plaster fails to take his weight ultimately through his heel

I see no point in elongating the tendo Achillis under an anaesthetic More elongation can be obtained by bending the knee than by dividing the tendon The following is the treatment which I advocate, I have found it hopeful

With an anaesthetic the fractured bone is moulded with the hands or with mechanical pressure, and the heel is pulled down as far as possible the knee being well flexed Plaster of Paris is applied, the heel being inverted the foot plantar flexed, and the knee bent almost to a right angle The knee is included in the plaster Weight-bearing is not allowed for two and a half months, but the men are encouraged to use their intrinsic muscles This treatment is continued when the plaster is removed and before weight bearing begins Patients are allowed to get about with a crutch if only one os calcis is fractured but if both are crushed they are unfortunately laid by the heels'

The average period of disability of six patients so treated is four months It is quite possible that they were all very good subjects, but cinematograph films show very encouraging results Four were stokers and labourers

Employers and insurers must co operate with the surgeon As soon as possible work should be provided on a non competitive basis within the man's ability In other words rehabilitation schemes should be instituted Whereas centres will be unpopular and unworkable large employers of labour by pooling their available work could operate schemes giving injured men within their group suitable work as a therapeutic factor Work should not be used as a weapon against a man in minim izing his compensation

Thus would be avoided the long dead period between the times when the surgeon makes the man as fit as he can and when the man undertakes work having received some sort of settlement of what he feels is a just claim

I also suggest that no doctor or surgeon other than those treating him should be in contact with the patient and panel doctors should be legally excused from signing the out of work' certificate They have no desire to do so, but are unable to refuse because the patient will leave them for another doctor It would be simple to tell the patient that they were not allowed to sign it

I further recommend that patients who have been off work for more than nine months should have their dis ability estimated by three surgeons one on their own behalf one on behalf of the employers and one to hold the balance The decision of this tribunal should be accepted by both sides without any further discussion and should be presented to the appropriate legal authority

was tested by intraperitoneal injection into mice The results are given in Table VII

TABLE VII—*Mussel Poisoning*
(*Detoxication by Emulsions*)

Mouse	Inoculum	Volume Injected	Original Toxic Content of Fluid Injected	Result
		c cm	M L D	
1	Toxin solution after treatment with in emulsion containing kaolin No 4 and liquid paraffin	0 2	2 5	No effect
2		0 5	6	"
3		1 0	12 5	
4	Toxin solution after treatment with a simple paraffin emulsion	0 2	2 5	Dead (less than 5 minutes)
5		0 5	6	"
6		1 0	12 5	"

It is clear that a simple emulsion of liquid paraffin has *no significant detoxicating action on solutions of mussel* poison, but that similar emulsions containing kaolin No 4 in the watery phase detoxicate such solutions effectively From the data given it can be calculated that 400 M L D were used and more than 368 M L D were removed by the 5 5 grammes of the adsorbent in the 50 c cm of emulsions employed

The adsorption potency of the kaolin in this oil and watery medium is therefore greater than 67 M L D of mussel poison per gramme, which compares very favourably with the potency of the same variety of kaolin in a simple suspension of water as given earlier in the paper By repeating this experiment with stronger solutions of toxin a higher figure still could doubtless be obtained

Mushroom poison (muscarine) was used in a second test, 20 c cm of 0 2 per cent muscarine were added to 70 c cm of each of the two emulsions already employed These were incubated at 37° C to break up the emulsion, and were filtered through wet filter paper The filtrate was evaporated at room temperature in a desiccator, and the residue was taken up in a small measured amount of distilled water—concentration factor 15 A control solution of 0 2 per cent muscarine was diluted with a volume of water equivalent to that in the emulsion, it was then incubated, filtered, evaporated, and redissolved in an exactly equivalent volume of water The three final solutions were then injected into the dorsal lymph sacs of a series of frogs, with the results given in Table VIII

TABLE VIII—*Mushroom Poisoning* (*Muscarine*)
(*Detoxication by Emulsions*)

Frog	Inoculum	Volume Injected	Original Toxic Content of Fluid Injected	Result
		c cm	mg	
1	After treatment with an emulsion containing kaolin No 4 and liquid paraffin	0 5	6	No effect
2		0 8	10	"
3	After treatment with simple emulsion of liquid paraffin	0 5	5 5	Prostate in 15 mins Dead in less than 2 hours
4		0 8	9	
5		1 2	13	"
6	Control solution	0 25	3	
7		0 25	3	
8		0 40	5	
9		0 40	5	

It is evident that a simple emulsion of liquid paraffin has no detoxicating effect on solutions of muscarine, but that paraffin emulsions containing kaolin No 4 in the watery phase detoxicate such solutions vigorously

A final observation was made with histamine, 5 c cm of 0 05 per cent histamine phosphate in aqueous solution was added to 10 c cm of each of the two test emulsions The emulsion was shaken and mixed, and then broken up by centrifuging, the recovered watery element was tested for histamine by the diazo reaction against controls of the original solution proportionately diluted There was no sensible reduction in the intensity of the reaction in the fluid recovered from the simple paraffin emulsion, but the reaction was completely negative in that recovered from the kaolin paraffin emulsion This putrefactive amine was clearly not removed by the paraffin, but was completely taken out of the solution by the paraffin emulsion containing kaolin No 4

Summary

1 A basis has been suggested for the more precise definition of medicinal kaolin

2 It has been shown that, although the usual material sold as kaolin *B P* conforms to official standards, it is still grossly contaminated with sharp grits undesirable in a medicine designed for internal use

3 Attention has been drawn to the sticky flocculated condition assumed by many kaolins when suspended in water

4 Many of the failures of indiscriminate kaolin therapy can be explained as due to the use of unsuitable preparations—namely (*a*) those containing abrasive gritty contaminants, and (*b*) those which tend to coalesce into sticky masses because they contain uncompensated electrolytes

5 The range of the adsorptive affinities of kaolin for dyes and alkaloids has been investigated quantitatively

6 The impossibility of deducing the therapeutic potency of an adsorbent from an estimation of its ability to adsorb some arbitrarily chosen dye has been demonstrated The importance of measuring its power of adsorbing specific toxic materials of clinical significance has been stressed

7 Kaolin is used extensively in the treatment of food poisoning The adsorption of a series of known food poisons has therefore been investigated

8 It is recommended that the therapeutic efficiency of kaolins and allied substances shall not be assayed in terms of methylene-blue, Congo red, or any other dye, but in terms of some definite food poison or decomposition product

9 Quantitative data have been given concerning the adsorptive potency of kaolin in the presence of liquid paraffin

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A M Meerloo (*Nederl Tijdschr Geneesk* February 13 1937, p 668) records three illustrative cases of chronic intoxication by hypnotics such as luminal and veronal and the toxic psychosis which may ensue Special emphasis is laid on barbitone toxicomania and the danger of the sudden development of intolerance in cases of prolonged ingestion of the barbitones *Treatment* consists in washing out the stomach injection of coramine and strychnine, venesection and lumbar or cisternal puncture Somatic treatment must always be followed by psychotherapy

It is obvious that further investigation of treatment is necessary I suggest that surgeons should be invited to join groups, each group setting itself to undertake a particular form of treatment, the lines of which should be rigidly specified Members of each group would come from different parts of the country For three years each group would continue on its own lines change of treatment occurring only if its particular line proved hopeless, and only after consultation with the other groups At the end of three years the respective results should be analysed and discussed

THREE SEPARATE CAUSES OF ANTE-PARTUM HAEMORRHAGE OCCURRING SIMULTANEOUSLY*

BY

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(WITH SPECIAL PLATE)

This case is of interest as showing three different causes of ante partum haemorrhage occurring together

The patient was aged 40, she was a nine para, the previous confinements and puerperia having been normal There was no history of pregnancy toxaemia She was admitted as an emergency case to the Birmingham Maternity Hospital on April 29 1936, at the twenty eighth week of her ninth pregnancy, during which she had been much troubled by vomiting from the end of the third month onwards, as a result of which she had lost a good deal of weight During the previous four weeks she had noticed gradually increasing swelling of the feet and legs but there had been no headache or visual disturbance She had had several slight irregular losses per vaginam the first of which had occurred at about the sixteenth week Four hours before admission she had had a very severe painless haemorrhage the amount being described by the nurse in attendance as half a bucketful

On admission she was extremely pale and collapsed The pulse was very poor in volume the rate being 142 per minute, there was marked oedema of the whole of the body below the level of the umbilicus The blood pressure was 118/40 The uterus was the size of one of thirty two weeks—that is to say a month larger than that estimated from the menstrual dates It was tense but not tender the foetal parts could not be felt nor the foetal heart heard The urine contained a dense cloud of albumin and large numbers of hyaline and granular casts The loss on admission was only slight

She was given one pint of 10 per cent glucose saline solution and her condition improved sufficiently to allow of vaginal examination being made under gas and oxygen anaesthesia The cervix was found to be three fingers dilated, through it a soft and fleshy mass was protruding Fragments of this were removed and had the naked eye appearance of hydatidiform mole Further violent bleeding occurred and the cervix and vagina were packed She was then given a transfusion of one pint of citrated blood which produced a definite improvement I thought however that her condition was not sufficiently good to stand the further haemorrhage which must inevitably take place during the expulsion of the mole and decided to treat her as a case of severe concealed accidental haemorrhage—namely by abdominal hysterectomy without opening the uterus Her age and parity afforded additional justifications for this line of treatment

Laparotomy under gas and oxygen anaesthesia showed that the uterus was very pale and tense and that both ovaries were enlarged and cystic There was no free blood in the peritoneal cavity Total hysterectomy was performed with practically no loss of blood, one pint of normal saline solution was left in the peritoneal cavity Recovery from the operation was slow owing to her extreme degree of anaemia, the red cell count three days after the operation being only 1,700,000 She was given a second transfusion of half a pint of citrated blood on the fourth day, and from this time improved steadily leaving hospital three weeks after admission

I did not open the uterus until three months after its removal, to allow for adequate hardening to take place When I did so I was surprised to find that a small but apparently normally formed foetus was present, that the placenta, in which vesicular degeneration had taken place was in a position of a central placenta praevia, and that there had been a considerable amount of concealed bleeding between the membranes and the uterine wall Sections of the placenta showed the normal appearance of a hydatidiform mole There was no sign of active proliferation suggesting malignancy Sections from the thinned uterine wall however, showed that there was early penetration of the muscle by the villi, which had not reached the peritoneal coat The naked eye appearances of the specimen are shown in the photograph (Special Plate)

Commentary

This case presents unusual features, in addition to the three coincident causes of ante partum haemorrhage One of these is the occurrence of a vesicular mole in the later stages of pregnancy, another the presence of a well developed foetus in relation to it It is possible that twin foetuses were originally present the vesicular degeneration having taken place in the placenta of one only Finally, the case illustrates the value of hysterectomy in the treatment of severe cases of ante-partum haemorrhage

* Abstract of a paper read at a meeting of the Midland Obstetrical Society, 1936

Clinical Memoranda

A Triple Pregnancy with Extra-uterine Twins

(WITH SPECIAL PLATE)

The following case of an ectopic gestation in the pouch of Douglas and external to the generative organs seems to be worthy of record

CLINICAL NOTES (E. H. R.)

A married woman aged 37 was admitted to hospital on September 7, 1936 She had had two children, the youngest aged 12, but no further pregnancies

She had always been in good health, her periods had been normal, likewise the pregnancies and parturitions She had complained of vague pains since January of that year in the lower abdomen, with amenorrhoea since June 26 For the last three weeks she had been vomiting, there had been flooding and labour-like pains in the lower abdomen

On examination she was found to be blanched and looked very ill She was passing a good deal of blood The temperature was 100° and the pulse 112 There was an irregular mass rising out of the pelvis to the level of two inches above the pubes On vaginal examination a large and rounded mass was felt in the posterior fornix, which was pressing the uterus up in front of it

SUBSEQUENT HISTORY

On September 10 she passed two fragments about one and a half inches in diameter, which proved on microscopical examination to be much degenerated placental masses Eight days later her general condition having improved an examination under general anaesthesia was performed The uterine cavity was found to be four and a half inches long and displaced to the left of the pelvis

The abdomen was opened on October 2 and a tumour the size of a croquet ball was found it filled the right iliac

INFECTIOUS MONONUCLEOSIS (GLANDULAR FEVER) AND MONOCYTIC LEUKAEMIA

BY

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[WITH SPECIAL PLATE]

It has been recognized for some years that the differential diagnosis between infectious mononucleosis and lymphatic leukaemia may be difficult (Sprunt and Evans 1920, Downey and McKinlay, 1923, Baldridge, Rohner, and Hansmann, 1926) The possibility of confusion with monocytic leukaemia has received less attention probably because of the relative rarity of this type of leukaemia The comparison is instructive from two points of view (1) the differential diagnosis is important since the patient always recovers from infectious mononucleosis, whereas monocytic leukaemia is equally fatal, (2) it assists in deciding the nature of the mononuclear cells in infectious mononucleosis

The distinction of a separate type of monocytic leukaemia is now agreed upon by most authorities Several cases have been recorded in America (Dameshek, 1930, Doan and Wiseman; Forkner and Levine, 1934), but in this country reliable reports have been rare (Gittins and Hawksley, 1933, Orr 1933 and Whitby and Christie, 1935) it is therefore proposed to describe a case of monocytic leukaemia recently under observation and to contrast its clinical and haematological features with those of two notably dissimilar cases of infectious mononucleosis

Case I —Acute Monocytic Leukaemia

A housewife aged 53 was admitted to the Manchester Royal Infirmary on April 14 1936 Four months previously she had noticed that she was short of breath on exertion and felt unduly tired These symptoms had become worse and it had been noticed that she was losing weight and becoming paler the dyspnoea was sometimes accompanied by a feeling of constriction round the chest There was no pain of any sort but discomfort after food which had been present for many years was worse Her appetite was poor and she complained of an unpleasant taste in her mouth The bowels were constipated but micturition was normal The menopause had taken place five years before No haemorrhages had occurred and no swellings had been noticed There was nothing of importance in the previous medical and family histories

Clinical Examination—The patient was seen to be very pale and thin The tongue was furred and dry and the teeth were carious There was marked halitosis but no ulceration of the gums tonsils or the mucous membranes of the mouth and throat they were merely congested The temperature was 101 F and the pulse regular its rate being 112 The spleen was not palpable and the liver not enlarged Some signs of consolidation were present at the bases of both lungs The heart and central nervous system presented no unexpected signs The urine contained a trace of albumin The blood count showed red cells 1 090 000 per c mm haemoglobin 30 per cent, colour index 1 36 white cells 14 000 per c mm polymorphonuclears 0 25 per cent lymphocytes 2 75 per cent monocytes 49 75 per cent eosinophils and basophils absent immature monocytes and monoblasts 47 25 per cent and nucleated red cells 1 per 400 white blood cells

The monocytes (Figs 1 2 and 3 on Special Plate) were (1) typical cells with convoluted nuclei and grey blue cytoplasm containing a few azurophil granules and (2) cells with very lobulated nuclei often of bizarre shapes these cells superficially looked like polymorphonuclears but their cytoplasm was typically grey blue with only a few azurophil granules and most of them were oxidase negative About 50 per cent of the monocytes were of this latter type which have been described and named blood histiocytes by Levine (1934) The monoblasts were large and resembled myeloblasts but there was usually more cytoplasm There were many forms transitional between the typical blasts and the mature monocytes these have been classified as immature monocytes The oxidase stain showed a few granules in the typical monocytes and some of the lobulated monocytes but the blasts and immature monocytes were negative

The patient was treated with intramuscular liver extract but this had no effect The anaemia the white cells and the proportion of monocytes steadily increased as shown in Table I The increase of the white cells was chiefly due

TABLE I —*Blood Counts of Case I*

Days	0	4	7	10
Red cells 10⁶ per c mm	1 090	1 080	1 030	0 890
Haemoglobin per cent	30	28	24	20
Colour index	1 36	1 30	1 20	1 01
White cells per c mm	14 000	27 700	54 400	65 400
Polymorphs per c nt	0 25	0 25	0 25	0 25
Lymphocytes per cent	2 75	2 75	3 0	1 75
Monocytes per cent	49 75	55 25	69 0	86 5
Eosinophils per cent	nil	nil	nil	nil
Basophils per cent	nil	nil	nil	nil
Myelocytes per cent	nil	0 5	1 5	0 25
Immature monocytes and monoblasts per cent	47 25	41 25	26 25	11 25
Nucleated red cells per 400 W B C	1	2	1	nil

to the appearance of large numbers of the lobulated monocytes There was some vomiting the patient gradually weakened and died ten days after admission No ulceration of the mouth or throat developed

Post mortem Examination (Dr J Dawson)—The femoral bone marrow was hyperplastic pinkish brown in colour with haemorrhages in parts The heart was of the normal size but there were marked purpuric haemorrhages on the anterior surface of the ventricles the myocardium was pale and showed tabby cat striation on the columnae carneae In the right lung the upper lobe was consolidated and showed the appearance of grey hepatization the lower lobe was congested and oedematous The left lung showed some oedema and congestion with pus in the bronchi of the lower lobe the upper lobe was healthy The liver (1 200 grammes) was pale and fairly firm there was marked mottling due to passive congestion and free iron was abundant The spleen (100 grammes) was of normal size consistency and colour on section it showed a purplish mottling on a light brown ground and the iron reaction was marked The other organs showed no noteworthy abnormalities

Microscopical Examination—The bone marrow was not very hyperplastic, fat spaces were present everywhere with small cellular patches and patches of haemorrhage between them The cells were chiefly (1) monocytes with very lobulated nuclei (2) cells with much larger vesicular nuclei with two or three lobes—large monocytes and (3) cells with non lobulated vesicular nuclei and a fair amount of pale blue cytoplasm—immature monocytes and monoblasts Eosinophil myelocytes were seen occasionally and a neutrophil or eosinophil polymorphonuclear rarely Lymphocytes were present in small numbers No megakaryocytes and hardly any nucleated red cells were seen

In the spleen the Malpighian bodies were hardly visible The pulp was very cellular monocytes with lobulated nuclei were numerous and blast cells were also common there was usually one myelocyte or polymorphonuclear cell—neutrophil or eosinophil—in each oil immersion field The reticulum cells with elongated nuclei and clearly defined processes were unusually prominent

thirds of the pelvis lying behind and completely adherent to the broad ligament It was also adherent to the wall of the pelvis It shelled out until the only connexion was with the ovary, whence it derived its blood supply It was removed and the ovary sutured there was no connexion between the tumour and the right tube The patient made an uneventful recovery

PATHOLOGICAL REPORT (A G S)

The tumour submitted for examination (see Special Plate) was oval it measured four inches by three and three quarter inches and had a vertical depth of two and a half inches A foetus corresponding in size to that of a three months gestation was found quite external to the tumour but attached thereto by the umbilical cord

On opening the tumour a second foetus of the same size was found The two were attached to a common placenta The amnion was clearly defined in the second foetus The rest of the tumour was firm and fibrous it contained many haemorrhages and was laminated The original scrapings from the third individual showed obvious placental tissue with syncytial cells and vacuolated foci

COMMENTARY

The interest lies in the presence of an intra uterine pregnancy which had aborted, as shown by the placenta passed per vaginam, the size of the uterine cavity, and a twin extra uterine pregnancy attached to and arising from the ovary

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Colloid Goitre Requiring Tracheotomy

A review of the literature of cases of colloid goitre shows that the onset in these cases of acute tracheal obstruction requiring tracheotomy or thyroidectomy is a rare occurrence C A Joll (1932) in a review of 2 000 cases of thyroid disease had only three cases of acute respiratory obstruction Berry states that these cases are supposed to be more common in males than in females, and usually occur between the ages of 12 and 20 Of Joll's three cases two were male and one female and he stated that partial thyroidectomy was preferable to tracheotomy unless the special Konig's tracheotomy tube was available Further cases have been recorded by G R Girdlestone (1921) one case W Capelle (1935) three cases, D S Mitchell and R R Struthers (1933) one case of tracheotomy at the age of 2½ months for congenital hypertrophy of the thyroid, P Guibal (1932) one case

The cause of the obstruction is suggested by Croty to be due to hypertrophy of the pretracheal muscles, and by Rose (1878) to be due to softening of the tracheal rings The present case was a boy aged 13 who was admitted as an emergency with acute tracheal obstruction

CASE RECORD

The boy had complained of a swelling in the neck for about six months and occasional attacks of bronchitis and asthma He had been ill for two days before admission with a cough He lived in Halifax where drinking water was supplied direct by the borough On admission the child was unconscious and a tracheotomy was performed in the receiving ward A catheter was passed down the trachea to below the thyroid isthmus The case was then transferred to the theatre and the isthmus was divided under local anaesthesia After the operation the pulse rate was 136 and the temperature 101 F There was a gradual improvement for the next fourteen days when the temperature returned to normal and the pulse rate to 86 The boy was very pale but the blood count was haemoglobin 100 per cent red cells 5 630 000 colour index 0 9 leucocytes 8 300 Repeated attempts to leave out the tube failed A well marked thyroid tumour was present the right lobe being larger than the left

On July 19 1935 bronchoscopy revealed softening of the tracheal rings from pressure of the enlarged thyroid There was persistent tachycardia and the child was very pale but examination of the heart revealed no organic lesion

On August 1 under avertin intratracheal ether and oxygen anaesthesia four fifths of the right lobe of the gland were resected The general condition was not very good but gradually improved Repeated attempts to remove the tube still failed and at night while asleep the breathing was very noisy and stertorous *Stridor was present as soon as the tube* was removed and it was thought that the pressure of the thyroid had so softened and deformed the trachea that it collapsed when the tube was removed General treatment with cod liver oil ultra violet light and calcium lactate 6 grains three times a day was instituted

The pathological report showed the specimen to be a colloid goitre and on September 30 the blood calcium was 11 8 *grammes per 100 c cm* The patient was discharged on October 30 with a rubber tracheotomy tube He was seen at intervals afterwards and the general condition became much improved

On January 2 1936 the tube came out at home and could not be reinserted but as the child appeared comfortable without it no attempt was made at replacement He was brought to hospital and kept under observation for five days but there was no return of the symptoms

On examination as an out patient on November 5 1936 the general condition was good and the weight 6 st 7 lb He could play football and no longer snored at nights The scar showed a little tendency to keloid formation and the left lobe of the thyroid though palpable was considerably smaller than it had been on discharge from hospital ten months previously

COMMENTARY

On admission the boy was unconscious and a high tracheotomy was performed and the obstruction relieved by the passage of a piece of gum elastic catheter Simple division of the isthmus of the thyroid was not successful in relieving the obstruction bronchoscopy suggested that this was due to collapse of the tracheal rings and even partial thyroidectomy at a later date would not allow of immediate removal of the tracheotomy tube It was apparently necessary for considerable time to elapse before the trachea regained its normal rigidity In none of the recorded cases of a colloid goitre causing tracheal obstruction was the goitre more than moderately enlarged This is surprising in view of an article on experimental surgery by E Walter Workman and G Gavin Miller (1935), in which they made the interesting observation that a colloid phase of the thyroid could be produced in guinea pigs by an experimentally induced tracheo stenosis If these observations are applicable to man it is surprising that cases of marked tracheal obstruction are not more common because a small degree of tracheo stenosis should tend to increase the size of the thyroid goitre thereby initiating a vicious circle

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TABLE II—*Blood Counts of Case II*

Days	1	4	5	6	8	11	14	22	27	44	86
Red cells 10 per c mm	4 130	—	—	4 040	—	—	5 310	5 110	5 330	4 980	4 146
Haemoglobin per cent	53	—	—	53	—	—	71	71	88	82	80
Colour index	0 65	—	—	0 66	—	—	0 67	0 69	0 81	0 82	0 98
White cells per c mm	8 200	21 200	32 500	24 000	23 000	22 200	7 500	6 600	7 400	9 600	5 600
Polymorphs per cent	34 25	23 0	—	23 0	25 5	33 25	33 25	41 0	53 0	40 75	58 0
Lymphocytes per cent	30 75	38 0	—	29 5	40 5	46 25	46 5	45 75	37 25	48 5	30 75
Monocytes per cent	6 75	5 0	—	4 25	3 25	1 75	4 25	5 5	7 25	8.25	7 75
Eosinophils per cent	0 25	0 5	—	nil	nil	1 0	2 0	1 75	1 0	1 25	2 75
Basophils per cent	0 5	0 25	—	0 25	0 5	nil	0 5	0 75	0 5	0 25	1 75
Myelocytes per cent	0 5	0 5	—	1 5	1 25	nil	nil	nil	nil	nil	nil
Abnormal mononuclears per cent	27 0	32 75	—	41 5	29 0	17 75	13 5	5 25	1 0*	1 0*	nil
Nucleated red cells per 400 W B C	nil	2	—	3	1	1	nil	nil	nil	nil	nil

* Turck cells

In the liver some fatty changes were present in the cells at the centres of the lobules No definite leukaemic infiltration was manifest, though the blood vessels could be seen to contain lobulated monocytes

Case II—Infectious Mononucleosis

A female shop assistant aged 21 was admitted on account of haemorrhage from the rectum The history was that from the time of the onset of menstruation at the age of 14 she had bruised easily, bleeding from cuts had been unusually free, and dental extraction had also been complicated by haemorrhage Menstruation was irregular, and there was usually considerable loss She had always been pale, but during the last few weeks her pallor had become noticeably intensified Fourteen days before admission there had been a quite considerable haemorrhage from the rectum after defaecation, she had felt unusually tired, and had been obliged to stop work and go to bed a week later Some haemorrhagic spots had appeared on the lips, which had bled a little, but there had been no further haemorrhage from the rectum or elsewhere, and no rash No dyspnoea or palpitation was noted but her appetite had been poor The bowels were constipated but micturition was normal There had been slight loss of weight For the last week she had felt unusually languid, and there had been much sweating The previous medical history included rheumatic fever and scarlet fever at the age of 7

Clinical Examination—The patient appeared thin but not wasted, pale, and white There were numerous small haemorrhages on the lips, but the tongue was clean and the teeth were good The tonsils were congested but only slightly enlarged and the throat was slightly congested The skin was pale and damp, no rash was seen The pulse was regular and of good volume, its rate being 96 the temperature was 101° F The spleen was not palpable and the liver not enlarged No enlarged lymph glands were found The heart was not enlarged, but there was an apical systolic murmur the blood pressure was 110/70 mm Nothing abnormal was found on examination of the lungs and the central nervous system, the urine was free from pathological constituents The blood count showed red cells 4 130,000 per c mm haemoglobin, 53 per cent, colour index, 0 65, white cells 8 200 per c mm polymorphonuclears 34 25 per cent lymphocytes 30 75 per cent monocytes, 6 75 per cent, eosinophils 0 25 per cent basophils, 0 5 per cent, myelocytes 0 5 per cent abnormal mononuclears, 27 per cent, nucleated red cells absent, platelets, 494,000 per c mm The abnormal mononuclears were of two types (Figs 4 and 5 on Special Plate) (1) large cells with a large nucleus either round or bean shaped with a stippled chromatin pattern the cytoplasm being dark blue and ranging in amount from fairly abundant to scanty, and (2) cells equally large, with round nuclei whose chromatin had a less well marked pattern and whose cytoplasm was pale grey-blue with a few azure granules and vacuoles The first type looked like exaggerated Türck cells, the second type resembled exactly the immature monocytes seen in Case I About 60 per cent of the abnormal mononuclears were of this second type There were cells which it was difficult to place in either type and, in consequence, all were classified together as 'abnormal mononuclears"

The Wassermann reaction was negative The van den Bergh test showed 0 3 unit of bilirubin Cultures from a throat swab showed that no diphtheria was present, haemolytic streptococci and *Staphylococcus albus* were found

Treatment with pil ferri 90 grains daily was commenced at once On the fourth day after admission the patient complained of sore throat, and there was some swelling of the cervical and axillary lymph glands and of the tonsils, the temperature was now normal The blood count (see Table II) showed that the white cells had risen to 21,200 per c mm, with 32 75 per cent of abnormal mononuclears By the eighth day her condition was much worse The temperature was 101° F, the tonsils were very swollen, especially the left, which showed excavation on the surface and exudation The lymph glands all over the body were enlarged The blood count was much as before From this day, however, recovery set in, and ten days later the swelling of the tonsils had almost completely subsided The lymph glands were no longer enlarged and the temperature was normal, the white cell count had fallen below 10,000 per c mm and there was only a small percentage of abnormal mononuclears The Paul Bunnell test (1932) at this time gave a result (positive in a dilution of 1 in 16) which was compatible with an infectious mononucleosis that had passed the acute stage, Twenty three days after admission she was discharged to the department's out-patient clinic, treatment with iron being continued During her time in the ward there had been no rectal haemorrhage or other bleeding, except from the lips, and this had now ceased She continued to recover, and the blood returned towards normal levels

Case III—Infectious Mononucleosis

A glass bender aged 24 was admitted with the history that fourteen days previously he had noticed some swellings in the neck and under the left jaw, those under the jaw were tender He felt tired, but continued at work One week later he had a severe attack of griping pain in the left hypochondrium, and at the same time he complained of sore throat and dysphagia No haemorrhages occurred there was no rash and she had no cough The bowels were constipated and micturition was normal Since both these symptoms became worse he obtained medical advice A blood examination showed that there were 19 200 white cells per c mm, of which 92 per cent were reported as lymphocytes

Clinical Examination—On admission to the Infirmary he had a good colour and was rather flushed and well nourished,

Reviews

THE ST THOMAS'S REPORTS

St Thomas's Hospital Reports Second Series Vol 1 Edited by O L V S De Wesselow and C Max Page 10s London St Thomas's Hospital 1936

In a short introduction to the first volume of a new series of these reports Mr Max Page points out that St Thomas's was the first of the English hospitals to bring out a publication of papers, clinical lectures, and case notes, recorded by students or the editor with comments by the responsible member of the staff The first number of the original series appeared in November, 1835, but publication ceased after 1836 until a second series appeared in 1870 This contained articles by members of the staff and medical school and also introduced statistical tables This series has appeared regularly since, but latterly has consisted mainly of arid statistical tables Those responsible for the issue of the Reports have had a growing feeling that the disinterested records of bulk figures in relation to hospital work have nowadays little value, at any rate unless they are associated with instructive observations from organized follow-up departments It has therefore been decided to discontinue the statistical element, and in its place publish an annual volume which will aim, in a series of original articles, at a reflection of recent work carried out in the hospital The number before us represents the first attempt to fulfil this scheme

The contributions to the present volume may be grouped under various headings Of the didactic articles Professor McSwiney contributes one on present-day views of the constitution and function of the involuntary nervous system, and Dr A J Wrigley another on the physiology of menstruation Here students of the subject will find a very clear and useful guide to the rather intricate interrelations of pituitary and ovarian hormones, and further, the indications for the use of endocrine therapy in the various upsets and syndromes of disordered menstrual functions are well set out Among the diagnostic articles Professor Dudgeon points out that perfect specimens of particles of malignant growth may be obtained by a careful technique from the sputum of cases of suspected malignant growth of the lung or respiratory tract In forty-three cases of malignant growth of lung particles of growth were found in the sputum, and the histological features of the malignant cells were comparable with those of specimens obtained at biopsy or necropsy In an interesting account of modern methods in the diagnosis of plumbism Mr Lowndes points out that the occurrence of some amount of lead in the body is the rule rather than the exception, and that care must therefore be exercised in the diagnosis of lead poisoning In cases of suspected plumbism examination of the blood is more satisfactory than estimation of excreted lead The blood lead is normally fairly constant and abnormal quantities are easily detected In his experiences of the Friedman test for pregnancy Dr Bamforth found it rare for a diagnosis of a positive result to be incorrect If a negative result is obtained the test should be repeated in a week with a fresh specimen of urine In no case where the first test was negative and the second test positive has the "positive" been shown to be wrong and the repetition has prevented a number of false negative results The Friedman test may also be of considerable value in the differential diagnosis of tumours of the testicle, since a large proportion of cases of teratoma of the testicle give a positive reaction

The more clinical papers include studies of metastatic brain tumours by Dr Elkington, diabetic coma by Dr Card, the treatment of pituitary basophilism by x rays and of prostatic obstruction by transurethral resection A very satisfactory summary of the operative treatment of Ménière's disease is given by Mr Mill, and two orthopaedic papers on the treatment of adolescent coxa vara and of non-union of the carpal scaphoid are useful In cases of inoperable carcinoma of the rectum a follow up of 123 cases showed that colostomy alone in the absence of acute obstruction carried an operative mortality of 17 per cent and did not materially increase the expectation of life, it should be performed only when strictly indicated, and a proportion of cases can be kept comfortable for a long time by other means At the other end of life the care of the premature infant is usefully discussed by Dr Doyne Bell, who emphasizes the need for maintaining from the moment of birth the normal body temperature by artificial means with the minimum of handling and disturbances, and the superiority of breast milk over other methods of feeding

A study of a more philosophic nature by Professor De Wesselow and Dr Griffiths deals with the pathology of diabetes Earlier work had led to the enunciation of two opposite theories that in the diabetic state sugar might be produced in the body in excess of its current requirements, or that the tissues might be unable to utilize a normal supply of sugar The discovery of insulin and of its beneficial action in diabetes led to a swing to the latter theory of causation There are, however so called diabetogenic factors in the pituitary gland which are capable of disturbing the normal regulation of carbohydrate metabolism In any group of patients attending a diabetic clinic there are cases in which the possible role of the pituitary cannot be ignored—those past middle age and obese, whose glycosuria and hyperglycaemia is accompanied by little ketonuria and appears to affect very little the patients' general well-being or to shorten appreciably their expectation of life even in the absence of strict treatment with diet and insulin Plasma from these patients is found to produce an early arrest of the fall of blood sugar of rabbits after injection of insulin in a manner closely resembling the results of other workers after injection of extracts of the anterior pituitary gland No such effect followed injection of the plasma of young diabetic patients and of normal controls The authors suggest that the explanation of the diversity of symptoms and course of these two groups of diabetic patients may lie in a difference of aetiology

This volume, then is interesting and instructive and will appeal not only to old St Thomas's men but to other workers in similar fields

VENEREAL DISEASES

Practical Methods in the Diagnosis and Treatment of Venereal Diseases By David Lees DSO MA MB DPH, FRCSEd FRCPEd Third edition edited and revised by Robert Lees MB FRCPEd (Pp 608, illustrated 15s net) Edinburgh E and S Livingstone 1937

Owing to the death of David Lees the third edition of this work has been edited and revised by Dr Robert Lees with the help of several contributors The book has remained about the same size, syphilis of the nervous and cardiovascular systems has been rewritten the chapter on chancroid phagedaena, inguinal bubo etc is all new material, and that on vulvo vaginitis has been largely rewritten Two appendixes have been added one containing a list of the commoner drugs used in syphilis and the other a list of clinics for the treatment of venereal

he found it painful to speak or to swallow The tongue was furred and dry the teeth were good and the tonsils were red but not enlarged or ulcerated the throat was injected and oedematous but no ulcerations were present The temperature was 101 F the pulse regular rate 95 All the groups of lymph glands in the neck were enlarged and the glands were discrete movable, and about 2 cm across there was a larger mass in the left submaxillary region which was tender but not fluctuant The occipital and parotid glands were enlarged a few glands were palpable in the axillae and one large gland was present in each inguinal region There was some tenderness in the left hypochondrium the spleen was not palpable and the liver not enlarged Examination of other systems revealed nothing of note The blood count showed red cells 4 890 000 per c mm haemoglobin 94 per cent colour index 0 96 white cells 16 800 per c mm polymorphonuclears 13 5 per cent lymphocytes 64 per cent monocytes 6 per cent eosinophils and basophils absent abnormal mononuclears 16 5 per cent nucleated red cells absent The abnormal mononuclears were mostly of the type with large nuclei and dark blue cytoplasm The Wassermann reaction was negative the Widal reaction was negative for all standard antigens the Paul Bunnell test was positive in a

TABLE III—*Blood Counts of Case III*

Days	0	5	8	12	30
Red cells 10 per c mm	4 890	—	—	5 140	4 160
Haemoglobin per cent	94	—	—	98	90
Colour index	*0 96*	—	—	*0 96*	*0 98*
White cells per c mm	16 800	8 300	10 000	9 800	5 600
Polymorphs per cent	13.5	9 0	13 5	23 0	32 75
Lymphocytes per cent	*64 0*	*76 25*	*67 0*	*65 0*	*56 25*
Monocytes per cent	6 0	5 5	9 0	8 5	8 75
Eosinophils per cent	nil	0 25	nil	nil	1.25
Basophils per cent	nil	0 5	0 25	nil	1 0
Abnormal mononuclears per cent	16 5	8 5	10 25	3 5	nil

dilution of 1 in 128 (which the authors regard as almost certainly diagnostic of infectious mononucleosis)

From the time of his admission the patient steadily improved the glands became less swollen and tender the throat less painful and the blood counts showed a return to a more normal picture He was discharged after twelve days feeling quite well, although the blood count, as usual, still showed some mononucleosis

Discussion

The three cases described seem to form examples of a graduated series, Case I being typical of monocytic leukaemia, Case III characteristic of glandular fever, while Case II shows features of both Case II presented unusual features haemorrhage of any sort is rare in infectious mononucleosis, and Tidy (1934) states that he has only been able to trace one case where there was haemorrhage from the rectum The white cell count reached a high level, nearly to Tidy's maximum of 40,000 per c mm

Differential Diagnosis

In characteristic cases such as exemplified by Cases I and III, the differential diagnosis presents little difficulty The patient with acute leukaemia is severely ill, there is marked anaemia, and a high proportion of the leucocytes are recognizably immature The patient with glandular fever has an illness which is clinically mild, there is no anaemia of any significance, and although there is a mononucleosis only a small proportion of the cells can be interpreted as immature

In less typical cases the diagnosis may present great difficulty Both conditions may show pyrexia, enlarged lymph glands and an enlarged spleen Mouth lesions and sore throat not part of a leukaemic syndrome, may be accompanied by a mononucleosis (Friedmann and Elkeles, 1928, Hartfall, 1934) Case II shows that haemorrhage and anaemia may occur in infectious mononucleosis as well as in leukaemia but the anaemia of acute leukaemia, except in the early stages, is usually more severe than in Case II The total white cell count is no guide the majority of cases of acute leukaemia have white cell counts under 40,000 per c mm and many are under 10,000 per c mm (Israels 1936) The morphology of the mononuclears is however, usually very helpful, and this together with the clinical impression of the illness, are the most useful points The recent heterophil antibody tests introduced by Paul and Bunnell (1932 and 1933) also seem to be promising

Morphology of the Mononuclears

Longcope (1922) describing infectious mononucleosis wrote that the mononuclears were of three types normal lymphocytes large cells identical with the large mononuclears and transitional cells of normal blood and mononuclears of a type not encountered in normal blood Further experience of the disease has confirmed the accuracy of this classification and although all three varieties are increased in number in infectious mononucleosis, attention has been particularly directed to the abnormal mononuclears since they give a valuable diagnostic clue As stated previously (Case II) there are two chief varieties (1) large cells with large round or bean shaped nuclei and scanty to fairly abundant dark blue cytoplasm and (2) equally large cells with large round nuclei with pale grey blue cytoplasm Transitional forms between these two occur American writers (Sprunt and Evans, 1920 Longcope, 1922 Downey and McKinlay 1923, and Baldridge *et al*, 1926) have usually interpreted them all as lymphocytes, Wiseman (1936) regards infectious mononucleosis as an infective hyperplastic lymphatic condition certain German authors (Baader 1922 Hopmann, 1923) regard them as monocytes More recently in this country Whitby and Britton (1935) think that they are all monocytes while Tidy (1934) is of opinion that both lymphoid and reticulo endothelial tissues are involved On the whole it seems likely, however, that both abnormal lymphocytes and immature monocytes occur In the figures of Downey and McKinlay (1923) and of Baldridge Rohnei, and Hansmann (1926) there are cells which to day would almost certainly be interpreted as immature monocytes, though at the time when these papers were written the conception of monocytic leukaemia, with the knowledge it gave of the characters of immature monocytes was not widely known The finding in Cases I and II of this series of very similar if not identical cells corresponding to the second type of abnormal mononuclears mentioned above also suggests that these are immature monocytes With regard to the first type of abnormal mononuclears there seems to be no means of deciding definitely whether they are lymphoid or monocytoid supravital staining, as Tidy (1934) and Hall (1930) have pointed out gives no more evidence than other methods They are different from the monoblasts as seen in Case I and from myeloblasts being usually larger and with a greater quantity of darker-staining cytoplasm and a different nuclear pattern Downey (1923) gives reasons for regarding them as lymphoid

In making the counts no attempt has been made to classify these cells because as Baldridge puts it any attempt at dividing the cells into groups leads to stilted classifications based on slight morphological differences and varying with different observers and also because

disease for reference in hospital and dispensary practice

Students and general practitioners will find all that they need in this admirable little book which contains a wealth of information in a comparatively small compass The names of the authors and their wide experience of the subjects with which they deal are sufficient guarantee of the accuracy of the contents of a book which has been brought up to date Methods of treatment and diagnosis are constantly changing so that a new edition is to be welcomed and this one is a marked improvement on its two predecessors Many of the figures are beautifully produced but others are not so good notably those showing gonococci and allied organisms on pp 326–7 The value of vaccines in suitable cases is stressed and no doubt rightly it would seem that the pendulum has of recent years swung too far for many have almost given up using them Quite rightly, too the treatment of syphilis has been brought into line with that recommended by the League of Nations Health Committee, the conclusions of this body carry so much weight that he would be a bold man who questioned them

Malpharsen and short-wave therapy find no place in this book except that the former appears in the appendix, it may be that both have a future before them Errors are few but primipara (p 117) is not a plural word, and most of us when taking blood from a vein apply the thumb *distal* and not *proximal* to the point where we intend to puncture it nor do most cricketers swing the arm round and round in throwing a cricket ball (p 45) Expressions such as male gonorrhoea and internal viscera are better avoided

DEFENCE AGAINST AIR ATTACK

The Protection of the Public from Aerial Attack A Critical Examination of the Recommendations put forward by the Air Raid Precautions Department of the Home Office By the Cambridge Scientists Anti War Group (Pp 127 2s 6d net) London Victor Gollancz 1937

This short volume embodies a critical examination of the recommendations issued by the Air Raid Precautions Department Members of the Cambridge Scientists Anti-War Group have made experiments on three points—namely the extent to which it is possible to make an ordinary room gas proof the practicability of the methods recommended for dealing with thermite bombs and the efficacy of gas masks The value of the last mentioned inquiry is made somewhat doubtful by the statement of Dr H Dolence Woodruffe county director of the Oxford shire branch of the British Red Cross who, speaking at Oxford last month stated that the container investigated was only a training pattern and that the container to be issued at the outbreak of war to civilians as well as troops will be much superior It seems wisest to leave Oxford and Cambridge to discuss this matter The Cambridge group has proved that an ordinary wall of brick and plaster has surprisingly little power to check the diffusion of a true gas On the other hand, it must be remembered that the most deadly "war gases are not gases but either mists or dusts and to these a brick and plaster wall would probably offer a fairly effective resistance

We are inclined to doubt whether this book performs any public service The authors comment on the way in which the air raid precautions officials stress the danger of panic and ask why should they fear panic so much? The answer seems fairly obvious An air attack on a big city is certain to be as nasty a business as anyone can imagine Professor Lindemann who speaks with authority on such matters, has suggested lately in the *Morning Post* that the probable casualty list from a single big raid would be 10 000 killed and 40 000 wounded It is however certain that the casualties will be increased tenfold if the population dashes about the streets in mobs under the influence of panic, because even if houses cannot be made gas proof yet people will be far safer inside a house than outside On the other hand it must be admitted that the eye wash in Government publications provides a good deal of excuse for the reactions exhibited in this book Reading the official publications makes one realize the unchanging nature of official minds in particular with regard to their leading tenet that the public must never be frightened by being told unpleasant truths

GROWTH OF MEDICINE SINCE THE MID-SIXTEENTH CENTURY

The Development of Modern Medicine An Interpretation of the Social and Scientific Factors Involved By Richard Harrison Shryock (Pp 442 illustrated 18s net) Philadelphia University of Pennsylvania Press London H Milford Oxford University Press 1936

Dr Shryock is professor of history in the Duke University, and his volume on the development of modern medicine is both complete and well written He gives chapter and verse in footnotes for each statement and the book is valuable therefore as a work of reference for those who wish to pursue further any special line of investigation It ranges from the middle of the sixteenth century to the present day Professor Shryock states that his object has been to portray certain major aspects of medical development against the background of intellectual and social history in general The earlier portions of the book therefore are chiefly philosophical and abstract the later sections are concrete and deal with subjects and developments in which many of the present generation have taken an active part

A handsome tribute is paid to the work of the French physicians at the beginning of the last century especially to Pierre Louis He was the prototype of the modern whole time student of medicine For seven years he did nothing but work in the wards and in the post mortem room, and for three years he never wrote a word about his results A well deserved tribute too is paid to Johannes Muller who was responsible more than anyone else for the introduction of the modern scientific spirit into German medicine and thence into England where it inspired such great teachers as Sir James Paget The story of the public health movement from 1800 to 1880 is well told more especially of the great epidemics of Asiatic cholera in the middle of the century and of the results upon sanitation both in the United States and in Great Britain John Snow's work is mentioned but that of Dr Th H Buckler of Baltimore appears to have escaped notice The growth of bacteriology from the work of Davaine to the time of the viruses is well described and there is a thoughtful final section on Practice in a Changing Society 1880–1930

The book is well worthy of serious consideration and should become a standard work There are eight full page illustrations copied from paintings by various artists In view of future editions it may be noted that as might be expected from our complicated and difficult system of entry to the medical profession Professor Shryock is not always quite accurate in his statements about the Royal Colleges and the licensing bodies He calls Lister a Scottishman which he was not for he was an English Quaker He fails to point out that Captain Cook owed the success of his voyage round the world less to the lime juice he made his crew drink than to his remarkable

these differences are not reflected clinically The proportions of normal lymphocytes, normal monocytes and abnormal mononuclears seem to vary from case to case sometimes the monocytoid cells are prominent sometimes the lymphoid cells But it may be said that if the clinical picture is suggestive the presence of a mononucleosis which includes a significant proportion of the abnormal mononuclears described makes it very likely that the condition is infectious mononucleosis

Apart from causing diagnostic difficulties it is of great interest that immature monocytes should appear in an apparently infective state as well as in a leukaemic state It is well known that in septicaemia myelocytes may appear in the blood and that whooping cough often causes a lymphocytosis of leukaemic proportions It is possible that the relation between the monocytosis of monocytic leukaemia and glandular fever may be similar, thus bringing the monocytic series into line with the other series of leucocytes At present there is no evidence as to the nature of the relation between this type of response and that of leukaemia

Summary

1 A case of monocytic leukaemia and two cases of infectious mononucleosis (glandular fever) presenting different clinical and haematological characters are described

2 In infectious mononucleosis mononuclear cells of types not found in normal blood appear These cells are described and it is suggested (by comparison with the cells in monocytic leukaemia) that some of them are immature monocytes and that others are probably lymphoid These cells are very typical and are of considerable value in diagnosing the condition

3 The differential diagnosis between monocytic leukaemia and infectious mononucleosis is considered

I am glad to acknowledge assistance I have received from Dr J F Wilkinson and other members of the honorary staff of the Manchester Royal Infirmary who have allowed me access to cases under their care, from Professor Dougal for the loan of apparatus, and from the Lady Tata Memorial Trust Fund

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The tenth congress of oto neuro ophthalmology will be held at Geneva under the presidency of Professor F Naville from May 14 to 16 when papers will be read on the central vestibular tracts and their disorders by Professor Van Gehuchten of Louvain and on topographical syndromes of these tracts by Professor J A Barre of Strasburg Further information can be obtained from M Edmond Barbey, 20, Rue du General Dufour, Geneva

TERMINAL CASEATING TUBERCULOUS BRONCHOPNEUMONIA

IN WHICH THE DATE OF ONSET WAS KNOWN

BY

C E H TURNER, M R C S, L.R C P

Assistant Medical Officer South Yorkshire Mental Hospital, Late Assistant Bernhard Baron Institute of Pathology London Hospital

(WITH SPECIAL PLATE)

In any subacute or chronic tuberculous lesion found at necropsy data are rarely available for fixing the time at which the pathological process began As a rule this can only be inferred from the time at which signs or symptoms were first noticed By how long the pathological changes had preceded these it is usually impossible to say In the case which is here recorded it so happened that data were present for fixing within narrow limits the time of onset and consequently the rate of development of gross tuberculous lesions in the lungs

Pathological Evidence

On August 20, 1936 a necropsy was made on a man, 45 years old, who had been a patient of the South Yorkshire Mental Hospital for nine years The body was extremely emaciated A large area of tuberculous bronchopneumonia was found occupying the upper and middle zones of the left lung and there was a rather smaller area in the right lung in the same parts (see Special Plate, Figs 1 and 2)

The presence of such gross and extensive lesions in the lungs came as a surprise, because although tuberculosis had been suspected in this man for some years owing to his progressive wasting yet at no time had any abnormal physical signs been found in the chest Even as recently as July 2 1936—that is, less than two months before death —not only had no abnormal physical signs been found on careful examination, but also an x-ray film of the chest had shown nothing definitely abnormal (Fig 3) One must therefore suppose either that almost the whole of this extensive invasion of the two lungs had developed since July 2, 1936, or that there were at that date marked tuberculous changes in the lungs which not only gave rise to no obvious physical signs even when carefully sought for, but which also showed no evidence of their presence on x ray examination

It would be contrary to all our radiological faith to believe that any gross focus of tuberculosis could have been present in these lungs at the date at which this radiograph (Fig 3) was taken It therefore follows that almost the whole of the areas of solidification and excavation found at the post-mortem examination must have developed during a period of some fifty days or less, how much less it is impossible to say

Mention has already been made of the extreme emaciation of the body at death and of the fact that this loss of flesh had been going on for six years so as to cause repeated suspicion of tuberculosis The explanation of this wasting is found in the records of the case The man was a melancholic, with strong suicidal tendencies and had acquired the habit of regurgitating a considerable part of every meal Nothing could be done to prevent this The wasting was thus due to gradual self starvation, brought about by the psychosis

knowledge of sanitation, for he obtained good water wherever possible, ventilated the lower deck, and made his men change into dry clothes. There are slight misprints on pages 265, 329, and 331. Sir Henry Acland's name is incorrectly spelt on page 232 as well as in the index. Sir James Y. Simpson first used chloroform in 1847, not in 1851 as is implied.

RADIOLOGY OF DUST DISEASES

Rontgenatlas der Staublungenerkrankungen der Ruhrbergleute. By Dr. G. Schulte. (Pp. 141, 153 figures. M. 24; geb., M. 26.) Leipzig: G. Thieme. 1936.

In the last few years the study of silicosis has assumed great importance not only in clinical work in certain districts, but particularly in connexion with workmen's compensation. The diagnosis of the condition still largely rests on the x-ray photograph of the chest, and the tendency of silicosis to favour the development of pulmonary tuberculosis increases the difficulties in the differential diagnosis. The atlas by Schulte will therefore be assured of a hearty welcome. A few pages of succinct notes on the various aspects of dust disease of the lungs are followed by remarkably clear reproductions of chest skiagrams, selected portions of each side being printed in natural size.

The book is divided into three parts. The first consists of photographs of the various degrees of silicosis and silico-tuberculosis. Part II. comprises several series of two to three skiagrams of the same patient taken at intervals of a few months to a few years showing the development of silicosis, its increasing severity or its development into silico-tuberculosis in the same individual. Finally, a few skiagrams are added of conditions which may simulate silicosis. Essential clinical notes are appended to each case, with a brief description of the probable underlying anatomical changes, for these Dr. Hasten is responsible. Attention may be drawn to the one oblique skiagram included in this volume for it disproves a current conception that in the course of silicosis calcification may occur in the hilar glands. The author shows that these mulberry-shaped shadows are really situated in the substance of the lung, and are probably due, he thinks, to silicotic changes around bronchioles and vessels in the region of their branching.

Notes on Books

The 1936 Year Book of General Medicine (Chicago, The Year Book Publishers; London: H. K. Lewis and Co., 12s. 6d.) is a compact little volume divided into five parts, devoted respectively to infectious diseases, by George F. Dick; diseases of the chest (except the heart), by Irwin Brown; diseases of the blood and blood-forming organs and diseases of the kidney by George R. Minot and William B. Castle; diseases of the heart and blood vessels by William D. Stroud; and diseases of the digestive system and of metabolism by George B. Eisterman. In addition to a review of the recent work on the diseases usually sent to isolation hospitals, the section on infectious diseases contains under the heading of 'arthritis' a useful survey of the problem of "rheumatism" and arthritis, including an account of x-ray findings in various types of chronic arthritis, results of blood cultures and the results of fever therapy and other forms of treatment. The section on diseases of the chest besides a description of the literature on the serum therapy of pneumonia contains a full account of recent work on tuberculosis both in its medical and surgical aspects. The text is freely interspersed with photographs, skiagrams, and other illustrations.

From the patient's point of view there is not much scope for humour in the profession of dentistry. In *Doothful Essays* (Bale, Sons and Danielsson. 7s. 6d.) Mr. EDWARD SAMSON successfully combats this view. The book is a humorous survey of dental practice, in which the author directs the shafts of a kindly and discerning wit against himself, his colleagues and his patients. His versatility is remarkable. The essays are admirably illustrated with his own caricatures and the sequence of prose is occasionally broken by amusing parodies in verse. Mr. Samson divides good patients into two types. The first is almost fanatically attached to his dentist, believes all he says, worships his work and spares no pains to send everybody else to the door of such a brilliant man. The second demands the very best work and realizes that this deserves the highest reward which he is only too anxious to make without any reminder. On rare occasions these two types coexist to form the ideal patient. Underlying the humour of this book is a substratum of wisdom and shrewd common sense, but it is primarily a book for amusement. Dentists will derive the greatest enjoyment from reading it, but their patients also will find it diverting.

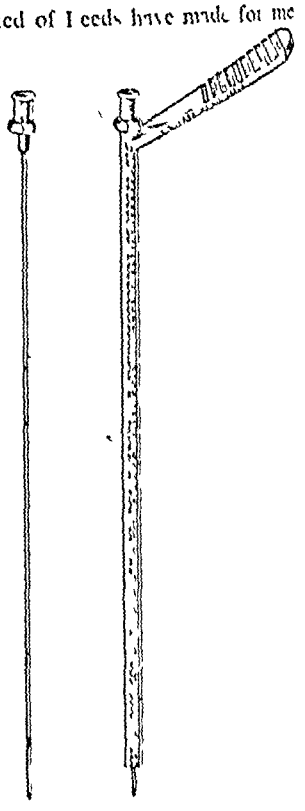
We have received the bound volumes of the Minutes of the General Medical Council and of its various committees and branch councils for 1936, complete with fourteen appendices (vol. lxxii), also the general index to the minutes of the General Medical Council, the Executive and Dental Executive Committees, and the English, Scottish and Irish branch councils for 1903–36 (vols. xl. to lxxii). Both volumes are published and sold for the General Medical Council by Constable and Co. Ltd., 10, Orange Street, Leicester Square, W.C., and the prices are 12s. and 10s. respectively.

Preparations and Appliances

SYRINGE FOR SPLANCHNIC ANAESTHESIA

Mr. HAROLD UPCOTT (Hull) writes:

Messrs. C. F. Thackray, Limited, of Leeds have made for me an instrument to facilitate the production of splanchnic anaesthesia in operations on the upper abdomen under local infiltration. It consists of a blunt-ended rigid cannula six and a quarter inches long fitted with a flange at one end. This carries a Record needle a quarter of an inch longer than the cannula. When the abdomen is opened a finger of the left hand is passed down to the lateral aspect of the body of the twelfth dorsal vertebra. The cannula, with the needle retracted, is passed along the finger until its blunt end is resting on the posterior abdominal wall. It is held in this position while a syringe is attached to the other end of the needle and pushed home before making the injection. The injection is then repeated on the opposite side.



gical treatment Anomalies of the heart and urinary tract may give rise to symptoms referable to the gastro intestinal tract and must be borne in mind Education of the family is required to correct faulty environment and hygiene Whole milk dilutions with added sugar and vitamins supply proper food to the infant in almost every instance Proprietary foods are rarely required Causes of digestive disturbances in infants are to be looked for in the first three groups rather than in the last group Infants have a wide tolerance in digestive and assimilative capacity, and can adapt themselves to a variety of food combinations provided their fundamental requirements are satisfied

10 BCG Vaccine in Children

C KERESZTURI and W H PARK (*Amer Rev Tubere* October, 1936 p 437) describe their findings after eight years experience of BCG vaccinations of children in America (1) They are able to substantiate Calmette's claim that BCG vaccine is harmless in humans provided they are free from tuberculous infection Before using it on children they administered it to some four hundred animals without producing tuberculosis 175 infants not exposed to tuberculous infection over periods of one month to eight years did not develop tuberculosis after the administration of the vaccine Of 515 children exposed to infection five died of tuberculosis but on necropsy the human and not the bovine type of bacillus was recovered It was found that there was no increase in virulence of the BCG strains during their stay in the body (2) Using the tuberculosis mortality rates as the gauge of the immunizing effect of BCG vaccination the authors show that vaccination is effective in the prevention of tuberculosis in children Intracutaneous or subcutaneous injection of the vaccine was found to be superior to oral administration Careful comparisons showed that the former cuts the death rate to a fourth the latter only to half (3) The authors point out from statistics of New York City that the tuberculosis death rate of children of tuberculous and open tuberculous families is only 2 7 and 7 2 per cent respectively But these are forty five times and one hundred and twenty times respectively greater than the corresponding figure among children of the general population They urge therefore, that the BCG vaccine be used as a public health measure in the prevention of tuberculosis in children of tuberculous families In view of its harmlessness and the considerable increase of resistance to tuberculosis which it confers the BCG vaccine should be given as early as possible Oral vaccination may begin within ten days of birth three 10 mg doses being administered at two day intervals The parenteral method may be used on patients of any age with a negative tuberculin test

11 Oestrin Treatment of Gonorrhoea

R M LEWIS and L WEINSTEIN (*Surg Gynec Obstet* November, 1936 p 640) report twenty four cases of successful treatment of gonococcal vaginitis in girls aged 2 to 9 years by nightly insertions into the vagina of capsules containing 75 rat units of amniotin (oestrin) Oestrin treatment in these cases is not new and its success has been ascribed (1) to exfoliation of the epithelium, (2) formation there of a cornification zone, (3) increase of the acidity of the vaginal secretion, such as has been shown by Hall and Lewis to occur in monkeys after hypodermic oestrin injections The present writers accept the last named view and found that thirteen to fifty-four days treatment induced an alkaline secretion (*p*H 7 2 to 8) to become somewhat strongly acid (*p*H about 4 8 to 6) In no case could gonococci be found in a smear when the hydrogen ion concentration was 6 or below The acidity of the vaginal secretion it was found could be accurately determined by colorimetric examination of washings in sterile normal saline On adding a drop of brom thymol blue a dark yellow colour shows a hydrogen-ion concentration near to or greater than 6 if the colour is very light green, or shades into a heavy green or light blue the reaction is more alkaline than that of such a concentration In normal children the average figure was 7 2 Doederlein's lactic acid vaginal bacillus was found infrequently, and seemed to have no relation in these children to the reaction of the vaginal tract

12 Empyema

O UTTER (*Acta chir scand* November 11th 1936 p 545) reports from Finland his observations on 282 cases of empyema in children under the age of 13 There were altogether eighty three deaths the total mortality of 29 per cent being somewhat higher for the boys (31 per cent) than for the girls (27 per cent) The mortality was highest in the first three years of life when it ranged from 47 to 41 per cent Among the sixty cases in which there was a record of a bacteriological examination there were thirty two in which pneumococci were present in the remainder various other infections were found or culture was negative The author classifies the treatment according as it was (1) limited to puncture and aspiration (2) a tube or cannula inserted between the ribs to evacuate pus (3) primary resection of ribs or (4) secondary resection as a sequel to other abortive treatment From his own experience and the literature of the subject the author concludes that when an empyema is small or only moderately large an attempt should at first be made to deal with it by puncture and aspiration only This may be repeated every other day provided the child's condition does not grow worse If after some five such aspirations there is no appreciable decrease in the volume of the empyema a secondary resection is indicated Increase of the empyema in spite of repeated aspiration deterioration of the general condition or thickening of the pus till it cannot be aspirated are all indications for draining the empyema through a metal cannula or a rubber tube He has found that the prognosis depends largely upon the choice of time at which the surgeon intervenes In his experience the irrigation of the pleural cavity with antiseptic solutions with the object of diluting the pus is not beneficial

Obstetrics and Gynaecology

13 Diet in Habitual Abortion

A TANBERG (*Nord med Tidskr* October 31st 1936, p 1785) has in six cases found that habitual abortion has yielded to a change in diet depending on the inclusion in it of green vegetables, fruit milk etc His first case dating from 1928 was that of a married woman aged 28 who had aborted four times and had only one living child Wassermann's reaction was negative as was also a gynaecological examination Curetting of the uterus proved fruitless As soon as she had been put on the above mentioned diet which included cod liver oil she again became pregnant Illness and deaths in her family entailed much running about, and she aborted in the sixth week She was now instructed not to become pregnant for half a year Meanwhile she was encouraged to adhere to her special diet and the pregnancy which ensued went to term with the birth of a normal infant A little later she again conceived and her pregnancy ran a normal course In all the other five cases the patients were given wheat germ or wheat germ oil in addition to the above mentioned diet with the object of securing an adequate supply of vitamin E In all these cases live full term infants were born It was significant that all six patients belonged to a social class in which defective nutrition would not be suspected, and it may well be that the absorption rather than the actual supply of the necessary foods was at fault Two of the patients presented definite signs of intestinal catarrh The author has also studied the influence of wheat germ on foxes kept in confinement There were three vixens who in 1932 gave birth to only two cubs while in 1933 they gave birth to sixteen under this treatment

14 Calcium Metabolism and Pregnancy

According to R MALMEJAC (*Bull Soc Obstet Gynec Paris* October, 1936, p 575) the foetus towards the end of pregnancy demands 1 to 6 grammes of calcium daily, while an average maternal diet furnishes only 0 25 gramme daily The resulting negative calcium balance may lead to dental caries, osteoporosis, and defective lactation Toxic conditions of pregnancy are to be attributed in part to deficient calcium intake, which in the early months may lead to nausea, vomiting and anorexia, and in the later months to a syndrome of hepatic insufficiency akin to that of acute yellow atrophy In pregnancy toxicoses, especially eclamptic, there is an impairment of hepato-parathyroid balance, which may be associated with hyperguanidinaemia, and which may be redressed by administration of large doses of calcium Exhibition of parathyroid extract, vitamin D, and ultraviolet radiations are useful adjuvant corrective measures The diet of pregnancy, besides being rich in calcium, or if necessary enriched by calcium medication, should contain milk, eggs, and butter, lactic fermentation by rendering the intestinal contents acid prevents formation of insoluble carbonates, phosphates, and soaps of lime, and favours assimilation of calcium

Pathology

15 Sedimentation Rate in Elderly Men

I MILLER (*J Lab clin Med* September, 1936, p 1227) reports the results of blood sedimentation rate determinations on 496 apparently normal men, mostly over 50, and three-quarters of them 60 to 80 years old The observations extended over two years, during which period fifty-seven of the men died Oxalated venous blood was drawn into 1 c cm pipettes calibrated in hundredths which were fixed vertically and in which the fall in red cell level was read at the end of one hour A fall of 10 per cent was considered to be the upper limit of normal In the group studied degenerative diseases are most prevalent, but the sedimentation rate is not affected by degenerative diseases Sixty-six per cent of all the men had rates under 10 per cent and 86 per cent rates under 20 per cent Of the fifty-seven who died, 44 per cent had rates under 10 per cent and 72 per cent rates under 20 per cent Age had little effect on the rate The results in cases of malignancy, silicosis, diabetes mellitus, pulmonary tuberculosis, bacillary dysentery, syphilis, and other diseases are given, varying rates being obtained, but the rates in inflammatory and neoplastic diseases were mostly raised In diabetes mellitus the degree of hyperglycaemia had no effect on the sedimentation rate Of the men who died and had sedimentation rates under 20 per cent, over 70 per cent died of degenerative diseases The author concludes that a single test is not sufficient, since it relates only to the presence or absence of destructive changes at the time of the test Malignant disease when localized does not cause an increase in the sedimentation rate, only when necrosis, secondary infection, and metastasis occur are the rates increased A single normal result does not rule out malignancy A high rate should be viewed with suspicion, and should prompt further investigation

16 Cerebro-spinal Syphilis

F BERING (*Dtsch med Wschr*, September 25th, 1936, p 1586) reports from the skin department of the University Hospital of Cologne studies of various reactions in the cerebro-spinal fluid indicative of syphilis, and he insists on the need for reactions so delicate, specific and reliable that they can warrant the early prophylactic treatment of syphilis of the central nervous system with artificial malaria The reactions tested were the Meinicke-Klarungs-Reaktion II (M K R II) the Pallida-Reaktion (Pallida-R), and the original Wassermann reaction Altogether 1,370 samples of cerebro spinal fluid were tested In 1,051 all the reactions were negative, and in 225 all were positive With regard to the ninety-four remaining samples, the evidence of the various reactions was contradictory In sixty-nine cases M K R II was positive and in thirty-one cases Pallida-R was also positive But there were only six cases in which the original Wassermann reaction was positive In as many as twenty cases the only reaction to be positive was the M K R II It was negative in cases of multiple sclerosis and tumours of the brain, and proved itself, therefore, of value in the differential diagnosis of these diseases and latent syphilis of the central nervous system The author puts in the order of their reliability and delicacy the three reactions as follows M K R II, Pallida-R, and the original Wassermann reaction But it should be noted that Pallida R may be positive in cases in which M K R II and the original Wassermann reaction are both negative The author is therefore of the opinion that both M K R II and Pallida-R are indispensable in the examination of the cerebro-spinal fluid for syphilis

17 Immunology of B typhosus

S C SEAL (*Calcutta med J* August 1936 p 73) reviews the recent work on the antigenic constitution and immunity reactions of bacteria and discusses its clinical implications, with special reference to *B typhosus* Of the changes in physiological characters accompanying the change from S to R form the most important are the reductions of virulence toxigenicity and antigenic properties It has been shown experimentally that S type organisms are the most important for the production of immunity Further, substances which are destroyed by overheating, boiling, or some chemical substance may play some part in immunization the Vi and H antigens ought therefore to be included in vaccine preparations As the Vi antigen is peculiar to *B typhosus* a positive agglutination with pure Vi antiserum is serologically diagnostic ordinarily, however, slide agglutination with O and H serum is nearly always sufficient although difficulties arise with some strains The preparation of diagnostic sera is discussed The Widal test performed with formolized or phenolized suspensions is a test for H agglutinins only, and these do not confer any protective immunity In view of the facts that cases of delayed response to H antigen occur and give a negative Widal test, that often O agglutinins appear before H agglutinins and that H agglutination has no value in determining the amount of protective immunity after inoculation with T A B vaccine, it is suggested that the Widal test should be modified so as to include both H and O antigens and if possible the Vi antigen The modifications necessary to achieve this are discussed The determination of Vi antibody may prove to be of importance in the serological diagnosis of carriers In the preparation of T A B vaccine the typhoid strains should contain the highest possible amount of Vi antigen in addition to smooth O antigen, both smooth V and W forms of the bacillus being included, and the paratyphoid strains should be smooth cultures with high antigenic properties The vaccine should not be heated beyond 58° C for half an hour, thus killing the bacilli with a minimum of damage to the antigens The superiority ascribed to autogenous vaccines may depend on the fact that the bacteria are used before they have undergone variation due to subculture In view of the importance of O and Vi antigens, and the relatively slight importance of H antigen, the methods of testing the efficiency of T A B vaccine need to be remodelled, possibly on the basis of protection against a lethal V typhoid strain Finally, the author discusses the possibilities of producing anti-typhoid serum The protective potency of Vi antibody against infection with living virulent typhoid bacilli and the neutralizing effect of the O antibody on the so called typhoid endotoxin seem to justify the expectation that a serum containing both these antibodies may prove to be of value in treating typhoid fever

MEDICAL RESEARCH COUNCIL

ANNUAL REPORT FOR 1935 6

The work of the Medical Research Council as set out in its latest annual report[1] is the subject of a leading article elsewhere in this issue Below we give some account of the detailed researches Much of the work has been incidentally referred to in these pages in the course of the year

Virus Diseases Transmissible Tumours

The investigations on influenza carried out at the National Institute for Medical Research have made substantial progress Evidence has been received from different countries as to the world wide diffusion of the virus originally discovered at the National Institute Patients suffering from an epidemic infectious fever diagnosed as typical influenza have been reported from parts of the world as distant as Alaska and Australia Holland and European Russia and it has been shown in all these cases that the inoculation of ferrets with filtered nasal washings from the patients causes the appearance of the same virus in the respiratory passages of these animals these ferrets will then infect others Such evidence has strengthened the probability that the virus thus propagated in the ferret is the primary infective virus of epidemic influenza in man

One of the accidents that do occasionally occur in the best regulated laboratory has proved fruitful in establishing the identity of the experimental disease in ferrets with human influenza Virus originally obtained from a human case and afterwards passed through 196 ferrets in series was used to infect another small batch of ferrets and one of these when heavily infected, sneezed violently at close range while being examined Within forty eight hours the investigator experienced the abrupt onset of a sharp and typical attack of influenza This experience, carefully investigated, furnished an important link completing the chain of evidence for the identity of the virus, maintained for over two years in ferrets as the cause of influenza in human beings

Material obtained from human patients has been used to test the possible association with scarlet fever measles and rheumatic fever of viruses transmissible to lower animals The only positive result yet obtained has been the production in one chimpanzee of a biphasic wave of fever with coryza, following inoculation with blood from a case of measles, no rash or Koplik spots were produced and a second chimpanzee housed with the first showed no symptoms Such experiences give small encouragement for further attempts, but, as in influenza, the whole prospect of success in investigating a virus disease is so transformed by its transmission to a species on which deliberate experiment can be made that further trials must be undertaken in the case of human diseases in which a virus is suspected as the infective cause

G H Eagles, studying the bacteriology of rheumatic fever and rheumatoid arthritis with special reference to the likelihood of these diseases being caused by filter-passing viruses, acting either alone or in association with streptococci, has confirmed and extended the work of Schlesinger and others that virus like bodies are present in rheumatic exudates and that suspensions of these are specifically agglutinated by the serum of patients with acute rheumatic infections but not by that of healthy persons or persons with non rheumatic diseases The aetiological role of the virus bodies is being further explored Mention is also made of an inquiry by M H Gordon into the aetiology of lymphadenoma, with special reference to the significance of the minute virus bodies which he found characteristically to occur in the lymph glands in that disease There is some evidence that these bodies may be the actual cause of lymphadenoma

Some further work on transmissible tumours is brought forward from the National Institute Success is recorded in transmitting a tar sarcoma of fowls by injecting a suspension of its cells into pheasants In all the pheasants some growth occurred and in two it continued and led to the production of very large tumours It is considered difficult to explain the results save on the assumption that a virus like agent is concerned in the production of a bird sarcoma even when the immediate provocation is a chemical stimulus and when no virus can be separated in cell free suspension from the tumour so produced

Microscopical Investigation

We noted last year the introduction by J E Barnard and his co workers of important advances in the use of ultra violet radiations for obtaining photographic images below the range of resolution by light of visible wave lengths particularly of the units of viruses The new optical facilities are affording valuable results They have enabled a combined use to be made of the original ultra microscopical equipment for photographing the images obtained by ultra violet darkground illumination and of the new equipment in which photographs are obtained of the same field illuminated by transmitted rays of the shorter wave length The object under study can be transferred from the one microscope to the other without disturbing the adjustment and the images obtained by the new method are comparable with those yielded by the ordinary visual microscope The virus units in the natural living condition are opaque enough to the short rays to give satisfactory images on the plate and the photographs so obtained can now be used as a direct check on the significance of the results by the earlier method of darkground illumination with a longer wave length

The use of a shorter wave length as transmitted radiation has made possible the approach to a new range of virus problems The units of at least some viruses appear to be far more opaque to ultra violet rays of the wave-length now accessible than most constituents of the normal cells and body fluids of the higher animals indicating that the substance of the virus units must be of relatively high density It is now possible to obtain photographs of virus units not only without fixing or staining but in their living relation to the cell protoplasm in which they occur or to extracellular fluids in which they have been shed These facilities have made possible a further study of the phases of vesicular stomatitis and foot and mouth disease The way may be pointed to a solution of some of the outstanding theoretical difficulties presented by the more finely particulate viruses

Endocrinology

A large amount of work is recorded by different investigators in this rapidly developing and changing field Reference was made last year to the anomalous occurrence and actions of certain hormones the sexual and other endocrine glands of an animal of one sex producing to some extent the hormone characteristic of the other More recent observations show that one and the same chemical substance may produce in the different sexes hormonal effects characteristic of both A S Parkes and his colleagues have found in confirmation of Butenandt that substances which may be regarded as simple modifications of the natural male hormone and which produced the effects of that hormone in the castrated male have an oestrogenic effect when injected into the female and that a small further chemical modification confers on such substances a progestational action

For the purposes of investigations which were being made for the Therapeutic Trials Committee of the Council it became important to consider the methods available for the assay of sex hormones in human body fluids and

[1] Cmd 5378– H M Stationery Office (3s)

A MUTCH MEDICINAL KAOLIN IN FOOD POISONING

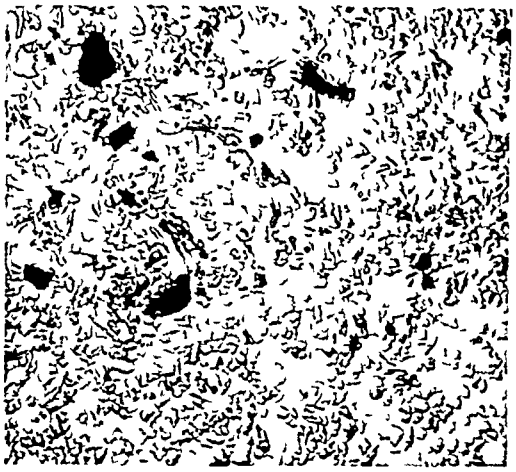


FIG 1.—Deposit from kaolin *British Pharmacopœia* (× 300)

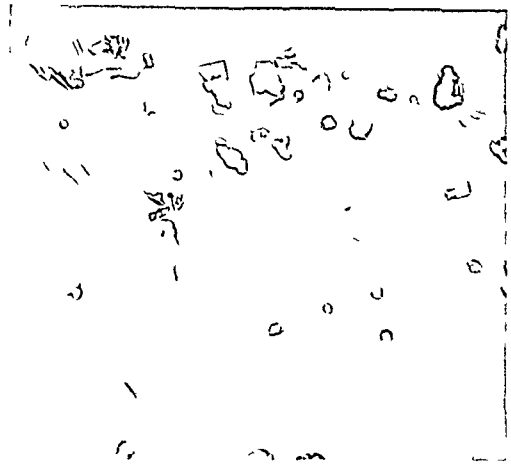


FIG 2.—Deposit from purified proprietary kaolin (× 300)

J GORDON HAILWOOD CARCINOMA OF THE BRONCHUS IN A BOY AGED 19



FIG 1.—X ray showing large mass extending from left root with collapse of lung



FIG 2.—X ray following introduction of lipiodol showing obstruction of left bronchus with typical rat tail deformity

excretions These methods were found to vary greatly, and a comparative survey has been undertaken by R K Callow at the National Institute of the results obtainable by the different methods of chemically liberating and extracting each hormone from the different fluids Some work—as yet negative in result—has also been done following on the discovery by Collip of Montreal that an animal can be immunized against the action of certain hormones of the anterior pituitary lobe by repeated injections of extracts containing excessive amounts of the hormone in question The point arises whether an animal can produce the antibody in response to an excess of its own hormone Experiments so far made by Parkes and his colleagues have not succeeded in eliciting whether an animal can in fact be immunized against an extract of pituitary material of its own species containing the hormone in as natural a condition as possible

Standardization

The National Institute maintains the regular distribution of the biological standards which it holds under the Therapeutic Substances Act or on behalf of the Health Organization of the League of Nations, or for the purposes of the *British Pharmacopoeia* The Institute has now accepted responsibility for the standards for neoarsphenamine (neosalvarsan) and sulpharsphenamine Both these standards have been submitted for trials to the control laboratories of several countries, and, their suitability to serve as international standards having been confirmed, they have been distributed to all countries making arrangements for their official application The new standard preparation of insulin described in last year's report has been distributed to various countries in the Eastern Hemisphere, the distribution in North and South America is made by the Insulin Committee of Toronto

The national collection of type cultures of micro-organisms continues to be accommodated at the Lister Institute The number of cultures of bacteria and fungi distributed during the year under review to workers at home and abroad again exceeded 5,000, and some 200 new types were deposited for maintenance

The Standards Laboratory in the School of Pathology at Oxford maintains the work of producing and standardizing bacterial suspensions and serums for the diagnosis of enteric, dysenteric, Brucella, and meningococcal infections Suspensions and antiserum of *Bact dysenteriae* (Newcastle) and of the porcine type of *Br abortus* have been maintained for supplying to research workers, and the former will probably soon be added to the official list of products available for issue

Cell and Tissue Growth Malignant Disease

The report embodies the work on cell and tissue growth carried out at the Strangeways Research Laboratory, Cambridge C H Waddington has extended his studies of the development and differentiation of the primitive tissues of the embryonic chick, he has also proved that the mammalian embryo contains an "organization centre" by showing that suitable fragments of embryonic rabbit can induce the growth of nerve tissue when grafted into the early chick embryo By irradiating tadpoles Glucksmann and Spear have confirmed their observations, made first on mammalian tissues, that cellular degeneration after exposure to radium or x rays is preceded by an interference with mitosis and a reduction in cell division It was found also that the degree of cellular degeneration produced in tadpoles by a given dose of gamma rays was related to the intake of food being greater after feeding than after starvation, and this work is being extended

At the Royal Cancer Hospital London, experiments are being made on the synthesis of compounds likely to have the physiological activity of the female hormone oestrone A Cohen has prepared a series of transformation products of colchicine, the alkaloid present in autumn crocus, which is known to inhibit cell division and has been stated to arrest the growth of malignant tumours Many of the colchicine derivatives have a similar effect on cell division, and experiments in this field are being continued with the object of finding a substance less toxic than colchicine which might have application in the treatment of cancer

Some further work has been done at the National Institute on the continuous exposure of mice to dust from tarred roads, with resulting production of skin cancer and an increase in the number and sites of adenomata in the lungs A control experiment in which the dust was previously freed from tar by prolonged extraction has shown that the warty growths and cancers of the skin are no longer produced, and that there is no such excess of primary lung tumours as were forthcoming with the tar-containing dust It should be noted that no practicable way of extraction would render the dust absolutely free from traces of tar constituents adsorbed on its particles In view of the importance of the question whether the dust from tarred roads plays any part in the apparently growing incidence of pulmonary tumours in men these experiments are now being extended to rabbits and guinea-pigs, the skins of which do not show the same susceptibility to contact with the tar dust as do those of mice

The remainder of the report, including the work under taken at the clinical research units which are in part staffed and supported by the Council at three London hospitals and also the many external research schemes in which grantees of the Council are working, will be mentioned in a later article

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Dr Guns (*Scalpel*, Liege December 26, 1936, p 2537) is of the opinion that the treatment of an acute cerebral abscess by puncture pending the formation of a capsule which can be enucleated is not ideal, and points out the high mortality following this method of treatment Two personal cases are fully described, one acute and the other a chronic abscess of the brain The first case occurred in a child of 6 years, who had suffered from otitis media and otorrhoea When seen the child had retro auricular pain on the left side and violent headache Hot dressings were placed behind the ear and instillations of oxygenated air and mercurochrome were given A few days later she became comatose, the left ear was full of pus, and the mastoid region was tender on pressure The brain was explored and 10 c.cm of pus containing anaerobes was withdrawn Decompression was then carried out The child remained gravely ill and daily lumbar puncture was necessary On the fifth day coma set in again, and it was decided to drain the cavity After a stormy period with cerebral vomiting and meningeal signs the child gradually improved, and the drain was replaced by a dressing A fortnight after the first lumbar puncture the patient was completely cured In the second case a man of 57 was suffering from otorrhoea in the right side with retromastoid pain At operation it was seen that there was extensive necrosis of the whole mastoid area and pus was evacuated from an extradural abscess and from the temporo-sphenoidal lobe About 30 c.cm of pus came from the cavity, which was drained The drain was removed on the fifth day, the meninges were incised, and a gauze drain with iodoform was left in the cavity This continued to drain for six weeks, by which time the patient had completely recovered A third case is described, in which the patient made a similarly good recovery It is considered that drainage of a cerebral abscess should be the procedure of choice and that enucleation of the abscess should only be carried out in exceptional cases The value of a large decompression is also emphasized and of injection of sterile air into the abscess cavity

C E H TURNER TERMINAL CASEATING TUBERCULOUS BRONCHOPNEUMONIA

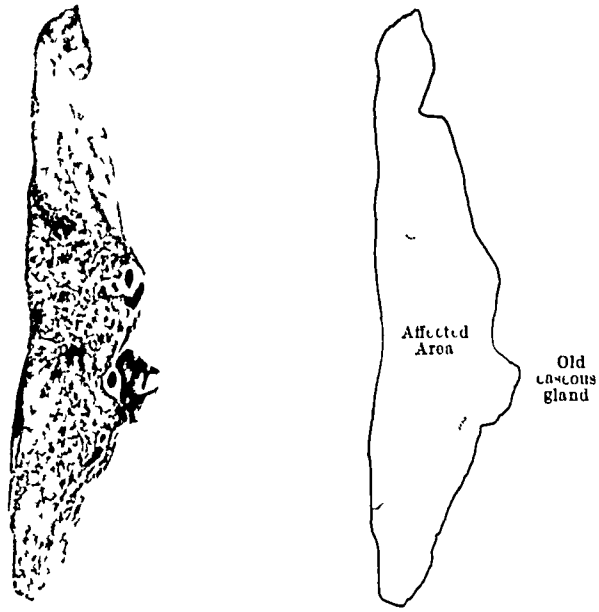


FIG 1 —Right lung on August 20 1936

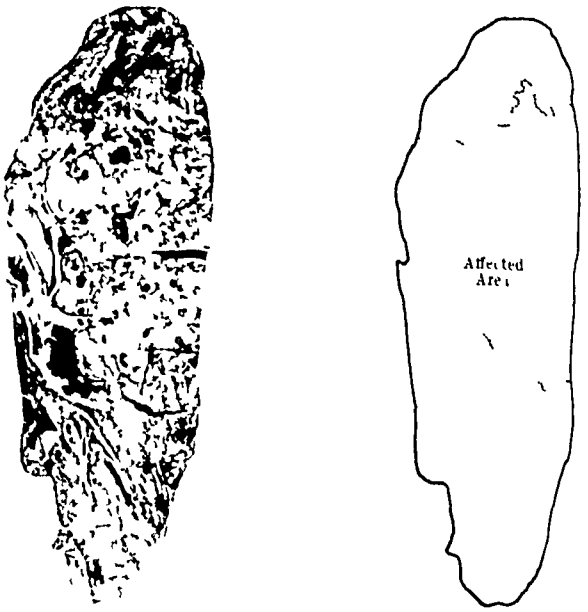


FIG 2 —Left lung on August 20 1936

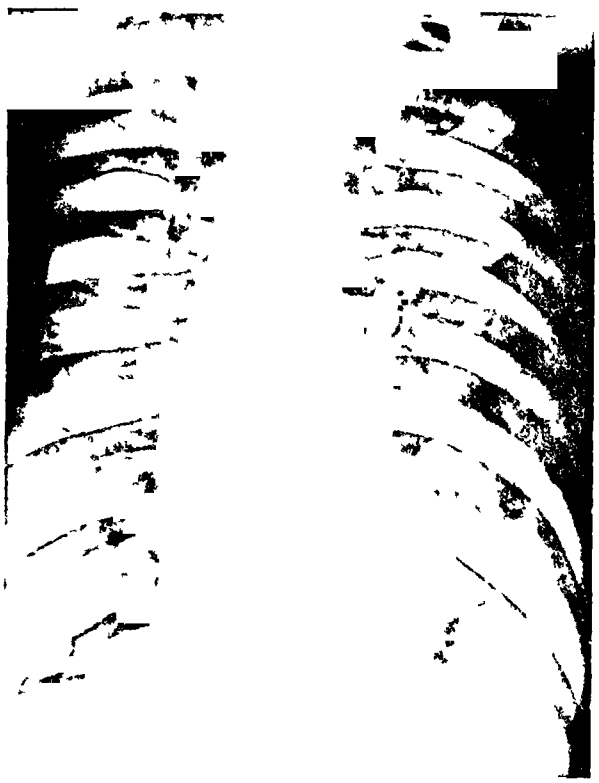
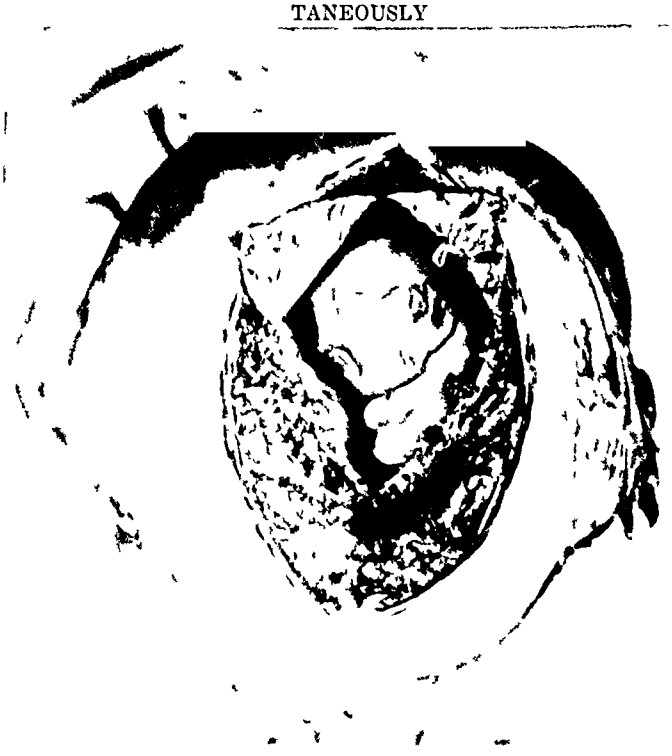


FIG 3 — X ray of chest taken on July 2 1936

PHILIP J GANNER THREE SEPARATE CAUSES OF ANTE PARTUM HAEMORRHAGE OCCURRING SIMULTANEOUSLY



Uterus opened three months after removal

BRITISH MEDICAL JOURNAL

LONDON

SATURDAY MARCH 20 1937

THE UNITED RESEARCH "FRONT"

The layman perhaps, is apt to think of the Medical Research Council as a body or congregation of bodies working in a laboratory on Mount Olympus, far removed from the toils and sufferings of ordinary medical practice The researches it fosters are thought to be such as may at some future time prove useful in the healing or prevention of disease but for the present have an academic interest only A perusal of the report of the Council for 1935–6 —a very readable document [1] especially its comprehensive introduction—on the contrary reveals a body which is all the time concerned with clinical medicine correlating at every point the work of the laboratory with attendance at the sick bed The outstanding matters discussed this year are such subjects as influenza nutrition the prevention and treatment of childbed fever, and the lessening of the ravages of epidemic diseases, all of which are the everyday preoccupations of the general practitioner

The report this year sounds a special note of triumph for the most noteworthy event so far as medical research is concerned is the Nuffield benefaction to Oxford, and the way that gift is to be used is exactly in line with what the Council has always preached, though it has not been able to summon millionaires to Old Queen Street, Westminster It has continually urged the establishment of senior clinical posts on a whole time or nearly whole time basis Three years ago it reiterated its strong belief in the primary necessity of establishing a greater number of senior appointments for whole-time work in research and higher teaching such as would offer the possibility of a satisfactory career in later life to young men who wish to devote themselves to the scientific study of clinical problems Research in clinical medicine and surgery is greatly handicapped by the fact that careers in these subjects depend too closely upon success in private professional practice Clinical science has offered no prospect of a career comparable with what is afforded in the laboratory branches of medicine by the existence of numerous whole-time academic and research posts The result has been that the promising clinical investigator has become increasingly absorbed by the claims of Harley Street It has been with him as with good Edmund to change one word of Goldsmith's lines

> Who born for the universe, narrowed his mind
> And to practice gave up what was meant for mankind

It has been the declared policy of the Council to establish as opportunity offers and resources permit positions in its own service for whole time clinical research The Nuffield gift has now not only endowed Oxford in this respect, but has set an example which it is hoped will be followed elsewhere Another aspect of the problem to which the Council has been giving attention during the past year is the training of young clinicians with a view to academic and research appointments To this end it has instituted a series of post graduate studentships and research fellowships in clinical science and experimental pathology—six of the former and four of the latter—the object being to encourage young medical graduates of special ability and original mind to become investigators in those branches of medical science which are concerned directly with disease in human beings

The Medical Research Council interests itself also in those problems which, partly medical have an important social bearing as well The public interest in nutrition and the determination of the Government to improve the physical fitness of the nation (to which proper nutrition is a necessary corollary) are reflected in the present report Here again the Council can regard its earlier action with some satisfaction For some years it has assisted in special inquiries into the amount and type of food eaten by representative communities of people in Great Britain One interesting point brought out by these reports is the relative consistency in widely separated communities of the proportions of protein fat, and carbohydrate in the food, although the foodstuffs which are popular vary much in the different places The instinct of the housewife or some more mysterious factor seems to adjust the balance whatever the local custom or fancy may be In St Andrews, Cardiff, and Reading for example taking in each place the diet of a number of families the proportion of protein was found to vary as between one town and another by less than 1 per cent. These figures are the more interesting because of the different type of foodstuffs favoured by different communities Why is the homely sausage only half as popular in Cardiff as it is in St Andrews? Why is butter eaten almost universally in Cardiff and substituted very largely by margarine in Glasgow? And it is also permissible to ask from these figures whether Scotland stands where she did, for whereas in 1911 nearly

[1] Report of the Medical Research Council for the Year 1935–6 Cmd 5378 H M Stationery Office 1937 (3s net)

SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 20 1937

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INSURANCE ACTS COMMITTEE OF THE B.M.A.

REPORT OF MARCH MEETING

The Capitation Fee

The meeting of the Insurance Acts Committee on March 11, over which Dr H G DAIN presided in the regretted absence, through illness of Dr H C Jonas was very largely occupied with the case for an upward revision of the capitation fee It was stated that the Minister of Health and the Secretary of State for Scotland were prepared to receive a deputation on the subject later in the day and it was resolved that the entire committee should attend at the Ministry with Dr Dain as its spokesman The draft statement of the case to be put forward by the Committee was examined paragraph by paragraph The Committee devoted a couple of hours of constructive criticism to the memorandum which was with a few verbal alterations unanimously approved One member in proposing a vote of thanks to the subcommittee whose main work it has been said that he could not recall a document of this length and importance which had gone through with less alteration In acknowledging the compliment a member of the subcommittee referred appreciatively to the work of Dr Hill Deputy Medical Secretary of the Association who is secretary to the Committee A small team, consisting of Dr Dain the Chairman of the Conference of Local Medical and Panel Committees (Mr Elliot Dickson), Dr Gregg Dr Greenfield and Dr Hill was appointed to represent the Committee in the presentation of the case to the board of arbitration which it was anticipated would be set up

Regional Medical Officers

The question of the capitation fee rather overshadowed other business but much of this was important A communication was reported from the Department of Health for Scotland in reply to representations from the Committee as to the age limit for appointments to the Scottish regional medical service The Committee had suggested an age limit with a minimum of 35 and a maximum of 50 but the Department saw no reason for any suggestion that the standard of recruitment for the regional medical service in Scotland was in any way inferior to that in England and Wales or that it had suffered by the recruitment of relatively young doctors to junior posts While not prepared to accept the Committee's suggestion it promised to keep it in mind when considering the filling of future vacancies in the service

The Chairman said that this whole matter not specially in relation to Scotland was one on which some misgiving might be felt Recent appointments had been made of people with less experience in general practice than was formerly the rule and although there was a requirement that a certain number of years should be spent in practice there seemed to be a tendency by the appointment of junior officers to make this qualification a minimum The result might well be a generation of regional medical officers less able to help and advise practitioners in their insurance practice It was a situation that needed to be watched

Cost of Drugs and Appliances

A lengthy communication from the Ministry of Health was reported on the question of the cost of prescribing It drew attention to the continuous increase in this cost For the country as a whole comparing 1930 with 1935 the average number of prescriptions per insured person rose from 4 12 to 4 60 the average cost per prescription from 7 95d to 8 06d and the average total cost per insured person from 32 8d to 37 1d The figures available for the first six months of 1936 showed further increases The point was also made that certain areas

100 per cent of the Glasgow families investigated ate oatmeal in 1933 not much more than half of them did so The year has seen the completion of a striking piece of work on the subject of nutrition, with the issue of the final report on the investigation, occupying seven years, directed by the Council's Committee on Dental Disease, in particular on the influence of diet on the decay of children's teeth The results of the later work support convincingly the earlier findings as to the essential part played by particular qualities of the diet in the proper development and maintained health of the teeth and jaws Though many aspects of this important problem still remain to be solved, it is considered that this report of the Committee on Dental Disease marks the end of a round in the fight of modern research against dental caries The implied congratulations to Mrs Mellanby on the successful conclusion of the work which she began several years ago must have given special satisfaction to the secretary of the Medical Research Council

Finally—though only finally so far as this cursory review is concerned, for a vast amount of other work has been done or encouraged—there may be mentioned another problem, which is both medical and social, to the elucidation of which the work of the Council has contributed—namely, that of maternal mortality and morbidity Reference is made to the work on the German dye red prontosil, which has been carried out at Queen Charlotte's Hospital More clinical and laboratory tests are necessary before an accurate appraisement of the situation can be made, and another reason for delaying judgement is that present experiments promise even better results with the colourless substance para aminobenzene sulphonamide, which is allied in composition to red prontosil and is in fact its chemical parent A favourable report of the results of giving this substance to patients with puerperal sepsis was published by Foulis and Barr in the *Journal* of February 27, and clinical tests are also being made at Queen Charlotte's On the whole problem of puerperal sepsis modern research has transformed the outlook both for its elimination and for its treatment While the problem on the one side is being tackled by the institution of ante natal clinics and improved midwifery services, it remains for medical research to discover wherein lie the dangers of infectivity in childbirth and how these can be avoided and treated By what means can childbirth on the basis of recent research be made secure from sepsis?

It is quite certain that we ought not to rely, in the first place on curative drugs Clearly the ideal to be aimed at in any disease is to prevent its development and thereby make any alleviating remedy unnecessary This is especially true as regards disease associated with the natural process of childbirth Modern investigation suggests two lines of prevention First, childbirth should be so conducted that access of pathogenic organisms to the birth canal of women must be rigorously excluded, especially streptococci associated with sore throat, whether in the respiratory tracts of medical attendants, or of friends, or of the patients themselves Secondly, the diet of pregnant women should be of such a nature as to raise the resistance to infection to the highest possible level this means an ample consumption of milk, green vegetable, and other protective foods If for any reason, known or unknown, these first two lines of defence are broken down and puerperal sepsis does develop, then is the time to bring into action the third line of defence—namely, the treatment which evidence suggests is now available"

We begin on another page some more detailed account of work covered by the report How voluminous it is may be indicated by the list of twenty investigation committees for special subjects, ranging from anaesthetics to mental disorder, from statistics to bed-bug infestation, from tropical medicine to human genetics The report itself should be read Much of it is necessarily formal and prosaic, but it requires little imagination to see that it becomes a collection of dispatches from a part of the front where the fight against disease is being very effectively waged

THE BIRCHING OF CHILDREN

A recent letter in the Press, signed by medical men and psychologists, drew attention to a report that "at the Aldershot Juvenile Court on February 8 three boys, aged 10, 11 and 12, were ordered to receive six strokes of the birch each" The letter went on "to protest against the imposition of such punishment, which is not only inhuman but reveals the court's ignorance of the scientific treatment of delinquency" With this protest medical men will be in general agreement It is therefore of some interest to examine the attitude of the public to this question as revealed in legislative enactments The Children and Young Persons Act, 1932, was the culmination of a movement which began with the Probation Act, 1907, and which has introduced an entirely new spirit of humanity and reason into the administration of law Among other innovations it set up juvenile courts, in which the young offender meets the magistrates in kindly and informal surroundings, more like those of a family council than of a criminal court Provision is also made for full investigation of the mental make up of the delinquent The whole stress is on turning him from the paths of crime into useful citizenship, on showing him that it is far more attractive and satisfactory to do lawful than unlawful things When the Government draftsmen were overhauling the Summary Jurisdiction Act, 1879, to decide

reasonably comparable as regards industrial condition and character of population differed widely as regards prescribing costs Thus Rochdale showed 4 8 prescriptions per insured person while Salford, with approximately the same proportion of insured population treated (60 per cent) required seven prescriptions Similar discrepancies revealed themselves as between Blackburn and Bolton Leeds and Wakefield and Birmingham and Wolverhampton

The Chairman suggested that a detailed matter of this kind was one which could most appropriately be dealt with by a small body rather than in a large committee, and accordingly a representative subcommittee of seven members was appointed to consider and report upon the subject A communication was also received from the National Association of Insurance Committees whose executive desired to confer with the Insurance Acts Committee on the subject It was the view of the Committee, however, that this was a matter rather for internal consideration and not for consultation with outside bodies at the moment, though no doubt the Ministry would make such consultations as it thought fit

Drugs in a National Emergency

A list of drugs necessary for the civil population in a national emergency—which being interpreted means war or stoppage of imports—was forwarded by the Ministry of Health for comment by the Committee The list was of surprising extent, numbering 160 preparations It had been sent to a member of the committee who is an acknowledged expert on pharmacy Mr Lewis Lilley and he had suggested some additions and deletions A further letter from the Ministry stated that only those drugs had been included which would be generally agreed as quite essential This would exclude drugs of the adjuvant class and those the use of which was in more or less an experimental stage Moreover, only one representative member of a class of drugs having somewhat similar action was mentioned as absolutely essential

The feeling of the Committee was that even so the list could be very drastically pruned and that it might be a real service to suggest which drugs must be regarded as indispensable The task of clarifying the list from this point of view was again committed to Mr Lewis Lilley

School Medical Records

The Ministry which seemed to be an unusually prolific source of documents at this meeting, sent forward a memorandum on school medical records Suggestions have often been made that it would be useful if insurance practitioners could by some means have access to the school medical history of their young insured patients It was now suggested from the Ministry that probably the simplest way of proceeding would be for a practitioner who desired such particulars in an individual case to ascertain his patient's last school and make application to the local education authority concerned for the supply to him of any such particulars as might, in the opinion of the school medical officer be likely to be of use To this end it is contemplated that school medical records shall be preserved for five years after the person concerned has left school

The Chairman said that this scheme seemed most attractive but it might not be so helpful as it at first appeared The school medical record would contain the history of a series of periodical examinations and any defect such as stunting of growth or shortness of sight would be indicated but a child might well have suffered from illnesses at one time or another of which there would be no history at all and yet it was these illnesses about which the insurance practitioner particularly wanted to be informed

The Committee approved the Ministry's suggestion while conscious of the limitations just indicated

A Question of Partnership

A communication from the Buckinghamshire Panel Committee raised again the old question of partnership between a practitioner who was doing insurance work and another who was not It was mentioned that Buckinghamshire Insurance Committee had proposed to ask an insurance practitioner to agree that his non-insurance partner should not charge fees to his insured patients Dr Rose said that the point had since been put to the Ministry and a reply received to the effect that there was no ground upon which exception could be taken to a partnership between an insurance practitioner and a non-insurance practitioner

The National Insurance Defence Fund

Sitting as trustees the Committee considered the proposal of Dr J A Brown of a method for securing large additional sums for the defence fund Dr Brown's scheme was that Panel Committees should be asked to raise a new levy on the same lines as the present one, but that accounts should be furnished showing the amounts subscribed by individual practitioners The subscriptions so raised should be placed to the credit of a new and separately administered fund and not used unless the present one was exhausted The subscriptions to the new fund would be returnable to subscribers on retirement from insurance practice or to their executors in the event of death Suggestions were also made as to the use of the interest earned

The Treasurer (Mr Bishop Harman) said that Dr Brown's was an ingenious scheme, but one which would be very difficult to apply, largely because of the vast amount of clerical work it would involve in necessitating the opening of 17,000 ledger accounts Dr Brown thought that the cost and difficulties of running the scheme had been exaggerated

The general question of increasing the amount to be aimed at by the Defence Fund was postponed for three months in view of the preoccupation with regard to the capitation fee

Scotland

Dr Thomas Fraser, chairman of the Insurance Acts Subcommittee for Scotland, brought forward the minutes of two meetings covering a large range of matters The subcommittee, arising out of the position in Glasgow with regard to the institution of a whole-time maternity service, had asked the Department of Health whether it agreed with the conclusions of the Committee on Scottish Health Services on action by local authorities and the principle of free choice of doctor The reply received was to the effect that the question put was part of the wider question of the extension of medical benefit to the dependants of insured persons and others The matter was still under consideration by the Department

The question of medical records had lately figured largely in the work of the subcommittee Its representatives had met the Controller of National Health Insurance in Scotland, who had informed them that the attention of the Department had been drawn to the large and increasing burden on national health insurance funds caused by chronic incapacity, half the days of incapacity were due to this type of case Therefore it had been resolved to postpone the proposed inquiry into tonsillitis and substitute an inquiry into chronic incapacity

It was reported that the Department of Health proposed to amend the Medical Benefit Consolidated Regulations for Scotland made in 1929, but before doing so had requested the views of the subcommittee and of the Scottish Association of Insurance Committees The subcommittee reappointed a team consisting of Dr J G McCutcheon, Dr D N McGillivray, and the Scottish Medical Secretary to deal with the matter

which parts of it dealing with children and young persons ought to be repealed they thought it logical and in keeping with the whole scheme to reject the provision under which a magistrate's court could sentence a child to six strokes of the birch, and the companion provision by which a court could award twelve strokes for more serious offences As the Government spokesman pointed out in introducing the Bill, judicial birching was dropped because the magistrates' courts had almost ceased to inflict it, and the Government felt that it had fallen into general disfavour and was a thing of the past When the Bill came before the Lords, however they inserted an amendment in committee which proposed to re-enact, word for word, the old section, which provided for six strokes of the birch Peer after peer expressed strong disapproval of the Government s action in repealing the section, and so indispensable did their lordships consider the judicial birching of children that they defeated the Government by 65 votes to 22 The Commons rejected the amendment unanimously but the Lords insisted on retaining it Birching therefore remains, and its use is on the increase

Strong language has been used against judicial birching in Parliament and outside The case against it is that it can have no good effect and that it is bound to cause a mental injury that will result either in neurosis or criminality The whole procedure imposes an intolerable strain First the child—who, under the new Act may be only just 8 years old—may have to wait several days for the hearing secondly, the solemn and im personal sentence is in itself harmful thirdly, the circumstances of the punishment are terrible and inhuman The child is taken into a bare gloomy room his clothes are removed, and he is tied up hand and foot to a tripod after the police surgeon has examined him to see that his heart will stand the whipping A police constable wields the birch —a heavy bundle of twigs that has been soaked in brine—and after each stroke the doctor again examines the child He makes a final examination after the child is released and administers any necessary treatment The child is not usually fit to attend school for two or three days The Earl of Listowel who raised the subject in the House of Lords in 1933 (Official Report July 25, vol 88 col 1083) quoted anonymous Harley Street specialists as authority for saying that no child in England can stand six strokes of the birch rod as judicially administered without becoming a nervous wreck for months perhaps years or a hopeless criminal degenerate The view in favour of retaining the punishment rests on the assumption that there is a certain small class of children who commit acts of great cruelty or wantonly endanger the lives of others and who will respond to nothing but birching as judicially administered Some of the Lords who spoke in favour of retaining the birch (Official Report 1932 May 26, vol 84, col 450) said that the Departmental Committee on the Treatment of Young Offenders, which reported in 1927, had recommended the retention of whipping almost unanimously, and Viscount Snowden for the Government, confirmed that only three members had been against it Viscount Bertie of Thame, who moved the amendment to insert the rejected words of the 1879 Act, gave an instance of the kind of offender for whom the birch was indispensable five boys who killed and maimed a number of sheep with iron bars He said that the police constable was the natural monitor of the working class child who expected, if he were caught, to be beaten by the policeman The Earl of Glasgow pointed out that whereas the Dominions would reject a young immigrant who had been imprisoned they did not mind one who had been birched Lord Danesfort deplored the "humanitarian and ultra sentimental" view, and suggested half humorously, that the Government in abolishing whipping were running in the face of Holy Writ and ignoring the advice of Solomon the Wise Lord Atkin could not object to a short and sharp punishment of the kind which such children ought to be given in their own homes, and Viscount Exmouth testified that the possibility of a good whipping was an indispensable deterrent to hold in reserve for rare and really bad cases and that the successful running of an industrial school depended on its existence

It is probably as difficult for legislators as for other people to think dispassionately in devising punishments to fit crimes The method by which birching is carried out suggests that vindictiveness as a motive was not absent from the minds of those who in the first place prescribed this barbarous treatment for juvenile delinquency It is, we suggest, as much an anachronism as hanging for the theft of sheep A judicial birching whatever may be the injury to the mind of a growing human being might well confirm the offender in his potentially criminal ways The aim should be not to *punish* the delinquent but to discover what social, familial and personal factors are responsible for his anti social tendencies and to institute treatment to correct them To tie him hand and foot to a tripod and flog him with a brine soaked birch seems the best way to make a boy of 8 years look upon society as his natural enemy To condemn such a form of punishment is not sentimentality and it is to be hoped that the more enlightened attitude of the law to juvenile criminals and delinquents will lead to its abolition

METROPOLITAN COUNTIES BRANCH OF THE B.M.A.

RECEPTION TO FINAL-YEAR STUDENTS AND NEWLY QUALIFIED PRACTITIONERS

Address by Dr Cyril Norwood

The annual reception of the Metropolitan Counties Branch of the B.M.A. to fifth year students and newly qualified practitioners was held at the Association House on March 9. Dr PERCY SPURGIN presided, and those attending almost filled the Great Hall.

Dr CYRIL NORWOOD president of St. John's College Oxford gave an address on "A Layman's View of Doctors." He began with an allusion to the Dialogues of Plato one of those moderns who has really some thing to say and understands what he is talking about. Plato discussed two classes of doctors those who practised among the rich and those who practised among the poor he called these two classes slaves and freemen. Drop ping that old-fashioned terminology about slaves and freemen and substituting panel practitioners and Harley Street would it be necessary to alter much or any of the rest of it? He seemed to have heard of panel practi tioners who got through an enormous number of dis pensary patients and a very large number of private visits in a day and he wondered whether it could be true that they never talked to their patients individually or let them talk about their individual complaints. There did not seem to be much time to let them talk if conditions were what they said they were and perhaps they did prescribe what mere experience suggested. And there was that other method practised among the freemen of Athens in the fourth century B.C. which seemed to carry some modern ideas even that of psycho-analysis (of a sane kind indeed) since the doctor carried his inquiries far back and studied his patient carefully as an individual winning his confidence and gaining information while apparently instructing his patient. Plato's description of the freeman doctor read to him uncommonly like what a good doctor tried to do to-day and he could not help feeling that if Plato were lecturing on the methods of medical practice in London at the present time he would not seem very much out of date.

Three Types of Patients

The young practitioner would naturally ask himself what his patients were going to be like. In most respects he supposed they would be very much like the doctor himself. It was Bernard Shaw who had said that the doctor was of the same clay as the ignorant shallow credulous half-miseducated feverishly anxious people who called him in when they had tried in vain every bottle and every pill the advertising druggist could persuade them to try. There would be among them a certain number of people of exceptional ability and a very large number of people round about the average together with a certain number of the really stupid to balance the clever ones. It was not a very helpful division from the point of view of those he was addressing. There was another classifica tion he would use which split people into three a little class and a big class and again a little class. There were in the general public three types of people those who disliked and detested doctors those who—the normal people—wanted to be helped and were ready also to be friendly and grateful and again the small class of those who idealized the doctors and regarded them as super men.

To take the first type to which Dr. Norwood said he did not himself belong there was he thought something wrong with their digestive system. They were like Thomas Carlyle who hated doctors and would have nothing to do with them but wrote continuously accounts of the bodily tortures which he suffered. All his life he grumbled about his inside and the ill health under which he laboured and in return he took it out of his wife first his fellow men second and the universe third and lived to be 85 and saw everybody out. If he had not disliked doctors quite so much some people would have been happier. However Carlyle was not typical, and there was only one of him in the nineteenth century. Those who disliked doctors whom he would call the cynics were wont to state that the whole medical profession was one great ramp and that its real purpose, in spite of its ideals and much advertised unselfishness was to transfer money from the pockets of the public into its own.

But these people who included enthusiasts fanatics and others made but a small group and the great mass of patients were just ordinary folk looking for a helping hand and a friend in need. He thought that it was friend ship and sympathy that they most wanted to have—the faint heart made bolder or fear chased away. If they were educated and intelligent they wanted to know the why and wherefore of illness and the reason for treatment. A little tutorial instruction they took as a compliment to themselves and it went a long way with them. But if they were not educated or particularly intelligent then he was afraid they liked to have something tangible other wise they would think that the doctor was neglecting them. And he supposed that most doctors being kind hearted and not liking to disappoint their patients would oblige them. Most human beings wanted to be friendly and to be treated as friends and he was sure that a capacity for friendship carried a man further in private practice even than profound knowledge. The doctor who had not got this friendly touch sometimes repelled and frightened his patients though he might as a matter of fact be extremely skilful.

Then there was the third group who sentimentalized idealized and worshipped the doctor. It was pleasant to be the centre of such affection and trust but it had its disadvantages. These people called on the doctor at all hours and seasons by day and night for slight cause. because they knew he was so unselfish and they were sometimes slow about paying his bill because they knew he was so generous and in any case had a soul that was quite superior to financial considerations.

Private Practice versus State Service

At a later stage in his address Dr. Norwood discussed the question of private practice versus a whole-time State medical service. There were those who argued that what was wrong with doctoring in this country was the existence of competitive private practice for it subjected young men who were not rich to conditions which were too strong for them, and drove them to give less than their best. The man could not get far ahead of his patients. It was very easy to get into the way of doing what was likely to be popular with them and not what was best for them. The need for earning fees since a man must live and lay a foundation for future advance might lead him to exploit the neurotic the humbug and the well to do who enjoyed being ill. There were other drawbacks to private practice or at least so they seemed to him looking on it from the outside. Such practitioners had to work too long for their patients never let them off. The more popular the doctor and the more his patients liked him the more unmerciful they would be in their demands.

Thus if one set about it a very strong case could be made against private practice and in favour of the view that the reputation of doctors would stand higher still if they were all servants of the State. It was easy to picture such an ideal. Here was the young doctor animated by a hatred of ill-health and the social conditions which made for disease and in the State service he could advance the borders of knowledge still further and was not hampered by the necessity of private gain. Under the [illegible] he supposed the country would be divided into provinces each with its medical officer in charge with his assistan

RENAL RICKETS AND THE PARATHYROID GLANDS

Whereas the association of adolescent or "late" rickets with chronic renal insufficiency has been recognized for many years, the underlying pathology is by no means clearly understood It was once held that retention of phosphorus, due to the impairment of renal excretion, interfered with calcium metabolism—a theory which was discarded when it was observed that renal rickets might occur without an abnormally high inorganic blood phosphorus Mitchell then suggested that the excess of phosphorus which could not be excreted by the kidney was excreted into the bowel and there combined with the calcium of the diet to form insoluble calcium phosphate The rickets was thus to be regarded as the result of calcium deficiency, and this view was supported by Salvesen's observation that administration of calcium lactate in large amount improved both the clinical and biochemical state of a patient with renal rickets and uraemic symptoms, although it provided no permanent cure Recently enlargement of the parathyroids has been noted in several cases of renal rickets, and has given rise to an endocrine as opposed to a primarily renal theory of origin Chown has even gone so far as to suggest that both renal and bone lesions, and the lack of growth, are the outcome of a pituitary lesion, though there is little to support this contention Dr N L Price and Professor T B Davie[1] give a detailed clinical and pathological report of a case, that of a boy of 14, in which enlargement of the parathyroid glands was associated with renal rickets of the osteoporotic type and calcinosis of the kidneys They draw attention to the two radiological types of renal rickets described in the literature—namely, that in which there are florid rachitic changes at the ends of the long bones, and that in which there is general osteoporosis, with loss of distinction between the cortex and medulla, and in which the cupped metaphysis shows a ground-glass, woolly, or moth-eaten appearance with varying degrees of stippling They claim that this latter type is to be correlated with overactivity of the parathyroid glands, and emphasize the importance of calcuria and the presence of foci of interstitial or even intratubular calcification in such cases In their view renal rickets should be looked upon as "the common ground of overlap" of hyperparathyroidism on the one hand and of chronic renal damage on the other At the one extreme are those cases with enlargement of the parathyroid glands and possibly some pituitary dysfunction in addition—the "endocrine" group—and at the other are those in which congenital abnormalities of the renal tract are associated with renal insufficiency A further study of the relation of renal insufficiency to the parathyroids has been carried out by Pappenheimer,[2] who with Wilens had previously produced evidence that in chronic nephritis enlargement of the parathyroids was constant and proportional to the renal damage Pappenheimer has now studied the effect of experimental reduction of kidney substance on the parathyroid glands and skeletal tissue Using healthy white rats weighing from 150 to 250 grammes he removed one kidney by the lumbar route and destroyed a considerable part of the opposite kidney by thermocautery Unoperated litter mates were used as controls and all the animals were kept on a mixed diet They were killed after a variable time, and the volume of the parathyroids was determined A decided increase in parathyroid tissue was demonstrated in the operated animals as compared with the controls Measurement of the nuclei of the cells suggested that the increase could be accounted for, in part at least, by an increase in the size of the cells Mitotic figures were rarely discovered Changes simulating an advanced stage of glomerulonephritis were observed in the remaining kidney substance Further experiments, in which both the nephrectomized and control animals were kept on a low calcium diet, showed that whereas the low calcium diet resulted in some parathyroid hyperplasia in both operated and control animals the hyperplasia was much more marked in the former The partially nephrectomized animals were stunted in growth, and the histological changes of florid rickets were found in the bones Pappenheimer considers the results obtained to be comparable to renal rickets in man He points out that the crucial experiment, yet to be performed, will be to study the effect of experimental renal insufficiency in the absence of the parathyroids in order to demonstrate the role of these glands in the production of skeletal changes

[1] *Brit J Surg* 1937 24, 548
[2] *J exp Med* 1936, 64, 965

EXPERIMENTAL SILICOSIS

There is so great a variety of dust hazards in industry that we need an experimental method by which the danger of any particular dust can be determined At one time the exposure of animals for long periods in a dusting-chamber was the only recognized way of performing such an experiment and its one merit was that of being strictly imitative, the procedure was laborious and the results slow and uncertain The intratracheal injection of a suspension of the dust a method introduced by the late Professor E H Kettle, was a vast improvement on the dusting-chamber and combines facility of execution and certainty of effect with the significance which must attach to the production of lesions in the lung itself rather than in other organs Nevertheless other methods of parenteral injection have been adopted with the same end in view, including even the intravenous route one of these is intraperitoneal injection in guinea-pigs, advocated in several previous papers by Miller and Sayers who now publish[1] an amplified series of studies by this method Dust so injected collects chiefly in the peritoneum of the abdominal wall, and any lesions produced can therefore be readily studied in that situation Three types of reaction were observed The "absorptive" reaction consisted in the formation of nodules which afterwards diminished in size, and was elicited by calcite, limestone, gypsum, and Portland cement In the "proliferative" reaction, caused by pure quartz and other similar mineral dusts, nodules were formed which continued to increase in size for three months

[1] *U S Pub Hlth Rep* 1936, 51, 1677

medical officers, and the provinces would be divided, like a diocese, into parishes in each of which there would be a subordinate medical officer. In each province there would be hospitals and subhospitals, research stations, and staffs of specialists to whom inquiries could be addressed. The one aim of the service would be to apply knowledge to the promotion of health and to seek not so much to cure illnesses as to prevent them.

'It is a magnificent picture in many ways but I am not carried off my feet by it you see, I was once in the Civil Service myself, and it doesn't make you a superman. I can conceive a hardening, even an ossification of medical practice. I can foresee a control by the old men who have become so great that they have lost touch with the human patient, and thus the creation of a medical orthodoxy singularly dangerous in view of the fact that medical opinion and medical practice are rather fluid and apt to change. There have been a good many changes even in my lifetime though you can supply a list of them with your technical knowledge much better than I. I am not particularly impressed by the official medical services which already exist. They are not the seed bed from which new ideas come.

'In conclusion, Dr. Norwood said that as a layman he thought it perhaps not an exaggeration to say that in the majority of everyday cases half the secret of healing lay in the personal factor: the confidence which the doctor inspired, the sympathy which he established between himself and his patient. There was not and could not be the same intimate bond between a patient and an official when the patient felt that he had ceased to be known as a personality and had become a number. The part which private practice and private enterprise could play in the future was going to be smaller that was inevitable. There must be a further growth of the system of medical officers of health and that could not but work out on the whole for good so long as the local provinces were allowed a good measure of autonomy, the right to meet and deal with their own local problems in their own way, and so long as their freedom to impart and to discuss results was maintained.

Another extension which he thought was bound to come was a medical service which would improve the physical education of the country. It had further to be remembered that the mass of medical knowledge was so vast and detailed and so continually growing that more and more men must specialize in one selected part of the field, and therefore the general practitioner must rely increasingly upon the specialist and refer to him.

Yet with all these qualifications he held to his conviction that if private practice were allowed to disappear some thing would be lost from the national life which would not be regained. Human beings tried to present a bold front to the world, but it was an old saying, and he thought it true, that there was a skeleton in most cupboards. In most families there were fears, or troubles, or anxieties besides the incidence of ill health. The family doctor who could win confidence and inspire friendship became not only the healer but might be the adviser, the comforter, the encourager, a sort of amateur parson, an amateur lawyer, and always a strength upon which the weak could lean. "All this side of his work may not be highly scientific or of professional interest, but if there were no more brass plates in village or country town or suburb there would vanish from the social life of this country an element of rare value which medical officers under the local authority and professional welfare workers would find it quite impossible to supply."

At the close of the address a vote of thanks was proposed to Dr. Norwood by Mr. L. L. WHYTEHEAD (Middlesex Hospital), who said that in hospital students were well taught how to diagnose and treat disease, but the knowledge of how to understand and treat men and women patients might largely have to be acquired by the method of trial and error. Dr. Norwood's advice, if applied, would save many from the worst blunders. Mr. J. H. B. ROUND (Westminster Hospital), in seconding, remarked that had Dr. Norwood been a medical man he would probably have been a thorn in the flesh of students, because he would have been one of those to whom medicine was common sense.

Mr. W. MCADAM ECCLES, chairman of the Students' Committee, repeated his usual advice to the newly qualified to carry out three necessary duties—namely, to register, to join a medical defence organization, and to become a member of the British Medical Association.

AIR RAID PRECAUTIONS

HOME OFFICE MEDICAL INSTRUCTION

The following is the first of a series of brief reviews of the work of the Home Office medical instructors to be issued by the Air Raid Precautions Department.

The scheme of training by medical instructors was inaugurated in September, 1936, with the appointment of ten fully qualified medical practitioners trained at the Civilian Anti-Gas School. It was apparent, shortly afterwards however, that for the instruction of the medical, dental, veterinary, and nursing professions throughout England, Scotland, and Wales this number was inadequate. Accordingly six further medical men, who likewise underwent a course of training at the Civilian Anti-Gas School, were appointed in December, 1936. The names of these sixteen instructors and the centres from which they operate are as follows:

Instructor	Centre
Surgeon Captain P. F. Woodruff Minett	Birmingham
Dr. R. J. Rankin	Cambridge
Dr. E. T. Glenny	Cardiff
Dr. J. N. Hay	Edinburgh
Dr. G. L. Pilkins	Glasgow
Dr. K. H. Beverley	Leeds
Dr. L. T. Challenor	Liverpool
Major General H. P. W. Burlow	London
Colonel G. S. Wallace	London
Dr. L. Haden Guest	London
Colonel J. Mackenzie	London
Dr. K. S. Dickinson	Newcastle upon Tyne
Flight Lieutenant T. A. G. Hudson	Nottingham
Dr. E. M. Pearse	Salisbury
Dr. P. J. Delahunty	Shrewsbury
Colonel H. R. Bateman	York

The total number of persons who have passed through the hands of these instructors up to the end of January is in the neighbourhood of 3,300 made up approximately of 1,600 doctors, 1,300 nurses, and 400 medical students. The majority of these medical practitioners have been reached through the British Medical Association, twenty of whose Branches have already received a completed course or courses of instruction, and another thirty or so are at present having such courses. In the county of London the results of this scheme amount to the instruction in anti-gas measures of a great number of doctors, of members of the nursing profession, and of medical students in some of the large teaching hospitals. In addition the members of many of the L.C.C. hospitals have attended courses.

In some cases where the trainees so desired, examinations have been held and all but a very small percentage have reached a qualifying standard, indicating the general enthusiasm with which this scheme has been met throughout the country. Medical instructors are faced with such an overwhelming demand for lectures that their programmes are booked up for many months ahead and almost the only difficulty encountered has been that of complying with demands soon enough to satisfy the enthusiasm of the applicants. This demand is growing by a natural and logical extension to the staffs of Government institutions such as Ministry of Pensions hospitals, mental hospitals, etc., and a careful policy of restriction to the primary purpose of instruction of the medical profession has to be pursued.

and exhibited the type of cellular reaction seen in the true silicotic nodule A third and large class of dusts were found to be "inert" their fate being slow dispersion accompanied by little cellular reaction that coal and talc should be found in this category is according to expectation but the inclusion in it of asbestos and sericite seems to call for some comment although the authors themselves make none Asbestos is certainly not inert in the lung nor according to the convictions of many is sericite Although this is a convenient method of assay it perhaps remains to be proved that the reaction of the peritoneum to dusts is always of the same nature as that of the lung Not only are these two tissues different in structure and function but there is also the difference that in Miller and Savers's method the experimental field must be bacteriologically sterile whereas infection may play a considerable part in modifying the silicotic process in the lungs

CRIMINAL ABORTION IN FRANCE

Criminal abortion is increasing in most countries but its increase causes particular anxiety in France where the birth rate is declining Dr Paul Balard[1] believes that there are as many criminal abortions in France as births As he points out abortion produced by wilful interference is much more dangerous than involuntary abortion for it is so often accompanied by serious haemorrhage and infection His own mortality figures are 3 5 per cent for criminal and 1 25 per cent for other abortions The only possible remedy in which he sees any hope is a change in the mentality of the age and the acceptance of a policy of reproduction Many unmarried women he remarks seek abortion because the father of the child refuses to accept any responsibility and many married women seek it because their husbands blame them for the pregnancy and regard it as a personal injury to themselves Nowadays it seems to him a child is looked upon not only as a responsibility but also as a nuisance and an impediment to a life of pleasure and distraction He sees in religious morality the only barrier against an individualism which has got out of hand meanwhile maternity must receive positive encouragement He would award the father a substantial allowance in respect of every child after the third If he argues fathers of families had more spending power the money would provide employment for others and would be better spent than if it were distributed as a dole He suggests that the police could easily compile a fairly complete list of all practising abortionists and could make these practitioners feel that they were being watched and that their calling was too risky to be worth while The existing law—if the police cared to use it—gives them ample power to prevent the sale of the bougies cannulae and drugs which are widely exposed for sale and are designed for nothing but criminal abortion If no woman were allowed to pursue the double calling of herbalist and midwife many recruits would be says be lost to the army of abortionists He admits that the measures he advocates are drastic but holds that they are necessary The paradox remains that France with its falling birth rate and desperate anxiety for the future size of its population has a social convention which is more savage in its condemnation of the unmarried mother than that of almost any other country Moreover economic conditions in France make marriage difficult for young persons and the legal and social sanctions which require the consent of the head of the family render it unattractive Human instincts and emotions have found outlet in a system of liaisons which have been universally tolerated as indispensable. This acceptance of the irregular union comes into urgent conflict with the legal prohibition—the result of anxiety at the falling birth rate—of the sale and use of contraceptives The inevitable outcome is an epidemic of criminal abortion France and other nations with the same problem cannot have it both ways If they want a large population they must encourage motherhood As it is a social disaster to encourage unmarried motherhood they must make early marriage easy and attractive The Italians seem to have gone some way towards solving the problem and the French might perhaps profit by their example

[1] *Gaz. hebd. Sci. méd.* 1936 57 802

HEAT DISEASE

From observations made in the steel mills of Pennsylvania Heilman and Montgomery[1] have recently published a careful clinical and laboratory study of the pathological effects of heat All their cases appear to have fallen within one or other of the now well-recognized three clinical forms of heat disease—namely heat cramps heat exhaustion and heat hyperpyrexia to which they have given the name heat retention Heat cramps are usually abrupt and dramatic in onset For example a furnace gang is working before a huge blazing furnace having a temperature of 1 500° F The heater throws open the door and turns the pack he puts down his tongs falls doubled up and writhes in agony on the floor Recurring muscular twitches attended by pain begin Violent paroxysmal cramps of the muscles and trunk and extremities twist his body his face is flushed his pupils are dilated and his expression is that of excruciating pain and distress He complains of dizziness tinnitus and gastro intestinal cramps Vomiting is frequent and spasm of the respiratory muscles may interfere with breathing Patients with heat exhaustion have symptoms of faintness and collapse without cramps The picture is that of shock Patients in the heat-retention group show the pathognomonic manifestation of high temperature The temperature rises from three to ten degrees Occasionally the onset is abrupt and the subject may fall unconscious or die with startling suddenness More usually there are restlessness occipital headache vertigo and great excitement extreme drunkenness is often simulated In regard to heat cramps the authors confirm that the essential aetiological factors are dehydration and loss of salt The importance of replacing salt as well as water is now well recognized

[1] *J. indust. Hyg.* 1936 18 691

INSURANCE MEDICAL SERVICE WEEK BY WEEK

The Nation's Medicine Bill

The cost of drugs supplied to insured persons on doctors' prescriptions in 1936 was £2,242,519, according to a statement published by the Ministry of Health. This represents an average payment of 3s. 2·3d. per insured person entitled to obtain medicines from insurance chemists. In 1935 the cost was £2,100,167, representing 3s. 1d. per insured person. As in previous years the average consumption of medicine per head of the insured population was much higher in England and Wales than in Scotland. In Scotland the cost of drugs in 1936 was £176,996, or 1s. 11·31d. per patient.

Numerous instances are recorded of exceptional quantities of medicines supplied to insured persons. These include twelve prescriptions issued to one patient at a total cost of £34 1s. 6d.; three prescriptions for oxygen issued by one practitioner to three patients at a total cost of £2 8s.; one prescription for an ovarian hormone preparation at a total cost of £5 12s. 4d.; and one prescription for anti-pneumococcal serum at a total cost of £10 5s. 5d. In one case an insured person had £136 worth of drugs during the year.

In a communication from the Ministry sent recently to the Insurance Acts Committee—to which body an examination of the problem of the heavy costs of prescribing has been referred by the Conference of Panel Committees—it is stated that:

> The continuous increase in the cost of prescribing for insured persons which has been noticeable during the past few years is causing concern to all engaged in the administration of medical benefit, and it is noted that public expression has been given by various bodies and persons to the suggestion that the efforts of the Department to control excessive prescribing should be supplemented by the help of other bodies. In particular the Chairman of the Insurance Acts Committee has publicly claimed that the profession itself, if given an opportunity, can help materially. It is in view of these expressions of opinion that the Department asks for the co-operation of the Insurance Acts Committee.
>
> The problem of the investigation of the rising costs of prescribing presents itself in two aspects—namely: (1) the differences observed between the prescribing costs of individual practitioners within an area; and (2) the wide differences between the average prescribing costs in different areas of the country.

After observing that the Department is sending more cases for investigation to the Panel Committee the statement sets out in tabular form the average number of prescriptions per insured person, the average cost in pence per prescription, and the average total cost in pence per insured person for the years 1930–5 (The figures for 1936 are given above.) The table shows that while the average cost per prescription rose from 7·95 pence to 8·06 pence (approximately 1·3 per cent.) the average number of prescriptions per insured person rose from 4·12 to 4·60 (approximately 11·6 per cent.). The rise in the average cost of prescriptions, the statement continues, "is probably to be wholly accounted for by the introduction in recent years and the increasing use of expensive but necessary preparations (liver extract, insulin, etc.). It is thus necessary to direct attention to the question of the number of prescriptions issued."

A further table showing variations between selected areas suggests that

> there are factors *under the control of the practitioners* which account for some of the variations in prescribing costs in different areas of the country. It is not apparent why Rochdale with 6·0 per cent. of insured persons treated annually should show 4·8 prescriptions per insured person while Salford with approximately the same proportion treated requires 7 prescriptions. Similar discrepancies reveal themselves between Blackburn and Bolton, Leeds and Wakefield, Birmingham and Wolverhampton.

Costs of Prescribing in Lancashire

The Lancashire Panel Committee has issued a memorandum in which it comments very fully on a report by the Lancashire Insurance Committee on costs of prescribing in Lancashire. The Panel Committee notices with surprise and concern that in May last the Minister of Health stated, in reply to a question in the House of Commons, that he had received a report from the Lancashire Insurance Committee to the effect that there was unnecessary prescribing by doctors in Lancashire. If the report referred to is the same which has been submitted to the Panel Committee the Minister has been misinformed or has answered the question without having personally studied the report. So far as the Panel Committee is aware the Lancashire Insurance Committee has expressed no such opinion. The Panel Committee points out that the following resolution was actually moved by Lancashire at the last Conference:

> That this Conference is of the opinion that the *National Formulary* for national health insurance purposes prepared by the Insurance Acts Committee and issued with the concurrence of the Ministry of Health is sufficiently comprehensive to cover the medicinal treatment of the majority of conditions with which the insurance practitioner has to deal and that a more general use of the *Formulary* would result in a considerable reduction in the cost of supplying insured persons with drugs without reducing the therapeutic efficiency of the treatment given.

The memorandum states that

> the Panel Committee recognizes that the total cost of supplying drugs to the insured population has increased steadily during the last twelve years not only in Lancashire but in *all parts of the kingdom*. The Committee is concerned at this increase and is anxious to take any part it can in preventing further increases and to bring about a reduction in cost if this can be done without at the same time reducing the therapeutic efficiency of the treatment given. The cost of supplying insured persons with drugs is determined by the product of two factors, frequency per insured person and cost per prescription.

With regard to the total cost per prescription it is pointed out in the memorandum that the cost in Lancashire was 8·16 pence in 1935 against 8·72 in 1923.

> There has been a uniform and very gradual reduction in the cost of each prescription not only in Lancashire but throughout the whole country with the exception of Birmingham which in 1923 had the lowest figure of all the big cities (7·40 increased in 1935 to 7·67). An appended table shows that the figure for Lancashire in 1935 is only 0·55 pence higher than Liverpool (the lowest of all the big cities). The average total cost per prescription has been remarkably uniform throughout the country for twelve years. Excluding Scotland the highest figure was Manchester 8·73 in 1923 and the lowest Liverpool 7·61 in 1935.

The dispensing fee, it is stated in the memorandum, is a fixed cost and is practically constant and is entirely outside the control of the doctor. The only factor therefore that is within the doctor's control is the ingredient cost. The Committee is confident that neither the Minister of Health nor the Insurance Committee would urge the doctors to reduce this to a lower figure than the present very low one.

Number of Prescriptions Issued to Each Patient

This will probably be found to be the crux of the problem. It is referred to in the Ministry's memorandum above and in the Lancashire memorandum it is observed that in Lancashire

A man doing heavy work at a high temperature may lose up to 20 grammes a day McCance in his Goulstonian Lectures,[1] emphasized the difficulty of meeting abnormal demands for salt on a normal diet Heilman and Montgomery advocate the liberal supply to workers of chilled saline water (0 1 to 0 2 per cent) In developed cases of heat cramps intravenous infusion of saline afforded almost immediate relief The most interesting finding in cases of heat exhaustion was a depleted blood sugar, which in the authors' patients averaged 64 3 mg per 100 c cm , a figure much below that found in their controls or in the other two heat syndromes Since the routine administration of gum-drops to operatives the cases of heat exhaustion per year fell from 326 to 67 The term "heat retention" appears truly descriptive in that it was found to be prone to occur in men who could not perspire normally When the external temperature exceeds that of the body loss of heat by radiation and conduction ceases and the regulation of body temperature depends solely upon convection and evaporation Poor perspirers must shun the Tropics, the steel mill and the stokehold Anhidrosis is uncommon and usually congenital, but Mogens Fog[2] has just recorded in detail an interesting case of complete loss of the capacity to sweat in a young man following upon an attack of paratyphoid fever

VITAMIN C IN MILK

Working at the National Institute of Research in Dairying, Kon and Watson[3] have explained some of the discrepancies in observations on the vitamin C content of milk Ascorbic acid is known to be an unstable substance readily oxidized to dehydro-ascorbic acid The oxidation product is not titratable with the indophenol reagent which is used for the estimation of vitamin C, but can readily be reconverted into ascorbic acid by reduction with hydrogen sulphide Kon and Watson find that ascorbic acid and dehydro-ascorbic acid are equally active biologically On the other hand dehydro ascorbic acid is unstable in milk as in aqueous solution it is steadily converted into a biologically inert form which cannot be reconverted to ascorbic acid This process is greatly accelerated in milk by exposure to sunlight or even to bright daylight After half an hour s exposure to bright daylight in an ordinary pint glass milk bottle practically the whole of the ascorbic acid is oxidized Part of it is still biologically active, but a large proportion is biologically inert, and the change to the inert form continues steadily, even in the dark Apparently there are more disadvantages in allowing milk to stand on the doorstep on an early summer Sunday morning than the mere risk of having it stolen The authors find that if milk is taken direct from the udder where ascorbic acid is all excreted in the reduced form and immediately pasteurized there is no loss of activity , but pasteurization even after a brief exposure to light rapidly changes dehydro-ascorbic acid into the inert form A pint of cow's milk straight from the udder may contain as much as 20 mg of ascorbic acid, and it is a pity that the greater part of this is being lost According to van Eekelen[4] and Heinemann an adult requires 60 mg a day and it is probable that suboptimal intakes are very common The destruction of ascorbic acid in milk under the influence of light is however so rapid that its preservation would require elaborate and expensive alterations in the methods of distribution Dairy milk can therefore not be relied upon as a source of vitamin C

[1] *Lancet* 1936 1, 643
[2] *J Amer med Ass* 1936 107 2040
[3] *Biochem J* December, 1936, p 2273

PULMONARY INFARCTS

We have previously referred[5] to the work of Villaret, Justin-Besançon and Bardin who as the result of experiments, concluded that death following pulmonary embolism was due to a reflex phenomenon determined by the impact of fine particles on the nerve endings in the pulmonary arterial bed L Justin-Besançon J Delarue, and P Bardin now describe additional experiments in which embolic infarcts were produced, as before, by introducing porcelain "pearls" into the external jugular vein None of the animals died as a result of this procedure they were killed by intravenous injection of formalin or chloroform at different intervals up to thirty days after the introduction of the pearls, and the histological changes in the lungs were studied The authors dismiss the various theories of the formation of pulmonary infarcts they find that the infarct is not merely a simple interstitial haemorrhage since definite changes in the lung parenchyma were observed to precede and follow the haemorrhagic infiltration while others appeared to be independent of it These changes comprised early oedema, leucocytic diapedesis macrophagic metamorphosis, and cellular multiplication of the alveolar walls at the same time as the haemorrhagic invasion, and also haemorrhagic infiltration of the walls of vessels in the region of the infarct and bronchial lesions They conclude that a pulmonary infarct should be regarded as an acute exudative and haemorrhagic inflammation brought about by sudden local disturbance of the neuro-vegetative and vasomotor equilibrium of the lung

The late Sir Austen Chamberlain was chairman of the Court of Governors of the London School of Hygiene and Tropical Medicine and chairman of the Governing Body of the British Post-Graduate Medical School and took a deep personal interest in the work of both institutions

We would again remind members of the British Medical Association of the arrangements made for the visit to Belfast of a liner, the s s *Almanzora* providing accommodation for 450 people attending the Annual Meeting in July next Particulars will be found in our *Supplement* this week To ensure that these arrangements are carried into effect bookings should be made without delay

[4] *Biochem J* December, 1936, p 2291
[5] Ibid p 2299
[6] *British Medical Journal* 1935, 1, 1180
[7] *Presse méd* 1936 92 1856

the frequency per insured person has increased from 3·87 in 1923 to 5·05 in 1935. This latest figure is only 0·2 higher than London (the lowest of the areas mentioned in the appendix) and is 1·40 lower than Manchester (the highest). London is the only big city with a lower frequency figure than Lancashire County. A table which is appended shows that this ratio is remarkably uniform in all big cities and in Wales and Scotland. More remarkable still the increase is in almost the exact ratio as the figure recently prepared from statistics collected from all over the country and compiled by the Insurance Acts Committee showing that in 1923 each insured person received on an average 3·75 attendances (visits or consultations), and that in 1935 this figure had risen to 5·11."

The Lancashire Panel Committee concludes

that the increase in frequency is due entirely to the altered habit of the insured population and to the increased amount of work done by the doctors. Recent health propaganda has caused the insured person to become health conscious and often disease conscious. He takes more notice of slight ailments, and consults his doctor earlier and more frequently. Gradually the insured population is becoming composed of persons who never at any time have paid private fees for medical attendance, whereas the original insured population had already acquired an economic habit in this respect. It is likely, therefore, that the frequency factor has not yet reached the peak and will not do so until the entire insured population consists of persons who have never received medical attention in any other way. The frequency factor is almost entirely outside the control of the doctors.

Ophthalmic Treatment and Form G P 45

A correspondent (see column opposite) raises the question whether it is really necessary to fill up Form G P 45 where a specialist service in the form of ophthalmic treatment is paid for by the insured person's approved society either wholly or in part. It has already been stated in these notes that the ordinary procedure must be observed in such a case—that is, when the insurance practitioner performs an operation or gives treatment which is in his opinion a specialist service the Insurance Committee must be notified on Form G P 45. It will be appreciated that the sole question which arises is whether or not the service falls within the practitioner's contract.

It has also been noted in this column that in some areas where the same specialist service is repeatedly rendered by an insurance practitioner, and it has once been determined by agreement between the Insurance Committee and the Panel Committee that a specialist fee may be properly charged, there is no necessity to keep going through the routine of reference to the Panel Committee. Our correspondent would be on surer ground if he were to suggest that in repeated cases of the same service or operation the practitioner might be permitted to send a much simplified form of notification to the Insurance Committee after the first notice on Form G P 45.

Vaccination at the Request of an Employer

The same correspondent refers to the question of charging a fee where he is asked to vaccinate a patient at the request of her employers. If this doctor will turn up the very full index in the new edition to *Medical Insurance Practice* he will find the following entry: 'Vaccination—as routine requirement by employer, page 65.' And at page 65 he will find that he would be justified in charging a fee where the insured person asks to be vaccinated solely in order to satisfy the routine requirements of an employer. As stated a little earlier in the same chapter it is for the practitioner to decide in the first instance whether any particular form of treatment preventive or otherwise is in the interests of the patient's health, but in general he would be expected to give the same treatment that he would advise one of his private patients to undergo in similar circumstances.

THE CAPITATION FEE

DEPUTATION TO MINISTRY OF HEALTH

Sir Kingsley Wood, Minister of Health, who was accompanied by Mr. Scrymgeour Wedderburn, Parliamentary Under Secretary for Scotland, on March 11 received a deputation from the British Medical Association. Dr. Guy Dain spoke on behalf of the deputation, who urged that the fees paid to medical practitioners under the national health insurance scheme should be increased, and that the fee should apply not only to the present insured persons but also to the juvenile workers for whom the Government had announced their intention of providing medical benefit. The deputation suggested that, as on former occasions, the matter should be referred to arbitration.

Sir Kingsley Wood said that he considered that a flat rate substantially below the present figure could well be justified, and he agreed that the question should be determined by arbitration, which should take place as soon as possible.

Correspondence

THE INSURANCE MEDICAL SERVICE

SIR,—My attention has just been drawn to a note in the *Supplement* of January 23 (p. 44) on ophthalmic treatment. Many of my own insured patients who go to the National Eye Service come back to me for examination under the National Ophthalmic Treatment Board scheme. In this case the fee is of course partly or wholly paid by the approved society, but surely there is no suggestion that Form G P 45 should be filled up in all these cases?

Recently a patient came to me with a note from her employers requesting me to vaccinate her and stating that they would readily pay my fee. I explained to her that I could accept no fee, and that I did not feel justified in putting the Drug Fund to the expense involved merely at the desire of a third party. I therefore sent her to a friend of mine who vaccinated her and sent in an account for his fee! All very silly!—I am, etc.

London, N.8, March 2. A. ERNEST SAWDAY.

AN ELDERLY PRACTITIONER AND NIGHT VISITS

SIR,—In commenting on this case (*Supplement*, March 6, p. 115) you say: 'The case is of interest mainly as a reminder that a duty rests upon any insurance practitioner who feels unable to undertake night visits to have a standing arrangement with a deputy who is readily available.' To me, and I feel sure to all who ponder, the main interest lies in another and more important aspect.

Without wasting time in setting forth my reflections and reasons let me at once say that the circumstances of this case point to an almost imperative demand for some adjustment of the Terms of Service for men who are elderly. In no other public service is there such a flat rate consideration of the essential workers. All panel doctors by the public and by the national health insurance authorities are looked on simply as registered medical practitioners irrespective of what their academic professional or other attainments may be, whether they be young recently qualified men, or men ripened by years of experience and mellowed by a rich knowledge of men and medicine. The sooner the better administrators and legislators realize that all men—especially medical men—are not alike and equal because forsooth their names appear on the panel list.

If the best is to be obtained from the national health insurance medical service there should be established grades of seniority such as obtain in other services wherein the more senior servants enjoy certain privileges which the juniors have yet to earn. For my part all my sympathies go out to the elderly gentleman who merely tried to exercise for his own poor ageing body that care—no more no less—he would have tried to bestow on any of his fellow men similarly situated. Good luck to him—I am, etc.

Llandilo, March 10. J. H. LLOYD.

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

HORMONE DEFICIENCIES IN THE MALE

BY

KENNETH M WALKER, F R C S.

The Male Hormone

The testicle was the first organ in the body in which the existence of an internal secretion was demonstrated Bertholdt's transplantation studies in the capon, as long ago as 1849, might indeed be considered the pioneer experiments in endocrinology In spite of this early start it is only within the last few years that the testicular hormone has actually been isolated That this should have happened long after other organs of internal secretion have yielded their active principle to the biochemists methods of extraction is due in great part to the fact that, whereas such glands as the thyroid store large amounts of hormone in concentrated form, the quantity of internal secretion within the testis at any given moment is very small F C Koch has estimated that to obtain one capon dose of testicular hormone anything from 50 to 100 grammes of testicular tissue are required Yet in human therapy the amount of effect produced by one capon dose is negligible and it would be necessary in order to produce an effect to measure the amount of secretion given not in capon doses but in milligrammes of pure secretion When it is realized that according to Koch a whole ton of bull's testicle contains only 100 to 150 milligrammes of pure hormone it will not seem surprising that the therapy of the testis lags woefully behind that of the thyroid

To Butenandt must be given the credit of first having isolated in pure crystalline form the male sex hormone This he achieved in 1931 not, as others had attempted, from the testicle itself but from human urine, obtaining 15 milligrammes of a substance he called androsterone from 25 litres of urine Eventually sufficient of this pure product was extracted to permit of analysis, it yielded the formula $C_{19}H_{30}O$ Later E Laqueur and his associates succeeded in isolating the hormone from the testis itself (testosterone), and Ruzicka, in preparing what was apparently an identical substance from cholesterol (androsterone and dehydro-androsterone)

The chemistry of these various products is still debated, as is also the question whether the testis may not form more than one hormone Moore writing last year, says that, in spite of the fact that different methods of extraction yield what is apparently the same product, there are reasons for believing that the testis secretes more than one active principle Should this turn out to be the case it may explain the confusion that has long existed on the subject of the source of the internal secretion of the testis Of late years Ancel and Bouin's conclusions that the interstitial cells of Leydig were alone responsible for the formation of internal secretion have been widely criticized, many authorities believing that the cells of the seminiferous tubules furnish an internal as well as an external secretion This subject although of great interest, is however, outside the scope of a paper that aims only at giving a general survey of male hormone therapy

Of the male hormone deficiencies with which medical men may be called upon to deal the commonest are the various deficiencies that are grouped under the heading of eunuchoidism, arrest of the normal descent of the testis (undescended testicle), and failures in spermatogenesis (azoospermia oligozoospermia and necrozoospermia) These conditions will now be considered

Eunuchoidism

From the outset it must be confessed that attempts to treat eunuchoidism either by the administration of hormones or by means of testicular grafts have met with but little success This is due partly to the fact that in the majority of cases eunuchoidism is not a pure condition but is associated with deficiencies in other members of the endocrine circle, and especially in the pituitary Its treatment therefore calls for multiple organotherapy and for the administration of active principles which we do not at present possess in sufficient quantity for the purposes of medicine It is also explained by the practical difficulty of obtaining enough testicular hormone to exert a therapeutic action on the human body Professor Koch once confided to the writer that with all the abattoirs of Chicago at his disposal he could only obtain enough male hormone for laboratory experiments and that he saw little hope of sufficient quantities ever being available for human therapeutics Since this remark was made other sources of male hormone have been discovered but unfortunately all the methods of extraction are so expensive that many years are likely to pass before testicular hormone therapy becomes practicable It is probable that when eventually this is the case the source of supply will be from sterol by means of synthetic degradation methods

In the meantime various commercial preparations labelled testicular extract will be administered by the medical profession to their patients in a spirit of optimism that may sometimes help the patients psychologically and can certainly never harm them Even when the brand of male hormone selected for injection contains the active principle of the testicle the amount given is so small as to exert no appreciable influence on the body But as often as not the testicular extract, as well as being inert is administered orally, by which route at least ten times as much hormone would be required in order to produce an effect

Undescended Testicle

Of the hormonic treatment of undescended testis it is possible to speak with greater optimism The experimental work of Evans, Smith, Engel, Aschheim and many others has shown that a gonad stimulating principle is present in the anterior lobe of the pituitary, controlling the activities of the ovaries and testis Other experiments suggest that this principle is twofold one acting chiefly on the germ cell and the other on the thecal cells of the ovaries and the interstitial cells of the testis Aschheim and Zondek's subsequent discovery that a gonadotropic hormone similar in action to that produced by the pituitar could be extracted from pregnancy urine has much facilitated work on this subject By providing a source from which gonadotropic hormone can with less difficulty be obtained they have indeed brought what was previously

PARKING OF DOCTORS CARS

SIR—The letter of Dr Dahne in the *Supplement* of March 13 (p 132) with reference to the parking of cars is none too timely I heartily endorse his sentiments for to my mind it is a far more serious question than the speed limit There are numerous occasions when one has to leave the car outside a patient's house albeit in a busy thoroughfare for an hour or so while on a serious case It is difficult to imagine anything more harassing than the thought that a policeman may at any moment during a midwifery case knock at the door and ask a lot of questions and demand that the car be taken elsewhere perhaps five or ten minutes journey away to a garage And is it not possible that while the chauffeur is having lunch and the car is outside the surgery an emergency call may come through and the doctor have to leave immediately and drive himself? What then if the car is in the garage perhaps five or ten minutes walk away? Can one allow a patient with say coronary thrombosis to wait half an hour before relieving his pain if heavenly intervention has not already done so?

The Minister of Transport stated in the House of Commons that the question of whether and for how long leaving a car on a public highway not appointed as a parking place constitutes an obstruction is under long established law to be determined with reference to the particular circumstances of each individual case and there is no proposal to amend the general law in this matter Nobody has the time to go to court and argue the particular case with a magistrate The police in a given district usually know the doctors cars fairly well but they have their duty to perform and unless they are given instructions in this matter I am afraid there will soon be a glut of prosecutions for parking so far as doctors are concerned I feel that at least in this matter the B M A should immediately take steps to secure exemption for medical men when on duty On the question of special badges for doctors cars I feel that this is not essential but your addendum to Dr Dahne's letter is evading the issue—I am etc,

London E 1 March 15 PHILIP KAPLIN

SIR—Your correspondent (*Supplement* March 13 p 132) who raises the question of the parking of doctors cars may be interested to know that some three months ago I was fined a guinea at Bow Street for leaving my car outside St Paul's Hospital Endell Street while doing out patients there I should be glad to know of any other cases of summonses against medical men who have left their cars while giving their services to hospitals—I am etc

London W 1 March 15 E SUTHERLAND RAWLINGS

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant Commanders J J Keevil to the *Victory* for Royal Naval Barracks J J Cusick to the *Drake* for Royal Naval Barracks J W L Crosfill to the *Drake* for Royal Naval Hospital Plymouth S J Savage to the *Shoreham* F W Gayford to the *Revenge* F Dolan to the *Warspite*

Surgeon Lieutenants W Boyd F A Crosfill G C Denny R V Jones F P Ellis W S Miller L R Norsworthy B O'Neill G R Rhodes P G Stanton T A M Maunsell and W H C M Hamilton to Royal Naval Barracks Portsmouth C P Collins to the *Ganges* G S Thoms to the *Faulkner* I C Macdonald to the *Drake* M G H Heugh to the *Pembroke* for Royal Naval Barracks

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant S E Cooke to the *Iron Duke*

Surgeon Sublieutenants P H K Gray and R F B Bennett to be Surgeon Lieutenants

ARMY MEDICAL SERVICES

Major General T S Coates C B O B E late R A M C has retired on retired pay

Colonel F D G Howell *D S O M C* late *R A M C* to be Major General

Lieut Col J S McCombe D S O from R A M C to be Colonel

ROYAL ARMY MEDICAL CORPS

Major and Brevet Lieut Colonel S Smith to be Lieutenant Colonel

Lieutenant C J O'Kelly has resigned his short service commission

ROYAL AIR FORCE MEDICAL SERVICE

Group Captain A E Panter to R A F Station Cranwell for duty as Senior Medical Officer and Officer Commanding R A F Hospital Cranwell

Wing Commander V R Smith to *Headquarters R A F Mediterranean Malta* for duty as Principal Medical Officer

Squadron Leader R L C Fisher to Superintendent of the Reserve Hendon for duty as Medical Officer

Flight Lieutenants R E W Fisher to the R A F Station Aldergrove R F Wynroe to R A F Station Upper Heyford O S M Williams to R A F Station Upwood

Flying Officer E B Harvey to be Flight Lieutenant with seniority July 2 1936

Flying Officers J G Rountree to No 5 Armament Training Camp Penrhos A R Sibbald to the R A F Depot Uxbridge E H E Cross to R A F Station Hornchurch J R R Jenkins to R A F Station Kai Tak Hong Kong

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major M P Leahy having attained the age limit of liability to recall has ceased to belong to the Reserve of Officers

Captain A W Bevis having attained the age limit of liability to recall has ceased to belong to the Reserve of Officers

SUPPLEMENTARY RESERVE OF OFFICERS ROYAL ARMY MEDICAL CORPS

Lieutenant R P Leake to be Captain

Donald Thomson to be Lieutenant

TERRITORIAL ARMY

Colonel C J Linklater to have seniority September 27 1934

ROYAL ARMY MEDICAL CORPS

Captain C N Vaisey to be Major

Captains W F Mulvey and J W Graham have resigned their commissions

Captain T H Wilson from University of London Contingent (Medical Unit) Senior Division O T C to be Captain with seniority February 24 1935

Lieutenant A McC Campbell from 8th Battalion A and S H Scouts to be Captain with seniority October 19 1932

Lieutenant K M Morris to be Captain with seniority August 12 1936 (Substituted for the notification in the *London Gazette* of February 12 1937)

P O'Donnell and W R P Templeton to be Lieutenants

TERRITORIAL ARMY RESERVE OF OFFICERS ROYAL ARMY MEDICAL CORPS

Major W Barclay from Active List to be Major

Captain D Jack from Active List to be Captain

COLONIAL MEDICAL SERVICE

The following appointments are announced W A C Horton M R C S L R C P Medical Officer Cayman Islands J J Rennie M R C S L R C P Medical Officer Jamaica J H Bowyer M B B Ch D P H and J C Carson M B B Ch D T M Medical Officers Superscale Grade B Malayan Medical Service J A A Duncan M C L R C P and S D P H Assistant Director of Medical Service, Nigeria L W Fitzmaurice M D C M Medical Officer and Bacteriologist Bahamas J Portelly M D D P H D T M and H and W Young M B B Ch Medical Officers Superscale Grade A Malayan Medical Service E L Christoffelsz M R C S L R C P Medical Superintendent Kandy Hospital Ceylon F W Vint M D B Ch Senior Pathologist Kenya

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The Central Association for Mental Welfare has arranged a course for persons engaged in the training of mental defectives in occupation centres institutions or mental hospitals and for home teachers to be held in London from July 5 to 24 During the same period there will be a course for officers of local authorities and local associations for mental welfare engaged in the ascertainment and supervision of defectives Particulars of both courses may be obtained from the secretary Central Association for Mental Welfare 24 Buckingham Palace Road S W 1

The twelfth session of the General Council of the Association Professionnelle Internationale des Medecins will be held in Paris from July 8 to 11 with Dr Haedenkamp in the chair

an interesting scientific observation within the realms of practical therapy Engel in 1932 led the way by proving that injections of extracts of anterior pituitary or of pregnancy urine into immature monkeys brought about the descent of the testis into the scrotum by the fourteenth day Since then a large number of writers have published the results of this treatment in human beings In a paper appearing in the *Lancet* of last year A W Spence and E F Scowen recorded the results of treating thirty-three patients suffering from imperfectly descended testis with 500 rat units of pregnyl twice weekly In eleven out of the nineteen unilateral cases the testis descended, and in six of the bilateral cases both testes reached the scrotum in four only one did so E McLellan later published similar results, and at the same time commented on the type of case that was more likely to respond to hormonic treatment His conclusions were that hormonic therapy had a better chance where the undescended testicle was small and undeveloped, but that when the testicle approximated to the normal orchidopexy was the treatment of choice

Treatment of Aspermatogenesis

Laboratory work on the gonadotropic hormone of the anterior pituitary strongly suggests that these consist of two factors one of these, prolan A, in the female brings about maturation of the Graafian follicle and the production of oestrin, the other, prolan B converts the follicles into the corpora lutea, inhibits the production of oestrin, and stimulates that of progestin In the male prolan A acts on the tubules and stimulates spermatogenesis, whilst prolan B works on the interstitial tissue of the testis, causing it to hypertrophy Pregnancy urine, from which gonadotropic hormone for clinical purposes is usually obtained (pregnyl), contains much larger quantities of prolan B than of prolan A Consequently the action of pregnyl on the development and descent of the testis is far more marked than any action on its tubules Indeed it is controversial whether pregnancy urine extracts have any effect on spermatogenesis, and it is quite likely that we may have to wait until sufficient quantities of prolan A can be obtained from animal pituitary glands before we can hope to influence materially cases of aspermatogenesis This at any rate is the lesson to be derived from experiments in hypophysectomized animals, in the case of which anterior pituitary extracts have proved far more effective than urinary extracts in re-establishing the activity of the tubules In the meantime we are compelled to treat these cases with the extracts that are at present available In this connexion it should be remembered that some cases of male sterility are due not to a deficiency of prolan A but of thyroid These will rapidly respond to the use of small doses of that gland

Endocrine Therapy in Prostatic Enlargement

Recently attention has been directed once again to the question of the relations of the male hormone to enlargement of the prostate and attempts are being made to treat this condition by testicular extracts This therapy is based on the assumption that enlargement is the result of a disturbance in the normal balance existing between the secretions of the testis and those of the pituitary Nichans in the endocrinological survey preceding his paper on the treatment of prostatic enlargement by operation Steinach II has gone so far as to state categorically that enlargement of the prostate is due to a preponderance of the internal secretion of the Leydig's cells over that of the cells of Sertoli, with secondary reactions on the pituitary, and that if the balance between these secretions can be restored the prostate shrinks On the shifting foundations of as yet unconfirmed experiments he has built up a complicated structure in order to support his practical findings, that ligature operation brings about a shrinkage of the enlarged prostate Unfortunately our present endocrinological knowledge is so limited that logical arguments for or against Nichans's operation have little value Not only is the pathology of prostatic enlargement itself a matter of doubt but the endocrinological foundations on which he builds cannot support the weight he places on them

The only recent positive finding on the subject of the pathology of prostatic enlargement on which we can put reliance is Lacassagne's observation that if oestrin be injected into mice certain changes occur in the prostate These changes consist of the conversion of the single layer of cells lining the prostatic tubules into stratified epithelium and distension of the alveoli by masses of keratin These modifications in the prostate are often followed by retention of urine, hydronephrosis and suppuration in the contents of the distended prostate H Burrows and N M Kennaway have noted the same phenomena after applying oestrin to the skin of mice, and Parkes and Zuckerman proved that similar changes may be produced in the prostates of monkeys Laqueur has thrown further light on the subject by showing that these changes are more likely to occur in the absence of male hormone, being more readily produced in young castrated mice and rats He has also shown that mice can be protected from the increase in size of the prostate by simultaneous injections of male hormone He therefore suggests that in prostatic enlargement there exists an improper balance between the male and oestrogenic hormones in the body Acting on this suggestion he and a number of other investigators have attempted to treat enlargement in human beings by means of repeated injections of male hormone Laqueur himself reports favourably on 133 cases so treated, but other workers have obtained less definite results

At the present moment this matter is being investigated under the auspices of the Medical Research Council These experiments are still in progress, and it would be rash on the part of one who is engaged in this work to foretell the future I cannot, however, avoid expressing the opinion that when the results of these experiments are eventually published they will not reveal that any dramatic step forward has been taken in the hormonic treatment of prostatic enlargement

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A J Ballantyne and I C Michaelson (*Brit J Ophthal*, January, 1937 p 22) record a case of perivasculitis retinae in a man of 30 The clinical and pathological details, aetiology, and diagnosis are carefully discussed and an analysis of sixty-eight similar cases is given This condition occurring in young adults is usually confined to the veins, may be shared by the cerebral vessels and may well be the basis of recurrent vitreous haemorrhages in adolescence (Eales's disease) Though usually stated to be tuberculous perivasculitis may be associated with thrombo-angiitis obliterans The case reported appeared to be toxic in origin

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Diary of Central Meetings

MARCH

19 Fri Journal Committee 2 p m
23 Tues Health Services Committee, 2 p m
Naval and Military Committee, 2 30 p m
24 Wed Finance Committee, 2 30 p m

APRIL

2 Fri Journal Board, 2 p m
6 Tues **Council**, 2 p m
7 Wed **Council**, 10 a m
9 Fri Medical Students and Newly Qualified Practitioners Subcommittee, 2 30 p m
15 Thurs Radiologists Group Committee, 2 30 p m
29 Thurs Charities Committee

Proposed Alteration of Areas of Brighton, Eastbourne, and Hastings Divisions

Notice is hereby given by the Council of the Association to all concerned of the following proposed alterations of areas of the Brighton, Eastbourne, and Hastings Divisions of the Sussex Branch, which have been approved by the Branch and Divisions concerned

Brighton Division (i) To cede to Eastbourne Division that part of Hailsham R D which is within the area of Brighton Division and (ii) to receive from Eastbourne Division that part of Uckfield R D which is within the area of that Division

Eastbourne Division (i) To cede to Hastings Division that part of Battle R D which is within the area of Eastbourne Division, (ii) to cede to Brighton Division that part of Uckfield R D which is within the area of Eastbourne Division and (iii) to receive from Brighton Division that part of Hailsham R D which is within the area of that Division

Hastings Division To receive from Eastbourne Division that part of Battle R D which is within the area of that Division

Any member affected by these proposals and objecting thereto is requested to write to the Medical Secretary by April 20, stating the objection and the ground therefor

G C ANDERSON,
Medical Secretary

March 20 1937

Sir Charles Hastings Clinical Prize

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of fifty guineas, is again open for competition in respect of 1938 The following are the regulations governing the award

1 The Prize is established by the Council of the British Medical Association for the promotion of systematic observation research and record in general practice, it includes a money award of the value of fifty guineas

2 Any member of the Association who is engaged in general practice is eligible to compete for the Prize

3 The work submitted must include personal observations and experiences collected by the candidate in general practice and a high order of excellence will be required If no essay entered is of sufficient merit no award will be made It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject though reference to current literature should not therefore be omitted when it bears directly on their results their interpretations and their conclusions

4 Essays of whatever form the candidate desires his work to take, must be sent to the British Medical Association House, Tavistock Square London W C 1 not later than December 31 1937 The Prize will be awarded at the Annual General Meeting of the Association to be held in July 1938

5 No study or essay that has been published in the medical press or elsewhere will be considered eligible for the Prize and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work A prizewinner in any year is not eligible for a second award of the Prize

6 If any question arises in reference to the eligibility of the candidate, or the admissibility of his or her essay the decision of the Council on any such point shall be final

7 Each essay must be typewritten or printed must be distinguished by a motto and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address

8 The writer of the essay to whom the Prize is awarded may, on the initiative of the Science Committee be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association

9 Inquiries relative to the Prize should be addressed to the Medical Secretary

Branch and Division Meetings to be Held

BATH BRISTOL AND SOMERSET BRANCH WEST SOMERSET DIVISION—At Taunton and Somerset Hospital, Tuesday March 23 3 30 p m Dr C MacGaffey Recent Views on Renal Disease"

BERKS BUCKS AND OXFORD BRANCH OXFORD DIVISION—At Magdalen College, Oxford Wednesday, March 24, 8 30 p m Sir Humphry Rolleston Medical Oxford More than Fifty Years Ago Preceded by dinner

KENT BRANCH BROMLEY DIVISION—Joint meeting with the Beckenham Medical Society at Railway Hotel Beckenham Thursday, March 25 8 45 p m Dr A C Hampson Dyspepsia Preceded by supper at 7 45 p m

LANCASHIRE AND CHESHIRE BRANCH BLACKBURN DIVISION—At Old Bull Hotel, Blackburn, Tuesday, March 23, 8 45 p m Dr L T Challenor, Medical Instructor for the Liverpool Centre under the Air Raid Precautions Department of the Home Office "Air Raid Precautions

LANCASHIRE AND CHESHIRE BRANCH WARRINGTON DIVISION—At Warrington Town Hall Wednesday, March 24 4 p m The first of a series of eight lectures on air raid precautions by Dr L T Challenor, Medical Instructor for the Liverpool Centre under the Air Raid Precautions Department of the Home Office

LINCOLNSHIRE BRANCH KESTEVEN DIVISION—Tuesday, March 23 3 15 p m Dr A Macrae (Assistant Medical Secretary) Some Problems in Intraprofessional Relations"

LINCOLNSHIRE BRANCH LINCOLN DIVISION—Thursday, March 25 Second annual dinner

METROPOLITAN COUNTIES BRANCH CHELSEA DIVISION—At Princess Beatrice Hospital Earl's Court, S W, Thursday, March 25 8 30 p m Dr S D Mitchell "Child Guidance from the General Practitioner's Point of View" Preceded by a cinematographic demonstration of the production of antitoxins, prophylactics and vaccine lymph

METROPOLITAN COUNTIES BRANCH LEWISHAM DIVISION—At Catford Town Hall Tuesday, March 23, 8 45 p m Dr H M M Woodward "Venereal Disease"

METROPOLITAN COUNTIES BRANCH WESTMINSTER AND HOLBORN DIVISION—At Florence Restaurant Rupert Street W Thursday April 22 8 p m Annual general meeting, to be followed by dinner Discussion "Useful New Drugs" To be opened by Dr Phillip Hamill

NORTH OF ENGLAND BRANCH GATESHEAD DIVISION—At Whinney House, Tuesday, April 20 Clinical evening

YORKSHIRE BRANCH BRADFORD DIVISION—Wednesday, March 24 Miss E Catherine Lewis "Some Aspects of Urology in Women

YORKSHIRE BRANCH GOOLE AND SELBY DIVISION—At North Eastern Hotel Goole Tuesday, March 23 8 30 p m Agenda Contract rates for attendance upon juvenile members of friendly societies, consideration of adoption of resolutions under ethical rules of Division, election of representative in Representative Body, paper by Dr J T Ingram (Leeds) Treatment of Common Skin Diseases" Preceded by supper at 7 45 p m

YORKSHIRE BRANCH SCARBOROUGH DIVISION—At Scarborough Hospital, Thursday March 25 8 30 p m Clinical meeting

YORKSHIRE BRANCH SHEFFIELD DIVISION—At Royal Victoria Hotel Sheffield Wednesday March 24 1 15 p m Luncheon to recently qualified medical practitioners

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THE BELFAST MEETING

HOTEL AND LODGING ACCOMMODATION

The facilities for housing the members who contemplate visiting Belfast for the Annual Meeting next July has given the local committee a considerable amount of anxiety, but it is anticipated that those available will meet the requirements of all visitors A list of suitable hotels was published in the *Supplement* of February 20 (p 95) The booking of *hotel accommodation* has been placed exclusively in the hands of Messrs Thos Cook and Son, and if applications are made at their office, 27 Royal Avenue, Belfast they will allocate rooms in order of application No booking fee is charged but a small deposit will be asked for on reservation being made, the deposit will be credited when the account is settled or returned if it is found that the room is not required

A register of *lodgings* is in course of preparation and various students hostels also are available Booking of these will be arranged through the Local Executive Office, and applications for hostel or boarding house accommodation should be addressed to the Secretary B M A, Whitla Medical Institute, College Square N Belfast

A number of residents have offered *private hospitality* and this will also be available Those members desirous of utilizing this should also apply to the secretary at the above address

ACCOMMODATION AND CRUISE ON S S "ALMANZORA"

To supplement the limited accommodation in an attractive manner arrangements have been made with the approval of the Council of the Association for provision of accommodation on board the s s *Almanzora* During the period of the meeting the liner will be moored in order that members may take a full part in all the social and scientific activities Moreover the mooring berth will be adjacent to a tram service which will take members to the city centre in ten to fifteen minutes At the close of the meeting the liner will leave Belfast and, proceeding via the Inner and Outer Hebrides and Scapa Flow will cruise in the Norwegian Fjords visiting Trondhjem, Merok, Hellesylt, Oie, and other places of interest The liner will return to Southampton on August 3 This cruise has been planned by Pickfords Travel Service in conjunction with the Royal Mail Lines and members of the Association who propose to attend the Belfast meeting and are interested in these arrangements are asked to make an early application to Messrs Pickfords at 205 and 206 High Holborn, W C 1, or at any of their branches

Meetings of Branches and Divisions

BOMBAY BRANCH

At a meeting of the Bombay Branch held at the Grant Medical College Bombay, on February 16 the honorary secretary Dr B B YODH explained the reasons for the visit of the Medical Secretary, Dr G C Anderson to India

The suggestions of the Branch Council for the improvement of the Branch were placed before the meeting and were approved They were (1) To form Divisions in each place in the Branch area where there were more than ten members These members would elect their own officers and for administrative purposes would be under the Bombay Branch (2) To enlist new members by circularizing medical practitioners twice a year pointing out the advantages of membership (3) To call more frequent meetings at least *once a month* Lieut. Colonel S L Bhatia's suggestion that an annual programme be prepared beforehand and circulated to the members was approved (4) To appoint a part time clerk if required by an increase in the correspondence

The HONORARY SECRETARY then put forward the suggestions of the Branch Council regarding the agenda of the representative meeting to be held in Bombay on March 4 and 5 Major S K Engineer and Dr B B Yodh were unanimously elected representatives of the Bombay Branch to the Representative Meeting Major ENJINEER then read a letter from the Overseas League Bombay Branch asking for previous intimation regarding representatives or delegates attending the Annual Meeting of the British Medical Association at Belfast Dr YODH informed the members that Lieut Colonel S S Vazifdar I M S had expressed a desire to attend the annual meeting as representative of the Branch and this was agreed

BURMA BRANCH

At the annual general meeting of the Burma Branch held at Rangoon on January 29 the following officers were elected for 1937

President Dr J S Lamie *Vice President* Lieut Colonel R H Malone I M S *Honorary Secretary and Treasurer* Dr J W Lusk *Representative in Representative Body* Lieut Colonel E Cotter I M S

Lieut Colonel H Aung Khin, I M S and Dr A D Broatch were elected delegates and the annual report was approved Dr N J Patterson was thanked for his report as representative in 1936 The meeting considered a letter from Captain G R M Apsey no one had heard of an international scale of fees for insurance examination but the meeting considered that a fee of Rs 16 or £1 1s was a proper amount whatever the amount of the assurance

CEYLON BRANCH

At a meeting of the Ceylon Branch held at Colombo on September 16 1936 with Dr V GABRIEL in the chair a Kodak film on some aspects of tuberculosis and its prevention and a film on appendicectomy by Dr M V P PEIRIS were shown Dr CYRIL F FERNANDO read notes on a case of complete heart block with Stokes Adams syndrome in an infant Dr C C DE SILVA read an instructive paper on oxycephaly and demonstrated a case and Dr H C P GUNEWARDENE a summary of his paper on tetanus

Dr BLAZE presided at a meeting of the Branch on October 14 1936 when Dr S E FERNANDO read notes on a case of intra orbital malignant endothelioma of the right eye removed by Dr Arndt The operation was in 1934 and there were no signs of recurrence Dr CYRIL F FERNANDO demonstrated three interesting cases of mediastinal tumours with x ray pictures of the chest Dr S L NAVARATNAM showed a case of congenital cleft sternum and Professor MILROY PAUL read a paper on accessory spleens illustrated by x ray films and microscopical specimens

At a special general meeting on November 6 1936 with Dr N ATTYGALLE in the chair it was decided to forward a copy of a resolution regarding immigration into Ceylon to the Commissioner of Immigration Further discussion took place on the professional relations between registered medical practitioners and Ayurvedic practitioners A meeting on November 18 1936 with Dr BLAZE in the chair was devoted to a paper by Dr H O GUNEWARDENE on Cardio vascular Autonomic Dystonia

The annual general meeting of the Branch was held on December 16 1936 with Dr BLAZE in the chair The report of council for the year was read and approved as was the statement of accounts The following officers were elected for 1937-8

President Dr Attygalle *President elect* Dr J H F Jayasuriya *Vice Presidents* Dr G S Sinnatamby and Dr G A Wickramasuriya *Honorary Secretary and Treasurer* Dr E M Wijeratna *Honorary Auditor* Dr S Muttiah

EAST YORKSHIRE BRANCH

The annual dinner of the East Yorkshire Branch was held at Hull on March 10 when the president Dr S F FOURACRE was in the chair and sixty one members and guests were present The toast of The British Medical Association was proposed by Mr J E RYALL Chief Constable of the East Riding Constabulary Dr FOURACRE replying The guest of the evening was Mr Norman C Lake whose health was proposed by Mr C H CORBETT Dr JOHN MORRISON proposed The Visitors and Colonel H R BATEMAN *D S O* the lecturer in the air raid precautions courses now being held in Hull and district replied The speeches were of a high standard and the evening was voted a great success

EGYPTIAN BRANCH

A meeting of the Egyptian Branch was held at Kasr el Aini on March 2 when Professor G VON ANREP gave an interesting account of some recent advances in physiology and dealt with the *action of specific metabolites in health and disease* referring to discoveries made in connexion with acetylcholine adenasine and histamine Dr ROLAND WILSON who presided thanked Professor Anrep for a very interesting lecture and congratulated the Branch on having so distinguished and capable a lecturer to address them

for so long on their backs that their cardiac efficiency was decreased But children with congenital dislocation of the hip kept in the position he had mentioned experienced no cardiac inefficiency Many of the cases were treated on the Bradford frame—a steel tubular oblong the shape of the bedstead He had designed a framework in which a Bradford frame was suspended on pulleys so that certain turning movements in different directions were possible One important point was that children who were *continually recumbent often did not get sufficient fluids and* became more and more constipated The cases also called for attention from the psychological point of view Much might be done by attention to the surfaces on which their eyes were generally resting and by some arrangement of mirrors life might be made more interesting for them The device of prismatic spectacles whereby it was made possible to read in bed with the book held in a natural position was a great boon

Mr F McG LOUGHNANE did not think that the decubitus position had very much to do with the formation of stone in the kidney Much had been heard about dehydration and sunlight leading to the formation of stone, but in Mesopotamia during the war where there was plenty of sun and everybody was being dehydrated, he came across only two cases of urinary calculus in four years He was very sceptical also about renal calculus disappearing on the resumption of an upright position

Mr GIRDLESTONE said that he did not think much of the ingenious theory of disuse atrophy which had been put forward The amount of calcium which passed into the blood stream from bone in any one day must be extremely small

EXTRACTS OF LIVER AND YEAST IN MACROCYTIC ANAEMIA

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on March 9 Dr DOROTHY HARE presiding Dr LUCY WILLS read a *paper on extracts of liver and yeast and their varying* efficiency in the treatment of macrocytic anaemia

Dr Wills reviewed the *differences* between pernicious anaemia and tropical macrocytic anaemia and pointed out the similarity between the latter and the nutritional anaemia of *rhesus* monkeys To investigate the haemopoietic activity of various liver and yeast preparations anaemic monkeys were used as test animals and control experiments were arranged on cases of pernicious anaemia Crude extracts of liver and yeast were active in both conditions, those from yeast in the case of pernicious anaemia only if given with normal gastric juice The use of more highly purified extracts of both substances resulted in the separation of two factors, one insoluble and one soluble in ammonium sulphate, the former was active in pernicious anaemia and inactive in the monkey anaemia, and the latter was active in the animal condition and had not yet been tested on cases of pernicious anaemia In addition to the animal anaemia certain monkeys which gave a good reticulocyte response when treated with purified extracts showed signs of a vitamin B_1 deficiency conditioned possibly by the *increased metabolism* associated with the reticulocytosis

The author exhibited graphs showing the effect on monkeys first of anahaemin (Dakin and West's highly purified liver fraction) and then of campolon The former in monkeys was negative the latter—in monkeys as in man—was frequently life saving The work suggested that there were at least two haemopoietic factors in all extracts It was only when the principles concerned were obtained in their pure form that their different actions became clear The very marked improvement in the animals when crude extracts were given was significant As in human beings long before the blood improved there was improvement in the clinical condition of the animal and one expected it to get better The clinical improvement was less marked with the use of the more purified extracts It seemed, therefore, that until the treatment of the tropical condition had been clarified it was well to use the cruder extracts and the same might be true in certain cases of pernicious anaemia A trial of anahaemin had been arranged to take place in the Tropics

Tropical Anaemias

Dr HAMILTON FAIRLEY said that these *macrocytic* anaemias played quite a large part in tropical practice The three types of anaemia which had been encountered were the tropical macrocytic anaemia tropical sprue and another anaemia associated apparently with malarial *infection* not improbably a tropical macrocytic anaemia with malaria superadded Until recently tropical macrocytic anaemia had been regarded as occurring only in places like India Africa and China Recently he was in Macedonia investigating blackwater fever, and there in adjacent wards he came across two cases of undoubted macrocytic anaemia associated with malaria quite probably these were *tropical macrocytic anaemias* The condition was quite common in the Balkans He could not help feeling that a great deal of work remained to be done from the clinical side on these anaemias in the Tropics before the problem was adequately solved

Dr JANET VAUGHAN said that personally if she suffered from pernicious anaemia nothing would induce her to be *treated with anahaemin she would prefer less pure pre*parations She also calculated that it would have cost her £7 to cure her last patient with anahaemin campolon would have cost much less Anahaemin marked a scientific advance, but she was doubtful whether it marked an outstanding therapeutic one The latest work suggested that in liver a very complicated substance was being dealt with, and it was safer for the present to treat patients with the relatively crude extracts which presumably contained all the principles—three had now been isolated—than to use the purer extracts which so far as known did not contain all the haemopoietic factors People should realize the danger of treating patients with these highly clarified fractions

Absorption and Excretion

Professor E C DODDS asked whether it was possible that the reason why the very pure preparations were not as good as the cruder ones was because they were more rapidly excreted On a different line of work with a substance like the ovarian hormone in the old days a crude preparation being used of the constitution of which nothing was known one injection would give oestrus but now with one injection of the crystalline substance owing to the rapid absorption and excretion oestrus would not be obtained Thus it might have been said that the old crude extracts contained substances which the pure crystalline preparations did not, but that was not the secret

Dr S W F UNDERHILL said that theoretically it would certainly seem that the cruder preparation should be absorbed more slowly but actually it had been found that anahaemin in quite small injections—1 c.cm a month —would maintain cases of *pernicious* anaemia There must be some means of storing the substance in the body for it was inconceivable that it should remain at the site of injection for that length of time A further point on this question of the use of crude and purified extracts was that with the purified extracts there was shown *from* batch to batch certain well marked characteristics such as *melting point* and especially rotation and from experience it had been found that if they showed rotation it was a very good indication of clinical activity whereas there was no real chemical or physical test in the case of the crude extracts on which reliance could be placed

Relation Between Pituitary and Gastric Secretion

At the *same meeting* Dr R L NOBLE presented a brief communication by himself and Professor E C DODDS on the relation between the pituitary and gastric secretion Severe gastric lesions in animals had been produced by posterior pituitary extracts The lesion was only obtained

ESSEX BRANCH SOUTH ESSEX DIVISION

At a meeting of the South Essex Division held at Westcliff-on-Sea on March 9 with Dr W H SARRA in the chair Dr J O W BLAND demonstrated as a British Medical Association Lecture the late Dr R G Canti's film of The Cultivation of Living Tissue Many questions were asked and a discussion followed On the motion of Dr J STEVENSON LOGAN seconded by Dr R SELLS a hearty vote of thanks was accorded Dr Bland for his address

GLASGOW AND WEST OF SCOTLAND BRANCH

At a meeting of the Glasgow and West of Scotland Branch, held on February 24 with Dr J B MILLER in the chair Professor JAMES HENDRY delivered a lecture on 'Recent Developments in Midwifery Practice' Professor Hendry said that the first hospital accommodation in Scotland for pregnant women other than deserted mothers during the ante natal period was a bed in the Edinburgh Royal Maternity and Simpson Memorial Hospital, endowed by the late Dr Free land Barbour in 1901 Since then provision for ante natal beds and clinics had grown rapidly but so far the great results hoped from it in respect of decreased maternal morbidity and mortality had not been realized the great weakness being a lack of continuous supervision before during and after childbirth Professor Hendry maintained that the staff of ante natal clinics should be attached to the same service that was responsible for the conduct of labour and that there must be better co operation between midwives medical practitioners specialists and research workers and improvement in both hospital and domiciliary practice With regard to the treatment of toxaemia the mortality from this in the Glasgow Maternity Hospital had dropped from 12 per cent in 1925-9 to 4 per cent in 1930-4 as the result of treatment of excessive vomiting Early recognition of this type of case was essential with immediate hospitalization The continued high death rate from eclampsia might be partly due to neglect of hypertension as an important precursor Even when persistent albuminuria was not causing deterioration of the patient's condition but had lasted for two or three weeks it was necessary to terminate pregnancy in the interests of the mother's future health since such persistence entailed permanent renal damage True nephritis in association with pregnancy caused early complications and often abortion Pyelitis had been found to be a very common complication of pregnancy and in its chronic form was often associated with debility and premature labour

Ante partum Haemorrhage

Haemorrhage early in pregnancy was a common indication of impending abortion In the treatment of abortion the most conservative measures should be employed the empty ing of the uterus in febrile cases being often followed by severe systemic infecting Special hospital wards should be kept for these cases In the later months ante partum haemorrhage however slight was an indication for immediate admission to hospital Diagnostic vaginal examination might bring on serious bleeding Maternal mortality in placenta praevia had been much reduced by Caesarean section and the free use of blood transfusion in the Glasgow Maternity Hospital this mortality figure had fallen from 12 6 in 1925-9 to 7 per cent in 1930 4 Special anxiety was always aroused when the patient had had a profuse haemorrhage in her own home Vaginal packing in these conditions was seldom efficient except if performed under anaesthesia when it increased the degree of shock The better policy was to give an immediate blood transfusion and to allow the shock to pass off to some extent before removal to hospital Accidental haemorrhage had been less successfully treated most of the patients being multipare with rapidly succeeding pregnancies In ante natal work radiography was most helpful though of less utility in cases of contracted pelvis the extent to which the head could be moulded and the strength of the uterine contractions being more important than the absolute size of the pelvis The strictest aseptic care should be taken during confinement Vaginal examinations were usually unnecessary when there had been adequate ante natal care but the character of the uterine contractions should be carefully watched throughout labour

Anaesthetics

The increased use of anaesthetics in childbirth was resulting in more interference Analgesic and amnesic drugs were best at first including chloral morphine scopolamine heroin and even nembutal a general anaesthetic was seldom necessary until the second stage The prolonged use of gas and oxygen was expensive The small dose of chloroform which was usually necessary for the passage of the head over the perineum was relatively innocuous Pituitrin in standard doses might be most useful in appropriate cases and obviate forceps application Overstretching of the vulva should be prevented by timely incision During the third stage the uterus must not be stimulated manually, if there was severe haemorrhage blood transfusion should be given Forceps operations were often necessary the low form need arouse no anxiety, but the mid-pelvic form caused more trauma and the high operation was hardly ever justifiable even in hospital practice Cases of pyrexia after pregnancy should be removed at once to an isolation hospital which improved the prognosis and prevented the spread of infection A new synthetic drug prontosil seemed to be a specific for puerperal fever due to the haemolytic streptococcus Professor Hendry concluded with a reference to the extraordinary drift of maternity cases lately into institutions and expressed the view that this trend would continue

LINCOLNSHIRE BRANCH KESTEVEN DIVISION

At a meeting of the Kesteven Division held at Grantham on February 23 with Dr W H WILKIE in the chair Mr R J McNEILL LOVE gave an address on 'Abdominal Emergencies in General Practice' A lively discussion followed, and a hearty vote of thanks was accorded Mr McNeill Love for his address

MALTA BRANCH

At the annual general meeting of the Malta Branch, held at the University on January 22, the retiring president, Professor P P DEBONO read a short presidential address on 'The Evolution of the Treatment of Fractures' The following officers were elected for 1937

President Colonel A Dawson, O B E *Vice President* Professor A V Bernard O B E *Secretary and Treasurer* Mr A J Craig

UNITED PROVINCES BRANCH

At the annual general meeting of the United Provinces Branch held at King George's Medical College, Lucknow, on January 29, with Lieut Colonel R S TOWNSEND, I M S, in the chair the secretary's report for 1936 was read and confirmed This showed that nine clinical and general meetings had been held during the year and that the Branch Council had met on five occasions also that the membership of the Branch had increased during the year The CHAIRMAN referred to the visit to India of the Medical Secretary Dr G C Anderson and certain arrangements were made in connexion with that visit The following officers were elected for 1937

President Lieut Colonel Townsend *President Elect* Professor B G S Achiry *Vice President* Captain R K Kicker *Honorary Secretary and Treasurer* Dr B B Bhatia *Honorary Auditor* Dr M A Hameed

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses ophthalmology at Royal Eye Hospital April 5 to 17 plastic surgery April 14 and 15 neurology for general practitioners at West End Hospital for Nervous Diseases April 19 to 24 heart and lungs at Victoria Park Hospital April 10 and 11, fevers at Park Hospital April 17 and 18 infants diseases at Infants Hospital April 24 and 25, cancer at Royal Cancer Hospital April 24 and 25 On Saturday April 3, at Preston Hall there will be a special demonstration on pulmonary tuberculosis (primarily intended for M R C P candidates) and on Tuesday April 6 at 8 30 p m there will be a demonstration on the fundus oculi, also intended for M R C P candidates Detailed syllabuses of all courses can be obtained from the Fellowship of Medicine 1 Wimpole Street, W

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road, W— *Daily* 10 a m to 4 p m Medical Clinics Surgical Clinics and Operations, Obstetrical and Gynæcological Clinics and Operations *Tues* 4 30 p m, Dr Gardiner Hill, Endocrine Diseases and Disturbances *Wed*, 12 noon, Clinical and Pathological Conference (Medical), 2 30 p m, Dr A Miles Bacteriology of Urine, 3 15 p m Clinical and Pathological Conference (Surgical) *Thurs* 12 noon, Clinical and Pathological Conference (Obstetrics and Gynæcology) 2 30 p m, Dr Duncan White Radiological Demonstration 3 30 p m Mr A K Henry Demonstrations on the Cadaver of Surgical Exposures, 3 30 p m Prof Daniel Dougal Genital Prolapse

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL—*Wed* 4 p m Dr C Rickwood Lane Estimation of the Basal Metabolic Rate

when hydrochloric acid was present in the stomach contents, but it was primarily related to a sudden cessation of gastric secretion The authors discussed the normal gastric response to insulin histamine, and sham feeding in a large series of animals The action of insulin had been tested on eleven such animals Following an injection of two units subcutaneously there was definite stimulation of the gastric juice This secretion appeared to be of nervous origin, any anaesthetic prevented the effect The stimulation produced an increase in all the contents of the gastric juice, the pepsin activity might be increased from fifty to one hundred times It was quite different with histamine, where there was only an increase of acidity The action of pituitary extracts on normal secretion had been investigated The vasopressor fraction had been found markedly to reduce the secretory response from all types of stimuli It was possible by this means to produce for a time a condition of achlorhydria during which even the most potent gastric stimulus—histamine—would not induce any secretion

Professor DODDS said that one object in bringing this work forward was to elicit the experience of others as to any known complete inhibitor of gastric secretion As far as they had been able to ascertain this pituitrin was the only substance which would inhibit every type of stimulus to gastric secretion In answer to Dr Lucy Wills he said that control experiments had shown that extract of thyroid had no effect at all

ANAESTHESIA IN AMERICA

At a meeting of the Section of Anaesthetics of the Royal Society of Medicine on March 5 under the presidency of Mr LANGTON HEWER, several members gave their impressions concerning anaesthesia in the United States and Canada

Dr R R MACINTOSH who was warmly congratulated on his appointment as Nuffield Professor of Anaesthetics, said that in the United States the nurse anaesthetist was very largely employed, and this created an economic situation which was not satisfactory to the private anaesthetist Skilled anaesthetists in America were not adequately rewarded for their services, their fees were lower than those of their British confreres Many of the large hospitals had numbers of paying rooms and wards, and the class of patients operated upon in this country gratuitously were required in the United States to pay a small fee Most of the work of the anaesthetist was done in the hospitals, where his apparatus also was stored, and he was spared the trouble of taking it about to private houses, as most serious sickness was treated in some institution In many cases the fees for private work were collected by the hospitals and in this way bad debts were avoided Many people on the other side ' had an idea that the giving of anaesthetics needed no more skill and training than giving a hypodermic injection or an enema The employment of the nurse anaesthetist did not meet with the approval of the medical profession as a whole nor, in particular of the Society of Anaesthetists Most of the women doing this work were well trained and competent, and his opinion was that they were infinitely better anaesthetists than were general practitioners who only occasionally give an anaesthetic Nurses, however were not allowed to give intravenous or intrathecal injections If at the present time the nurse anaesthetist were abolished there would not be nearly enough fully qualified men to do the work The rewards offered in this specialty were not large enough to attract students to it At Toledo a high skill had been attained in gas and oxygen anaesthesia, perhaps indeed it was overdone there whereas in this country it was not used enough At Toledo it was considered that the colour of the patient was no indication of the depth of the anaesthesia Certain schools in America seemed to make the same mistake which was made by some in England they confined themselves too rigidly to one or two kinds of anaesthetics

Experiences in Canada

Dr H W FEATHERSTONE based his remarks on visits he had paid to hospitals at Toronto and Winnipeg and especially the Mayo Clinic at Rochester He did not see chloroform used at all, ether was employed by the anaesthetist-nurse and by interns Atropine was rarely used before operation, but morphine and scopolamine were often so employed Abdominal relaxation was not called for so insistently as in this country In Canada he found that a cautious attitude was adopted towards new methods At the Mayo Clinic acute conditions, such as fractures and appendicitis, were comparatively rare, for the reason that Rochester was only a small town, and acute cases could only be brought from the immediate neighbourhood because of the time factor In an establishment of 1,800 beds there were only three fully qualified and trained anaesthetists In the U S A and Canada people with major medical and surgical conditions expected to enter hospitals for their treatment, and maternity cases of all grades of society were attended to in the maternity hospitals The proper assessment of the state of the anaesthetizing specialty was based on the general average excellence in routine work

Premedication

Dr J T HUNTER spoke of his experiences at the Crile Clinic at Cleveland and the Lahey Clinic at Boston He said he never saw a bottle of chloroform during the whole time he was in the States At the former clinic the work of the nurse-anaesthetist was not medically supervised, and there nitrous oxide was largely used, for abdominal operations a good deal of ether was added At the Lahey Clinic he was greatly impressed by the thoroughness of the detailed examination of patients and the completeness of the records kept The premedication doses used there were only about half those employed in this country a usual dosage was 1/12 to 1/8 grain morphine and 1/100 grain scopolamine In almost every hospital the continuous-flow type of machine was used In America the anaesthetist had the full support of the staff, and in carrying out designs for new apparatus engineers give their collaboration In England, on the other hand, the inventor-anaesthetist had to bear the cost himself With the research and the excellent tuition carried on in the States their results within a few years should be second to none in the world

Dr W STANLEY SYKES mentioned the lavish and beautiful equipment for anaesthesia to be seen in many hospitals Anaesthesia in the States, however, was not of universally consistent quality There were many places where it was badly neglected and entrusted to unqualified technicians Ethylene had slumped in popularity, though he regarded it as a very satisfactory anaesthetic within limits He spoke of the very fine equipment at Madison, Wisconsin and there also the tuition was very thorough Students were put through a course of anaesthesia on animals before being allowed to deal with humans

General Discussion

Dr R JARMAN commented upon the early start on the day's work which was the rule in America Another feature which struck him was that 98 per cent of the work in the States was paid for, and only 2 per cent honorary, a striking contrast to the state of affairs in this country He was impressed by the Lahey Clinic at Boston, but most of all by the clinic at Toledo Chemical firms in America gave grants for the purpose of trying out various gases, a kind of thing which could not obtain in England They knew that their drugs would not be accepted until backed by the signature of some university

Dr I W MAGILL said that in America no time was lost by the anaesthetist journeying from place to place with his cumbersome apparatus Most of the work was done in hospitals and the facilities offered for research were on a scale which could not be hoped for in this country for many years to come At the Mayo Clinic the laboratories

NATIONAL HOSPITAL FOR DISEASES OF THE HEART Westmoreland Street W—*Tues* 5 30 p m Dr Maurice Campbell Coronary Thrombosis

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W—*Daily* 2 p Clinics *Mon* 10 a m Skin Clinic 11 a m Syphilo logical Wards 10 a m Medical Wards Clinic *Wed* 10 a m Medical Wards 2 p m *Thurs* 10 a m Neurol 2 noon Fracture Clinic

GLASGOW POST GRADUATE MEDICAL ASSOCIATION—At Victoria Infirmary *Wed* 4 15 p m Mr W A Sewell Transurethral Treatment of the Enlarged Prostate

MANCHESTER ROYAL INFIRMARY—*Tues* 4 15 p m Dr W Fletcher Shaw Pruritus and Leucoplakia

DIARY OF SOCIETIES AND LECTURES

ROYAL SOCIETY OF MEDICINE

Section of Medicine—Tues 5 p m Discussion Effects on the Respiratory System of Asphyxiating Gases Opener Major Stuart Blackmore Other speakers will take part

Section of Urology—Tues 8 30 p m Clinico Pathological Meeting Specimens illustrating stones in the kidney and ureter will be shown

Section of Comparative Medicine—Wed 5 p m Discussion Nutrition and its Effect on Infectious Disease Openers Prof S J Cowell Dr Harriette Chick Dr Leslie Harris Dr J T Edwards and Dr H H Green

MEDICAL SOCIETY OF LONDON 11 Chandos Street W—*Mon* 8 30 p m Discussion Consideration of Some Occupational Diseases To be introduced by Dr Donald Hunter

ROYAL INSTITUTION 21 Albemarle Street W—*Tues* 5 15 p m Dr Edward Mellanby F R S Digestion and Indigestion

VACANCIES

ABERDEEN ROYAL INFIRMARY—Hon Clinical Tutor

ACCRINGTON VICTORIA HOSPITAL—H S Salary £150 p a

AYLESBURY ROYAL BUCKINGHAMSHIRE HOSPITAL—Senior R M O (male) Salary £150 p a

BANGOR CAERNARVONSHIRE AND ANGLESEY INFIRMARY—(1) Senior H S (2) J H S Males Salaries £150 p a and £100 p a respectively

BARNSTAPLE NORTH DEVON INFIRMARY—R M O Salary £150 p a

BASINGSTOKE PARK PREWETT MENTAL HOSPITAL—(1) Second A M O (married) (2) J A M O Males Salaries £600 £25 £700 p a and £350 £25 £450 p a respectively

BATH ROYAL UNITED HOSPITAL—H S (male unmarried) for Ear Nose and Throat Department Salary £150 p a

BELGRAVE HOSPITAL FOR CHILDREN Clapham Road S W—(1) Two H P (2) H S Males Salaries £100 p a each

BIRMINGHAM CITY—R A M O (male unmarried) for Monyhull Colony Salary £350 £25 £450 p a

BOLTON ROYAL INFIRMARY—H S (male) Salary £150 p a

BOOTLE COUNTY BOROUGH—Assistant M O H and Assistant School M O (male) Salary £500 £25 £700 p a

BOOTLE GENERAL HOSPITAL—H S to the Special Departments Salary £150 p a

BRADFORD ROYAL EYE AND EAR HOSPITAL—H S (male) Salary £180

BRADFORD ROYAL INFIRMARY—(1) Two H P (2) Three H S (3) Casualty H S Males unmarried Salaries £150 p a each

BRISTOL CITY AND COUNTY—J A R M O for Ham Green Hospital and Sanatorium Salary £250 p a

BURNLEY VICTORIA HOSPITAL—(1) H S (2) H P Males Salaries £150 p a each

BUXTON DEVONSHIRE ROYAL HOSPITAL—Research Worker in Rheumatic Diseases (male) Salary £400 £500 p a

CANTERBURY KENT AND CANTERBURY HOSPITAL—H S (male unmarried) Salary £125 p a

CARLISLE CUMBERLAND INFIRMARY—H S (male) to the Special Departments Salary £155 p a

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS Victoria Park E—H P (male) Salary £100 p a

COBHAM SCHIFF HOME OF RECOVERY—R S O (male unmarried) Salary £200 p a

CONNAUGHT HOSPITAL Walthamstow E—C O (male) Salary £100 p a

DARLINGTON MEMORIAL HOSPITAL—H S (male) Salary £150 p a

DERBY DERBYSHIRE EDUCATION COMMITTEE—Assistant School M O Salary £500 £25 £700 p a

DEVON COUNTY COUNCIL—Assistant County M O H Salary £500 £25 £700 p a

DONCASTER ROYAL INFIRMARY AND DISPENSARY—Resident Anaesthetist (male) Salary £175 p a

DOVER ROYAL VICTORIA HOSPITAL—R M O (male unmarried) Salary £180 p a

DUBLIN ROYAL HOSPITAL FOR INCURABLES Donnybrook—R M O (male unmarried) Salary £200 p a

DUDLEY COUNTY BOROUGH—(1) Supervisor of Midwives Health Visitor and School Nurses (2) School Nurse Health Visitor and Maternity and Child Welfare Nurse Salary £200 £6 10s £2 6 p a

DUNDEE ROYAL INFIRMARY—Hon Assistant Visiting P

EDINBURGH ROYAL INFIRMARY—Junior Assistant Radiologist Salary £250 p a

ESSEX COUNTY COUNCIL—Assistant County M O H Salary £500 £25 £700 p a

EVELINA HOSPITAL FOR SICK CHILDREN Southwark, S E—Ophthalmic S Honorarium £52 10s

EXETER ROYAL DEVON AND EXETER HOSPITAL—H S (male) to the Ear Nose and Throat Department Salary £150 p a

FARRINGDON GENERAL DISPENSARY Holborn E C—Hon P

FINCHLEY MEMORIAL HOSPITAL Granville Road N—(1) R M O Salary £150 p a

GARTLOCH AND WOODILEE MENTAL HOSPITALS—Two R M O s (males) Salaries £300 £10 £350 p a

GARTNAVEL GLASGOW ROYAL MENTAL HOSPITAL—Junior Assistant P Salary £300 p a

GLOUCESTER GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION—H S (male) Salary £150 p a

GRIMSBY COUNTY BOROUGH—Assistant M O H (unmarried) for the Grimsby Corporation Hospital Salary £ 00 £25 £700 p a

HALIFAX COUNTY BOROUGH—Medical Superintendent (male) for Halifax General Hospital Salary £800 £50 £950 p a

HARLOW WOOD ORTHOPAEDIC HOSPITAL—H S (male) Salary £200 p a

HARROGATE ROYAL BATH HOSPITAL—R M O (male) Salary £150 p a

HEMEL HEMPSTEAD WEST HERTS HOSPITAL—J R M O (male) Salary £120

HEREFORD COUNTY AND CITY MENTAL HOSPITAL—Second A M O (male)

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST Brompton S W—(1) R S O (2) A R M O Salaries £150 p a each (3) Three H P s (4) H P (male) to the Sanatorium at Frimley Honorariums £50 p a each

HOSPITAL OF ST JOHN AND ST ELIZABETH Grove End Road N W—R H S (male) Salary £75 p a

HOUNSLOW HOSPITAL—(1) R M O (2) J H S Males Salary £250 p a and £150 p a respectively

HOVE GENERAL HOSPITAL—J R M O (male) Salary £120 p a

HOVE LADY CHICHESTER HOSPITAL FOR FUNCTIONAL NERVOUS DISEASES—(1) Senior H P (female) (2) J H P Salaries £ p a and £50 p a respectively

HULL CORPORATION HEALTH DEPARTMENT—J R M O (female unmarried) for Hull Municipal Maternity Home and Infants Hospital Salary £100 p a

HULL VICTORIA HOSPITAL FOR SICK CHILDREN—R H S (female) Salary £120

ISLE OF ELY COUNTY COUNCIL—Assistant County and Assistant School M O Salary £500 £50 £700 p a

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY—R S O (male) Salary £175 p a

JEWISH MATERNITY HOSPITAL Underwood Street E—P M O Salary £50 p a

KING'S COLLEGE HOSPITAL Denmark Hill S E—(1) Senior Assistant Radiologist (2) Junior Assistant Radiologist Part time post

KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—R S O Salary £300 p

LANCASTER ROYAL LANCASTER INFIRMARY—Two J H S (male unmarried) Salaries £130 p a each

LEAMINGTON SPA WARNEFORD GENERAL HOSPITAL—Hon P

LEICESTER ROYAL INFIRMARY—Resident Radiologist Salary £2 p a

LEICESTERSHIRE COUNTY COUNCIL—J R M O (male unmarried) of the County Sanatorium and Isolation Hospital Mansfield Salary £300 p a

LINCOLN COUNTY PARTS OF LINDSEY—A M O (female unmarried) Salary £500 £25 £700 p a

LIVERPOOL CITY—A R M O for the City Infectious Disease Hospitals Salary £250 p a

LONDON COUNTY COUNCIL—(1) Resident Medical Superintendents at (*a*) St Giles Hospital Camberwell and (*b*) St Alfege's Hospital Greenwich Salaries £1 300 £50 £1 500 p a and £1 100 £50 £1 p a respectively (2) Part time M O s for Maudsley Hospital S E Salaries £300 p a each (3) A M O (male unmarried Grade II) for Heatherwood Hospital Ascot Salary £250 p a (4) H P (5) H S Salaries £120 p a each (6) Temporary District M O for Area VII District M (Balham) Profession Salary £160

LONDON HOSPITAL E—First Assistant and Registrar to the Neuro Surgical Department

LONDON LOCK HOSPITAL Harrow Road W—R M O to the Female Departments Salary £175 p a

LONDON UNIVERSITY—Courtauld Chair of Anatomy Tenable at Middlesex Hospital Medical School Salary £1 000 p a

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL—P H S (unmarried) Salary £175

MAIDSTONE KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL—Ophthalmic H S (unmarried) Salary £200 p a

MANCHESTER ANCOATS HOSPITAL—R M O Salary £150 p a

MANCHESTER CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE—R M O Salary £150 p a

MANCHESTER CITY—(1) Assistant Tuberculosis Officer (2) R A M O (male) for Withington Hospital (3) R A M O (male) for Monsall Hospital for Infectious Diseases Salaries £650 £2 £750 p a £300 p a and £250 p a respectively

were at the disposal of the anaesthetist for testing any drugs, and the note taking was very elaborate A stenographer was present at the operations and noted down the number of seconds taken for each stage and so forth The value of the record thus obtained was beyond question Dr R E PLEASANCE referred to the excellence of the chloroform anaesthesia in the States, especially in connexion with gynaecological cases

DISEASES OF THE COLON

A meeting of the West London Medico Chirurgical Society was held at the West London Hospital on March 5, under the chairmanship of Mr NEIL SINCLAIR, when a discussion took place on diseases of the colon

Dr A F HURST discussed the symptoms in organic disease of the colon especially discomfort and pain the situation which was most characteristic and diagnostic in this respect was the left iliac fossa The next question to note was any change of the normal bowel habit, which always suggested disease of the intestines and more commonly of the colon The speaker mentioned the great importance of rectal examination and examination of the stools In his view there was no such thing as mucous colitis The mere presence of mucus was not evidence of colitis, it was normally secreted in persons taking aperients, all of which acted as chemical irritants of the bowel Mucus only indicated inflammation if it was present in a loose stool which was naturally produced and not the result of an aperient Colitis began exactly like an ordinary dysentery In this connexion a plea was voiced for the use of the proctoscope, an instrument which every general practitioner ought to use Nearly all cases of carcinoma of the rectum and colon originated in polypi Carcinoma of the colon might produce general ill health with no local symptoms, the possibility of its occurrence should be considered in any person over 35 who complained of general unfitness and in whom a general examination had yielded no result One other symptom in carcinoma of the colon which ought to be remembered was the presence of occult blood Pain in the left iliac fossa was often due to diverticulitis The vast majority of such cases could be treated medically, it was amazing how severe diverticulitis might yet respond to medical treatment comprising rest in bed a non residue diet, no aperient, increasing doses of belladonna with 6 ounces of liquid paraffin given as an enema at night

Professor GREY TURNER, discussing the subject from the surgical aspect, said that occasionally the inflammatory condition did not remain limited to the bowel, but there was localized peritonitis and a tendency to the development of internal fistulae He thought that there was a tendency in a case of fistula between the colon and bladder to attempt too much at one time if anything had been learnt during the last ten or fifteen years it was the extreme importance of dealing with such fistulae in stages When there was a communication between the large bowel and the bladder it was enough to advise preliminary colotomy in the first instance and only to attempt at a second intervention the more extensive operation which might be necessary Diverticula did not appear to have any ancestral relation to malignant disease though the two conditions occurred in the same types of persons and at about the same period in life Dr H W POST showed a large number of radiographs and discussed the two principal means of examining a patient—namely, by giving a barium meal which indicated the physiological condition of the large bowel, and by giving a barium enema which revealed the anatomical appearance and any pathological changes present It was very rarely that by means of an *x* ray examination carcinoma of the rectum could be diagnosed Mr CECIL WAKELEY said that the majority of carcinomas of the caecum were not diagnosed until there was a very large tumour they did not give rise to obstruction until an enormous growth overlapped the ileocaecal valve On exposing such a tumour it might be deemed to be inoperable, and a palliative ileocolostomy be undertaken But later it would be found that the fixity had disappeared such fixity being not due to the growth but to the superadded sepsis When the irritation disappeared after the colostomy the growth became more mobile One of the most important things which had become clear was that in carcinoma of the colon multiple operations had to be performed

Dr MAURICE SHAW mentioned the condition known as spastic or hypotonic colon, and its treatment by large doses of belladonna The other principle in the treatment of spastic colon was to recognize that its causes were often psychogenic, treatment must be largely a question of routine He had watched the treatment of colitis for some fifteen years no very significant advance seemed to have been made apart from dietetic treatment The most important point was to encourage the patients to take as full a diet as they could There was some possibility of doing good by protein shock, though Dr Shaw had found none in serum therapy Mr G F G BATCHELOR referred to the question of performing colectomy in the presence of secondary growths in the liver and cited a case in which such secondary growths in the liver were well marked clinically and at the operation He had performed colectomy, however and for two years the patient had been quite comfortable When the patient returned the secondary growths were in the pouch of Douglas and the liver was not enlarged Dr GEOFFREY KONSTAM said that he was always hesitant about diagnosing spastic colon, nowadays with all these accessory methods it was desirable to have some sort of confirmation With regard to the use of belladonna he pointed out that if this treatment were pushed to the extent which Dr Shaw had suggested it would prevent reading by paralysing accommodation the patient would not be able to speak because of the dryness of his mouth nor to eat because of the drying up of the secretions of his stomach

ALKALOIDS OF ERGOT

At the annual general meeting of the Society of Public Analysts Dr G ROCHE LYNCH was elected president for the year 1937 and on the invitation of the council Professor G BARGER, D S, F R S, gave an address on the alkaloids of ergot

Professor Barger said that at least eight alkaloids had been obtained from ergot a parasitic fungus growing on rye and other grasses These somewhat unusual bases, from a somewhat unusual source, comprised four pairs of interconvertible isomerides, in each pair one isomeride was laevorotatory had a powerful pharmacological action, and a great tendency to crystallize in molecular combination with organic solvents the other isomeride had a high dextrorotation had little pharmacological action, and crystallized without solvent All the alkaloids were hydrolysed to lysergic acid—$C_{16}H_{16}O N_2$—an indole derivative capable of isomerization the two forms of lysergic acid corresponded to the two series of alkaloids In addition to this acid ergometrine (the most important therapeutic principle of ergot) and its isomeride ergometrinine yielded on hydrolysis merely hydroxy iso propylamine the other alkaloids each gave instead of the amine a series of products ammonia a keto acid and two amino acids these more complex alkaloids were akin to peptides Thus ergotinine $C_{35}H_{39}O_5N_5$ furnished lysergic acid, ammonia, isobutyrylformic acid phenylalanine, and proline The pharmacological and toxic actions of ergotoxine ergotamine, and ergoclavine were very similar and highly characteristic In the case of all the alkaloids the molecular formula had been established with certainty by analysis and by hydrolysis

The various chemical and physical methods for the alkaloidal assay of ergot were discussed and finally an account was given of the two forms of the epidemic disease ergotism the gangrenous and the convulsive type, which raged in former centuries

VACANCIES AND APPOINTMENTS

MANCHESTER EAR HOSPITAL—R H S Salary £120 p a
MIDDLESBROUGH NORTH ORMESBY HOSPITAL—H P (male unmarried) Salary £120 p a
MIDDLESBROUGH NORTH RIDING INFIRMARY—C O (male, unmarried) Salary £150 p a
MIDDLESEX COUNTY COUNCIL—Three R A M O s for West Middlesex County Hospital Isleworth Salaries £400 £25 £475 p a each
NEWARK GENERAL HOSPITAL—R H S (male, unmarried) Salary £175 p a
NEWCASTLE UPON TYNE CITY AND COUNTY—(1) Resident Medical Assistant (male) at the City Hospital for Infectious Diseases (2) Part time Consulting S for Throat, Nose and Ear Cases at the Newcastle General Hospital Salaries £350 and £175 p a respectively
NORTHAMPTON MANFIELD ORTHOPAEDIC HOSPITAL—J R M O (male) Salary £150 p a
NORTHAMPTONSHIRE COUNTY COUNCIL—County M O H and Chief School M O Salary £1 100 p a
NORTHWOOD MOUNT VERNON HOSPITAL—H S Salary £150 p a
NOTTINGHAM CITY—A M O (male) for the Venereal Disease Clinics Salary £500 £25 £700 p a
NOTTINGHAM AND MIDLAND EYE INFIRMARY—R H S Salary £200 p a
OLDHAM ROYAL INFIRMARY—H S Salary £175 p a
POOLTOOL AND DISTRICT HOSPITAL—R M O (male) Salary £150 p a
PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—Casualty H S (male unmarried) Salary £150 p a
PRINCESS BEATRICE HOSPITAL Earl's Court S W—(1) Hon Clinical Assistants (2) Medical Registrar Honorarium £52 10s p a
PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue W—H S (male) Salary £120 £150 p a
RICHMOND ROYAL HOSPITAL—J H S (male unmarried) Salary £100 p a
ROSS AND CROMARTY COUNTY COUNCIL—Poor Law M O Public Vaccinator and M O under the Lunacy and Mental Deficiency Acts Salary £195 p a
ROYAL CANCER HOSPITAL (FREE) Fulham Road S W—Second Assistant Pathologist Salary £250 p a
ROYAL FREE HOSPITAL Gray's Inn Road W C—R C O (female) Salary £150 p a
ST BARTHOLOMEW'S HOSPITAL E C—Assistant P
ST JOHN'S HOSPITAL Lewisham S E—Hon Dermatologist
ST LEONARDS ON SEA BUCHANAN HOSPITAL—J H S (female) Salary £125 p a
ST PAUL'S HOSPITAL Endell Street, W C—Hon S s
SALISBURY GENERAL INFIRMARY—H S (male unmarried) Salary £125 p a
SAMARITAN FREE HOSPITAL FOR WOMEN Marylebone Road N W—H S Salary £100 p a
SEAMEN'S HOSPITAL SOCIETY Greenwich S E—A M O (male unmarried) for King George's Sanatorium for Sailors Liphook Salary £200 p a
SHEFFIELD CHILDREN'S HOSPITAL—H P (male unmarried) Salary £100 p a
SHEFFIELD ROYAL HOSPITAL—Whole time Clinical Assistant to the Ophthalmic Department Salary £300 p a
SHIPLEY URBAN DISTRICT—M O H Salary £800 p a
SMETHWICK COUNTY BOROUGH—H P and Anæsthetist for St Chad's Hospital Birmingham Salary £150 p a
SOUTH LONDON HOSPITAL FOR WOMEN Clapham Common S W—Surgical Registrar (female) Honorarium £75 p a
SOUTHEND ON SEA GENERAL HOSPITAL—(1) H P (2) H S Salaries £100 p a each
SOUTHPORT GENERAL INFIRMARY—J H S (male unmarried) Salary £150 p a
STOCKTON ON TEES STOCKTON AND THORNABY HOSPITAL—J R M O (male) Salary £150 p a
STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H P Salary £150 p a
STOURBRIDGE CORBETT HOSPITAL—H S Salary £100 p a
SUNDERLAND ROYAL INFIRMARY CHILDREN'S HOSPITAL AND HEATHFIELD CONVALESCENT HOME HARROGATE—Orthopædic S for the New Orthopædic Department and Fracture Clinic
SURREY COUNTY COUNCIL—R A M O for Epsom County Hospital Salary £375 p a
SWANSEA HOSPITAL CONVALESCENT HOMES—R M O (female) Salary £200 p a
SWANSEA GENERAL AND EYE HOSPITAL—H P (male unmarried) Salary £150 p a
TROWBRIDGE WILTS COUNTY COUNCIL—A M O (male) to act as M O to the Council's three Mental Deficiency Institutions Salary £700 £25 £800 p a
TRURO ROYAL CORNWALL INFIRMARY—H S (male) Salary £170 p a
WAKEFIELD CLAYTON HOSPITAL—H S and H P Salary £150 p a
WESTMINSTER HOSPITAL Broad Sanctuary S W—Non resident Assistant Medical Registrar Salary £100 p a
WHITLEY AND MONKSEATON URBAN DISTRICT COUNCIL—Temporary part time M O H Salary £275 p a
WIMBLEDON HOSPITAL Thurstan Road S W—R M O (male) Salary £150 p a
WINCHESTER ROYAL HAMPSHIRE COUNTY HOSPITAL—Hon Anæs thetist
WINDSOR KING EDWARD VII HOSPITAL—H S Salary £100 p a
WINSLEY SANATORIUM near Bath—Whole time A R M O (male) Salary £250
WOLVERHAMPTON ROYAL HOSPITAL—(1) H S for General Surgery (2) H S for Orthopædic and Fracture Department Unmarried Salaries £100 p a each
WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL—Two R H S s Salaries £150 p a each
YORK COUNTY COUNCIL East Riding—Assistant County M O H Salary £500 £25 £700 p a

CERTIFYING FACTORY SURGEON—The appointment at Currie (Midlothian) is vacant Applications to the Chief Inspector of Factories, Home Office Whitehall, S W 1, by March 30

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 51 52 54 55 56 57 58 59 and 63 of our advertisement columns and advertisements as to partnerships, assistantships and locumtenencies at pages 60 and 61

APPOINTMENTS

BROWN W Moir M B F R C S Ed, Honorary Surgeon, Hereford shire General Hospital
HUGHES J F R C S, Clinical Assistant to Surgical Department, Sheffield Royal Infirmary
MARSHALL G P M, M B Ch B, D P H Assistant School Medical Officer, Public Health Department, Huddersfield
MORRIS W I C, M B I R C S Ed, M C O G, Obstetric Consultant (full time) to the County of Ayr
OTFORD H M B B S D M R Registrar in the X Ray Therapy Department University College Hospital
PALIN, Anthony B M B Ch Oxon F R C S Ed, Honorary Assistant Surgeon Bristol Eye Hospital
ROPER R D M B, B Ch, Honorary Anæsthetist, Connaught Hospital, Walthamstow
THOMAS J Mervyn M D D P H, Deputy Medical Officer of Health and Deputy School Medical Officer, Barking Borough Council
LONDON COUNTY COUNCIL—The following appointments have been made at the hospitals and districts indicated in parentheses
Senior Medical Officer C D S Agassiz M D D P H (Central Office Staff) *Senior Assistant Medical Officers Grade II* G S Ferraby, F R C S (Dulwich) S W Holmes F R C S (St Stephen's) G C Dorling, F R C S (St Mary Abbots) J H G Mirson M D, and A N Jones, F R C S (St Andrew's) H B Hodson M D *Assistant Medical Officers Grade II* S G Seymour M D (High Wood) C E W Wheaton M D and Elizabeth C Whyte M B (St Alfege's) R W S Fox M B B S J Phillips, M B, B S (St Charles') *Part time Assistant Medical Officer* (St Mary Islington) D M Lindsay M D M C O G (St Leonard's), (*Sessional*) *House Physicians* C Friedland M B Ch B (Lewisham) C H Drike M R C S L R C P (St Andrew's), F A Blenden, M R C S L R C P (St James) *House Surgeon* J I Mitchell Smith, M R C S, L R C P (St Giles) *Clinical Assistant* W G Brander, B Ch (St Charles') *Temporary District Medical Officers* North Trouton M D D T M (Area VII, District G, North Battersea) N S Gurrie M D (Area VII, District B, Brixton and Denmark Hill)
QUEEN CHARLOTTE'S MATERNITY HOSPITAL Marylebone Road, N W —*Senior Resident Medical Officer* Donald Beaton, M B, Ch B *Assistant Resident Medical Officer* Edward Meek, M D *Resident Anæsthetist and District Resident Medical Officer* Lucy W Grace M B, B S *Resident Anæsthetist* Ann F Gibb M B Ch B *Resident Medical Officer, Isolation Block Hammersmith* Alice L Woodhead, M D
ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S W—*Honorary Consulting Surgeon* W E Tanner, M S, F R C S *Clinical Assistants to Orthopædic Surgeon* T P Noble M D, F R C S, Gordon O Tippett, F R C S
CERTIFYING FACTORY SURGEONS—B W Alexander M R C S, L R C P for the Gillingham District (Dorset), H Cameron, M R C S L R C P for the Cranbrook District (Kent) J A Galletly M B B Ch, D P H for the Bourne District (Lincolnshire) A J Rae M R C S, L R C P, for the Bromsgrove District (Worcestershire), T J T Wilmot, M D, for the Louth District (Lincolnshire)

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

DEATHS

McDONALD—Suddenly, on March 11 while on an Atlantic cruise John McDonald M A M B C M Glas, aged 67, of Sans Souci Longbridge Road, Barking Essex Burial at sea
WENYON—At Skailbrae, Dundee, on February 20, 1937, Edwin James Wenyon M B, M R C S, aged 84 years

FIBROCYSTIC DISEASE OF BONE

At a meeting of the Devon and Exeter Medico Chirurgical Society, held at the Royal Devon and Exeter Hospital on February 25 with the president, Dr R H NORMAN, in the chair, a paper by MR R WAYLAND SMITH, in association with Dr H F L HUGO, contained the notes of a case in which fracture of the neck of the right femur was associated with fibrocystic disease

The patient shown to the meeting, was a woman aged 70 who had sustained the injury by slipping on her doorstep on October 14 1936 Radiographic investigation revealed a fracture without much displacement, and showed in addition deformity of the upper third of the femur from fibrocystic disease extending from the head of the bone to beyond the great trochanter A pinning operation being considered impracticable the limb was put up in plaster of Paris, but the latter had to be removed after a week owing to a skin complication Resort was then had to extension and sandbags the outlook for ultimate union seeming to be poor Nevertheless the fracture healed, and she was able to get about on two sticks, a calliper still being worn

Radiographs were shown to demonstrate the condition as seen a few days after fracture and also observed quite recently Not only was there every appearance of firm union in good position but there was obliteration of the cystic disease to a great extent in the area affected by the fracture Mr Wayland Smith explained that in these cases union was aided by the periosteal reaction set up around the cystic disease, and thus in these two separate conditions (fracture and fibrocystic disease) reciprocal benefit had been the end-result of their association

Diagnosis of Paratyphoid B Infection

DR J C FULLER read a short paper on two cases of pyrexia which had been recently in his care, and in which the course of the febrile symptoms had been somewhat similar Eventually a diagnosis of paratyphoid B infection had been established in each instance

CASE I

A young unmarried woman had complained on November 26 1936 of a sudden attack of headache shivering and aching of the limbs On the following day the symptoms increased and there was difficulty in taking a deep breath On admission to hospital on November 29 the temperature had been 102·2°, the respirations 44 and the pulse rate 144 Grunting expiration was present, and physical signs of consolidation were noted at the base of the left lung posteriorly There was no evidence of any cardiac complication, and no enlargement of the spleen or other abdominal abnormality could be detected There was no sign of any joint disturbance A diagnosis of pneumonia was made and treatment appropriate to this condition was begun including injections of a mixed pneumococcal immunogen (antigen) On the fourth day after admission—apparently the eighth day of the disease—the temperature fell by crisis with coincident reduction in the respiration and pulse rates A total white cell blood count on the day of admission had been 7,100, on December 1 it was found to be 13,400 Up to the time of the crisis the bowels had been irregular, two actions on two days and no action on another For the next five days her condition had seemed to indicate a satisfactory convalescence except that the signs of resolution in the pneumonic lung were absent However, on the evening of December 9 the temperature shot up to 102·8°, remained at that point on the morning of the 10th and reached 105·4 on the evening of that day On the 18th the readings were 102° and 104·4 in the morning and evening respectively The pulse rate ranged from 100 to 130 in this second febrile period, she was listless with low muttering delirium There was some rigidity of the neck and a considerable degree of deafness She was now coughing up blood stained sputum but radiological examination showed no abnormality beyond a greying of the left middle and lower zone proportionate to the physical signs The blood count on December 17 showed a fall in the leucocytes to 6,800 the differential count being non indicative The cerebro spinal fluid was found to be normal in every respect and a blood culture proved sterile The stools however were relaxed and in view of this and the white cell count a Widal test was made on December 22 when agglutination was obtained up to a dilution of 1 in 500 to *B paratyphosus B* This organism was also recovered from the stools Eventually the patient made a slow but complete recovery—the temperature falling by lysis—and she was discharged from the hospital on February 11, 1937, after three negative findings in the stools

CASE II

A girl aged 9 was an inmate of a children's home and ten days before her admission to the Exeter City Hospital the matron reported that she had had a typical attack of influenza with the Government of India for 1934, which has been forty other children being similarly affected at the same period. She appeared to make a rapid recovery, but a few days subsequently she was noted to be listless and her temperature was found to be high On admission to the hospital the temperature was 105° and the pulse rate 136 Hyperpyrexia continued for four days and then fell by crisis, pneumonic signs appearing at the left base For nearly a week following the crisis the temperature remained normal and then rose suddenly to 102°, there was complaint of abdominal pain and she vomited on several occasions When seen by Dr Fuller on January 14 the temperature was 102° and she was pale and listless no rash was present Examination of the chest revealed a patch of consolidation at the angle of the left scapula and crepitations were heard at both bases There was definite leucopenia (3,400), and the Widal reaction was positive up to 1 in 125 to *B paratyphosus B* The child was transferred to the City Isolation Hospital and a few days later was found to have a typical rash The subsequent progress of the case offered no particular points of interest except that the fever was somewhat protracted

Local News

INDIA

Progress in Public Health

The annual report of the Public Health Commissioner recently issued, surveys the state of public health in British India and some of the native States The death rate was higher than in 1933, also the infantile mortality rate, while the birth rate was lower but such fluctuations are normal characteristic of the annual statistics of the country Although there is evidence of widespread undernutrition in India, there is no evidence of the poorer classes being worse fed than hitherto There is however, a great need of a comprehensive survey of food production in the country as a whole Until such a survey has been carried out the question of food supply in relation to the population, should the latter continue to increase as it did between 1921 and 1931 cannot be satisfactorily determined

PRINCIPAL CAUSES OF DEATHS

Of the total number of deaths during the year 58 per cent were attributable to the "fevers" group of diseases Violent epidemics of cholera are becoming less frequent a fact explained by the development of the public health services and the extension of the prophylactic use of cholera vaccine but there is as yet no clear evidence of a significant fall in the mortality rate in this disease This may be due in some measure to the general improvement in statistical registration leading to the recognition of hitherto overlooked centres of disease and thus offsetting the obviously beneficial results of preventive work There was increased plague incidence and mortality, but the disease was for the most part confined to the provinces of Northern India The female death rate from this cause was higher than the male, but comparative freedom from the disease was reported from the whole eastern seaboard, Northern Burma, Assam, Bengal the south

M. C. G. ISRAELS INFECTIOUS MONONUCLEOSIS AND MONOCYTIC LEUKAEMIA

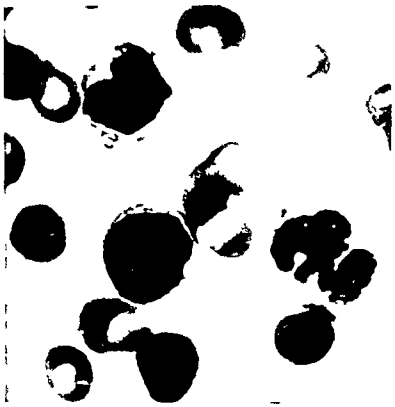


FIG. 1

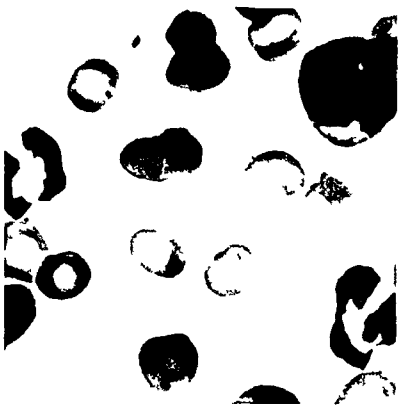


FIG. 2



FIG. 3



FIG. 4



FIG. 5

LEGENDS.—FIG. 1.—Case I. monocytic leukaemia. monocyte and two immature monocytes. FIG. 2.—Case I. two lobulated monocytes and a monoblast. FIG. 3.—Case I. large immature monocyte and a monoblast. FIG. 4.—Case II. infectious mononucleosis. two immature monocytes. FIG. 5.—Case II. large abnormal mononuclear with dark blue cytoplasm and two polymorphonuclear cells. (Magnification approximately × 750.)

E. H. RAINEY AND A. GEOFFREY SHERA. TRIPLE PREGNANCY WITH EXTRA-UTERINE TWINS



FIG. 1.



FIG. 2.

eastern parts of Bihar the western areas of the Punjab, and Upper Sind Small pox was only moderately prevalent, but an extension of compulsory vaccination to rural as well as urban areas is still needed and a wider practice of revaccination at school age. The degree and duration of immunity conferred by infant vaccination against small pox was investigated at the Belgaum Vaccine Institute and found to be much shorter than was previously believed, it may be taken as four years in one fifth of the children and seven years in one half Deaths from "fevers totalled nearly four millions in 1934 as compared with three and a half millions in the preceding year, rural rates exceeding the urban in all provinces Malaria mortality was fairly high and the debilitating effects of this infection were partly responsible for the exceedingly high mortality figures for influenza, pneumonia and dysentery It is estimated that there must have been over 110 million cases of malaria in 1934, and it has previously been computed in other quarters that such a figure is approximately correct There are probably about two million cases of tuberculosis in India a great number of these being found in Bengal Madras the Punjab, and Bihar and Orissa An increase in the future is feared since it is thought that there are many villages which have not as yet been exposed to infection and which consequently will afford a virgin soil for the disease Leprosy is more common in India than was formerly supposed, and probably a million cases exist The disease is especially prevalent among semi aboriginals or aboriginals who have left their tribal seclusion and hired themselves out to agriculturalists and industrial concerns A network of clinics has been established in endemic areas and early cases are coming forward in increasing numbers Leper colonies are overcrowded, and special centres are being established for 'burnt out' cases to lessen the congestion

MATERNITY AND CHILD WELFARE

A review in 1934 of the maternity and child welfare situation revealed an insufficiency of well qualified medical practitioners and health visitors There were five training schools in that year for health visitors, of the major provinces Bengal and the United Provinces alone had no course of training, but in the latter a scheme was ready to be launched An appeal is voiced in the report for the appointment of a special assistant director for maternity and child welfare in each province and the establishment of a central official controlling body to advise on and to direct policy Regret is expressed that the importance of sound environmental hygiene is very inadequately recognized and that this makes it very difficult to secure financial support for urgently needed reforms It is not infrequent to find that large sums are spent on roads or hospitals in large towns before a safe water supply has been provided Town cleansing is too often carried out at night, with poor results except in the larger towns, which are well lighted by electricity Nevertheless, Lieut.-Colonel G G Jolly I M S, officiating Public Health Commissioner with the Government of India, concludes his report with the statement that the 'sanitary idea" is beginning to penetrate the mind of India Interest is increasing in rural reconstruction, nutrition child welfare, and the prevention of epidemics He thinks that the time is ripe for a great step forwards

The Mission to Lepers

Mr Wellesley Bailey who founded in 1874 the Mission to Lepers, died in Edinburgh on January 29 at the age of 90 Born at Thornbury, Abbeyleix Queen's County, Ireland, he went out to India when 22 years old, with the intention of joining the Indian police, but he stayed for some time with a missionary friend, and consequently became attached to the American Presbyterian Mission as head master of the mission school in Ambala There was a small colony of lepers near the school, and Mr Bailey visited it regularly In 1874, when he returned home on his first furlough, he delivered an address at the Friends Meeting house at Monkstown Co Dublin, on the sad plight of the lepers, which aroused so much sympathy and interest that the Mission to Lepers was brought into being Twelve years later he returned to Great Britain as general secretary of the mission and for more than thirty years held that appointment, with his office in Edinburgh When he retired in 1917 he was appointed honorary superintendent of the mission and participated in its diamond jubilee celebration in 1934 The mission is now caring for some 15 000 lepers and their children in its own and in aided institutions in various parts of the world, the whole organization having evolved from an original small asylum in the Punjab

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FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Hospital Services for All

At the last general meeting of the Confédération des Syndicats Medicaux de France diametrically opposite views were expressed regarding the development of the general public hospital for all classes of the community Only a generation ago the hospitality of the public hospitals was such that, as a rule, you had to be very poor to want to accept it As the quality of this hospitality has improved the social and financial status of the applicants for it has risen, and now it is becoming more and more tempting for the medical officers of public hospitals to favour their development for middle class more or less well to do patients Dr Renon of Niort has made such a success of the omnibus hospital that his advocacy of it made a great impression at the meeting It would seem that at Niort everyone is satisfied the doctors co operate and the citizens of all classes enjoy the benefits of hospital treatment like so many shorn lambs for whom a kindly Providence has provided modern air conditioning This idyll would, however seem to be the exception rather than the rule, and Dr Guillaume of Chaumont painted quite another picture If it is the truer one of the two the development of paying departments in public hospitals is a veritable menace to the general practitioner throughout the country It is difficult to escape the conviction that here, as in so many other problems, personalities count more than principles

Poliomyelitis in Paris

Professor L Tanon and Dr A Besson have recently undertaken a statistical survey of the incidence of poliomyelitis in Paris in 1933, 1934 and 1935 The number of cases in these three years was fifty-six forty three and seventy two respectively The deaths in the same three years were seventeen twenty two and nineteen respectively Only one arrondissement escaped all the others suffered more or less equally, the disease being evenly distributed irrespective of social strata in the community A peak in December 1934 and January 1935 was contrary to the conception of poliomyelitis as an eminently late summer and early autumn disease On the whole there were more cases among females than among males the female predominance in this respect being greatest in childhood Professor Tanon and Dr Besson stress the importance of the healthy carrier and of the abortive forms of the disease which are, in their opinion most numerous With poliomyelitis sporadically endemic in Paris and with the healthy carrier largely responsible for its spread they are sceptical of the value of disinfection measures on the death of a patient or on his removal to new quarters Whatever the nature of the infecting germ it would seem not to be viable for long out of contact with living beings and fumigation and suchlike sanitary gestures are probably of moral rather than material value

BRYAN McFARLAND INDUSTRIAL ASPECT OF FRACTURES OF THE OS CALCIS



FIG 1



FIG 2



FIG 3



FIG 4



FIG 5



FIG 6



FIG 7



FIG 8



FIG 9



FIG 10

LEGENDS.—FIG 1 Avulsion fracture of the os calcis Accurate reposition usually followed by a good result FIG 2 Crush fracture of the os calcis with comminution and displacement—the type of fracture which presents difficulty both as regards period of incapacity and permanent defect FIG 3 Some months after arthrodesis of left subastragaloid joint FIG 4 Some months after arthrodesis of right subastragaloid and mid tarsal joints FIG 5 X ray result of crush fracture of the os calcis with comminution and displacement two months after injury FIG 6 X ray three months after comminuted fracture of os calcis with displacement and involvement of the subastragaloid joint Good clinical function Treatment described in text FIG 7 X ray some months after a crush fracture of the os calcis showing subastragaloid arthritis and deformity of the os calcis comparatively short disability and eventually no symptoms FIG 8 Same case as Fig 9 There is subastragaloid arthritis and deformity of the os calcis At the time of the injury this side was unnoticed and it was not treated He makes no complaint of it FIG 9 X ray taken many months after the fracture Note the arthritis and deformity This foot was treated in a walking plaster He has the usual complaints Fig 8 shows his other foot which was similarly injured FIG 10 Subastragaloid arthrodesis performed in 1932 X ray 7/9/35 shows result and also the amount of arthritis which has since occurred in the mid tarsal joint There has been no improvement in his working capacity

ENGLAND AND WALES

Education in Better Feeding

The Gas Light and Coke Company gave a reception at its headquarters in Westminster on March 11, when the nutrition film which this company recently produced was projected and a new venture of the company with a similar objective was explained by Sir David Milne-Watson, the governor The film is designed to bring out the significance of Sir John Orr's declaration that in a very large number of families not more than four shillings a week per head is spent on food Sir David Milne-Watson explained that inasmuch as over 90 per cent of the cooking in its area is done by gas, his company is closely concerned with the choice, treatment, and use of food and therefore it is intended to follow up the nutrition film as a contribution to the cause of better feeding by an educational campaign In half a dozen of its show-rooms in working-class areas of London a series of special lecture demonstrations are to be given under the general heading of "Better Meals for the Money" These lecture-demonstrations will show how, in the opinion of experts on diet questions, the sum of 4s 6d per head per week can be laid out to the best advantage in the selection and purchase of food A leaflet has been prepared giving a week's menus—breakfast, dinner, and tea—for a family of five The ingredients of these meals have actually been purchased in the areas where the lecture demonstrations are being given for 22s 6d in all Particulars are given of the time needed in preparation and the cost of the fuel for cooking each meal Sir David Milne-Watson pointed out that his company must not be taken as expressing any opinion as to the adequacy or otherwise of 4s 6d per head, but in view of the fact that large numbers of people have no more than this to spend it seemed desirable to set out how they might spend it with wisdom He added that the existing menu sheet was based on food obtainable at the present season and that in due course others would be prepared appropriate to the time of year The lecture-demonstrations would be made attractive by including a demonstration of the cooking of one or more of the listed meals and they would explain in simple terms the significance of recent discoveries about diet and the need for the right proportions of different types of foods, particularly protective foods Professor V H Mottram said that the meals represented, so far as the money would go, one of the most sensible ways of laying out the weekly budget, including as much of the right proportions of body-building foods energy foods, and protective foods as possible The film, for which Mr Julian Huxley is commentator, is a very interesting and ingenious production

Willesden Maternity Hospital

The clinical report of the Willesden Maternity Hospital, published under the auspices of the Willesden Borough Council is based on a survey of the first 3,000 cases attended at this institution The majority of these numbering 2,939 were booked cases showing a maternal mortality of 1·02 per 1,000 Sixty one emergencies show a mortality of 65·57 per 1,000 while the rate for all cases is 2·33 In a covering memorandum accompanying this report the medical officer of health describes the methods employed in Willesden with a view to reducing preventable death or disablement consequent upon child bearing With the opening of the maternity hospital in 1931 arrangements were made for ante natal care of the mothers at health centres under the supervision of the council's consultant obstetrician In this connexion special attention has been paid to the importance of health visiting Post natal care is also provided under similar conditions The memorandum stresses the importance of adequate feeding for expectant and nursing mothers It is suggested that this aspect of the problem has received insufficient attention and that it is desirable that mothers should receive meals under an arrangement comparable to the scheme applicable to school children It is also suggested that greater attention should be paid to the newborn infant and that a skilled paediatrician should be attached to the hospital for this purpose The memorandum envisages a future consideration of means to provide a further period of rest and recuperation following confinement Despite the extension of the hospital in February, 1935, accommodation is still inadequate, and for this reason 356 cases were refused admission between that date and October 31st, 1936

L C C Committees Medical Members

The committees of the newly elected London County Council were settled on March 16, and the distribution among them of the medical members is shown as follows Education Dr J A Gillison, Entertainments, Dr Bernard Homa, Establishment, Dr Homa and Miss Esther Rickards, F R C S, Finance, Dr S W Jeger General Purposes, Dr F Barrie Lambert, Hospitals and Medical Services, Dr C W Brook, Dr S Monckton Copeman, Mr Somerville Hastings, Dr Jeger Miss Rickards, with Dr H Winch (co opted), Mental Hospitals, Dr Lambert, with Dr Doris Odlum (co opted) Parks, Dr Lambert, Parliamentary, Dr Jeger, Public Control Dr Jeger, Supplies, Dr Lambert, Town Planning, Dr Gillison, Welfare of Blind, Dr Brook It will be seen that the medical members of the new Council are shouldering a full share of the committee work, which is by far the most important part of the Council's activities the only notable omission is the entire absence of medical representation on the Housing and Public Health Committee

SCOTLAND

Crichton Royal Institution

The annual report of Crichton Royal Institution Dumfries, by Dr C C Easterbrook physician superintendent, shows that the number of patients treated during 1936 was 1,231, and the number resident at the close of the year was 978, of whom 626 were private patients and 352 rate-aided patients During the year there were 298 admissions, 176 discharges and 77 deaths Voluntary patients under treatment in 1936 numbered 424, of whom none required to be certified, and of the 180 private patients admitted 70 per cent came voluntarily The service patients maintained by the Ministry of Pensions as private patients numbered ten Of the special stresses activating mental illness among the admissions biologic stresses comprising the critical periods of life were present in 60 per cent, strain of child-bearing 1 per cent only, psychic stresses, including worry, affliction and mental privations such as solitary life and want of occupation, 40 per cent, toxic stresses such as alcoholic excess 17·4 per cent of men and 2·4 per cent of women physical shock 7 per cent, and pathological stress of bodily disease 4 per cent The types of mental illness among the admissions were constitutional psychoses of melancholia dementia, mania etc, 87·3 per cent, psychoneuroses 3·8 per cent, organic psychoses 3·8 per cent, and congenital psychoses 5·1 per cent At the time of admission the mental illness had lasted for less than half a year in 56 per cent, under two years in 19 per cent and above two years in 25 per cent Of the discharges 105 were voluntary and seventy certificated, and the recovery rate was 34·5 per cent with 35·9 per cent improved among the voluntary patients, and 42·2 per cent with 14·6 per cent improved, among the certificated ones The general recovery rate of all cases was 37·9 per cent with 26·3 per cent improved, while the total duration of the disorder in those who recovered was less than half a year in 39 per cent and less than two years in a further 38 per cent The causes of death included fifty

HEALTH OF THE ARMY

REPORT FOR 1935

The general health of the military forces continued excellent during 1935 and in the annual report on the Army[1] for that year it is mentioned that the ratio of admissions to hospital was 392 1 of the strength or 10 5 per cent lower than in 1934 which was the healthiest year since the war The death and invaliding ratios also showed slight reductions but there was a very small increase (0 29 per cent) in the numbers constantly sick As in former years the report contains three main divisions a general survey of the troops at home and abroad with notes on special diseases, statements about the work of special departments—namely medicine surgery women and children hygiene pathology, dental treatment and medical examination of recruits and notes on the health of the Army in the various commands at home and abroad

Incidence of Diseases

The principal causes of admission to hospital were inflammation of areolar tissues inflammation of the tonsils and venereal diseases There were slight increases in the admission ratio in respect of skin diseases nasal catarrhs soft chancres dysentery and gonorrhoea but marked decreases in cases of inflammations of the tonsils and pharynx and in malaria There was a rather smaller decline in the incidence of diseases of the areolar tissues and local injuries The deaths numbered 370 corresponding to 2 per 1 000 of the strength as compared with 2 1 in 1934 and 2 3 for the period 1930-4 Judged by the average sick time for each soldier the least healthy commands were those of Jamaica Ceylon Mauritius, Malaya and China, while those with the lowest ratios were Bermuda Malta and Gibraltar Dysentery increased but was mild in character next to malaria bacillary dysentery is considered to be the most important disease in the Army abroad being one which may assume serious proportions under active service conditions Amoebic hepatitis and tropical liver abscess which used to be so serious have now been brought much better under control by modern scientific methods of diagnosis affording facilities for prompter treatment Malaria dropped from 4 272 cases in 1934 to 3 549 in the year under review the figures for India being the most satisfactory yet recorded despite active field operations on the frontier in malarial areas Reference is made to the great value of atebrin treatment The number of cases nearly doubled in Ceylon however in association with the general epidemic among the civilian population Pyrexia of undetermined origin still presents a diagnostic problem in India, as also does sand fly fever

There was a slight increase in the total number of cases of pulmonary tuberculosis and it is noted that there is a higher incidence in the Foot Guards the Royal Army Medical Corps and the Royal Army Ordnance Corps than in the rest of the Army The age period from 45 upwards has a ratio of 3 3 per cent which is greatly in excess of that for young soldiers There was a slight increase in the incidence of venereal disease the admission ratio having risen from 24 2 in 1934 to 27 in 1935 but it is still lower than the average of the five preceding years Work at Woolwich on the preparation of a mixed polyvalent vaccine of secondary organisms isolated from cases of gonorrhoea and non venereal urethritis indicates that this vaccine may aid in reducing the stay in hospital for this intractable disease Functional neurosis admissions increased but there was no change in the incidence of acute psychoses of which the most important is schizophrenia There was a satisfactory decline in the incidence of rheumatic fever The risks of rheumatic carditis in young soldiers have been much diminished by enforcing prolonged rest before return to active exercise is permitted In the treatment of fractures open operations especially plating have been very largely abandoned fixation of the fragments by pins or wire and the employment of the non padded plaster case are coming into more frequent use

[1] Report on the Health of the Army for 1935 Volume LXXI H M Stationery Office (3s)

Special Departments

The present system of specialization in medicine has been at work for fourteen years with very satisfactory results young officers are being trained as specialists and graded for appointments Three centres for cardiological investigation and diagnosis have been established in London Aldershot and Catterick under the supervision of the medical specialist of the area and patients needing particular attention are sent to the appropriate centre Since the situation of these centres corresponds to the main recruiting areas a check upon the enlistment of doubtful cases of cardiac disease is readily available These centres also provide valuable opportunities for officers who propose to specialize in medicine to gain a knowledge of cardiovascular disease and to work directly under a specialist before joining the senior course of training at the Royal Army Medical College In the first year's working at Millbank 208 cases were examined and 202 electrocardiographic records were taken of which 36 showed evidence of abnormal conditions of the heart It is expected that these centres will become of increasing importance more particularly in reducing the numbers of discharges for cardiac insufficiency among recruits with less than six months service In the section of the report devoted to surgery reference is made to the great value of the clinics for the injection treatment of varicose veins and haemorrhoids In the surgical work arising from the Quetta earthquake plaster of Paris casts were found to be superior to the usual cumbersome splint method in the transport of fracture cases and more satisfactory end results followed subsequent treatment Glucose stovaine spinal anaesthesia was found useful at the Cambridge Hospital and intravenous sodium evipan gave good results there and at Woolwich Percaine administration was similarly approved at Woolwich and Netley Radiological examinations were performed in 25 761 cases at home and in 23 449 cases in India great saving in costs being effected by the increasing use of paper film negatives New apparatus was installed during 1935 at Woolwich and Netley There was an increased amount of work in the massage and electrotherapeutic departments and the massage school at Netley was reorganized

Miscellaneous Matters

In the hygiene section of the report it is noted that a new departure in barrack construction known as the Sandhurst block has been evolved which incorporates many improvements making for the health and comfort of the men a central boiler provides hot water for the baths and ablution rooms with a steam supply for the cookers and for central heating A committee was appointed to deal more effectively with the feeding of small detachments and individuals and the ice ration has been extended to several stations abroad which formerly received no free supply the better facilities for preserving food have given general satisfaction

The Harold McKibbin ammonia chlorine method of water sterilization has replaced the chlorine method as the standard method in the Army Efforts are being made to provide more and safer swimming baths At Aldershot for the first time on record cases of leptospirosis occurred in connexion with the military swimming pools possibly because the very dry summer of 1935 lowered the water level and involved more contact with the subjacent mud which had been infested by rats Contamination of the sea beaches at Hong Kong caused some anxiety Closed subsoil drainage arrangements have come more into favour in barracks in Malaya As regards physical training it was shown at Aldershot that deep breathing exercises in association with gymnastic practices did not improve the vital capacity dorsal stretching exercises have been found to be liable to cause injuries and they are being replaced by true concentric dorsal exercises

The total percentage rejection of potential recruits on medical and physical grounds in 1935 was 4 5 4 as compared with 52 in the previous year the main defects found being gross under standards for height weight and chest measurements seriously defective vision loss or decay of many teeth and marked physical deformities

degeneration of the heart, apoplexy senile decay, and pulmonary diseases, the mean age at death being 62 4 years

Princess Margaret Rose Hospital

At the half-yearly meeting of the Princess Margaret Rose Hospital for Crippled Children at Fairmilehead Edinburgh, on March 2 the Earl of Home presiding the remarkable development of this hospital since its opening less than five years ago was described The hospital then consisted of one ward for twenty five patients, it now had four wards with accommodation for 100 children and a capacious massage department was under construction A system of clinics with an outdoor staff was being developed in the south eastern region of Scotland and energetic attempts were being made to obtain clinics in those areas which did not yet possess them The Edinburgh area had at present ten cases in the hospital, Fife and Clackmannan thirty two, East Lothian four Midlothian four Roxburgh four, and Berwick three, while private patients numbered fourteen The reason that there was a waiting list of eighty when there were empty beds in the hospital was because of the quota system, by which individual counties made definite financial grants for the orthopaedic services to patients from their areas The result was that a county which had thirty patients requiring treatment might only send five to the hospital at one time, the other twenty five waiting their turn, and it was only by additional allocations by the local authorities concerned that the number of patients paid for by them could be increased There were at present seventy-three such patients in the hospital A large number of out patients were seen regularly at clinics in the county areas, and as a result many incipient cases of crippling illness could be cured at an early stage and hospital treatment avoided The report showed that the financial position of the hospital had been improving and that it had been possible within the last few months to pay off a loan of £3 000 which had been granted by the Scottish branch of the Red Cross Society Legacies and special donations during the past ten months had amounted to £5 087, and the sum received in patients fees during this period had been £6 797 Against this the running expenses had amounted to £8 538 The report of the surgeon Mr W A Cochrane showed that from July 1936 to January 1937, 123 patients had been admitted as compared with seventy one in the previous six months and the patients discharged had numbered 108 as against sixty six

Perth Royal Infirmary

The income of the Perth Royal Infirmary for the past year was £17 438 and expenditure was £24 454 The Infirmary has received a bequest of £20,000 under the will of the late Miss Chalmers of Ashburton, New Zealand the last of a family which left Perthshire many years ago for New Zealand Many necessary improvements have been made since the Infirmary was opened in 1914 and as these have been met by expenditure of capital, the income from invested capital has decreased at the same time as running costs have increased The directors have decided to erect a new out patient department, and an appeal is therefore being made to the public to fill up the deficiency in the hospital s funds

Psychiatric Wards in General Hospitals

At a recent meeting of the Scottish Association for Mental Welfare Dr William Harrowes medical director of New Saughtonhall Mental Hospital, Edinburgh gave a lecture on Inadequate Health at which Dr W G Sym presided Dr Harrowes said that mental hygiene could be divided into two main branches, of which one was concerned with society as a whole while the other was devoted to individual problems A new outlook was the gradual recognition of the great extent to which health could be modified by emotional disturbances that were not temporary but semi permanent chronic and unconscious Faulty function of internal organs might readily influence the thinking functions but on the other hand faulty thinking might result in physical malfunction This principle was contained in the phrase concerning the influence of mind over matter, but the medical profession as well as the community in general had been slow to grasp its implications Much interest was aroused about two years ago when Dr Halliday of Glasgow showed that about one third of all the patients sent to a medical referee under the national health insurance scheme were suffering from physical malfunctions due to faulty mental hygiene and not to any organic physical disease It was not sufficiently recognized that almost any symptom might be produced by inadequate mental health As a result many patients wearied of an honest physician who told them that there was nothing wrong (which was in a sense true) and went to unorthodox advisers who told them that there was something very far wrong which could be put right Very often headaches, indigestion weak hearts rheumatism and constipation were matters of psychology and it should be recognized that insufficient health was in a high percentage of cases a matter of poor adjustment and poor mental hygiene Dr Harrowes suggested that to overcome this psychiatric wards should be established in association with general hospitals and children s hospitals should have a department for the maladjusted

Correspondence

A Civilian Ambulance Service

SIR —While the Home Office and local authorities debate and mature their plans for the protection of the civilian population in the event of war and aerial attack while doctors and policemen are given instruction in anti-gas measures and moneys are voted for the expansion of fire brigades we seem to hear comparatively little discussion of arrangements for the collection sorting evacuation, and treatment of the numerous civilian casualties which must, we know be visualized as occurring in spite of all these measures

The lessons of the last war and of Madrid, with their small scale raids have at least given us some measure of what we may some day have to anticipate, and we have reason to believe that gas and incendiary bombs may now be added to high explosive One or two large scale raids might easily fill all the hospitals of a city to overflowing City hospitals themselves might not escape damage It is evident that, in addition to aid posts and clearing stations large fleets of ambulances would be needed and that a circle of schools and other suitable buildings well beyond the outskirts of exposed towns would have to be equipped as hospitals to receive the casualties

There are many medical men in this country who will be unwilling for conscientious reasons to serve with the armed forces in any future war There are also thousands of men of military age who will refuse to fight or make munitions Remembering the fine service given by the Friends Ambulance Units and the British Red Cross Society during the last war on behalf of sick and injured civilians should we not be turning our thoughts to the provision of an adequate medical service for our own civilian population in the event of the attack which we hope will never come? Such a service would incidentally provide urgent and essential humanitarian tasks for numerous volunteers who might be unable or unwilling to serve with the armed forces in any way For London alone an efficient organization would require an army of able bodied ambulance drivers stretcher bearers and orderlies

There would be no lack of doctors and nurses with experience both clinical and administrative, gained in the

THE BRITISH SEA CLIMATE

HEALTH RESORTS CONFERENCE AT BOURNEMOUTH

Bournemouth at the week-end entertained a large number of medical men and others from various parts of the country the occasion being a conference of the British Health Resorts Association, which exists to underline the merits of British spas and coasts. Even in a wintry March Bournemouth appeared as charming as usual, as one speaker said Bournemouth is never out of season and is no curtained or shuttered town in winter and early spring. Care was taken to ensure that the visitors, in spite of two sessions of discussion, saw as much as possible of its natural advantages and its progressive spirit. The latest example of the latter is an establishment for indoor bathing to be opened at Easter. This is a fine addition architecturally to the sea front has cost £80,000 and includes a swimming pool, 100 ft. by 35 ft., surrounded by terraced seating accommodation for 600 spectators. In addition a variety of private baths have been provided, with a solarium.

Wintering in England

The opening of the conference was presided over by the Mayor of Bournemouth, supported by the Mayors of Poole and Christchurch and the first meeting was devoted to a discussion on "Wintering in England." The principal speaker was Lord HORDER who came to express his faith in the winter as well as summer value of British resorts, having in mind particularly the southern seaboard. Climatically the South Coast he said, had many advantages irrespective of the rather elemental question whether the sun shone or not. But when doctors were asked by their convalescent patients and others where they should go there was not much exact knowledge to guide them. The members of the medical profession wanted to know whom to send where." 'Change of air" did a large number of people good and some people harm, but it was difficult to say what change of air was likely to suit which person. A colleague of his, now retired from a lucrative practice had a flair for knowing where to send a patient. He could only explain it, 'It just comes to me I look at them. They tell me they never sleep at A and always get indigestion at B, and I send them without hesitation to Y or Z.' It was an example of empiricism. Lord Horder said that he himself had coveted but never possessed the gift. It was a matter on which doctors residing and practising in resorts might pool their experiences.

Lord Horder also had some advice to offer on the subject of hotels—a matter which evidently presents many sensitive surfaces. Where, he asked was the old English inn the inn of Dickens, and Fielding and Smollett and Charles Lamb? One speaker answered that licensing restrictions had killed it which evoked the comment in another quarter that these noisy and rollicking places would hardly suit the invalid in search of repose. On the subject of noise also Lord Horder had something to say and congratulated Bournemouth on substituting the quieter trolley bus for the grinding tram.

Sir JAMES MARCHANT treated the conference to a very eloquent address on the charms of the South Coast. He mentioned a suggestion made by Sir Leonard Hill that hotels might put up spacious verandas with moving screens for wind protection warm them with radiant heat and install mercury vapour lamps to give an ultra-violet radiation equal to sunlight.

Meteorological Records

The need for research at winter marine resorts was stressed by Dr. K. R. COLLIS HALLOWES of Torquay. He spoke in particular of meteorological figures. All meteorological stations should be controlled by the Meteorological Office. At some resorts the station was not under such control. Records taken primarily for publicity purposes might have little other value, giving "pocket climate" averages not comparable with those of other resorts. Even at controlled stations along the coasts the altitudes at which meteorological instruments were placed varied from 190 feet to 5 feet above sea-level. Earth temperatures were taken at some resorts and not at others. Some resorts recorded ground frosts and gales, others did not. At some the temperature of the sea was taken in shallow water from the beaches, at others in deep water from the pier. Thunderstorm statistics were apt to vary according to the opinions of the observer. At present the figures recorded for ultra-violet light were of problematical value, as the method used was not recognized by the Meteorological Office, and the recording tubes were likely to be differently read by different observers.

Dr. Hallowes also referred to the fact that the readings for a seaside day were often not those which would be recorded for the "invalid's day" (between 9 a.m. and 5 p.m. during the winter months). Few readings were taken at meteorological stations during those hours. Temperature and humidity records ought to be made during hours when invalids and others were out of doors. No accurate estimation of the number of rain days at any resort could be made without defining how many hours of rain there were in the "invalid's day," quite irrespective of the amount of rain which fell in the twenty-four hours. Another point made by Dr. Hallowes was that the elevation and exposure of hotels and boarding houses should be accurately stated. Hotels should also state whether they catered for invalids or not. Some hotels wanted invalids and catered for them, some did not want them and said so, and a few received them and did not cater for them.

In some general discussion the deficiencies of health resorts in some respects were frankly canvassed. Sir JOHN ATKINS mentioned receiving a letter from a patient whom he had sent to a health resort. "For some time I have had a suspicion you were getting tired of me, and now I am convinced of it. I can think of no other explanation why you should have sent me to this deadly dull place unless you thought I should shoot myself and so save you further trouble!" Dr. G. DE BRC TURTLE mentioned the value of sending the patient to a health resort in or near his native locality. It was generally of little use, for example, sending a son or daughter of East Anglia to the Cornish coasts. Dr. ALFRED COX, the secretary of the British Health Resorts Association, pointed out that a good many British health resorts did not set out to attract those seeking health, they were content to do that which required no particular exertion—namely, to entertain the visitors who came to them in shoals at holiday times. They were deliberately neglecting a great opportunity to make their seasons longer and their towns more prosperous.

Effects of Marine Climate

Dr. OTTO KESTNER of the Rowett Institute Aberdeen, formerly professor of physiology, University of Hamburg, gave a paper on the curative action of sea climate. He described some investigations in the health resort of Wyk on the island of Föhr in the German North Sea to which reference was made in the lecture published in last week's *British Medical Journal* (p. 555). The action of sea climate on the skin was well worthy of study. As Professor Kestner put it, under the stimulus of sea, sun cold air and cold water the capillaries of the skin learned gymnastics again, and the children could bathe in the sea and play naked in the open air, even in winter, without a decrease of body temperature. He referred to the work of Curschmann, who was now continuing on the Baltic Sea the work begun on the North Sea, eliciting that while the blood pressure of normal persons was neither increased nor lowered by sea bathing, in patients with high pressure such pressure was decreased, and could be decreased over a considerable time by repeated sea bathing. Curschmann called the seashore the "hypertonics' paradise."

last war, and it should be possible for these, in co operation with the Quakers, the Red Cross, and the St John Ambulance, and with or without the help of the Government or the municipalities, to organize an efficient scheme Such a scheme would be in the national interest At the same time it is not inconsistent with pacific endeavour to envisage alternative forms of humane assistance in the event of war While making provision for stricken men, women, and children, such an organization would help to disarm bitterness and avert a vast amount of unhappiness in connexion with conscientious refusal to give military service—I am, etc,

Cambridge March 11 JOHN A RYLE

Zinc Protamine Insulin

SIR—I would like to remove a misapprehension that may arise in some minds from your leader on the above subject It is stated that "Lawrence and Archer suggest that small doses of zinc protamine insulin come into action more rapidly than large doses" We do not think that any part of our article suggests this, but if it does it is our error When any difference in initial speed of action can be detected the larger doses are prompter

But, more important, it is clear from all the articles on zinc protamine insulin that large single doses of 30 to 50 units are being used, and that many patients have to inject more than 1 c.cm of the compound, as the only strength at present issued is 40 units per c.cm This is uncomfortable and bad for the tissues, and I think it essential that a stronger preparation, 80 units per c.cm, be marketed I hope that publicity in your columns will hasten this—I am, etc,

London W 1 March 15 R D LAWRENCE

SIR,—In his article on protamine and zinc protamine insulin in your issue of March 13 (p 542) Dr H P Himsworth makes a declaration which is very difficult to understand He says "It is regrettable that a knowledge of the blood sugar level should still enjoy the greatest vogue as the guide to treatment The finding of glycosuria indicates loss of food in the urine, the testing of specimens passed at different times in the day shows when this waste occurs and points the way to the necessary modification in treatment" Naturally, if one is going to allow one's diabetic patients to pass sugar the urine is a very convenient way of following up and rectifying their excessively bad periods What is the position, however, in the case of those patients who have a high sugar leak-point? Such patients are very common indeed, especially when their diabetes has been established for any period before they come under treatment Are they to be allowed to run high blood sugars throughout the day as long as they remain free from ketosis and glycosuria?

The aim in the treatment of diabetes would seem to be to keep the patient well, but in between meals to keep the blood sugar running as nearly as possible in the normal level The idea of this is clearly to rest what remains of the actively functioning portion of pancreatic tissue, and it seems to me that mere urine testing is far too crude a method to adopt if one hopes to achieve the end which I personally have in view I would rather put Dr Himsworth's statement the other way round and say that the relatively crude method of urinary sugar examinations is a sufficient guide to the early stabilization and treatment, but that after this it is essential to do adequate blood sugar estimations if one wishes to treat one's patient reasonably decently While it is true that the patient's physical condition is the most important factor, and that one ought not to be a slave to blood sugar estimations in the face of clinical evidence, it is also true that these give the earliest indications of faulty treatment or change in the insulin dosage required by the patient, and I am afraid that I shall not be persuaded to change my method of controlling my patients by Dr Himsworth's argument I consider the urine method of control too crude for *ultimate* optimum results

As regards zinc protamine insulin, the great difficulty I foresee is the safe standardization of patients The most undesirable time for insulin to have uncontrolled and unobserved action is during sleep at night, and even though someone else sleeps with them, as has been suggested, it would appear necessary for the other sleeper to be awake not a very practical proposition The greater difficulty would be in the case of those diabetics who suddenly improve and require rapid reduction of their insulin I foresee trouble in such cases with the insidious and often severe and not easily controllable hypoglycaemia which is reported to occur with these delayed action insulins Doubtless this will be overcome The end could be achieved by a good carbohydrate meal at bed time, but surely if the last meal of the day is properly regulated the night blood sugar will look after itself without the help of delayed action insulin

Protamine insulin is probably a safer preparation for routine use than is the zinc modification If the former is given as a morning injection its action is exhausted during the waking hours, and there is no risk of a progressive night hypoglycaemia, it could be assisted by necessary amounts of soluble insulin as required Is the zinc protamine insulin therefore a real practical advance on the original protamine product and, if used much will it not lead to excessive amounts of carbohydrate being supplied at night as a safety-valve? In the latter case it defeats its own end, and the diabetic may end with a higher night blood sugar than if he were treated by the older methods!—I am, etc,

London, S L 5, March 12 GUY BOUSFIELD, M D

Meningococcus Antitoxin

SIR,—May I venture to thank you for the kind remarks in the *Journal* of February 27, and add one further point to the letter that you were good enough to publish in your issue of February 20? As there described the anti meningococcus serum that proved successful clinically was standardized by employing the peritoneal route in mice At the suggestion of the late Captain S R Douglas, F.R.S, I tried the cerebral route for this purpose but without success Although the meningococcus' endotoxin was inactivated by the clinically potent serum when injected intraperitoneally, the mice that received the same mixture *cerebrally* all succumbed The cerebral route in short appeared to be too severe a test of neutralization in case of this powerful endotoxin—I am, etc,

St Bartholomew's Hospital, March 14 M H GORDON

Continuous Intravenous Saline Infusion

SIR,—Our thanks are due to Mr Hamilton Bailey and his associates for their article on continuous intravenous saline in the *British Medical Journal* of March 13 (p 552) This timely description places the procedure on a firm basis For lack of it many a good innovation spreads in a slow haphazard fashion, and is apt to suffer from misapplication Extensive use in the past four years prompts a few further remarks on what is likely to be taken up widely by the profession

Climates and Clinical Conditions

Sir WALTER LANGDON BROWN said that the effects of a marine climate on children for which Professor Kestner had given exact and scientific data had long been empirically recognized in England, and the South Coast had been the favourite situation for preparatory schools. Marine climates while in general providing humidity purity of air, and freedom from dust could be divided into the cooler more bracing type and the warmer more sedative type. To a certain extent the whole of Great Britain had some of the advantages of a marine climate for no part of the island was more than sixty miles from the sea. Not that it was to be claimed that the seaside offered a panacea in the way of climate. Gouty subjects usually did better at an inland resort as did those suffering from certain skin diseases. Some paroxysmal neuroses did not do well though in this respect as in so many others the asthmatic persisted in expressing his idiosyncrasy. It was sometimes said that certain cases of insomnia did not do well at the sea but he thought this applied only to bracing marine climates. At any rate he had found Bournemouth increase the capacity for sound sleep. For chronic bronchitis and emphysema the conditions provided at Bournemouth by equable temperature, humidity and pine laden breezes were admirable. Michael Foster had said that the more sedative and sheltered localities of the south were of great value as winter quarters also for cases of heart disease. This should be interpreted not to include those with any suspicion of active rheumatic carditis for which it did not seem suitable rather must they think of those with failure of the heart muscle whether due to old and quiescent valvular disease or to hypertension. Finally, Sir Walter Langdon Brown referred to the 'diseases of civilization —hypertension hyperthyroidism diabetes, and peptic ulcer. For all these a marine climate of the type provided at Bournemouth formed a useful part of treatment.

Where Bournemouth is Indicated

Dr S. WATSON SMITH of Bournemouth finally gave a careful survey of the differing values of British sea climates—the east coast of Scotland and the east south east and south west coasts of England. For Bournemouth itself he claimed not one but a number of climates —the centre of the town, in one of the several chines to the north of the town, or on the uplands behind. The newcomer to the Bournemouth district was often heard to complain of drowsiness with disinclination for effort and an inability to summon up energy to do more than half a day's work. Thus the place had been called enervating when in fact the soothing sedative climate might be exactly suitable to him if a plethoric person or with high blood pressure. Those suffering from the nervous disorders associated with the climacteric did well at a place like Bournemouth. As to whether the climate was suitable for rheumatic subjects, certainly rheumatic fever and acute articular rheumatism were practically unknown at Bournemouth. Rheumatoid arthritis and osteo arthritis were not difficult to arrest in that climate but fibrositis was best treated at a spa. Dr MAHOMED of Bournemouth added a few interesting experiences of the local climate.

A banquet was given at the Pavilion by the Mayor and Corporation in connexion with the conference. Dr W. ASTEN chairman of the Health Committee of the county borough proposed the principal toast that of The British Health Resorts Association and referred to the ever closer relationship between the medical profession and the work of local authorities. This mingling of voluntary and official effort was warmly to be welcomed, though he hoped and believed it would always stop short of the complete merging of the medical profession into a State service. Sir WALTER LANGDON BROWN made a happy speech in reply in the course of which he paid a tribute to the late Colonel R. H. Elliot, the real founder of the association who was he said among other things an excellent amateur conjurer and one of the greatest feats of conjuring he ever did was to make the British people proud of their health resorts.

Sir ARCHIBALD WEIGALL proposed the health of the Corporation, and made some observations on the importance of local government and the desirability that it should be of a non party character. The MAYOR OF BOURNEMOUTH replied, warmly upholding the excellence of British hotels as compared with their Continental rivals. Among the guests at the banquet were Sir Kaye and Lady Le Fleming and a number of others from Bournemouth and the locality.

GAS-AND-AIR ANALGESIA IN LABOUR

INVESTIGATION AT BARNET

For nearly three years at the Wellhouse Hospital Barnet, an investigation has been proceeding into the value of gas and air analgesia in labour. From time to time we have given publicity to this work and we have now received a copy of a report made by Dr John Elam, visiting anaesthetist to the hospital to the medical superintendent Dr Roland Segar which has been forwarded to the Barnet Guardians Committee and the conclusions of which have also been presented to a special conference held recently at the Midwives Institute. A series of 1 065 maternity patients have been taken 625 of whom were primiparae and of this number 648 (410 primiparae) experienced no pain after gas and air had been started 402 (207 primiparae) found great relief, and only fifteen were disappointed.

The object of the investigation was to find a method of affording relief from the pains of labour which would be absolutely safe and could be used by nurses or midwives without the necessity for the presence of a medical practitioner. The use of gas and air analgesia was first tried in October 1933 by Dr Minnitt of Liverpool who adapted for his use an American nitrous oxide apparatus. The Wellhouse Hospital immediately had a similar machine made and was in fact the first hospital in the South of England to employ the method. It is emphasized in Dr Elam's report that the whole of this work has been carried through by midwives and nurses and thanks are expressed to these members of the staff for their co operation in a procedure which must have added considerably to their responsibilities.

First Stage of Labour

For the first stage of labour this form of analgesia is hardly practicable administratively owing to the necessity of having the nurse or midwife in continuous attendance over perhaps a prolonged period the high cost of the gas consumed per case would also be a consideration, and there are other technical difficulties. For this first stage of labour it is considered better to rely on the use of sedative drugs such as morphine which give reasonable relief. It is in the second stage that gas and air proves its special value when the pains are becoming strong and frequent, and the patient is brought to the labour ward. The causes of the few failures have been carefully investigated. Some of them are due to the patient herself, her unwillingness to co operate or her nervous temperament or unsuitable type (the heavy athletic type is peculiarly unresponsive to gas and requires a higher percentage of nitrous oxide in the air than is usually given) and some to faulty administration imperfect technique failure of the facepiece to fit the patient comfortably and so forth. For the great majority of women however the method affords marked relief. In this series of cases no deaths occurred which could be attributed in any way to the analgesia, nor was there any increase in the forceps rate or the number of stillbirths.

1 In regard to indications (*a*) In major traumatic surgery where haemorrhage and shock combine to devitalize the patient it has proved highly beneficial Thus a heavy woman aged 44 who fell under a train in 1935 healed after a pulped left arm and leg were amputated close to the trunk, and is well to-day thanks to it The same is true of a young woman *with multiple compound wounds including a shattered ilium* In exsanguinated states due to ruptured solid viscera or ectopic gestation it sustains the vital organs Most of these cases also require and have received blood transfusion

(*b*) Where septic peritonitis and paralytic ileus complicate abdominal catastrophes rest is essential for the inflamed bowel This group merits separate recognition for it is one of the commonest treated by intravenous saline Even if at the early stages vomiting is not present it will ensue if the stomach does its duty and rejects all ingesta Meanwhile the need for fluid in other vital and unrestable organs continues and is often imperfectly supplied by large bowel saline feeding A woman of 78 years was seen recently with h pogastric peritonitis due to gangrenous diverticulitis and colostomy was an inevitable part of the operation The rectal and appendicular routes for saline administration were inapplicable In this case and several others of the same gravity the patient has recovered

2 In regard to dangers There is the need for assuring one self that nurses both day and night fully comprehend the significance of the procedure This has been deeply impressed *upon me as have the demands on time that it involves* Experience will reveal many minor pitfalls The major risk that needs underlining in red is sepsis One patient of mine died rapidly from septic phlebitis of the arm and multiple lung abscesses and I know of at least one other such case proved by necropsy Therefore the indication for its use must be adequate and the following precautions practised as far as possible Instead of inserting a cannula by open operation venous puncture by needle should be aimed at and signs of redness pain and tenderness along the vein or temperature warnings must be heeded Further I doubt the wisdom or even the need in most cases for giving six pints in the twenty four hours—that is approaching the maximum short of oedema of the tissues I now give the twenty four hours supply of two or three pints of 5 per cent glucose saline by day only to spare the patient the unsettling effect at night and I reinsert the needle for subsequent administration as required The veins and the circulation will tolerate this moderate violation of natural nutrition and it seems to give the required hydration while what is most important rigors and appreciable local reaction are avoided so that its use may be prolonged over a week or more

—I am etc,

Bristol March 14 A WILFRID ADAMS

SIR—An article in the *Journal* of March 13 (p 552) entitled 'Continuous Intravenous Saline Infusion' contains a number of statements which require comment First in the paragraph headed Indications, intravenous saline therapy is recommended for 'dehydration from any cause such as starvation, vomiting, diarrhoea, or excessive sweating Now it is quite reasonable to give sodium chloride to patients who can be shown to be suffering from a chloride deficiency, but surely not otherwise And why into a vein?

Intravenous saline is also recommended for the treatment of anuria, rather the opposite of dehydration, one would think Now physiologists have shown that intravenous saline causes a diuresis, which might be desirable in cases of anuria But how, then, can it possibly benefit an already dehydrated patient if he is going to suffer a diuresis? Rectal or oral saline is capable of restoring the body fluids much more effectively As a matter of fact, intravenous saline does work in certain cases, having a transient effect in raising the blood volume but it is surely a grave mistake to describe 'normal saline as being manifestly physiological' It may come as a surprise to the authors to learn that the normal plasma chlorides are about 0 585 per cent expressed as sodium chloride The 0 9 per cent so called physiological saline is therefore obviously too strong and will produce a diuresis and in those cases where the kidney function is slightly depressed, so that the chloride concentrating power of the kidney is deficient *a net loss of fluid may be sustained in the* effort to rid the body of the excess of chloride

In Conclusion the authors refer to the advantage of intravenous medication in that the rate of flow and the amount of fluid given can be regulated with mathematical precision If the authors were capable of determining exactly how much fluid were required this would indeed be an advantage especially if they used 0 585 per cent instead of normal saline But I submit that the patient's body knows better, and the ordinary routes for fluid—mouth and rectum—give it an opportunity to absorb just as much as it requires Finally, they state that the choice of methods for estimating when the patient has received enough fluid lies between an estimation of the plasma protein and the rough and ready method of comparing intake and output I fail to understand how an estimation of the plasma protein can possibly be taken as an indication that the patient has or has not received sufficient fluid

As I am placed in the list of references I should like to repeat some of my own conclusions The best method of fluid replacement if the oral route is contraindicated is per rectum, preferably by continuous drip Since pulmonary oedema may result from abnormally low percentage of protein in the plasma, and since intravenous fluids tend to lower this percentage, the level of the plasma protein should be ascertained before giving fluid intravenously

The blind pumping into a vein of fluids without previous knowledge of the exact deficiency is to be condemned In my opinion intravenous saline should never be used unless the oral or rectal routes are absolutely contra indicated—I am etc,

W W WALTHER

Department of Pathology Queen Mary's Hospital for the East End March 13

Nasopharyngeal Sepsis in Cases of Mental Disorder

SIR,—I was greatly interested by Dr T C Graves's article in the *Journal* of March 6 (p 483) The account of nine years' unremitting pioneer work in this type of investigation reflects the greatest credit upon the author and his staff, and can leave no doubt in the mind of the reader that nasopharyngeal sepsis is often present in those suffering from mental disorder but to what extent it should be considered the cause of such trouble is not I feel made clear

Considering the amount of clinical material dealt with—2,056 cases examined and treated—it would have been helpful and more convincing to have been informed of the number of cases wholly or partially cured first of their sepsis and secondly of their mental disease Every rhinologist will have encountered cases of such sepsis latent or overt, accompanied by *symptoms of neurosis and psychosis* in a varying degree and witnessed the satisfactory results both local and general of treatment in such cases but few if any will have had access to anything like the number of advanced cases of this type dealt with by Dr Graves and it is for this reason that all would I feel sure welcome the publication of the results of this type of treatment—I am etc,

J B CAVENAGH

Worcester March 10

Expense and Applicability

Attention is drawn to the test carried out by the British College of Obstetricians and Gynaecologists (*Journal* February 8 1936 p 273) in which it was stated that gas and air administered by the Minnitt apparatus was a safe and satisfactory method At the same time mention was made of the expensiveness of the nitrous oxide The figures at Wellhouse, however, do not seem to be very formidable The total cost for gas to the maternity unit over the investigation lasting nearly three years was £117, working out at 2s 3d per case

The value of the method in hospital use having been established the question now arises as to its applicability to the large number of women attended by midwives in their own homes Dr Elam mentions a machine made by the Dental Manufacturing Company specially for Well-house described with illustrations in the *Journal* of September 26 1936 (p 630) This is a portable machine in the sense that complete with gas cylinders, it weighs only 70 lb and can be easily attached to the handle-bars of the midwife's bicycle Dr Elam expresses the hope that mobility has not been reached Further work has yet to be done in providing some sedative drug for giving relief in the early stage of labour and to eliminate the causes of failure to obtain adequate relief in the second stage

Reports of Societies

EFFECTS OF PROLONGED DORSAL DECUBITUS

At a meeting of the Medical Society of London on March 8 with Mr W E TANNER in the chair, a discussion took place on the effects of prolonged dorsal decubitus

Mr G R GIRDLESTONE of Wingfield-Morris Orthopædic Hospital Oxford said that evidence of statistical value on this subject would be difficult to obtain, he had therefore to rely on the investigation of a relatively small group of cases and on clinical experience On the question of the shape of the thorax resulting from dorsal decubitus opinions rather differed Two colleagues had mentioned some antero posterior flattening, which had been countered in one case by exercises and in the other by the subsequent adoption of the ventral position But in twenty patients who had been out of hospital for more than a year and who previously had been in dorsal decubitus for more than a year no abnormality in the shape of the thorax was detected Various abnormalities had been recorded in the lower limbs, but these were mostly a matter of control partly by splintage and partly by nursing attention In the old-fashioned bed with the body inadequately supported and the nursing inadequate such developments as flexion deformity of the hips, pes cavus dropped metatarsal heads, and claw-toes took place, but among the twenty patients just mentioned only one continued to show such a deformity (slight cavus) Lordosis of the spine might be brought about very easily by an unrecognized flexion deformity of the hip, and a fixed lordosis was almost impossible to correct by passive movements Scoliosis was another insidious development, usually arising from an organic cause, but sometimes following nursing without maintenance of the anatomical position of the pelvis

Patients who had been for a long time on their backs were more than usually sensitive to shock during and after prolonged operations He had been unable to trace any lowering of blood pressure from prolonged dorsal decubitus No abnormality of the function of the kidneys as a result of posture had been noticed Dorsal decubitus predisposed to renal calculi the incidence of which was abnormally high in orthopædic hospitals But here two factors were at work—namely posture and infection In his own hospital with probably one hundred patients in dorsal decubitus, there had been only eight cases of stone in ten years, and during the last five years with special measures of precaution instituted he could find only one case in which stone had developed in the hospital

Bed-sores used to be a common effect of prolonged dorsal decubitus In orthopædic hospitals they were now very rare, thanks largely to highly trained nursing In his own hospital there had been only one case of the kind during the last few years, a case presenting an incurable and most persistent trouble Finally, there was a psychological factor to be considered in these patients What was the effect of prolonged dorsal decubitus on the mind? A great deal could be done by the design of wards and provision of occupation to make time pass purposefully and even pleasantly, for Nature seemed to give an extra allowance of patience and courage to meet the tedium of prolonged recumbency

Renal Calculi

Mr JOHN EVERIDGE said that as consulting urologist to the Cushilton Hospital he had seen a number of cases of renal calculi associated with dorsal decubitus He had worked with Dr Pugh, who evolved the excellent frame which had done so much to diminish the incidence It was rather strange that more attention had not been drawn to this distressing complication He could find no reference to it previous to the war, and only brief allusions since The cases at Carshalton were mainly those of tuberculosis of spine or hip, but there were some cases of septic arthritis The majority of the patients had been treated for a considerable time at other orthopædic centres, and on admission there might already be evidence of the existence of stone In the vast majority urinary sepsis complicated the picture, the organisms found being chiefly *B coli* and occasionally *B proteus* Urinary sepsis was very prone to occur in children kept on their backs especially girls It was difficult to avoid contamination during defæcation, and there was little doubt that the infection was an ascending one by way of the urethra Apart from the cases of stone, a large number had pyuria In many of the cases the stones gave no pain, and the condition was brought to light by a painless hæmaturia The prognosis was bad, but not perhaps quite so bad as might be imagined There were many cases of what appeared on x-ray examination to be huge calculi; but when the children got up the shadows completely disappeared It was assumed that such shadows were not due to formed calculi but to a silting up or the formation of what were called mud stones, and when the children got up and normal metabolism was restored this mud came away But even formed stones came away to some extent

General Discussion

Mr WOODD WALKER said that it seemed unlikely that gravity should make any difference to the emptying of the pelvis of the kidney There was very little evidence that the upright position of man as compared with animals made any difference to kidney drainage Dr G VILVANDRI said that with disuse there was marked decalcification of the bones, and it was this which led to the formation of calculi Mr A SIMPSON-SMITH maintained that posture or gravity must have a very important bearing on the subject He added that during the past three years at the Lord Mayor Treloar's Hospital at Alton he had seen about half a dozen cases of renal calculi in tuberculous spines

Mr WHITCHURCH HOWELL spoke of children suffering from dislocation of the hip His attention was drawn to the subject in 1920 by seeing a child with a bilateral dislocation of the hip-joint in whom, for a few weeks after reduction, hæmaturia occurred and renal calculi developed in both kidneys He then devised a pelvic rest arrangement by which, as soon as the child was recovered from the anæsthetic after reduction, Fowler's position was maintained and a hinged support enabled the action of gravity to take place Since then he had had no cases of renal calculi or hæmaturia Patients in the old days were kept

Treatment of Allergic Conditions

SIR,—In the *Journal* of February 27 (p 438), Dr E M Fraenkel goes very fully into the question of the diagnosis and treatment of allergic conditions As regards treatment, everyone admits that if a specific allergen can be detected in a particular case specific desensitization is the ideal method It is unfortunately true that the ideal method is seldom applicable Dr Fraenkel himself says

> As the complete range of allergens that are responsible can rarely be discovered in any one case, I make use of those specific allergens that have been detected mixed together with either peptone or small quantities of old tuberculin"

Scientific advance consists essentially in discovering relations between apparently isolated phenomena Thus, for a long time it was known that rickets was benefited by cod liver oil taken internally, and also by ultra-violet light applied to the skin These facts remained unrelated until the discoveries (1) that vitamin D was essential to skeletal development, (2) that cod liver oil contained vitamin D, and (3) that by action on ergosterol in the skin ultra-violet light produced vitamin D Now it is a clinical fact, which can be verified by anyone who cares to look into the matter, that a large proportion of all cases of allergic asthma can be relieved in varying degree by suitable x-ray treatment In most cases the desired result can be obtained by exposing the trunk below the diaphragm, the chest being covered This was first demonstrated by Scott at the London Hospital Good results may also follow exposure of the chest itself, especially where there is a definite bronchitis as well as asthma Many of the phenomena produced by x rays are akin to those seen in protein shock, and one wonders if x-ray effects in allergic conditions are obtained by any process analogous, at second hand, to that of Dr Fraenkel's non-specific injections

This is unlikely to be the whole explanation, because the good effects of a single course may sometimes last for years on the other hand, it seems impossible to predict in any given case how long the "cure" will last From a practical point of view many apparently hopeless invalids who have for years had to have adrenaline injections several times a day are restored to useful life

Much research is needed to determine, for instance, how much of the effect is due to action analogous to protein shock how much to possible action on ductless glands or to the effect on the sympathetic nervous system So much attention has been concentrated on the local action of x rays that it seems to be forgotten that there are constitutional effects—in other words that x-radiation is a powerful "drug" with an action worthy of study by pharmacologists In the past it has scarcely been worth while to show "cured" asthma patients at clinical meetings as the invariable criticism is made that the effects, though genuine are due to psychological causes Recently modifications of the sedimentation test (differential sedimentation test using vanadic acid and an interferometer) have made it possible to show that the blood serum undergoes definite changes in allergic conditions, and that it may be brought back to normal by suitable x ray treatment

Asthma is such a chronic condition, and x rays when effective give relief so rapidly, that it seems a pity they are not used oftener as a routine before resort is had to more tedious methods

The technique is simple and can be carried out, if necessary, with a small diagnostic set Voltages of 80 to 100 kV are very suitable The field should be wide—about 12 inches in diameter and not more than 50 r on the skin given twice a week A 3 mm filter of aluminium is used It is best to begin with a subdiaphragmatic field Many of these cases are extremely sensitive to radiation, and it is the radiation absorbed *per cubic centimetre of body tissue* which seems to count Hence the danger of high voltages, even though the skin dose may remain small With treatment twice weekly relief should be experienced within three weeks If such relief is not very evident after six sittings, those not experienced in the method would be wise not to persist

A similar technique often gives relief in allied conditions, such as mucous colitis In these days a diagnosis of malignancy immediately raises the question of radiation treatment, there is equally good reason for thinking of it where either allergy or chronic inflammation is concerned—I am, etc,

London, W 1, March 4 F HERNAMAN JOHNSON

Ovarian Pregnancy

SIR,—The recent correspondence in the *Journal* on intraperitoneal haemorrhage from a Graafian follicle prompts me to report an authentic ovarian pregnancy

On June 25 1936, I was called at 11 a m to a patient aged 26 years, married, and with one child aged 5 years The history was of a sudden severe abdominal pain and collapse, at 8 a m the same day At first sight the case suggested a ruptured ectopic pregnancy, but against this was a history of a normal period three weeks before, and external haemorrhage was completely absent The patient was removed to the Crewe Memorial Hospital, where Dr Howard English did a laparotomy under open ether

The peritoneal cavity was full of recent blood clot, when this was sufficiently cleared its source was found to be the left ovary The haemorrhage had stopped (from the severe loss and fall in blood pressure), and a clot half an inch in diameter was adherent to the ovary The clots were swabbed out and the ovary was removed, the uterus, both tubes, and the right ovary being normal The abdomen was closed, other organs were normal Recovery was uneventful Section of the specimen showed an ovarian pregnancy

At first sight this was a ruptured ectopic pregnancy, the short time from the last period and the absence of external haemorrhage were confusing At operation to have treated this case as a "lutein haemorrhage" and left the ovary *in situ* would have been a disaster From the laboratory report prolonged research was necessary to confirm the fact of an ovarian pregnancy, which leaves the question open as to whether it is wiser to remove the ovary in all cases

This report was typed before Mr J C Leedham Green's interesting letter appeared in the *Journal* (March 6, p 527) But why must the tube be sacrificed? I thought one of the criteria of an ovarian pregnancy was the absence of trouble in the uterus, the tubes, and the other ovary—I am, etc,

Crewe, March 6 W L ENGLISH

Prostatectomy by the Two-stage Method

SIR,—I have read with interest the letter from Sir William Wheeler (*Journal* March 13, p 581) on the present position with regard to the surgical treatment of prostatic obstruction His statements will, I feel sure, prove acceptable to most reasonable surgeons I regret that in my previous letter (*Journal*, February 27, p 472) I seem to have created an impression of overwhelming bias in favour of the Harris technique, this was certainly not my intention I did resent Mr Irwin's obvious complacency in his championship of the older methods, and disliked his aspersions on the technique of my friend, the late Mr S Harry Harris As the result of following in detail the technique taught to me by Harris I have

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achieved results which I believe to be much superior to those achieved by other methods, and particularly that sponsored by Mr Irwin At the same time I fully realize that the Harris technique is not suited to every case or, for that matter, to every surgeon Different patients call for different methods of treatment, and thus in some cases I would use the method of transurethral resection and in others the method advocated by Sir John Thomson Walker, or even in an odd case that described by Mr Irwin In Mr Irwin's letter of March 6 (p 528) there are some statements not dealt with by Sir William Wheeler which call for comment

1 The catheter in the urethra and bladder does not remain in for twenty or more days in the majority of cases Twenty days (ten before operation and ten after) should be regarded as a maximum Preliminary bladder drainage for seven days ensured satisfactory renal function in 69 per cent of Mr Irwin's cases and it thus follows that on Mr Irwin's own figures catheter drainage would have been necessary for only seven days before operation in that percentage of cases Many cases require no preliminary drainage so that ten days of catheter drainage following the operation suffices

2. Mr Irwin states that he has visited some of the patients operated on by one of the greatest exponents of the Harris technique when I have watched the pus dripping from the urethral meatus of a swollen penis etc I have never seen such a sight myself I consider it must be a rare occurrence and probably the result of submitting patients to the Harris operation before the greatest exponent realized the immense importance of meticulous care in the preliminary treatment so stressed by the late Mr Harris The 'greatest exponent' must have been a man (or woman) of the greatest honesty to exhibit such cases to Mr Irwin They were probably shown as a warning of what may occur should there be any deviation from or modification of the treatment laid down by Harris

3 I admire the fortitude of Mr Irwin's patients who suffer gauze packing to be removed from the prostatic cavity without anaesthetic and without complaint

4 Mr Irwin would like to know my grounds for thinking that the Harris technique is a tremendous advance on the Thomson Walker operation I should have thought that I made the advantages sufficiently clear in my letter (*Journal* February 27, p 472) In Mr Irwin's opinion the Thomson Walker technique *in which the patient is left with a large* vesical outlet is infinitely superior to that of the Harris method in which the patient is left with a deformed vesical neck Is Mr Irwin quite sure that when complete healing takes place after the Thomson Walker technique there is a large vesical outlet? Even if one admits such a statement is a large vesical outlet a natural condition? What grounds has Mr Irwin for stating that the Harris method results in a deformed vesical neck? It seems much more probable that after the Harris operation the condition of the vesical neck approaches more nearly to the normal than after any other prostatectomy operation

5 Mr Irwin's sophistry in endeavouring to make clear that when he writes the mode in which the bladder neck is sutured round the indwelling catheter really means that the bladder neck is *not* sutured round the catheter is too much for me

6 Mr Irwin criticizes the results of two operations performed by the late Mr Harris during his visit to this country in 1935 The result of the Harris operation depends almost entirely on the preliminary treatment I would need to be assured that in the cases mentioned Mr Harris had complete control of the preliminary treatment before apportioning any blame for results which did not attain to the high standard he himself set Moreover it would be wrong to say that after every Harris operation the wound remains absolutely dry when the catheter is removed in my previous letter I referred only to the average case In many of my earlier cases leakage persisted *from a pin hole suprapubic sinus* for any time up to ten days after removal of the catheter I think the leakage was due to a flaw in my own technique which I have now mastered as recent cases have healed by first intention

7 Mr Irwin takes it upon himself to make the statement *that it is absolutely impossible* to prevent puckering and pocket formation in a very large percentage if not all of the patients I must regard this as mere vapouring in the absence of adduced evidence

8 It is significant that Mr Irwin makes no mention of residual bacilluria or the time required for healing of the suprapubic sinus in the method he advocates Two of the most important points in favour of the Harris operation are the prompt healing of the abdominal wound and the rapid disappearance of bacilluria

In conclusion there is one thing I should like to emphasize, and that is that any new method in this difficult branch of surgery demands practice and experience over a considerable period before its value can properly be assessed Premature judgement, above all things, is to be deprecated—I am, etc,

Glasgow March 8 WALTER W GALBRAITH

SIR—I was very much interested in Sir William Wheeler's letter (*Journal* March 13, p 581) in which he diagnoses a rise of temperature in Mr Galbraith and myself I can assure him that in my own case there has been no rise of temperature, and I have only been concerned to state the results of my own experience

Sir William says the type of operation should vary in accordance with the surroundings I cannot imagine any surgeon of experience undertaking a prostatectomy outside a hospital or nursing home and it is a surgeon's duty to get the right surroundings before operating Sir William accuses me of coming to conclusions with regard to the Harris operation as a result of observations made on a case I have certainly not done so and I should never base my conclusions on observations made on one case alone

Sir William states that he varies the operation of prostatectomy to suit to the best of my judgement each individual case Sir William in this way gives us to understand that he can evaluate the patient's power to withstand a certain operation I am constantly coming across cases which were considered ideal for the Harris operation but which in the event have proved unable to stand the extra strain imposed by the Harris technique Consequently I feel it a much better policy to work on the argument that what is good for a bad risk is also good for a good risk

When the gland is removed writes Sir William and the cavity visualized it may be obvious that the wisest course is to leave well alone We must therefore conclude that Sir William's technique often makes a long operation—which must severely tax the patient's strength and imperil the out look—*when as much could be accomplished in a quarter* of the time or less and with proportionately less danger to the patient Sir William thinks the Harris operation ideal in some cases We must therefore conclude that he uses the Harris method of suture Considering that the prostatic cavity often measures antero posteriorly two to three or more inches I should like to know how he contrives to pick up the whole prostatic bed with a needle the bite of which is very little more than one inch Perhaps this is why the boomerang needle does not appeal to him Realizing how thin is the wall separating the prostatic cavity from the rectum I have always felt suspicious of the elaborate diagrams which show the needle passing through this wall without entering the rectal cavity I should like to know if Sir William claims to do this and if so what needle he uses If the whole prostatic bed is not taken up then it must follow that there is left a large pocket in which urine will stagnate I am inclined to think that none of the Harris technique *enthusiasts have ever* been clear on this point

Sir William states that Harris was able to eliminate haemorrhage and sepsis The cases which Mr Harris did at St Paul's Hospital proved conclusively that he did not eliminate either haemorrhage or sepsis And if Sir William feels he cannot eliminate haemorrhage and sepsis what are the advantages he claims for the operation? Sir William says he has used open suction and that he is convinced that

Medical News

The Ministry of Health states that a case of small pox (variola minor) has occurred at Ripley, Derbyshire, and the diagnosis has been confirmed by a medical officer of the Ministry The patient is an unvaccinated man of 23, who began to be ill on March 8 On March 10 the characteristic eruption of small pox appeared, and he was seen by a doctor on the following day and forthwith removed to hospital The source of the infection has not yet been determined, but the number of contacts is limited and these persons are being and will be kept under surveillance by the local authority until the expiration of the incubation period The usual facilities for vaccination and revaccination are available There are no other cases of small pox in this country at the present time

The annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, Cavendish Square, W, on Tuesday, April 13, at 4 p m, and will be followed by a discussion on 'The Environmental Factors in the Causation and Prevention of Alcoholism, to be opened by Dr John Y Dent

The tenth annual exhibition of the New York Physicians Art Club will be held from April 3 to 17 at the New York Academy of Medicine Further information can be obtained from the secretary, Dr Louis C Schroeder, 50, East Seventy second Street New York

The Anglo Palestinian Club has arranged an evening of medicine, magic, music and murder for members of the London Jewish Hospital Medical Society at the club premises, 43, Great Windmill Street Piccadilly, W 1, on Sunday, March 21 Mr Arnold Sorsby will take the chair at 8 30 p m, and a charge of 4s is payable at the door

The sixth French Congress of Gynaecology will be held at Toulouse from May 15 to 18, with Professor Daniel of Bucarest as president of honour and Professor Meriel of Toulouse as president The subject for discussion will be cancer of the cervix Further information can be obtained from the general secretary, M Maurice Fabre, 1 Rue Jules Lefebvre, Paris 9e

A lecture on the theory and practice of contraception will be given on April 2, at 6 p m, at the Walworth Women s Welfare Centre 153A, East Street, S E 17, followed by demonstrations on April 9, at 6 and 7 p m These are open to medical practitioners and to students who have completed their gynaecological course A fee of 5s is charged Those attending a demonstration should bring rubber gloves

The issue of the *Wiener klinische Wochenschrift* for March 5 is dedicated to Professor Julius von Wagner-Jauregg, on the occasion of his eightieth birthday on March 7, the *Wiener medizinische Wochenschrift* for March 6 contains a bibliography of his writings

Dr George R Murray Emeritus Professor of Medicine in the University of Manchester is the medical member of a Departmental Committee appointed by the Home Secretary to consider the question of compensation for card room and other workers in the cotton industry disabled by respiratory disease

Dr Axel Munthe author of *The Story of San Michele* who lives at Capri has recently given 100 000 lire to the local hospital and other sums for the erection of an almshouse and for helping the poor inhabitants of the island

Brevet Colonel Herbert John Shirley C M G T D, has been appointed a Deputy Lieutenant for the County of London

Professor Giuseppe Bastianelli director of the Institute of Malariology at Rome has been nominated president of a special committee for the study of malaria of the Health Section of the League of Nations

Letters, Notes and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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QUERIES AND ANSWERS

External Use of Iodine

Dr JOHN KINNEAR (Dundee) writes I agree with your correspondents that the *B P* liquor iodi mitis is irritating to many skins In the skin department for several years now I have used 1 per cent of iodine dissolved in carbon tetrachloride and it is also used by several of the surgeons in Dundee Royal Infirmary This preparation is entirely satisfactory and non irritating With regard to first aid application to wounds I advise plain spirit either methylated or surgical and find that the percentage of cases showing signs of sepsis is much less than with iodine

Broken Sleep in Middle Age

SUSSEX asks for suggestions for treatment of early morning wakening in a busy professional man of about 50 The patient otherwise well can sleep from about 11 p m till 3 or 4 a m after which his rest is much broken the result being that he is heavy and drowsy in the afternoon and evening following The usual things have been tried—a hot drink on going to bed a hot drink biscuits alkalis on waking The blood pressure is low—systolic 108 mm Would a prolonged course of sedatives be justifiable in a case like this? The man s efficiency is being impaired by his continued broken sleep The condition has grown gradually over a period of years

Infra red Ray Apparatus

Dr S J HIGGINS (Kinnerley Oswestry) writes Can any reader recommend from practical experience a small reliable apparatus for infra red ray treatment which can be run off a private domestic electric light circuit of 110 volts?

Income Tax

Liability of Retiring Partner

X explains that A B and C have been in partnership and as from January 1 1937 A has sold his share to D following a three months introduction period during which D was paid as an assistant As from January 1 1937 all earnings will be for the credit of B C and D but receipts from previous work will go to A B and C What will be A s liability for 1936-7 and subsequent years?

*** A s income from the practice ceases as from January 1 1937 and subsequent receipts represent capital in his hands—that is the ingathering of cash for earnings on which he has already paid tax (The cash basis is merely a convenient way of measuring the gross income of any particular year) His income tax liability for 1936-7 will therefore be in respect of three fourths of the amount already agreed for that year and D will be liable to account for tax on the remaining quarter in addition of course to his salary as an assistant for the three months

'suction has diminished the incidence of post operative haemorrhage" Surely this is illogical, to say the least of it

Sir William ends his letter by quoting a fellow practitioner as saying that the surgeon who is never in doubt is invariably wrong It seems to me that the surgeon who is always in doubt and who cannot separate the good from the bad is rather a danger to the community than otherwise —I am, etc,

London, W 1, March 13 W K IRWIN

Cancer of the Breast

SIR —In his letter of February 27 (*Journal*, p 471) Mr Sampson Handley has failed to appreciate my expression of indebtedness to him for suggestions on the use of radium, which, if like many others they failed to fulfil expectations, were useful at the time Not only does he regard my tribute to Mr G Keynes as hostile to himself but criticizes a letter in which I did not even refer to the theory of permeation and has taken me to task for differing from his views on that theory A theory is not a proven fact, it is not even a truth, and presupposes that more than one hypothesis is possible

The slides which he used to exhibit to emphasize his views in my opinion only showed where the cells were at the time the slides were cut How the cells reach their position—whether, as he thinks, by continuous growth along the lymphatic in which ninety-nine out of a hundred cells disappear, or, as I suggest, by the ordinary process of embolism along the lymphatics—is a matter of opinion My view on the subject was expressed in the *British Journal of Surgery* (April, 1925), and followed a similar criticism by a more distinguished man, Sir James Beatson, in the preceding number of the same journal My view, therefore, is certainly not singular and can scarcely be regarded as unreasonable

The possibility of dissemination of carcinoma by the blood stream has been so fully established by the efforts of innumerable pathologists that most textbooks include illustrations of veins being invaded by growth The importance of this in explaining clinical problems has not yet been fully recognized and is to some extent new, and perhaps its teaching may not yet be considered orthodox by those brought up to think otherwise Mr Sampson Handley considers that blood dissemination "is late, and in a majority of cases there is no evidence that it occurs at all" He is fully entitled to this view, but what about rectal carcinoma? Would anyone nowadays attempt a wide operation for its removal without first examining the liver? Does Mr Sampson Handley consider that the metastases so commonly met there are also due to permeation of the lymphatics and not accounted for by embolism along the portal blood stream? I need hardly remind him there is no direct lymphatic connexion while there is a direct circulatory one

While naturally admitting the commonly recognized lymphatic spread, I believe that in every part of the body the dissemination of carcinoma is probably much the same, and I cite rectal carcinoma as an illustration of the undoubted circulatory spread which is not so widely recognized I am credited with being the author of the saying that the average life of 'a truth' is twenty years" I was unaware of it, but bow my acknowledgements At the risk of being accused of bad taste I would suggest that this attitude of mind is at least as old as Pontius Pilate and is a commonplace of science to-day From my experience the saying contains more truth and less nonsense than many other better-known medical aphorisms

I hope that many of the views expressed in my book of 1924, quoted by Mr Sampson Handley, are by now out of date, but would respectfully remind him that his own book is two years older He also takes exception to my stating that we have at present no great hopes from the action of radium in inaccessible carcinoma This statement is prompted by a considerable experience of such cases treated by radium, occasionally with unexpected good results, which, however, have ceased to make me optimistic This statement, I believe, embodies the view reluctantly arrived at by most, if not all, of those engaged in this work This of course does not turn the view into a truth At one time we had other hopes Our views may change again, let us hope they will If Mr Sampson Handley still holds other views on the subject I can assure him I am not, and I hope I never shall be, perturbed at differences of opinion, and I hope he will continue to reciprocate this feeling We shall never all think alike——I am, etc,

London, W 1, March 8 DUNCAN C L FITZWILLIAMS

Vegetable Diet for Children

SIR,—I was greatly interested in the annotation in the *Journal* for March 13 on the rearing of twins on a vegetable diet I have long advocated that cow's milk is not only unnecessary for children but definitely harmful Sensitivity to cow's milk occurs more frequently than to any other food and is a causative factor in the overgrowth of lymphoid tissue, as shown by enlarged tonsils and adenoids, catarrhal conditions, and asthmatic eczema I have proved in many cases that children fed in the way described in the annotation are immune from the so called childish ailments, and the matter was dealt with in medical literature some ten years ago The asthmatic child does very badly on a milk diet as would be expected from what I have already said, yet it frequently forms the chief item of food

The annotation goes on to mention the "conventional mixed diet containing cow's milk," and the word "conventional" is well chosen, for it is not rational nor are the benefits of such a diet borne out by clinical evidence True, some children put on weight on such a diet but in my own practice I have repeatedly seen emaciated asthmatic children increase in body weight immediately milk was omitted from the diet and adjustments made as described in your annotation Mention of "almond fac" is interesting and important, and its high vitamin B content would be of the greatest value —I am, etc,

London, W 1, March 12 F T HARRINGTON

Psychological Factors in Rheumatism

SIR,—I had hoped that Dr J L Halliday's valuable and instructive articles (*Journal* January 30, p 213, and February 6, p 264) would have evoked an interesting correspondence, but Dr James Cook's letter (March 6, p 529) was the sole response to Dr Halliday's communications Apparently Dr James Cook has never heard of "the psychological approach" in the investigation of "physical" illness in any case Many believe that it is by no means synonymous with psycho analysis or with "the bedside manner" Referring to Dr Halliday's most interesting articles I was surprised that he does not appear to have read any of the works of Dr Alfred Adler, who first formulated the doctrine of "organ inferiority" I would suggest that Dr Georg Groddeck has borrowed some of his ideas from Dr Adler's works and has reclothed them in language of his own

Considering Dr James Cook's criticism of Dr Halliday's articles one is tempted to inquire whether absence of

[illegible] be liable to tax in respect of any receipts from [illegible] for 1937-8. It may perhaps be advisable to add that A, B, and D can if all agree to do so require the change in tax liability to be calculated as if the practice had ceased on December 31, 1936, and a new one started on January 1, 1937, but it would involve a change to the cash basis, cause a good deal of trouble, and probably lead to a very similar result.

Sale of Practice with Introduction

"Tax" writes: "A sold his practice to B with effect on November 1, 1936, with a twenty days introduction. B paid A for ten days being half the total proceeds for twenty days. The income tax inspector wants to know how much A received, and will presumably tax A on that amount, but refuses to deduct the amount from B and so will obtain tax twice over. Is this legal?

*** We do not see any grounds on which tax can be required from both B and A on the same sum. Up to November 1, 1936, A was assessable for the profits of the practice, and anything he paid B for services prior to that date would be an expense incurred by A in carrying on the practice and therefore deductible in calculating his income tax liability; after the change in proprietorship on that date the position as regards A and B is precisely reversed, and B is entitled to deduct as an expense sums payable by him for assistance rendered by A. It is just possible that the inspector may be intending to treat the period of introduction as one of partnership, in our view that is incorrect, but if consistently applied the difference in result would be immaterial.

Retirement from Partnership

"B" is a partner in general practice and intends to retire on September 30 and take a six-months post-graduate course. The firm's accounts are made up to March 31 each year. What will be his liability?

*** Assuming that "B's" share of the profits for the year to March 31, 1937, as calculated for income tax purposes would be £x, he will be liable to account for tax for 1937-8 on half £x only. His liability for 1936-7 will not be affected unless all partners concerned join in requiring the liabilities of the old and new firms to be dealt with as if the change involved the setting up of a new practice, and such a requirement causes a good deal of trouble for problematical gain.

LETTERS, NOTES, ETC

International Congress on Leprosy: Cairo, 1938

CORRECTION

A news paragraph in last week's *Journal* stated that the fourth International Congress on Leprosy will be held in Cairo on March 21. We are asked by Dr E. Muir, general secretary-treasurer of the International Leprosy Association, who is also secretary of the Cairo Congress, to correct this announcement. The Congress will begin on March 21, *1938*, not 1937.

Wax Solvents

Mr ST GEORGE B. DELISLE GRAY writes: An ear full of wax can be cleared out without the slightest difficulty by means of the following technique. Instruct the patient to fill both "ear holes" at night with warm sweet almond or olive oil. Heat a teaspoon and half fill with the oil, turn the head to one side and pour into the ear. When the ear hole is full insert a small loose plug of cotton-wool so as to prevent the oil running out on to the pillow. Repeat the process in the morning before visiting the doctor. Both ears must be treated, as there is nearly always wax in both. Syringe the ears *hard* with a solution of bicarbonate of soda in water as warm as the patient can stand with comfort. The alkaline solution forms a soap with the oil and the softened plug of wax slips out usually in one piece. Always show it to the patient. He will not wait so long before having his ears syringed when he sees what a *lot* of wax he has in them. Always examine the ear with a speculum before beginning this treatment to make sure that there is wax, and examine after syringing to make sure that all the wax has been removed. If the patient is suspected or known to have a perforation of the drum the wax should not be removed by syringing, but may be scooped away after softening with oil as above. This is done with a small blunt curette under direct vision through an aural speculum. With an electric auriscope this presents no difficulty.

Frauds on Doctors

Mr HAMILTON BAILEY (London, W.) writes: It has been brought to my notice from several sources that a gentleman impersonating me is calling upon members of the medical profession and others requesting a loan of ten shillings for a taxi fare. It would save me much embarrassment if the next doctor to whom he makes this request would kindly communicate with the police.

Dr ALEXANDER WILSON (Putney Hill, S.W.15) informs us that a man recently brought a parcel to his door bearing a Post Office C.O.D. label addressed to Dr. A. Wilson and marked 'Urgent. For Special Delivery, Thursday 11/3/37. From —— Ltd., Wigmore Street, W.1, 7/6 to pay.' The maid brought the parcel to Dr. Wilson's secretary, thinking that he must have ordered a book she gave the money to the maid to pay the messenger. No book had, however, been ordered, and the name of the firm does not appear in the Telephone Directory or in the Post Office London Directory. The parcel contained a non-medical book published in 1931, not apparently a new copy.

Dr J. H. DOUGLAS WEBSTER writes: You very kindly put a warning note in your issue of January 23 (p. 202) about an impersonator of me who is still actively continuing his extortions. For example, owing to your notice having been seen, he was suspected on Thursday at Lewis's Library, but while they were telephoning to me he vanished, on Friday he attempted to cash a cheque (forging my name) at Burroughs Wellcome's, on Tuesday he borrowed 10s. from Mr. Stanley Cox (electrical apparatus manufacturers). Practically every day I am rung up by persons whom he has taken in or attempted to impose on in my name (druggists, tobacconists, etc.). Perhaps a brief further notice might help the police to catch this imposter through someone suspecting him in the act and detaining him.

A Warning

Mr NORMAN HAIRE, Ch.M., writes: As I have just received through the post a circular from the London office of a German firm advertising a paste which they are introducing into this country, to be injected into the uterus to interrupt pregnancy, I feel that I should hasten to warn the medical profession of the dangers of the form in which it is presented. The firm in question puts the paste up in a tube like a tooth paste tube to which is attached a nozzle with a cannula through which the paste is injected into the uterus. The tube is opaque, so that it is impossible to see what condition the contents of the tube are in. In the past in other countries deaths have occurred from the use of paste in such tubes. Some of the deaths have been attributed to changes in the paste brought about by chemical action between the constituents of the paste and the material of which the tube itself is composed. Others have been attributed to air embolism arising from bubbles of air ejected from the tube into the uterus. As the tube is opaque such air bubbles cannot be detected. The particulars given in the circular are misleading and likely to lead to disaster. Contrary to what is claimed, the method *is* a surgical operation, there *is* reason to fear infection unless it is carried out as a surgical operation, and the need for narcosis is *not* eliminated. In cases where interruption of pregnancy is medically indicated it may very well be carried out by the use of such a paste, but this should be put up in glass containers to one end of which a plunger and to the other end a nozzle and cannula are attachable. Thus the surgeon can see the condition of the paste and eliminate the possibility of injecting air bubbles. The method should only be used by a skilled gynaecologist, and only in a hospital or nursing home—*never* in an ambulant patient or without an anaesthetic.

"Patient, Nurse, and Hospital"

The review under this heading of Miss Florence Fidler's book, *The Patient Looks at the Hospital* (February 27, p. 447), included two passages within quotation marks. In the first of these the words "mean, petty" should have been "petty, mean." The second passage was a paraphrase, and should not have appeared within quotation marks. The author's words with reference to ex-patients among working class women are:

> "Though resentful, their principal thought is always that they must not 'upset' the hospital because as paid patients they may have to go there again, and they know by their own and by their friends' experience that unless they at all times express the correct amount of gratitude demanded, it may be held up against them in the future."

subsequent complaint is always to be regarded as evidence of "cure" In 1926 I had a profoundly depressed and very emaciated patient who had been for twelve days a "voluntary boarder" in a mental hospital When convalescent the patient against advice, went down to a remote country district in the depth of winter Isolation induced a return of his symptoms he called in the local doctor, who was displeased, apparently, at the prospect of having to listen to a long history of symptoms—most real to the patient, but infinitely boring to an uninterested and unsympathetic hearer The doctor cut short the story by saying brusquely, Oh, you must pull yourself together! We don't believe in *nerves* down here The patient did not send for the doctor again but the reason was not that he was 'cured' One has heard of an eminent surgeon who many years ago introduced the procedure of 'tunnelling' the hypertrophied prostate either *with a Lister's sound or a metal catheter* The surgeon descanted upon the simplicity of the operation, which "completely cures the patient—at all events, I never see him again!" It was suggested by a colleague that the patient's failure to return might be due to other reasons than that of 'complete cure.' —I am, etc,

London W1 March 15 C W J BRASHER

SIR,—To rid Dr T A Ross of his 'unpleasant thoughts' I would remind him that what he regards as 'punishment' in a prison population are luxuries beyond the reach of thousands of his law abiding fellow citizens —I am, etc,

Glasgow March 13 JAMES COOK

Death following Blood Transfusion

SIR,—Dr F Pygott, in the *Journal* of March 6 (p 496) rightly stresses again the very real danger of death from pulmonary oedema following blood transfusion, but surely we have better methods of prevention than a rather paradoxical prophylactic venesection

An injection of morphine and atropine—the recognized specific against pulmonary oedema—should be given as a routine measure fifteen minutes before the transfusion and repeated at the first sign of danger (cough, dyspnoea, etc) This simple precaution will also keep the patient calm during the whole procedure, which must on no account be hurried It is of the utmost importance to introduce the blood very slowly with occasional pauses, especially when there has been no acute haemorrhage and when the myocardium is likely to have suffered The rate of transfusion should be recorded in every case—I am, etc,

London W1 March 6 F E LOEWY

SIR,—In his interesting account of two fatal cases in the *Journal* of March 6 Dr Pygott states that in the group to which those cases belonged "there is "a cardiovascular system which has been injured to a greater or less degree the amount of humoral fluid is at least normal To this system we add a strain in the shape of an increase in blood volume, and thus place an extra load upon an organ which is relatively inefficient'

This explanation as to the cause of death in these cases appears to fit in with the observed facts and may be correct But Dr Pygott suggests that there are only two alternatives which can be adopted to avoid this mechanical strain on the heart (1) venesection before transfusion, and (2) frequent small transfusions which are often a nuisance to both patient and doctor and are naturally of very much less therapeutic value

I venture to suggest that there is a third alternative, the drip transfusion method described by H L Marriott and A Kekwick By this method as much as eleven pints have been given to a patient, but the transfusion can be given as slowly as forty drops a minute which raises the haemoglobin percentage by ten every four hours At this rate of flow it is unlikely that the patient's injured cardiovascular system' would be embarrassed, but Marriott and Kekwick state (*Proc Roy Soc Med* 1936, *29*, 9) that in patients in a weak condition or in the subjects of cardiovascular disease it is safer to raise the haemoglobin in stages by 30 per cent at a time with an interval of three or four days between each stage It is difficult to see why this procedure should be naturally of very much less therapeutic value Indeed, experience has proved it to be the opposite—I am, etc,

Shanklin I W March 9 H S HOWIE WOOD

A Clot in the Cannula

SIR,—In the *Journal* of February 20 (p 417) Mr W E Cooke raises the question of embolism as a possible danger in the use of the intravenous trocar and cannula described in an earlier issue (January 23, p 173)

I would point out that any clot which obstructs this cannula is small, but manipulation of the trocar within a vein compresses the clot into the cannula fenestrations The resultant gush of blood tends to wash out the cannula, removing this clot Normally the flow from the cannula is rapid (I have often obtained 500 c.cm of blood in three minutes) and clotting is rare I think the danger of embolism from the use of this instrument is very remote—I am etc,

London W2 March 6 REGINALD A KING

Radiograph or Skiagram

SIR—If the *Oxford Dictionary* defines a radiograph as "an impression or image of an object produced on a sensitive plate by means of the Rontgen rays (*Journal* March 6 p 530) I make bold to state that the definition is an imperfect one and that it should read 'an impression of the *shadow* of an object etc, because of course, the Rontgen rays do not produce an image but cast a shadow the outlines of which are impressed on the sensitive plate or film

This immediately suggests the word skiagram' for what is popularly known as an x ray photograph,' in preference to the word 'radiograph,' which as your correspondent Mr Boulton Myles states is by no means an ideal word A better word would be very acceptable The word 'skiagram' is already in use in many parts of the world it is etymologically correct (literally, shadow tracing), and it could not in any circumstances be confused with a radio telegram a radiogramophone or 'an instrument for recording intensity or duration of sunshine' In any case I should be surprised if what is now generally called an x ray photograph is not still generally called an x ray photograph (or more simply an x ray) by the public and the majority of the medical profession in twenty years time However, if a crusade is to be undertaken for the use of a more elegant term I suggest that skiagram is the word which should be adopted—I am etc

Stourbridge Worcs March 9 R S LAWSON M S

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

210 Agnstric Anaemias

K BLUM (*Zbl Chir*, January 30 1937, p 279) reviews the rare cases of agastric anaemia recorded in the literature In most cases the patients had undergone resection of the stomach for carcinoma or peptic ulcer In one case atrophy of the stomach took place following the ingestion of zinc chloride The common form of anaemia was of the pernicious type In other cases that of the aplastic type was noted Blum adds the histories of three young women under his care who had undergone resection of the stomach for peptic ulcer without haemop tysis All three recovered slowly from the operation and complained of menorrhagia after it Five years after wards they presented a blood picture of a hypochromic anaemia with a low colour index Recovery took place only after the administration of iron and pancreatic extract alternated with stomach extract Blum believes that his cases have nothing to do with pernicious anaemia, and that in general pernicious anaemia and agastric anaemia are nosologically two completely different types Agastric anaemia is due, according to Blum to a dis turbance of the iron metabolism There is experimental evidence that iron absorption depends on the gastric acidity When the patient is agastric, absorption of iron is lowered and after a period of years the iron reserve in the body is no longer adequate to maintain the haemo globin content of the blood The part played by bacteria toxins, and endocrine factors in the production of agastric anaemia cannot be assessed The author believes the prognosis of the condition to be good provided that patients remain under continual treatment with iron com bined with pancreatic extract In iron free intervals administration of stomach extract and hydrochloric acid is essential In severe cases blood transfusion may be required

211 Sternal Puncture

H FLEISCHHACKER and R KLIMA (*Munch med Wschr* December 11, 1936, p 2051) state that with the help of sternal puncture it is possible to recognize changes in the haemopoietic system which cannot be diagnosed by investigation of the peripheral blood or other measures In most cases it is easy to aspirate marrow from the sternum and the material is often rich in cells giving a clue to the diagnosis They describe in detail two cases of Gaucher s disease and eight of secondary deposits from occult neoplasms thus diagnosed When tumour cells are present they can be easily recognized if the morphology of marrow cells is known The tumour cells are differ- entiated by their size, their immaturity, the occurrence of degenerative forms and mitosis The cells show definite morphological characteristics which with increasing experience may in the future be helpful in establishing the differential diagnosis of the primary neoplasm

212 Influenza in Berlin

H DENNIG (*Dtsch med Wschr*, January 29, 1937, p 178) finds that this winter s epidemic of influenza in Berlin presents all the features of the pandemic of 1918, the severity of which has not yet been equalled The present epidemic is characterized by certain distinctive features While the gastro intestinal form is very rare, disturbances of the nervous system are remarkably common and Pro- fessor Dennig believes that involvement of the central nervous system and its membranes is far more common than is generally suspected Almost invariably when severe headache led to lumbar puncture either an increase of intraspinal pressure or of the number of cells in the cerebro spinal fluid or both these phenomena were found In almost every case the first symptoms were referred to the upper respiratory tract, from nasopharynx to trachea In most cases as judged by these symptoms there was no extension of the infection beyond this area The fever conformed to no special type it often began suddenly with an attack of shivering, and in one to five days there would be a fall by lysis A very common sequel was a renewed attack of fever beginning about the eighth day of the disease Usually these relapses lasted only a day or two, and they seemed often to be independent of such indiscretions as premature quitting of bed or house, for they often overtook patients who had remained in bed all the time Hitherto genuine bronchitis, so common in earlier epidemics, has been conspicuous by its absence the involvement of the respiratory tract hardly ever exceeding a mild tracheitis Though in most cases a violent headache was not regarded as an indication for lumbar puncture drugs being sufficient for the relief of symptoms Professor Dennig considers that it is better to risk overdoing lumbar puncture than to neglect it when severe headache is associated with drowsiness With regard to the alleged abortive and curative actions of quinine, salicylates, etc, he is profoundly sceptical, and he has seen many a patient contract influenza in spite of daily prophylactic medication with quinine

Surgery

213 Brachial Plexus Injuries

A BONOLA (*Chir Organi Mov* October, 1936 p 309) draws attention to the frequency of brachial plexus palsies after motor cycle accidents, which have accounted for ten of thirty-two traumatic cases at Bologna in the present century [DEMMER in the *Wien med Wschr* (1929 p 642) appears to be the only observer who has previously noted this] The lesions result from an extremely swift displacement of the shoulder downwards and backwards by force striking its antero superior part It is well known that in experimental reproduction of such a movement the fifth and sixth cervical roots are tense, while the eighth cervical and first dorsal remain flaccid This is in accordance with Bonola's findings for in his series the seventh and eighth cervical and first dorsal were infre quently affected, and then in their secondary trunks In total complete palsies, affecting all the cords and the roots of the fifth cervical to the first dorsal, the miosis enophthalmos syndrome of cervical sympathetic paralysis was present Diagnosis was dependent on clinical examination and electrical tests, and at operation was difficult or impossible—these cases coming to treatment months or years after the accident—because the nerve trunks and roots were matted in scar tissue Only three cases showed ultimate improvement, and of these two had been treated by non operative measures only Causalgia in one case was so severe as to justify amputation Bonola as a result of his survey of operative difficulties and end results is heartily in agreement with those who recommend immediate operation (that is within a few days) for brachial plexus tearings neurological diagnosis is now more speedy and the ultimate results of expectant treatment are far from encouraging

214 Purulent Tendo vaginitis

H S NISSEN LIE (*Norsk Mag Laegevidensk* January 1 1937 p 41) has examined about a year after discharge the sixteen survivors of the seventeen patients treated for purulent tendo vaginitis at the Ullevaal Hospital in Oslo in the course of two years The comparative rarity of

Obituary

R G RIDDELL, M D, F R C S Ed,
Consulting Surgeon, Torbay Hospital

The death of Dr Robert George Riddell on March 6 has robbed Torquay of a senior practitioner esteemed and beloved alike by patients and colleagues He was educated at Edinburgh, and took not only his M D degree but also the F R C S Ed After Edinburgh he did hospital appointments in Birkenhead, and then moved to Rotherham, where he practised for over twenty years, and was first president of the Rotherham Rotary Club It was in 1923 that Dr Riddell first came to Torquay, and he later was elected surgeon to the Torbay Hospital, which appointment he resigned on account of the age limit two years ago He had always a kindly, tolerant, and Christian outlook on life, and possessed high ideals as to the duties of medical men to colleagues and to the community Dr Riddell occupied an outstanding position in the Torquay Medical Society and the Torquay Division of the British Medical Association, of which he was chairman in 1928 He was universally popular, and everyone listened with respect and attention to his wise and common-sense advice As a surgeon he achieved a high local reputation, and continued to do good and reliable work even after a serious illness a few years ago He believed it to be the duty of a doctor to take part in all kinds of public activities that were for the good of the community, but could never bring himself under any circumstances to say an unkind word about anyone The Torquay profession mourns a great loss, and extends heartfelt sympathy to the bereaved family

The late Dr ALBERT SOPHRON SIEGER, port medical officer and inspector of aliens at Glasgow, was born in 1875 at Greenock He entered the University of Glasgow and took the triple qualification L R C P, L R C S Ed, L R F P S Glas in 1899, and four years later obtained the Glasgow D P H After a short time in general practice he was appointed civil surgeon to the military hospital at Devonport, and was then attached to the South African Field Force from 1899 to 1902, after which he returned to this country to take up public health work In December, 1903, he joined the Glasgow Port Local Authority as assistant port medical officer, and was later promoted to the senior post In 1914 he was attached at the outbreak of the war to the staff of Ruchill Fever Hospital, and was later superintendent of Shieldhall Fever Hospital Towards the close of 1915 he obtained a commission in the R A M C and served in Malta and Alexandria In 1919 he resumed his duties with the Port of Glasgow Authority, and in the following year became inspector of aliens He was a Fellow of the Royal Institute of Public Health and an active member of the Association of Port Sanitary Officers, being much engaged at the time of his death with the coming annual meeting of the latter organization Dr Sieger joined the British Medical Association in 1921, and was very popular with all his colleagues, having many friends in shipping circles He leaves a widow and three children

Dr JOHN LIDDELL, formerly of Harrogate, died at Mont Estoril, Portugal, on February 28, after being ill for less than two days from a failing heart He obtained his M B and C M degrees at Edinburgh University in 1882, and proceeded M D with honours in 1890 As a young man he had a knowledge of pathological and bacteriological technique which was uncommon at that time, and his medical colleagues in Winchester, where he eventually settled in practice, sought his skill and aid in affairs which, novelties then, are routine nowadays In 1891 he moved to the more bracing climate of Harrogate, where he was to spend nearly the next forty years of his life He was appointed honorary physician to the Royal Bath Hospital and to the Sunderland Infirmary's convalescent home, and wrote on the spa waters of Harrogate and their effect in diseases of the skin, as well as in all that is comprised under the title of "rheumatism" He was a keen member of the Dermatological Society and studied dermatological conditions with the microtome and microscope in his own laboratory at home, there being then no other adequate accommodation He was specially interested in and successful with cases of rheumatoid arthritis Some years later he introduced to Harrogate the Plombières system of colon irrigation, and it is now well established there as a valuable resource in spa treatment Dr Liddell joined the British Medical Association in 1884 Always an ardent golfer, he was vice president of the Harrogate Club the day of his death, and had been a foundation member in humble early days of the club Retiring in 1929, and being fond of the sea, he travelled for some years, though returning to Harrogate at regular intervals for a course of the treatment of which his own person was so excellent a recommendation Only last year he had settled down in Wiltshire, at Highworth The burial was in the British cemetery at Lisbon

We regret to record the untimely death of Dr ISOBELLA MACINDOE MALCOLM AITKEN on January 29, only five weeks after she had taken up duty with the Livingstonia Mission at Bandawe on Lake Shore, Nyasaland After receiving her medical education at Edinburgh where she had graduated M B, Ch B in 1920, she obtained the D P H Ed and Glasg in the following year, and began to specialize in public health, maternity, and child welfare work shortly afterwards She had held the appointments of obstetrical house surgeon at the Elsie Inglis Memorial Maternity Hospital, Edinburgh, senior house physician to the Royal Hospital for Sick Children, Edinburgh, and junior house surgeon to the Roby Street branch of the Royal Infirmary, Manchester Going out to West Africa she joined the staff of the health department of the Gold Coast Medical Service in 1928 and was seconded four years later from there to Nyasaland With her previous experience of hospital work, first on the Gold Coast and latterly at Fort Johnston she was a most welcome recruit to the medical staff of the Livingstonia Mission, where she had proposed to develop child welfare work in the Chinteche district in addition to her duties in connexion with the lepers and the Mission Hospital at Bandawe Her death after a short illness was indirectly due to cerebral malaria Dr Aitken was a Fellow of the Royal Society of Tropical Medicine and had taken great interest in tropical diseases she published a note on infantile trypanosomiasis in 1931 in the *West African Medical Journal* She joined the British Medical Association in 1921

Dr PETER LIN YANG, F R C P I, who has died in Hong Kong Government Hospital as the result of an accident, was well known in medical circles in Ireland, where he did post-graduate work for six years He was house surgeon for a year at Steevens's Hospital, Dublin, and also studied in Edinburgh and the United States He went back to Hong Kong two years ago and took up the assistant professorship of obstetrics and gynecology in the University He joined the British Medical Association immediately after graduating M B, B S in 1929

The death is announced of Dr LEON GERNEZ who was at the head of the anti-cancer centre of the Tenon Hospital in Paris It was not till comparatively late in life that he passed from a varied field in operative surgery to specialization in cancer work

purulent tendo-vaginitis following whitlows is indicated by the fact that in the period under review some 6,000 surgical cases were treated in this hospital In only five of the seventeen cases was the origin of the tendo-vaginitis primary in the sense that a direct lesion had involved the tendon sheaths (deep cuts or punctures by wires) In the remaining twelve cases the tendo vaginitis was a sequel to a subcutaneous whitlow and could conceivably have been averted by rational treatment from the outset All these patients had been treated by incisions, once or oftener, before admission to hospital, but this had not sufficed to avert the extension of the infection to the tendon sheaths In as many as five cases the signs of tendo-vaginitis appeared as a direct sequel to an incision, presumably because it had been too deep, and thus had infected the sheaths The average interval between the injury and admission to hospital was six days, the average duration of residence in hospital was forty days and of invalidism five months None of the six patients with involvement of one of the three middle fingers succeeded in retaining a useful finger Only one patient regained complete freedom of movement of all his fingers, and one patient died of pulmonary embolism after the infection had spread extensively and pyarthrosis had developed in one wrist In all the other cases some degree of usefulness, though not complete freedom of movement, was restored to the hands The author concludes that spontaneous recovery is rare when a whitlow is deep, and that neither hot fomentations nor timid incisions will avert complications, for the only path the inflammation can follow is that leading to tendon sheaths periosteum, or joints Only when the infection is under control and the temperature has fallen to normal should active movements of the parts involved be encouraged

215 Fractures of the Neck of the Femur

A BORCHARD (*Dtsch med Wschr* January 8, 1937, p 45) discusses the comparative merits of the conservative and operative treatment of fractures of the neck of the femur in the light of his experience with 114 such cases treated since October 1934, in a Berlin hospital The patients were recruited from a very poor milieu, and their reserves of vitality were very small The average age was between 70 and 71 The author found none of the modern operative measures indicated in these cases, and the choice lay between plaster-of-Paris immobilization on Whitman's principles and extension The first entailed a preliminary reposition, requiring some form of anaesthesia, or extension with the object of paving the way to satisfactory plaster immobilization Anaesthesia was not considered desirable There remained reposition by extension, and this preliminary to plaster immobilization proved so satisfactory that the author was tempted to maintain the extension as the permanent system of treatment in the place of plaster immobilization For this, even when skilfully practised and with effective padding, does not entirely eliminate the risk of bedsores in elderly patients A further objection to plaster is the embarrassment of the respiration its employment may entail Lastly, plaster is apt to delay the necessary functional treatment at a later stage When there is no displacement treatment may be safely limited to a comfortable posture which does not prevent the patient from sitting up and receiving massage Such conservative treatment is also indicated when the patient has already been bed-ridden In all other cases the old-fashioned treatment by extension gives the best results After eight weeks the author reduces the pull of the extension and his decision when to discontinue it is not guided by radiography, but by the simple test of rotating the limb If the head of the femur follows all the movements of the limb freely the extension may be discontinued and a fortnight later passive movements may be instituted The mortality in the author's material was 25 per cent, and 50 per cent could walk again with or without a stick Bad results had to be admitted in 25 per cent

Therapeutics

216 Migraine

F BRUNN (*Med Klinik* January 20, 1937, p 120) has experimented with a number of treatments in cases of migraine A salt-free diet proved valueless, as did intravenous injections of magnesium sulphate A modified Wagner-Jauregg diet gave good results He forbade all sweetened food, bread, and cakes, but allowed any other food in unrestricted quantities, except in cases of adiposity On this diet the patient loses weight, but it can be applied without harm even in lean persons

217 Insulin Shock in Schizophrenia

According to A V BRAUNMUHL (*Munch med Wschr*, January 1, 1937, p 8) the treatment of schizophrenia with insulin shock is attended by success in many cases In the first phase of the treatment the patient receives increasing doses of insulin until a hypoglycaemic state is induced The initial dose is 10 to 20 units Deep intramuscular injections are given at four-hourly intervals, and each day the dosage is increased by 4 to 8 units The first phase lasts fourteen days The second or "shock phase" lasts one-half to two and a quarter hours, and the patient is comatose The symptomatology of this phase is described in detail by the author The second phase is terminated at will by the administration of 180 to 200 grammes of glucose in three quarters of a litre of water or tea Tachycardia and other arrhythmias, aspiration pneumonia, and cranial disturbances may call for the cessation of the shock treatment A mortality of 1 3 per cent is recorded A complete anti-shock apparatus is held in readiness for use by the physician, whose duty it is to be available at an instant's notice Patients rarely resist the injections they sometimes complain of headache and muscular pain, of nausea and hypoglycaemic vomiting Of the "shock phase" there is no remembrance The psychological effect is said to be remarkable A cure may be expected in 70 per cent of early cases—that is, of six months' duration or less In old standing cases 45 per cent may be expected to improve

218 Graves's Disease

H RASMUSSEN (*Acta med scand* 1937, vol 91, Fasc 1–11, p 69) has conducted follow-up studies in connexion with the ninety-eight cases (only five males) of Graves's disease treated at the municipal hospital in Bergen during the ten years beginning in the spring of 1924 Data concerning eighty-two of these patients were collected after an average interval of four to five years after discharge The patients, whose treatment was limited to strict rest in bed, a vegetarian diet, and drugs, including sedatives and iodine, represented on the whole comparatively mild cases The immediate results of this treatment, with or without iodine, were in some cases remarkably good, and on re-examination about one-third were found to be free from signs of thyrotoxicosis But most of these patients were still subject to psychoneurotic symptoms, which sometimes greatly interfered with their working capacity, and only three or four of all the patients given conservative treatment could be considered as cured Of the forty-one patients treated by thyroidectomy about 70 per cent were found to be cured of their thyrotoxicosis, but only five or six could be said to be completely free from psychoneurotic symptoms Permanent hypothyroidism or myxoedema was found in six cases and tetany in two Paralysis of the recurrent laryngeal nerve was found in four cases and in others there were minor troubles interfering with swallowing Four of these forty-one patients had died soon after the operation, and two other deaths must be considered as late post-operative sequels The radiologically treated cases numbered only ten, in eight of which no signs of thyrotoxicosis could be found on re-

Universities and Colleges

UNIVERSITY OF OXFORD

Diploma in Ophthalmology

The Board of the Faculty of Medicine has made the following changes in the regulations which will come into force on October 1

Regulation 6 (ii) Examination Statutes 1936 p 316 will read A certificate showing that the candidate has satisfactorily attended in the University of Oxford a course of instruction in the anatomy of the eye and its appendages including the development and minute structure of these parts

Regulation 6 (iii) will read A certificate showing that the candidate has satisfactorily attended in the University of Oxford a course of instruction in physiological optics and in the physiology of vision

Regulation 6 (iv) for duly substitute satisfactorily

The last sentence of the first note to the form of certificate 1 (p 317) shall read Two months of the period may run concurrently with the necessary courses at Oxford and the Registrar may provisionally accept when a candidate enters his name a certificate for such concurrent period of two months subject to confirmation at the end of the period

Certificate 2 lines 3–5 (p 317) will read satisfactorily attended in the University of Oxford a course of instruction in the anatomy of the eye and its appendages including the development and minute structure of these parts

Certificate 3 lines 3 and 4 (p 317) will read satisfactorily attended in the University of Oxford a course of instruction in physiological optics and in the physiology of vision

Certificate 4 lines 3 and 4 (p 318) will read satisfactorily attended a course of ophthalmology in the University of Oxford for a period of at least two months

And the following note will be added The Registrar may provisionally accept when a candidate enters his name a certificate for the whole two months subject to confirmation at the end of the course

UNIVERSITY OF CAMBRIDGE

At a congregation held on March 12 the following medical degrees were conferred

M D—D W Smithers

M CHIR—W H G Jessop

M B B CHIR—*F G Hinks *F B Thomas B L Williams *A Rothwell *D G Fre hwater *W J Montague C S Humphries A D Ledward N D Jekyll V C Robinson E G K Williams G I Watson I C Fletcher B C M Palmer E O Walker, G L Broderick H D Johnson G S W Orgine A M McFarlan R G M Keeling F D M Livingstone

M B—*S J R Reynolds *W G Brander, *L T Hilliard *J H Stothert *T S R Fisher *W M Beattie J C Newbold J Diver J R Chambers H S Wigfield C G Batty Smith C McNeil T C Larkworthy C J Martin F G A Beckett

* By proxy

UNIVERSITY OF MANCHESTER

A special meeting of the University Court on March 10 gave authority to confer the honorary degree of D Sc on Sir Henry Hallett Dale C B E M D, F R C P F R S Nobel Laureate Director of the National Institute for Medical Research Hampstead It is proposed to confer this and other honorary degrees on June 2 when Founder's Day will be celebrated and the new library formally opened

Dr Stanley Hodgson has been appointed lecturer in forensic medicine and Dr E N Rowlands chief medical assistant in the Department of Clinical Investigations and Research

UNIVERSITY OF EDINBURGH

The University of Edinburgh proposes to confer the honorary degree of *LL D upon Dr Edwin Bramwell F R C P* Emeritus Professor of Clinical Medicine in the University and consulting physician to the Royal Infirmary Edinburgh

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of the Council of the College was held on March 11 with the President Sir Cuthbert Wallace in the chair

Mr R B Wade of Australia was admitted an Honorary Fellow of the College

Diplomas

A Diploma of Membership was granted to Donald Vale Hague

A Diploma of Fellowship was granted to Mervyn Henry Bowzer Robinson

Diplomas in Ophthalmic Medicine and Surgery were granted jointly with the Royal College of Physicians of London to the following candidates

A Ahmed F Bacon A K Banerjee F P C Claffy F J Darbyshire B K Das Gupta G S Dhillon M M A Dubash M A K Durrani R L C Fisher S A Foad V V Gupte Helen M Herbert R F Jamieson Eileen M Kennedy H M Kerr R Labhaya C R D Leeds B N Pershad J D Maude Kathleen A Pih S M Ruwala B Sheehan E C Srinivasan Jean W Strang K J Talbot B D Telang

The following hospitals were recognized for the six months surgical practice required of candidates for the Fellowship

Victoria Hospital Burnley House surgeon to Unit I house surgeon to Unit II

Withington Hospital West Didsbury Manchester Resident surgical officer senior and junior assistant medical officer

Prince of Wales's Hospital Plymouth Resident surgical officer house surgeon (1) house surgeon (2) and house-surgeon (3) at Greenbank Road senior house surgeon at Devonport until July 31 1938

King Edward VII Hospital Windsor First second and third house surgeons

INTER COLLEGIATE SCHOLARSHIPS BOARD

The London Inter Collegiate Scholarships Board announces that an examination for fourteen medical scholarships and exhibitions of an aggregate total value of £1 800 will commence on April 26 (altered date) They are tenable at University College and University College Hospital Medical School King's College and King's College Hospital Medical School the London (Royal Free Hospital) School of Medicine for Women the London Hospital Medical College and St George's Hospital Medical School Full particulars and entry form may be obtained from the secretary of the Board Mr S C Ranner M A the Medical School King's College Hospital Denmark Hill S E 5

The Services

DEATHS IN THE SERVICES

Major BENJAMIN ALLEN MATURIN R A M C (ret) died at Southampton on January 7 aged 76 He was born at Lymington on May 4 1860 was educated at St Thomas's and Bart's and took the L R C P and S Ed in 1884 Entering the Army as surgeon on August 1 1885 he became major after twelve years service and retired on August 1 1905

Colonel ARTHUR KENNEDY late R A M C (ret) died in Dublin on December 28 1936 aged 73 He was born at Ballygibbon County Tipperary on July 13 1863 was educated at the Carmichael School Dublin and took the *L R C S I in 1881 and the L R C P I in 1882 Entering the* Army as surgeon on January 30 1886 he attained the rank of colonel on September 29 1916 and retired on November 15 1919

Lieut Colonel JAMES ROCHEID FORREST R A M C (ret) died on January 22 aged 80 He was born at Brompton on September 2 1856 was educated at Bart's and took the L S A in 1882 and the M R C S in 1883 At Bart's he obtained an exhibition in natural science the Wix prize and the Hichen prize also a gold medal for botany from the Society of Apothecaries After holding the post of demonstrator in zoology at Bart's he entered the Army as surgeon on January 31 1885 passing in first was on half pay from November 18 1892 to February 17 1895 became lieutenant colonel after twenty years service and retired on June 2 1911 He took the D P H at Cambridge in 1907 and after retirement the M B B S Lond in 1927 and the M D in 1931 He served in the Sudan campaign of 1885 at Suakin receiving the Egyptian medal with a clasp and the Khedive's bronze star and in the Tirah campaign on the North West Frontier of India in 1897–8 gaining the Frontier medal with two clasps In 1914 he rejoined for service in the war of 1914–18

Honorary Brigade Surgeon DUKE PARKE R A M C (ret) died on January 17 aged 90 He was born on August 10 1846 was educated at the Ledwich School Dublin and took the L R C S I and the L R C P Ed in 1866 Entering the Army as assistant surgeon on March 31 1868 he became surgeon major after twelve years service and retired with an honorary step of rank as brigade surgeon on December 4 1886 He served in the expedition to Sherboro on the West Coast of Africa in 1887 when he was mentioned in dispatches

examination Discussing the comparative merits of operative and radiological treatment the author points out that there is no reliable evidence in support of the theory that radiological treatment queers the pitch for a subsequent operation Such operative mishaps as paralysis of the recurrent laryngeal nerve are avoided by radiological treatment, which assures a more accurately controlled reduction of thyroid hyperfunction than surgery does

Radiology

219 Carbohydrate Meal in Cholecystography

J L KESTEL (*Radiology* December, 1936 p 672) questions the value of the emptying rate of the gall bladder as determined by the fatty meal in the course of the routine tetraiodophenolphthalein cholecystography If the gall bladder is capable of producing a concentrated shadow its walls cannot be seriously diseased Usually the carbohydrate meal is also followed by some reduction in size of the original shadow With the smaller shadow of relatively increased density stones or other negative shadows might be discovered when overlooked in the original radiograph The carbohydrate meal has therefore an advantage over the fatty meal The author has adopted the following routine the patient receives at noon a meal devoid of fats, followed thirty minutes later by 2 5 grammes of dye The evening meal at 6 30 p m consisting largely of carbohydrates, is again followed by 2 5 grammes of dye Fruit juices are allowed during the first hour after either administration of the dye The first radiograph is taken the following morning at 8 30 and is followed by a carbohydrate meal consisting of two slices of toast with jam or jelly, a glass of orange juice and tea or coffee with sugar The second and last radiograph is taken two hours later In a few cases tried with glucose instead of the other carbohydrates the results were practically the same

220 Cranial Radiography and Hypertension

F ZUCHERINI (*Policlinico* Sez. Med January 1, 1937, p 18) in order to determine the relations between endocranial hypertension and the general arterial pressure made a radiological examination of the skull in 104 cases of hypertension, which he classified as follows (1) essential hypertension, twenty cases (2) essential hypertension with generalized arteriosclerosis, fifty four cases (3) hypertension due to renal disease, nine cases, (4) hypertension with failure of compensation twenty one cases In all the cases an examination was made of the arterial, venous and cerebro spinal pressure as well as of the fundus The results were as follows 85 3 per cent showed radiographic evidence of increased endocranial pressure consisting in an increased circulation in the lacunae of the diploe and a deformity of the sella turcica In almost all the patients the pressure of the cerebro spinal fluid exceeded the normal Zucherini maintains that the radiographic appearance of the skull found in hypertension constitutes a valuable new sign in cranial symptomatology and may approximately indicate the age of the arterial hypertension As regards the deformity of the sella turcica he emphasizes the importance of the infundibulo pituitary system as the central factor in the regulation of the circulation

221 Calcified Intracranial Tuberculoma

J P MARTIN (*Brit J Radiol* January, 1937, p 5) reviews the radiographic finding in a number of cases of intracranial tuberculoma Calcified intracranial tuberculomata are uncommon but not rare They are usually observed in patients who come under observation because of fits They are not usually associated with signs of increased intracranial pressure The patients commonly but not always, present evidence of tuberculous disease elsewhere in the body The age of the patients referred to in the paper varied between 12 and 57 years The tuberculomata were usually found in the cerebral hemispheres The majority were situated near the surface of the brain In a large proportion of cases two or more calcified lesions were present. They were of variable size, usually already densely calcified The shadows which they cast on the radiograph were often very irregular, with a tendency to a lobulated appearance When calcification was not uniform throughout it was most intense at the periphery or part of the periphery of the main mass The chief distinguishing radiographic features, as compared with calcified tumours, were the sharp delimitation and very rough and jagged surfaces

222 Lumbago and Sciatica

L STEHR (*Med Welt* December 19, 1936 p 1836) maintains that lumbago and backache are only seldom of neuralgic or myalgic origin In a large number of cases the radiographic examination reveals osseous and articular changes which are the actual cause of the pain The author then reviews all the possible relevant radiographic changes, and discusses their characteristic appearances and their differential diagnosis In his review he includes sacralization of the fifth lumbar vertebra, spondylitis deformans spina bifida, ossification of the ileo lumbar ligament metastases from tumours, and osteo arthritis of the hip joint

223 Spine of the First Metatarsal

According to R LEFOUX LEBARD (*J Radiol Électrol* December, 1936, p 667) a certain pathological and radiological importance attaches to the spine of the first metatarsal which in a pronounced form is rarer however than the spines of the olecranon and os calcis It may attain the length of 7 to 8 mm and pointing outwards grows from the external articular angle of the distal extremity (head) of the bone It is commonly bilateral but in three cases the author found the remainder of the skeleton normal radiologically save for (in one case) an analogous outward pointing spine at the proximal end of the second metacarpal Very rarely indeed the internal angle of the head of the first metatarsal is the site of origin of a similar spine That growing from the external angle may cause pain and difficulty in walking In one case it has had to be removed surgically

224 Cholesteatoma

A S MACMILLAN (*Amer J Roentgen* December, 1936 p 747) describes two types of cholesteatoma—the true and the false, or primary and secondary The true cholesteatoma is rare Cushing reported fifteen in his 2 023 cases of cerebral tumours They are inclusion tumours of ectodermic origin They cause local changes and do not produce metastases Their size and shape vary greatly The false or secondary variety may be found in the middle ear, attic, mastoid antrum external auditory canal or nasal sinuses They are important because they often produce intracranial complications Their presence in the mastoid antrum can be demonstrated in a slightly modified Towne view using an inclination of 40 degrees for the tube instead of the usual 30 degrees The average size of the antrum in a completely sclerosed mastoid is 6 mm in the transverse diameter and 10 mm in the vertical Any increase in size of the antrum is due to erosion of bone by the growing cholesteatoma The density of the cholesteatoma itself is negligible in comparison with the density of the surrounding sclerosed bone Very large emissary veins and broad deep impressions in the bone caused by the lateral sinus must not be confused with the cavitation caused by the cholesteatoma

Medico-Legal

ALCOHOL OR INSULIN?

Mock Trial held by the Fellowship of Medicine

The Road Traffic Act, 1930 s 15 makes it an offence for a person in charge of a motor vehicle to be under the influence of drink or drugs to such an extent as to be incapable of controlling it properly One of the most difficult questions of fact which arises out of this provision is how far the unfitness is due to alcohol and how far to some innocent factor The Fellowship of Medicine did a useful service to the profession when on March 11 it staged a mock trial at 1, Wimpole Street, in which a typical situation of this kind was clearly worked out

The Case Opened

A motorist (Mr W W Anderson) was undoubtedly unfit to have control of his car he had stalled his engine at a crossing when the lights went green, driven across it when they turned red again, zigzagged up the hill, and come to rest on his wrong side of the road, being found by a policeman with his head resting on his arms across the steering-wheel He was taken to the station and at once examined at 10 53 p m He had all the clinical signs of drunkenness vagueness about the incident and about where he had been going and how he had got to the station, face flushed, skin slightly moist sleepy appearance, furred tongue, slightly alcoholic breath, exaggerated knee jerks until he controlled them consciously unsteadiness on standing with the eyes shut and the feet in line, inaccuracy in trying to put a finger tip on the end of the nose, pulse full and rather fast The police surgeon, whose part was convincingly acted by Dr P B Spurgin, laid particular stress on the sluggish reaction of the pupils to light they were somewhat dilated and took an abnormally long time to contract to light and to dilate again when the stimulus was removed The defendant sent for his own doctor, Dr T R Snelling, who examined him at 11 15 p m and found his gait, mental processes speech, and reflexes normal, his face flushed and his pupillary reaction still slow and pronounced him fit to drive The defendant himself said he was a diabetic under treatment, taking regular doses of insulin He had drunk nothing that evening but three half pints of beer, the last being at 7 o clock Not liking the food at the public house he had been content with a few sandwiches only He had taken a dose of insulin about 7 and at 8 o clock suffering from a raging toothache, he had gone to the first dentist in sight and had a tooth out after the gum had been sprayed with ethyl chloride He had felt ' muzzy ' at the time

Expert Evidence

In addition to the clinical evidence the prosecution called Dr H K V Soltau, an expert in the Widmark test for blood alcohol Two samples had been taken at about 11 30 p m by Dr Snelling in the presence of Dr Spurgin, and in one of these Dr Soltau found a content of 150 mg of alcohol per 100 grammes of blood The relation of the Widmark reading to the clinical condition is not very controversial and was not seriously contested between the expert witnesses called on the two sides, who, however, contradicted each other in many other material respects with praiseworthy faithfulness to custom The figures Dr Soltau gave were practically no disturbance under 100 mg except in fine psychological tests clinical signs of intoxication in 65 per cent of patients with over 100 mg , unfitness to drive in most patients with over 120 mg People with abnormally high tolerance for alcohol he said do not usually show a high reading For the defence Sir James Purves Stewart said that anyone with a reading over 200 mg was hopelessly drunk, 80 per cent of people with over 180 mg were moderately drunk 66 per cent of persons with over 160 mg and 33 per cent of persons with over 100 mg showed clinical intoxication

Fallacies of the Widmark Test

The defendant's Widmark reading was 150 mg, but both experts agreed that the test was subject to certain fallacies The most important is the presence of acetone, which gives the same reaction as alcohol and which may easily be present in the blood of a diabetic up to 25 or 30 mg , and an anæsthetic may account for another 5 or 10 mg It was therefore necessary to knock off 25 or 30 mg from the defendant's 150 mg as doubtful Acetone is not eliminated from the blood in under about four hours, and if the defendant as he might have done, was carrying 30 mg at 7 o clock—the maximum dose short of acute signs of acetonæmia—this would not be much diminished by 11 30 p m He could not therefore be fixed with a higher blood alcohol than about 125 mg and the jury had still to reckon with the non alcoholic factors—hypoglycæmia hunger fatigue shock after the extraction the effects of the ethyl chloride, and emotional disturbance at being charged with a serious offence Dr Spurgin maintained that the sluggish reaction of the pupils to light was pathognomonic of alcoholism, but Dr Snelling said that insulin would be capable of causing this symptom The result was that the judge summed up strongly in favour of the defendant and the jury, after a short conference, found him not guilty

Commentary

The Fellowship, therefore, had prepared its script most successfully to load the evidence against the defendant up to a point which very nearly counterbalanced the doubt The case was indeed a borderline one, for the awkward fact remained that the Widmark test showed at least 120 mg of alcohol which could not be accounted for by any fallacy The defendant got off largely because of the characteristic distrust with which the judge and jury obviously viewed the scientific evidence, and because of the stress which the judge placed on an answer by Sir James Purves Stewart which indicated that in his opinion the 34 per cent of persons who did not show clinical signs of alcoholism with 160 mg in their blood must be hardened topers—an incredible percentage spread over the whole population The trial was therefore highly successful, for the facts were by no means improbable The judge was Mr W H Cartright Sharp, K C, and the jury was composed of twelve persons eminent in various walks of public life Counsel for the prosecution and defendant were respectively Mr W A L Raeburn, with him Mr H W Paton, and Mr Laurence Vine, with him Mr O H J Bertram the witnesses and officers of the court were played very creditably by members of the Fellowship

A CASE OF IMPOSTURE

At Manchester Assizes, before Mr Justice Porter Patrick Ryan, aged 38, a native of Manister Croom, Ireland, pleaded guilty on six counts to obtaining food and medicines from two hospitals on the pretence that he was a medical man A list of previous convictions dating back ten years, including a conviction for fraudulent conversion, for which he was sentenced to three years' penal servitude at the Central Criminal Court in 1934, was given by the police who described Ryan as an unscrupulous rogue and an impostor of the worst type He was sentenced to four years' penal servitude

It was stated for the prosecution that Ryan went to Warrington Infirmary and told the house surgeon that he was a medical man (a stethoscope in his pocket lent colour to his story) and had been injured in a car accident He was treated, and later transferred to Leigh Infirmary He told the authorities that his brother would be responsible for a bill of three guineas for treatment, but it was never paid At Liverpool Stanley Hospital he gave the name of Dr Francis Ryan of County Clare, told the same story and was supplied with morphia and food In a statement Ryan admitted to similar impostures at hospitals and nursing homes in Dublin where he represented himself as a doctor, and elsewhere in Ireland obtaining money from various persons, and asked that these offences might be taken into account It was stated, however that offences in the Irish Free State could not be dealt with at the present assize

Obstetrics and Gynaecology

225 Ovarian Tumours

BERNSTEIN (*Amer J Obstet Gynec*, December, 1936 p 1023) reports a tabulated study, difficult to summarize adequately of 1,101 surgical cases of ovarian tumour Classified by types, simple cysts 47 per cent, dermoids 16 per cent, and papillary serous cystadenocarcinoma 14 per cent, are by far the commonest Malignancy occurred in 17 3 per cent sarcoma in 1 per cent The third decade is the commonest age, 82 per cent of simple cysts and 83 per cent of dermoids being found between 20 and 50 years Of ten cases of embryonal neoplasms 80 per cent were in the age group 10 to 20 years 58 per cent of climacteric ovarian tumours were malignant and 11 5 per cent of premenstrual ovarian tumours Tumour frequency in the nonparous is about double that in parous women Normal menstruation is remarkably common (54 3 per cent) Secondary amenorrhoea occurred in 3 per cent oligomenorrhoea in 2 per cent Menopausal bleeding was noted in only 1 3 per cent, all but 0 4 per cent being in malignant cases Dysmenorrhoea was found in 15 per cent of all cases Metastases were already present at operation in 76 per cent Symptoms were insidious in onset, hence the advanced stage of the disease when treated Pain (seldom severe) was a complaint in 75 per cent of all patients, being slightly commoner in benign growths (dermoids 95 per cent) In 30 per cent it was other than pelvic Vomiting and nausea occur one and a half times more often in malignant cases than in benign, also, though less common, bladder symptoms 21 per cent of all tumours in the series were bilateral The incidence of ascites was 54 per cent in malignancy, 21 per cent had an abdominal mass The sedimentation test was useful in inflammatory, degenerative, and infective processes

226 Wassermann Test in Pregnancy

T D HUGHES and C GAMMIE (*Med J Austral*, December 5, 1936, p 783) in routine Wassermann tests on pregnant women coming for ante-natal treatment found positive results in seven (0 47 per cent) of 1,496 primiparae and in twenty-five (1 31 per cent) of 1 908 multiparae Of the Wassermann positive multiparae ten had no history suggestive of syphilis and would have been missed, along with other unsuspicious cases, had the test not been done as a routine Antisyphilitic treatment was instituted in the thirty two Wassermann-positive cases and of twenty-five of these who were followed up there were born twenty live and five dead children Several of the children born alive had a positive Wassermann reaction The authors emphasize the importance of the preventive aspect of the routine Wassermann reaction test in pregnancy

227 Forceps Delivery after Maternal Death

S TAPFER (*Zbl Gynak*, January 16, 1937, p 148) comments on the curious fact that the literature contains reports of several hundred cases of Caesarean section, in the foetal interest, in dead or dying mothers, but only five reports of vaginal delivery (forceps in four, version in one case) in similar circumstances *Sectio in mortua* mentioned in classical mythology was compulsory in ancient Rome and mediæval Venice, and appears to have been carried out for judicial reasons even if the child were dead or non viable During the past half-century Caesarean sections in dead subjects seem to have given living infants in 20 to 60 per cent of cases There is no chance of survival of the foetus when the mother has been dead more than twenty to twenty five minutes The operation should be done *lege artis* for at least three cases are on record in which supposedly dead mothers have come to life for a time after Caesarean section It would appear that a vaginal examination as a preliminary has been omitted in many of these cases at any rate the records contain no statement of the condition of the cervix Heinricius in 1883 was the first to report delivery by forceps of the living child from a dead mother she had died suddenly from rupture of the aorta Korbitz in 1869 was summoned to a dead mother, sent home for his forceps and delivered fifteen minutes after death a foetus which survived the case was not reported however, until 1900 In Tapfer's case, here published of forceps delivery *in mortua*, the cause of death was acute lung oedema with recurrent endocarditis about four minutes had elapsed since maternal respiration and heart beats had ceased, and the child survived

Pathology

228 Tuberculin Reaction in Monkeys

The frequency of tuberculosis in captive monkeys has led A URBAIN and J NOUVEL (*C r Soc Biol*, 1936, No 36 p 1123) to make observations on the reaction of these animals to tuberculosis Dermal, intradermal, and ophthalmic tests were made on a total of sixty-two monkeys of the genera *Pithecus, Cercocebus, Hamadryas* and *Erythrocebus* in the zoological gardens at Vincennes, which were found clinically and later by post-mortem examination to be tuberculous The reactions were uniformly negative On the other hand, the subcutaneous inoculation of 0 5 to 1 5 c.cm of tuberculin caused sometimes but not always, a fleeting rise of 2° to 2 5° C in the animal's temperature, developing usually in five to seven hours The subcutaneous reaction appeared to be more marked in chimpanzees, which showed a rise of temperature of 1 5° C in six hours, persisting for three to four hours, but only two of these animals were studied

229 Immunization in Scarlet Fever

J WICKSTROM (*Finska LakSallsk Handl*, December, 1936 p 1029) draws attention to the seriousness of the problem of scarlet fever in the Finnish Army, in which its incidence has grown rapidly since 1928 In this year there were 179 army cases with seven deaths In 1935 there were 768 cases with thirteen deaths Dick tests carried out on 3 367 soldiers showed that 2,865 (85 1 per cent) were Dick-negative In 2 8 per cent the reactions were ambiguous, and in the remaining 12 1 per cent the soldiers were Dick-positive The incidence of scarlet fever among the Dick-positive soldiers was as high as 20 4 per cent, whereas it was only 0 34 per cent among the Dick negative The author has conducted immunization tests with both toxin and anatoxin as antigens, and in a group of 131 soldiers there were seventy-four Dick positive men each of whom received a full course of three injections To ascertain the degree of immunity to scarlet fever conferred by this treatment the author selected as controls seventy-four men whose positive Dick reaction had been similar to that of the seventy-four artificially immunized and living under the same army conditions During the ten months the two groups were under observation twelve of the controls developed scarlet fever, whereas there was not a single case of it in the immunized group The difference between the members of the two groups was very marked in one company, in which thirteen men were found to be Dick-positive Six of them were artificially immunized the remaining seven serving as controls When an epidemic of scarlet fever overtook this company all the five men falling ill belonged to the control group With regard to the comparative merits of toxin and anatoxin as antigens the author finds that practically identical results were obtained with the two to judge by the proportion of conversions from Dick-positive to Dick-negative reactions Both antigens required about two months in which to develop their full action, but the large doses of toxin needed to achieve the desired results were sometimes provocative of a disturbing general reaction For this reason the author prefers anatoxin to toxin as an antigen

Medical Notes in Parliament

In the House of Lords on March 15 the Local Government (Financial Provisions) Bill was read a second time On the following day the Divorce (Scotland) Bill was read a third time

The National Health Insurance Act Amendment Bill which has passed the House of Lords was read a first time in the House of Commons on March 10 Mr Oliver Stanley introduced the Physical Training and Recreation Bill on March 16 The Bill, which is supported by Mr Elliot, was read a first time The House of Commons this week debated the Estimates for the Air Force and the Army Mr Chamberlain brought in a message from the King inviting consideration of the Civil List for the new reign A Select Committee of the House of Commons heard witnesses and counsel on the proposal to transfer Wadsley Mental Hospital from the West Riding County Council to the Sheffield City Corporation under the Sheffield Corporation Bill

Sir Kingsley Wood announced an agreement to submit to arbitration the whole scale of remuneration for medical men under the National Health Insurance Act The form of the tribunal and procedure will follow the precedent when this scale was last examined

Dr Howitt will be added to the Standing Committee on Scottish Bills for the examination of the Methylated Spirits (Scotland) Bill

Factories Bill in Committee

Clauses 6 and 7 of the Factories Bill were ordered to stand part of the Bill when a Standing Committee of the House of Commons resumed discussion of this measure on March 9 On Clause 8 (Enforcement by District Councils for certain provisions of Part I) Sir JOHN SIMON accepted amendments proposed by Colonel Sandeman Allen extending to inland navigations the saving provided for railways and docks On the motion that Clause 8 stand part of the Bill Mr GRAHAM WHITE said that divided control as between different types of factory was undesirable District councils might not have sufficient staff for inspecting workshops and factories Good and sound administration would be secured if the whole responsibility for inspection were undertaken by the inspectorate of the Home Office Mr RHYS DAVIES said Clause 8 referred to factories in which mechanical power was not used and in which the responsibility for ensuring that the places were clean lighted and ventilated would rest exclusively with the local authorities Different standards as to what was decency in a factory were laid down by local authorities

Sir JOHN SIMON said he hoped that when the Bill reached the Statute Book the Home Office would secure a substantial increase in the number of factory inspectors He had arranged this with the Treasury, and in due course would move the necessary financial resolution They wanted the additional inspectors for the most important factory services Inspectors were particularly skilled to look after the fencing of machinery and to see that important clauses of the factory code were observed but a great range of work might clearly be charged to responsible local authorities If local authorities did not do their duty Clause 9 provided for taking the work out of their hands The provision in Subsection 2 in Clause 8 which entrusted to the district council the supervision of a factory where mechanical power was not used would apply only to premises which used to be called workshops The existing law entrusted these workshops to the district council Later in the Bill Clause 145 (3) would provide that premises were not to be taken out of this class by reason only that mechanical power was used for heating ventilating or lighting the workrooms or other parts of the factory

The clause as amended was then added to the Bill

LOCAL AUTHORITIES POWERS

On Clause 9 (Powers of Inspector as to Sanitary Defects Remediable by District Council) Mr ALFRED SHORT moved to substitute alternative words authorizing the inspector where he was satisfied that no proceedings had been taken by a district council for punishing or remedying an act or default to take the action which the district council might have taken for punishing or remedying such act or default Mr Short said local authorities had not displayed a great deal of activity in enforcing public health provisions in regard to factories Mr R S HUDSON said that to justify this amendment it was not sufficient to assert that medical officers of health factory inspectors and local authorities generally were not carrying out their duties efficiently Mr Short had merely made a general accusation of inefficiency against medical officers of health and local authorities

On a division Mr Short's amendment was rejected by 28 to 16 An amendment moved by Mr BUCHANAN to authorize an inspector to take proceedings if the district council had not done so within five days of the notice of default instead of within one month as proposed by the Bill was withdrawn A further amendment by Mr SILKIN was negatived and Clause 9 was added to the Bill

MEDICAL SUPERVISION AND MEDICAL TREATMENT

Clause 10 was also ordered to stand part of the Bill On Clause 11 (Power to Require Medical Supervision) Mr ELLIS SMITH moved to leave out the provision that the arrangements to be made for medical supervision of persons employed in a factory where special reasons for such arrangements had been found by the Secretary of State to exist should not include medical treatment Sir JOHN SIMON said he was prepared to alter this restriction so that it should run Not including medical treatment other than first aid and medical treatment of a preventive character Mr Ellis Smith said that proposal hardly dealt with what he had in mind The Bill did not conform to modern standards in regard to silicosis lead poisoning dermatitis and several other industrial diseases The chief inspector's report for 1935 said that cases of tuberculosis of the lung occurring in specific places of employment had been disclosed in increasing numbers The same report stated that lead poisoning was having greater effect on the health of people employed in industry and that there had been no reduction in the number of deaths from silicosis and asbestosis In Sheffield and in parts of Manchester and North Staffordshire people pointed out the effect of these diseases on women's faces The Bill would be lacking unless it procured that these people received medical attention At present their treatment was their own individual responsibility whereas it ought to be the responsibility of the Home Secretary and of the employers

Sir JOHN SIMON said the clause did something entirely new and was a great advance Nothing in the present factory code required special investigation or medical supervision where an inspector found in a class of factory that owing to the nature of the process or for other reasons disease or other unfitness was developing The clause would put on the occupier the duty of procuring that a properly skilled man watched what was going on examined people who seemed to be developing illness and found out what was the matter The employers were willing to accept that burden under special regulations Mr Ellis Smith wished to provide in addition that there should be medical treatment at the expense of the occupier but the national health insurance scheme was already in existence and in many cases trade unions had elaborate arrangements for providing medical treatment Mr Smith's desire to ensure treatment of a preventive character would be met if the committee kept in the words Not including

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medical treatment, but added 'other than first-aid treatment and medical treatment of a preventive character'

Mr Ellis Smith then withdrew his amendment and the words proposed by Sir John Simon were added to the clause

On a subsequent amendment Mr BURKE asked whether regulations under the clause could prohibit the employment of young persons on certain processes He had in mind a factory in which a good deal of naphtha was used and the fumes constantly made boys unconscious for periods, although the effect on older persons was not the same Sir JOHN SIMON said that restrictions and prohibitions would not be made under this clause but under Clause 58, where special regulations in respect of dangerous trades might be applied particularly to young persons The amendment under discussion was withdrawn, and, in reply to Mr Buchanan, Sir John Simon said that the power to require medical supervision under Clause 11 could be applied to a section only of a factory Mr Buchanan asserted that in his part of Scotland the men working in one part of a factory some years ago were affected for short periods by a form of lunacy, and had to be taken into mental homes for care No further particulars were given in respect of this assertion, and Clause 11 was added to the Bill

The committee then adjourned

FENCING OF MACHINERY

When discussion was resumed on March 11 Clause 12 (Prime Movers) came under full consideration The chairman suggested that there should be a general discussion on the fencing of all types of machinery, and this arose accordingly on a motion proposed by Mr ELLIS SMITH Sir JOHN SIMON said the term 'prime mover' was not contained in the existing Factory Acts Enormous developments in the use of electrical machinery had taken place since the statute of 1901 Belts and pulleys had been largely replaced by electrical machinery, and it was a great thing to get rid of the old fashioned pulleys, which had been responsible for many bad accidents The question to be asked was whether a particular apparatus was in such a position or of such construction as to be as safe to every person employed on the premises as it it were securely fenced If the answer was 'Yes' nothing would be gained by fencing it His officials had assured him that they believed the form of the clause was practicable The best modern practice was that the whole machinery should be shut off Additional safety provisions were made in subsequent clauses Clause 13 (3) provided that no driving belt when not in use should be allowed to rest or ride upon a revolving shaft which formed part of the transmission machinery To make that provision mandatory was an important contribution to safety Clause 15, dealing with the lubrication of things in motion, was also important from the Home Office point of view, and would show that although there were cases where moving parts had to be lubricated such work was now regarded as safe The Home Office would study carefully what was said by the committee and the inspectors were not disposed to encourage laxity in the matter

The amendment moved by Mr Ellis Smith challenging the clause was defeated by 26 to 15 and the clause was ordered to stand part of the Bill

On Clause 13 (Transmission Machinery) Sir WALTER SMILES moved to insert that 'only male persons over 18 years of age should be allowed to put a belt upon a revolving shaft pulley which ran at a speed of more than fifty revolutions per minute He said the greatest number of accidents resulted from these moving belts Mr GEOFFREY LLOYD said the Government sympathized with the amendment, but did not think it right to have one which was quite so sweeping There was no danger in women and young persons mounting moving very light belts He invited Sir Walter Smiles to consult with the Home Office advisers to see whether a new clause could be inserted restricting the mounting of belts by young persons

Sir WALTER SMILES withdrew his amendment and the clause was added to the Bill

On Clause 14 (Other Machinery) Mr ELLIS SMITH moved to provide that no person under the age of 18 should be employed in operating a circular saw or overhand planer He said it was still impossible to guard such machinery as other machines were guarded In practice most men did not allow boys to go on the machines until they were 18 years of age Mr LLOYD said these were not the only machines which involved special risk The question was whether it was wise to mention in the Bill particular machines and not to mention others, as for example, vertical spindle moulders which were also dangerous. The better principle was to give general power to deal with these matters by regulation because new and dangerous machines often came into use The Home Office would consider whether it could stiffen up the regulation which did deal partly with young persons and would also consider the question of all circular saws

Mr ELLIS SMITH withdrew his amendment

Colonel SANDEMAN ALLEN moved to leave out Subsection 3 of Clause 14 which provided that Any part of any material or article which is dangerous while in motion in any machine shall be securely fenced unless it is in such a position as to be as safe to every person employed or working on the premises as it would be if securely fenced provided that the requirements of this subsection shall not apply to a case where it is not practicable to comply therewith without serious interference with the work" Mr LLOYD said this also was an important new power which had not existed before It was brought forward because of cases of serious accident where workmen had been injured not by a machine but by a moving piece of material in the machine, particularly in lathes The Home Office was clear on what it wanted but would go into the matter before the report stage and see whether it could define its purpose more exactly

Colonel ALLEN then withdrew his amendments Two other amendments were withdrawn and the committee adjourned until March 16

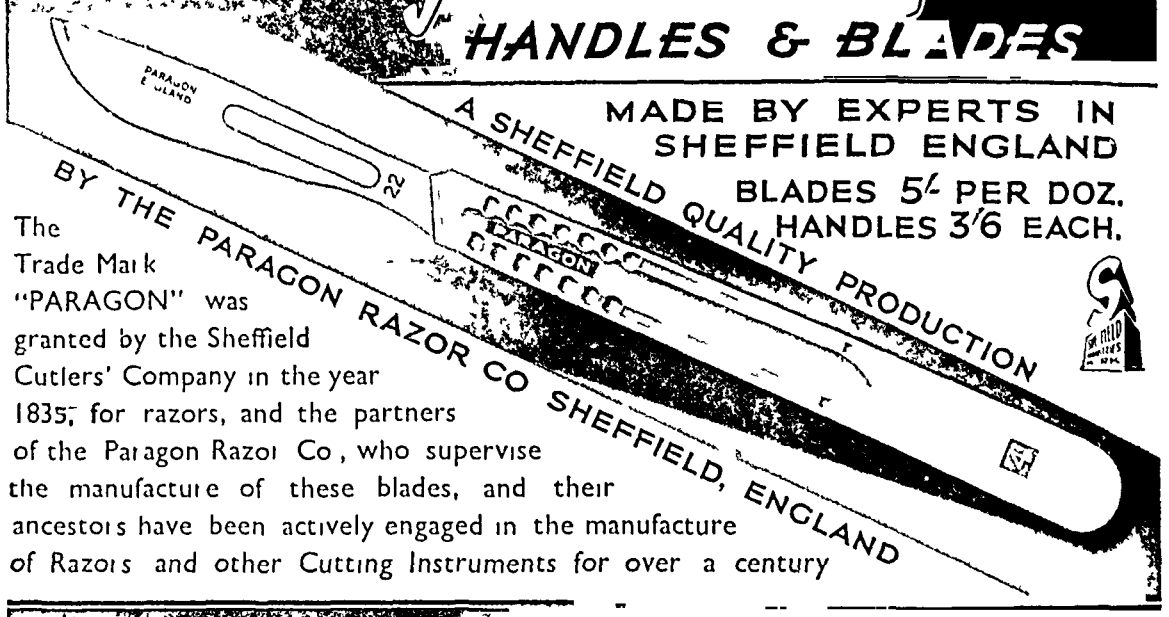
Disposal of Trade Effluent

Lord GAGE moved in the House of Lords on March 10 the second reading of the Public Health (Drainage of Trade Premises) Bill He said it was similar to a Bill introduced last year by Lord Gainford, which passed all stages in that House but failed to be considered in the House of Commons The main purpose of the present Bill was to render rivers and streams more free from pollution than at present by extending facilities to traders and owners of factories enabling them to discharge trade effluents into sewers rather than into rivers Authorities possessed these powers but had been unwilling to exercise them because of the expense which by so doing they imposed on these traders Moreover it was uneconomic to expect each factory to put down separate works for purification of effluents To solve that problem much investigation and consultation had been needed The Government proposed to require the local authorities either to come to agreement with the traders in regard to particular applications or to make by-laws setting forth the terms on which the effluents might be discharged into sewers These by-laws must be approved by the Ministry of Health, and a right of appeal from the traders to the Minister was provided The Bill was drafted as an amendment and extension of last year's Public Health Act The Bill only dealt with regulation of what might be passed through drains, leaving the drains to be regulated by the Public Health Act The waiting period before acceptable trade effluents might be discharged after notice was two months The local authority might consent to accept trade effluents unconditionally or subject to conditions, with an appeal provided to the Minister against refusal of consent or against the conditions imposed By-law making powers had been extended to enable the local authority to determine the maximum quantity of trade effluent which might be discharged from any trade premises on any one day without its consent It was proposed to leave London out of this Bill Later the London County Council might see fit to introduce legislation on similar lines

Lord GAINFORD thanked the Government for reintroducing the measure, and said it had the support of the Society of

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Medical Officers of Health and of other bodies Lord STRABOLGI said the Opposition would give the Bill every help

The Bill was read a second time and sent to committee of the whole House

Estimates for 1937 Medical Provisions

The Navy Estimates for 1937 include a gross estimate of £482 160 for medical establishments and services reduced by appropriations in aid to a net vote of £411 400 compared with £467 330 gross and £397 300 net in 1936 Provision is made for the pay of 103 officers of the Royal Navy and for one of the Royal Marines on the medical establishments Allusion is made to receipts for treatment of Army and Air Force patients in certain naval hospitals and to payments for treatment of naval personnel at certain hospitals of the Army and Air Force in pursuance of a policy of co ordination to promote the most economical use of the hospitals of the Services Provision is made for the payment of the fees of medical and dental officers going through post graduate courses at civil hospitals

The estimated expenditure on medical services in the Army Estimates for 1937 is £1 055 000 against £1 071 000 for 1936 The establishment of the Royal Army Medical Corps is fixed at 474 officers in 19.7 against 471 in 1936 An increase of £25 000 to £107 000 is proposed in the vote for the pay of civilian medical practitioners and of £27 900 to £92 000 in the vote for medicines instruments and miscellaneous charges Provision for the Royal Army Medical College is unchanged at £33 300 It is stated that owing to the shortage of officers holding regular commissions some officers holding temporary commissions are employed at contract rates of pay Sixty re employed retired officers and civilian medical practitioners are employed where the number of troops does not justify the employment of officers on the active list of the R A M C Two medical officers are carried on the Chemical Defence Research Department The Estimates are accompanied by a memorandum from the Secretary of State for War which reports that in 1936 the health of the Army at home and abroad continued very satisfactory and no undue sickness was attributable to special service in the Eastern Mediterranean Mr Duff Cooper adds The increase in the number of candidates for commissions in the Royal Army Medical Corps continues to be well maintained an excellent type of young officer is now coming forward and it may be hoped that the establishment of regular officers will be filled at no distant date

A Supplementary Estimate for the Army in the year ended March 31 1937 issued on February 26 included an additional £22 000 for the Army Medical Services

In the Air Estimates for 1937 the provision for medical services is £439 000 compared with £382 000 in 1936 An increase of £26 500 to £186 000 is proposed in the pay of personal allowances of officers Fees to civilian practitioners remain unchanged at £21 000 Medical stores and supplies increase by £10 000 to £35 000 and payments to hospitals by £10 500 to £49 000 The establishment of officers in the medical and dental branches is fixed at 285 against 242 in 1936 A provisional estimate is made of £100 000 for a new Air Force hospital in East Anglia of which sum £9 000 will be voted in 1937 At Halton additions to hospital are to cost £80 000 of which £15 000 will be voted in 1937

The Civil Estimates 1937 for the Home Department Law and Justice include £73 059 for Broadmoor Criminal Lunatic Asylum against £71 161 in 1936

The Civil Estimates 1937 for Education and Broadcasting include £55 000 grant in aid to the British Post Graduate Medical School a decrease of £16 000 from the 1936 grant For building extensions to the school and meeting such part of the cost of certain extensions to Hammersmith Hospital as is attributable to the presence of the school £10 000 is devoted and for expenses of organization and maintenance of the school during the initial period £45 000 making £55 000 in all Any balance of the sum issued to the governors of the school which may remain unexpended on March 31 1938 will not be liable to surrender to the Exchequer but will be considered in connexion with subsequent grants

Road Accidents

In a debate on the Estimates for the Civil and Revenue Departments on March 10 Mr D N PRITT opened a debate on traffic control and road accidents Mr HORE BELISHA said that an examination of passenger and goods vehicles over twelve months disclosed that 18 000 of these classes of vehicles had such defects as to render them mechanically unsafe Out of 560 specially observed brake tests in 240 cases braking efficiency was under 30 per cent in 180 cases braking efficiency was under 25 per cent and in 130 cases braking efficiency was under 20 per cent What must be the condition of the brakes of the nearly 2 000 000 private vehicles not subject to such tests? The House could derive some encouragement from the reflection that whereas from 1931 to 1934 there was a continuous rise in accidents in relation to the number of vehicles that tendency had happily reversed Figures of the total killed and injured per 1 000 vehicles licensed were in 1931 94 per 1 000 in 1932 the figure was 95 in 1933 it was 97 in 1934 it was 99 in 1935 the total killed and injured per 1 000 vehicles licensed had fallen to 88 and in 1936 to 85

Commander FLETCHER said that in January 1936 there was an accident every two minutes One hundred children were killed every month and 4 464 people were killed or injured weekly Mr H G STRAUSS said nearly 70 per cent of fatal accidents occurred on straight roads or open roads with a good sight line More than 85 per cent occurred in clear weather and two thirds in daylight One of the main factors was abuse of the motor horn The Highway Code did not from beginning to end contain a single recommendation to sound the horn in any circumstances whatever But the Minister might go further in two respects in regulating the use of the horn and in prescribing the nature of the instrument

Replying to the debate Captain HUDSON said a committee which had been dealing particularly with the noise created by motor cars and motor cycles had now turned its attention among other things to the stridency of motor horns The analysis of road accidents had shown that 90 per cent were due to the human element Some 50 per cent happened on straight roads Some 33 per cent of accidents were caused by motorists 28 per cent by pedestrians and 26 per cent by cyclists Last month 321 persons were killed on unrestricted and 140 on restricted roads It would be unwise to rely on the speed limit alone for preventing road accidents The death roll had fallen from a peak of 7 300 in 1930 to about 6 500 in 1936 in spite of an increase of some 480 000 motor vehicles

A motion moved by Mr PRITT to reduce the Estimates was defeated by 185 to 104

Capitation Fee in Respect of Young Persons

Mr RHYS DAVIES on March 15 asked the Minister of Health when he intended to introduce a Bill to bring into health insurance young persons on entry into employment whether he had now come to an agreement with the medical profession as to the panel fees in respect of such persons and if so what was the amount agreed Mr R S HUDSON replied that Sir Kingsley Wood could not say at present when this Bill would be introduced The question of the doctors fees for the young persons referred to had become bound up with the larger question whether the fees now paid for all insured persons called for revision by way of increase or decrease and the Minister had agreed with the suggestion of the medical profession that the whole matter should be referred to an independent court of inquiry

Health Insurance Practitioners

Sir KINGSLEY WOOD replying to Mr LYONS on March 15 said that the numbers of medical practitioners under agreement with Insurance Committees in England and Wales in 1935 and 1936 were 16 552 and 16 700 respectively and the total amounts paid to them from national health insurance funds in respect of those years were £7 345 338 and £7 728 000 The last named figure was approximate as the returns of expenditure were not yet complete

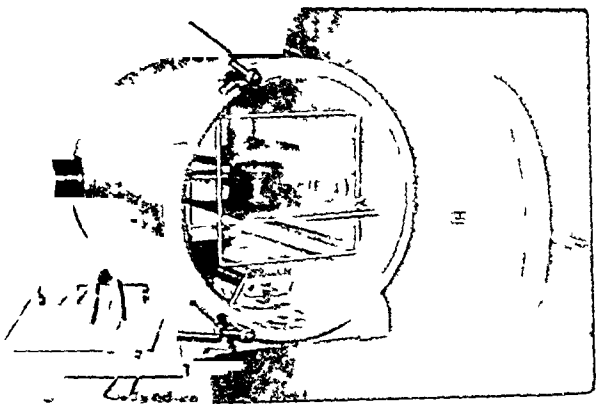
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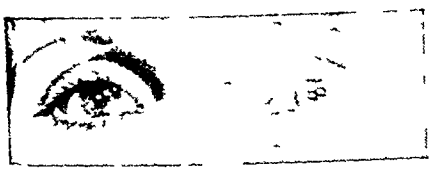
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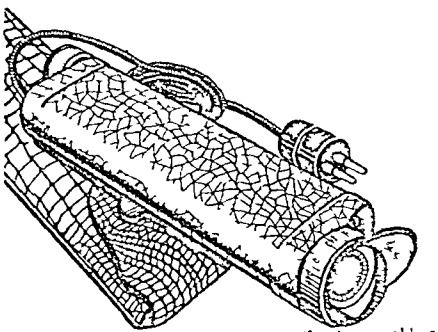
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Mental Out patient Clinics in Scotland—On March 9 Mr LEONARD asked the Secretary of State for Scotland the number of out patient clinics functioning under the Board of Control for the use of persons conscious of incipient mental trouble Mr ELLIOT replied that there were nine mental out patient clinics in Scotland—four in Glasgow, three in Edinburgh, one in Paisley, and one in Perth Seven were attached to general hospitals, and all were under the direction of psychiatrists from mental hospitals

Benefit Rates of Approved Societies—Mr JAMES GRIFFITHS asked on March 11 the average cash value of the additional benefits provided by approved societies under the National Health Insurance Acts Sir KINGSLEY WOOD in reply, assumed that Mr Griffiths referred to increases in the statutory rates of sickness, disablement, and maternity benefits and said the average increase, covering some 70 per cent of the insured population, was about three units, which was 3s a week in respect of sickness benefit, 1s 6d in respect of disablement benefit and 6s in respect of maternity benefit Some approved societies had made no increase Some of the most prosperous had made an increase of five units and also devoted funds to various treatment benefits

Trend of Population—Sir KINGSLEY WOOD told Mr Cartland on March 11 that the Registrar General was continuing and extending his investigations and researches into the trend of population Consultation was also proceeding to secure the co operation of the committee recently formed under the chairmanship of Professor Carr-Saunders At the present stage this was the most useful course to adopt

Medical Instruction in Air Raid Precautions—Mr GEOFFREY LLOYD told Mrs Tate on March 11 that sixteen medical instructors had been appointed who gave instruction in anti-gas precautions to medical practitioners, nurses, and medical students Up to the end of last month 3,059 doctors, 2,459 nurses and 569 medical students had been trained Arrangements were made through the British Medical Association, the College of Nursing, and the medical schools respectively Mrs TATE suggested that the Home Office should send instructors and apparatus to hospitals, in order that hospital staffs might become proficient in the use of gas masks and the necessary steps to take in the event of war Mr LLOYD said the instruction was often given at a hospital If a doctor at a hospital had made himself proficient in the use of masks permission would in any event be given for him to instruct his staff The doctors he had mentioned as medical instructors were stationed at key points throughout the country

Milk for Infants and Expectant and Nursing Mothers—On March 15 Mr ADAMS asked the Minister of Health whether it was intended to make the scheme for the provision of cheap milk for expectant and nursing mothers and children under school age general throughout the country, and whether its application for the six summer months only would be extended to the whole year in future Mr HUDSON said that it was the intention of the Milk Marketing Board and the Commissioner for the Special Areas that the schemes which had been in operation in Rhondda since July 17, 1936, and in Jarrow since January 1, 1937 should run until September 30, 1937 Before that date the Board and the Commissioner would consider the results with a view to a decision on the future of the schemes

Milk Adulteration—On March 15 Mr DAVID ADAMS asked the Minister of Health whether he was aware that cases in recent prosecutions by the Newcastle Corporation under the Food and Drugs (Adulteration) Act 1928 of vendors selling new milk deficient in non fatty solids 17·2 per cent and 15·4 per cent respectively were dismissed by the magistrates and whether, as deficiencies on this scale indicated the presence of added water, he would consider legislation for the more adequate protection of the public in this matter Mr HUDSON replied that the Minister was not previously aware of these cases, but he had now received a communication from the town clerk of Newcastle with regard to them The Minister was making further inquiries

Deaths Following Vaccination—Sir KINGSLEY WOOD informed Mr Groves on March 15 that four death certificates were registered during 1936 on which the words vaccinia or vaccination appeared The ages of the persons to whom the certificates applied were 4 weeks, 4 months, 10 years, and 26 years respectively

On the same day Mr GROVES asked the Minister of Health how many deaths following or caused by vaccination had been reported since January 1, 1937, and Sir KINGSLEY WOOD replied that he had information of three such deaths Inquests were held in each case, and the verdicts were "broncho pneumonia, post-vaccinial encephalitis," "generalized vaccinia," and cerebral thrombosis following vaccination" respectively

Free Meals to School Children in Scotland—Mr ELLIOT told Mr Tom Johnson on March 16 that discretionary power to authorize the provision of school meals to necessitous children pending further investigation was allowed to head teachers of schools in Ayr, Dumfries, Fife, Wigtown, and Zetland Provision of school meals pending investigation was authorized by the authority on the receipt of a report from the head teacher in Aberdeen, Edinburgh, Glasgow, East Lothian, and Sutherland No instructions to insist upon production of a medical certificate proving under nutrition before food was supplied had been issued by the Scottish Education Department

Expenditure on Mental Deficiency—Mr CECIL WILSON asked on March 16 if the expenditure in respect of mental deficiency which had fallen upon the rates of county and county borough councils had risen from £694,390 in 1929–30 to £2,031,949 in 1932–3, and what caused such an increase Mr ROBERT HUDSON said the figures Mr Wilson quoted did not represent the real position The expenditure by local authorities amounted in 1929–30 to £1,500,244 and in 1932–3 to £2,191,847 An Exchequer contribution to the cost was paid in both years, in the former as a direct grant of 50 per cent of expenditure, and in the latter as part of the block grant The increase in total cost was due to the fact that this was a growing service, and more attention was now being paid by local authorities to the matter

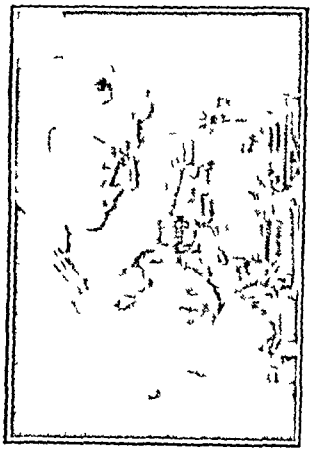
Immunization and Diphtheria Incidence in Huddersfield—Mr GROVES asked how many cases of diphtheria had been recorded in Huddersfield in children who had been immunized against that disease and whether there had been any deaths in immunized children during the period in which immunization had been practised Sir KINGSLEY WOOD said he had been in communication with the local authority, which had furnished the following information Approximately 50 per cent of the children of Huddersfield had been immunized to protect them against diphtheria During the past four years among the 50 per cent not treated by immunization there were 1,138 cases of diphtheria resulting in 133 deaths During the same period, among the 50 per cent treated by immunization, there were forty cases of diphtheria resulting in one death The one death was the only instance of fatal termination in a child who had been immunized

Notes in Brief

Sir JOHN SIMON states that there has never been occasion to impose the maximum penalty under the statute regulating vivisection

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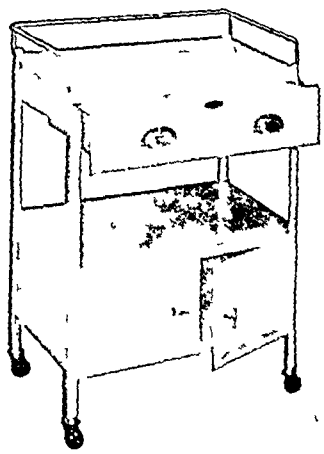
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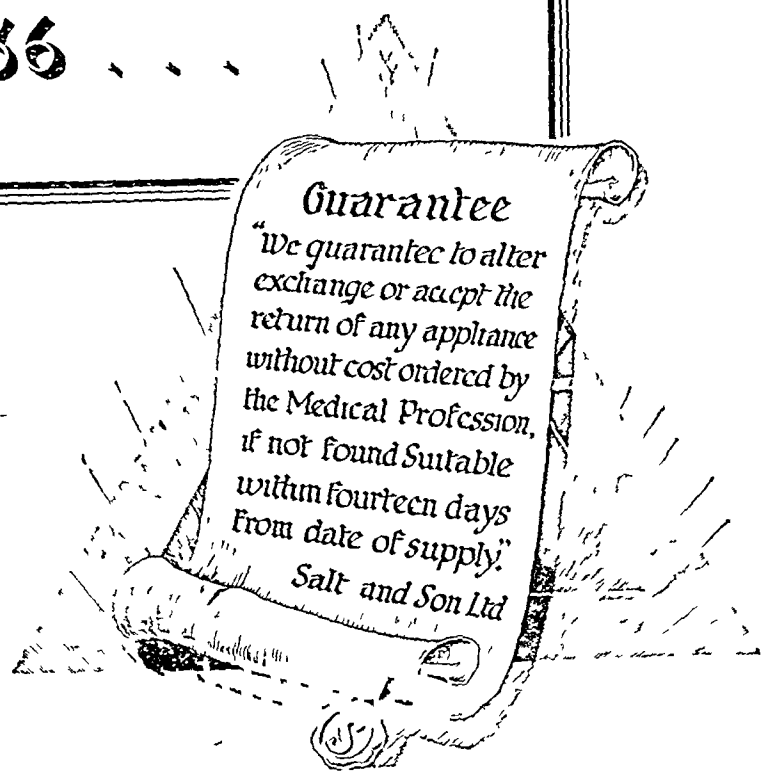
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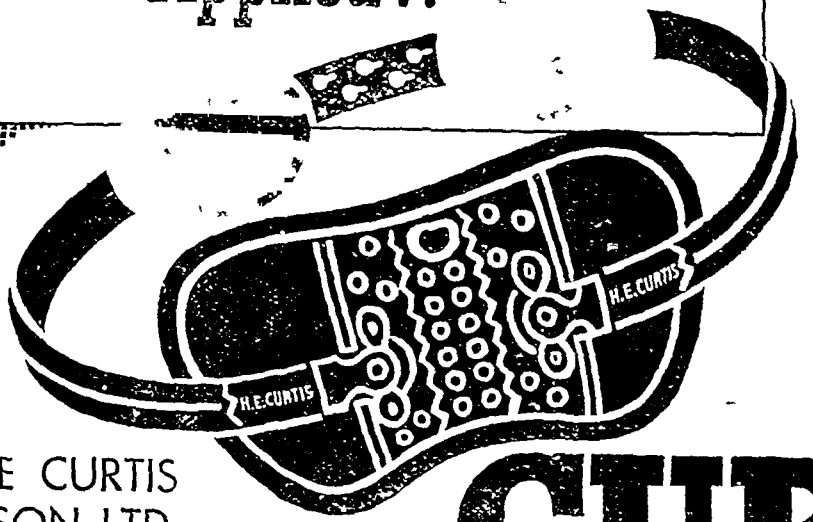
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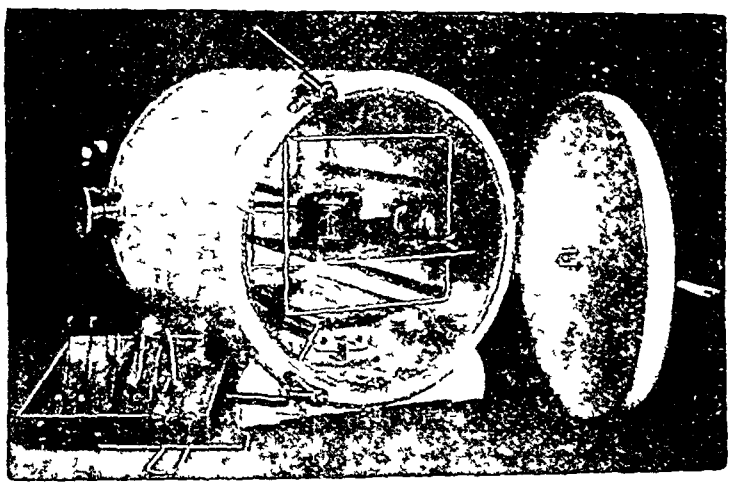


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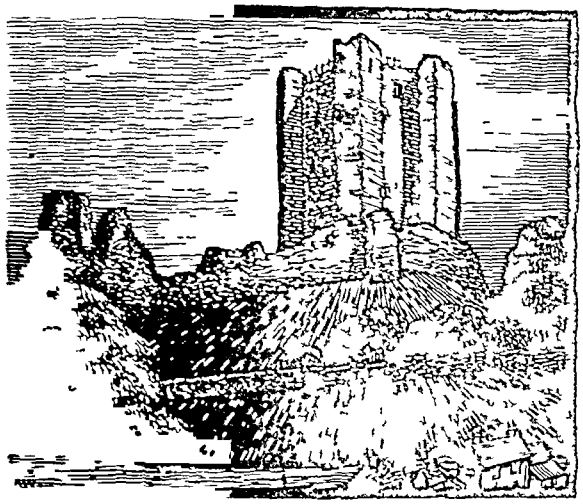
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BRITISH ASSOCIATION OF RADIOLOGISTS
(FELLOWSHIP BOARD)

Fellowship Examination

The first examination for the Fellowship of the Association will be held in London during the period November 29th to December 3rd

The examination is limited to Medical Practitioners who are duly registered in the country in which they practise and who hold a recognised Diploma in Radiology The Diplomas so far recognised are those granted by the following bodies The Universities of Cambridge Edinburgh Liverpool and London the Conjoint Board of the Royal College of Physicians of London and the Royal College of Surgeons of England and the American Board of Radiology

The principal subjects of the examination are

I RADIODIAGNOSIS
II RADIOTHERAPEUTICS

All candidates must present themselves for examination in both subjects and will be required to pass in one of them on an honours standard They will also be examined in general medicine general surgery and general pathology but those who have qualified by examination for higher medical or surgical degree or diplomas may be exempted partly or wholly from this part of the Fellowship examination A thesis concerned with some aspect of their honours subject is also required from candidates and must be presented before the end of August

In addition to passing the examination candidates must comply with the conditions for ordinary membership before they can be elected Fellow

Further particulars may be obtained from—

F HERNAMAN JOHNSON MD DMRE
Warden of the Fellowship
British Association of Radiologists
32 Welbeck Street London W 1
Tel WELbeck 6867

ESSEX COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Essex invite applications for the above appointment from duly qualified registered Medical Practitioners holding a Diploma in Public Health and not over 45 years of age

The Officer appointed must have had experience as a Medical Officer of an ante natal clinic

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum

Travelling expenses in accordance with the County Councils scale will be allowed to the successful candidate

The appointment will be held by the successful candidate during the pleasure of the Council and will be determinable by the Officer by three months notice in writing

The person appointed will be required to pass a medical examination and to contribute to the funds established by the County Council under the Local Government and Other Officers Superannuation Act 1922

The appointment will be subject to the Councils Sick Pay Rules and Regulations a copy of which will be forwarded on application

Applications on the prescribed form obtainable from the undersigned accompanied by copies of not more than three testimonials (which will not be returned) should be addressed to me and delivered at the County Hall Chelmsford not later than 10 a m on Wednesday March 31st

County Hall F S HOLCROFT
Chelmsford Clerk of the County
March 8th 1937 Council

COUNTY COUNCIL OF ROSS AND CROMARTY

from registered
appointment of
OFFICER PUBLIC
OFFICER under

the Lunacy and Mental Deficiency Acts for the Parishes of Cromarty and Resolis (under reservation to the County Council at any time to alter or modify this area) at a salary of £195 per annum (£85 per annum for Parish of Cromarty and £110 per annum for Parish of Resolis)

Further particulars may be obtained from the undersigned with whom applications with statement of qualifications and experience accompanied by four copies thereof and of testimonials should be lodged not later than March 31st

Canvassing either directly or indirectly will be a disqualification

T S H BURNS County Clerk
County Clerks Office Dingwall
March 10th 1937

WILTS COUNTY COUNCIL

MENTAL DEFICIENCY ACTS 1913 1927

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

The Wilts County Council invites applications for the post of an Assistant Medical Officer to act as Medical Officer of the Councils three Mental Deficiency Institutions comprising in the aggregate 500 beds at Lewesy Purton and Wilton

Applicants must be fully qualified medical practitioners and must have had special experience in mental deficiency and of mental deficiency institution A Diploma in Psychological Medicine is desirable

The Officer appointed will be responsible to the Medical Officer to the Committee for the Care of the Mentally Defective and be under the administrative control of the County Medical Officer He will be required to devote his whole time to the duties of the office The duties of the post will be chiefly concerned with the institutions mentioned above and with other mental deficiency work but the Officer may be required to perform other duties for which he may be qualified at the direction of the County Medical Officer

The salary will be £700 per annum rising by annual increment of £25 to a maximum of £800 per annum to be raised proportionately if a residence is provided at the Lewesy Colony

The salary will be subject to deduction under the appropriate Superannuation Act Travelling expenses in accordance with the County Scale will be paid

The appointment will be terminable by three months notice on either side

The candidate selected will be required to pass a medical examination

Application forms to be obtained from the undersigned together with copies of not more than three recent testimonials and enclosed in an envelope marked Assistant Medical Officer to be lodged with the undersigned by not later than the first post on March 29th

Canvassing either directly or indirectly will disqualify

County Office W J BROWN
Trowbridge Clerk of the
March 8th 1937 County Council

URBAN DISTRICT OF SHIPLEY

MEDICAL OFFICER OF HEALTH

Applications are invited from Medical Practitioners holding the Diploma in Public Health for the post of Medical Officer of Health for the Urban District of Shipley

The person appointed will be required to perform all the duties imposed on the Medical Officer of Health under relevant Acts Order and Regulations to act as School Medical Officer Medical Superintendent of the Maternity and Child Welfare Centres and Medical Superintendent of the Maternity Home and to carry out all such duties as the Council may with the consent (if necessary) of the Minister of Health from time to time direct

He must reside in the District and devote his whole time to the duties of the office and will not be allowed to engage in private practice

The appointment will be subject to the approval of the Minister of Health and to the provisions of the Local Government and Other Officers Superannuation Act 1922

The salary will be £800 per annum together with a motor car allowance of £40 per annum

Applications stating age qualification and experience accompanied by copies of not more than three recent testimonial should be sent in envelopes endorsed Medical Officer of Health so as to reach the undersigned not later than April 5th

LESLIE STOTT
Deputy Clerk of the Council
Town Hall Shipley
March 11th 1937

CITY AND COUNTY OF NEWCASTLE UPON TYNE

NEWCASTLE GENERAL HOSPITAL (795 Beds)

CONSULTING SURGEON FOR THROAT NOSE AND EAR CASES (PART TIME)

Applications are invited from registered Medical Practitioners for the appointment (part time) of Consulting Surgeon for Nose Throat and Ear Cases at the Newcastle General Hospital Salary £175 per annum

Applications to be sent to the Medical Officer of Health Health Department Town Hall Newcastle upon Tyne 1 from whom further information as to the duties attaching to the appointment may be obtained

March 13th 1937

COUNTY BOROUGH OF HALIFAX

THE HALIFAX GENERAL HOSPITAL

MEDICAL SUPERINTENDENT (Male)

Applications are invited from fully qualified registered Medical Practitioners for the appointment of Medical Superintendent at The Halifax General Hospital Halifax

The Hospital has accommodation for 400 patients mainly medical surgical and maternity cases

The salary will be £800 per annum rising by biennial increments of £50 to a maximum of £950 with residence and emoluments valued at £150 per annum

Experience in administrative Hospital work essential

The person appointed will be required to devote the whole of his time to the duties of his office and will not be allowed to engage in private practice

Forms of application and further particulars of the duties and conditions of the appointment may be obtained from the undersigned

Applications on the prescribed form accompanied by copies of three recent testimonials must be sent to me endorsed Medical Superintendent not later than Monday March 29th

Canvassing either directly or indirectly will disqualify

The Council has not adopted a Superannuation Scheme

Town Hall PERCY SAUNDERS
Halifax Town Clerk
March 8th 1937

SURREY COUNTY COUNCIL

EPSOM COUNTY HOSPITAL (300 Beds)

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners for the above appointment The Hospital is at present administered by the Public Assistance Committee but will it is expected be appropriated to the Public Health Committee on April 1st It is approved by the General Nursing Council and the Ministry of Health as a complete training school for nurses The work undertaken includes Surgery Medicine and Midwifery

Applicant should have had experience as a House Surgeon or Physician Experience in Midwifery is very desirable

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of board lodging and laundry

Applications stating age qualification and experience and forwarding copies of not more than three recent testimonials should be endorsed Resident Assistant Medical Officer and sent to the County Medical Officer County Hall Kingston on Thames so as to be received not later than March 31st

County Hall DUDLEY NORLAND
Kingston on Thames Clerk of the Council
March 15th 1937

COUNTY OF LINCOLN—PARTS OF LINDSEY

APPOINTMENT OF LADY ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Assistant County Medical Officer from duly
Practitioners holding
Health who must be
unmarried and have
experience in the
ion since obtaining

e had special experience
Child Welfare work

including the conduct of Infant Welfare Centres Ante natal Clinic and the treatment by modern methods of Venereal Diseases in Women Experience in the diagnosis and treatment of error of refraction in school children is also essential

The successful candidate will work under the control and direction of the County Medical Officer of Health and will not be allowed to engage in private practice

The salary will be £500 per annum rising by annual increments of £25 to £700 Travelling allowance according to the Councils scale the officer appointed providing her own car

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the officer appointed will be required to pass a medical examination The appointment will be terminable by three months notice on either side

Forms of application may be obtained from the undersigned and when completed should be accompanied by copies of not more than three recent testimonials and returned not later than April 2nd

County Offices W S H CAMPBELL
Lincoln County Medical Officer of
March 15th 1937 Health

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'Phone Chislehurst 451

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Telephone PINNER 234
A Private Hospital for the Treatment and Cure of Mental and Nervous Illnesses in both Sexes
A modern country house 12 miles from Marble Arch, in beautiful secluded grounds Fees from 10 guineas per week, inclusive Cases under Certificate, Voluntary and Temporary patients received for treatment
Douglas Macaulay, M D D P M

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FUNCTIONAL NERVOUS DISORDERS MEDICAL and CONVALESCENT CASES
The Home is a Mansion of Historical interest standing in 15 acres of garden and ground and is situated 14 mile from Northampton and 12 miles from Bedford on the main London to Northampton Road, fifty miles from London Both sexes are accommodated Hydrotherapeutic Treatment is used extensively in suitable cases Radiant Heat Vita and Ultra Violet Light Diathermy and Loam Baths, Billiards tennis etc
Apply Dr D I M DOUGLAS MORRIS
Telephone Newport Pagnell 121

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An attractive and comfortable PRIVATE HOME Beautifully situated in its own ground 400 ft above sea level Exceptionally healthy air and position affords every facility for convalescence Loam Baths Squash Racquets Lawn Tennis Croquet Bowls etc
Treatment for Ladies and Gentlemen suffering from Insomnia Functional Nervous Disorders Alcohol and Drug Habits also Convalescent Cases
Phone Hemel Hempstead 12 Apply J C BAKER M B

ROYAL NAVAL MEDICAL SERVICE.

A number of vacancies exist for Medical Officers in the Royal Navy, and applications are invited for entry in July, 1937

Candidates must not be above the age of 28 years and must be registered under the Medical Acts No examination in professional subjects will be held but candidates will be required to attend for interview by a Selection Board

Selected Candidates will be entered for Service for a period of three years in the first instance, which may be extended to five years at the discretion of the Admiralty

At the end of three years service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate Study

Copies of the regulations for entry and conditions of Service, including rates of pay and allowances, may be obtained from the Medical Director-General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than May 31st 1937

ABERDEEN ROYAL INFIRMARY

The Board of Directors invite applications for a vacancy in the office of CLINICAL TUTOR attached to a Medical Ward The appointment which is an honorary one, will be for a period of one year with eligibility for reappointment at the discretion of the Directors until a period of five years has been served

Further particulars may be had from the undersigned with whom applications and testimonials (four copies) should be lodged on or before April 3rd

JOHN A McCONACHIE
Clerk and Treasurer
230 Union Street Aberdeen

UNIVERSITY OF LONDON

The Senate invite applications for the S A COURTAULD CHAIR OF ANATOMY tenable at the MIDDLESEX HOSPITAL MEDICAL SCHOOL Salary not less than £1 000 a year Applications (12 copies) must be received not later than first post on April 23rd 1937 by the Academic Registrar University of London W C 1 from whom further particulars should be obtained

---

CITY OF NOTTINGHAM

ASSISTANT MEDICAL OFFICER IN THE VENEREAL DISEASE CLINICS

The Corporation invite applications for the above position from male Medical Graduates who have gained special experience in Venereal Disease work

The successful candidate will be required to give his whole time to the service of the Corporation and will not be allowed to undertake any other work or to accept fees (with the exception of fees if any for lecturing or teaching out of duty hours)

Salary £500 per annum rising by annual increments of £25 to a maximum of £700 subject to deductions under the Corporation's Superannuation Scheme The officer will be required to pass a medical examination and to reside within the City boundary

Further particulars will be forwarded with forms of application which may be obtained from the undersigned Applications must be received not later than March 31 t

The Guildhall T I RICHARDS
Nottingham Town Clerk
March 8th 1937

CITY OF BIRMINGHAM

MENTAL DEFICIENCY ACT COMMITTEE

MONYHULL COLONY

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Resident Assistant Medical Officer (male) in the above Colony Candidates should have held house appointment in a General Hospital The appointment is for a single man Preference will be given to one with some Mental experience

The scale of salary is £350 by £25 to £450 per annum with full residential emoluments and a further £50 per annum is payable for a recognised Post graduate qualification in Psychological Medicine

After a period on probation and the passing of a satisfactory medical examination the appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909 as modified by the Asylums and Certified Institutions (Officers Pensions) Act 1918 All fees and emoluments received other than the above must be repaid to the City Council

Applications, with full particulars to be sent to the undersigned

Council House F H C WILTSHIRE
Birmingham Town Clerk
March 8th 1937

CITY AND COUNTY OF NEWCASTLE UPON TYNE

CITY HOSPITAL FOR INFECTIOUS DISEASES

RESIDENT MEDICAL ASSISTANT (Male)

Applications for the above appointment are invited from duly qualified and registered medical practitioners who possess a practical knowledge of Bacteriology The holding of a previous resident appointment will be considered a recommendation

Salary £350 per annum with board lodging etc

The appointment is for a period of one year only

Applications on the prescribed form which can be obtained on application to the Medical Officer of Health Town Hall Newcastle upon Tyne 1 must be submitted not later than Wednesday March 31st

March 8th 1937

WHITLEY AND MONKSEATON URBAN DISTRICT COUNCIL

TEMPORARY PART TIME MEDICAL OFFICER OF HEALTH

Applications are invited for the appointment of a Temporary Part time Medical Officer of Health for the Urban District of Whitley and Monkseaton at a salary of £275 per annum

Preference will be given to applicants who either possess the Diploma in Public Health or are Bachelors of Hygiene

The appointment will commence on April 1st and will continue (subject to determination by notice as hereinafter mentioned) until the Scheme for the appointment of a Whole time Medical Officer of Health for a combined area made by the Northumberland County Council under the Local Government Act 1929 comes into operation

The appointment may be determined by six months notice on either side

Applications, stating age and qualifications together with copies of not more than two recent testimonials to be sent in to the undersigned by first post on Saturday March 27th

Dated this 10th day of March 1937

Council Office ARTHUR S RUDDOCK
Whitley Bay Clerk to the Council

COUNTY BOROUGH OF BOOTLE

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

Applications are invited for the appointment of Assistant Medical Officer of Health and Assistant School Medical Officer (male) The salary will be within the scale of £500 per annum rising by annual increments of £25 to £700 per annum, the commencing salary to be fixed according to the previous experience of the person recommended for appointment Particulars of the duties and forms of application may be obtained from the Medical Officer of Health Town Hall Bootle

Applications accompanied by copies only of not more than three testimonials must be returned to the Medical Officer of Health not later than the first post on March 24th

Canvassing, either directly or indirectly will disqualify candidates

Town Hall HAROLD LAMINGTON
Bootle Town Clerk
March 5th 1937

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A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS Within two miles of the G W Railway and L M S Railway Stations at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom It is beautifully situated at the foot of the Cotswold Hills and stands in its own grounds of over 300 acres Voluntary Patients of both sexes are also received for treatment

Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE which has its own private grounds and is entirely separate from the Main Hospital

For particulars as to terms etc apply to—
ARTHUR TOWNSEND M D Medical Supt
Telephone No 6207 Barnwood

HILL END HOSPITAL
FOR MENTAL AND NERVOUS DISORDERS
(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on modern lines as Voluntary Temporary or Certified Private Patients at the Hill End Hospital Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL

situate about a mile away from the Hospital FEES TWO TO THREE GUINEAS PER WEEK

For further particulars apply to the Medical Supt W J T KIMBER I R C P D P M

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20 Exchange Street East Liverpool

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A PRIVATE MENTAL HOME situated in 11 acres of well wooded ground For Ladies and Gentlemen suffering from Nervous or Mental Illness Voluntary Patient Temporary Patients and Patients under Certificate are admitted for treatment Fees from 4 guineas a week upwards according to requirement A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the patient's own Physician Apply to Dr J A SMALL Telephone 80 Norwich
Telegrams Small 80 Norwich

BAILBROOK HOUSE
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For sufferers from Nervous and Mental Disorders with or without certificates

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley (See *Medical Directory* page 2322)

For terms apply A GUIRDHAM M A D M B Ch D P M Resident Physician
Telephone Bathea ton 8189

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A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit All types of early Mental and Nervous cases are received without certificates as Voluntary Patient under the provisions of the Mental Treatment Act 1930 Bracing Hill country See *Medical Directory* p 2328—Apply to Medical Superintendent Phone 10 1 0 Church Stretton

FENSTANTON,
CHRISTCHURCH ROAD
STREATHAM HILL S W 2

A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorders Certified Voluntary and Temporary Patients received Large Mansion with 12 acres of ground (See *Medical Directory* p 2312) Apply Resident Physician *Telephone* Tulse Hill 7181

ST ANDREW'S HOSPITAL
FOR MENTAL DISORDERS
NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON THE MARQUESS OF EXETER C M G A D C

Medical Superintendent DANIEL F LAMBERT M A M D

This registered Hospital is situated in 120 acres of park and pleasure grounds Voluntary Patients who are suffering from incipient mental disorders or who wish to prevent recurrent attacks of mental trouble temporary patients and certified patients of both sexes are received for treatment Careful clinical biochemical bacteriological and pathological examination Private room with special nurse male or female in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorder It contains special departments for hydrotherapy by various methods including Turkish and Russian baths the prolonged immersion bath Vichy Douche Scotch Douche Electrical bath Hombiere treatment etc There is an Operating Theatre a Dental Surgery an X ray room an Ultra Violet Apparatus and a Department for Diathermy and High Frequency treatment It also contains Laboratories for biochemical bacteriological and pathological research

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres Milk meat fruit and vegetables are supplied to the Hospital from the farm gardens and orchards of Moulton Park Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming gardening and fruit growing

BRYN-Y-NEUADD HALL

The seaside house of St Andrew's Hospital is beautifully situated in a Park of 330 acres Llanfairfechan amidst the finest scenery in North Wales On the North West side of the Estate a mile of sea coast forms the boundary Patients may visit this Branch for a short seaside change or for longer periods The Hospital has its own private bathing house on the seashore There is trout fishing in the park

At all the branches of the Hospital there are cricket grounds football and hockey grounds lawn tennis court (grass and hard courts) croquet grounds golf courses and bowling greens Ladies and gentlemen have their own gardens and facilities are provided for handicraft such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone No 2356 and 2357 Northampton) who can be seen in London by appointment

COURT HALL, KENTON, near EXETER,
for the treatment of eight Ladies voluntary, temporary, or certified patients
Large gardens and own dairy

CLIFFDEN TEIGNMOUTH for early and convalescent cases A well appointed house with spacious balconies and extensive views of the South Devon Coast Sub tropical gardens own dairy in 25 acres Private road to beach

Telephones
Starcross 59
Teignmouth 289

Resident Physicians BERTHA M MULES M D B S
ANNE S MULES M R C S L R C P

NORTHUMBERLAND HOUSE,
GREEN LANES FINSBURY PARK N 4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses Conveniently situated and easy of access from all parts Six acres of ground highly situated facing Finsbury Park Voluntary and Temporary Patients received without certification Occupational Therapy Psychotherapy and other modern forms of treatment

Telephone STAMFORD HILL 2688 Telegrams SUBSIDIARY LONDON

Convalescent Home KEARSNEY COURT DOVER For further particulars apply to the Medical Superintendent

THE COPPICE, NOTTINGHAM
HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted Occupational Therapy Voluntary and Temporary Patients received *Tel* 64117 *For terms etc apply to the Medical Superintendent*

HAYDOCK LODGE
NEWTON-LE-WILLOWS, LANCASHIRE

Leleg Street Ashton in Makerfield *Phone* Ashton in Makerfield 7311

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES suffering from mental and nervous disease either voluntarily temporarily or under Certificate Patients are classified in separate buildings according to their mental condition

Situated in park and ground of 400 acres Self supported by its own farm and garden in which patient are encouraged to occupy themselves Every facility for indoor and outdoor recreation For terms prospectus etc apply MEDICAL SUPERINTENDENT

INDIAN MEDICAL SERVICE

Recruitment of European Officers

Applications are invited from medical men for permanent commissions in H.M.'s Indian Medical Service. The terms offered include a gratuity of £1,000 on retirement after six years' service, or of £2,500 after 12 years' service, together with free return passages, for those who no longer desire to remain in the Service. In other respects the terms will be as detailed below.

British subjects of pure European descent who are under 32 years of age and who are registered under the Medical Acts in force in Great Britain and Northern Ireland are eligible to apply.

CAREERS

The Indian Medical Service offers a permanent career with wide opportunities of medical experience including clinical preventive specialist and research work. At the beginning of his career an officer is employed on the military side which has medical charge of the Indian Army. Promotion is on a time scale up to the rank of Lieutenant-Colonel and by selection to the ranks of Colonel and Major-General. An officer may apply after one year's Indian Service to have his name registered for transfer to the civil side from which appointments are made to Civil Surgeoncies which are established at the principal civil centres to provide for the medical needs of civil officials and for general medical administrative purposes to specialist (for example public health and bacteriological) services to research posts and to professorships at the Medical Schools.

RATES OF PAY

Years of Service	Rank	Basic Pay £ per mensem	Overseas Pay £ per month	Total £ per annum
1	Lieutenant	400	£1	£ s
	Captain	400	£	£ 0
3		0	£	£ 0
4		800	£	£ 0
		800	£	£810
6		600	£10	£960
7		00	£10	£960
8		00	£10	£960
9		00	£1	£10 0
10		00	£1	£10 0
11	Major	800	£	£1110
12		800	£10	£1 00
13		800	£10	£1 00
14		800	£10	£1200
15		800	£10	£1 00
16		800	£10	£1230
17		900	£10	£1320
18		900	£10	£1320
19		1100	£10	£1410
20		1100	£10	£1410
21	Lt.-Col.	1300	£10	£1560
22		1300	£10	£1560
23		1300	£10	£1560
24		1400	£10	£1830
25	-	1400	£10	£1830

NOTE.—(1) The rupee is at present stabilised at a rate equivalent to 1s. 6d.

(2) An officer promoted to the rank of Lieut.-Colonel before completion of 20 years' service will receive pay at the rate of Rs.1,200 per mensem (basic) + £40 per month overseas pay.

EXTRAS.—In addition to the above rates various allowances are admissible for a large number of special appointments on both the military and the civil side which may be held by members of the Indian Medical Service. Special high rates of pay are also attached to the numerous administrative appointments open to officers in both branches of the Service.

ANTEDATES IN COMMISSION

Candidates possessing certain higher medical qualifications or holding the Diploma in Public Health may be granted an antedate in their commissions. Past service in certain hospital appointments may also render candidates eligible for an antedate. Persons holding or about to hold resident posts at recognised hospitals may be seconded in those posts for a period. The maximum period of antedate secondment or antedate and secondment combined admissible under this paragraph is limited to eighteen months.

OUTFIT ALLOWANCE

Officers on appointment will receive an allowance of £75 towards the cost of outfit.

PRIVATE PRACTICE

With the exception of Administrative Officers military or civil and officers holding certain special appointments officers are not debarred from taking private practice so long as it does not interfere with their proper duties.

LEAVE

Leave can be taken at reasonable intervals and adequate rates of leave pay are provided. Extra leave (known as study leave) which may not exceed 12 months in all during an officer's service may be granted to officers desirous of pursuing special courses of study of a post-graduate nature. During such leave study allowance at present fixed at the rate of 12s. a day in the United Kingdom £1 a day on the Continent of Europe and £1 10s. a day in the United States of America and Canada is granted to an officer in addition to ordinary rates of leave pay.

PENSIONS

The rates of pensions are as follows:

	per annum £	s	d
After 17 years' service for pension	372	0	0
18	400	0	0
19	428	0	0
20	465	0	0
21	502	0	0
22	539	10	0
23	576	10	0
24	614	0	0
25	651	0	0
26	697	10	0
27	744	0	0

There are additional pensions ranging from £65 to £350 per annum for officers who have held administrative appointments.

PASSAGES

An officer on appointment is provided with free passage to India. The families of officers who are married prior to the date of the officers embarkation on first appointment will also be provided with free passage to India subject to the payment of messing charges.

Officers and their families are also eligible for passage concessions under which they are granted a certain number of return passages home at Government expense during their service.

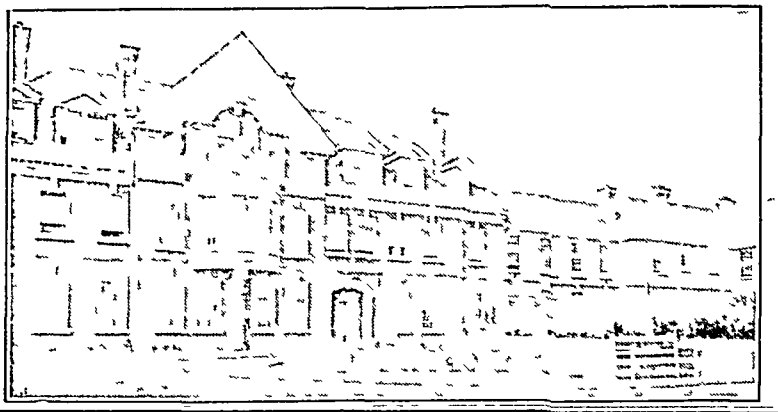
INSTRUCTION PRIOR TO EMBARKATION

Officers are required to undergo courses of instruction at the Royal Army Medical College and at Aldershot lasting approximately three months prior to their embarkation for India on first appointment. Information as to the rates of pay admissible during this period and subsequently up to arrival in India is contained in the memorandum referred to below.

A memorandum giving full details regarding these appointments and forms of application may be obtained from the Under Secretary of State for India, Military Department, India Office, London, S.W.1. The Selection Committee will meet at the India Office early in April next and the selected candidates will be required to join a course of instruction commencing on May 1st prior to sailing for India about September 1937. Applications should be submitted as soon as possible.

INDIA OFFICE, March 1937.

ROOKSDOWN HOUSE, NEAR BASINGSTOKE, HANTS



FOR THE RECEPTION AND TREATMENT OF

NERVOUS AND MENTAL ILLNESS.

A Superior Modern and Attractive Building situated in a charming and bracing locality 400 ft. above sea level

Extensive pleasure grounds with croquet tennis bowling and putting greens

Occupational Light and Hydro Therapy

ONE HOUR RAIL JOURNEY FROM LONDON

Ladies and Gentlemen can be received as private patients on a voluntary basis or with certificates written application alone is required for the former

FEES including all necessaries except clothing from THREE to FIVE GUINEAS A WEEK

Brochure and information may be obtained from the MEDICAL SUPERINTENDENT

Telephone 157 Basingstoke

NEW LODGE CLINIC, WINDSOR FOREST

This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a "team" of physicians and specialists

All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease and functional and organic nervous disorders Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest, Berks Telephone 181 and 182 Winkfield Row

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villa Chapel Garden and dairy produce from own farm Terms very moderate

CONVALESCENT HOME at BOURNEMOUTH

Detached Villas standing in 12 acres of ornamental ground with tennis courts etc which Voluntary, Temporary or Certified Patients may reside by arrangement for long or short periods

Illustrated Brochure on application to the Medical Superintendent The Old Manor, Salisbury Telephone 51

CAMBERWELL HOUSE, 33, Peckham Road, London, S.E.5.

Telegrams PSYCHOLIA LONDON

FOR THE TREATMENT OF MENTAL DISORDERS

Telephone RODNEY 4242 (2 lines)

Also completely detached villas for mild cases with private suites if desired Voluntary patients received Twenty acres of grounds Hard and Grass Tennis Courts Putting Greens Bowls Croquet Squash Rackets Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts Occupational Therapy Callisthenics and Dancing Classes X Ray and Actino therapy Prolonged Immersion Baths Operating Theatre Pathological Laboratory Dental Surgery and Ophthalmic Dept Chapel Senior Physician Dr HERBERT JAMES NORMAN assisted by three Medical Officers also resident and visiting Consultants

An illustrated prospectus giving fees which are strictly moderate may be obtained upon application to the Secretary

The Convalescent Branch is HOVE VILLA BRIGHTON and is 200 feet above sea level

CALDECOTE HALL

NUNEATON

WARWICKSHIRE

(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases are not received)

This beautiful mansion situated in the heart of the country (less than two hours from London by L.M.S.R.) and surrounded by charming pleasure grounds in which games and outdoor occupational therapy are available is devoted to the treatment of Functional Nervous Disorders by psychotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A. E. CARVER, M.D., D.P.M., Resident Medical Superintendent

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15.

Telegrams "Alleviated, London" **Telephone Rodney 2641-2642**

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Kearsney Court near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week

Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

CHEADLE ROYAL HOSPITAL,

CHEADLE, CHESHIRE

The REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N. Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive ground Hard and grass tennis courts cricket and croquet grounds and a court for badminton There are also wireless installations Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London

For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT

Telephone CATHEDRAL 2231 (3 lines)

CITY OF MANCHESTER

ASSISTANT TUBERCULOSIS OFFICER

The Public Health Committee invites applications for the position of Assistant Tuberculosis Officer at a commencing salary of £650 per annum rising by annual increments of £25 to £750 per annum

Candidates must be registered Medical Practitioners having special knowledge of Medical and Surgical Tuberculosis and should state whether they possess the Diploma in Public Health

Applications (no special form is issued), stating age qualifications and experience with copies of not more than three recent testimonials and endorsed on the envelope "Assistant Tuberculosis Officer" must be addressed to the Medical Officer of Health Sunlight House Quay Street Manchester, 3 and not to members of the Committee or Council and must be received by him not later than March 31st

The appointment will be under the administrative control of the Medical Officer of Health and the immediate control of the Senior Tuberculosis Officer He will be required to devote the whole of his time to the duties of his position to execute the Deed of Service and to contribute to the Corporation Superannuation Fund

Canvassing in any form direct or indirect oral or written is prohibited

Town Hall I L WARBRICK HOWITT
Manchester 2 Town Clerk
March 9th 1937

CITY OF MANCHESTER

MONSALL HOSPITAL FOR INFECTIOUS DISEASES (600 Beds)

The Public Health Committee invites applications from registered Medical Men for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above named Hospital

The salary for the appointment is £250 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than April 3rd

Town Hall I L WARBRICK HOWITT
Manchester 2 Town Clerk
March 9th 1937

CITY OF MANCHESTER

WITHINGTON HOSPITAL (1 293 Beds)

The Public Health Committee invites applications from registered Medical Men for the post of the above named Hospital of RESIDENT ASSISTANT MEDICAL OFFICER for the tuberculosis wards (170 beds) for all types of pulmonary tuberculosis forming part of the City's tuberculosis scheme

The salary for the appointment is £300 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than March 31st

Town Hall I E WARBRECK HOWITT
Manchester 2 Town Clerk
March 11th 1937

COUNTY COUNCIL OF THE ISLE OF ELY

APPOINTMENT OF ASSISTANT COUNTY AND SCHOOL MEDICAL OFFICER (Male or Female)

Applications are invited from suitably qualified medical men and women for the above post

The duties are mainly, but not entirely in connection with the School Medical Service and experience in refractions and the prescription of glasses will be necessary

The salary will be £500 per annum rising by annual increments of £50 per annum to £700 The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination Canvassing in any form will be deemed a disqualification

Forms of application and further details may be obtained from the County Medical Officer County Hall March Cambs by whom completed applications must be received on or before Tuesday March 30th

County Hall R I G THURLOW
March Clerk of the County
March 5th 1937 Council

NORTHAMPTONSHIRE

COUNTY MEDICAL OFFICER OF HEALTH AND CHIEF SCHOOL MEDICAL OFFICER

The Northamptonshire County Council invite applications for the appointment of County Medical Officer of Health and Chief School Medical Officer for the Administrative County of Northampton

Applicants must be legally qualified and duly registered Medical Practitioners and hold a Diploma in Sanitary Science Public Health or State Medicine They must also have had previous experience in Public Health administration under a Local Government Authority

The salary will be at the rate of £1 100 per annum payable monthly together with officers' staff stationery, and such allowances for travelling and other necessary out of pocket expenses as the County Council shall from time to time approve A periodical review of salaries is made by the County Council and suitable increments of salary will be given for proved ability and satisfactory service

The salary will be subject to a deduction of 5 per cent per annum for superannuation in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922, which the County Council have adopted

The candidate appointed will be required to pass a medical examination

The officer appointed must reside at a place to be approved by the County Council and devote the whole of his time to the service of the Council and its Committees, he will be required to act as Medical Adviser to the County Council and its Committees and will be responsible for the carrying out of the Public Health work now devolving upon or which may hereafter devolve upon the Council or its Committees

The appointment is made in accordance with the provisions of Section 103 of the Local Government Act 1933, and is to be determinable (subject to the provisions of Sub section 3 of that Section) upon three months notice on either side

Further particulars, if required may be obtained on application to the undersigned

Applications endorsed "Medical Officer" with not more than three recent testimonials giving full particulars of the training qualifications experience, and age of the applicant, should reach the undersigned on or before April 5th

Applications and testimonials for the use of members of the Public Health etc, Committee must be printed or typewritten and not less than thirty copies should be supplied for this purpose

Canvassing will disqualify

County Hall H S MARTIN
Northampton Clerk of the County
March 12th 1937 Council

COUNTY OF THE ISLE OF ELY

APPOINTMENT OF MEDICAL OFFICER ASSISTANT SCHOOL

The County Council invite applications for the post of Assistant County Medical Officer of Health and Assistant School Medical Officer from duly qualified Medical Practitioners holding a Diploma in Public Health or an equivalent qualification in State Medicine, who have had at least three years experience in the practice of their profession The successful applicant will be required to undertake clinical tuberculosis work and must have spent not less than eighteen months in general clinical work, of which not less than six months must have been spent in a Hospital as Resident Officer in charge of beds occupied by general medical or surgical cases and must have received special training for a period of not less than six months in the diagnosis and treatment of Tuberculosis

The commencing salary will be £500 per annum rising by annual increments of £50 to £700 per annum The post is designated under the provisions of the Local Government and Other Officers Superannuation Act 1922 The successful applicant will be required to pass a medical examination

The present officer holds the appointment of Medical Officer of Health to the Whittlesea Urban District Council and to the Thorney Rural District Council at salaries of £100 per annum and £30 per annum respectively inclusive of travelling expenses The selected candidate will be at liberty to apply for these appointments on a temporary basis

Canvassing in any form will disqualify the candidate

Forms of application and further details may be obtained from the County Medical Officer County Hall March Cambs to whom they should be returned not later than Friday, April 2nd

County Hall R I G THURLOW
March Clerk of the County
March 6th 1937 Council

COUNTY BOROUGH OF DUDLEY

SUPERVISOR OF MIDWIVES HEALTH VISITORS, AND SCHOOL NURSES

Applications are invited for the post of Supervisor of Midwives Health Visitors and School Nurses from persons under the age of 40 years, at a salary of £260 per annum rising by annual increments of £10 to a maximum of £300 per annum

Candidates must be State Registered Nurses and Certified Midwives and have had prolonged experience in the actual practice of Midwifery They should have been approved by the Central Midwives Board as teachers of midwifery or have passed the Midwives Teachers examination of the said Board, and have actually been engaged in the training of pupil midwives or have held an administrative post in a Maternity Hospital

Candidates must also hold the Health Visitors Certificate of the Royal Sanitary Institute or the prescribed Certificate of the Board of Education

The successful candidate will be required to pass a medical examination and to contribute to the Council's Superannuation Scheme The appointment will be subject to one month's notice on either side

Applications stating age qualifications and experience together with copies of not more than three recent testimonials and endorsed "Supervisor of Midwives" should be forwarded to the undersigned so as to arrive on or before Wednesday March 31st

Canvassing in any form will be a disqualification

The Council House GEO C V CANT
Priory Road Dudley Town Clerk
March 8th 1937

AMENDED ADVERTISEMENT

COUNTY BOROUGH OF DUDLEY

SCHOOL NURSE HEALTH VISITOR AND MATERNITY AND CHILD WELFARE NURSE

Applications are invited for the appointment of a School Nurse Health Visitor and Maternity and Child Welfare Nurse, at a commencing salary of £200 per annum rising by annual increments of £6 10s to £226 per annum

Applicants must be fully qualified and State Registered Nurses not more than 35 years of age and must hold the Certificate of the Central Midwives Board and either

(a) the new Health Visitor's Certificate of the Royal Sanitary Institute as approved by the Ministry of Health or
(b) the Certificate of Health Visitor as prescribed by the Board of Education Regulations 1919, or
(c) any equi

The Local Officers' Superannuation and the successful applicant will be required to pass a medical examination

Applications stating age qualifications and experience together with copies of not more than three recent testimonials and endorsed "School Nurse," should be forwarded to the undersigned so as to arrive on or before Wednesday, March 31st

Canvassing in any form will be a disqualification

The Council House GLO C V CANT
Priory Road Dudley Town Clerk
March 8th 1937

HULL CORPORATION HEALTH DEPARTMENT

HULL CITY HOSPITAL

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited for the above appointment at the Hull City Hospital for Infectious Diseases Cottingham

The appointment is open to registered medical practitioners of either sex who must be single not more than 40 years of age and have had experience in general hospital work Possession of the Diploma in Public Health or similar qualification, and previous experience in a fever hospital will be regarded as additional qualifications

The appointment is for a period of one year and the salary is £350 per annum together with board laundry and residence The appointment may be extended for more than one year in which case the salary subject to satisfactory service will be increased by annual increments of £25 to a maximum of £450 per annum

The appointment is not designated under the Local Government and Other Officers Superannuation Act 1922

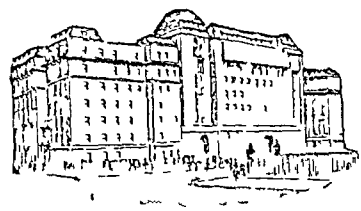
Applications on forms to be obtained from the undersigned, are returnable not later than 10 a m on Tuesday March 30th

NICOLAS GEBBIE M D
Medical Officer of Health

Health Department, Guildhall Hull
March 1937

Operated in the interests of the public

The CLINIC



By one of the provisions of its constitution the Company operating The Clinic is bound to devote the whole of the surplus revenue to the furtherance of its objects

Actually, under this provision, a sum of over seven thousand pounds was expended during 1936 on a thorough reorganisation of the nursing and catering services and on extensive renewals of, and additions to, equipment and furniture

In spite of this, the charges remain at an average of 14 guineas per week per room, with a few rooms at 10 guineas and others ranging up to 18 A new feature, introduced over the past year is the provision of a special free dispensary service included in the rates of all rooms

A total of nearly four thousand patients was received at The Clinic during 1936

You are invited to inspect the accommodation and facilities of The Clinic at your convenience—they are at the disposal of all Practitioners on the Register of the General Medical Council The Secretary will gladly send further details

20 DEVONSHIRE PLACE, LONDON, W.1.

Telephone WEL*beck* 4444 (20 *lines*)

EPILEPSY.

Attendance at school is a necessary part of the satisfactory treatment of Epilepsy in Children

COLTHURST HOUSE SCHOOL

meets all the requirements of children of middle class parentage Extensions made necessary by the success of the school have created several vacancies

Only bright and intelligent boys and girls are eligible for admission

Apply to the Director Colthurst House School, Warford, Alderley Edge

THE GRANGE,

near ROTHERHAM

A HOUSE licensed for the reception of a limited number of Ladies suffering from Nervous and Mental disorders Both certified and voluntary patients received Approved for temporary Patients This is a large country house with beautiful grounds and park five miles from Sheffield Tel No 40030 Ecclesfield Resident Phys GILBERT E MOULD L R C P M R C S Station Grange Lane L & N E Rly

SPRINGFIELD HOUSE,

Near BEDFORD (Phone 3417)

For Mental Disorders with or without Certificates

Resident Physician CEDRIC W BOWER

Ordinary Terms Five Guineas per week

(Including Separate Bedrooms-where suitable)

Interviews in London by Appointment.

THE GROVE HOUSE, CHURCH STRETTON, SHROPSHIRE

A private Home for the care of and treatment of a limited number of Ladies mentally afflicted Voluntary and Temporary Patients received under the new Mental Treatment Act 1930 Medical Superintendent Dr McCLINTOCK

Smedley's

Great Britain's Greatest Hydro

Matlock

Full range of Hydropathic Treatments Unrivalled suites of Baths Turkish and Russian Baths Aix and Vichy Douches Massage Pedicures Treatment Medical Electric Installation for Baths Special Medical Purposes Dowsing Radiant Heat Infra red Light Artificial Sunlight Diathermy Nauheim Baths Scapless Faradic Certified milk from own farm Large Winter Garden Orchestra Special provision for Invalid Assistance Over 60 trained Male and Female Nurses Masseurs Attendants etc

Terms 13/ to 18/6 per day inclusive board

Illustrated prospectus M J on request

Resident Physicians G C R HARBINSON M B B Ch B A O (R U I) R MacLELLAND M D C M

Phone No 17 *Grams* *Smedleys Matlock*

PRIVATE MENTAL HOSPITALS, Co DUBLIN

Est 1826

HAMPSTEAD Glasnevin for Gentlemen **HIGHFIELD** Drumcondra for Ladies

ELMHURST Glasnevin for Convalescent Lady Patients

For the Cure and Care of Patients of the Upper Class suffering from Mental and Nervous Diseases and Abuse of Drug

Telegrams EUSTACE GLASNEVIN *Telephone* DRUMCONDRA No 3

These Hospitals are built on the Villa System and there are also Cottages on the demesne (120 acres) which is 150ft above the sea level and commands an extensive view of the Dublin Mountains and Bay

Voluntary Patients admitted without Medical Certificates

For terms etc apply Medical Superintendent Dr WILLIAM NEILSON EUSTACE or at the Consultation Rooms 7 Dawson Street Dublin Mondays Wednesdays and Fridays at 2 30 p m

Northwoods,

Winterbourne, BRISTOL.

Phone & Gram Winterbourne 18

For further particulars and prospectus apply to JOSEPH CATES M D

Terms from 4 guineas a week

For the

TREATMENT of MENTAL AILMENTS DRUG ADDICTION & ALCOHOLISM

Certified temporary and voluntary patients of both sexes Separate bedroom Private suite Ample facilities for amusement Private golf course Thorough clinical bacteriological and pathological examinations Occupational therapy Visiting consultant Garden and dairy produce from farm on the estate

SHAFTESBURY HOUSE,

FORMBY BY THE-SEA Nr LIVERPOOL

Specially built and licensed for the care and treatment of a limited number of Ladies and Gentlemen suffering from Nervous and Mental breakdown Voluntary and Certified patients received Ladies also admitted as Temporary Patient without Certification Terms moderate Apply RESIDENT PHYSICIAN Tel No 8 Formby

LONDON COUNTY COUNCIL

RESIDENT MEDICAL SUPERINTENDENTS required at

(1) ST CILES HOSPITAL Brunswick Square Camberwell (810 Beds) Salary £1 300 by £50 to £1 550 and unfurnished house free of rate Duties may also include those of temporary medical officer of Camberwell Institution and of Peckham Children Homes at £50 and £25 a year respectively

(2) ST ALFEGE S HOSPITAL 48 Vanbrugh Hill Greenwich (634 beds) Salary £1 100 by £50 to £1,350 with unfurnished quarters free of rate Duties also include those of temporary administrative and medical head of St Alfege s Institution (86 beds) at £100 a year

Persons appointed will be under the Medical Officer of Health and must undertake duties at other establishments if so required Candidates must have been qualified Medical Practitioners for at least five year have been house physician or house surgeon in a public general hospital and be experienced in Hospital administration

Application forms obtainable (stamped addressed foolscap envelope necessary) from Clerk to the Council County Hall S E 1 returnable by March 25th Canvassing disqualifie

LONDON COUNTY COUNCIL

TEMPORARY DISTRICT MEDICAL OFFICER required for Area VII District M (Bilham) — Provisional salary £160

Person engaged required to carry out duties prescribed by Public Assistance Order 1930 and to reside in or near district Engagement until March 31 1938 in first instance Remuneration and conditions subject to review

Application form obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2a County Hall S E 1 returnable by April 5th Canvassing disqualifie

LONDON COUNTY COUNCIL

PART TIME MEDICAL OFFICERS (men or women) required at the MAUDSLEY HOSPITAL Denmark Hill S E 5 Candidates must be under 40 years of age and be registered to practise both in medicine and surgery in England Salary £300 a year of 48 weeks for five sessions (morning and evening) of three hours each week Psychotherapy in Out Patient Department No emolument Married women ineligible For application form returnable by April 6th send stamped addressed foolscap envelope to Chief Officer (B) Mental Hospitals Department Shell Mex House Strand W C 2 Canvassing disqualifie

LEICESTERSHIRE COUNTY COUNCIL

COUNTY SANATORIUM AND ISOLATION HOSPITAL MARKFIELD (200 Beds)

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited for the post of an unmarried male Junior Resident Medical Officer at the above Institution

The appointment will be for a period of six months renewable if satisfactory for a further six months

The salary will be £300 per annum together with board residence and laundry

The person appointed will have opportunities of gaining experience in the treatment of tuberculosis and infectious diseases and in X ray work

Forms of application may be obtained from the undersigned and must be received together with copies of not more than three recent testimonials not later than April 9th

County Offices LUCAS E RUMSEY
Leicester Clerk of the County Council
March 15th 1937

CITY OF LIVERPOOL

ASSISTANT RESIDENT MEDICAL OFFICER CITY INFECTIOUS DISEASES HOSPITALS

Applications are invited for the above appointment for a period of one year at a salary of £250 per annum together with the usual residential allowances The person appointed will not be allowed to engage in private practice and will be required to devote whole time service to the duties of the office

Candidates will be required to possess a registered Medical and Surgical qualification and should have a knowledge of Bacteriological method

Applications to be made upon forms obtainable from the Medical Officer of Health Municipal Annexe Dale Street Liverpool to be endorsed Assistant Resident Medical Officer and returned to the undersigned so as to be received not later than Thursday April 1st.

Municipal Building W H BAINES
Dale Street Liverpool 2 Town Clerk
March 1937

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one years standing for undermentioned appointment at HEATHER WOOD HOSPITAL ASCOT BERKS Candidates must have held resident appointment in a General Hospital for at least six month

ASSISTANT MEDICAL OFFICER Grade II —Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for second year under certain condition) Experience in Orthopaedics desirable There is no accommodation for a woman Married quarters not available

Application form obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2a County Hall S E 1 returnable by April 5th Canvassing disqualifies

LONDON COUNTY COUNCIL

Application invited from Medical Practitioners for positions of HOUSE PHYSICIAN and HOUSE SURGEON Several positions are now vacant General and Special Hospital Salary £120 a year with board lodging and washing Appointment for six months in first instance

One position of House Surgeon is for the special unit for Thoracic Surgery at St Marylebone Hospital Marlebone Road Kensington W 8

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2a County Hall S E 1 returnable by April 5th Canvassing disqualifie

DEVON COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Devon invite applications for the above appointment from duly qualified registered Medical Practitioner holding a Diploma in Public Health and not over 45 years of age

The salary will be £500 per annum and will rise subject to satisfactory service by annual increments of £25 to £700 per annum

Travelling expenses in accordance with the County Council scale will be allowed to the successful candidate

The appointment will be terminated by three months notice on either side

The person appointed will be required to pass a medical examination and to contribute to the fund established by the County Council under the Local Government and Other Officers Superannuation Act 1922

Application on the prescribed form obtainable from the undermentioned address should be returned to me accompanied by not more than three testimonials on or about the first post on Monday April 12th

L MELEDITH DAVIES
County Medical Officer

4 Barnfield Crescent Exeter

HULL CORPORATION HEALTH DEPARTMENT

HULL MUNICIPAL MATERNITY HOME AND INFANTS HOSPITAL (104 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (Woman)

Applications are invited from unmarried or widowed Women Medical Practitioners for the appointment of Junior Resident Medical Officer at the above Institution

Salary £100 per annum together with board washing and residence at the Maternity Home

The appointment will be for six months with a possible extension for a further period of six months

Application on forms to be obtained from the undersigned are returnable not later than noon on Monday April 5th

NICOLAS GEBBIE M D
Medical Officer of Health

Health Department (172) Guildhall Hull
January 1937

CITY AND COUNTY OF BRISTOL

HAM GREEN HOSPITAL AND SANATORIUM

JUNIOR ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the above appointment which is tenable for twelve months at a salary of £250 per annum The Institution consists of 296 fever bed and 160 bed for all forms of tuberculosis Candidate should have held a resident appointment in a General Hospital for at least six month Application accompanied by three recent testimonial to accompanied by three recent testimonial to Clement Street Bristol 1 not later than April 5th

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICERS WEST MIDDLESEX COUNTY HOSPITAL ISLEWORTH

Applications are invited for the appointment of Three Resident Assistant Medical Officers Candidates must be registered Medical Practitioners who have held resident appointments in a General Hospital For two of the appointments special experience in Medicine is required and for the third appointment candidates must have had special experience in Surgery The officers appointed will work under the direction of the Medical Superintendent and will devote their whole time to official duties

Salary £400 per annum rising by annual increments of £25 to £475 per annum with board lodging and laundry valued at £100 per annum

The appointments which will be subject to medical examination will be held during the pleasure of the Council and are terminable by one months notice on either side

The appointment which do not carry any rights under the County Councils Superannuation Act, are for a period of four years at the end of which period the officers will leave the Councils service In a special case the Council may decide to retain an officer on the established staff in which event the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonial must be received by the undersigned not later than April 3rd Application forms are not provided Envelope must be endorsed Assistant Medical Officer West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE Z
Clerk of the County Council
Middlesex Guildhall Westminster S W 1
March 12th 1937

DERBYSHIRE EDUCATION COMMITTEE

ASSISTANT SCHOOL MEDICAL OFFICER (Male or Female)

The Derbyshire Education Committee require the services of an Assistant School Medical Officer (male or female) at a salary of £500 rising by annual increments of £25 to £700 per annum together with a travelling allowance in accordance with the County scale

Candidates must be registered Medical Practitioners of at least three years standing The duties will include work under the Maternity and Child Welfare Service Experience in this work and Mental Deficiency is desirable

The appointment will be a designated post under the Local Government and Other Officers Superannuation Act and the successful candidate will be required to pass a medical examination

The Officer appointed will not be allowed to engage in private or consultant practice but will be required to devote his whole time to the duties of the office and will act under the direction of the School Medical Officer

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of not more than three recent testimonials on or before Wednesday March 31st endorsed Assistant School Medical Officer

The appointment will be determinable by three months notice on either side

New County Offices W M MARSH
St Mary s Gate School Medical Officer
Derby March 9th 1937

COUNTY BOROUGH OF GRIMSBY

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Male Assistant Medical Officer of Health at the Grimsby Corporation Hospital This Institution has 98 beds for Pulmonary and Surgical Tuberculosis and 72 for Infectious Disease

Candidates must be unmarried and have held a resident post in a General Hospital The possession of a Diploma in Public Health is essential and Hospital experience in regard to Infectious Disease will be deemed an additional qualification

The salary is £500 per annum rising by annual increments of £25 to £700 per annum £120 per annum will be deducted for board residence and laundry

Forms of application and any further information desired may be obtained from the Medical Officer of Health 184 Victoria Street Grimsby Application endorsed Assistant Medical Officer, must reach me not later than Saturday April 3rd

JOHN W JACKSON Town Clerk
Municipal Buildings
170 Victoria Street Grimsby

TOR-NA-DEE SANATORIUM

MURTLE DEESIDE ABERDEENSHIRE

FOR THE DIAGNOSIS AND TREATMENT OF ALL FORMS OF TUBERCULOSIS

Managing Director DAVID LAWSON M.D. F.R.S.E.

Southern aspect. Low rainfall. Pure bracing air. Sheltered grounds. Beautiful surroundings. All modern equipment for diagnosis and treatment, including operating theatre. No extra charge for X Rays, Artificial Pneumothorax, Ultra Violet Light, or other special treatment.

Day and Night Nursing Staff. All bedrooms have central heating, electric light, hot and cold running water and wireless (headphones). Comfortable and airy public rooms.

Medical Superintendent: J. M. JOHNSTON, M.B., M.R.C.S., D.P.H. For terms and prospectus apply to the Secretary. Telephone: CULTS 107.

MAISON DE SANTE DE MALEVOZ

MONTHEY, VALAIS (Switzerland)

Treatment of all nervous and mental disorders. Several villas in a beautiful park overlooking the Rhone Valley, with view of the Alps Vaudoises and the Dents-du-Midi. A special house is reserved for the nervous cases who are admitted without any legal formality. In the other houses voluntary and certified patients are received. Psychotherapy, psychoanalysis, individual treatment of all cases. Occupational therapy. Sports: tennis, golf, swimming-pool, ski. The relatives of the patients may reside at the institution.

Terms from 15 Swiss francs a day. 4 Resident Physicians.

Apply to the Medical Superintendent, Dr. A. REPOND

Telephone: Monthey 6328. Telegrams: Malevoz, Monthey.

THE CORNISH RIVIERA SANATORIUM

ROSEHILL, PENZANCE

For the treatment of patients suffering from tuberculosis

The Sanatorium stands in its own grounds of 13 acres of garden lawn and woodland, and is well sheltered from cold winds. The climate is mild in winter, cool in summer. Artificial pneumothorax, and other modern forms of treatment are available. Day and night nursing staff. Electric light. Wireless in all rooms.

Med. Supt.: Francis Chown, M.B. Lond., D.P.H. Consulting Physician (late Med. Supt.) Cornwall County Sanatorium.

Terms 5 to 7 guineas weekly. Phone—Penzance 598.

THE COTSWOLD SANATORIUM

First opened in 1898 and rebuilt in 1925. On the Cotswold Hills, seven miles from Cheltenham, for the treatment of Pulmonary and all other forms of Tuberculosis. Aspect S.S.W. Sheltered from North and East. Elevation 800 feet. Pure bracing air. Special Treatment by Artificial Pneumothorax (X-ray controlled), Tuberculins and Ultra violet Rays is available when necessary, without extra charge. X-ray plant. Fully equipped Dental Department. Electric light. Radiators, hot and cold basins, and Wireless in all rooms. Up to date main drainage.

Full day and night Nursing Staff. Terms 5 gns. to 7½ gns. a week inclusive.

Med. Supt. CLOTILDE A. HOFFMAN, B.A., M.B., T.C.Dub. *Asst. Phys.* MARGARET A. HARRISON, M.B., B.S.Lond. *Pathologist* EDGAR N. DAVEY, M.B., B.Ch. *Consult. Laryngologist* CASSIDY DE W. CIBB, L.R.C.S.Edin. *Consulting Dental Surg.* GEORGE A. SAUNDERS, L.D.S., R.C.S.Lond. Apply Secretary, The Cotswold Sanatorium, Cranham, Gloucester. *Tel.* 81 and 82 WITCOMBE. *Grams.* HOFFMAN, BUCKLE.

MONTANA HALL, Montana, Switzerland

OPEN ALL THE YEAR

THE ONLY SANATORIUM IN SWITZERLAND UNDER BRITISH OWNERSHIP AND CONTROL, AND WITH A DAY AND NIGHT STAFF OF BRITISH TRAINED NURSING SISTERS

INCLUSIVE TERMS—from 7 guineas (sterling) per week

Med. Sup. HILARY ROCHE, M.D. (Melb.), M.R.C.P. (Lond.), Tubere. Dis. Dip. (Wales).

Comfortable South Coast Hotel. Ideally situated for those who wish to avoid the rigours of the winter.

THE HOTEL DE GRESLEY

FISHERMAN'S WALK, BOURNEMOUTH

Inclusive terms and service from 2½ guineas per week, including general Medical supervision. Central heating throughout and electric fires in all bedrooms. Lift. Very quiet locality with every facility for shopping and amusements. Special terms and arrangements for retired Medical Men. Apply the Resident Medical Director. Telegrams and Telephone: Southbourne 306.

Methods of Treatment at

BATH

See Supplement, page 11

A SPA UNDER ONE ROOF

In Rockside are combined all the amenities of a modern spa, such as entertainment.

SPACIOUS GROUNDS.

The Baths and Treatment Rooms occupy a special wing accessible by lift from all floors and are fully equipped for every form of physical treatment including the most modern hydrological and electrical methods, massage and remedial exercises, dietetic and occupational therapy. Terms £4 4s. 0d. to £6 6s. 0d.

Inclusive terms for consultation, fees, treatment, board, residence & attendance from £6 6s.

Write for Tariff to the Secretary.

Consulting Physician

C. R. LISTRANCI, ORMI, M.B., B.Ch. (Camb.), M.R.C.P. (Lond.)



ROCKSIDE PHYSIOTHERAPEUTIC ESTABLISHMENT MATLOCK

COUNTY BOROUGH OF SMETHWICK

ST CHAD'S HOSPITAL BIRMINGHAM

HOUSE PHYSICIAN AND ANAESTHETIST

Applications are invited from registered Medical Practitioners for the appointment of House Physician and Anaesthetist at the Council's Municipal Hospital, to commence duty on May 1st The appointment will be for a period of six months, with salary at the rate of £150 per annum with the usual emoluments If the successful candidate is re appointed for a further period of six months the salary will be at the rate of £200 per annum

St Chad's Hospital contains 145 beds and the cases treated include general medical, acute surgical and maternity patients It is staffed by the Honorary Consultants of the Birmingham Teaching Hospitals

Forms of application may be obtained from the Medical Superintendent, St Chad's Hospital Hagley Road Birmingham 16 to whom applications endorsed House Physician and Anaesthetist accompanied by copies of three recent testimonials must be delivered not later than first post on April 5th

Canvassing directly or indirectly will disqualify

Council House FRANK CHAPMAN
Smethwick Town Clerk
March 15th 1937

COUNTY COUNCIL OF YORK, EAST RIDING

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from Medical Men holding the Diploma in Public Health for the appointment of Assistant County Medical Officer of Health The person appointed who will work under the direction of the County Medical Officer of Health will be required to perform such general public health work as may from time to time be required by the Council and in addition to assist with the supervision of a residential institution for mental defectives

The salary will be at the rate of £500 per annum rising by annual increments of £25 to £700 per annum with an allowance in accordance with the Council's scale for the use of a motor car

The appointment will be an established post under the Local Government and Other Officers Superannuation Act 1922, and the successful candidate will be required to pass a medical examination

The appointment will be subject to one month's notice on either side

Forms of application may be obtained from the undersigned to whom they should be returned with copies of three recent testimonials not later than Saturday April 10th

County Hall GODFREY MACDONALD
Beverley Clerk of the Council
March 15th 1937

ROYAL CORNWALL INFIRMARY, TRURO (84 Beds)

HOUSE SURGEON (male) required with experience of Anaesthetics to commence duties on May 1st next Salary £170 per annum rooms board and washing Apply with copies of three recent testimonials to the Secretary of whom further particulars may be obtained

Truro W J CARNELL
March 16th 1937 Hon Secretary

THE ROYAL INFIRMARY OF EDINBURGH

Applications are invited for the post of JUNIOR ASSISTANT RADIOLOGIST Candidates must possess radiological qualifications and must be prepared to stay at least twelve months Salary at the rate of £250 per annum Applications stating age and previous experience should be sent to the undersigned as soon as possible

HENRY MAW Sec & Treas

THE BOLTON ROYAL INFIRMARY (315 Beds including two Auxiliary Hospitals)

Applications are invited from gentlemen for the post of HOUSE SURGEON

Salary £150 per annum with board residence laundry and attendance

Applications stating age nationality and experience together with copies of testimonials should be forwarded to the undersigned as soon as possible

C ANWYL HUGHES Secretary

THE SHEFFIELD ROYAL HOSPITAL (340 Beds)

Applications are invited for the post of WHOLE TIME CLINICAL ASSISTANT to the Ophthalmic Department The duties are of a routine type and candidates should have had out patient experience Salary £300 per annum non resident The appointment is for the first instance for one year

W H BOOTH Supt & Sec

THE ROYAL INFIRMARY, SUNDERLAND, CHILDREN'S HOSPITAL SUNDERLAND AND HEATHERDENE CONVALESCENT HOME, HARROGATE (405 Beds)

INAUGURATION OF A FRACTURE CLINIC

APPOINTMENT OF ORTHOPAEDIC SURGEON

Applications are invited for the post of Surgeon to the new Orthopaedic Department and Fracture Clinic

Applicants should be under the age of 35 years, and must possess the Diploma of Fellow of one of the Royal Colleges of Surgeons of Great Britain or Ireland or the Degree of Master of a British or Irish University

Experience in Orthopaedic Surgery in general and in fractures in particular is essential

An honorarium is attached to the post

Further particulars and official application forms may be obtained from the undersigned before Saturday March 27th

J A BEARDSALL House Gov & Sec

ROYAL DEVON AND EXETER HOSPITAL, EXETER

HOUSE SURGEON (MALE) TO THE EAR, NOSE, AND THROAT DEPARTMENT

Applications are invited for this post, which becomes vacant on April 1st

The appointment is for six months, but candidates are eligible for re election

Salary at the rate of £150 per annum, with board lodging and washing

Applications giving particulars as to age and qualifications together with copies of three recent testimonials, should be sent to the undersigned as soon as possible

S S COLL
March 15th 1937 Sec & Manager

THE CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE WITHINGTON, MANCHESTER (114 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER to the above Hospital and Institute for duty with the Radiotherapy Department Appointment is for six months in the first instance but is renewable Salary at the rate of £150 per annum, plus residence (private suite), board etc

The appointment offers an excellent opportunity of obtaining experience in Radium and X Ray Therapy Candidates must have had previous Medical and Surgical experience

Applications stating age, qualifications and previous experience to be submitted immediately to the undersigned

PERCY N GLASS, Superintendent

NORTH RIDING INFIRMARY MIDDLESBROUGH (General Hospital—143 Beds—3 Residents)

CASUALTY OFFICER required for a period of six months from April 1st (Third HS and HI is an applicant) The appointment will be for not less than six months and renewable Salary £150 per annum, with board residence and laundry

Candidates who must be male unmarried and of British nationality, are asked to state whether they are prepared to apply for the combined post of Third House Surgeon and House Physician (£140 per annum) in the event of the present Resident being appointed

Applications stating age qualifications and experience, together with copies of three recent testimonials should be sent to the undersigned forthwith

GERALD A KENYON Secretary Supt

WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL (112 Beds)

RESIDENT SURGICAL OFFICER

Applications are invited for the above post which becomes vacant on May 4th next The post is for six months in the first instance

Salary £300 per annum

Preference will be given to applicants holding the FRCS Diploma

Applications stating age nationality and experience together with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH I STARTIANT FRCS
House Gov & Sec

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL (124 Beds)

Two RESIDENT HOUSE SURGEONS required by the above Hospital to commence duty on April 1st Appointment is for six months Salary £150 per annum with board and lodging

Applications stating age nationality experience and qualifications to be sent together with copies of three recent testimonials to the undersigned immediately

HUBERT SPENCER
February 27th 1937 Secretary

DEVONSHIRE ROYAL HOSPITAL, BUXTON DERBYSHIRE

A National Hospital of 300 Beds.

RESEARCH IN RHEUMATISM

Applications are invited for the post of RESEARCH WORKER in Rheumatic Diseases The applicant (male) must be medically qualified with bacteriological laboratory experience

The appointment will be renewable annually The salary will be £400, rising to £500 per annum with private work, other than general practice.

Applications with copies of three recent testimonials, must be sent without delay, to the undersigned from whom further particulars can be obtained

A PRESTON TURNER
Gen Supt & Sec

CLAYTON HOSPITAL, WAKEFIELD

Applications are invited for the combined post of HOUSE SURGEON AND HOUSE PHYSICIAN The applicant should be interested in Pathology as he will be in charge of a small Pathological Laboratory

The appointment is for six months in the first instance and the salary is at the rate of £150 per annum together with board residence and laundry

Applications stating age qualifications and experience, together with copies of three recent testimonials, should be sent to the undersigned as early as possible The appointment is open to male applicants only of British nationality

H J LANCASTER, General Supt & Sec

KING EDWARD VII HOSPITAL, WINDSOR (200 Beds)

HOUSE SURGEON required (preferably with Ear, Nose and Throat experience) Applicants must be fully qualified men or women and registered

Salary at the rate of £100 per annum together with board, residence and laundry

Applications stating age qualifications and experience accompanied by testimonials should be sent to the undersigned not later than April 8th

A E CHURCHER, Secretary

HOVE GENERAL HOSPITAL HOVE (50 Beds)

A JUNIOR RESIDENT MEDICAL OFFICER (male) is required

Salary £120 per annum with board apartments and laundry Third class railway fare will be paid to applicants invited to attend for interview

Applications must be received by the undersigned not later than Friday 26th instant

H AUBREY PROCTER Sec Supt

SWANSEA GENERAL AND EYE HOSPITAL (336 Beds)

HOUSE PHYSICIAN wanted Gentleman single Salary £150 per annum, with board residence, and laundry Appointment for six months

Applications stating age nationality qualifications and experience together with copies of three recent testimonials, to be forwarded to the undersigned

O C HOWELLS Secretary Supt

DUNDEE ROYAL INFIRMARY

The Directors invite applications for the appointment to the Honorary Staff of an ASSISTANT VISITING PHYSICIAN Particulars of duties etc may be obtained from the Medical Superintendent Twenty four copies of letter of application and of at least three recent testimonials should be lodged with the undersigned not later than April 5th

WM I FERGUSON
March 9th 1937 Secretary

THE SCHOOL HOME OF RECOVERY, COBHAM SURREY

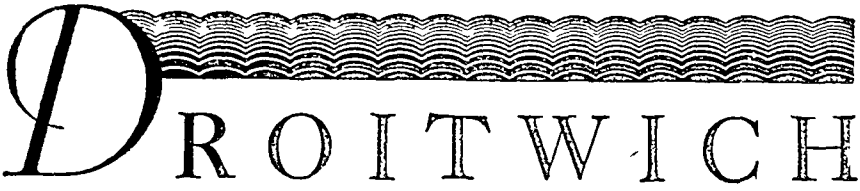
Required on April 30th RESIDENT SURGICAL OFFICER unmarried male Three months appointment renewable Rate £200 per year quarters meals and laundry found Applicant to have been House Surgeon in General Hospital and should be reading for examination Apply to Secretary Superintendent not later than April 12th

ST PAUL'S HOSPITAL, Indell Street Holborn WC2

The Committee of Management considering the appointment of HONORARY SURGEONS in the department for the diagnosis and treatment of persons suffering from Venereal Diseases and invite applications from duly qualified Medical Practitioners should submit particulars by application and the copies of three undersigned by March 26th

J P KEY CHISLETT Secretary

RHEUMATIC DISEASES



SPA

The need for an English Spa, pleasantly situated, with all the facilities for the treatment of rheumatic diseases offered by the famous Continental spas, has long been felt This Droitwich now supplies, and more and more cases which formerly would have been sent abroad are now going to Droitwich The natural brine which rises at Droitwich is the most potent of its kind in Europe and it has worked many remarkable cures

In addition to the three main baths there are Reclining Baths, Douche Spray Baths, Aix Douche, Aeration and Deep Chair Baths, and Nauheim Baths for the treatment of disorders accompanying maladies of the heart Finely equipped X-Ray and Electro-Therapy departments offer facilities for research and treatments including Diathermy, Infra-Red, Ultra-Violet Rays, Galvanism, Faradism, Ionisation and High Frequency

A residential Clinic is maintained for patients of moderate means

THE SPA DIRECTOR, DROITWICH SPA, WORCESTERSHIRE

[illegible] OYAL INFIRMARY
(GLOUCESTER
idents)

Applications are invited for the post of HOUSE SURGEON (male) Salary at the rate of £150 per annum with board residence and laundry

The appointment is for six months which may be extended for similar periods by reelection from time to time

Applications stating age qualification experience, and nationality with copies of not less than three recent testimonials should be sent to the undersigned not later than Wednesday March 24th

The elected candidate will be required to enter upon his duties on March 31st

F J SIMONS
March 11th 1937 Secretary

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY (400 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) Duties to commence as soon as possible

The appointment is for six months subject to reappointment at a salary of £175 per annum inclusive of board residence and laundry

Candidates must possess registered qualification and should forward their application stating age and nationality together with copies of three recent testimonial to the *Secretary Accountant from whom further particulars may be obtained.*

H S ELYMEN Secretary Accountant

KENT AND CANTERBURY HOSPITAL
(Recognized by Royal College of Surgeons for study for Fellowship) (137 Beds)

HOUSE SURGEON (male unmarried) for General and Ear Nose and Throat work To commence duty immediately Six month appointment Salary payable at the rate of £155 per annum with board residence and laundry *There are two other resident Medical Officer*

Application stating age and particulars of qualification together with copies of testimonial should be forwarded to the undersigned at once

S I WARD Secretary

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL

Wanted to commence duties early in April *RESIDENT HOUSE SURGEON* (male or female and unmarried) to assist in a medical and surgical *registered qualification Practical* experience in the administration of anaesthetics is required Salary £175 with apartments board and laundry All applications stating age, etc with *copies of testimonials* to be sent to me at once

9 Leicester Rd FRANK H TOONE
Loughborough Secretary

MANFIELD *ORTHOPAEDIC* HOSPITAL NORTHAMPTON (159 Bed)

Applications are invited for the post of JUNIOR RESIDENT MEDICAL OFFICER (male) to commence duties about April 1st Salary £150 per annum with board residence etc Preference will be given to candidates who have previously held Medical and Surgical appointments in a General Hospital

Applications stating age qualifications etc *and copies of testimonials* should be sent not later than March 22nd to—

H G LEWIS Secretary Supt

NORTH DEVON INFIRMARY
BARNSTAPLE
(70 Bed including Maternity Ward)

Wanted April 6th duly qualified Sole RESIDENT MEDICAL OFFICER Salary £150 per annum with board apartments and laundry *Appointment to be for not less than six months* Application stating age qualifications with copies of testimonials to be sent to the Secretary

NORTH ORMESBY HOSPITAL
MIDDLESBROUGH (195 Beds)

HOUSE PHYSICIAN (male and unmarried) required Salary £120 per annum with board residence and laundry Applications stating age qualification experience (if any) with copies of three recent testimonials should be sent to the undersigned

GEORGE WATTS Secretary Supt

RESIDENT MEDICAL OFFICERS (TWO (male) wanted for GARTLOCH AND WOODILEE MENTAL HOSPITALS Salary £500 rising by £10 per annum to £550 plus *board* lodging and laundry Applications stating age and experience and accompanied by copies of *not more than three recent testimonial* to be sent to the Medical Officer of Health, 23 Montrose Street Glasgow C1 not later than 31st current

THE COTTAGE HOSPITAL STOURBRIDGE
(34 Beds and Special Departments)

Applications are invited for the post of HOUSE SURGEON which will be vacant on May 1st next

The *appointment will be for a period of six* month terminable by two weeks notice given at any time at the rate of £160 per *annum* with board laundry etc

The Hospital has a Consultant Visiting Staff and Resident Surgical Officer

Application giving full details of qualification age and experience accompanied by three copies of testimonial should be addressed to the undersigned forthwith

W C H WESTON Secretary
The Cottage Hospital Stourbridge

WINSLEY SANATORIUM
near BATH

The Governors invite applications for the appointment of a whole time ASSISTANT RESIDENT MEDICAL OFFICER (male) Salary £250 with apartments board laundry etc

The appointment will be made for a period of twelve months (subject however to termination during such period by one calendar month notice on either side)

Applicants should state age qualifications experience etc and submit three testimonials by March 27th

T A W CARLISLE
Winsley Sanatorium Secretary
Near Bath March 8th 1937

ROYAL BUCKINGHAMSHIRE HOSPITAL AYLESBURY (80 Beds)

Applications are invited for the post of SECOND RESIDENT MEDICAL OFFICER (male) for six months to begin duty on April 1st

The candidate appointed will be eligible to apply for the senior post when it becomes vacant

Salary £150 per annum with board residence and laundry Candidates must be fully qualified and registered

Application stating age qualification and experience with copies of not more than three testimonials should be sent to the undersigned not later than March 20th

I C DAWES Secretary

THE LADY CHICHESTER HOSPITAL HOME *FOR FUNCTIONAL NERVOUS* DISEASES (60 Beds)

SENIOR HOUSE PHYSICIAN (woman) required Six months *appointment at* £100 per annum all found

Also JUNIOR at £50 per annum Valuable experience for Diploma in Psychological Medicine

Duties to commence *at the beginning* of April

Applications with *testimonial* to be sent to the Secretary Mr I I STOONER 35 West *Street Brighton*

March 12th 1937

THE ROYAL INFIRMARY
BRADFORD

TWO HOUSE PHYSICIANS (male) THREE HOUSE SURGEONS (male) and ONE CASUALTY HOUSE SURGEON (male) wanted for May 1st Six months appointments Candidates must be single and legally qualified Salary £150 per annum with board residence and washing There are 345 beds and 10 Resident Officers

Applications *stating age qualification* and previous experience with copies of recent testimonials *should be sent* to the undersigned not later than March 23rd

J J BARRON
March 5th 1937 Sec Supt

CAERNARVONSHIRE AND ANGLESEY INFIRMARY BANGOR
(A General Hospital)

Wanted a SENIOR and a JUNIOR HOUSE SURGEON (males) Salary respectively £150 and £100 per annum with residence board and laundry Duties of Senior HS to commence April 15th and Junior HS first week in April

Applications stating qualifications age and nationality to reach the Secretary on or before March 27th

DARLINGTON MEMORIAL HOSPITAL
(200 Beds)

Wanted HOUSE SURGEON (*male*) British fully qualified for the Ophthalmic Ear Nose and Throat *and Children's* Surgical Department Salary £150 per annum with board *residence* and laundry

Application *stating age and qualifications* together with copies of three recent testimonial to be addressed to the undersigned

ARTHUR RIDDLE ACIS
Secretary Supt

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

Applications are invited *from unmarried gentlemen doubly qualified* and registered for the post of CASUALTY HOUSE SURGEON (vacant April 1st next) Duties in Out Patients Department and under Orthopaedic Surgeon and two Assistant Surgeons Number of Resident Staff seven

Salary *at the rate of £150* per annum with board residence and laundering

Application stating age qualifications and experience together with copies of recent testimonial to be forwarded to Mr JOHN GIBSON Superintendent and Secretary as soon as possible

March 9th 1937

HARROGATE ROYAL BATH HOSPITAL
(Special Hospital for Rheumatic & Allied Diseases) (150 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties as soon as possible

Salary at the rate of £156 per annum with board residence and laundry

Exceptional *facilities for research or preparation* of thesis

Application stating qualifications age etc with copies of recent testimonials should be forwarded to the undersigned

E I L DIXON M A Secretary

VICTORIA HOSPITAL ACCRINGTON

The Governing Body of this Hospital invites application for the post of HOUSE SURGEON

Candidates must be duly qualified and registered Number of beds 50 Salary £150 per annum with board and lodging

Conditions of appointment and particulars of duties may be obtained from the undersigned to whom applications with copies only of testimonial should be sent on or before *the 22nd instant*

Victoria Hospital J KENYON
Accrington Secretary

PONTYPOOL AND DISTRICT HOSPITAL
PONTYPOOL MON (78 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) Salary £150 per annum with board and laundry The appointment is for six months from May 1

Conditions of appointment and particulars of duties can be obtained from the undersigned Applications must state age and qualification

V I BALL Secretary

THE CHILDREN'S HOSPITAL
SHEFFIELD (140 Beds)

Application are invited for the post of HOUSE PHYSICIAN vacant April 8th

The appointment is for six month Salary £100 per annum with board residence and laundry Candidates (male and unmarried) who must possess registered qualification should forward applications stating age nationality etc together with copies of three *recent testimonials* to the undersigned

F H C GARTLAND Supt & Sec

MANCHESTER EAR HOSPITAL
Grosvenor Square All Saints
(Registered for D L O)

The Board invite applications for the post of RESIDENT HOUSE SURGEON becoming vacant about middle of April (31 beds) Salary £120 per annum Candidates must be duly qualified and registered Applications with copies of four recent *testimonials to be for*warded to Mr REGINALD S MILFORD (Hon Sec Manchester Ear Hospital) c/o Mr W J EVANS 17 Brazenose Street Manchester 2

THE MOUNT VERNON HOSPITAL
NORTHWOOD MIDDLESEX
(For the Treatment of Cancer)

There will shortly be a vacancy for a HOUSE SURGEON Candidates must be fully qualified and registered Salary at the *rate of £150 per* annum with board residence for six months appointment Applications with copies of three testimonial to be sent to the undersigned on or before April 3rd

Offices W J MCILROY
32 Fitzroy Square W 1 Secretary

GLASGOW ROYAL MENTAL HOSPITAL
GARTNAVEL

JUNIOR ASSISTANT PHYSICIAN required for the above Hospital as soon as possible Candidates must have General Hospital experience and preference will be given to those having a Diploma in Psychiatry Salary £300 per annum with board apartments and laundry

Application with copies of testimonial to be sent to the Medical Superintendent Dr ANGUS MACNIVEN

There's LIFE *at Harrogate . . . always*

Life in her waters . . . specially suitable for the treatment of Disorders of the Liver—congestion, cirrhosis, jaundice, cholecystitis, cholelithiasis, and tropical liver Diseases of the Skin—eczema, psoriasis, the coccal infections of the skin, etc the Chronic Rheumatic Diseases—Arthritis, Fibrositis, Neuritis, Gout, Hyperpiesis, Mucous Colitis, Functional Disorders of the Heart, Pelvic Disorders of Women, Convalescence from acute illness.

A wide range of Sulphur waters, strong and mild, and of Iron waters, both saline iron and pure chalybeate, is available for dealing with the large group of disorders amenable to Spa treatment Prescribed diets obtainable at hotels and boarding houses, without extra charge Complimentary and reduced price facilities for the Cure, Accommodation and Amusements for Members of the Medical Profession.

Life in her air, recreation, concerts, surroundings . . . .

MONTHLY RETURN TICKETS AT 4 PENNY 1 MILE Any train any day

Descriptive Booklet from Spa Manager Harrogate 5 or any L N E R Office or Agency

Harrogate

"IT'S QUICKER BY RAIL"

THE BOURNEMOUTH HYDRO
Vita glass Sun lounge and Marine Balcony
Fully Certificated Staff
Treatments available include
Baths —Pyretic Foam and Nauheim
Electrical —Ultra Short Wave Diathermy
Light and Heat —Ultra Violet and Infra Red
Inhalation Therapy Plombieres Massage
Pistany Mud Treatments
Resident Medical Director Tel No 341

"ECCLESFIELD," STAPLEHURST, KENT
(Removed from Ashford Middlesex)
PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of park land Extensive views Home farm R C Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel Staplehurst 61

WYE HOUSE, BUXTON
For the treatment of Ladies and Gentlemen mentally afflicted Voluntary Boarders received Situated 1 200 ft above sea level, facing S 14 acres of grounds —For terms apply to the Resident Medical Superintendent W W HORTON M D Nat Tel 130

Tel and Telegrams Haynes Brentwood 45
Littleton Hall, Brentwood, Essex
Park, grounds 400 ft above sea HOME for ladies Mentally afflicted Voluntary Boarders received Station Brentwood and Shenfield 1 mile Liverpool St 26 min Apply Dr HAYNES

CITY OF LONDON MENTAL HOSPITAL DARTFORD KENT
Ladies and gentlemen received for treatment under certificates and without certification as either VOLUNTARY or TEMPORARY PATIENTS at a weekly fee of TWO GUINEAS and upward

LONDON, CORA HOTEL
Upper Woburn Place near B M A Headquarters Accommodates 235 visitors Modern comfort Excellent table A A and R A C recommended Room bath and table d hote Breakfast 8/6

HIGHER MEDICAL QUALIFICATIONS
Why not add one of the following degrees or diplomas to your name?
Diploma in Psychological Medicine
Diploma in Laryngology, etc
Diploma in Ophthalmology
Diploma in Radiology
Diploma in Tropical Medicine
Diploma in Child Health
Mastery of Midwifery
MCOG and DCOG
You can qualify for any of the above by our Courses of Combined Postal Clinical and Practical Instruction
We specialise in Post Graduate Coaching for all Examinations
Special Preparation for all [illegible] ENGLAND, F R C S EDIN BURGH F R C S IRELAND D ALL THE HIGHER SURG
You can ensure Success by t *your Examination at the*
MEDICAL CORRESPONDENCE COLLEGE
19, WELBECK STREET CAVENDISH SQUARE, LONDON, W I
Courses always in progress for all the above Examinations and also the 1st 2nd and Final M B B S London, and all other Universities 1st 2nd and Final Conjoint *Edinburgh Triple* and L M S S A D P H (Cantab Lond., Vict Dublin etc) M D London M R C P London and Edinburgh M D Thesis (all Universities, British and Colonial) All Dental Examinations
WHY FAIL AT ANY MEDICAL OR SURGICAL EXAM?
VALUABLE BOOK FREE!
Write at once for our Guide to Medical Examinations stating in which Examination you are interested, and a copy will be sent post free by return
Medical Correspondence College, 19, Welbeck Street, W I

NORTH EAST LONDON POST-GRADUATE COLLEGE
PRINCE OF WALES'S GENERAL HOSPITAL N 15
The Practice of the Hospital is limited to Medical Practitioners Particulars from J BROWNING ALEXANDER M D Dean

F R C S (Edin)
POSTAL and ORAL COURSES
Full details of above and Private Tuition —H C ORRIN F R C S Surgeons Hall Edinburgh

LIVERPOOL SCHOOL OF TROPICAL MEDICINE
(UNIVERSITY OF LIVERPOOL)
COURSES of INSTRUCTION (lasting about three months) for the Diploma in Tropical Medicine commence on September 30th 1937 and January 3rd 1938, and for the Diploma in Tropical Hygiene, on April 22nd 1937 and January 6th 1938 (Candidates for the D T H must possess the D T M of this University) For particulars apply to the Laboratory Secretary, School of Tropical Medicine Pembroke Place Liverpool, 3

HEREFORD COUNTY AND CITY MENTAL HOSPITAL

Wanted a SECOND ASSISTANT MEDICAL OFFICER (male) not exceeding 40 years of age, doubly qualified and registered under the Medical Act Salary £350 rising by annual increments of £25 to £450 plus £50 for D P M with board furnished apartments laundry etc or as an alternative if married £550 rising by annual increments of £25 to £600 plus £50 for D P M with no emoluments Ample opportunities exist for research with trained laboratory assistance in bacteriology pathology and biochemistry Preference will be given to a candidate with laboratory experience and to one holding a Diploma in Psychological Medicine

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909

Applications with one or more personal references to be sent to the Medical Superintendent County and City Mental Hospital Hereford

LEICESTER ROYAL INFIRMARY (500 Beds)

RESIDENT RADIOLOGIST

Applications are invited for the above newly created post

The successful candidate will be expected to act as House Physician to the Radiologist and assist in the diagnostic and therapeutic sides of the X Ray Department

The appointment is for six months, in the first instance and the salary is at the rate of £200 per annum together with board residence and laundry

Candidates should hold the D M R E Diploma

Applications giving full particulars as to age qualification experience and accompanied by not more than three testimonials should reach the undersigned not later than April 3rd The appointment will be made on April 21st

GEO W COOPER House Governor

KENT COUNTY OPHTHALMIC & AURAL HOSPITAL MAIDSTONE (109 Beds)

Applications are invited for the post of OPHTHALMIC HOUSE SURGEON which becomes vacant on April 16th The appointment is for six months but a senior post at a higher salary may be given after that period if mutually agreed upon Candidates must be duly qualified and registered Medical Practitioners single and of British birth and nationality and should have experience of Refractions Salary at the rate of £200 per annum with board residence and laundry The Hospital is recognised by the Examining Board for the D O M S

Applications stating age and qualifications together with copies of not more than three testimonials should be sent to the undersigned

JOHN W STRICKLAND Secretary

HOSPITAL CONVALESCENT HOMES PARKWOOD SWANLEY KENT (for the reception of patients (women and children) in an early stage of convalescence from the London Hospitals 120 beds) The Trustees of the Home invite applications for the post of LADY RESIDENT MEDICAL OFFICER The appointment is for a period of six months Salary £200 per annum with quarters and full board Candidates should have had recent Hospital experience

Applications stating age qualifications and full details of experience should be accompanied by copies of three recent testimonials and addressed to C M LOWLI Esq Secretary Hospital Convalescent Home c/o Westminster Hospital London S W 1 on or before Friday April 2nd

WEST HERTS HOSPITAL HEMEL HEMPSTEAD (114 Beds—24 miles from London)

Applications are invited for the appointment of a MALE JUNIOR RESIDENT MEDICAL OFFICER to commence duties on or about April 1st next Salary £120 with rooms, board and laundry

Particulars may be obtained from and applications stating essential particulars and enclosing copies of recent testimonials should be sent at once to—

ROBT L BUTTERFIELD Clerk to the Hospital

VICTORIA HOSPITAL FOR SICK CHILDREN (Incorporated) PARK STREET HULL

The Board of Management of the above Hospital requires a RESIDENT HOUSE SURGEON (male) at a salary of £120 with board residence and laundry to take up duties on April 1

Applications with copies of recent testimonials stating age and qualifications and other particulars to be sent to the Secretary not later than the 17th instant

March 6th 1937

PARK PREWETT MENTAL HOSPITAL BASINGSTOKE HANTS

SECOND ASSISTANT MEDICAL OFFICER

The Visiting Committee invite applications from registered Medical Practitioners holding a Degree or Diploma in Psychological Medicine for the post of Male Second Assistant Medical Officer (married) Gross salary £600 per annum rising by increments of £25 to £700 Age not to exceed 40 An attractive modern house situated in the Hospital grounds is available at a reasonable rental with coal and electricity at contract rates

Park Prewett which has 1 450 beds is an up to date Hospital with modern methods of treatment There is a detached villa for private patients and the person appointed would in addition to other duties have charge of this unit

The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Form of application giving fuller particulars which must be returned by April 19th to be obtained from the Medical Superintendent Park Prewett Mental Hospital, Basingstoke Hampshire

PARK PREWETT MENTAL HOSPITAL BASINGSTOKE HANTS

JUNIOR ASSISTANT MEDICAL OFFICER

The Visiting Committee invite applications from registered Medical Practitioners for the post of Male Junior Assistant Medical Officer, age not exceeding 35 years Preference will be given to applicants who have held an appointment in a General Hospital Salary £350 per annum rising by increments of £25 to £450 with furnished apartments board laundry and attendance valued for superannuation purposes at £150 per annum An extra £50 per annum will be paid on obtaining the D P M The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909

Form of application giving fuller particulars which must be returned by March 27th to be obtained from the Medical Superintendent Park Prewett Mental Hospital Basingstoke Hampshire

VICTORIA HOSPITAL BURNLEY (150 Beds)

HOUSE PHYSICIAN (Male)

Applications are invited for the above post which will become vacant on March 31st The duties include the giving of a certain number of anaesthetics. The appointment is for six months in the first instance at a salary of £150 per annum together with board, residence and laundry At the end of this period re appointment may be applied for and if granted the salary for the second six months will be at the rate of £200 per annum

Applications giving full details of qualifications and experience stating nationality, together with copies of recent testimonials should be addressed to the undersigned forthwith

J E WHITCROFT Secretary

VICTORIA HOSPITAL BURNLEY (150 Beds)

HOUSE SURGEON (Male)

Applications are invited for the above post which will become vacant on March 31st next The appointment is for six months in the first instance at a salary of £150 per annum together with board residence and laundry At the end of this period re appointment may be applied for and if confirmed the salary for the second six months will be at the rate of £200 per annum Applications with full details of qualifications and experience and stating nationality together with copies of recent testimonials should be addressed to the undersigned forthwith

J E WHITCROFT Secretary

ROYAL HOSPITAL FOR INCURABLES, DONNYBROOK DUBLIN

RESIDENT MEDICAL OFFICER (MALE) WANTED FOR THIS HOSPITAL

Applicants must be qualified in Medicine Surgery and in Compounding Must be unmarried Salary £200 per annum with board and furnished apartments Lady Practitioners are not eligible for this position

The appointment is to be for not less than one year from May 1st and the office not to be tenable for more than two years at the discretion of the Committee

Applications enclosing copies of testimonials and stating age and qualifications to be sent to the undersigned on or before April 8th

The election will take place at the Hospital on Thursday April 15th at 9 30 a m when candidates will be required to be in attendance

(By Order) WALTER V JONES Registrar

THE ROYAL HOSPITAL WOLVERHAMPTON (Incorporated under Charter)

HOUSE SURGEON required (General Surgery) duties to commence April 16th next. The Hospital contains 300 beds includes the usual special departments and is recognised by the Various Examining Bodies for a part of the requisite attendance on Medical and Surgical practice

Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished rooms and laundry provided Applications, with copies of testimonials, to be forwarded to the undersigned

H HARPER House Governor

THE ROYAL HOSPITAL WOLVERHAMPTON (Incorporated under Charter)

HOUSE SURGEON required for Orthopaedic and Fracture Department duties to commence April 1st The Hospital contains 300 beds includes the usual special departments and is recognised by the Various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished rooms and laundry provided Applications with copies of testimonials, to be forwarded to the undersigned

Wolverhampton W H HARPER
March 8th 1937 House Governor

ANCOATS HOSPITAL, MANCHESTER This Hospital is recognised by the Royal College of Physicians for its Medical Practice

RESIDENT MEDICAL OFFICER required to commence duty on April 16th Appointment for six months Salary at the rate of £150 per annum with board, residence and laundry Previous experience in a similar position necessary The appointment includes the supervision of the Medical Beds and assistance in the work of the Medical Out patients Clinic

Applications stating age qualifications experience and full particulars of appointments held to be forwarded to the undersigned on or before March 31st together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORN
Gen Supt & Sec

CUMBERLAND INFIRMARY CARLISLE (Beds 160—four Male R M O s)

Required MALE HOUSE SURGEON Special Departments (Eyes, Ear, Nose and Throat) as Part Casualty

Applications are invited for this post vacant on April 1st Six months appointment Previous experience desirable

Salary at the rate of £155 per annum board residence, etc

Applications, stating age nationality qualifications etc with copies of not more than three testimonials, must be received by first post Wednesday, March 24th by the undersigned who will supply further particulars if desired

J C HOWITT
March 12th 1937 Secretary

SOUTHPORT GENERAL INFIRMARY (150 Beds)

THREE HOUSE SURGEONS

Special Departments for Eye Ear Nose and Throat X Rays Massage Skin Pathology etc

Wanted to take up duties as soon as possible a MALE JUNIOR HOUSE SURGEON Salary £150 per annum, with residence board and laundry

Applicants to be fully qualified registered and unmarried

Applications stating age and experience with copies of testimonials to be sent in by March 24th to the Superintendent and Secretary Infirmary Office Lilkington Road Southport

ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER

Applications are invited for an additional HONORARY ANAESTHETIST to the Hospital Candidates must be Fellows or Members of one of the Royal Colleges of Physicians of Great Britain or Ireland or a Graduate in Medicine of one of the Universities of Great Britain or Ireland and must be duly registered

Applications with testimonials not more than three to be sent to the Secretary not later than April 3rd

Canvassing direct or indirect is prohibited

HERBERT WISEMAN Secretary

March 11th 1937

UNIVERSITY OF DURHAM

COLLEGE OF MEDICINE,

NEWCASTLE-UPON-TYNE.

The degrees in Medicine, Surgery, Hygiene and Dentistry, the Diploma in Public Health the Diploma in Psychiatry, and the Licence in Dental Surgery of the University of Durham are open to men and women

The SUMMER SESSION, 1937, will be commenced on TUESDAY, APRIL 13th

At the University of Durham College of Medicine, Newcastle-upon-Tyne, students can complete the entire course of professional study required for the above degrees, diplomas and licence, also for the Examinations of the Royal College of Physicians and Surgeons and other Examining Bodies

Hospital practice is carried out at the Royal Victoria Infirmary a general hospital containing more than 700 beds, and there are facilities for the study of the various special subjects General and Special Post-Graduate Courses are held

Practical Midwifery can be studied at the Princess Mary Maternity Hospital, which contains 90 beds, with an annual indoor and outdoor attendance on 3,000 cases Lectures are given on Psychological Medicine in the College of Medicine, and clinical instruction at the Mental Hospital, Newcastle Clinical instruction in Infectious Diseases is given by the Medical Officer of Health in the City Hospital at Walkergate

The Dental Department includes a dental hospital equipped on the most modern lines, with abundant material for clinical teaching and facilities for training in practical dental mechanics

Particulars may be obtained from the DEAN of the College

BRITISH POSTGRADUATE MEDICAL SCHOOL

An INTENSIVE REFRESHER COURSE for GENERAL PRACTITIONERS will be held in the fortnight commencing April 26th as follows —

Date	10.30 a.m. to 1 p.m.	Conducted by—	2 p.m. to 4.30 p.m.	Conducted by—
Monday April 26th	Principles of the Examination of Patients	Prof. F. R. FRASER, M.A., M.D., F.R.C.P.	Sciatica and Lumbago	Sir WILLIAM WILLCOX, K.C.I.E., C.B., C.M.G., M.D., F.R.C.P.
Tuesday April 27th	Pneumonia	Dr. R. A. YOUNG, C.B.E., M.D., F.R.C.P.	Injuries and Septic Infections of the Hand	Mr. M. F. NICHOLLS, M.A., F.R.C.S.
Wednesday April 28th	Indigestion	Dr. A. E. CLARK-KENNEDY, M.A., M.D., F.R.C.P.	Sterility	Mr. ALECK BOURNE, M.A., F.R.C.S., F.C.O.G.
Thursday April 29th	Children's Diseases in General Practice	The Staff of the Hospital for Sick Children, Great Ormond Street, W.C.1	Children's Diseases in General Practice	The Staff of the Hospital for Sick Children, Great Ormond Street, W.C.1
Friday April 30th	Obstetrical Emergencies	Mr. J. BRIGHT BANISTER, M.A., M.D., F.R.C.P., F.R.C.S., F.C.O.G.	Obesity	Dr. H. CARDINER HILL, M.B.E., M.D., F.R.C.P.
Saturday May 1st	Eye Conditions in General Practice	The Staff of the Royal London Ophthalmic Hospital, City Road, E.C.1	—	—
Monday May 3rd	Common Diseases of Nose, Throat and Ear	The Staff of the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1	Diagnosis of Nervous Disease	The Staff of the National Hospital, Queen Square, W.C.1
Tuesday May 4th	Asthma	Dr. G. W. BRAY, M.B., Ch.M., M.R.C.P.	Ante-natal Examination	Prof. JAMES YOUNG, D.S.O., M.D., F.R.C.S., F.C.O.G.
Wednesday May 5th	The Treatment of Common Fractures	Mr. J. P. HOSFORD, M.S., F.R.C.S.	Common Types of Anaemia, Their Diagnosis and Treatment	Dr. JANET M. VAUGHAN, D.M., M.R.C.P.
Thursday May 6th	The Acute Abdomen	Mr. R. J. MCNEILL LOVE, M.S., F.R.C.S.	Non-operative Treatment of Common Gynaecological Conditions	Miss ALICE BLOOMFIELD, M.D., F.R.C.S., F.C.O.G.
Friday May 7th	Demonstration of Local Anaesthesia	The Staff of the School	Diet and Disease	Dr. GEORGE GRAHAM, M.A., M.D., F.R.C.P.
Saturday May 8th	Psychiatry in General Practice	Prof. E. MAPOTHER, M.D., F.R.C.P., F.R.C.S. at Maudsley Hospital	—	—

Early application is recommended as only a limited number can be admitted **FEE 5 guineas**

Similar courses lasting a fortnight will commence on the following dates
May 31st June 28th September 20th October 18th November 15th

Detailed programmes and any further information can be obtained from the Dean, British Postgraduate Medical School, Ducane Road, W.12.

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments, with the Scottish Medical Secretary 7, Drumsheugh Gardens Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd.)*	**CONTRACT PRACTICE**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE LLANCRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	MID RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	**PUBLIC HEALTH**
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	NEATH AND DISTRICT *(Medical Aid Association)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
INVICTA MEDICAL BENEFIT SOCIETY GILLINGHAM *(Junior Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association, B M A House Tavistock Sq., W C 1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**QUEENSLAND** *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St Georges Terrace Perth Western Australia
VICTORIA *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourn Victoria				

March 17, 1937 By Order of the Council G C ANDERSON *Medical Secretary*

ROYAL UNITED HOSPITAL BATH

HOUSE SURGEON required for Ear Nose and Throat Department who will also be expected to give anæsthetics in other Departments

Salary £150 per annum with board residence and laundry

The appointment is for six months and candidates must be male unmarried and of British nationality

Applications with copies of three testimonials to be addressed to the undersigned immediately

J LAWRENCE MEARS
February 2nd 1937 Secretary Supt

ROYAL HOSPITAL RICHMOND SURREY

JUNIOR HOUSE SURGEON (male) required to take up duties on April 16th Salary at the rate of £100 per annum with board furnished apartments and laundry Candidates must be fully qualified, registered and single The appointment will be for six months after which the successful candidate will be eligible for the Senior post

Applications stating age nationality experience and copies of three recent testimonials must be forwarded to the undersigned not later than April 1st

G M EDEN Secretary Supt

ROYAL LANCASTER INFIRMARY
(140 Beds)

TWO JUNIOR HOUSE SURGEONS (male British single) required for April 1st Salary £130 per annum with board residence and laundry

The appointment is for six months Application with copies of testimonials should be addressed to the Hon Secretary Royal Lancaster Infirmary

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SOUTHEND ON SEA GENERAL HOSPITAL
(235 Beds—7 Resident—Hon Specialist Staff of 19 members)

Applications are invited for the posts of
HOUSE PHYSICIAN
HOUSE SURGEON (including work in one Special Department) Duties to commence on April 1st

The appointments are for six months Salary at the rate of £100 per annum with board etc provided Candidates must be registered (male) practitioner

Applications together with copies of two *recent* testimonial should be sent to the undersigned not later than March 24th

P H CONSTABLE Secretary

STOCKTON AND THORNABY HOSPITAL
STOCKTON ON TEES
(140 Beds—3 Resident)

JUNIOR RESIDENT MEDICAL OFFICER (male) required for a period of at least six month Duties to commence on or about April 7th Salary £150 per annum with board residence and laundry Candidates must be duly qualified and unmarried

Applications stating age nationality and experience together with copies of three recent testimonials to be sent to the undersigned

J WILKINSON Secretary

ROYAL VICTORIA HOSPITAL DOVER

Wanted for April 15th RESIDENT MEDICAL OFFICER (male unmarried) qualified and registered Salary £180 a year and board lodging and laundry 60 beds

Applications should be sent at once and must be received not later than March 25th addressed to the Hon Secretary Royal Victoria Hospital Dover on a form to be obtained from him

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HARLOW WOOD ORTHOPAEDIC HOSPITAL NEAR MANSFIELD NOTTS (135 Beds)

Applications are invited for the post of HOUSE SURGEON (male)

The salary is at the rate of £200 per annum with board residence and laundry The duties may include attendance at the associated Hospitals and Out patient Clinic and commence on May 1st The appointment will be for six months and may be renewed for a further six month

Application stating age and experience with copies of testimonials should be received by the Secretary not later than March 25th

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BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE ON TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry

The appointment is for six months in the first instance re appointment may be applied for Applications stating age and experience with copies of three recent testimonial to be sent to the undersigned immediately

C E LOWNDES Secretary

DONCASTER ROYAL INFIRMARY & DISPENSARY (185 Beds)
(Recognised under the Regulations for the Diploma in Anæsthetics)

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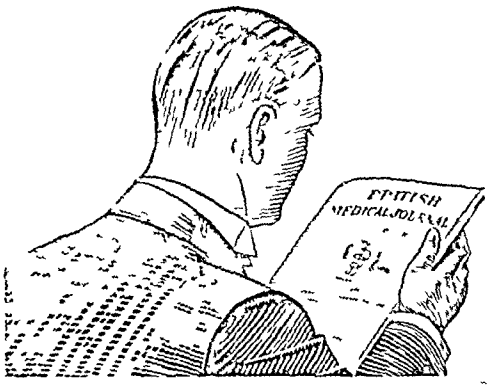
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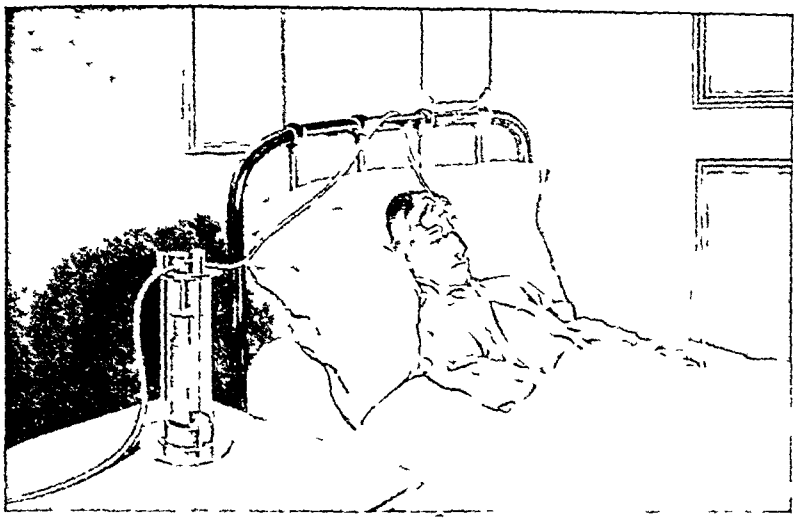
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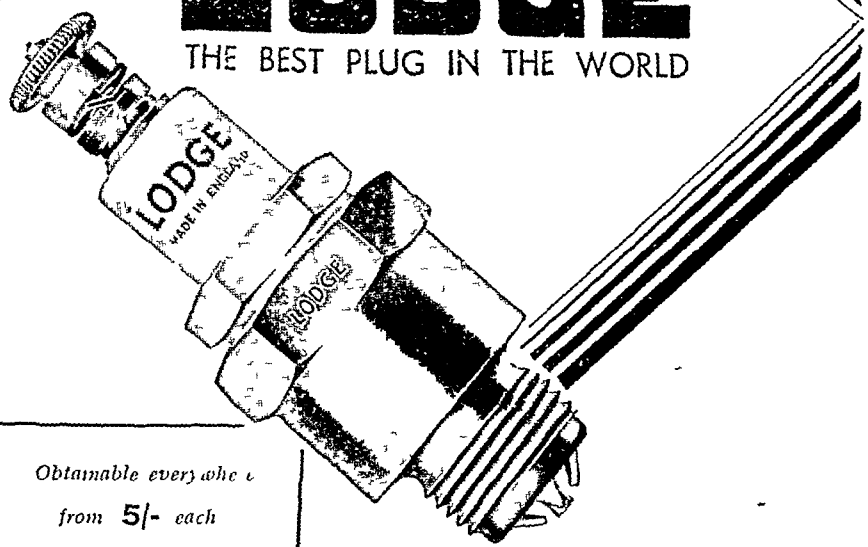
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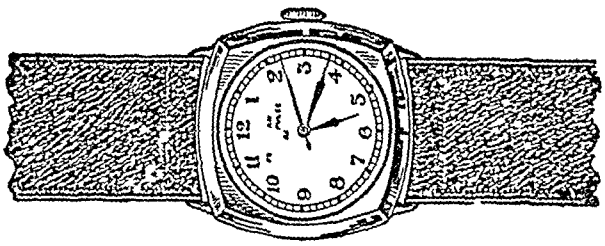
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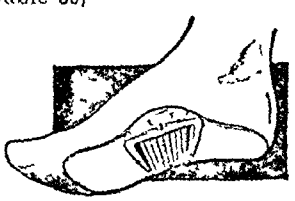
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SATURDAY MARCH 27 1937

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BRITISH MEDICAL ASSOCIATION

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APPOINTMENTS—Contd

NOTTINGHAM & MIDLAND EYE INFIRMARY

RESIDENT HOUSE SURGEON required end of March 56 beds Large Out-patient Department Salary £200 per annum, with board and laundry Post recognised for D O M S
Applicants should state age qualifications, experience and send copies of three recent testimonials to the Secretary, The Repewall Nottingham
March 19th 1937

THE BUCHANAN HOSPITAL, ST LEONARDS ON SEA (103 Beds)

JUNIOR HOUSE SURGEON (female) required to commence duties as soon as possible Salary at the rate of £125 per annum Candidates must be duly registered Medical Practitioners and applications which must be received by March 30th should include three copies of recent testimonials
FRANK HART Secretary

THE BELGRAVE HOSPITAL FOR CHILDREN (Incorporated) 1 Clapham Road S W 9

The Committee of Management invite applications for the posts of TWO HOUSE PHYSICIANS and ONE HOUSE SURGEON which will become vacant on April 30th
Applicants (men) must be fully qualified and registered The appointments are for six months with board residence and washing provided Salary at the rate of £100 per annum in each case Applications with copies of testimonials stating age to be forwarded on or before Wednesday April 7th
By Order
THOS CLAPHAM Secretary

ST JOHN'S HOSPITAL Lewisham S E 13

A vacancy has been declared in the office of HONORARY DERMATOLOGIST to fill which applications are invited The successful applicant will be required to take charge of beds and take one Out-patient Clinic weekly The Selection Committee will sit on the 23rd instant and applications should be received by the undersigned as soon as possible
J C CHIBERT Sec Supt

CONNAUGHT HOSPITAL, Walthamstow E 17
(118 Beds with five Resident Medical Officers)

CASUALTY OFFICER (male) required Salary £100 per annum with residence board and laundry Appointment for six months from April 1st Applications stating age nationality, qualifications and experience accompanied by copies of not more than three recent testimonials, should be received on or before Wednesday March 24th
KENNETH ELLISON Con Sec

KING'S COLLEGE HOSPITAL Denmark Hill S E 5

The Committee of Management invite applications for the posts of SENIOR and JUNIOR ASSISTANT RADIOLOGIST (part time) Terms of appointment including stars can be obtained from the undersigned Applications stating qualifications and giving three references, must be made by April 16th
C F A BIDWELL House Gov

BOOTLE GENERAL HOSPITAL BOOTLE LIVERPOOL 20

Applications are invited for HOUSE SURGEON to Special Department (Orthopaedic Ear Nose, and Throat Gynaecological etc)
Applicants must be duly qualified and registered under the Medical Acts
The appointment will be tenable for six months from April 1st next
The salary attached to the post is £150 per annum with board residence and laundry
Applications with copies of testimonials

[illegible] GENERAL HOSPITAL
(Voluntary Hospital—195 Beds now in course of extension to 225 Beds)

There is a vacancy for HOUSE SURGEON (male)
The appointment is for six months with the right of applying for reappointment for a further period of six months Candidates must be unmarried fully qualified and registered
Salary £125 per annum with board residence
Applications with copies of testimonials, to be sent to the House Governor and Secretary from whom a copy of the rules may be obtained

NEWARK GENERAL HOSPITAL (55 Beds)

Wanted, a fully qualified RESIDENT HOUSE SURGEON (male and unmarried) Salary £175 per annum, with board residence and laundry Applications stating age and qualifications with copies of testimonials to be sent to the Secretary

OLDHAM ROYAL INFIRMARY

HOUSE SURGEON required for a period of six months Salary at the rate of £175 per annum with board residence, and laundry
Applications, stating age experience and qualifications together with copies of three recent testimonials must be forwarded to the undersigned not later than March 25th
H J CLOUT Gen Supt

THE ROYAL EYE AND EAR HOSPITAL BRADFORD

Wanted HOUSE SURGEON (male) Salary £180 with board residence and laundry Applications, stating qualifications age etc with copies of recent testimonial to be forwarded to the undersigned
F BRICCS Secretary Supt

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Brompton S W 3

The Committee of Management invite applications for the following post
RESIDENT SURGICAL OFFICER Candidate must have held a resident Hospital appointment for not less than six months Salary £150 per annum with board and residence and an additional £50 per annum for services in connection with paying p is for twelve m

MEDICAL OFFICER
Candidate must have held a resident Hospital appointment for not less than six months Experience in Artificial Pneumothorax essential and in Ear Nose and Throat work desirable Salary £150 per annum with board and residence The appointment is for six months commencing May 1st

HOUSE PHYSICIANS There are three vacancies The duties include work in the Out patient Department and in the Ward One of the selected candidates will be appointed Assistant to the Tuberculosis Officer for the Local Tuberculosis Dispensary at the Hospital The appointment is for six months commencing May 1st with an honorarium of £50

HOUSE PHYSICIAN (male) at the Sanatorium at Frimley The appointment is for six months commencing May 1st with an honorarium of £50

Applications with copies of testimonial must reach the undersigned not later than Saturday April 3rd

F G ROWLAND
Brompton March 1937 Secretary

THE FINCHLEY MEMORIAL HOSPITAL
Granville Road N 12 (72 Bed)

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer vacant May 1st
Appointment for six months at the rate of £150 per annum with board residence and laundry
Post suitable for recently qualified Practitioner
Application stating qualification nationality age and experience with copies of recent testimonial to be sent to the Secretary

ROYAL FREE HOSPITAL
Gray's Inn Road W C 1

Applications are invited from duly qualified and registered *Medical Women* for the following post
RESIDENT CASUALTY OFFICER
Duties to commence May 1st for five months Salary £150 per annum Candidates must have held previous resident Hospital appointment Application forms may be had from the undersigned and should be duly filled in and returned on or before April 10th
RICHARD T BARTLEY Secretary

ST BARTHOLOMEW'S HOSPITAL

OFFICE OF ASSISTANT PHYSICIAN

Notice is hereby given that a meeting of the Election Committee will be held on Tuesday May 4th at 4 o'clock in the afternoon, to elect an Assistant Physician to this Hospital Candidates who must be Fellows or Members of the Royal College of Physicians of London are required to lodge fifty copies of their application and testimonials with the undersigned on or before Saturday April 17th
THOMAS HAYES
March 11th 1937 Clerk to the Governors

SAMARITAN FREE HOSPITAL FOR WOMEN
Marylebone Road London N W 1

Applications are invited for the post of HOUSE SURGEON for a period of six months commencing May 1st next
Salary at the rate of £100 per annum with board lodging and laundry Previous experience as House Surgeon essential
Applications stating age accompanied by copies only of testimonials must reach the Secretary at the Hospital on or before Tuesday March 30th
G H HAWKINS Secretary

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Bed)
St Quintin Avenue North Kensington W 10

HOUSE SURGEON (male) required for six months from May 1st Salary at the rate of £120 per annum for the first three months and £150 per annum for the second three months with board residence and laundry Applications with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned and must reach him not later than Thursday April 8th
H J ELEY Secretary

THE PRINCESS BEATRICE HOSPITAL
Earl's Court London S W 5

HONORARY CLINICAL ASSISTANTS

Applications are invited for the following appointments as Honorary Clinical Assistants to the Out patient Department
Medical (6) 3 Tues 2 p m 3 Fri 2 p m
Obstetric (1) Mon 9 a m and Wed 2 p m
Gynaecological (1) Mon 9 a m and Wed 2 p m
Skin (2) Thurs 9 a m
Ear Nose and Throat (1) Fri 9 a m
Ophthalmic (2) Mon 2 p m
X Ray and Electro Therapeutic (1) Thurs 2 p m
Application giving qualifications age etc together with copies of not more than three recent testimonials should be sent to the Secretary Manager The Princess Beatrice Hospital 194 Finborough Road S W 10 not later than 9 a m March 31st

THE LONDON LOCK HOSPITAL
283 Harrow Road W 9

Applications are invited for the post of RESIDENT MEDICAL OFFICER (either sex) to the Female Department Candidates must be doubly qualified and duly registered The appointment is for six months commencing April 13th Salary at the rate of £175 per annum with furnished room full board and laundry Preference will be given to candidate having previous Obstetric experience
Application enclosing copies (only) of three recent testimonial must be in the hands of the undersigned by Thursday April 1st, and from whom a copy of the Bye laws relating to the appointment or any further particulars can be obtained
J F MORTON
March 11th 1937 Secretary

THE PRINCESS BEATRICE HOSPITAL
Earl's Court London S W 5
(General Hospital—81 Beds)

Applications are invited for the post of MEDICAL REGISTRAR to the above mentioned Hospital Candidates must possess the M R C P and must not be engaged in general practice An honorarium of Fifty Guineas is attached to the post and the appointment is for one year only with eligibility for re election at the end of the year
Applications with copies of not more than three testimonial should reach the Secretary Manager not later than Monday April 5th from whom further particulars can be obtained

WIMBLEDON HOSPITAL
Thurstan Road S W 20
(General Hospital—74 Beds)

RESIDENT MEDICAL OFFICER (male of British nationality) required for a period of six months in the first place from April 1st eligible for re election Salary at the rate of £150 per annum with board residence and laundry
Candidates must possess registered qualifications
Application stating qualifications and experience together with copies of testimonials should be sent to the undersigned
Mr ASHLEY EDWARDS Hon Sec

HOSPITAL OF ST JOHN & ST ELIZABETH
60 Grove End Road N W 8

Applications are invited for the post of *RESIDENT HOUSE SURGEON (male)* The post is recognised for the Degree of M S London University The appointment will be for six months from May 1st Salary at the rate of £75 per annum with full board Application together with copies of three testimonial should reach the undersigned on or before Tuesday March 30th
F DUDLEY HOBBS B A Sec

JEWISH MATERNITY HOSPITAL
Underwood Street London E 1

RESIDENT MEDICAL OFFICER required Board residence and laundry provided with salary at the rate of £50 per annum The appointment is for four month with option of extension to six month Applicants may be male or female Application which should be accompanied by copies of three recent testimonial should be forwarded to the Secretary immediately

LONDON HOSPITAL E 1

There is a vacancy for the post of FIRST ASSISTANT AND REGISTRAR to the Neuro Surgical Department
Candidates must be fully qualified medically
Applications should be made to the House Governor and should arrive not later than Saturday May 1st
ARTHUR G ELLIOTT House Gov

EVELINA HOSPITAL FOR SICK CHILDREN
Southwark S E

Applications are invited for the post of OPHTHALMIC SURGEON to the Hospital Candidates must be Graduates in Surgery of a recognised University and either a Fellow of the Royal College of Surgeons of England or a Member of the Royal College of Physicians of London They shall not be engaged in general practice
The Ophthalmic Surgeon will have charge of beds and will do one Out patient Clinic per week There is an honorarium of fifty guineas attached to the post
Applications, with copies of not more than four testimonials should reach the Secretary not later than March 31st
Candidates will be required to call upon Members of the Medical Staff whose name together with the standing order relating to the post will be forwarded by the Secretary
W H SIDNELL
March 5th 1937 House Governor

HOUNSLOW HOSPITAL
Staines Road HOUNSLOW MIDDLESEX

APPOINTMENT OF RESIDENT MEDICAL OFFICER AND HOUSE SURGEON

Application are invited from registered *Medical Practitioners (male)* for
(a) R M O Salary £250 per annum with full board etc and extras of approximately £150 per annum Previous Hospital experience essential
(b) Junior H S Salary £100 per annum with full board etc and extras
Application stating age nationality qualification and previous experience together with copies of three recent testimonials must reach the Secretary by Monday March 22nd endorsed Appointment

SEAMEN'S HOSPITAL SOCIETY

KING GEORGE'S SANATORIUM FOR SAILORS LIPHOOK HANTS (For the Treatment of Pulmonary and Non pulmonary Tuberculosis)

ASSISTANT MEDICAL OFFICER required as from May 1st for six month Salary at the rate of £200 per annum in the first instance There is no accommodation for a married man Applications with copies of three recent testimonials to be sent in on or before April 6th to the undersigned
F V LYON Secretary
Seamen's Hospital Society
Greenwich S E 10
Greenwich March 13th 1937

SOUTH LONDON HOSPITAL FOR WOMEN
Clapham Common S W 4

Applications are invited from fully qualified Medical Women for the undermentioned appointment
SURGICAL REGISTRAR Half time duty for a period of one one year with eligibility for reappointment to a maximum of three years Honorarium of £75 per annum
Candidates are requested to call on Members of the Hon Medical Staff before Saturday April 3rd by which date applications and copies of testimonials must reach the Secretary at the Hospital

THE ROYAL CANCER HOSPITAL (FREE)
(Incorporated under Royal Charter)
Fulham Road London S W 3

The Committee are prepared to receive applications for the post of SECOND ASSISTANT *RADIOLOGIST*
Salary £250 per annum The appointment is for twelve months and subject to rules a copy of which may be obtained from the Secretary Applications to be made on a form which will be supplied by the Secretary together with three (copies only) testimonials to be sent to the undersigned not later than the first post on Friday April 9th
CLEMENT COBBOLD Secretary

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

There is a vacancy for an ASSISTANT MEDICAL REGISTRAR for six months duty in the first instance commencing April 1st Salary £100 per annum non resident Candidates must be registered medical practitioners and have held a previous resident appointment in a General Hospital Seven copies of application together with seven copies each of three testimonials should be sent to the undersigned not later than Friday March 26th
CHARLES M POWER Secretary

FARRINGDON GENERAL DISPENSARY

Applications are invited for the post of HONORARY PHYSICIAN (General Medicine) One visit a week Commencement to Hon Secretary 17 Bartlett's Buildings Holborn, E C 4

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FOR DISPOSAL

1 10 MINUTES LIVERPOOL STREET DEATH VACANCY Old established PRACTICE, held several years late Vendor Receipts £900 p a, panel over 1 300 Nice house on rental Premium £1,650

2 A number of small PRACTICES at low premiums, excellent opportunities for practitioners wishing to get a practice with scope

3 HANTS—NICE COAST TOWN — Old established PRACTICE Receipts last year £840 including panel 700 Very nice house on rental Premium 2 years purchase, or near for immediate sale

4 NEAR CRYSTAL PALACE S E — About QUARTER SHARE of a large mixed class Practice Total receipts over £4 000 p a Large panel Premium 2 years purchase

5 SURREY — 10 MILES VICTORIA — Well established mixed class PRACTICE steadily increasing Receipts last year nearly £700 panel over 300 Very nice house, rent £85, long lease Premium £775

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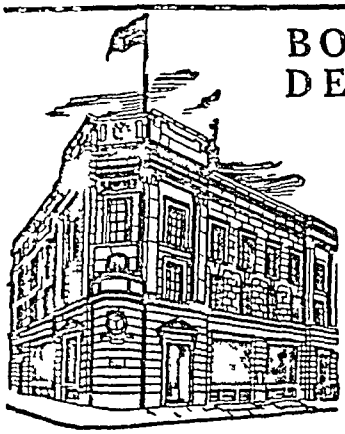
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19 LONDON S.E.—Old established Practice averaging over £850 p.a. in thickly populated district. Panel 1,185. No midwifery. House on main road (4 bedrooms) with up-rate entrance to surgery accommodation for sale or rent. Good scope. Premium £1,700.

20 SURREY.—Increasing middle and working class PRACTICE in thickly populated Suburban District. Receipts 1936 £1,720. Panel 600. Small house. Rent £78 p.a. (branch £50 p.a.). Ample scope. Premium £2,800.

21 LANCS.—Partnership in rapidly increasing mixed Practice about £3,200 in Manufacturing Town. Panel over 2,700. Suitable house to rent. One fourth or one third share at first at two years purchase.

22 LONDON W.—Well established non dispensing PRACTICE about £500 p.a. including P.M.S. and about £50 p.a. from panel. No midwifery. Maisonette containing 6 rooms etc. Rent £100 p.a. exclusive. Scope for increase. Premium £650.

23 ITALIAN RIVIERA.—Small well established good class non-dispensing Season PRACTICE. Further particulars on application.

24 SOUTH SUFFOLK.—Partnership in sound old-established Practice over £6,000 p.a. in most desirable Country Town. Good appointments and panel over 3,000. Not much midwifery. Choice of suitable houses. One sixth share at first at two years purchase.

25 HOME COUNTY.—Partnership in old established non-dispensing Practice in good Residential District within 15 miles of London. Suitable house to rent. Share worth about £1,100 p.a. at two years purchase. Scope for surgery if desired.

26 S.E. COAST.—Partnership in old established country Practice within easy distance of a popular summer resort. Cash receipts between £1,900/£2,000 p.a. including appointments and panel. Large old historic corner house (6 bedrooms etc.) garage and garden for sale. Scope. District growing rapidly. Premium one half share two years purchase.

27 LONDON N.—Medical Woman's Practice in populous district. Receipts average £560 p.a. including panel 470. House (4 bedrooms) to rent at £100 p.a. Premium £850.

28 WITHIN 15 MILES (S.) OF LONDON.—Rapidly increasing PRACTICE in outlying suburban district. Cash receipts 1936 £2,100 including appointment and club worth over £500 p.a. and a panel of 2,400. Specially built house with 4 bedrooms large garage and good garden for sale. Branch surgery rented at 10/- weekly. Ample scope. Premium £5,000.

29 ESSEX.—Well established better working and middle class PRACTICE averaging £600 p.a. in outlying Suburban District. Panel 430. House on main road with small garden front and back. Rent £90 p.a. on lease. Good scope—building going on. Premium £1,200 cash.

30 EASTERN COUNTIES.—Partnership (after six months Assistantship) in very old established middle-class Practice averaging £3,300 p.a. in Market Town. No panel. Fees 5/- to £1 1s. Suitable house obtainable. Premium one half share two years purchase.

31 CO. DURHAM.—Well established Practice about £1,100 p.a. in Residential Colliery District within easy distance of Newcastle. Appointments worth £85 p.a. and panel 840. Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent. Premium one and a half years purchase.

32 LONDON S.E.—Working and middle class Practice occupying commanding position near large L.C.C. Estate. Cash receipts 1936 £950 including panel of 500. Small house for sale or rent. Enormous scope. Prem. £1,500.

33 S. BUCKS.—Well established Practice between £500/£600 p.a. in growing Riverside District near Windsor. Panel 420. Small house to rent but others available. Scope. Premium one and a half years purchase.

34 N. WALES WATERING PLACE.—Good class non-panel PRACTICE about £500 p.a. Exceedingly nice house (4 bedrooms) in best part with garage and nice garden. Scope for panel work if desired. Prem. one year's purchase.

35 HOME COUNTIES.—Old established Practice of £500 p.a. in first rate town 20 miles from London. Panel over 500. Visits 5s. No midwifery. Modern nine roomed house with garage and attractive garden—about quarter of an acre. Premium freehold house and Practice £2,000.

36 ESSEX.—Old established Practice in outlying suburban district run by two medical men averaging nearly £2,900 p.a. Panel 2,849. House (4 bedrooms etc.) for sale or rent. Premium two and a quarter years purchase.

37 S. OF ENGLAND.—Partnership (after Preliminary Assistantship) in old established Practice of about £3,500 p.a. in an important town. Appointments £250. Suitable house available to rent. A one third share would be sold at two years purchase to a suitable man preferably one holding the M.D. or M.R.C.P.

38 LONDON S.E.—Old established Practice of about £1,000 p.a. in outlying residential district. Panel 100. Detached house (4 bedrooms etc.) for sale. Premium two years purchase.

39 MIDLANDS.—Old established Practice of about £950 p.a. in country district. Panel 530. House (7 bedrooms etc.) for sale. Premium two years purchase.

40 LONDON N.—Old-established Practice in suburban district. Cash receipts 1936 (10 months) £1,450. Panel 1,240 increasing. Fees 2/6 upwards. Suitable house (9 rooms) to rent at £160 p.a. Premium £3,400.

41 HOME COUNTIES.—A small Practice about £400 p.a. in first rate town about 40 miles from London. Panel 140. Visits mostly from 5/-. House with small garden to rent 25s. weekly. Excellent scope. Premium one and a half years purchase.

42 N. MIDLANDS.—Partnership in old-established country Practice averaging over £3,000 p.a. close to county town. Panel over 1,800. Visits 3/6 to 10/6 and a few at £1/1/-. Medicine extra. Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented. Scope for increase as building is going on. Premium one third share two years purchase to include share of drugs etc.

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1 WITHIN 35 MILES OF LONDON—PARTNERSHIP—A ONE FOURTH SHARE is offered in very sound well established practice situated in pleasant country district within easy reach of London and coast Cross cash receipts for last year nearly £7 000 p.a. including substantial panel Suitable house with very nice garden containing 3 reception 4 bedrooms etc Garage Premium 2 years purchase Vacancy occurs through retirement of one of four partners each of whom works a separate district

2 SOUTH COAST SEASIDE TOWN—Old established PRACTICE producing over £900 p.a. including panel of 1 070 Double fronted house with ample accommodation can be rented or bought Separate surgery also on rental Premium £1 500

3 NORTH WALES—FAVOURITE SEASIDE RESORT—A ONE THIRD SHARE (with increase later) is offered after short preliminary assistantship in old established better class practice producing about £3 400 p.a. Panel of 1 100 Suitable flat available for ingoing partner who should be experienced Premium 2 years purchase

4 LONDON NORTH WEST—PARTNERSHIP—A ONE THIRD SHARE is for disposal in steadily increasing middle class practice producing last year £2 400 Small panel Fees 7/6 to 21/ Choice of houses Premium £2 000

5 LONDON SOUTH EAST—Mixed class PRACTICE producing about £2 000 p.a. Panel of 1 000 Rent of surgery £72 p.a. with suitable flat above Larger house available if wished Premium 2 years purchase

6 WELL KNOWN SOUTH COAST RESORT — PARTNERSHIP—ONE THIRD SHARE in private and panel practice producing approximately £750 p.a. Suitable accommodation available Offers invited

7 NORTH LONDON—Sound old established PRACTICE held by Vendor over 16 years Cross cash receipts about £2 080 p.a. including panel of 2 811 Fees from 2/6 Suitable house and branch surgery on rental

8 DEATH VACANCY—FAVOURITE SOUTH WEST COAST TOWN—PARTNERSHIP WITH SURGICAL SCOPE—A one third or one half share is for disposal (owing to recent death of senior of two partners) in good class non panel Practice stated to average £3 600 p.a. for past 5 years Fees 7/6 upwards Suitable house, with ample accommodation can be rented or purchased Premium for share 2 years purchase Ingoing partner must be experienced over 35 and able to undertake major surgery

9 LONDON—WESTERN DISTRICT—Well established very sound mixed class PRACTICE Panel of 1 630 PMS 200 Receipts approximately £1 700 p.a. including large proportion ready cash Excellent professional accommodation Suitable bachelor or family of not more than three

10 RIVERSIDE TOWN—Well established middle class PRACTICE producing for last 12 months approximately £940 Selected panel of 400 to 450 patients Visits from 5/ Very nice house in good repair, with ample accommodation Garden Garage Price for freehold £2 000 Premium £1 250

11 MIDLANDS — Very old established good mixed class PRACTICE situated in attractive district and producing for last 12 months over £2 400 Panel of 1 369 Appointments worth over £130 p.a. Fees 3/ to 21/ Midwifery from 2 gns Excellent house specially built with all conveniences and ample accommodation Large garden and paddock Price for freehold £2 500 Smaller house available on rental if wished Premium 12 years purchase

12 SURREY—LARGE TOWN—PARTNERSHIP—A FIVE TWELFTHS SHARE is offered in old established good mixed class Practice producing about £2 600 p.a. with good prospects of increase Panel of 580 and appointment worth about £200 p.a. Fees 5/ upwards Suitable house with 5 bedrooms can be purchased for about £1 850 or another can be rented at £100 p.a. Ingoing partner should be experienced and if possible be able to do surgery Premium 2 years purchase

13 MAIDA VALE DISTRICT—Small [illegible] oduc ing about £350 p.a. which could [illegible] rings in £100 p.a. Fees 3/ to 10/6 [illegible] ining 6 room bathroom etc Rent £1 [illegible] base

14 OUTLYING NORTHERN DISTRICT [illegible] pro ducing nearly £500 p.a. offering considerable scope Panel of 30 Very nice house in good position could be rented or purchased Premium £200

15 NORTH LONDON—Better class non panel PRACTICE averaging about £1 000 p.a. Scope for development as Vendor has not devoted his whole time to the work Panel could be obtained if wished Ground floor flat available or house on rental Very moderate premium

16 LONDON — SOUTH EAST—Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as building is in progress Good house in excellent condition containing 2 reception consulting 4 to 6 bedrooms dressing room etc Price £500 Prem £2 400

17 MIDLANDS—PARTNERSHIP—A SHARE representing approximately £1 300 p.a. with increase later is offered in exceptionally sound good mixed class practice averaging about £9 000 p.a. with substantial panel and very good appointments Excellent scope for major surgery Suitable house available Prem 2 year purchase

18 YORKSHIRE—GOOD TOWN WITHIN EASY REACH OF COAST—A ONE FOURTH SHARE with increase later is offered in very old established mixed class practice producing for last 12 months nearly £4 000 Substantial panel Fees from 3/6 Suitable house with 2 reception 4 bedrooms etc Garage Stabling and garden Electric light Gas Can be rented at £65 p.a. or freehold purchased Premium 2 years purchase

19 MIDLANDS—COUNTRY TOWN—PARTNERSHIP—A ONE QUARTER SHARE (with increase later) is for disposal in mixed class practice averaging over £2 500 p.a. including panel of 2 800 Fees from 3/6 Suitable house can be obtained Preliminary assistantship if wished

20 EAST COAST—Small PRACTICE producing over £300 p.a., including panel of 360 Fees from 5/- Suitable house with ample accommodation Price for freehold £1 500 Premium £550

21 SOUTH COAST—PARTNERSHIP—ONE THIRD SHARE is offered in old established non dispensing practice in favourite town producing last year £3 401 Selected panel of 400 Fees 3/6 to 21/ Suitable freehold house for sale Ingoing partner must be well qualified and accustomed to better class work There are two hospitals and one partner is on the staff

22 CHISWICK (W 4)—Good mixed class PRACTICE producing last year about £700 but capable of considerable expansion Panel of 500 Well situated house with ample accommodation Good garden Premium £1 150 Ill health reason for sale

23 RESIDENTIAL DISTRICT WITHIN 7 MILES OF CHARING CROSS—Good middle class PRACTICE averaging £1 450 p.a. Panel of 750 Very low expenses Suitable house with 2 reception 4 bedrooms etc separate professional rooms Garden Garage Can be rented at £90 p.a. Premium 2 years purchase

24 MIDLANDS — FAVOURITE RESIDENTIAL TOWN—Chiefly better class non dispensing PRACTICE producing for last 12 months over £1 600 Panel of 560 and one appointment worth about £150 p.a. Fees 3/6 to 21/ Very nice house with ample accommodation Garden Garage Freehold for sale Sport of all kinds Good schools Premium 2 years purchase

25 KENSINGTON DISTRICT — Better class non residential consulting PRACTICE producing for last 12 months £380 Selected panel of 94 Fees from 5/ Hours 9 30 to 12 and 5 to 7 p.m. Good scope for development Rent of consulting and waiting room (inclusive of service and electric light) £110 p.a. Premium £350

26 DEVELOPING NORTHERN SUBURB—Well established PRACTICE producing for last year £1,290, including panel of 1 000 Fees 2/6 upwards Suitable modern flat available above professional accommodation Inclusive rental £104 p.a. Rates £15 p.a. Premium 2 years purchase

27 MIDLANDS—RESIDENTIAL TOWN WITH BEAUTIFUL SURROUNDING DISTRICT—Well established good mixed class PRACTICE producing for last 12 months over £1 700 including panel of 900 and appointments worth about £290 p.a. Suitable house can be rented or bought or other accommodation secured

28 SOUTH LONDON — RESIDENTIAL DISTRICT—PARTNERSHIP—Guaranteed income of £1,000 p.a. for 2 years (with excellent prospects of increase up to £1 500 p.a.) is offered in good mixed class Practice at present producing approximately £4 400 p.a. Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

29 NORTH WELSH COAST—PARTNERSHIP—A ONE THIRD SHARE (after preliminary assistantship) is for disposal in good middle-class rapidly increasing Practice Cross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

30 HOME COUNTIES—WITHIN EASY REACH OF LONDON—PARTNERSHIP—A SHARE representing nearly £1 000 p.a. with increase later is offered in old established good mixed Practice averaging approximately £2 600 p.a. including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc garden There is a Hospital and very good scope for Surgery if wished

31 S.E. LONDON—Old established PRACTICE averaging £2 600 p.a. including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p.a. Premium £4 250

32 LONDON—WESTERN DISTRICT—Old established PRACTICE producing about £1 800 p.a. including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

33 HOME COUNTIES—PARTNERSHIP—A SHARE producing at out £1 200 (with increase later) is for disposal in very sound better-class Practice averaging about £3 000 p.a. including panel of about 1 800 Nice house, with 2 reception 6 bedrooms etc can be rented at £85 p.a. Ingoing partner must be experienced accustomed to better class work and aged between 30 and 40

34 MIDDLESEX—Recently established PRACTICE producing £400 p.a. including panel of 150 Visits from 5/ Suitable house with 2 reception 4 bedrooms etc For sale or on rental

35 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well established PRACTICE averaging over £1 100 p.a. including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room and professional room Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

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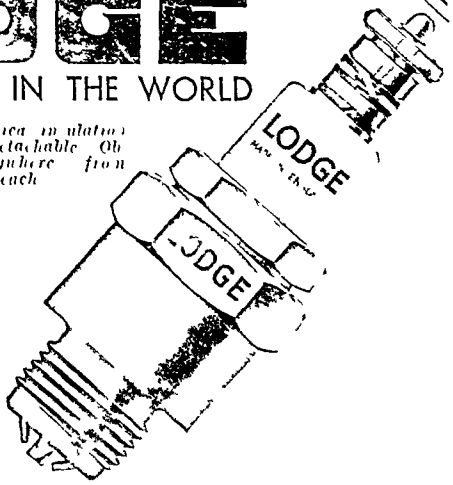
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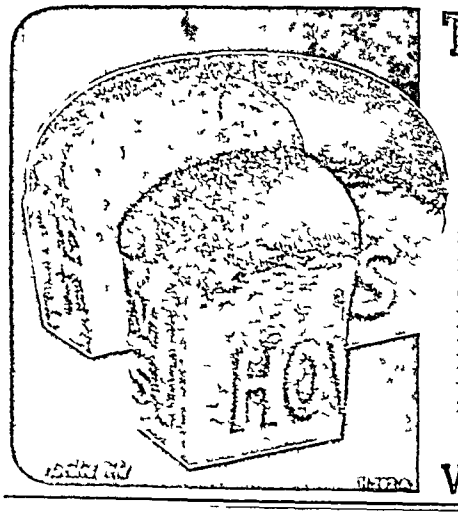
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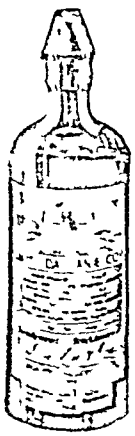
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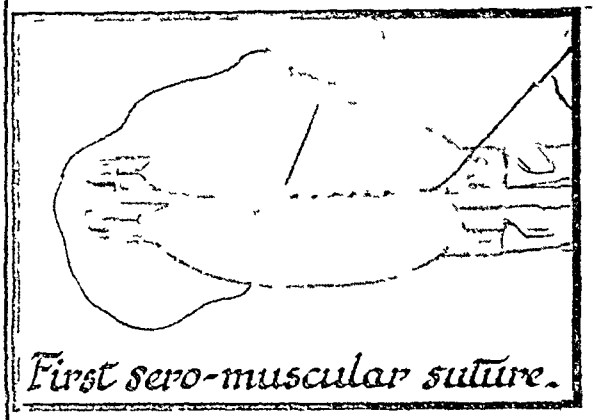
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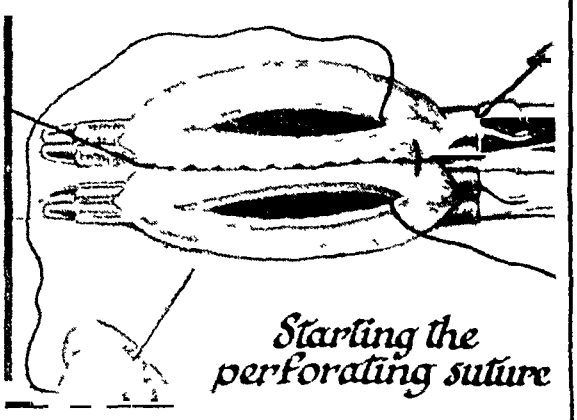
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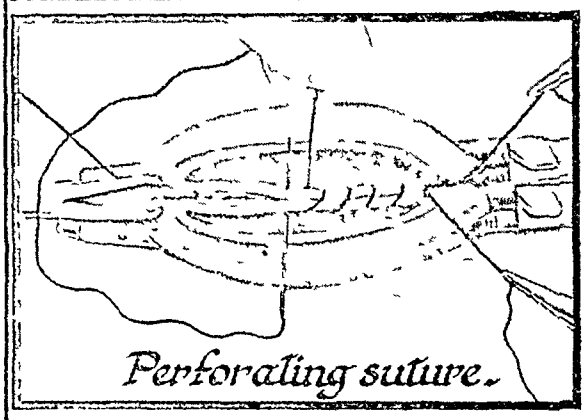
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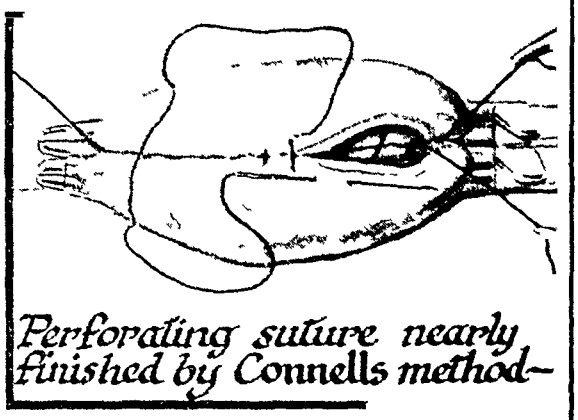
First sero-muscular suture.



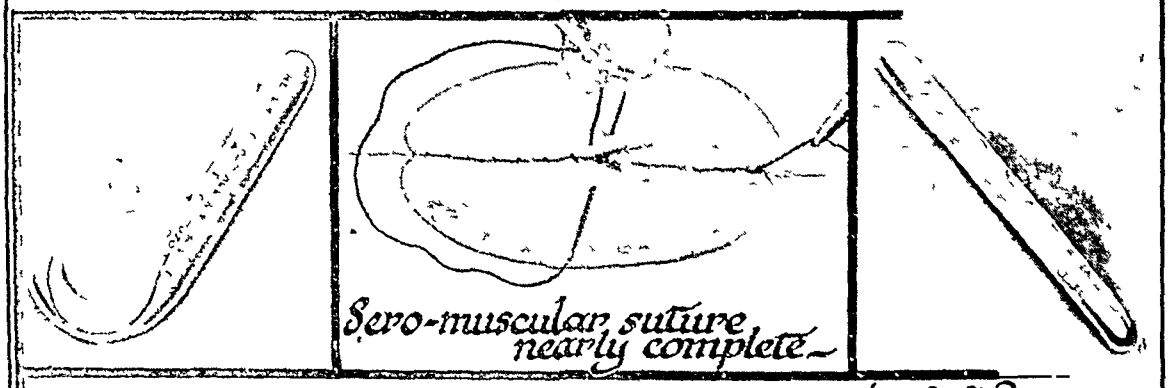
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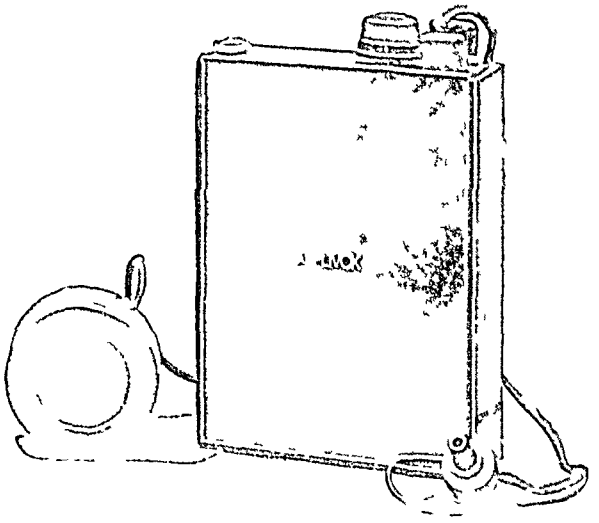
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A Edwin Stevens

Governing Director

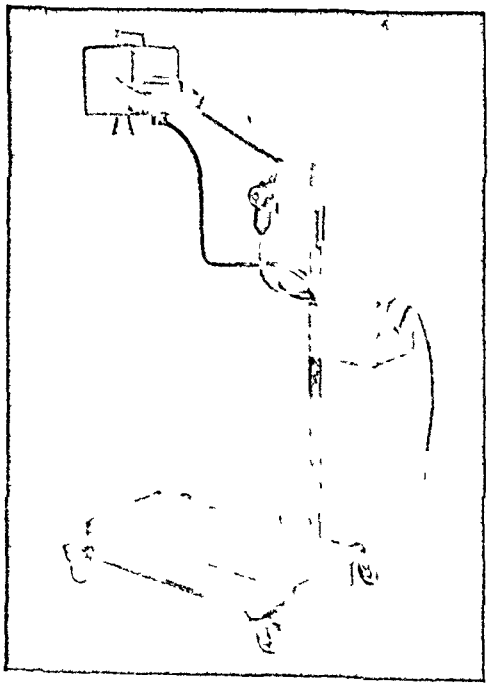
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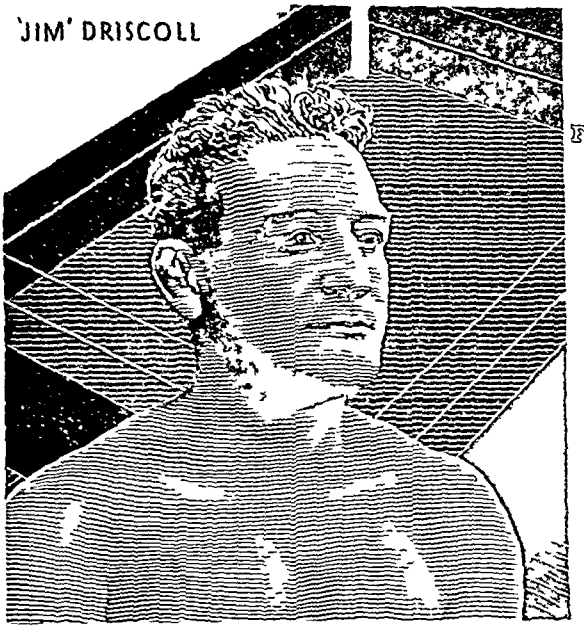
AUGMENT YOUR EQUIPMENT WITH A DIADEX

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The MEDICAL Association SUPPLY Limited

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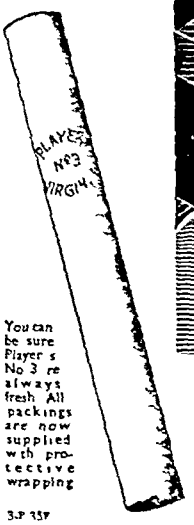
'JIM' DRISCOLL



FAMOUS FIGURES

Peerless Jim acknowledged one of the greatest exponents of Fist c art, was born 1880 Profess onal from 1901 Won Brit sh Feathe we ght Champ onship Belt outr ght by three success ve victor es af o Euro ean Featherwe ght Championsh p n 1912. Greatest f ghts were with Abe Attell 1909 Spike Pobson Pal Moore and Fred Welsh 1910

Player s No 3 is another figure easily remembered because of its merits repre senting as it does a Cigarette of delightful mellowness and flavour, giving always that little extra quality so necessary for complete enjoyment by the critical smoker



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3-P 337

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20 FOR 1/4 50 FOR 3/3 100 FOR 6/4 50 TINS (PLAIN ONLY) 3/4

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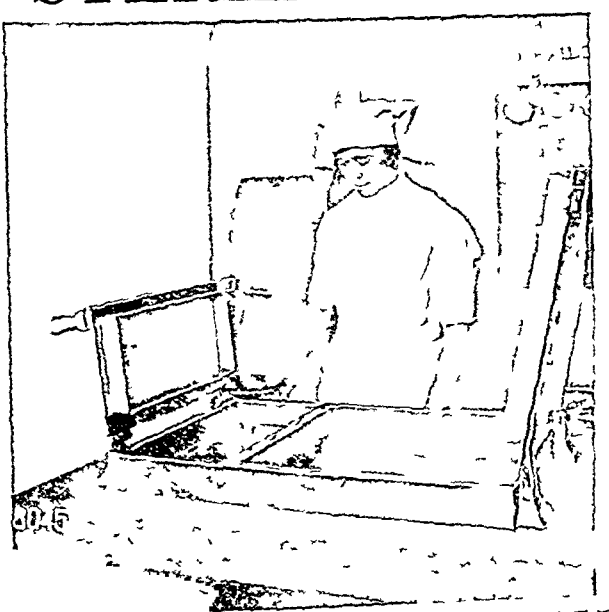


Fig 8045

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Perfect Hygienic Conditions Ensured only Covers and Valve Control Exposed

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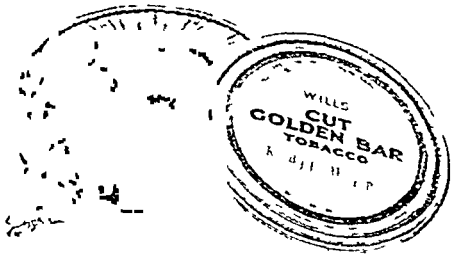
England v Wales

He's got to be good to get into his country's team —but what a Golden Moment it must be for him when he scores between the posts to give his side the victory

But even the International, good as he is, can't smoke a better tobacco than "Cut Golden Bar" at a shilling an ounce But it *must* be Wills's



2 oz. vacuum tin



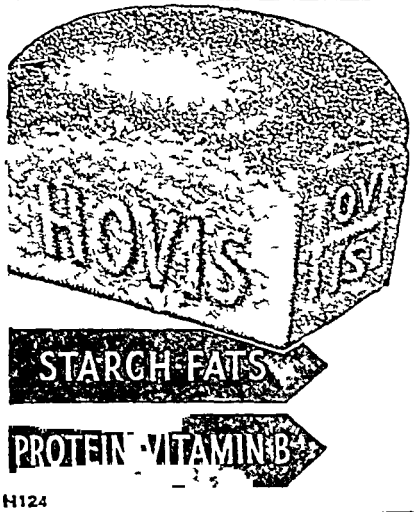
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READY RUBBED
in 2 oz Pocket Vacuum Tins and 1 oz. Airtight Tins
FLAKE FORM
in 2 oz Airtight Tins and 1 oz. Packets

AN 1/- OUNCE

C.B 81C

Issued by the Imperial Tobacco Co. (of Great Britain and Ireland), Ltd.



NO 'DIASTATIC' ACTION

Partial Cooking Destroys Rancidity . . .

Analysis shows that HOVIS has the advantage over white bread in being richer in salts It contains, in addition, more edible fats and a higher percentage of protein than either white or whole meal bread After mechanical separation from the bran and endosperm, the pure wheatgerm which gives HOVIS its added nutrition is subjected to the action of superheated steam This partially cooks the germ and entirely destroys the 'diastatic' properties which cause rancidity

more nutrition
greater digestibility

HOVIS TRADE MARK

H124



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The only practical remedy against damp cold beds is the Thermega Electrically Heated Blanket It drives the damp out

The "Thermega" is already in use in many Hospitals and Nursing Homes—providing warm beds for operation and accident cases It is safe and reliable Thermostatic control prevents overheating Consumption averages 16 hours per unit 3 heat Electric Pads for local application for relieving all pain

Insist on Thermega It is vital that these appliances should be made by experienced manufacturers

At all good stores chemists, electricians or write to Thermega Limited 51/53 Victoria Street London S W 1

Blanket from 3 ans Pad from 31/6
3 Temperature Blanket for medical use £8 10s
Single heat Blanket with special tacking to give extra strength from £4 4s Various sizes and prices on application

"Thermega" (Regd.)
ELECTRICALLY HEATED
BLANKETS & PADS

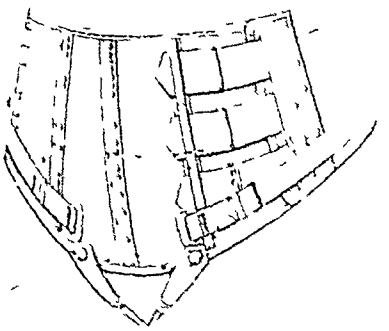
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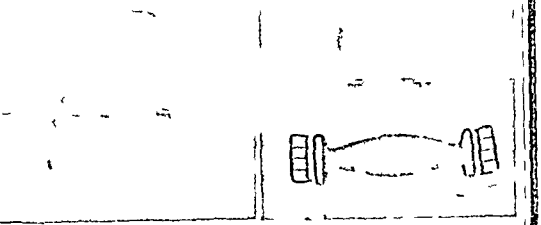
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Guarantee
We guarantee to alter exchange or accept the return of any appliance without cost endorsed by the Medical Profession if not found Suitable within fourteen days from date of supply
Salt and Son Ltd

Whilst the provision of effective support for ptosed stomach is the principal characteristic of Salts Patent Gastroptosis Belt it has been so designed that it also allows for free expansion of the abdomen Radiographic and clinical tests have proved the efficiency of this belt

SALTS CORSET & BELT BOOK gives fullest details of this support together with other Belts Corsets etc Any Medical Man can have a copy of this useful Book free and post free upon request





Above is a Radiograph of a slightly dilated and much dropped stomach in the upright position immediately after partaking of a Barium (6 oz) Um bra meal The shadow projects 3 inches below a line drawn horizontally from the iliac crest

The same stomach Radiograph 1½ hours later the patient having fasted which period included 3 meals The shadow projects 1 inch below the iliac crest allowing 1 inch for compression with Belt Radiograph taken in upright position

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Hepferol

BRAND

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4 & 8 oz Boxes

In cases of pernicious anæmia and in all anæmic conditions which do not respond sufficiently to iron therapy alone HEPFEROL is especially indicated Prepared from a standardised dry extract of liver with added iron Readily assimilated by the organism Constancy guaranteed

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5% of Fe Colloidal Iron Solution

8, 40 & 80 oz Bottles

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The daily ingestion of Radiostoleum acts as an effective safeguard against attacks of invading organisms in epidemics of acute infections

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If infection has supervened, the administration of Radiostoleum in massive doses aids in reducing the virulence by building up the patient's resistance

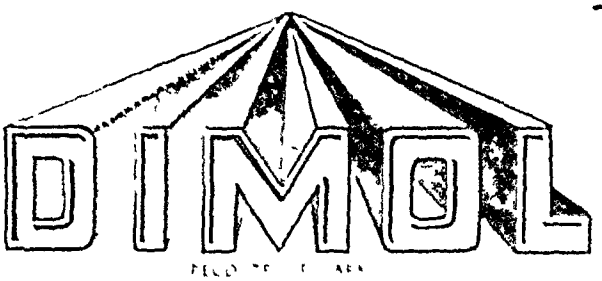
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The administration of Radiostoleum makes good depleted reserves, stimulates the jaded appetite, restores vitality reinstates normal metabolic processes and hastens the return to normal health

Sample on request

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GOUT, RHEUMATISM ECZEMA SCABIES
and all SKIN DISEASES

SULPHAQUA SOAP

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"LIVEROID"

"LIVEROID" is a concentrated preparation
in combination with other blood

Pernicious anæmia and all forms of megalocytic anæmia characterised by high colour index
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Microcytic anæmias in which iron therapy combined with liver is desirable
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"LIVEROID" is pleasant to take and can be given in the form of

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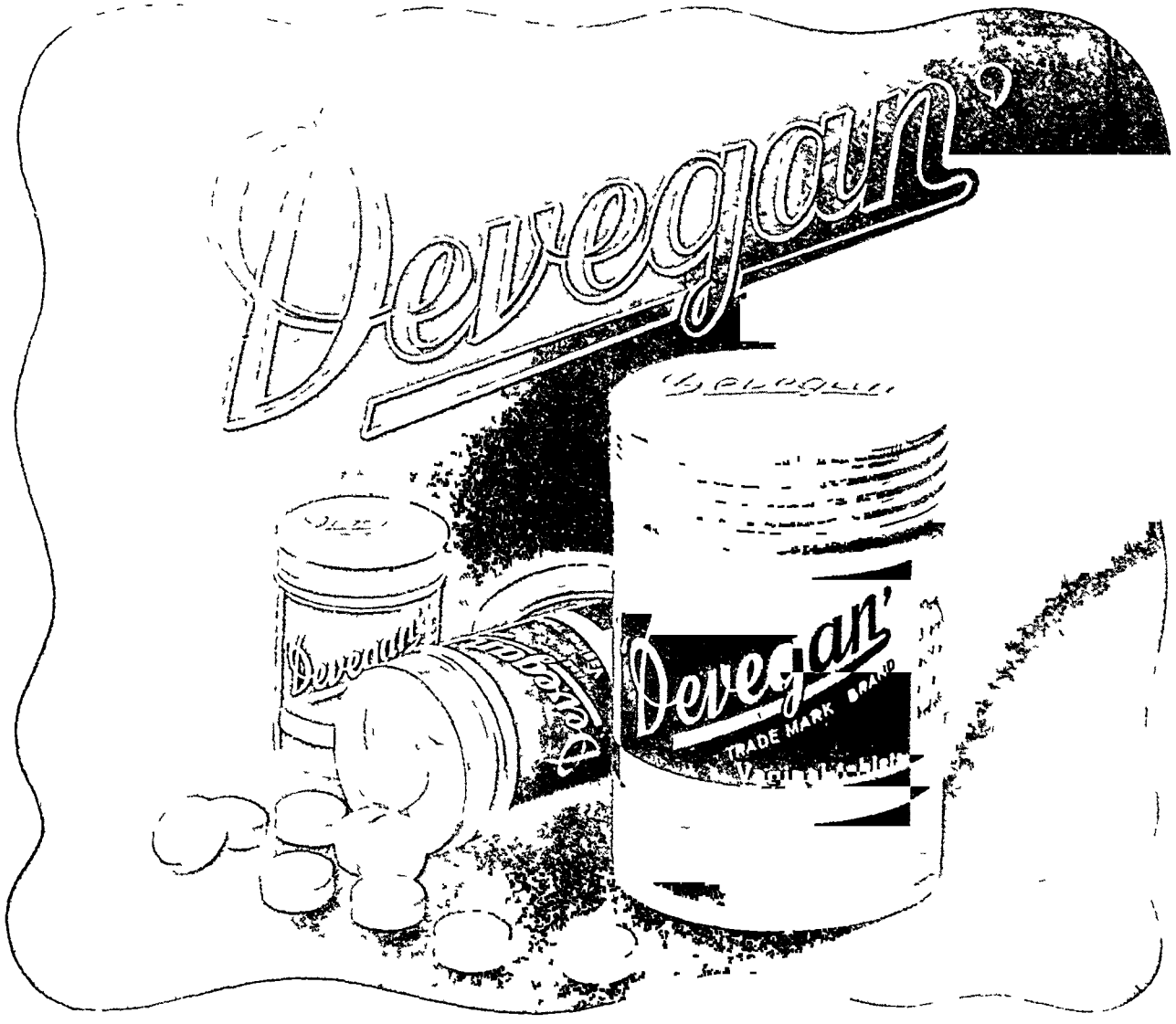
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cured in 36 hours

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particularly that due to *Trichomonas Vaginalis*

In Tins of 15, 30 and 150 tablets

'Devegan' tablets consist of 4-oxy-3-acetyl-amino-phenyl-arsinic acid and boric acid, with carbohydrate hydrolised by a special process as vehicle

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BUT WILL HE GARGLE REGULARLY?

In the treatment of oral sepsis 'Dettolin' will be found of exceptional value It contains, amongst other ingredients, the active germicidal principle of 'Dettol,' and is pleasant to use on account of its agreeable taste and smell—no small consideration when a prescribed routine must be strictly followed



'DETTOLIN' BRAND

MOUTHWASH AND GARGLE

'Dettolin' is obtainable through Chemists and Medical Suppliers, Price 1/6. Samples and full information on request

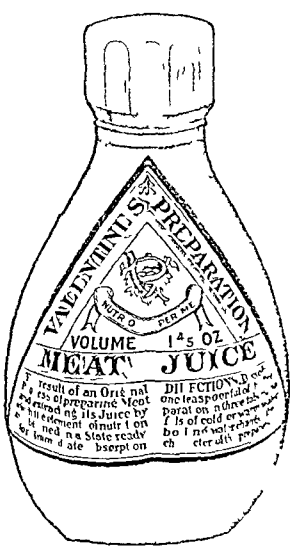
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FOR Quieting the Irritable Stomach and Aiding the Tired Digestive Organs, for Refreshing the Fever Patient and for Restoring and Strengthening when Other Food Fails, Valentine's Meat-Juice is used in Hospitals and prescribed by many leading Physicians and Surgeons

Physicians are invited to send for Clinical Reports from Hospitals and General Practitioners in all parts of the world

For Sale by European and American Chemists and Druggists



"For a Tired Stomach"

VALENTINE'S MEAT-JUICE COMPANY
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Arsenical Preparations in the TREATMENT OF SYPHILIS



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TRADE MARK BRAND
NEOARSPHENAMINE B P

Novostab possesses high therapeutic activity combined with low toxicity It may be administered either in aqueous solution or dissolved in Thiostab (sterile sodium thiosulphate solution)

Approved by the Ministry of Health for use in Public Institutions

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A stable compound of arsphenamine and glucose supplied in solution ready for use

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SULPHARSPHENAMINE B P.

The Arsphenamine compound recommended for deep subcutaneous or intramuscular injection Particularly suitable for Congenital Syphilis

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Made in England

A PRODUCT OF DISTINCTION

ETHER SOLUBLE TAR PASTE



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"E.S.T.P." (Martindale)

Issued in 2, 4 and 8-oz pots

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Benzylaminobenzenesulphonamide

(M & B 125)

The introduction of the BENZYL group into the molecule of the simple sulphonamide gives a product which is practically tasteless, well tolerated and of high anti-streptococcal activity

Tablets of 0 5 gramme

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Disodium - p (γ-phenyl-propyl-amino) benzene-sulphonamide - α - γ - disulphonate

The first colourless anti-streptococcal drug to be prepared which is suitable for parenteral administration

Ampoules of 5 c c and 10 c c

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SOLUSEPTASINE is for use either alone or in conjunction with PROSEPTASINE (the first colourless oral anti-streptococcal drug to be presented to the medical profession in this or any other country) It is intended for the treatment of severe streptococcal infections, where the immediate presence of the streptococcidal drug in the blood is necessary

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(Elixir of Ammonium Mandelate B D H)

In Urinary Tract Infections

In the report (Proc Rvl Soc Med, February 1937, p 501) on a discussion on urinary antiseptics in which the 'surprisingly good results' which follow the administration of mandelic acid in the treatment of B coli infections are commented upon, it is stated of mandelic acid preparations that 'ammonium mandelate in the form of an elixir seems to be the most suitable, and less likely to require the addition of another urinary acidifier'

An elixir of ammonium mandelate in a highly palatable form is presented in Mandelix which contains in two fluid drachms the equivalent of the full therapeutic dose of mandelic acid, its administration provides a dependable alternative method to that of sodium mandelate and ammonium chloride

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Mdv/S/51

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New Cocoa process means improved nutrition for the masses

THE desirability of increasing the nutritional value of the diet of the masses is too obvious to need emphasis here Because it achieves this end without adding one penny to the cost of meals we believe the new predigestion process now used in making Rowntree's Cocoa will be of real interest to every medical man

This new predigestion process makes for improved nutrition in two ways —

1 The buffering power of Rowntree's Cocoa is increased by 10%—and consequently its role in the digestive process is increased accordingly It now makes even milk three times as digestible The increase in digestibility is particularly noticeable with the enzyme erepsin, making this improved cocoa particularly beneficial to children Practically no indigestible protein now passes into the large intestine thus bacterial decomposition and the accumulation of poisonous substances in this region is avoided

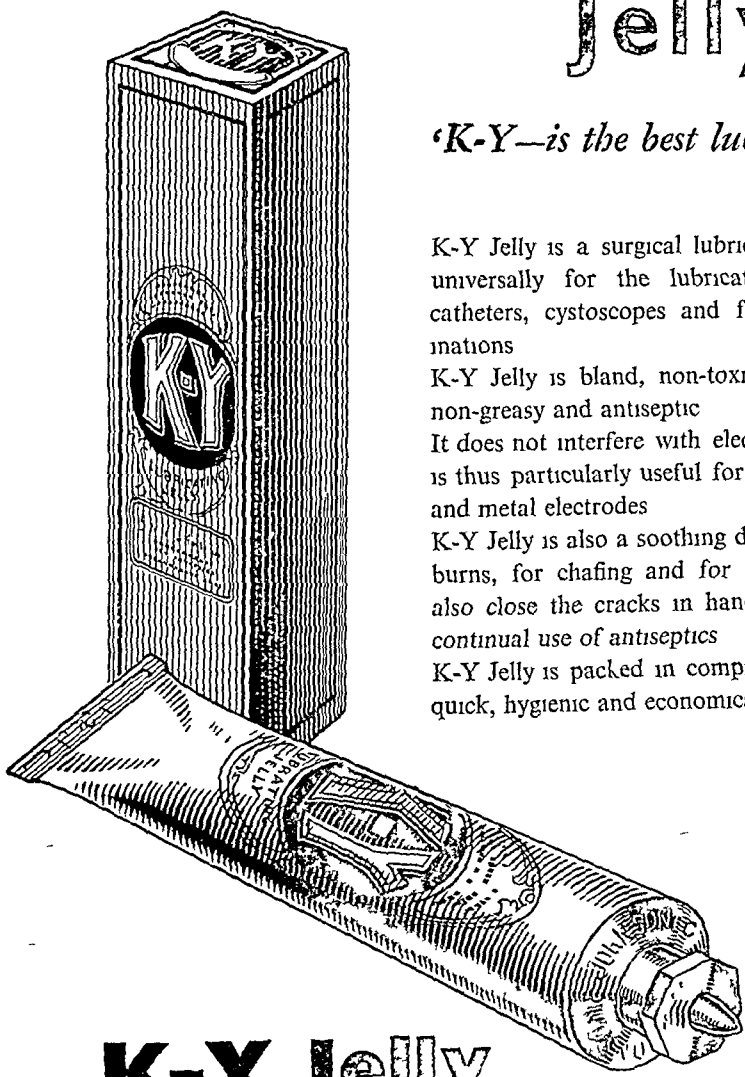
2 The protein in Rowntree's Cocoa is now more digestible than that in other cocoas This means that it actually builds more bone and muscle than other cocoas—again a factor of particular value in the case of children

★ ★ ★

This improvement in Rowntree's Cocoa has been made without altering the delicious flavour in any way The price is also unchanged

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'K-Y—is the best lubrifacient'

THE LANCET

K-Y Jelly is a surgical lubricant used almost universally for the lubrication of sounds, catheters, cystoscopes and for digital examinations

K-Y Jelly is bland, non-toxic, water soluble, non-greasy and antiseptic

It does not interfere with electric current, and is thus particularly useful for lubricating glass and metal electrodes

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K-Y Jelly is packed in compressible tubes for quick, hygienic and economical application

K-Y Jelly

One of the products of Johnson & Johnson (GT BRITAIN) LIMITED
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DUAL ACTION:—

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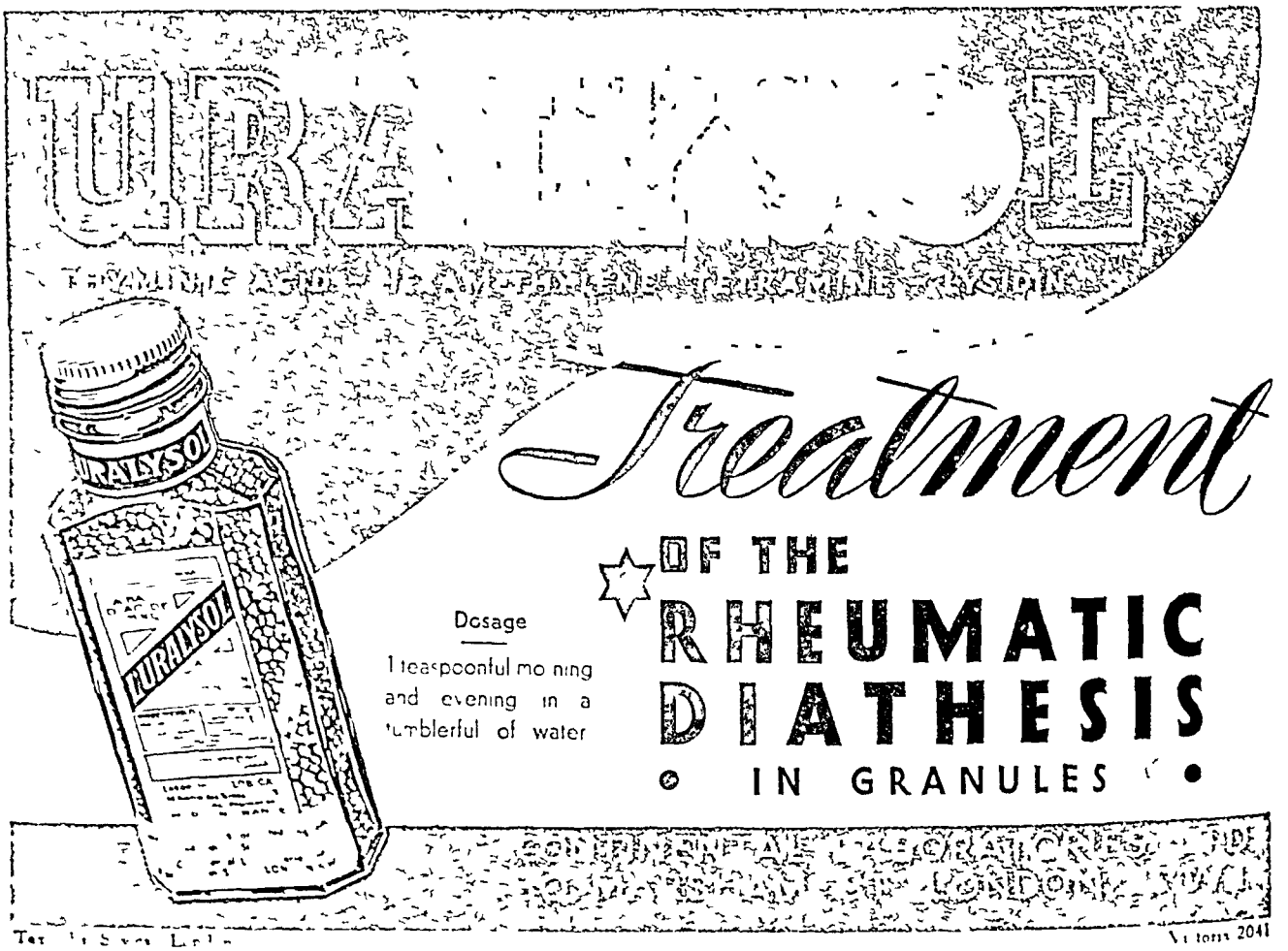
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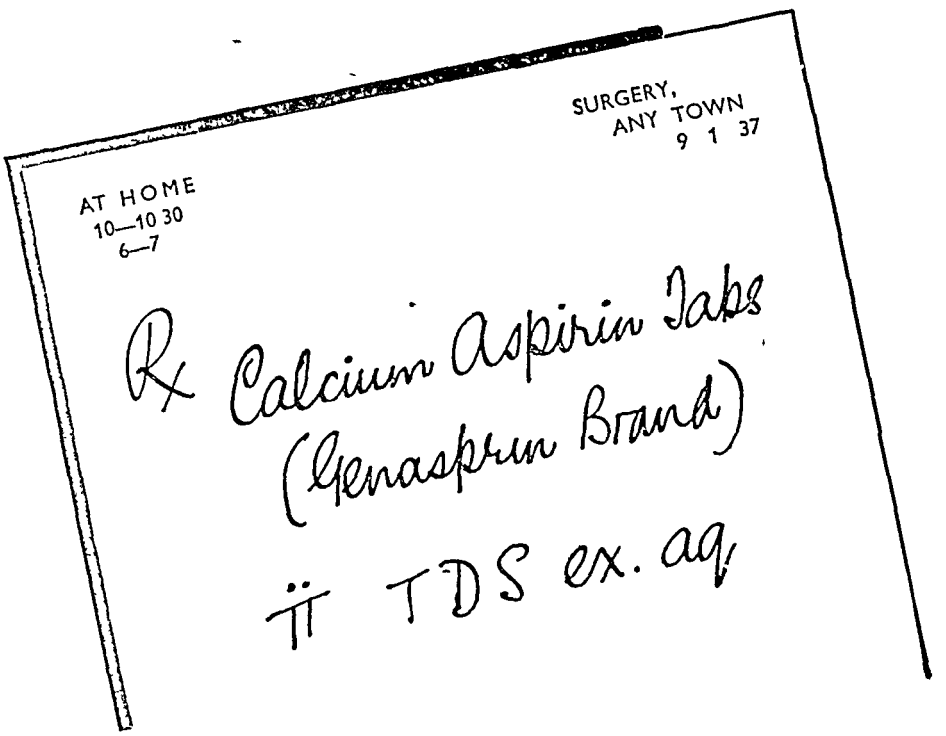
Kaylene ol is indicated in the treatment of Intestinal Toxaemia and Stasis, Chronic Colitis, dietary indiscretions and in all conditions due to toxic absorption from the bowel.

Samples and literature on request

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STABILISED—SOLUBLE—NEUTRAL

As an analgesic and antipyretic, CALCIUM ASPIRIN (Genasprin brand) TABLETS possess all the virtues of purest aspirin without any of the latter's side actions

Being neutral and soluble, CALCIUM ASPIRIN–(Genasprin brand) cannot cause gastric irritation, acidosis or demineralisation

In cases of calcium deficiency, pregnancy, lactation and growth, the value of CALCIUM ASPIRIN as against aspirin is clearly demonstrated

Its low toxicity permits large doses and safe administration to children, in fact, it is now routine treatment for chorea in children and young people

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12 tubes in carton		12 x 20 tablets	6/6
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Further information or clinical sample on application to —

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COLLIRON (EVANS)

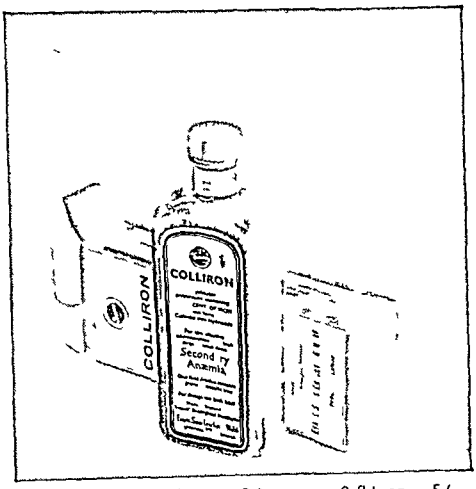
COLLOIDAL IRON HYDROXIDE
with a trace of Copper

For the effective treatment

of the

MICROCYTIC ANÆMIAS, DEBILITY AND FATIGUE

COLLIRON replaces, with advantage, all the older forms of pharmaceutical iron as it is readily assimilated, non-constipating and does not aggravate the digestive troubles which frequently accompany anæmic conditions



Dosage Adults—20 minims three times daily after meals
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Colliron is ideal for massive dosage also

Issued in bottles 4 fld oz 3/- 8 fld oz 5/-
16 fld oz 9/6 80 fld oz 40/-

Prepared at Evans' Biological Institute by

Evans Sons Lescher & Webb Ltd.

LIVERPOOL & LONDON



Design from Greek Vase
Woman seated to whom her attend ant brings a Toilet Case Lyrin Sa h and Wreath

Improved Lubrication Therapy

THE advantages of lubrication therapy over the more or less drastic depuratives are too well known to require reiteration Physicians have however experienced the disadvantages which ordinary medicinal paraffin possesses—viz uncleanly in use unpleasant insipidity and risk of leakage"

Cristolax brings a new efficiency to the technique of lubrication therapy 50 per cent of liquid paraffin of the highest purity and optimum viscosity is so skilfully incorporated in Wander Dry Malt Extract that every vestige of disagreeable oiliness is completely eliminated

Cristolax is so pleasant to the taste that it can be prescribed with entire confidence for the most fastidious patient Its digestive and nutritive value render it of special service in constipation associated with defective assimilation dyspepsia and general debility

'CRISTOLAX'
BRAND
MALT EXTRACT WITH PARAFFIN
Lubricant-Laxative-Nutrient-Digestive

A supply for Clinical trial sent free on request
Of all Pharmacists in bottles at 1/6 and 2/ each

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for use in

NUTRITIONAL ANAEMIA



this latest advance in Iron Therapy shows Iron in its most active and concentrated form, administered in the simplest and most pleasant way

Each capsule contains	Adult (5 m m)	Child s (3 m m)
Iron (ferrous)	0 1 gm	0 06 gm
Vitamin B Complex B_1	16 2 units	10 units
B_2	3 2 units	2 units
Manganese (as hydroxide)	0 1 mgm	0 06 mgm
Copper	0 1 mgm	0 06 mgm
Cobalt	0 1 mgm	0 06 mgm

Price Adult 50 s—5/6 Child s 25 s—2 5 100 s—8 6

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TGS

Modern Iron Therapy

Iron 'Jelloids' are an elegant and reliable means of administering the proto-carbonate of iron The preparation has none of the disadvantages of Pil Blaud The iron content remains fresh and unoxidized indefinitely, and injury to the teeth is avoided

The 'Jelloids' are highly effective in the treatment of achlorhydric anæmia and indeed in all the simple anæmias in which massive iron therapy is indicated

Iron Jelloids

You are cordially invited to apply for samples for clinical test
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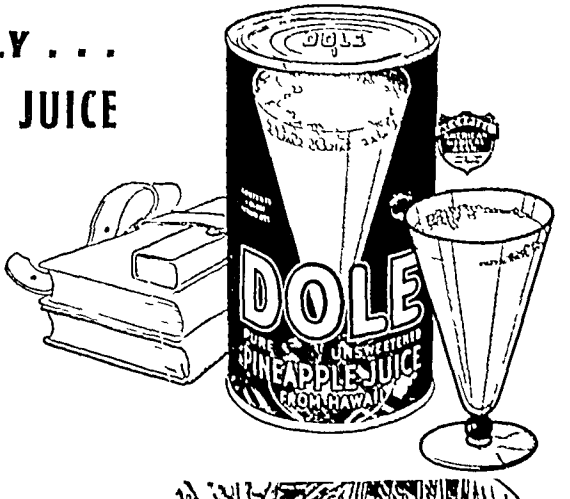
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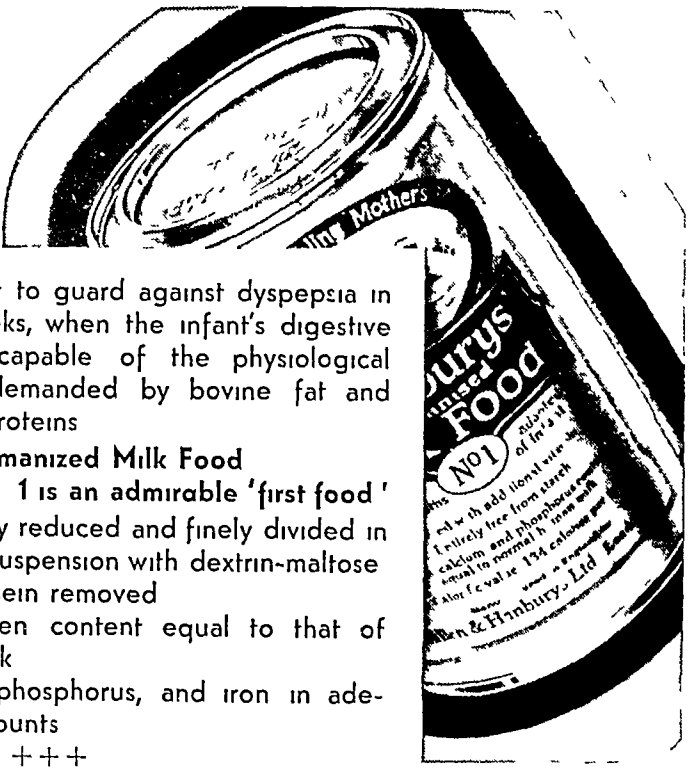
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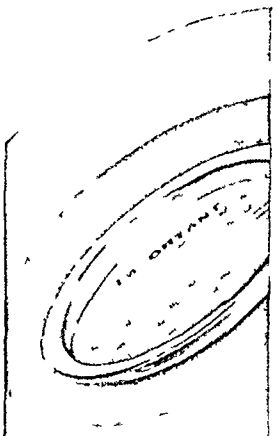
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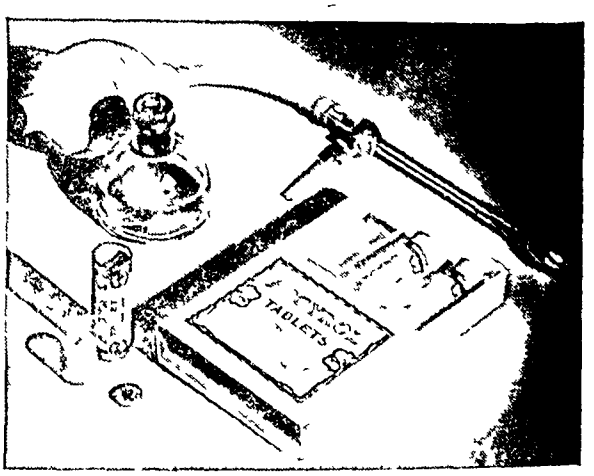
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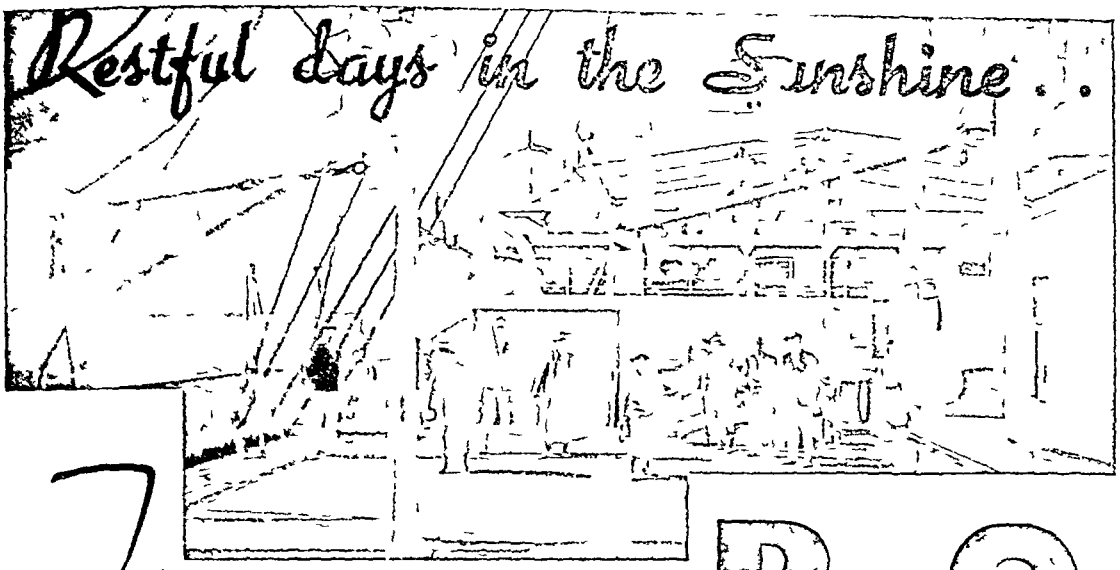
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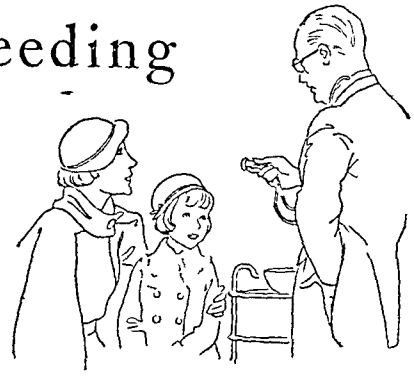
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It will be noted that both under 2 years of age and over 2 the mortality is appreciably lower in Group A than in Group B thus suggesting that treatment in the open air is beneficial alike to the very young child and to older children suffering from pneumonia During a five year period it is difficult to imagine that one particular ward in a hospital should admit all the severe cases of pneumonia whereas another ward in the same period admits all the mild cases, but it is conceivable that this state of affairs might occur to some extent during one particular year, and for this reason Table III has been prepared

TABLE III—*Mortality Rate During the Various Years*

Year	Cases	Mortality Per Cent	
		Group A	Group B
1931 2	113	6 0	27 0
1932 3	93	13 5	19 5
1933 4	105	9 2	23 5
1934 5	124	13 4	17 5
1935 6	132	14 5	19 0
Totals	567	11 6	21 5

In this table the mortality rate in the two groups is shown during each of the five years and here it will be seen that although there is considerable variation in the mortality rates from year to year, in every instance the mortality in Group B is in excess of that in Group A Thus it seems reasonable to assume that the difference between the two groups cannot be explained by an uneven distribution of cases since the likelihood of this occurring during five consecutive years must be extremely remote

Another possibility that had to be taken into account was a discrepancy in the age distribution in the two groups and Tables IV and V show the age distribution and the mortality in Groups A and B respectively

TABLE IV—*Mortality at the Various Age Periods—Group A*

Age Period	Cases	Deaths	Per Cent	
Under 6 months	14	10	71 4	
6 11 months	43	10	23 3	
12 23 months	77	10	13 0	8 6
2 5 years	97	3	3 1	
6 12 years	61	1	1 6	
Totals	292	34	11 6	

TABLE V—*Mortality at the Various Age Periods—Group B (Controls)*

Age Period	Cases	Deaths	Per Cent	
Under 6 months	25	21	84 0	
6 11 months	35	12	34 3	
12 23 months	76	18	23 7	15 2
2 5 years	84	8	9 5	
6 12 years	55	0	0 0	
Totals	275	59	21 5	

Study of these tables reveals the fact that Group B contains a relatively larger number of cases in which the children were under the age of 6 months and this will perhaps tend to raise the general mortality for the whole group since recovery from acute primary pneumonia during the early months of infancy is comparatively rare If the first age period is discounted in both groups however, it will be observed from the tables that the mortality still remains at a considerably lower level in Group A than in Group B It is suggested therefore that the figures shown in all the above tables, whether considered individually or collectively supply strong evidence in support of the favourable impressions formed at the bedside in connexion with the continuous open air treatment of pneumonia in children of all ages

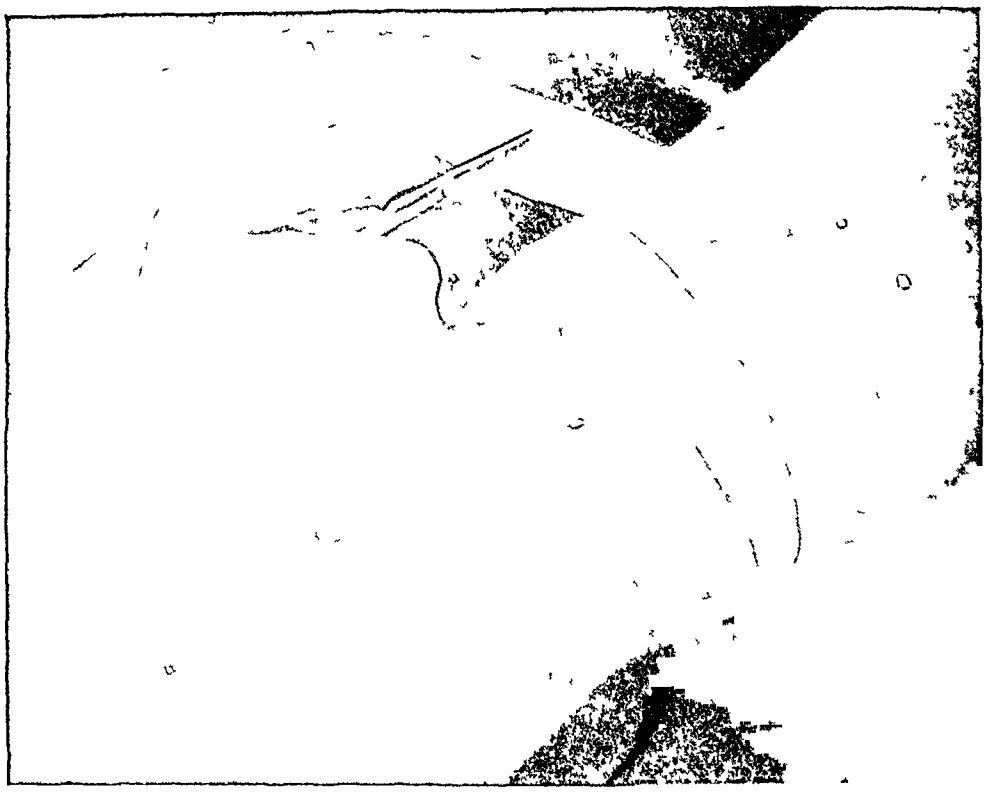
Discussion

It has already been stated that the object of this investigation was to lay emphasis on one particular factor in the treatment of pneumonia in childhood While it is readily admitted that for many years writers both in this country and abroad, have advocated fresh air in the treatment of pneumonia, it is felt that the fundamental importance of this simple form of therapy is not sufficiently realized at the present day The open air treatment of pulmonary tuberculosis has long since ceased to be questioned, yet this simple but life saving remedy has not as yet been whole heartedly applied to other forms of respiratory infection Old traditions die hard and there can be little doubt that in many quarters it is still regarded almost as heresy to suggest that a child suffering from pneumonia accompanied by high fever should be nursed in the cold air

Comparison of the two groups of cases in this series would appear strongly to justify the intensive open air treatment in pneumonia in childhood but it must be emphasized that such treatment will lose much of its beneficial effect if it is carried out in a half hearted and timid manner All the children in Group A were exposed to a moving current of cold air immediately on admission to the ward and apart from adequate clothing were in no way protected from the draught Furthermore no distinction was made between bronchopneumonia and alveolar pneumonia the treatment being the same for both types and for all ages It is interesting to note that such treatment is not without physiological justification since Leonard Hill (1936) has demonstrated that exposure of the face to a current of cold air causes a reflex dilatation of the bronchi and bronchioles and this will tend to minimize respiratory distress and promote the maximum of aeration of the lungs The remarkable peacefulness and comfort of the child treated in this way is probably a factor in lowering the mortality owing to the minimum of strain being placed on the heart muscle The increased appetite also enables a sufficiency of nourishment to be given without constant coaxing and cajoling which can be so exhausting to a young child with pneumonia

One obvious objection to open air treatment carried out in hospital as described is the marked lowering of the ward temperature with a consequent danger to patients suffering from conditions other than pneumonia This applies especially to marasmic and grossly debilitated infants where it is frequently difficult to maintain the body temperature at a sufficiently high level This real difficulty would be obviated if every children's hospital contained a special ward constructed according to sanatorium principles for treating cases of acute pneumonia In view of the large number of respiratory cases admitted to hospital each year such a plan would be well worth while since it would probably be the means of saving many lives It is perhaps beyond the scope of the paper

No 16



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to comment on the treatment of pneumonia in adults, but the view may be expressed that the continuing high mortality from this disease might be considerably reduced if the large general hospitals throughout the country were to provide better facilities for treating such cases in the open air. In the private house continuous open-air treatment can in the majority of cases be instituted with little inconvenience to other members of the household. Despite this there is frequently great reluctance on the part of parents to expose their stricken child to the cold air, and perhaps this reluctance could be largely overcome if the practitioner in attendance felt more strongly convinced of the great value of this harmless and easily applied remedy.

In this investigation the mortality rate only has been considered, and no mention is made of the effect of an open air regime on the duration of the fever or the incidence of complications. These questions and certain others are at present being investigated, nevertheless the actual mortality from pneumonia must remain the vital issue when judging the success or failure of any method of treatment, and it is a sincere belief in the life-giving qualities of the airs from heaven' which has prompted this paper.

Summary

The importance of open air as a therapeutic measure in acute primary pneumonia in children is emphasized, and the belief is expressed that the value of this remedy is not sufficiently appreciated at the present day.

A comparison is made between a series of cases treated according to an intensive open air regime and a control group of cases treated by other measures.

Exposure to a moving current of cold fresh air throughout the whole febrile period is advocated in all types of pneumonia in children of all ages, and it is suggested that if this simple and harmless expedient were to supersede certain of the more meddlesome forms of therapy frequently employed the lives of many children would be saved.

REFERENCES

Hill, L. (1936). *J. Physiol.* **87**, 45 P.
Ker, C. B. (1904). *Scot. Med. and Surg. J.* **14**, 33.

Samuel Meaker (*J. Amer. med. Ass.* December 5, 1936, p. 1847) discusses the treatment of human sterility. He states that all recent advances are based on a better understanding of the aetiology, which in the majority of cases is not one single defect but the summation of several factors. Absolute sterility is found clinically in only 30 per cent. of cases, the remaining 70 per cent. showing only a group of factors tending to depress fertility below the threshold of conception. These factors are so rarely limited to one patient that Dr. Meaker has ceased to speak of sterility in man or woman but only of a sterile mating. Excluding rarities he considers the following the important factors of infertility: (*a*) genital hypoplasia, the organs showing the differentiation of a girl of 10 with ovarian immaturity and imperfect or absent ovulation; (*b*) abnormal viscosity of the endocervical secretions of chemical or infective origin; (*c*) partial or complete obstruction of the Fallopian tubes; (*d*) deficient oogenesis due either to depression in ovarian or pituitary secretions. Effective treatment is assured by complete diagnostic study. Male sterility can be examined by an accurate evaluation of semen. Endocervical infections are best treated by cautery; insufflation of gas and iodized oil only relieves partial obstruction and salpingostomy may establish patency of the tubes. Deficient oogenesis calls for the services of the endocrinologist and whereas hypophysin once established can benefit little. Dr. Meaker believes that herein lies an opportunity for preventive gynaecology by proper attention to menstrual behaviour and to the health of the adolescent girl.

AUDITORY NERVE SECTION IN MÉNIÈRE'S DISEASE

BY

R. RUTHERFORD, F.R.C.S.

The object of this investigation was to determine whether an accurate estimate of the depth of the internal auditory meatus from the outer table of the skull could be made before opening the skull, and if this was achieved to advocate the division of the eighth nerve when indicated through an operating endoscope in much the same way as one would use a cystoscope in the urinary bladder, thus reducing operative trauma to a minimum. If a suitable endoscope could not be devised it was thought that it might be possible to slip a flat graduated retractor into the subdural space, and when the calculated depth was reached to retract gently and find the foramen at once.

Preliminary Investigations

A preliminary investigation was made at the Museum of the Royal College of Surgeons some fifty Egyptian and North American Indian skulls being measured with a view to finding a common factor whereby the depth could be estimated. The bi-mastoid diameter and the internal auditory meatus chord were correlated with the following results:

44	per cent. of skulls had the factor	26
16	"	25
12	"	23
8	"	21
6	"	28
6	"	22
4	"	24
2	"	30
2	"	29

In the above measurements the point taken on the mastoid process was situated at the upper and posterior part in the same horizontal plane as the internal auditory meatus. From the point of view of a consistent factor, and the difficulty of deciding which point on the mastoid process should be taken since the internal auditory meatus in the intact skull is invisible, the above factors have no practical value.

Other tentative measurements were made and it was found that when one pair of supra-orbital notches was present the distance between each notch corresponded in the majority of cases with the distance between each internal auditory meatus, this was even true of the artificially deformed skulls of the North American Indians, these being flattened from before backwards and from above downwards, so that the bi-mastoid diameter is widened. The latter measurements it was felt did not lend any practical assistance because of the absence of one or both supra-orbital notches in a small percentage of skulls.

Dr. G. M. Morant, lecturer on anthropometry at University College, London, very kindly made a full statistical inquiry on a large number of English skulls at his disposal (100 male and 100 female). He found that an accurate estimate of the depth of the internal auditory meatus could be made from an external measurement, that external measurement being the distance between the asterion and the auriculare. To use his own words: "Taking all measurements in millimetres the required asterion-internal auditory meatus chord is obtained by multiplying the determined asterion-auriculare chord by 0·581 and adding 26·33. So that the equation, which can be applied to either sex and to either side, is

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EFFECT ON THE EYE OF RADIUM USED FOR TREATMENT OF MALIGNANT DISEASE IN THE NEIGHBOURHOOD *

BY

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At University College Hospital in 1931 it became clear that profound changes could be caused in the eye by radium used for the treatment of malignant tumours in its neighbourhood I therefore began an inquiry into the effects of radium on the eye among cases treated by the surgical staff of the hospital to whom I am indebted for constant encouragement and support

The tumours treated included basal cell carcinoma, lupus carcinoma and epithelioma of the skin meningioma and carcinoma and sarcoma occurring in the upper jaw Several of the cases had refused or were beyond the scope of operation

For the first two years treatment was by interstitial or surface irradiation with needles of low linear intensity, but since 1933 a 1 gramme radium unit has been available Needles with a 0 5 millimetre platinum screen were used at the beginning but the experience gained in the first six months led to the substitution of these so far as possible by needles with a screen of 0 8 millimetre platinum for all cases in which it was necessary to introduce radium into the orbit

I have included the late results of a few cases treated ten years ago with radium needles of high linear intensity and light screenage

Conjunctival Reaction Early Effects

When malignant disease in the neighbourhood of the eye is treated by interstitial irradiation with radium a series of morbid changes may be observed in the eye The main effect falls on the conjunctiva and skin of the lids, the eye itself, with the possible exception of the lens, being somewhat radio resistant

The first sign of any damage to the eye is a change in the appearance of the conjunctiva The reaction of the conjunctiva to radium is characterized by oedema, hyperaemia and a serous discharge On account of the laxity of the subconjunctival areolar tissue the oedema of the bulbar conjunctiva may be intense With an average therapeutic exposure the reaction begins a few hours after insertion of the radium and reaches its maximum between the fifth and eighth days, fading slowly to normal about three weeks later

When the conjunctival sac is irradiated uniformly the whole conjunctiva will become oedematous but the swelling will be greater in the lower fornix on account of the influence of gravity When the radium is eccentrically placed intense chemosis on the exposed side of the eye may give place to a normal membrane on the other side of the same conjunctival sac Swelling of the conjunctiva may be so great after heavy irradiation that the lids are pushed apart and the glistening red swelling overlaps the lower lid and spreads across the limbus on to the cornea The upper lid may be so raised that the cornea is in danger of ulceration from exposure

Hyperaemia increases with the swelling and its greatest intensity marks the height of the reaction Whether the conjunctiva or the skin of the lids shows the greatest reaction in a given case appears to depend chiefly upon which of the two is nearer to the source of irradiation It has been observed that radium implanted into the orbit behind the eye can produce a severe conjunctival reaction without ascertainable change in the skin of the lids It is possible that oedema of the orbital cellular tissue may contribute to the swelling of the bulbar conjunctiva under these conditions for proptosis has been observed to follow interstitial irradiation of the back of the orbit by needles introduced through an opening in its outer wall In this case the eye came forwards as the conjunctival reaction developed and receded again as it faded A similar transient proptosis has been reported as the result of the introduction of radon seeds behind the eyeball

Whilst the conjunctival reaction is still increasing a serous discharge from the conjunctival sac appears usually between the third and fifth days after irradiation is commenced This discharge is not in proportion to the degree of reaction, and may be slight even in those cases which show severe chemosis with a skin reaction Sometimes the discharge may be sanious especially where the neoplasm has involved the conjunctiva Often the discharge becomes muco purulent and the normal conjunctival reaction is masked by a true inflammatory conjunctivitis of minor degree This complication is seen usually where a pathological micro organism is found in the conjunctival sac before irradiation and especially where the eye has been closed either by a severe radium reaction or as part of the treatment

Pain is not a feature even of a severe conjunctival reaction Pain during the stage of active and subsiding conjunctival reaction suggests the onset of irradiation iritis The patient complains of stiffness and pricking in a normal conjunctival reaction Conjunctivitis increases the feeling of irritation without causing actual pain

A severe localized reaction results when radon seeds are used in close proximity to the conjunctiva The reaction reaches its maximum during the first days after the seeds have been implanted

* Hunterian Lecture before the Royal College of Surgeons of England Based on work done during tenure of the Percival Alleyn Scholarship for Research in Surgery at University College Hospital

Asterion–internal auditory meatus = 26·33 + 0·581 asterion–auriculare

Dr Morant has compiled complete tables for the distances required for different values of the asterion–auriculare chord, so that in practice these tables would be used and calculation would be unnecessary

Surgical Anatomy

The *posterior cranial fossa is bounded* above by the tentorium cerebelli anteriorly by the posterior surfaces of the petrous portions of the temporal bones and by the basi sphenoid and laterally inferiorly, and posteriorly by the appropriate parts of the occipital bone, which is comparatively thin where it forms part of the base of the skull, the only anatomical abnormality likely to be met with is a diminution in size or entire absence of one or other lateral sinus in which case the sinus on the opposite side is correspondingly enlarged, an emissary vein near the mastoid process may give trouble but is readily plugged by means of a spicule of bone driven into its foramen The normal lateral sinus runs horizontally outwards from the torcular Herophyli, and takes a sharp turn downwards at the mastoid process, it is within this angle that the trephine hole is made so that the approach to the internal auditory meatus is *straight and involves* the least instrumental displacement of the cerebellum posteriorly The internal auditory meatus lies on the posterior surface of the portion of the temporal bone near its apex, and at a depth which can be predetermined its centre, in adult skulls, lies 5 mm below the attached border of the tentorium cerebelli, and through it are transmitted the facial nerve the pars intermedia, and the auditory nerve, in that order from above downwards There is a safe distance of 10 mm in adult skulls between the point of entry of the nerves into the meatus and the brain stem in other words it would be safe to sink a streamlined endoscope or flat retractor 10 mm beyond the calculated measurement before coming in contact with the brain stem

Physiology

If it is intended to introduce a cranioscope through a minimal opening in the posterior cranial fossa it may become necessary owing to the limited field of vision to identify the nerve strand seen by utilizing the fact that there is an action current in the auditory nerve when the auditory apparatus receives a physiological stimulus it being assumed, of course that the various manipulations are carried out under local anæsthesia, and that the cochlea is not so diseased as to be incapable of reception A silver electrode passed down the operating tube of the cranioscope and resting on the eighth nerve and the indifferent electrode engaging at the back of the neck would suffice, when the sound stimulus was applied, to operate a string galvanometer and put the identity of the nerve beyond doubt this confirmation is perhaps more of academic than practical interest, as no doubt an optical instrument can be devised to take in the whole field of the internal auditory meatus and identify the structures in their anatomical relations

Operation

A female, aged 65 years, a classical case of Meniere's disease was referred to me for operation

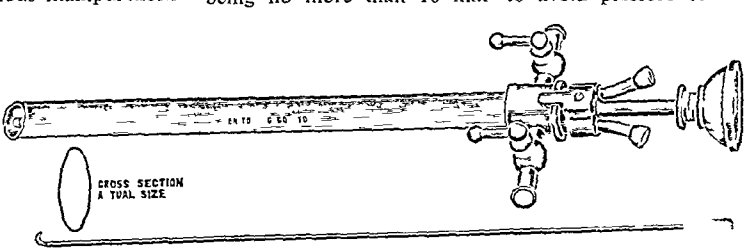
An obstetric dose of avertin was supplemented by ether inhalation One and a half ounces of ether were used during the one and three quarter hours operating time

A flat malleable retractor was marked the distance between the tip and the mark being the distance between the internal auditory meatus and the posterior superior border of the mastoid process of a prepared skull

A transverse incision was made stretching from the upper part of the posterior border of the mastoid process slightly curved with the convexity of the curve upwards and going down immediately to bone and finishing at the external occipital protuberance The muscles attached to the base of the skull were elevated and a half inch trephine hole was made about the centre of the right half of the occipital bone this hole was carefully enlarged by nibbling forceps forwards to the posterior edge of the right lateral sinus and upwards to the tentorial attachment the extent of the opening being two inches in lateral extent and one and a half inches in antero posterior extent The bleeding from the scalp was controlled by immediate ligature as the orthodox scalp forceps were found to be too cumbersome during the subsequent steps of the operation The only troublesome bleeding from bone was that from the mastoid emissary vein and this was easily controlled by a spicule of bone thrust into the foramen The dura mater was next incised at the forward end of the skull opening and the marked retractor slid very gently and very slowly into the subdural space until the mark was flush with the outer table gentle traction backwards of the cerebellum immediately revealed the internal auditory meatus with the facial nerve above and the auditory nerve below, the latter was divided by tenotome The patient was not at all shocked by the operation and the day following was able to tell us she was quite free from giddiness and nausea and needless to say was stone deaf on that side She developed suppurative parotitis ten days following the operation, and succumbed on the fourteenth day

The Suggested Cranioscope

With the kind collaboration of the Genito Urinary Manufacturing Company Ltd, an operating endoscope has been devised, the telescope and lamp are contained in an oval sheath with the long end tapered and still *maintaining* the oval section The cross section of the sheath is approximately 1 2 in by 3/16 in The central portion of the lumen is occupied by the telescope and lamp leaving good sized irrigation channels on either side In the sheath the irrigating channels are large enough to accommodate the small hook knife without the latter interfering much with the flow of the irrigating fluid The sheath is marked out in millimetres on the ventral surface zero starting at the lens system and the distance between the lens system and the long end being no more than 10 mm to avoid pressure on the brain stem The attached illustration does not show the subsequently modified long end which would scoop out the brain tissue when introduced the incorporation of a long end designed like the end of a flattened dessert obviates this



Conclusion

The section of this paper dealing with the proposed use of a cranioscope is I believe original it practicable it would seem to open up an avenue of observation on brain surface appearances in cerebral lesions in the living

When the eye is irradiated by a 1-gramme radium unit the conjunctival reaction is slight This observation has been made on cases of carcinoma occurring in the upper jaw in which the eye was displaced upwards by the growth before irradiation was commenced Treatment by the bomb varied from twenty to forty eight hours, but in each case the eye was directly exposed to irradiation and on account of the involvement of the orbital plate of the maxilla in the growth an additional screen applied to the eye direct would have rendered the treatment less efficient The conjunctival reaction reaches its maximum after about sixteen or eighteen days at the same time is the maximum skin reaction is seen Some chemosis occurs with little hyperaemia but the degree of swelling is not sufficient to prevent normal blinking Even where the skin reaction has been so intense that moist desquamation has resulted the conjunctival reaction is of a minor degree

Fading of the conjunctival reaction after interstitial irradiation is gradual Usually the hyperaemia disappears, leaving a straw coloured area of oedema of the conjunctiva This returns to normal in about three weeks after removal of the needles Even the chemosis of the conjunctiva caused by a tumour near the orbit will disappear after irradiation provided that the tumour has been adequately treated Conversely if chemosis of this type together with some or all of the additional chemosis associated with the radium reaction persists after irradiation there is a strong presumption that treatment has been inadequate Sometimes and especially in those cases where radium needles are used very near the conjunctiva, large superficial conjunctival vessels may persist permanently or may appear some weeks after the conjunctival reaction has faded This telangiectatic effect is not usually accompanied by a discharge

Conjunctival Reaction Late Effects

A severe conjunctival reaction may be followed by scarring of the conjunctiva Three to four months after interstitial irradiation the conjunctiva begins to thicken and shrink and often adheres to the sclera The normal transparency is lost and the thickened conjunctiva may in the course of years become densely white Where a localized reaction has occurred this effect may be confined to the corresponding area In some cases a thickened band of white conjunctiva passes from the inner side of the lid to the globe so that movement of the latter away from the scar is limited Contraction of the scar is so gradual that diplopia is not noticed by the patient though it may be elicited on examination

If the whole of the conjunctival sac has been irradiated equally with a relatively large amount of radium and the needles have been inserted into the orbit in close proximity to the conjunctiva the whole of the conjunctival sac will be involved in the process The fornices become obliterated and the thickened conjunctiva passes directly from the lids on to the sclera to which it becomes so firmly adherent as to restrict movement of the globe in all directions If an excision of the eye becomes necessary this adhesion makes it difficult to separate the conjunctiva from the sclera Healing of the incision in the damaged conjunctiva may take months After the eye has been removed the conjunctiva shrinks so completely that during the second year after irradiation only a narrow pink crack can be seen when an attempt is made to separate the lids

After the use of radon seeds localized conjunctival scars accompanied by injection of the conjunctival vessels are very common These scars may be confined to the bulbar conjunctiva Thickened folds of conjunctiva radiate from a depressed centre which is adherent to the underlying sclera

After irradiation with the 1 gramme unit the degree of scarring of the conjunctiva is negligible The change in the conjunctiva is more in the nature of a slight loss of elasticity and going rather than a pathological process No case in which the blood vessels have been permanently enlarged has been observed but occasionally the eye has remained slightly red for some months

Scarring of the lid margins is common after interstitial irradiation but damage to the lacrimal plate has not been observed The whole or a part of the lashes may be permanently lost and when this occurs the edge of the lid becomes rounded so that the skin passes without appreciable change into the scarred conjunctiva

In one case movement of the eye was so much diminished that fusion between the rounded margin of the lid and the scarred conjunctiva occurred This conjunctiva was exposed in consequence of retraction of the lids, and gradually took on the appearance of skin

Irradiation may lead to such scarring of the skin of the lower lid as to produce cicatricial ectropion When of lesser degree the ectropion may be limited to eversion of the lower punctum The tears then run down the cheek In cases where the edge of the lid has become rounded the punctum is frequently obliterated and all trace of it disappears When localized irradiation for instance of a basal cell carcinoma near the inner canthus has obliterated one or both puncta the patient will have epiphora Where irradiation has been so intense as to abolish the secretory activity of the lachrymal gland epiphora may be absent in spite of obliteration of the puncta A small localized scar may result from the use of radon seeds in the lower lid The contraction of this scar may be so severe that a nick in the contour of the lid margin is formed which allows the tears to run over Scarring of the conjunctiva and lids is especially prone to follow the use of unscreened or lightly screened radium, but with increasing knowledge of its dangers these severe scars will be seen less often

After irradiation with the 1-gramme unit an analogous scarring of the conjunctiva and of the lid margin can occur, but the change is of a minor character Rounding of the lid margin with permanent epilation has only once been seen and in this case there was epiphora from eversion of the punctum

Involvement of the Iris

The cornea and iris are affected only by relatively intense irradiation and should in the light of present knowledge show no change as a result of radiotherapy No reaction has been observed in either as a result of treatment with the 1-gramme unit During the stage of radium reaction in the skin and conjunctiva discomfort only is felt in the eye Pain is a sign that the iris has been affected It is experienced during the first few weeks after the radium has been removed, when the conjunctival reaction has reached or has just passed its height

The changes which have been observed in the iris vary from a slight swelling—iris reaction—only measurable by failure of the pupil to respond to homatropine as fully as before irradiation, to a definite iritis characterized by posterior synechiae I have never yet seen K P The synechiae are formed in that part of the iris which is most exposed to irradiation They break down readily under the action of a mydriatic, and may do so of their own accord without treatment Irradiation iritis is distinguished from all ordinary forms of iritis by its tendency to resolve spontaneously without relapse

Radium Necrosis of the Cornea

The chief morbid change in the cornea is ulceration which may be a direct result of irradiation—radium necrosis—or may arise indirectly for one or more of the following reasons

The cornea may become relatively dry, because the secretory activity of the lachrymal gland has been reduced by irradiation

Closure of the eye may be prevented by massive oedema of the conjunctiva which has not been controlled by

A NOTE ON THE ADRENAL CORTEX

BY

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AND

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Since the publication of *The Adrenal Cortex* (Broster and Vines) in 1933 and the endowment of a surgical research bed and fund at Charing Cross Hospital by Viscount Wakefield of Hythe the scope of our work and material has considerably increased. This has enabled us to extend our studies into the spheres of biochemistry and psychology.

It may be recalled that we had drawn attention to the presence of a differential stain—the Ponceau fuchsine stain—in the cells of the adrenal cortex in our patients with virilism who had been subjected to the operation of unilateral adrenalectomy. This stain has been corroborated by others, who have shown what we then surmised but now have also substantiated, that the stain is positive in the cortex of both adrenal glands. In a leading article following our publication it was suggested by the *British Medical Journal* that 'the substance so staining must be closely related to or even identical with the male hormone or its precursor.' We have now been working in this direction for some years, and consider it a matter of sufficient importance and of general interest to issue a preliminary note, and to state that we have been successful in detecting not only an androgenic principle in the urine of these patients but in isolating a new biochemical compound specific to virilism, of adrenal origin. An important corollary to these investigations is the fact that there is a diminution in both the androgenic principle and of this new specific substance immediately after unilateral adrenalectomy.

Biochemical Investigations

Only a short abstract of each biochemical investigation is here included since it is proposed to issue a second report on this work giving the full details.

The following is a report from Dr. Jocelyn Patterson of Charing Cross Hospital and Dr. Alan W. Greenwood of the Institute of Animal Genetics, University of Edinburgh.

Case J. K. (*a*) Pre-operative
(*b*) Post-operative

Investigations have been made of the 'free' male hormone (androgenic substance extracted from the urine without drastic hydrolysis) and 'bound' hormone (extractable only after drastic hydrolysis) with the following results:

(*a*) Pre-operative findings:
Free hormone: 8 international units.
Bound hormone: not estimated because at the time our attention was focused entirely on the free hormone.

(*b*) Post-operative findings:
Free hormone: 3 international units.
Bound hormone: 6 international units.

In the normal female urine the free hormone is entirely absent, but with regard to the bound hormone we have as yet insufficient data to indicate the normal range.

"The capon method has been used for assay, androsterone being taken as the standard for comparison (1 mg. = 10 international units). It will be appreciated that in the present state of our knowledge the figures are only of relative significance, but they suffice to show that the immediate effect of the operation is to cause an appreciable drop in the excretion of free male hormone, though it has not brought about its complete disappearance from the urine."

The following samples of urine were collected at Charing Cross Hospital, evaporated to a thick syrup, and dispatched to Professor G. F. Marrian and Mr. G. Butler of the University of Toronto:

Case J. K. (*a*) Pre-operative, 6 litres collected over ten days.
Case J. K. (*b*) Post-operative 2½ litres.
Case M. M. (*c*) Pre-operative, 6 litres collected over eight days.

Professor Marrian and Mr. Butler report as follows:

"The ether-soluble neutral fractions of both pre-operative samples of urine yielded a white crystalline substance which after repeated crystallization melted at 243–244°. Yields of 242 and 95 mg. of the unpurified substance were obtained from the concentrates (*a*) and (*c*) respectively. Acid hydrolysis of the urine concentrates did not increase the yield. The post-operative urine sample from J. K. contained only a trace of this compound. We have, in the course of other work in this laboratory, examined a large number of urine samples collected from normal men and pregnant and non-pregnant women, but we have never been able to demonstrate the presence of this new compound in such urines. It would appear, therefore, to be specific to virilism of adrenal origin.

"This crystalline compound analyses sharply for the formula $C_{19}H_{30}O_3$. It appears to contain one tertiary and two secondary hydroxyl groups. The main features of the constitution of this interesting compound have been elucidated and will shortly be published by us elsewhere. It seems possible that the new compound is closely related to the series of compounds isolated by several groups of workers from adrenal tissues."

The Adreno-genital Syndrome and Sexuality

Dr. Clifford Allen has established the fact that the adreno-genital syndrome may influence sexuality to a profound degree. A large percentage of the patients showing this syndrome also show sexual abnormalities, being mainly homosexual or having diminished heterosexuality. Operation may influence this enormously. Patients suffering from the adreno-genital syndrome who showed strong homosexuality have been changed to strong heterosexuality and those with diminished heterosexuality have had it restored to normality. It has been determined definitely that there are two types of homosexuality, one dependent on disease of the glands (the adrenal glands in the cases studied), and the other on psychical disease. Operation cures the former but not the latter, which may respond to psychotherapy. These studies demonstrate the relation between psychical and physical sexuality in a way which has not been possible before.

Conclusion

This advance places the surgery of the adrenal cortex on a par—as one would expect—with the other glands of the endocrine series—namely, that a hypersecretion of the two glands can be controlled by means of the removal of one, and that there is as yet no evidence that the remaining gland hypertrophies sufficiently to cause a return of the clinical condition.

preliminary apposition of the lids The exposed cornea will then become superficially ulcerated but will heal without a scar if it can be covered by the lids Pain is more severe than in radium necrosis of the cornea

At a later date if ectropion has followed irradiation, the lower part of the cornea may ulcerate from exposure, even without damage to the lachrymal gland

Radium necrosis of the cornea is the most serious result of irradiation, and is usually associated with radium necrosis of skin or bone It appears as a delayed reaction about three months after a single intensive irradiation, but the time of onset varies and is dependent on the intensity of the irradiation A severe necrosis may appear shortly after a repeated irradiation even where the initial treatment has been by the 1 gramme radium unit or by deep x ray therapy

Diminution of sensation is the earliest sign of damage to the cornea On touching the cornea lightly with cotton wool blinking is slower than in the normal eye This effect may appear within a few weeks, persist for months and disappear leaving the sensation of the cornea normal I have seen diminution of sensation of the cornea on one occasion follow intensive irradiation with the 1 gramme unit Normal sensation was eventually restored But diminution of the corneal reflex to light touch may prove to be the forerunner of a radium necrosis of the cornea

Radium necrosis begins with a loss of polish of the cornea usually at the centre but where the irradiation has been directed from the side the effect may be confined to the corresponding sector, the cornea at a distance being normal Within a few hours loss of polish is followed by the appearance of one or more small superficial ulcers which have a smooth base and undermined edges The process may be arrested at this stage but as a rule the ulcers spread slowly and coalesce to form one large ulcer, which may involve the whole cornea except for a narrow rim at the periphery Alternatively a single ulcer may extend by stripping up the epithelium so as to form one or more ridges radiating from its margin The summits of these ridges split and the edges of the splits become undermined

Up to this point radium necrosis of the cornea bears a strong clinical resemblance to neuro paralytic keratitis but differs from it in having a slower onset and a remarkable resistance to infection It is only after some weeks that the onset of a mild infection is indicated by punctate infiltration around the ulcer There is little reddening of the eye and no ciliary injection in the absence of iritis If the eye is kept covered and a mydriatic is used the ulcer may remain stationary and the patient comfortable for months The spread of infection in these eyes is so slow that it may be months before the ulcer begins to extend and to develop points of yellow exudate in its base With this there is increase of the punctate infiltration and deep striation appears in the cornea A mild iritis which yields readily to treatment, may be set up by an extension of the corneal infection

Pain is not an outstanding feature of radium necrosis Even when a large ulcer is present little complaint is made

Radium necrosis of the cornea tends to progress to perforation and when this occurs the anterior chamber is open to invasion by micro organisms from outside The natural resistance of the interior of the eye to infection must be considerable for it is usually some weeks before a mild enophthalmitis begins Radium necrosis of the cornea is an aseptic destruction by a physical agent When it perforates the edges of the opening do not necessarily contain pathogenic micro organisms though they are slow to heal because they have been irradiated These two factors probably account for the delay in infection of the whole eye

Occasionally a severe necrosis may take place quite rapidly The whole cornea separates painlessly I have seen this catastrophe in some of the earlier cases after repeated irradiation complicated by sepsis in the neighbourhood It was not associated with conjunctivitis In one case the cornea separated followed by the iris and lens The whole eye disintegrated so completely that there was no recognizable trace of the sclera three days later when the orbit was exenterated In another case sloughing of the cornea was followed by loss of the iris and lens with subsequent panophthalmitis

Repair of Damaged Cornea

Provided that the reparative powers of the cornea have not been destroyed healing will take place slowly When the ulceration is shallow and before the whole cornea is involved repair without opacity in about four months is possible For this it is essential that the condition be recognized early and that the ulcer be covered by tarsorrhaphy If a cornea which has been protected by tarsorrhaphy is irradiated it may still develop ulceration but heals without opacity A deep ulcer may take up to eight months to heal A dense leucoma may form with superficial vascularization of the cornea the density being proportionate to the depth of cornea lost A perforation of the cornea from radium necrosis has been seen to heal even without tarsorrhaphy Ultimately vision depends on the position of the corneal opacity on the degree of residual astigmatism and on the possible development of an irradiation cataract

Irradiation Cataract

Radium cataract is usually a late reaction to irradiation and appears two years or more after exposure No record has been found in the literature of an early radium cataract which became mature although one case has been reported in which small vacuoles were seen in the lens ten days after the insertion of two radon seeds One seed was near the lens and both were of high intensity The vacuoles disappeared within fourteen weeks

I have been fortunate enough to see one case of early mature radium cataract It followed an extensive interstitial irradiation the orbital part of which consisted of six 2 milligramme needles arranged symmetrically round the eye The lens was therefore irradiated heavily from all sides Three days after removal of the needles a few subcortical opacities of the radiating senile type were seen in the anterior and posterior parts of the lens Four weeks later 1·5 dioptres of myopia had developed and vision was slightly reduced by a fine uniform haze throughout the lens The senile striae had also increased Seven weeks after removal of the radium the cataract was mature The changes in the lens preceded and therefore were not secondary to the attack of irradiation iritis which followed

The typical irradiation cataract is a posterior cortical one It may follow exposure to various forms of irradiation and its occurrence has been recorded in the literature for the last thirty years The earlier examples followed exposure to x rays After exposure to radium it usually develops during the second and third years though its appearance may be delayed until the sixth year or later

Radium cataract begins in the posterior part of the lens with vacuoles which are not quite circular Fine spots and feathery lines appear among the vacuoles and all the changes extend outwards and forwards in the lens until there is a posterior opacity, with its margin denser than its centre The cataract may be arrested at this stage or may go on to maturity When it goes on to maturity striae of the ordinary senile kind are formed sometimes with vacuoles beneath the anterior capsule Fine punctate opacities appear scattered throughout the lens They are seen first in the part of the lens most exposed to irradiation The cataract becomes mature by the gradual evolution of these changes The mature radium cataract possesses no special features but if occasion arises is amenable to operative treatment

Among the early cases of this series there were two examples of late radium cataract both of which were mature when first seen Both were treated with needles of high linear intensity lightly screened with 0·3 millimetre of platinum In both

Clinical Memoranda

Psychosis Associated with Atropine Administration

The case is that of a man of 44 years unmarried, who had been working as a labourer in Australia for many years

The following history was given There had been no previous serious ill health but for some years he had been troubled with his eyes A few weeks after landing in England he consulted an ophthalmologist who diagnosed chronic glaucoma and he was admitted to hospital On the day after admission the right eye was trephined with complete iridectomy, and an atropine solution was used to wash out the eye Three days later the patient became confused and restless screaming and getting in and out of bed He believed that people were going to injure him and would not tolerate anyone near him Morphine 1/4 grain and hyoscine 1/100 grain, were given but had little effect and it was said that his delusions and hallucinations became more vivid He believed the nurses were going to nail him to a board and burn him He was transferred to Smithdown Road Hospital Liverpool and admitted to the special division on an order for temporary detention completed by a relieving officer

On examination he persisted in his persecutory delusions with regard to the last hospital and amplified them He said he had been given poisoned food that he had feared to go to sleep as they were waiting to kill him etc but that he had had no trouble since leaving there He was restless and excited The left pupil was dilated and inactive and the hands were tremulous Pulse rate was 130 and the tongue was dry and coated There was no evidence of lesion of the central nervous system

The same day he was seen by the visiting ophthalmologist Mr Broderick who prescribed boric lotion for the right eye and guttae pilocarpinae 1 per cent for the left eye The patient improved somewhat during the day becoming more composed and amenable

The following morning atropine 1/100 grain was injected subcutaneously One and a half hours later the pulse rate increased and the left pupil was widely dilated The patient would not allow the doctor to come near him saying that the latter had come to destroy him He was confused and disorientated as to time and place refused food and struck out at imaginary persons Two c.cm prostigmine were given and two hours later the pulse rate was 90 and the left pupil reduced in size The patient said he had been imagining things He took food well and later slept satisfactorily

The next day the pupil was again dilated and the pulse 120 He was tremulous and incoherent and made rambling statements about being burned to death because of his past sins and said that the whole ward was against him Two c.cm prostigmine were again given The left pupil contracted within one hour and the patient became calmer He said that his troubles were due to imagination He complained of his eyes aching but had no dryness of the mouth Micturition and bowel action were normal He said that at the previous hospital he had had pain in the eyes after each instillation of the drops and he ascribed all his troubles to the operation

There was no return of the delusions His emotional state became steadily more stable behaviour was normal and he was co operative in the ordinary routine of the hospital The blood Wassermann test was negative He was discharged from the hospital twenty two days after the date of admission arrangements having been made for further post operative treatment of the right eye

COMMENTARY

We are told by ophthalmologists that mental disturbance following eye operations and delirious states associated with atropine administration are not uncommon During the past five years no such cases have been admitted to the mental observation wards serving the area under the administration of the Liverpool Corporation The cases that do occur are no doubt very transient as a rule or of a degree that is manageable under ordinary hospital or home conditions Recent literature in this country at least reveals few apposite references and it was thought worth while to put this case on record

The amount of atropine absorbed by this patient is unknown but it will be noted that a history was given of the eye being 'washed out' with atropine solution for three days before the onset of mental disturbance This drug being one to which individual susceptibility is very variable it must be considered that in this case there was an idiosyncrasy

The clinical picture showed many points of similarity to delirium tremens There was no definite indication that the condition was a reaction to atropine and an injection of this drug was given to clarify the point in the knowledge that if atropine were the exciting cause its effects could be rapidly countered It would have been interesting to observe however the duration of the mental disturbance in the absence of any medicinal measures The history obtained showed no evidence of abnormality of personality before the present mental disturbance but the fact that the patient had so recently arrived in England and no previous associates were known prevented an adequate assessment of this factor

We are indebted to Dr J P Steel medical superintendent of the hospital, for permission to publish this case

F HOPKINS
Consulting Psychiatrist
J ROBYNS JONES
Resident Medical Officer Smithdown Road Hospital
Liverpool

Bilharzial Invasion of Appendix

I think the following case is worthy of being recorded

A European miner aged 28 was seen at midday He complained of an acute attack of pain in the right lower abdomen at 8 a.m with pain radiating down the right leg which felt lame He had vomited once

On examination classical signs of acute appendicitis were elicited—pain on pressure over McBurney's point rigidity of right lower rectus with absent right lower abdominal reflex cutaneous hyperaesthesia over right lower abdomen and with pain on pressure over left lower abdomen referred to the right side He also gave a positive Cope's obturator test Temperature 96 2 pulse 80

I performed an emergency appendicectomy and found that the appendix which was slightly inflamed and not adherent to any intra abdominal organ presented on its distal end a swelling the size of a hazel nut As I suspected this lump to be a neoplasm I sent the appendix to the South African Institute for Medical Research for histological investigation The following report was subsequently received Section of this appendix (nodule at extremity) showed the presence of chronic inflammation and fibrosis in response to a heavy deposit of bilharzial ova There is no evidence of neoplasia

I made a careful investigation into this patient's history but could get no evidence of bilharzial bladder infection He had never had pain in the bladder difficulty with micturition nor had he ever passed blood in the urine

Examination of the faeces by direct and concentration methods detected no bilharzial ova but dead and living ova of *Schistosoma haematobium* were present in the urine

The patient made an uninterrupted recovery after the operation and at the end of a heavy course of proprietary antimony preparation returned a negative test for bilharzia ova in the urine

R M SARGENT B Sc
M B B S Lond
Benoni Transvaal

patients the cataract developed on the side irradiated and the other eye remained clear After 1931 the platinum screen was increased to 0·8 millimetre for interstitial irradiation near the eye and in 1933 a 1 gramme unit became available Since then radium cataract has not been seen

It is probable that delayed radium cataract arises from interference with the nutrition of the lens caused by endarteritis and telangiectatic changes in the ciliary body As these changes are much less in degree after mass irradiation than after interstitial irradiation it is possible that late radium cataract may not follow its use but it is only four years since 'bomb' treatment was started at University College Hospital, and it is therefore too soon to be certain

It must always happen that many patients who suffer from malignant disease needing treatment by radium, die of their disease before there has been time for late radium cataract to develop

In this series of cases no changes have been seen in the fundus as a result of treatment of neighbouring tumours by interstitial or mass irradiation This is in striking contrast with the effect of radon used in the treatment of intra-ocular growths but, of course, these methods of irradiation are not strictly comparable

In no case has the other eye been damaged by or involved in any type of radium reaction

Management of a Case in which Damage to an Eye May Occur

When interstitial irradiation of the tissues round the eye is proposed the cornea is first protected by stitching the lids together is before division of the sensory root of the fifth nerve The degree to which the conjunctiva can swell is then limited by the pressure of the lids

As the closure of an eye always carries a tendency to conjunctivitis the eye is washed twice a day with normal saline without disturbance of the stitch holding the lids Muco purulent discharge necessitates more frequent irrigation The neighbouring skin where exposed to irradiation is protected from wetting by sterile vaseline Sterile vaseline is also smeared on the lid margins to prevent the lashes sticking together The metallic preparations such as silver or zinc should not be used, as they may give rise to secondary radiations

The stitch holding the lids together is kept in place until the skin reaction is definitely fading The tendency is to remove it too soon The swollen conjunctiva immediately fills the palpebral aperture and flows over the lower lid It then dries and so increases the discomfort of the patient If the stitch has been removed too soon an attempt must be made to close the eye by strapping the lids together Occasionally the lids will not meet and must be strapped across the prolapsed conjunctiva If it is not possible to cover the cornea with the lids a Buller's shield will keep it moist and protected from dust

When tumours in the neighbourhood of the eye are treated by the 1 gramme unit the conjunctival reaction is often so slight that stitching or even strapping the lids together is unnecessary In any case the onset of the reaction is so gradual that ample time is allowed for closure of the eye should this be required

If the eye is displaced by a tumour it will gradually resume its normal position after irradiation During this process any tendency to diplopia will be lessened if both eyes can be kept open

So long as the lids are stitched together the eye cannot be examined and the only clue to the state of the iris lies in the subjective sensations of the patient He may feel irritation stiffness or pricking as a result of the conjunctival reaction but pain suggests iritis The pain is worse at night when the pupil is contracted in sleep and may be very severe If the pain is relieved by homatropine the diagnosis of iritis is confirmed and treatment by atropine can be instituted The synechiae of irradiation iritis are lightly attached to the anterior lens capsule and give way easily, so that full dilatation of the pupil is soon obtained As irradiation iritis tends to resolve spontaneously without relapse the atropine can be reduced as soon as the pain is under control The mydriatic can be discontinued sooner than in the treatment of a true inflammatory iritis

All cases where the eye has been exposed to intense irradiation should be seen once a week during the first six months Radium necrosis of the cornea may begin about eight weeks after irradiation, particularly where the reaction has been so severe that an iris reaction or an irradiation iritis has occurred The cornea is examined for diminution of sensation as this probably precedes desquamation of the superficial layers The greatest loss of sensation will be in the sector exposed to the maximum irradiation Whenever it is thought possible that radium necrosis may occur the cornea is stained with fluorescein at each examination This is particularly important after repeated irradiation Shallow areas of necrosis give rise to so little pain and so little reddening of the eye that their existence may not be suspected unless the cornea is stained At this early stage the cornea may heal with palliative treatment alone

Healing without opacity is made much more certain by tarsorrhaphy but even then may take from four to eight months The lids should be split to secure firm union, and the stitches should be left in place for four weeks In the presence of infection or of progressive necrosis tarsorrhaphy offers the chief hope of preventing perforation

If the cornea perforates it is probably useless to try to save the eye Healing of the perforation is unlikely The usual result is an enophthalmitis of low grade, which only gives clinical evidence of its existence some weeks after the perforation Perforation of the cornea is an indication for removal of the eye Owing to the shrinking of the conjunctiva and of the palpebral aperture which follows irradiation an artificial eye cannot be worn

Conclusions

The observation of eyes which have been exposed to radium irradiation of destructive intensity has demonstrated a series of morbid changes leading progressively to radium necrosis of the cornea and loss of the eye

When treatment of neighbouring malignant tumours is by interstitial irradiation these changes can be reduced by adequate screenage of the radium needles

After mass irradiation by a large quantity of radium at a distance the damage to the eye is negligible

As greater quantities of radium become available and facilities for the use of mass irradiation become more widely distributed it is to be hoped that damage to the eye by interstitial irradiation will cease to be of more than historic interest

The lecture was illustrated by lantern slides The cases upon which it is founded are reported in

Martin P. (1935) *Tr. Ophth. Soc. U. Kingdom* **53** 216
—— (1936) Ibid **56** 67

It has been decided to wind up the Zunz Fund and each of the thirty-four London hospitals which have received grants from this fund for the past thirty-eight years has been offered by the trustees its share of the capital which totals approximately £425,000 Wards maintained by the grants were named "Annie Zunz" The present distribution of the capital was provided for in the will of Siegfried Rudolf Zunz a wealthy merchant who died in 1899 The winding up of the estate was to take place on the death of a specifically named annuitant, which has now occurred

Reviews

A DOCTOR IN PEACE AND WAR

Scalpel and Sword By Sir James Elliott M D (Pp 215 7s 6d) London Angus and Robertson Dunedin and Wellington A H and A W Reed 1937

Few have deserved a knighthood better than Sir James Elliott He is a past president of the New Zealand Branch of the British Medical Association, consulting surgeon to the Wellington Hospital and a member of the New Zealand Board of Health During the fifty years he has lived in Wellington he has seen it grow from little more than a small settlement with primitive habits and manners to a fine city, and in its growth he has had an important share The first chapters of his *Scalpel and Sword* will give great pleasure to the older inhabitants, for it must recall to them many conditions with which they were familiar in their younger days As a student at Otago Sir James has many stories of the University staff and of their peculiarities, for it is evident that some of the professors were characters We should like to hear more of Tom Parker, whom Huxley taught at the School of Mines, then located at the very top of a high building adjoining the South Kensington Museum Parker carried with him the Huxleian tradition to Otago Did he also carry with him the insatiable curiosity which was so marked a feature of his student career? From Otago James Elliott proceeded to Edinburgh and before he qualified went to South Africa as a member of the V M S C, doing such good work as a dresser that he was awarded the Queen's medal with two clasps Of this campaign, its mistakes and merits he gives a most interesting account After returning to Edinburgh to take his M B he soon went home and was engaged in practice until the great war began when he again volunteered receiving a commission as lieutenant colonel in the N Z M C and becoming A D M S Central Command N Z Of this period he says little but confines himself to his experiences on the New Zealand hospital ship *Maheno*, experience which should be of service to every medical officer in case of any future war

Sir James enlivens his story with many anecdotes and witty sayings some new and some old The book concludes with a chapter on 'Roving in Maoriland," which we would gladly exchange for more reminiscences It may be noted that the volume is set up printed, and bound by the Hilstead Printing Company of Sydney, and can be obtained in London from the Australian Book Company 37 Great Russell Street, W C 1 The publishers Messrs A H and A W Reed of Dunedin and Wellington are to be as heartily congratulated on the technical result as is the author The type and binding are excellent and the contents most readable

A SURGICAL BOOK FOR STUDENTS OF DENTISTRY

Surgery for Dental Students By Philip H Mitchiner M D M S F R C S Clement F Shattock M D M S F R C S Edward G Slesinger O B E M S F R C S and Cecil P G Wakeley D Sc F R C S (Pp 364 105 figures 12s 6d) London Baillière Tindall and Cox 1936

In writing this manual the authors have essayed the difficult task of providing the dental surgeon with a work to which he can refer for practical guidance, and the student with a textbook containing the knowledge he will be expected by his examiners to possess In particular, they aim at covering the syllabus in surgery and surgical pathology of the Royal Colleges of Surgeons of England, Scotland, and Ireland, and of the universities of the British Empire

Frankly we do not think the authors have been able to combine the two objectives As members of the examining board in dental surgery of the Royal College of Surgeons of England they introduce and illustrate such conditions as fractures of long bones, tuberculous dislocation of the hip, sarcoma of the breast sacculated aneurysm, filling the book with descriptions of subjects which, however useful for examination purposes, will never come into the dental surgeon's hands On the other hand, the dental cyst, which is the commonest "surgical" affection the dentist sees, receives scant attention and is illustrated by the figure of a dentigerous cyst The book suffers from a common fault of a joint work by several hands—repetition It closes with a carefully considered chapter on anaesthetics by Dr A D Marston

The authors are concise and clear in all their descriptions of disease and treatment—our criticism is really a criticism of the surgical syllabus of the various corporations and universities which issue dental qualifications

SURGERY OF THE CHEST AND ABDOMEN

The Operations of Surgery Vol 2 The Abdomen By R P Rowlands M S, F R C S, and Philip Turner, B Sc, M S F R C S (Pp 998, 514 figures, 4 in colour 36s) London J and A Churchill 1937

The second volume of the eighth edition of this well known work deals with surgery of the chest and abdomen In its preparation Mr Philip Turner has secured from among his colleagues at Guy's Hospital the collaboration of Messrs Ralph Thompson, G F Gibberd and R C Brock, who write on their specialties of genito urinary surgery, gynaecology, and thoracic surgery respectively and of Mr W H Ogilvie, who writes on hernia and on the spleen and pancreas, anus and rectum, and on the preparation of the patient for operation At the end of the present volume a new chapter on some recent developments has been added This is an attractive feature, and it might with advantage be amplified in future editions In this section we are pleased to find a summary of Professor Grey Turner's important work on oesophageal resection We should like to have seen some reference to the management of brain abscess by the method of Clovis-Vincent (which in our opinion surpasses those methods referred to), and some mention of the dehydration treatment of cases of head injury and of cerebral oedema Where space is limited, however, the choice of what to add on new methods must always be difficult There appears to have been more complete revision in volume 1 than in volume 2 of this edition, and we hope that in future still further pruning will be done, a series of illustrations of the methods of carrying out gastropexy is surely only of historical interest to-day

The text is clear throughout and the descriptions are precise and easily followed The allusions to the history of certain operations are pleasing and the discussions of the indications for operations particularly valuable In this respect the chapter on appendicitis is one of the best in the book The volume is dedicated to Guy's Hospital, and we welcome it and its companion in this edition as a worthy successor to the original *Operations of Surgery* by W H A Jacobson, which first appeared in 1889 The many references to the surgical staff of Guy's will appeal particularly to Guy's men, but the work as a whole will prove a useful guide to any young surgeon who is confronted with problems relating to operative surgery

ISOLATION OF THE INFLUENZA VIRUS AND THE RELATION OF ANTIBODIES TO INFECTION AND IMMUNITY

THE MANCHESTER INFLUENZA EPIDEMIC OF 1937

BY

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AND

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The recent extensive epidemic of influenza has afforded an opportunity of confirming the observation of Laidlaw and his colleagues (1933) that the disease is due to a filterable virus. The failure to isolate strains of influenza virus during the past two to three years in Manchester has recently been reported (Fairbrother and Hoyle 1937). This was an interepidemic period, and our failure in this respect was similar to that experienced by other workers who have so far only isolated the virus from patients affected by the epidemic form of the disease. The present epidemic has consequently enabled us to obtain a plentiful supply of material and more extensive investigations have been possible. These have been directed mainly to (1) the isolation of the virus and (2) to determining the relation between the presence of antibodies and protection.

Isolation of the Virus

Saline broth washings from the upper respiratory tract and material expectorated directly from the trachea in cases in which tracheitis was an initial symptom were collected during the early stages of the disease and instilled intranasally into ferrets anaesthetized with ether. A careful bacteriological examination of all the specimens was made by the methods previously employed by one of us (Hoyle 1932) in work on upper respiratory infections, special attention being paid to the isolation of *H. influenzae*. There was no evidence of the participation of any one pathogenic organism in the epidemic. *H. influenzae* in particular was notably absent; it was demonstrated in only one specimen.

The inoculated ferrets were watched closely for the appearance of symptoms and regular temperature readings were taken. In all twenty-eight separate specimens from characteristic cases of epidemic influenza have been examined and in thirteen cases (46 per cent.) the typical infection developed in the ferret. In all instances the condition was passed serially in the ferret while regular attempts were made to produce lesions in mice. In the ferret the characteristic rhino-pharyngitis developed with nasal obstruction, laboured breathing, and pyrexia in thirty-six to forty-eight hours, the animals were then killed and material collected for passage. The general signs of infection were identical with those following the inoculation of ferrets with the W.S. strain of virus kindly sent to us by Dr. Wilson Smith.

The cases investigated by us are probably representative of the epidemic as they were obtained from widely scattered areas in the vicinity, some were from hospitals and others from general practice. In one case the original infection undoubtedly took place in London. It is interesting to note that direct tracheal exudates gave the best results, saline broth washings being much less successful.

The failure to isolate the virus from every case examined is probably largely due to a number of technical difficulties. In some instances the material received either was of an unsuitable nature or was delayed in transit. Also owing to shortage of ferrets, we were compelled to restrict our inoculations to one animal only for each case, and serial passage had to be reserved for those in which a typical infection occurred. Some ferrets that developed mild indefinite symptoms without fever were abandoned. We have little doubt that under ideal conditions the proportion of successful isolations of virus would have been much higher.

Identification

It is well known that there are two related but distinct strains of the influenza virus—human and swine. The human strain only has been isolated from human influenza. The swine virus, together with *H. influenzae* (suis), is responsible for swine influenza, a condition occurring in the Middle West States of America. It is serologically related to the human strain, having a common antigenic factor, and in view of the frequent presence of antibodies against the swine virus in adult human serum Laidlaw (1935) has suggested that the swine virus was responsible for the 1918–19 pandemic and that the human virus is concerned with the general epidemic form. It is therefore of some importance that the strains should be identified in view of the extent of the recent epidemic which has been practically of pandemic proportions. This identification is carried out most satisfactorily by quantitative neutralization tests in mice.

Attempts were made at each stage of ferret passage to infect mice with the strains isolated. This as other workers have reported is often difficult with the human virus but is less difficult with the swine virus. Our strains behaved in this respect as the human type, the first passage from ferret to mice often produced lesions but attempted passage of these was usually unsuccessful. Even after five to seven passages in the ferret mice could not be consistently infected. So far only four of the thirteen strains isolated have been satisfactorily adapted to mice.

We examined strains by neutralization in either ferrets or mice and found that they were all of the human type. The tests were carried out against an immune horse serum (I.H. 2 Laidlaw *et al.* 1935) and specific antisera collected from immunized swine by Dr. Shope. The results with the Manchester strains and the W.S. (Hampstead) strain were identical and indicate clearly that the human virus was responsible for the epidemic. The viruses were neutralized by the anti-human sera but not by the anti-swine sera.

Antibodies as an Index of Protection

Antibodies against the human and swine viruses can be readily detected by neutralization or complement fixation tests. They have been demonstrated in the serum of normal individuals, the percentage of persons with such antibodies being higher in urban than in scattered communities and increasing with age. They are specific for the virus and their presence is generally considered to indicate previous clinical or subclinical infection. We found (1937) that the complement fixation test was more suitable than the neutralization test for the quantitative examination of large numbers of sera. In this reaction however antigens made from the human and swine strains behave alike, this being due to the presence in the two viruses of a common antigenic component. This test does not therefore give any indication of the type of the infecting virus—that is whether it is human or swine.

* In receipt of a grant from the Medical Research Council.
† In receipt of a grant from the Royal Society.

THE MANTLE OF WHITRIDGE WILLIAMS

Williams Obstetrics By Henricus J Stander M D F A C S Seventh edition (Pp 1 269 729 figures 40s net) London D Appleton Century Co 1936

Dr J Whitridge Williams died in 1931 a year after he had completed the thoroughly revised sixth edition of his *Obstetrics* and so passed the doyen of obstetrics in the English speaking world It is fortunate that the publishers were able to secure the services of Dr H J Stander to bring out the seventh edition for of all men he is the most likely to safeguard the traditions of his teacher's masterpiece This edition follows closely the lines of the former but there has been some rearrangement of chapters, together with the addition of fresh illustrations Further, three new chapters have been added dealing with the hormones related to pregnancy and the puerperium the urinary complications of pregnancy and analgesia and anaesthesia in labour It suffices to say that the style and manner of presentation of the matter in these new chapters is worthy of the book and indeed the section on the hormones is one of the best and most succinct presentations of the subject of which we are aware A few typographical errors have escaped detection

There is no need to recommend a book so well known It possesses a breadth of vision, an almost Olympian attitude towards the subject that places it above the arena of controversy In spite of its great erudition it indicates a practical conservative, and dependable line of treatment for every obstetric emergency *Williams Obstetrics* has been by common consent for many years the outstanding book on the subject in the English language and it would be difficult to find its equal in any language The mantle of Whitridge Williams has fallen on Stander and there seems no reason why this book should not retain its unique position for another generation

LEPROSY IN THE CHINESE

Leprosy A Practical Text Book for Use in China By James L Maxwell M D (Pp 109 2 dollars (China) 4s abroad) Shanghai Chinese Medical Association 1937

Such a book as this by Dr James Maxwell is a sign of the greatly increased interest taken in leprosy during recent years New knowledge stresses the great variations in the type of leprosy cases observed in different countries of the world and in different races and as this small work is illustrated by good photographs of both early and late stages of the different types of leprosy in Chinese subjects it should fulfil the object of the author in providing a simple and practical book for use in the vast leprosy areas of China

The author has collected much information regarding the distribution of the disease, which shows the highest rates of incidence in the southern and south western provinces and in Shangtung in the north east quite irrespective of race or climate The symptoms and lesions are clearly described the Philippine Congress classification being adopted in spite of part of it being based in some degree on microscopical characters of the lesions making it unsuitable for Chinese conditions The author rightly stresses the primary importance of attention to the general health and the complicating debilitating diseases of the patients, and also to an adequate diet including abundant calcium The best methods of administering the usual chaulmoogra oil preparations are described and their value in early and in some of the more advanced cases is recognized The final chapter on village clinics and leper settlements, is of special interest on account of the author's extensive experience in visiting the institutions of various mission bodies in China He points out that settlements tend to keep alive hopeless and often uninfective cases at great cost, and he advocates numerous village clinics for the economical treatment of early cases with visits to the patients homes to advise and detect early cases as by far the most effective prophylactic method This book should prove of value beyond the limits of China

INDECENT PUBLICATIONS

Obscene Literature In Law and Practice By Sir E Tindal Atkinson K C B C B E (Pp 32 1s net) London Christophers 1937

At common law it has long been an offence to publish indecent books or prints The test of obscenity as laid down in R v Hicklin (1868, L R 3 Q B 367) is whether the tendency of the matter published is to deprave and corrupt those whose minds are open to such immoral influences and into whose hands the publication might fall Sir Edward Tindal Atkinson Director of Public Prosecutions recently delivered a most valuable lecture in which he dealt with the whole of the law of obscene literature and he has now reprinted it as a pamphlet it contains matter that will interest everyone in these times of insistence on extreme licence in literature It is obvious as he says that the standard must be a shifting one and that many books now published without comment would have been condemned in 1868 The offence is of course a statutory as well as a common law one The Vagrancy Act 1824 s 4, lays down that a person who wilfully exposes to view in a street or public place any obscene print or picture is a rogue and a vagabond and the amending Act of 1838 included exhibitions in shop windows Other Acts more or less repeat these provisions and the Public Health Acts (Amendment) Act 1907, s 81 makes it an offence to do any of these things in any place of public resort or unfenced ground abutting on a street The Obscene Publications Act 1857 is the Act which the police chiefly use in restraining the activities of small shopkeepers who sell indecent postcards as a side line A police officer has to swear before a magistrate that he believes that obscene prints are kept on the premises and that there actually has been a sale or publication there

From the medical point of view this branch of the law is particularly interesting in its application to scientific or pseudo scientific works The judge who tried Hicklin's case pointed out that a medical treatise with illustrations necessary for the information of students or practitioners would probably not be treated as obscene if published so as to reach only such persons though it might be if exhibited in a shop window for any passer by to see A far more difficult problem is presented by two classes of literature mentioned by Sir Edward Tindal Atkinson the publication of which has much increased during the past two years These comprise books which while masquerading under the guise of scientific works purport in extreme detail to lay before the public the subject of sexual relations and aberrations and books which under the guise of literature use sexual matters as colours in making a picture generally of modern life to such exclusion of other elements as to put sex in a wholly disproportionate and false position In the first place he says the publishers announcements pay lip service to the cause of science and in the second class the books range from purely and obviously pornographic works to novels in which for the purpose of adding to their selling value

We have recently examined a random collection of sera taken during the interepidemic period when influenza was rare. Antibodies to a relatively low titre were found in about 50 per cent. of the samples. A similar investigation was carried out on the serum of individuals two to three weeks after recovery from influenza and a marked increase in the antibody content was usually found. These individuals were not selected but were generally representative; the ages varied from 17 to 78 years, and in some instances they were suffering from chronic diseases such as pernicious anæmia. A comparison of the two series of results is given in Table I.

TABLE I.—*Complement fixation Titres of Normal and Convalescent Sera*

Titre	Number of Normal Sera (pre-epidemic)	Number of Convalescent Sera (post-epidemic)
1 in 128	0	9
1 in 64	0	13
1 in 32	0	14
1 in 16	2	10
1 in 8	15	11
1 in 4	60	8
1 in 2	63	0
Doubtful (1 in 2)	64	0
Negative (1 in 2)	96	0
Total number	300	65

There is a definite increase in the general titre of the convalescents. All had a titre of 1 in 4 or over, while with the normal sera some 75 per cent. gave a reading of 1 in 2 or under. This marked rise was not unexpected, as there is no doubt that convalescents possess a high degree of immunity to the virus. Francis and Magill (1935) have shown by neutralization tests that antibodies are specifically stimulated by infection with the influenza virus. The highest titre previously obtained by us during an examination of 300 normal sera was 1 in 16, and this had only been found on two occasions. In contrast to this several sera from convalescents gave a titre of 1 in 128. These results indicated that an advance in titre had followed the infection. In a few instances however, there was apparently little increase in the antibody titre. This is not unexpected as it is well known that the antibody response of individuals following a similar stimulus is very uneven.

An opportunity was afforded of examining the serum of individuals in a hospital ward in which there had been an outbreak of influenza. Samples were collected from cases of influenza and from individuals who had escaped infection. A high titre was found in the majority of convalescents and in most of those who had been clinically free from infection (see Table II). This suggests that possibly those who escaped were immune by virtue of the presence of antibodies and that in some the titre was augmented by subclinical infection. It will be noted that one person who had no detectable antibody escaped, and also that two others had a low titre (1 in 2).

TABLE II.—*Titre of Sera of Patients in a Hospital Ward Twenty Days After the Outbreak of Influenza*

Fixation Titre	Influenza Convalescents	Individuals Escaping Influenza
1 in 128	3	2
1 in 64	4	1
1 in 32	2	0
1 in 16	0	1
1 in 8	1	1
1 in 4	2	0
1 in 2	0	2
Doubtful 1 in 2	0	0
Negative 1 in 2)	0	1
Total	12	8

More definite evidence of the increase in titre following infection was forthcoming from an examination of individuals before and after the attack (see Table III).

TABLE III.—*Serum Antibodies Before and After Influenza*

Case	Titre of Complement fixing Antibodies		Presence of Neutralizing Antibodies	
	Before	After	Before	After
R. W. T.	0 (1 in 2)	+ (1 in 64)	0 (1 in 2)	+ (1 in 4)
M. H.	0 (1 in 2)	+ (1 in 64)	0 (1 in 2)	+ (1 in 3)
B. H.	± (1 in 2)	+ (1 in 32)	0 (1 in 2)	+ (1 in 4)
S.	± (1 in 2)	+ (1 in 8)		
McG.	± (1 in 2)	+ (1 in 4)	± (1 in 2)	+ (1 in 4)

0 = negative fixation or absence of neutralization
± = partial fixation or incomplete neutralization
+ = positive fixation or complete neutralization
The figures in brackets indicate the titre of fixation and the highest dilution tested by neutralization.

Although only a few cases were examined a marked increase in neutralizing and complement-fixing antibodies was found in all, in two of these cases (R. W. T. and M. H.) it is interesting to note that the virus was isolated from the patient.

The following point at once arose. Was the presence of antibodies any indication of resistance to infection? It is impossible to give a definite answer to this important question. Our results suggest, however, (1) that if complement-fixing antibodies are present to a titre of 1 in 4 or higher there is likely to be an associated clinical immunity, and (2) that other factors may be involved in resistance to infection.

We were able to test the serum of forty-four individuals at the beginning of the epidemic. The relation of the titre to the incidence of the disease is given in Table IV.

TABLE IV.—*Relation Between Fixation Titre and the Incidence of Infection*

Complement fixation Test Titre	Number of Sera	Number Developing Influenza
1 in 16	2	0
1 in 8	5	0
1 in 4	10	0
1 in 2	11	0
Doubtful (1 in 2)	8	3
Negative (1 in 2)	8	2
Total	44	5

Influenza developed only in those whose serum in a 1 in 2 dilution gave a doubtful or a negative reading. It may also be noted that some individuals whose serum gave a low reading did not become infected. As this might have been due to the presence of neutralizing antibodies which were not demonstrated by complement-fixation neutralization tests were carried out. Only one of the sera

semi indecent passages are purposely introduced Medical men will at once call to mind examples and probably will not be concerned to defend a publication which is more or less obviously designed to appeal to the unscientific interest of the public rather than to the scientific interest of the student As Sir Edward Tindal Atkinson said once in a memorandum on one of these cases, much of the detail in the book could justifiably find a place in a medical or historical work but it did not pretend to have any serious purpose, and it also illustrated the contention that the greater the ability with which the indecent picture is presented the greater is the danger to the mind of the reader

Even in these days there is no reason to doubt that many minds can be corrupted by disturbance of what the psychologist might term the sexual balance ' Whether a particular book transgresses or not is always a difficult question but few will disagree with the author s view that the number of cases in which art, literature, and science have really been aggrieved by the condemnation of a book is remarkably small

PREVENTIVE MEDICINE

Preventive Medicine By Mark F Boyd M D, M S Fifth edition reset (Pp 561 155 figures 20s net) Philadelphia and London W B Saunders Co 1936

The new edition of Dr Mark Boyd s book contains a good deal of new material Of the enlarged articles that on diphtheria refers to the administration of the alum-precipitated toxoid for the purpose of active immunization It is stated that the occurrence of local reactions in about 5 per cent of older children and adults is largely limiting the use of present day preparations to children under 6 in whom the one-dose method, subject to conditions is sanctioned by current practice In the article on encephalitis this disease is classified in accordance with a recent bulletin of the United States Public Health Service into (1) lethargic (2) epidemic including the Japanese and St Louis forms (3) other infectious types and (4) the post infectious forms such as post-vaccinial encephalitis In the article on poliomyelitis it is well said with regard to the various methods claimed to produce immunization that judgement of their value must be deferred In the article on malaria the uses of plasmoquine and atebrin respectively are adequately discussed Among other new or enlarged articles are those on ringworm, psittacosis tuberculosis typhus relapsing fever, and mottled enamel of the teeth This dental dystrophy which occurs among children in communities using deep wells in certain States of the Union is now known to be due to the presence of fluorine in the water The morbific proportion of fluorine is given as 0 9 part upwards per million of water

The fifth edition of this work like its predecessors, presents a lucid exposition of the views held in the United States on the subject with which it deals

Notes on Books

The *Transactions of the Ophthalmological Society* vol 56, is a volume of 442 pages with numerous diagrams and eight plates five of which are coloured The contributions are grouped under subjects and cover the whole field of ophthalmology Among the many interesting communications is a discussion on ophthalmia neonatorum, and papers on a Talking Book for the Blind and ' The Aetiology of Phlyctenular Ophthalmia The last 120 pages contain the reports of the affiliated societies There is a useful index of authors and subjects

The 1937 issue of the *Municipal Year Book and Encyclopaedia of Local Government Administration* is a large volume of 1,676 pages, and comprises altogether fifty sections Apart from its general utility in many directions it affords a permanent record of the salient events in local government during the past year The Minister of Health again contributes a preface, and the Minister of Transport a foreword to the roads and transport section Fifty pages of the new edition are devoted to a concise survey of the outstanding developments in local government in 1936 There is a comprehensive review of recent local government legislation, followed by a digest of leading law cases of 1936 Statistical tables attached to many of the sections give the latest figures relating to local government services, and these are indispensable for comparative purposes In the directory part of the book the descriptive material concerning local authorities has been revised and brought up to date This well-produced volume, with its handy thumb index, is one of the most complete and satisfactory reference books with which we are acquainted It is published at 30s by the Municipal Journal, Ltd, 3 and 4, Clement s Inn, Strand, London, W C 2

Clio Medica is a series of primers on the history of medicine edited by Dr E A Krumbhaar and published by the firm of Paul B Hoeber, which now forms the medical book department of Harper Bros of New York *Greek Medicine* is the eighteenth volume of the series (price 2 dollars) and has been entrusted to the very capable hands of Dr FRED B LUND of Boston Mass It deals with Greek medicine from Hippocrates to Oribasius, and Dr Lund has wisely fitted himself for the task by rereading in the originals the various writers so far as their works are still available He has thus made an interesting volume for instead of a barren account of sects and methods he tells of the men themselves and what each did to advance knowledge Greek medicine forms the basis of all modern medicine The clear thinking and careful observation of facts often brought the Greek writers very near to modern knowledge of disease Advances in chemistry in physics, and the invention of the compound microscope have in many cases enabled us to demonstrate what they could only surmise Dr Lund points out that as Greek is no longer compulsory in schools the Greek medical writers will not attract much attention in the future But in England and in the United States there are still a number of scholarly physicians and surgeons who will heartily welcome this little volume of 154 pages with seven whole page illustrations

Preparations and Appliances

SOLUSEPTASINE

Soluseptasine—made by Pharmaceutical Specialities (May and Baker) Ltd —is a 5 per cent solution of disodium (γ phenyl propylamino) benzene sulphonamide α, disulphonate The discovery that a group of compounds containing amino benzene-sulphonamide act as effective chemotherapeutic agents in streptococcal infections is one of the most remarkable advances recently made in therapeutics Messrs May and Baker introduced proseptasine (benzyl aminobenzene sulphonamide) for oral use and have now prepared this new compound which is suitable for either intramuscular or intravenous injection It is only recently that the chemotherapeutic action of this group of drugs has been discovered, knowledge of its possibilities and limitations is still imperfect and so also is knowledge regarding the optimum dosage and form of administration Messrs May and Baker state that clinical trials are proceeding with their new compound

A LIVER PREPARATION

' Orheptal ' (E Merck Darmstadt) is a preparation for oral administration which contains concentrated liver extract with salts of iron copper and manganese glycophosphates caffeine quinine tinctures of nux vomica gentian absinthe, and orange peel, together with a few other ingredients

giving no fixation showed any neutralizing antibodies, and in this case only partial neutralization was given by the serum diluted 1 in 2 The explanation might be that other factors are involved in resistance to the virus or that those who were not infected had not been exposed In either event the provisional conclusion that the presence of complement-fixing antibodies indicates some degree of clinical immunity seems justified, as no cases of influenza occurred in those giving a positive reading

Further facts to support this argument are (1) One of us (L H) had a complement fixation titre of 1 in 16 before the epidemic began In spite of the fact that he has been in close and continued contact with infected material and that three cases developed in his household he remained quite unaffected (2) A second person who also had a titre of 1 in 16 before the epidemic began, *was in close contact with three cases of influenza*, apparently infected one from the other during the course of their illness, and remained well throughout

Discussion

Convincing evidence has been obtained that the human type of influenza virus identical with that isolated in other places was the primary aetiological agent in the recent epidemic of influenza in Manchester Not only was the virus isolated from a number of cases but there was also a definite increase in the antibody titre of convalescent sera as demonstrated by complement fixation In a few instances it was possible to examine the serum before and after an attack and in each case an increased titre was recorded

The results also suggest that individuals with a low antibody titre are more susceptible to infection than those with a high titre This may be of some practical value, as recent work indicates that prophylactic vaccination may soon be available for general application Francis and Magill (1937) have been able to produce a decided rise in antibody titre by the subcutaneous injection of living culture virus without causing any signs of infection They suggest that this increase in circulating antibodies is accompanied by an increased ability to combat the natural infection It follows, therefore that if it is possible to differentiate immune from susceptible persons the application of active immunization will be assisted The complement-fixation test is the most satisfactory of the tests at present available for this purpose and is also the most simple to apply By our method a titre of 1 in 16 or over suggests a high degree of immunity while it seems probable that titres of 1 in 4 or 1 in 8 may represent an immunity sufficient to prevent infection in a mild epidemic

Conclusions

1 The human type of influenza virus was the primary aetiological agent in the recent epidemic of influenza in Manchester

2 The influenza virus has been isolated from thirteen cases of epidemic influenza and all strains examined were identified as the human type

3 No evidence was obtained to indicate that any pathogenic organism (in particular *H influenzae*) was involved in the cases examined

4 By means of the complement fixation test a high antibody titre was generally found in convalescent sera

5 This test provides a possible method for differentiating immunes from susceptibles and may prove of value when a satisfactory prophylactic is available

We wish to express our gratitude to the many persons who have assisted in the collection of material

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CONTINUOUS OPEN AIR FOR PNEUMONIA IN CHILDREN

BY

H L WALLACE, M B, F R C P Ed

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The treatment of acute primary pneumonia in children is a subject which, more especially in the winter months must provoke anxious thought and interest While it is well recognized that alveolar or lobar pneumonia occurring in the older child is in the majority of cases a self limiting illness having a comparatively low mortality it has to be admitted when the disease is considered in all its aspects and in children of all ages that pneumonia still remains one of the commonest and most serious infections of childhood, claiming a vast number of victims each year

The object of this paper is not to enumerate the various forms of therapy that may be employed in the treatment of pneumonia in children, but rather to stress the importance of one particular remedy which by its very simplicity can be almost universally applied Since Claude Ker (1904) advocated the open air treatment of broncho pneumonia complicating measles and whooping cough conceptions regarding the management of patients suffering from this disease have completely changed and the majority of physicians are personally convinced that the era of the hermetically sealed window and the stuffy sick room is rightly gone for ever In spite of this general conviction however, there would still appear to be considerable divergence of opinion as to whether all cases of acute pneumonia should be treated in the open air as a routine measure or whether such a regime should be limited to certain selected types of the disease Furthermore there does not appear to be any universal plan applicable to this form of treatment since it is found that even in the most authoritative works on diseases of children a variety of opinions is expressed and not infrequently there is noted a lack of precision as to what exactly is meant by open air treatment For example is exposure to open air beneficial in all types of acute primary pneumonia in children of all ages or should this plan of therapy be reserved exclusively for cases of bronchopneumonia or only for cases of lobar pneumonia? And if it be decided that the patient would benefit from some form of open air treatment should he be exposed to all the winds that blow or should he though placed in a well ventilated atmosphere, be protected from draught?

During recent years it has been the practice in one of the wards at the Children's Hospital in Edinburgh to submit every case of pneumonia on admission to an intensive open air regime This is carried out irrespective of the season of the year or of weather conditions with the one exception of fog each child being placed on the windward side of the ward beside a widely opened window so that the cold air from without plays directly on the child's face The aim in each case is to ensure that the maximum of cold air blows directly on to the child an

THE EVIDENCE FOR COMPULSORY PASTEURIZATION OF MILK

BY

C FRASER BROCKINGTON, M D

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For many reasons the popularity and consumption of milk are on the increase so that the time has come for the medical profession in general and health authorities in particular to take stock of their position in this matter Milk is the vehicle for carrying many unpalatable things farm dirt cow manure filth from milkers hands dirt from vessels, as well as other things not unpalatable but often disastrous to man such as *Brucella abortus* Koch s tubercle bacillus and the organisms of enteric fever There is a school of thought which believes that we must all swallow a peck of dirt before we die This should be a consolation to the many who are forced to drink milk with admixture of manure in varying strength and until the far off day when all milking will be mechanically performed, with conveyance direct from the cow into sealed sterilized bottles it seems reasonably certain that milk will continue to contain dirt

For this there are two reasons first, that milking cows are most difficult animals to keep clean since they pro duce great quantities of liquid manure, and secondly, that the milker is a poorly paid worker to whom cleansing of udders and washing of hands are irksome matters, generally inadequately performed There can be no ques tion that efforts by sanitary authorities to improve the cleanliness of milk production under the various Orders and Regulations evolved by the Ministry of Health have brought about great improvements and to day the pro duction of milk is very much more cleanly than a decade ago Yet they have done little more than remedy gross abuses the day is far removed when cows will be groomed like horses However, if it is as yet impossible to ensure that the community shall consume milk free from dirt, there can be no convincing argument in favour of continuing to allow this milk to carry live pathogenic organisms Very few will now welcome tuberculous milk for its immunizing properties Vaccination by a method so crude that many succumb to the immunizing dose should find little support in the scientific world of to day where any form of immunization with an equal number of fatalities would instantly be abandoned

Pathogenic Organisms Derived from the Cow

Pathogenic organisms may gain entrance to milk before and after it leaves the cow In the first group are those arising from cattle infections the chief organisms being bovine tubercle bacilli *Brucella abortus* and streptococci from mastitis The incidence of bovine tuberculosis in children as meningitis cervical adenitis and lesions of the bones and joints has been estimated by various workers Dr Stanley Griffith (1934) cultured material from the meninges of 214 cases of tuberculous meningitis In this series combining results from England and Scot land 24 3 per cent proved to be of bovine origin In England the amount is somewhat lower at 21 8 per cent and in Scotland considerably higher at 40 5 per cent Since pasteurization of milk is very much more exten sively employed in towns and cities and the above figures include the excess of infections due to the human bacillus occurring in towns it is probable that the percentage incidence of bovine meningitis in country districts of England is even higher In support of this there are Griffith s thirty-three cases from the county of Kent of which 33 per cent were found to be bovine in origin It is significant also that during the first year of life only 15 per cent were bovine since cows milk is more com monly heated when given to babies than to children of higher ages

The incidence of bovine tuberculosis in cervical glands appears to be greater than that in the meninges In England Griffith (1929) found 45 7 per cent of cases (fifty three out of 116) to be due to the bovine type In Scotland the proportion is even higher, Mitchell (1914) in Edinburgh finding 88 per cent and Blacklock (1932) in Glasgow 64 3 per cent of cases (eighteen out of twenty eight) of bovine origin There is, again a difference between country and town children for Blacklock remarks a striking fact that of the twenty one country children in our series of cases with tuberculous cervical adenitis sixteen (76 2 per cent) were infected with bovine strains and five with human while of the seven city children [Blacklock refers to Glasgow where he says 80 per cent of the milk is pasteurized] only two (28 6 per cent) were infected with the bovine type Finally in lesions of the bones and joints Blacklock (1931) found 34 6 per cent (nine out of twenty six) to be bovine Griffith 20 9 per cent (eighty nine out of 426) in English children and 28 6 per cent (eight out of twenty eight) in Scottish children Roughly then for Great Britain as a whole at all ages half to two thirds of the cases of tuberculous cervical adenitis one quarter of the cases of tuberculous meningitis and one fifth of the cases of bone and joint tuberculosis appear to be of bovine origin

If we now turn to undulant fever we find evidence of extensive infection of humans by *Brucella abortus* derived from milk But owing to the insidious nature of this fever and the difficulty in diagnosis we have not the same wealth of statistics as are available for bovine tuberculosis It is only within the last decade that the possibility of infections of the human with *Brucella abortus* has been largely recognized In 1928 Dalrymple Champneys (1934) records that only five cases were re ported In 1932 with increasing diagnosis this number was fifty seven There is little doubt that the true number of infections is considerably in excess of this possibly even ten times that number (Wilson *1932*) Dalrymple Champneys has collected 147 cases and reports that 141 of these were consumers of raw milk—that is milk which had not been boiled or pasteurized —and he adds It is important to note that two of these patients drank Certified milk three Grade A tuberculin tested and four Grade A He recommends that failing the provision of abortus free herds all medical officers of schools should insist upon a pasteurized supply of milk

There is a similar uncertainty as to the incidence of streptococcal infections resulting from mastitis sores on the teats and other septic infections Such infections are not notifiable and they go for the most part unrecorded In America (Rosenau 1935) between 1907 and 1923 there were seventeen outbreaks of septic sore throat with a total of 3 497 cases Some of these may have been due to contamination of milk after it had left the cow In English outbreaks of which that occurring in Brighton and Hove in 1929 was a classic example the sore throat is of varying grades of severity and the worst cases have a variety of complications possibly with fatal results As another example of many such milk borne outbreaks in England may be quoted that which occurred in August 1935 at Chelmsford when the number of cases of septic sore throat was of the order of 1 600 (Camps and Wood 1936)

The Extent of the Danger

The situation thus revealed as to the incidence in England of these three cattle infections is serious *Brucella abortus* and the haemolytic streptococcus to an extent at present impossible to estimate swell the reser voir of undiagnosed and undiagnosable fevers and the bovine tubercle bacillus causes the deaths of four times as many children as scarlet fever and over half as many as diphtheria The percentage of cattle infected is clearly very high The number infected with tub r culosis has been variously placed at between 30 and 70 per cent It is not clear how many of these are actually excreting tubercle bacilli in the

entirely different procedure from what is usually understood by the somewhat ambiguous advice that 'the child should be nursed in a well-ventilated room adequately protected from draught'. An essential precaution is, of course, that the patient should be warmly clad so as to prevent chilling the face being the only part of the body exposed to the air. All cases of pneumonia are thus treated both day and night until the temperature falls and remains at the normal level. This somewhat rigorous method of treatment has now been thoroughly tested in approximately 300 consecutive cases of pneumonia and the impression formed not only by the physicians attached to the ward but also by the nursing staff, is that exposure to a moving current of cold air in this manner is the means of saving lives in children of all ages suffering from acute primary pneumonia. In this connexion certain of the more striking clinical impressions may be worthy of record.

Clinical Impressions of the Treatment

It must first of all be stated that the treatment of pneumonia in the manner described appears to be free from all danger to the patient concerned, and in this series of cases it has not been possible to attribute to the cold air any ill effect whatsoever. One of the most interesting features is the attitude of the child towards this mode of treatment, since it is frequently observed that interruption of the flow of cold air by closure of the window tends to make the child fretful and restless, and that when the window is reopened he will almost immediately subside into a peaceful sleep. This impression is very striking, and has been frequently noted, and it is a significant fact that sedative drugs are but rarely required to induce sleep or to allay restlessness. Another important feature is the effect of the open air on the child's appetite; it is exceptional to experience any difficulty in persuading the patient to take nourishment if treated in this manner. Apart from small doses of brandy, stimulants are hardly ever required except in the most desperate cases, and the administration of oxygen, either with or without carbon dioxide, has been almost entirely abandoned as irrelevant. Thus cold air appears to bring comfort to the patient, aids his appetite, and helps to render unnecessary other forms of treatment which may prove exhausting to a young child suffering from an acute illness.

Control Cases

When an attempt is made to assess the efficacy of any special method of treatment it has to be realized that clinical impressions are not sufficient, and one of the most difficult obstacles to overcome is that of obtaining suitable control cases for the purpose of comparison. This difficulty is very apparent in a disease such as pneumonia, which probably varies both in severity and in type from year to year, and it would therefore be of little value to judge the effect of any therapeutic measure by comparing the mortality rate at the present time with that during previous years. In this investigation into the value of open air treatment in pneumonia there is fortunately what may be regarded as an almost ideal series of control cases, inasmuch as the latter are consecutive cases of pneumonia admitted to one of the other wards of the Children's Hospital during exactly the same period.

This control group comprises 275 cases treated according to a somewhat different scheme. In this group those patients admitted during the cold winter months were not as a rule subjected to an open-air regime, but were treated by such measures as the continuous administration of oxygen, the exhibition of powerful stimulants, and the inhalation of air moistened by steam. The comparatively small minority admitted during the warmer months were in many instances placed adjacent to an open window, but always on the sheltered aspect of the ward and only when the weather was clement. Furthermore open air was not favoured at any season of the year for the children in this group who were under 2 years of age. Thus there are two groups of cases. Group A, in which all cases were placed in the open air continuously and indiscriminately at all seasons of the year, and Group B consisting of cases treated either by fresh air to a modified degree in the milder weather, or more frequently by various other forms of active therapy. It should be clearly understood that the difference in the management of these two groups of children is not merely one of degree, since in the control series an open air regime was not employed as a routine measure, and in those cases where such a regime was adopted it was not carried out nearly so intensively as in Group A.

Comparative Mortality Figures

For the purpose of this survey the cases have not been classified according to bacteriological or pathological type, since there is as yet no uniformity of opinion as to the criteria which distinguish bronchopneumonia from alveolar pneumonia in very young children. Doubtless the view will still be confidently expressed by some that the vast majority of children under 2 years of age were suffering from bronchopneumonia. For this reason it was considered that a more accurate and a more intelligible comparison of the two groups could be made by dividing the cases in each group into various age periods rather than making a somewhat arbitrary attempt to differentiate pathological types. It is probably true also that the mortality rate in acute primary pneumonia is governed to a large extent by the child's age at the time of the illness, and a comparison of similar age groups in the two series will therefore afford reliable evidence. In consideration of the fact that this investigation is concerned entirely with treatment all cases in which the patient died within forty-eight hours of admission to hospital have been omitted from both groups, since it is probable that such cases were frequently beyond the scope of any form of treatment. Apart from this no selection whatever has been made in either group, and it is felt therefore, that the two series are reasonably comparable.

Tables I and II show the number of deaths and the mortality per cent in the two groups of cases, Group A representing those cases treated by the intensive open air plan and Group B comprising the control cases. Owing to the very high mortality from pneumonia in infants as compared with older children the cases in each group have been divided into two large age periods.

TABLE I.—*Mortality Rate in Group A*

	Cases	Deaths	Per Cent
Under 2 years	134	30	22·4
Over 2 years	158	4	2·5
Totals	292	34	11·6

TABLE II.—*Mortality Rate in Group B (Controls)*

	Cases	Deaths	Per Cent
Under 2 years	136	51	37·5
Over 2 years	139	8	5·8
Totals	275	59	21·5

faeces which subsequently contaminates the milk, but in Manchester in 1929 9·8 per cent of milk samples were found to contain virulent bacilli and of samples from 697 farms sending milk into Manchester eighty-eight (12·63 per cent.) gave positive results (Ministry of Health Report 1931). Dalrymple-Champneys (1934) has said that experienced veterinarians are agreed that something like 80 per cent. of our milk herds are infected with *Brucella abortus* and that most if not all infected cows excrete this organism in their milk at some time during their infection which is usually long. The incidence of mastitis is extremely high and affects even the herds producing graded milk. For example Pullinger (1935) found that milk from ten out of twelve herds producing certified milk and twelve out of fourteen herds producing Grade A tuberculin-tested milk contained mastitis streptococci when examined at intervals over a period of fifteen months. In short it would probably be no exaggeration to say that three-quarters of the cattle in England would at any one time be found to be excreting one, two or even three of these organisms in virulent form.

The removal of such extensive infection seems almost hopeless. Even with a State veterinary service a carefully organized eradication campaign control of important and internal markets and almost unlimited funds any substantial progress would take long years to achieve. In the meantime tuberculosis alone among the numerous milk borne diseases would probably cause about 2,600 deaths annually (Economic Advisory Council Report, 1934). Compare this with the dramatic results achieved in Toronto where following the institution of universal pasteurization in 1915 no single case of bovine tuberculosis among city children has occurred (Price, 1934).

Pathogenic Organisms Not Derived from the Cow

In the second group of pathogenic organisms contaminating milk are those which may gain entrance to milk *after* it has left the cow: these are usually of human origin. The opportunities for contamination of milk are abundant—at the time of milking in the dairy during transportation or in the household—and milk may, in addition be contaminated by flies. There is no doubt that in this way a great number of epidemics of enteric, cholera, dysentery, scarlet fever, diphtheria, and septic sore throat have occurred. Rosenau (1935) reports that in the United States between 1907 and 1923 there occurred seventy eight outbreaks of typhoid fever with a total of 3,008 cases, fifteen outbreaks of scarlet fever with a total of 2,940 cases, seventeen outbreaks of septic sore throat (these were probably mainly the result of mastitis not of contamination from outside) with a total of 3,497 cases, and seven outbreaks of diphtheria with a total of 169 cases. Rosenau adds that since the general adoption of pasteurization for milk supplies of large cities in Massachusetts milk borne outbreaks occur characteristically in small unpasteurized supplies. When all these facts are brought together he continues they make a strong indictment against raw milk. Indeed there is such a wealth of data recording outbreaks of milk-borne disease due solely to the contamination of milk after it has left the cow that the very weight of evidence serves to confuse and to suggest that that which has existed so long might be allowed to continue unchecked. If more eloquent testimony were needed than that already provided by the long list of milk-borne epidemics which have been placed on record it is to be hoped that the recent outbreak of typhoid in Bournemouth which for severity recalls that in Clifton in 1897 (Davies) and which was checked by pasteurization will have served to bring the risk and the realization of the remedy clearly before the public.

There can indeed no longer be any doubt that the time for more active prevention than that yet exercised has arrived. Bovine tuberculosis is a deadly malady with a terrible tragedy to parent and child undulant fever is an insidious disease often baffling to the doctor and the cause of long periods of ill-health typhoid and other milk-borne epidemics are the more disastrous because of their suddenness and the difficulty of tracing their origin. Against all this there is a preventive as complete and absolute as is vaccination against small pox or inoculation against diphtheria. If all milk from to-day were pasteurized there need not be one more child crippled by bovine tuberculosis. Hospital mortuaries in England would be depleted of a third and those in Scotland of nearly one half their present number of victims of tuberculous meningitis epidemics of milk-borne diseases would cease and finally, many persons would be saved from the debilitating effects of undulant fever. It has been said and many would agree that 'there are only two grades of milk—raw and pasteurized raw milk has yet to be shown fit for human consumption.'

Summary

1 Milk purveyed by present methods may contain dirt and pathogenic organisms.

2 Dirt may be tolerated but pathogenic organisms should be permitted no longer.

3 Cattle infections contaminating milk while in the udder and a variety of organisms introduced to milk later by human handling are to-day causing sickness the amount of this has not yet been completely estimated but it has been shown clearly by many workers to be extensive.

4 The eradication of these infections among human beings cannot be left to await a Utopian state where diseased cattle have been eliminated and all milking is mechanically performed in such a manner that external contamination is no longer possible.

5 Universal compulsory pasteurization presents the only method of preventing the spread of cattle infections and the contamination of milk by human handling.

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H. W. Willis (*J. Pediat.*, January 1937, p. 65) who records an illustrative case states that the majority of cases of nicotine poisoning on record are in adults. Of seventy four fatal cases collected by Franke and Thomas (*J. Pharmacol. and exper. Ther.*, 1933) twenty eight were from concentrated solutions of nicotine and forty six from tobacco poisoning. Although only a few cases have been reported in children, their frequent exposure to tobacco makes it a clinical entity with which every physician should be familiar. The possibility of acute nicotine poisoning should always be considered in cases of coma of unknown cause. Treatment consists in artificial respiration and injection of adrenaline into the left ventricle. Willis's patient was a boy aged 5, who became unconscious and vomited continually immediately after an enema consisting of 60 c.cm. of strong tobacco juice in 1,000 c.cm. of water which was given for threadworms. Recovery took place after three doses of sodium benzoate and copious enemas to eliminate the nicotine.

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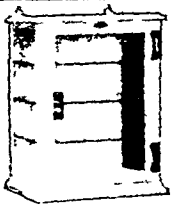


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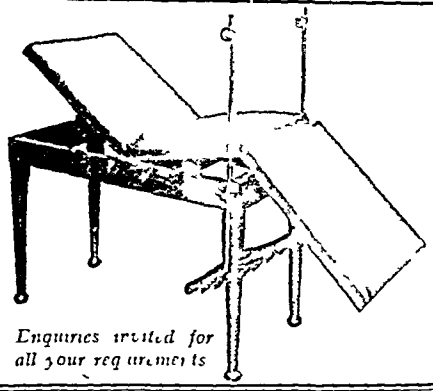
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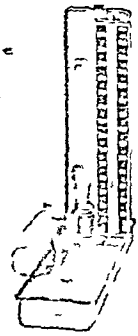
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Methods of Treatment at BATH

See Supplement, page ii

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BRITISH MEDICAL JOURNAL

LONDON

SATURDAY MARCH 27 1937

THE CONTROL OF LEPROSY

It is calculated that there are at least five million sufferers from leprosy in the world This figure is not based on accurate statistics, as in many of the countries in which it is most common vital statistics are not available Even in India, where lepers are enumerated in the decennial census special "sample surveys" made by expert doctors in limited areas showed that the 1921 census figures had to be multiplied five to fifteen times to give anything like a correct estimate of the incidence of the disease

Leprosy appears to have been common in England at one time old records dating from a period when the population was between two and four millions show the existence of over 300 lazarets Doubtless many of the inmates of these institutions were not real lepers, but suffered from syphilis and various disfiguring cutaneous diseases Still there seems little doubt that leprosy was once an extremely common disease, both in this country and throughout Europe, during the Middle Ages The lazaret was primarily an almshouse erected by charitably disposed patrons for the shelter of these unfortunate people But about the beginning of the fourteenth century people became aware of the contagious nature of leprosy and the leper was banished from the community The funeral service was read over the unfortunate victim, who was thereafter counted as dead to the world and strictly forbidden to mix with his fellows Many of these poor people were sheltered in lazarets others wandered about the country making a precarious livelihood by begging It is probable that the chief reason for the disappearance of leprosy as an endemic disease was this recognition of contagiousness and the simple though somewhat barbarous means that were taken to prevent the spread of contagion Similar, though more humane measures have been responsible in more recent years for the control of leprosy in European countries like Norway and Iceland

Though there are still upwards of one hundred leprous subjects in England—people who have contracted the disease in the course of their work in the Tropics—leprosy is no longer considered a menace in this country and is not even a notifiable disease Its power to spread from the infected to the healthy is of a low order, considerably lower for instance, than that of the sister disease—tuberculosis—which is still notifiable Why, then does leprosy persist in lands like China, India and Africa when it has ceased to be a menace in most of the countries of Europe and North America? There seems little doubt that it belongs to a certain stage of sanitation and human development Among wild, free living, nomadic tribes leprosy is seldom found Under moderately sanitary conditions it fails to spread It is in the congested and filthy surroundings of family or communal life so common in the Tropics and subtropics that the requirements for contagion are found This is further helped by parasitic and especially cutaneous disorders which facilitate the entrance of infection Not less important is the debilitating effect of various other diseases and poor nutrition so prevalent in backward countries these predispose to leprosy It may be objected that sanitation even in England leaves much to be desired at least in depressed or slum areas why then is leprosy seldom spread by the uncontrolled lepers at present in this country? The latter are almost always men and women who take necessary precautions to avoid contact with others and they are seldom people who come in close contact with young children Recent investigations tend to show that it is the infection of young children that is chiefly responsible for the persistence of leprosy in a community Healthy adults seldom acquire the disease, or if they do it is generally a mild uninfectious form which tends to die out

In the control of leprosy compulsory segregation enforced from without the community has generally been found ineffective It tends to produce concealment, and thus fails in its object It is a different matter when pressure is brought to bear from within the community as it was in England in the fourteenth century If the community knows the danger and its source, knows that its children are in danger if they come in contact with the leper knows that effective segregation is the only means of averting that danger then it is likely to see that the necessary means are taken to avert that danger The means taken to deal with leprosy will vary in different countries and districts but whatever methods are used they must centre round an educative programme In India and Africa the almshouse and lazaret are being replaced by the agricultural and industrial settlement with occupational therapy, which renders the patient hopeful and happy This is an excellent step in the right direction But these settlements though economically run and to a large extent self supporting still

INSURANCE MEDICAL SERVICE WEEK BY WEEK

The New Edition of "Medical Insurance Practice"

There is no doubt as to the success which has attended the issue of the new edition of *Medical Insurance Practice*. The whole supply of 5 000 copies has already been sold and a further 5 000 copies are on order. The attention of the authors has been drawn to one or two minor statements needing amendment and they are reproduced here for the information of those practitioners who have already become possessed of the book.

Change of Practitioner

A drafting amendment has been introduced in Clause 4 (1) of the Terms of Service to reconcile a difference between that subclause which gives insured persons one month from the date of issue of notice within which to signify their desire not to be transferred to the doctor succeeding to the practice of one who has died or withdrawn from the *Medical List* and Regulation 16 (3) which refers to a period of one month from the date of *receipt* of the notice, the requirement being effected by the substitution of the word receipt for the word issue in the tenth line of clause 4 (1). The necessary correction is being made on page 264 of the book.

Fees under the Road Traffic Act

The position under the Road Traffic Act where an insured person has been treated is properly stated at page 152 of the book, but the following amendment of the model distribution scheme which has been approved by the Ministry with effect from January 1 1937 is being added on page 292 at the end of Clause 3:

"Provided that no fee shall be payable under this clause where a practitioner is entitled to receive a fee under Section 16 of the Road Traffic Act 1934 unless the Panel Committee is satisfied that the practitioner is unable for any reason other than his own default to recover such last mentioned fee."

Transfer of Patients to Another Doctor

The restrictions on the right of a practitioner to give notice of his desire to have an insured person removed from his list are correctly set out on page 23 of *Medical Insurance Practice* as follows:

"The allocation scheme for your district will probably contain some restrictive provision to meet cases where owing to his condition of health the insured person would suffer hardship by being removed from your list at short notice. Most schemes provide that where the insured person is incapable of work at the date when the removal would ordinarily take effect you must notify the committee of the incapacity. The change of doctor will then be postponed until fourteen days after the date when the patient is declared fit to resume work. This restriction will not however ordinarily apply in cases of chronic illness where treatment is being given at less frequent intervals than one week."

The model allocation scheme at *the top of page 289* contains an earlier provision which reads as follows:

"This paragraph shall not apply in any case in which owing to the chronic nature of the insured person's illness medical certificates are under the terms of the Medical Certification Rules being given at less frequent intervals than one week." The present allocation scheme reads however as follows: "This paragraph shall not apply in any case in which owing to the chronic nature of the insured person's illness treatment is being given at less frequent intervals than one week." The necessary correction is being made in the book.

With regard to the question of the transfer of a patient from one doctor to another a correspondent who thinks that the book should be of immense value to the practitioner, but desires to suspend judgement until he has studied it more carefully, is rather critical because there is no definition of the word 'district' in the following paragraph on page 24:

"The insured person may at any time apply to another doctor for acceptance without giving any reason for his wish to transfer. If he is accepted the new doctor thereupon becomes responsible for his treatment. But if he is still in the first doctor's district he cannot be immediately placed on another doctor's list unless both doctors signify their consent to the transfer in writing on the medical card to be sent by the new doctor to the insurance committee."

The answer to this criticism is that a doctor's district is that within which he has undertaken to visit insured persons as set out in his original notification to the Insurance Committee of his intention to undertake insurance practice. A copy of this form of notice is printed on page 3 of *Medical Insurance Practice*.

The Insurance Practitioners' "District"

As the practitioner referred to in the preceding paragraph may not be alone in his uncertainty with regard to his 'district' it may be as well to amplify what has been said on this question. A district may and does vary as between the different insurance committee areas. In a small town or country area the doctor's practice will often correspond with the whole area and no difficulty is likely to arise. In London and the large towns there is usually some clear definition which is well understood by all the practitioners concerned. In London the word district is defined as covering two miles by road from and on the same side of the River Thames as the doctor's residence or surgery, subject to the requirement that the doctor must visit a patient at the place at which he resided when he was accepted by the doctor even if that place is beyond the two miles limit. (There is no restriction in London as to the distance within or within which a doctor may accept a patient.) An easy approach to the question is as follows: Mr A an insured person who is on the list of a doctor applies to another doctor for acceptance. If it is beyond doubt that he has changed his address to one which is more than two miles from the residence or surgery of the doctor named on the front of his medical card then the new doctor may accept him. But he may not do so if he is still within that distance. It is true that a doctor cannot be expected to be an expert on local topography but the London Insurance Committee has a map measuring device and a ring on the telephone will generally settle a doubt.

Persons Over 65 Years of Age

Another question which has been asked in connexion with the removal of patients from a doctor's list is: Why is there no special reference on page 23 of *Medical Insurance Practice* to the case of a person over 65 years of age? The answer is that there is no occasion for a special reference as a doctor may request the insurance committee to remove from his list a person over 65 years of age in the same way as he may ask for an insured person less than that age to be removed. He cannot in any case have an insured person removed from his list if at the date when the removal would take effect the insured person is incapable of work and is receiving treatment from the practitioner. *This restriction* however as already noted above does not apply in any *case in which* owing to the chronic nature of the insured person's illness treatment is being given at less frequent intervals than one week.

cost much money and reach only a very small fraction of those suffering from leprosy The leper settlement can however be used as a centre for education and enlightenment The patients themselves can be trained so that when they recover and return to their villages they may help to spread knowledge regarding the nature of leprosy and the simple measures needed to prevent its dissemination We are told that in England in the Middle Ages lepers congregated in brothels and sought to disseminate infection Hopeless themselves of recovery they bore a grudge against those who had outcast them and they thus sought to add to their numbers The modern educational settlement seeks to reverse the process It gives hope to the victim and sends him out on recovery to spread the gospel of hope and prevention

The final control and eradication of leprosy must necessarily wait till the sanitary education and general amelioration of the people of backward communities is accomplished But leprosy can be used as a lever in raising the standard of living and hygiene In England the lazaret and almshouse was the prototype of our modern hospital The preventive measures centring in the funeral mass and separating the leper from his fellows was the earliest dawn of our present sanitary system Leprosy is not a fatal disease It is dreaded not because it kills like tuberculosis cancer and cholera but because it condemns its victim to long years of living death This dread can be used as a powerful impulse in the campaign for clearing up not only leprosy but also the other diseases, insanitary conditions and dietary deficiencies which predispose to leprosy

The British Empire Leprosy Relief Association is seeking to work along the lines sketched above During the thirteen years since its inception it has taken a leading place in the clinical pathological, and bacteriological investigation of the disease, and has made extensive epidemiological surveys in India Africa and other parts of the British Empire It seeks to advise Governments missionary societies, and philanthropic bodies regarding the many problems connected with leprosy and the best methods for its control Within the last few years it has sent out doctors and medical assistants to Africa and India Leprosy though so important a disease in the Tropics is but imperfectly understood in England and the association seeks through lectures and by means of its quarterly publications *The Leprosy Review* and *Leprosy in India* and other literature to interest and inform the medical profession as well as the lay public regarding the disease and to enlist their support in the anti-leprosy campaign

GASTROSCOPY

Since cystoscopy and sigmoidoscopy furnish information which cannot be obtained by other means at our disposal and are in consequence practised daily, it might be expected that an endoscopic examination of the stomach would be an equally valuable procedure, and in time become as widespread and as relatively common in practice Exploratory laparotomy for suspected gastric disease is still carried out in certain cases in which, despite recent improvements in radiology and careful clinico-pathological investigations it has not been possible to make a diagnosis, but even when the stomach is exposed at operation there may be little or no evidence as to the condition of its mucosa Rovsing's gastroscope or a substitute for it in the shape of a single catheterizing cystoscope introduced through a small opening into the air-filled stomach carries such an investigation a stage further, but its use necessitates gastrotomy as well as laparotomy For many years attempts have been made to examine the stomach by means of an illuminated tube passed down the oesophagus The first experiments were conducted nearly seventy years ago at a time when the electric incandescent lamp was unknown, but although with the arrival of the Edison-Swan vacuum lamp great advances were made in all forms of endoscopy there was some delay in utilizing to the full this method of exploration of the stomach lining The procedure was technically difficult and dangerous and the view afforded of the interior of the stomach limited and unsatisfactory but with the introduction of the Wolf-Schindler gastroscope which is a semi-flexible instrument, most of the disadvantages were overcome

Schindler and his collaborators[1] in Chicago have now examined more than 2 500 patients gastroscopically and have observed some of them over a number of years one patient having been gastroscoped sixty-five times Many other workers have been investigating the possibilities of gastroscopy H W Rodgers[2] at St Bartholomew's Hospital has introduced a useful modification of the Wolf Schindler instrument in the shape of a distensible rubber bag placed near the examination lens, so that when the observer introduces air into the bag the tip of the instrument with the examining lens is lifted away from the folds of the gastric mucous membrane and their inspection facilitated In this country also studies have been made among others by H C Edwards at King's College Hospital, R S Aitken in Professor Fraser's clinic at the

[1] *Journ Amer med Ass* February 6 1937 108 p 465
[2] *Lancet* 1936, 2 438

HOSPITAL POLICY

The usual meeting of the Hospitals Committee of the Association on March 10, with Dr PETER MACDONALD presiding, had a variety of important matters to consider Always at these meetings local disputes concerning the staff of a particular hospital or group of hospitals, or difficulties with regard to remuneration and status come forward It is not always expedient to publish them, and if published they would often be too detailed to be of interest, but some of the most valuable work of the Committee is done, if not by stealth, along these private advisory lines

Junior Resident Medical Officers

One matter of general interest which came forward in a final form concerned the principles which have been laid down for the guidance of hospitals in the appointment and employment of junior resident medical officers A great deal of thought and care has been expended on the report on this subject, which has been approved by the Council, and the question arose as to the means which should be taken to get these principles as widely adopted as possible The conditions of work of resident medical officers vary so greatly—for example, as between large hospitals with several residents small hospitals with one or few, and special hospitals with particular functions—that it seemed that no advantage would be served by formulating detailed model rules applicable to all The Committee decided that publicity should be given to the statement of principles in the expectation that they might be a help to hospitals in formulating or revising their rules The statement will be available as a body of reference when any question as to this class of officer arises at headquarters or elsewhere

The first point laid down was that resident medical officers should be possessed of such qualifications as the committee of management might determine, and should devote their whole time to the service of the hospital Their duties would include the admission and discharge of in-patients in accordance with the wishes of the responsible medical officer this term meaning in voluntary hospitals, a member of the honorary staff, and in council hospitals the medical superintendent or one of his deputies They may be required to give lectures to nurses and to examine and treat nurses and servants reporting to the responsible medical officer in serious cases They would also be required to notify as soon as possible the responsible medical officer of the admission of urgent and important cases and of any serious change in the condition of any case It would be incumbent on them not to permit any patient or any papers concerning a patient to be examined by anyone without the sanction of the responsible medical officer and without such sanction and the consent of the patient they should not furnish any information respecting the case They should also be instructed as to the limitation of admission of visitors

The question of the off duty time of these junior officers has had attention It is felt that such off-duty time must be a matter of arrangement with their colleagues and of agreement with the responsible medical officer Generally speaking they should be permitted to be absent from the hospital for short periods when their daily routine work is done, but without the sanction of the responsible medical officer they should not be absent for long periods, such as a whole day or night Not more than half the resident staff should be absent from the hospital at the same time, and the officers should be required to arrange with their colleagues for the purpose of their duties during their absence In addition to these short periods of absence they should have definitely prescribed periods off duty—for example, two half-days a week, alternate Sundays after 11 a.m., and two weeks' holiday for every six months' completed service

A point which led to a good deal of discussion when this statement of principles was being prepared was the responsibility of resident officers for giving certificates and medical reports, especially their entitlement or otherwise to retain fees It was felt that these matters should be clearly defined in the hospital rules Resident medical officers should be permitted to issue certificates and reports required for legal purposes under the general authority only of a responsible medical officer, and copies of all such certificates and reports should be retained in the hospital records It was mentioned that it is customary in hospitals, especially voluntary hospitals, for resident medical officers holding short-term appointments to be allowed to retain fees for such certificates and reports and for evidence given in a court of law

The case of hospitals with only one resident medical officer also engaged attention Here it was felt to be of urgent importance that the committee of management should arrange with a non-resident medical officer to be on short call for the purpose of urgent duties in the absence of the resident Another principle laid down was that resident officers as a condition of their appointment, should be or become members of one of the medical defence societies also that their appointment should be for a specified period, with the possibility of renewal, and determinable by reasonable notice on either side

Remuneration and Status of Radiologists

Several matters relating to radiologists were on the agenda of the Committee, and Dr Duncan White, as representing the Radiologists Group Committee of the Association attended and spoke to a resolution of that committee that in a voluntary hospital, where there is an honorary director of the radiotherapeutic department private cases should be attended by the honorary staff and not by the whole-time staff, and that if a radiologist was responsible in a voluntary hospital for the type of case which he might reasonably expect to receive as private work he should receive adequate fees for such work Dr Duncan White referred to the increasing employment of subordinate whole time radiological assistants in x-ray departments of voluntary hospitals where the senior medical officers were members of the honorary staff His Group Committee felt that in voluntary hospitals where there was an honorary director of the radiological department the private cases should be referred to him The patients who went into the pay blocks were of the class of the community who in the ordinary way would be examined in the private practice of the honorary member of the staff, but in fact they were drafted to the hospital whole-time staff, who were salaried persons, and the hospital received the fees Dr Duncan White said that his Group desired him to put forward two propositions, one being that the responsibility for radiological work in the private wards should be that of the honorary radiologist in which case he should receive a certain proportion of the fees paid, the remainder going to the hospital, and the other, that where he did not carry out the whole of the work himself an appropriate division of the fee should be made

Dr Duncan White also dealt with a question raised by the Group Committee concerning the status of the radiologist at voluntary hospitals His committee was of opinion that the principle that in all hospitals the honorary staff should constitute a medical board to which all matters affecting any of the staff were to be referred was rightly applicable to radiologists in common with other members of the staff He gave instances in which this was not the case

With regard to the last point, the Chairman remarked that the wisest course might be to inform the office of any specific hospital in which an anomaly of the kind had occurred so that it could be dealt with from headquarters

British Post Graduate Medical School and Hermon Taylor who working as a Moynihan Fellow of the Association of Surgeons in Sir James Walton's clinic at the London Hospital, has recently reported his experiences [3 4] These have shown that it is possible to detect gastric ulcers which are not demonstrated radiographically and to recognize certain doubtful cases as either malignant or benign Perhaps one of the most interesting observations that have been made with the aid of the gastroscope is that gastritis is far commoner than has hitherto been supposed, and in the diagnosis of this gastroscopy is far superior to radiology Erosions and atrophy of the gastric mucosa can for all practical purposes be diagnosed only by gastroscopy Rene Chevallier of Lyons[6] has found this method of investigation of value in the study of obscure cases of gastric haemorrhage There can be no doubt that with the help of this new instrument of precision we shall be on the way to the solution of many problems relating to disorders of the stomach Technical details are being mastered, the instruments in use improved, and the indications and contraindications better understood We suggest that the time will soon be opportune for a combined discussion by physicians and surgeons with experience of this valuable diagnostic measure so that its limitations and indications may be clearly established Although it does not seem probable that gastroscopy will rival or replace radiology in the diagnosis of diseases of the stomach it is obviously a more direct method of examination and should therefore yield more positive, if more limited information, finally anything that may obviate an exploratory laparotomy is to be welcomed

RESEARCHES ON INFLUENZA

Now that another widespread epidemic of influenza is just over we may ask ourselves how far this visitation has advanced our knowledge of the disease In one direction it has certainly served a useful purpose the primary aetiology of the disease is now finally settled Whatever may have been the significance of earlier work with filter passing agents the discovery by Andrewes Laidlaw and Wilson Smith that a virus recoverable from human cases could be transmitted to and maintained in the ferret has made it possible to compare the findings in epidemics not only in different countries but in different years and among the facts recorded by Hoyle and Fairbrother in their paper in our present issue is the identity of strains of virus isolated in Manchester during this winter with the strain which has now been maintained for three years by the Medical Research Council workers at Hampstead This is not to say that every case of clinical influenza is due to the virus there have been many fruitless attempts to recover it during the past three years from cases meriting the diagnosis and it must be conceded that the syndrome or something very closely approaching it may arise from other causes But as the cause of wide spread epidemics this virus now stands fully accepted Among items in the chain of proof is the case of accidental transmission back from ferret to man which is now put on record in the annual report of the Medical Research Council attributed to the sneeze of an infected ferret this attack was fully studied from the serological standpoint and there are other good reasons for regarding this as its true origin Among new methods of study is the demonstration of antibodies in the blood of recovered cases and other immune individuals either by animal protection tests or otherwise Hoyle and Fairbrother have succeeded in adapting the complement fixation test to this purpose and so found a means of determining the amount of antibody present with some degree of precision they have also been able to relate this amount roughly to degrees of resistance to infection and suggest that such a test may be useful in deciding whether artificial immunization is desirable in any individual case The prospects in this direction are of more interest henceforward than any other aspect of the matter and here progress in the clinical field is bound to be slow, since the opportunities of practical test are short and busy periods recurring at long intervals Active immunization with living virus given by subcutaneous injection has been attempted in the United States and in this country a limited number of people have been treated with formalinized virus with it is understood inconclusive results It is too much to hope that the methods at present available will provide any generally applicable form of prophylaxis nor does it seem likely that immunity thus obtained will be of long duration At the most a further epidemic such as may be expected in a few years' time will enable these proceedings to be tested on a larger scale

AMMONIA FORMATION IN THE LUNGS

Many organs in the body are capable of deaminizing amino acids with the consequent liberation of ammonia and a fatty acid The liver is specially important in this respect and here the resulting ammonia is entirely converted into urea according to Krebs the ammonia unites with carbon dioxide and ornithine to form arginine which is then broken down by the enzyme arginase into ornithine and urea The ammonia formed in the kidney is believed to be secreted by the renal tubules into the blood in amounts which depend on its hydrogen ion concentration The resulting ammonium salts are subsequently excreted in the urine and this mechanism is of considerable importance in preserving the reaction of the blood within narrow limits There is evidence also that during muscular contraction adenyl pyrophosphate (one of the complex organic phosphates found in muscle) is broken down and ammonia is one of the products of its disintegration It has been also suggested that ammonia is formed

[3] *Brit Journ Surg* January 1937 95 p 469
[4] *Lond Hosp Gaz* 1937 40
[5] Schloss Ettinger and Pratt (1937) *Amer J med Sci* February 193 p 171
[6] *Lyon Med* No 1 January 3 1937 96 p 3

Other Hospital Business

Correspondence was reported with the Merseyside Hospitals Council whose secretary Mr Lamb had expressed the hope that in the near future discussion might take place between the British Medical Association and other interested bodies to decide how national policy in the fields of service of the organizations concerned with hospital administration could be harmonized in the interests of the cottage hospital The Chairman said that he would welcome such discussions but on general lines, not restricted to the cottage hospital

Discussion took place on a question raised by the Hospital Savings Association in favour of the extension of the area of the London Consultants List Various opinions were expressed as to what the area might reasonably be held to include There are in fact several metropolitan areas, the county council area being the smallest and the metropolitan police district perhaps the largest This area proved extremely difficult to define but eventually it was agreed to suggest as the metropolitan area for the purpose named the metropolitan police area plus the addition of any part of the territory covered by the King Edward's Hospital Fund which extended outside that boundary

The Chairman reported on the Conference of Provident Associations which had been held the previous week (*Supplement* March 13, p 129) He also stated that on the question of provident schemes and payments to general practitioners for treatment of subscribers to those schemes the joint subcommittee which had been appointed had not been able to proceed very far as yet and he doubted whether it would be possible to produce anything concrete for the next Annual Representative Meeting The insurance companies had been unwilling to touch any form of insurance against general practitioner risks but further cross table conversations were proposed

A question was raised from a hospital concerning the medical and surgical treatment of the hospital nursing staff by members of the medical staff The idea was that nurses should be able to choose their own surgeon and anaesthetist when it was necessary for them to undergo an operation So far as the Committee was aware nurses have been granted freedom of choice as between members of the staff in their own hospitals It was suggested that the local branch of the College of Nursing should discuss the matter with the hospital which had raised the question

INDUSTRIAL ACCIDENTS

The quarterly meeting of the Association of Industrial Medical Officers was held in the London School of Hygiene on March 12 under the chairmanship of Dr LEONARD P LOCKHART

A discussion on accident proneness was opened by Mr ERIC FARMER M A reader in industrial psychology Cambridge University who briefly summarized the investigations which he and other workers had carried out on accident proneness and put forward certain suggestions for future co operative work between the Industrial Health Research Board and industry if practicable through the industrial medical officer

Dr F H C BEARDS (Imperial Chemical Industries Billingham) read a paper on the organized treatment and rehabilitation of the injured workman The progress of the patient from the time of injury to the time of resuming work was outlined and the difficulties of the present procedure in rehabilitation with suggestions for improvement were discussed Dr Beards divided all accidents into minor and major cases although he showed that in importance they were both equal Within the factory certain measures for treatment were essential and the relation of first aid to industry the importance of adequate equipment in the works ambulance rooms and the significance of treatment for shock were stressed A plea was put forward for the provision of alternative work schemes in industry, this could best be done, Dr Beards pointed out by the co operative effort of the industrial medical officer and the works management concerned although primarily it was the duty of the labour management Notwithstanding the fact that only the larger firms could afford to employ whole time or part time medical officers he felt that much more work could be done to help the smaller concerns and that what he had said regarding the large firm could apply in principle equally well to the small firm

TESTIMONIAL TO DR GUY DAIN

The objects of the Fund are to honour Dr Dain for his valuable services to the medical profession during the past twenty years and to give effect to Dr Dain's wish that the amount subscribed shall be utilized for the purpose of assisting the education of sons and daughters of medical practitioners who are in need of such help

FOURTH LIST OF CONTRIBUTIONS

	£	s	d
Dr C J Batteson (Watford)	1	1	0
Dr A E Struthers (Paisley)	1	1	0
Dr L W Batten (London N W 3)		10	0
Sir Robert Bolam (Newcastle)	5	5	0
Dr Arnold Gregory (Manchester	1	1	0
Dr Horace Rose (Wendover)	1	1	0
Buckinghamshire Panel Committee	21	0	0
Shropshire Panel Committee	20	0	0
Dr James Hudson (Newcastle upon Tyne)	3	3	0
Dr L A Gregg (London N W 1)	2	2	0
Warwickshire Panel Committee	103	0	0
Kent Local Medical and Panel Committee	100	0	0
Oxfordshire Local Medical and Panel Committee	5	5	0
Dr J Jameson Evans (Birmingham)	2	2	0
Dr C J Marsh (Yeovil)	1	1	0
Mr N Bishop Harman (London W 1)	5	0	0
Newport (Mon) Local Medical and Panel Committee	2	2	0
Hull Local Medical and Panel Committee	25	0	0
East Sussex Local Medical and Panel Committee	26	5	0
Kensington Division B M A	5	5	0
Staffordshire Panel Committee	33	6	8*
Dr S E A Acheson (Belfast)	2	2	0
Lancashire Panel Committee	100	0	0
Hastings Local Medical and Panel Committee	21	0	0
Halifax Panel Committee	5	5	0

The total amount received up to March 19 1937 is £1 847 11s 1d

Cheques should be made payable to the Dain Testimonial Fund and forwarded to the Honorary Treasurer Dr G C Anderson B M A House Tavistock Square London W C 1

* First instalment of a total contribution of £100

Correspondence

PROFESSIONAL SECRECY EXAMINATION AND CONSENT

SIR—With regard to the above matter referred to in the *Supplement* of February 13 would you kindly advise me on the following points in connexion with the examination of prisoners at the request of the police or magistrates for alleged mental deficiency

(*a*) Is there any definite legal ruling that the prisoner should be asked to give his consent and should this be verbal or written? Must the prisoner be told of the reason for the examination?

(*b*) What would be the position of a medical practitioner making such mental examination without asking for the consent or explaining its import?

Would it be possible for you to guide me as to the legal references covering this point?—I am etc

X Y Z

** Our Medico legal Correspondent writes

The ordinary principle of law is that a prisoner must not until he is sentenced to imprisonment be examined without his consent Written consent is safer but verbal consent is sufficient though a doctor would be wise to have it given in the presence of witnesses *The prisoner must be told frankly* why the examination is being performed and the use which may

in nerve fibres when activity is taking place A recent paper by Binet and Bargetson[1] shows that the lungs may also possess the power of forming ammonia from various nitrogenous constituents of the blood and from added polypeptides and amino-acids These workers perfused isolated lungs with blood for periods usually of one to three hours and determined the changes in the ammonia content of the blood In control experiments they found that there was a small spontaneous rise of blood ammonia of the order of 25 per cent Expressing ammonia in milligrammes of nitrogen per litre a rise occurred from 1 09 to 1 36 in three hours When the blood was passed through the lungs for the same length of time the increase in blood ammonia was much greater—for example from 1 09 to 3 04, or by 180 per cent When polypeptide in a concentration of 1 gramme per litre was added to the perfused blood the rate of ammonia formation increased markedly—for example from 2 6 to 10 2 mg in three hours, or by nearly 300 per cent Similar additions to the blood in control experiments had no effect on the rate of ammonia formation The addition of glycine-glycine, or of the simple amino acids alanine or glycine, led to equally marked changes when the blood was perfused through the lungs Working with alanine they were able also to demonstrate that pyruvic acid was formed and that the respiratory quotient was lowered from 1 0 to 0 68 in three hours The rate of de-amination of alanine was not diminished by the presence in the perfusing blood of added quantities of pyruvic acid and ammonium carbonate These experiments indicate that the lungs may be normally concerned with certain phases of nitrogenous metabolism

ROYAL MEDICAL BENEVOLENT FUND

The one hundred and first annual meeting of the Royal Medical Benevolent Fund was held on March 16 Sir Thomas Barlow presiding It was announced that the King had consented to become patron of the Fund Mr R M Handfield-Jones in his report as honorary secretary after an account of the various activities of the centenary year said that the special appeal including Sir Thomas Barlow's generous gift of £1 000, had produced £4 532 from which the cost of the appeal (£660) must be deducted In addition 117 new subscribers were enrolled and as a result of a second appeal to practitioners living in the London district a further 220 making 337 in all A similar reminder was going out to practitioners in the rest of the country It was the intention to keep the centenary fund open for a few months longer It would be treated as capital and invested the interest being added to the amount available for annuities and grants The ordinary annual income from subscriptions and donations had risen by some £500 to £12 671 during the past year Reference was also made to special efforts in various parts of the country notably a centenary ball at Walsall which brought in £200 Five Divisions of the British Medical Association had also arranged social functions which resulted in generous contributions being forwarded to the Fund Another result of centenary publicity had been to increase the number of applicants During 1936 there were 136 new applicants and the total number of grants voted was 622 against 567 in the previous year At the end of 1936 there were 229 annuitants on the books, so that 851 persons in all had received financial help during the year, the total amount disbursed in charity being £21,447 The honorary treasurer (Dr Lewis G Glover) mentioned one or two further points A very small legacy of £286 received during the year was from one of the beneficiaries of the Fund, who had left to it the whole of her little capital The investments of the Fund now amounted to a book value of £192 000 their present market value being £228,000 He also referred to the important work of the Ladies' Guild, which administered about £7,000 a year in relief maintenance, education and various other forms of charity including the provision of clothes for the poorer beneficiaries Educational help was very important especially among the girls, and he thought the Guild might with advantage devote more of its funds to that side of the work the others being taken over by the Fund itself Dr Glover added that while the Fund received substantial backing from many quarters it still had not enlisted the support from the rank and file of the profession which it ought to enjoy He hoped that as a result of the centenary appeal the support would become more general

The resolution to adopt the report was moved by Mr Bertram Sutton who referred to the low level of administration expenses, and also to the promptitude with which applications were met In seconding Dr Herbert Spencer expressed disappointment at the result of the centenary appeal, it seemed to him that £4,500 was a very small sum to have been received from the profession especially in view of the example set by the president in his magnificent gift The report was adopted and on the motion of Sir D'Arcy Power seconded by Mr Sampson Handley, the president and other officers were re-elected, with thanks to them for their services The members of the committee of management who retire by rotation were also re-elected, these including Dr C O Hawthorne as representative of the British Medical Association One new member was appointed to the committee—Dr W G Harnett of Barnet The remainder of the meeting was occupied with complimentary proceedings The president expressed the indebtedness of the Fund to the medical journals for much valuable publicity and also thanked the British Medical Association for help received directly and indirectly The Panel Committees in different parts of the country were assisting but he agreed with what had been said that from the general body of the profession much larger contributions ought to be forthcoming He hoped that the Fund was at the beginning of a new period of prosperity which would surpass anything achieved in its long history In expressing the thanks and homage of the gathering to Sir Thomas Barlow, Mr Handfield-Jones referred to the fact that there was a difference only of nine years between the age of the Fund and that of its president and he hoped that in due time the Fund would have the joy of celebrating Sir Thomas's centenary

[1] *Presse méd* January 13 1937 p 57

be made of it A doctor who made any physical examination without obtaining the prisoner's free consent given in full understanding of the nature and implications of the examination, would be committing an assault This is a criminal offence and would render him liable to a fine or the prisoner could sue him instead of, but not in addition to prosecuting him and perhaps obtain substantial damages, which need not be proportionate to the extent of the physical assault

This ordinary principle is however largely superseded for certain purposes by the Mental Deficiency Acts 1913–27 By the 1913 Act, s 8, when a court convicts a person of any offence for which he can be sent to prison or an industrial school and is satisfied on medical evidence that he is a defective it may take action to have him certified as a defective The court may act either on the evidence given during the trial or may call for further medical evidence If during the hearing the court considers that the accused person is a defective it may remand him to an institution for defectives or place him under guardianship pending the further hearing or trial before a higher court There seems to be no doubt that if a person is convicted of an offence punishable with imprisonment or is remanded in custody and the court thinks he is a mental defective it can order a medical examination without his consent or that of the parent or guardian if he is under age If consent had to be obtained it might be found impossible to administer the statute If however the person is not in custody, then consent must be obtained for any physical examination

Another provision in this section is that if the police consider that any person charged with an offence is a defective they shall communicate with the local authority and bring before the court such evidence as to the mental condition of the accused as may be available If they intend to produce such evidence they must give notice to the person charged and to his parent or guardian If the police ask the local authority to have the person examined by one of its medical officers the consent of the person to be examined or if he is under age that of his parent or guardian must be obtained before any act of interference with his person

In practice however consent is usually unnecessary because an experienced medical man can nearly always diagnose mental deficiency without even a technical assault In at least one metropolitan court the magistrate trying a person whom he suspects of mental deficiency remands him not for an examination but for a report The medical officer commits no assault by entering the room and conversing with the accused nor by getting him to perform tests Without touching the accused he can usually gain quite enough information to enable the court to consider that the accused person is a defective for the purpose of remanding him to an institution

I can find only one reported case of assault by medical examination under a magistrate's order and the aggrieved person there was a girl who was charged with concealing the birth of an infant and was forcibly examined to see if she had recently borne a child It is a far cry from ordering an examination of an accused person for the purpose of providing evidence against her to ordering an examination of an accused person who may be a mental defective and therefore a person who according to statute must be dealt with in a particular way which is not a penalty I think the Act by providing for certification of accused and especially of convicted persons on medical evidence must impart authority to obtain that evidence if necessary without consent I find confirmation for this view in S 4 (4) of the Act of 1913 A person presenting a petition to a magistrate must annex to it either two medical certificates or a certificate that a medical examination was impracticable When the petitioner certifies in this way the magistrate shall order a medical examination As the court trying a suspected defective have power to certify as though a petition had been presented to them they must surely have the ancillary power to order a medical examination

The case I have referred to is Agnew v Jobson The common law principles will be found in any textbook on common or criminal law, and the statutory provisions in the Mental Deficiency Act, 1913, s 8

PARKING OF DOCTORS' CARS

SIR,—I have read with some amusement the correspondence in the *Supplement* on this subject Let me quote you the following examples from fourteen years of midwifery practice in the West End of London (1) A placenta praevia case called down three times to remove my waiting car and instruments sepsis or danger to the patient did not seem to matter (2) Called out to a patient near death summoned, and appeared in due course and explained the position told that if I could not gauge the time of death the best thing to do was to engage a taxi , ten shillings costs (3) Hospital work as your correspondent suggests appears to be different the only difference lies in the fact that the duration of obstruction is longer and so the costs become 'one pound

Let me advise those who practise medicine to remember that a distinctive badge means publicity, and as such the suggestion for a badge for doctors' cars must be dismissed Unless our patients help us in reform of motoring laws then they must pay increased fees to cover hire of a conveyance to their bed of sickness—I am, etc,

London S W 5, March 19 JOHN H HANNAH M D

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders A de B Joyce to the *Excellent* J C Souter to the *St Angelo*, for Royal Naval Hospital Malta S G Weldon to the *Victory* for Royal Naval Hospital Haslar R W Musson to the *Victory* for Royal Naval barracks J R Brennan to the *Drake* for Royal Naval Hospital Plymouth W G C Fitzpatrick to the *Pembroke* for Royal Naval Barracks G G Newman to the *Resolution* W A Jolliffe to the *Cormorant* for Gibraltar Dockyard G Kirker to the *Emerald* on recommissioning

Surgeon Lieutenant Commanders J G Currie to *Terror II* and for Singapore Naval Base C D D de Labilliere to the Pembroke, for Royal Naval Barracks, M J Brosnan to the *Royal Sovereign* I H Rampling to the *Drake* for Royal Naval Barracks April 8 and to the *Resource*

Surgeon Lieutenants L G Vendoll to the *Coventry*, C J P Pearson to the *Frobisher* F H Ward to the *Victory* April 16 and to the *Caledonia* on commissioning I C Macdonald to the *Wellington*

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Sublieutenant L Foster to be *Surgeon Lieutenant*

REGULAR ARMY RESERVE OF OFFICERS

Major General J S Gallie C B C M G D S O late R A M C, having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenant S R Trick to be Captain

Lieutenant D P Maclver, M C late 12th Battalion, Argyll and Sutherland Highlanders, to be Lieutenant

INDIAN MEDICAL SERVICE

In pursuance of the proviso to Subsection (2) of Section 3 of the Indian Medical Council Act 1933 (XXVII of 1933) the Governor General in Council has nominated Major General L W C Brid field C I E O B E as President of the Medical Council of India from February 13 vice Major General Sir C A Sprawson resigned

Major General Sir F P Connor K t D S O Surgeon General with the Government of Madras has been duly nominated by the Government of Madras under Clause (*a*) of Subsection (1) of Section 3 of the Indian Medical Council Act 1933 (XXVII of 1933), as a member of the Medical Council of India, vice Lieut-Col C Newcomb, resigned

Lieut Col A H Shukh has been appointed Deputy Director General Indian Medical Service as from January 15

Lieut Col W E R Dimond Assistant Director of Public Health, North West Frontier Province has been duly nominated by the Government of the North West Frontier Province under Clause (*a*) of Subsection (1) of Section 3 of the Indian Medical Council Act 1933 (XXVII of 1933) as a member of the Medical Council of India vice the late Col H H Thorburn

Lieut Col H S Cormack M C Medical Superintendent and Ophthalmic Surgeon General Hospital Rangoon has been appointed to officiate as Inspector General of Civil Hospitals Burma, vice Colonel N S Sodhi granted leave

A H O'Malley to be Captain (on probation) with seniority as Lieutenant September 25 1930 and as Captain September 25 1933

To be Lieutenants (on probation) with seniorities December 28 1935 A M McGavin, J D O'Shaughnessy, J E D Donnell D R Cattanach

A NEW METHOD OF CENTRIFUGATION

W J Elford[1] has recently described a new technique enabling the sedimentation rate of small particles to be studied with the ordinary bucket type of high speed centrifuge It consists essentially in arranging for an inverted capillary tube 1 cm long and 0 25 cm or less in diameter to dip into the main bulk of liquid contained in the centrifuge bucket By this means sedimentation may occur within the inverted tube under conditions for which Stokes's law may be directly applied The sedimented particles pass through the open lower end of the capillary tube and are collected on to a piece of filter paper After centrifugation for a given time at a given speed the capillary tube is withdrawn The fluid is retained within it by atmospheric pressure and capillary attraction From an estimation of the average concentration of particles in the fluid before and after a period of controlled centrifugation it is possible to calculate the average particle size in the suspension In practice an Ecco supercentrifuge was used capable of speeds up to 15 000 *revolutions per minute* The centrifuge cells were made of an aluminium silicon alloy of great tensile strength In order to increase the amount of liquid available for testing an arrangement was made permitting seven centrifuge cells to dip simultaneously into the fluid in each bucket The results obtained by this method were similar to those already reached by the Svedberg method of ultracentrifugal analysis and by the ultrafiltration method The mean diameter of *Chromo prodigiosum* was found to be 0 7 to 0 8μ and the mean density 1 10 The corresponding values for staphylococcus K phage were 60 to 70mμ and 1 25 The diameter of S 13 phage haemocyanine and edestin was 15 to 17mμ 22mμ, and 8mμ respectively It is interesting to note that the bacteriophages have densities approaching those of the proteins indicating a more compact structure than that of the bacteria

VENTILATION OF FACTORIES

The Home Office has published a third edition of its welfare pamphlet on the ventilation of factories and workshops[2] This calls for little comment as it closely resembles its predecessor The section dealing with propeller and pressure fans is excellent and is very well illustrated but the other sections almost inevitably suffer from the attempt to treat problems of ventilation by themselves apart from their relation to problems of heating For example mention is made of the discomfort caused by the air at head level being at a considerably higher temperature than that at foot level and the suggestion is made that the condition may be mitigated by means of a fan which will disturb and mix up the air Yet we find no reference to a much better method of avoiding high temperature gradients—namely to choose a suitable heating installation Again, no fewer than three illustrations are given of fan extraction at floor level on one side of the factory coupled with heating coils installed on the opposite side in such a manner as to send the warmed air to the ceiling This plan would cause the maximum discomfort to most of the workers in the factory for not only would the air temperature at head level be much higher than at floor level but there would be a continuous strong draught round the feet of the workers The section of the pamphlet specifically dealing with heating is only two pages in length so it is to be hoped that future editions will treat the subject much more fully and will describe it in combination with that of ventilation

[1] *Brit J exp Path* October 1936 p 399
[2] Home Office Welfare Pamphlet No 5 1937 H M Stationery Office (1s)

THE NEW GREAT ORMOND STREET

On March 17 the Princess Royal revisited her training school when she performed the ceremony of laying the foundation stone of the main block of the new Hospital for Sick Children Great Ormond Street Her Royal Highness who is president of the hospital served there as a nurse during the war and it was therefore a very friendly ceremony since all those present were united in their great love of the institution The inscription on the foundation stone runs as follows

H R H the Princess Royal president of the hospital laid this stone round which the new buildings long planned in hope are to day rising in fulfilment 17th March 1937" This foundation stone is for the main block, which will contain the medical and surgical wards the operating theatres pathological and research departments together with the lecture rooms and library for the medical school The estimated cost of this part of the work is £240 000 and it is the second stage in the reconstruction of the whole place the first being the nurses home the last section of which is practically completed The new hospital will be a tall building consisting of two L shaped units communicating at the angles to make one long block on the north aspect with two wings running south so that by the skilful use of balconies on every floor there will be a sunny aspect for each ward This new building lies just short of the most northerly aspect of the present site of the old hospital and the old buildings will eventually be demolished giving place to a single story out patient block and administrative buildings An appeal has now been issued to the general public for the money necessary to pay for this next stage in the hospital's reconstruction and an attractive booklet is available on application to the secretary An institution which can boast of the names of Sir William Jenner Sir Thomas Barlow Sir Charles Ballance, and Dr W B Cheadle as former members of its staff should surely command public support because of the great importance of the work performed by those pioneers It is to be hoped that this will be speedily recognized

On March 22 Viscount Dawson of Penn was re elected President of the Royal College of Physicians of London

An announcement will be found in our University News of the appointment of Mr H L Eason M D F R C S to the post of Principal of the University of London from July 1 1937 to September 30 1941

British Medical Association

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Diary of Central Meetings

APRIL

2 Fri Journal Board 2 p.m.
Welsh Committee 2.15 p.m. (at Shrewsbury)
6 Tues Council, 2 p.m.
7 Wed Council, 10 a.m.
9 Fri Medical Students and Newly Qualified Practitioners Subcommittee 2.30 p.m.
15 Thurs Radiologists Group Committee 2.30 p.m.
29 Thurs Charities Committee

Sir Charles Hastings Clinical Prize

The Sir Charles Hastings Clinical Prize, which consists of a certificate and a money award of fifty guineas is again open for competition in respect of 1938. The following are the regulations governing the award:

1. The Prize is established by the Council of the British Medical Association for the promotion of systematic observation research and record in general practice. It includes a money award of the value of fifty guineas.

2. Any member of the Association who is engaged in general practice is eligible to compete for the Prize.

3. The work submitted must include personal observations and experiences collected by the candidate in general practice and a high order of excellence will be required. If no essay entered is of sufficient merit no award will be made. It is to be noted that candidates in their entries should confine their attention to their own observations in practice rather than to comments on previously published work on the subject though reference to current literature should not therefore be omitted when it bears directly on their results their interpretations and their conclusions.

4. Essays or whatever form the candidate desires his work to take must be sent to the British Medical Association House Tavistock Square London W.C.1 not later than December 31 1937. The Prize will be awarded at the Annual General Meeting of the Association to be held in July, 1938.

5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the Prize and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work. A prizewinner in any year is not eligible for a second award of the Prize.

6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay the decision of the Council on any such point shall be final.

7. Each essay must be typewritten or printed must be distinguished by a motto and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address.

8. The writer of the essay to whom the Prize is awarded may, on the initiative of the Science Committee be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association.

9. Inquiries relative to the Prize should be addressed to the Medical Secretary.

Branch and Division Meetings to be Held

BIRMINGHAM BRANCH.—WARWICK AND LEAMINGTON DIVISION—Joint meeting with Pugo, Division at Manor House Hotel Leamington Spa Thursday April 8 8 p.m. Election of Representative and Divisional Committee. Address by the Retiring Division Chairman Lecture by Dr. George Bray. All are Welcome. *To be followed by Dinner.*

NORTH OF ENGLAND BRANCH.—NORTH SHIELDS DIVISION—At Whitley House Tuesday April 20 Clinical evening.

NORTH OF ENGLAND BRANCH.—NORTH SHIELDS DIVISION—A Quiz Night at Hotel Norfolk Friday April 2. Annual dinner.

NORTH WALES BRANCH.—At Rhyl Cottage Hospital Wednesday March 31 8.15 p.m. Discussion: The Cause of Loss of Time amongst Workers in Relation to Chest Affections of the Community. To be opened by Dr. Cecil G. Roberts Dr. P. P. Pinton Davies Dr. Bateman Dr. F. C. Davies and Dr. T. Wynne Jones.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—SWANSEA DIVISION.—Tuesday April 6 Clinical meeting.

STIRLING BRANCH.—At Stirling Infirmary Wednesday March 31 Afternoon clinical meeting.

SURREY BRANCH.—CROYDON DIVISION.—At Shirley Park Hotel Thursday April 8 7.45 p.m. Annual Dinner.

SUSSEX BRANCH.—BRIGHTON DIVISION.—At Grand Hotel Brighton Friday April 2 8.30 p.m. Mr. S. L. Higgs: Functional Treatment of Fracture. Film: Bolders Method of Treatment of Fracture. Preceded by supper at 7.30 p.m.

Meetings of Branches and Divisions

FIJI BRANCH

Two clinical meetings of the Fiji Branch were held during 1936. At the first when Dr. W. N. A. PATEY vice-president was in the chair Dr. J. CLUNIE gave a lecture on "The Surgery of the Thyroid Gland." Dr. Clunie said that interesting work had been done in New Zealand in recent years on the iodine content of foodstuffs and on iodine metabolism. A comparison between the Christchurch endemic centre in New Zealand and the goitre free island of Samoa was illuminating. The urine of twenty patients of Christchurch Memorial Hospital eleven of whom had goitre was examined. The mean excretion of urine per twenty-four hours was 1,600 c.cm. containing twenty micrograms of iodine. The control index for Canterbury area of which Christchurch was the capital was 64 per cent. The urine of twelve Samoans (goitre free) was found to have a mean iodine content of 189 micrograms per litre or 302 micrograms in twenty-four hour specimens 1,600 c.cm. The mean iodine content of six samples of Samoan blood was also determined and found to be 155 micrograms per kilogramme. The high urinary iodine excretion in Samoa was of course related to the high iodine content of Samoan foodstuffs. Goitre was present in the Sigatoka district of Fiji. It appeared to be most common in low-lying areas where the inhabitants drank well water. The incidence was mainly among the East Indians. The Fijians subsisted on a diet very similar to that of the Samoans. The agricultural Indians main diet was staple rice. It was hoped that with the establishment of a pathological laboratory in Suva research work on dietetic problems and on disease incidence would be begun within a few years. The colony with its relatively small population of peoples of differing races cultures and dietetic problems would prove a favourable field for the research worker. Exophthalmic goitre was not common among natives. It appeared to be as common among Indians as Europeans. Dr. Clunie concluded his lecture with a demonstration of several cases.

At another clinical meeting Dr. I. H. BEATTIE gave an interesting lecture at the Central Native Medical School Suva on "Species and Varieties of the Genus Homo" while Dr. T. CLUNIE discussed some experiences with radium and surgery at the Colonial War Memorial Hospital Suva. Dr. Clunie said that surgical diathermy quite apart from its value in the treatment of malignant conditions had been of use in the excision of tropical ulcers. In selected cases where general anæsthesia were inadvisable satisfactory result[illegible] on of infected tonsils by the electric needle. Excision of keloids by diathermy followed by surface application of radium had produced gratifying results. Sarcoma was not uncommon among native children. Carcinoma appeared to be much less common among natives than among Europeans and Indians resident in the colony. Rodent ulcer had a fairly high incidence among Europeans and was most often seen in fair subjects probably because of the irritating effects of prolonged sunlight on skins not sufficiently pigmented

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE HORMONE TREATMENT OF SOME DISORDERS OF PREGNANCY

BY

T. N. A. JEFFCOATE, M.D., F.R.C.S.Ed.

PART I

Pregnancy is normally accompanied by profound modifications of the whole endocrine system. The ovary, thyroid, parathyroid, adrenal, pancreas, and pituitary undergo well-recognized functional, and even structural, alterations, and a new ductless gland—the placenta—is temporarily added to the system. The products of these glands play a major part in the normal progress of pregnancy, and anomalies in their relative quantities or qualities are important factors in the causation of many of the pathological states; hence hormone treatment for disorders of gestation is being rapidly developed. Rational organotherapy is dependent on endocrinology, but since the origin and functions of the various hormones have been discussed elsewhere in this series only a brief relevant summary of physiological principles is included here.

Physiological Principles

The preparation of the endometrium for the successful embedding of the ovum is dependent on the corpus luteum hormone (progestin). The same hormone, by a direct action on the muscle, also inhibits uterine contractions, and thus prevents expulsion of the ovum. Nevertheless, in the human subject the corpus luteum is not essential to the progress of pregnancy after the sixth to eighth week. During the later stages of gestation uterine quiescence is determined by humoral factors whose identity is not yet proven. It is possible that the placenta secretes a progestin-like principle.

The gonadotropic hormones (prolan, prolan A and B), as their name denotes, act primarily on the gonad, and since they are responsible for the persistence and activity of the corpus luteum they indirectly inhibit uterine activity. In the human subject, however, they may also have a direct effect on uterine muscle, and this possibility is of importance in therapy, since it has never been convincingly demonstrated that the present preparations of gonadotropic hormones (from pregnancy urine or placenta) have a luteinizing action in woman.

As pregnancy advances the uterine muscle hypertrophies, its spontaneous contractions increase in number and amplitude, and it develops a sensitiveness manifested by enhanced ability to respond to both mechanical and chemical stimuli. These changes are the result of the direct action of oestrogenic hormones (oestrin) on the myometrium. The continuance of pregnancy is dependent on a hormonic balance in which the inhibiting principles predominate, and any disturbance of the balance which leads to an ascendancy of the oestrogenic hormones brings about the termination of pregnancy in the form of abortion or labour. But it is of prime practical importance to realize that this balance is not a simple quantitative one; thus a uterus under the influence of progestin cannot be excited by oestrogenic substances even if they are administered in relatively large amounts.

The role of the posterior lobe of the pituitary during pregnancy is still in dispute. It is quite possible that the powerful oxytocic secretion of this gland is concerned in initiating and sustaining the expulsive uterine contractions of parturition.

Principles of Treatment with Placental and Ovarian Hormones

HORMONE PREPARATIONS

Only preparations standardized in approved animal or international units are recommended. All others are relatively impotent and worthless. Whole gland products or "cocktail" preparations are whole-heartedly condemned. Under present conditions of manufacture or extraction reliable preparations are inevitably costly.

The standardized preparations most commonly used and easily available in this country are:

Corpus luteum hormone (progestin, progesterone)
- Proluton (Schering Ltd.)
- Progestin (Organon Laboratories)
- Progestin (British Drug Houses)
- Lutren (Bayer)

Oestrogenic substances (oestrin)

(*a*) Ketohydroxyoestrin
- Progynon (Schering Ltd.)
- Menformon or folliculin menformon (Organon Laboratories)
- Oestroform (British Drug Houses)
- Theelin (Parke, Davis and Co.)

(*b*) Oestradiol benzoate
- Progynon B (Schering Ltd.)
- Dimenformon (Organon Laboratories)
- Oestroform B (British Drug Houses)

Gonadotropic hormones (prolan, prolan A, prolan B) (From placenta and pregnancy urine)
- Pregnyl (Organon Laboratories)
- Antuitrin S (Parke, Davis and Co.)
- Gonan (British Drug Houses)

Gonadotropic hormones are easily destroyed by heat, and should be kept in a cool store and injected from a cold syringe. Even under ideal conditions *solutions* of these hormones rapidly deteriorate, and they should not be used later than four months after manufacture.

MODE OF ADMINISTRATION

Oral administration of hormones other than thyroid and oestrogenic extracts is futile. Moreover capsules of the latter have a very limited application since these hormones are only one-fifth as active when administered by mouth as when injected parenterally. The gonadotropic, pituitary, and corpus luteum hormones are completely inactivated by digestive juices. Intramuscular or subcutaneous injections are with a few exceptions preferable to intravenous medication.

DOSAGE

Most hormones are better given in divided doses than in a single massive one. In the body they are quickly destroyed, inactivated, or excreted, and to obtain a maximal and continued effect injections should be repeated at regular and frequent intervals. Continuity of treatment

Through the courtesy of Dr J H L Cumpston, Director General of Health for the Commonwealth of Australia a supply of radium had been made available for use at the Colonial War Memorial Hospital Despite the fact that no radium was available for gynaecological use some dramatic results had been obtained in cases of what appeared to be inoperable carcinoma of the cervix by the preliminary use of diathermic excision of fungating masses followed by the application of 2 mg radium needles Rodent ulcers near the eyes were excised and the area, where necessary skin grafted Those which were seen late in such areas as the cheek or the alae of the nose, with deep penetration, were treated by radium and the results so far had been very good It was necessary, however, to watch the cases carefully, as recurrence had been seen in a rodent ulcer of the cheek treated elsewhere by radium two years previously The results of treatment by radium and diathermy of such conditions as rodent ulcer carcinoma of the penis and cervix etc had been so good that it was confidently expected that more patients would come up for treatment within the next few years At present the majority of malignant cases came up for treatment at a late stage

LANCASHIRE AND CHESHIRE BRANCH BLACKBURN DIVISION

At a meeting of the Blackburn Division held at Blackburn on March 2 Dr RALSTON PATERSON (Manchester) delivered a British Medical Association Lecture on Radium and X Rays in the Treatment of Malignant Disease An interesting discussion followed

LANCASHIRE AND CHESHIRE BRANCH WARRINGTON DIVISION

At a meeting of the Warrington Division held on February 26 Dr C A PAULUSZ outlined the local scheme under the Midwives Act 1936 It was arranged to begin a course of eight sessions on air raid precautions by Dr L T Challenor, medical instructor for the Liverpool Centre on March 24

LINCOLNSHIRE BRANCH LINCOLN DIVISION

At a meeting of the Lincoln Division held at Lincoln on February 25 with Dr G C WELLS COLE in the chair Sir WILLIAM WILLCOX gave an address on 'The Medico-Legal Aspects of Medical Practice' The audience included several members of the Lincoln Law Society

Sir William said that in spite of the drift toward State medicine less forensic medicine was taught to-day than formerly The medical man need not be afraid of the witness box as the atmosphere of the law courts was very different from what it was a few years ago and practitioners were treated with great courtesy by counsel With regard to professional secrecy Sir William said that the doctor was bound to tell everything in the witness box He urged doctors to develop a medico-legal conscience and instanced cases of food poisoning and of typhoid in which notification and precautions were of paramount importance Sir William dealt with some aspects of toxicology He discussed certain special poisons and poisoning from belladonna arsenic and mercuric chloride finishing up on a note of warning about the indiscriminate use of the barbiturates

Questions were asked by Drs WILSON J LYONS C A H FRANKLYN and SHARRARD The meeting ended with a hearty vote of thanks to Sir William Willcox for his most interesting address proposed by Mr LANGLEY (the senior member of the legal profession present) and seconded by Dr H B WILLOUGHBY SMITH

NORTHERN IRELAND BRANCH NORTH EAST ULSTER DIVISION

At a meeting of the North East Ulster Division held at Magherafelt on February 19, with Dr SLOAN M BOLTON in the chair Professor R J JOHNSTONE President Elect of the British Medical Association, read a most interesting paper on maternity services in Northern Ireland He said he intended to ask for information from country practitioners rather than to give it He then raised many points on which the authorities wished to find out the experiences of doctors in rural districts For instance, the facilities available for ante-natal and post-natal care and treatment for sepsis the extent to which midwives had replaced doctors and if this was desirable whether the unqualified midwife still existed what arrangements were made for anaesthetics in difficult cases and how the services of specialists were obtained when necessary Professor Johnstone insisted that every primipara should see a doctor, also every difficult multipara and all patients should have the benefit of a post-natal examination Septic cases should always be treated in hospital In closing Professor Johnstone suggested that the Division might form a small committee to obtain information on the points mentioned, in which case he would be glad to arrange for one or two members to give evidence before the Interdepartmental Committee in Belfast at present considering these problems An interesting discussion followed, and on the proposal of Dr HEGARTY seconded by Dr EVANS an enthusiastic vote of thanks was given to Professor Johnstone for his address

The usual silver collection for medical charities was taken and the meeting adjourned for tea

SHROPSHIRE AND MID WALES BRANCH

At a meeting of the Shropshire and Mid Wales Branch, held at the Royal Salop Infirmary on March 2, Dr ARNOLD STOTT delivered a British Medical Association Lecture on 'Cardiac Diseases from a Clinician's Point of View"

Dr Stott advocated the rejection of the older views of the significance of physical signs and symptoms in heart disease He pointed out that there were very few symptoms or physical signs of heart disease which really helped in the diagnosis or prognosis of the condition and insisted that the state of the function of the heart as a whole was of more importance than the actual lesion Two of the few exceptions to this general rule were the presence of (*a*) pulsus alternans which carried rather a grave prognosis especially in cases of high blood pressure and (*b*) refilling of the jugular veins during diastole in the semi-recumbent patient which was to be regarded as a sign of dilatation of the right heart He pleaded that each heart condition should be classified first according to its aetiology secondly, the functional condition present, thirdly, [illegible] damage evident He pointed out that a [illegible] was responsible for a very large number of deaths there was as yet no national effort directed towards its prevention such as there was in tuberculosis and cancer In spite of this, however acute rheumatism in children which constituted one of the chief causes of heart disease appeared to be on the decline, With regard to methods of examination of the size of the heart Dr Stott was sceptical of the value of percussion and pointed out that radiographic results had to be carefully interpreted

The meeting was very well attended and closed with an interesting discussion in which many members took part A vote of thanks to Dr Stott was carried with acclamation

STAFFORDSHIRE BRANCH NORTH STAFFORDSHIRE DIVISION

At a meeting of the North Staffordshire Division, held at the North Staffordshire Royal Infirmary on March 4, with Mr E H RICHARDS in the chair Mr A LAWRENCE ABEL delivered a British Medical Association Lecture on Common Diseases of the Rectum and Anal Canal Mr Abel showed coloured cinematograph films of the modern operation for haemorrhoids and of the abdomino-perineal operation for carcinoma of the rectum The lecture was clear and instructive and was thoroughly enjoyed by all present On the motion of Mr W C ALJARDICI seconded by Dr G L LEFEVRE a vote of thanks was accorded Mr Abel for his address Before the lecture tea was provided by the chairman and in the evening a dinner was held at Hanley

YORKSHIRE BRANCH GOOLE AND SELBY DIVISION

A meeting of the Goole and Selby Division was held at Selby on February 23 with Dr W B HILL in the chair The CHAIRMAN extended a hearty welcome to the president of the Branch Mr L Dougal Callander After certain business matters had been dealt with the members were shown a film presented by Messrs T J Smith and Nephew Ltd entitled 'The Modern Treatment of Fractures with Cellona Plaster'

YORKSHIRE BRANCH HARROGATE DIVISION

A joint meeting of the Harrogate Division and the Harrogate Medical Society was held on March 5 with Dr SINCLAIR MILLER in the chair The audience included the president of the Branch Mr L Dougal Callander

Dr H P HIMSWORTH delivered a British Medical Association Lecture on 'The Treatment of Diabetes Mellitus and the Use of the Protamine Insulins' The full text of this lecture appeared in the *Journal* for March 13 (p 541) A good discussion followed in which the CHAIRMAN Mr W LODGCOMBE, Dr C W C BAIN and Dr GEOFFREY HOLMES took part On the motion of the CHAIRMAN a vote of thanks was accorded Dr Himsworth for his address

YORKSHIRE BRANCH HUDDERSFIELD DIVISION

At a meeting of the Huddersfield Division held at Huddersfield on February 3, with Dr F GAMM in the chair, Dame LOUISE MCILROY delivered a British Medical Association Lecture on 'The Indications for and against Surgical Intervention in Obstetrical Practice' The full text of the lecture will shortly appear in the *Journal*

SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY MARCH 27 1937

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NOTES OF THE WEEK

Scottish Advisory Council on Physical Training

The Scottish National Advisory Council on Physical Training has now been constituted Its members include Dr W L Burgess, Professor E P Cathcart, Mr W A Cochrane Dr G C Cossar, and Professor P S Leleman

Library of the British Medical Association

The librarian has submitted to the Library Subcommittee his report for the year 1936 It shows that the number of readers (that is the figures of attendances and borrowings) who used the library during the year was 25,220 The number of books borrowed was 16,819, and 42[illegible] requests for literature on some specific subject were dealt with The number of individual members using the library was 3,339 this figure representing 1,152 town members and 2,187 country members, and 898 books were added to the library during the year

Contributory Scheme at Huddersfield

The Huddersfield and District Contributory Scheme has just been formed to provide hospital benefit for persons over the age of 16 whose income does not exceed £312 per annum Free treatment will be available to subscribers and their dependants at the Huddersfield Royal Infirmary on the recommendation of a qualified medical practitioner, and payment will be made on behalf of subscribers and their dependants to other hospitals when treatment is given on the recommendation of a member of the honorary medical staff of the Huddersfield Royal Infirmary or in cases of emergency occurring outside the area of the Infirmary

Physical Recreation Site for National Training College

A committee of the National Fitness Council on March 18 considered the question of the site of the new National College for the training of teachers and of leaders for the Keep Fit clubs and classes The committee took the view that if a suitable site could be found within London's green belt that would probably best meet the case and not less than 50 acres would be needed if possible a site of something nearer 100 acres should be acquired It is understood that the committee had before it several suggested sites some of which were eliminated for reasons of size inaccessibility locality or the unsuitable nature

[illegible]

Precautions for Hospital Staff at Rugby

The Board of Management of the Hospital of St Cross Rugby has advised the members of the [illegible] staff who are also members of the [illegible] to accept [illegible] to [illegible] 20 each [illegible] [illegible] [illegible]

POST-GRADUATE COURSES AND LECTURES

APRIL AND MAY

The following post graduate courses and lectures to be held in London during April and May have been notified to the British Medical Association Further particulars may be obtained direct from the hospitals concerned or in the case of arrangements made by the Fellowship of Medicine (F M) from the Secretary of the Fellowship 1 Wimpole Street W 1

Subject	Date	Place of Meeting	Nature of Instruction
Arthritis	April 5 12 19 26 May 3 10	British Post Graduate Medical School Ducane Road W 12	Course of lectures
Chest Surgery	April 7 14 21 28 May 5	"	Lectures demonstrations
Experimental Cancer Research	April 7 14 21 28 May 5 12	"	Course of lectures
Eye Diseases of	April 5 16	Royal Eye Hospital St George's Circus Southwark S E	F M E out patient
Gynaecology Present-day (continued)	April 7 8 May 6 13	British Post Graduate Medical School Ducane Road W 12	Lectures demonstrations and practical work
Plastic Surgery	April 14	Princess Elizabeth of York Hospital for Children Shadwell E	F M demonstrations
"	April 15	149 Harley Street and St Andrew's Hospital E W 1	

In addition to the above courses the following for the higher qualifications have been arranged

Subject	Date	Place of Meeting	Degree or Diploma
F M Course in Anatomy and Physiology (cont)	April 2- May 24	Infants Hospital Vincent Sq S W 1	F R C S (Primary)
F M Fundus Oculi demonstration	April 6	West End Hospital for Nervous Diseases Gloucester Gate Regent's Park N W	M R C P
F M Pulmonary Tuberculosis demonstration	April 3	Preston Hall near Maidstone Kent	M R C P
L C C Course XX Part II Psychological Medicine (cont)	April 5- May 27	Maudsley Hospital Denmark Hill S E 5	D P M

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses ophthalmology at Royal Eye Hospital April 5 to 17 plastic surgery April 14 and 15 general practitioners course in neurology at West End Hospital April 19 to 24 heart and lung diseases at Victoria Park Hospital April 10 and 11 fevers at Park Hospital April 17 and 18 infants diseases at Infants Hospital April 24 and 25 cancer at Royal Cancer Hospital April 24 and 25 On Saturday April 3 there will be an all day demonstration on pulmonary tuberculosis at Preston Hall Maidstone and on Tuesday April 6 at 8 30 p m there will be a demonstration on the fundus oculi Both these demonstrations are intended for M R C P candidates Detailed syllabuses of all courses can be obtained from the Fellowship of Medicine 1 Wimpole Street W

The Joint Tuberculosis Council announces that Dr R R Trail and Dr Peter Kerley will hold a combined clinical and radiological course on diseases of the chest at the Royal Chest Hospital City Road E C from Wednesday March 31 to Saturday April 3 The fee for the course is £2 12s 6d and all inquiries should be addressed to Dr William Brand honorary secretary for post graduate courses Joint Tuberculosis Council 8 Christ Church Place Epsom Surrey

A course of three lectures by Professor E Kretschmer of Marburg will be given at the Institute of Medical Psychology Malet Place W C on April 20 21 and 22 at 8 30 p m On April 20 Professor Kretschmer will discuss Heredity and Constitution in the Aetiology of Psychic Disorders on April 21 The Structure of the Personality in Relation to Psychotherapy and on April 22 Instinct and Hysteria The lectures are open to medical graduates only and the fee for the course is 12s 6d Tickets must be obtained in advance from the educational secretary at the Institute

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W — *Daily* 10 a m and 2 p m Medical Clinics Surgical Clinics and Operations Obstetrical and Gynaecological Clinics and Operations 4 p m Dr G Calvert Hill Endocrine Diseases and Diet Clinics Wed 12 noon Clinical and Pathological Conference (Medical) 4 p m Clinical and Pathological Conference (Surgical) 4 p m Mr E H Robert Surgery of the Chest 4 p m Clinical and Pathological Conference (Obstetrical and Gynaecological) 2 p m Dr Duncan White Radiological Demonstration 4 30 p m Mr A K Henry Practical Orthopaedic Surgery Fri 2 p m Operative Obstetrics 3 p m Department of Gynaecology Pathological Demonstration 4 p m

[illegible] HOUSE OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W —*Preston Hall* Maidstone All day Demonstration on Pulmonary Tuberculosis especially intended for M R C P candidates

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C —*Fri* 4 p m Mr N Allen on Affections of the Right Tonsil

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL —*Wed* 4 p m Dr T J Hollins Medical Aspects of Chemical Warfare

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Rundall Road S W —*Fri* 4 0 p m Dr A P Cawadias Diseases of the Bone Simulating the Rheumatic Diseases

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W —*Daily* 2 p m Operations Medical and Surgical Clinics *Tues* 10 a m Medical Wards 11 a m Surgical Wards 2 p m Throat Clinic *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Eye Clinic Gynaecological Operations *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p m Eye and General Urinary Clinics *Fri* 10 a m Medical Ward Short Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic Children's and Surgical Clinics 11 a m Medical Ward

GLASGOW POST GRADUATE MEDICAL ASSOCIATION — at Royal Samaritan Hospital for Women Wed 4 15 p m Dr John Hewitt Gynaecological Cases

VACANCIES

ABERDEEN ROYAL INFIRMARY —Hon Clinical Tutor

ACCRINGTON VICTORIA HOSPITAL —H S Salary £ p a

BATH ROYAL UNITED HOSPITAL —(1) H S (male unmarried) Ear Nose and Throat Department Salary £1 p a (2) H S Assistant Gynaecologist and Obstetrician

BELFAST BENN ULSTER EYE EAR AND THROAT HOSPITAL —Non-resident H S (part time) Salary £ 5 p a

BIRMINGHAM CITY —M O (female) for the Maternity and Child Welfare Department Salary £600 £25 £800 p a

BIRMINGHAM MATERNITY HOSPITAL —H S Salary £7 p a

BLACKBURN ROYAL INFIRMARY —R H S (male) Salary £1 p a

BOLTON ROYAL INFIRMARY —H S (male) Salary £1 0 p a

BRADFORD ROYAL EYE AND EAR HOSPITAL —H S p a £180

BRIGHTON ROYAL SUSSEX COUNTY HOSPITAL —Hon Clinical Assistant

BRISTOL ROYAL INFIRMARY —Clinical Anaesthetist to the Department Honorarium £150 p a

BURNLEY VICTORIA HOSPITAL —(1) H S (2) H P Salary each £150 p a each

BURTON ON TRENT GENERAL INFIRMARY —H S (male) Salary £150 p a

BURY INFIRMARY —(1) First H S (2) Third H S Salaries £175 p a and £150 p a respectively

CAMBRIDGE ADDENBROOKE'S HOSPITAL —(1) Resident Anaesthetist and Emergency Officer (2) H P (3) H S to Special Departments Males unmarried Salaries £1 0 p a each

CAMBRIDGE BOROUGH —M O H and School M O Salary £1 000 £50 £1 200 p a

CARLISLE CUMBERLAND INFIRMARY —H S (male) to the Special Departments Salary £155 p a

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS Victoria Park E —H P (male) Salary £100 p a

COLCHESTER ROYAL EASTERN COUNTIES INSTITUTION FOR THE MENTALLY DEFECTIVE —A M O (male unmarried) Salary £400 p a

DARLINGTON MEMORIAL HOSPITAL —H S (male) Salary £150 p a

DEVON COUNTY COUNCIL —Assistant County M O H Salary £500- £25 £700 p a

DORCHESTER DORSET COUNTY HOSPITAL —H S (male unmarried) Salary £150 p a

THE MEDICAL PROFESSION AND LOCAL AUTHORITIES

The trend of medical and social progress in Great Britain in recent years has involved a closer community of interest between the medical profession and local authorities than existed in the past. Not only are local authorities providing medical services of many types on a large scale but the increased interest in the general well-being of the nation and in the prevention of illness has produced new problems of organization and administration which concern equally local authorities and the medical profession. It follows therefore, that the most efficient medical and allied services, whether for the healthy or the sick, will be the result of friendly and helpful co-operation between the profession and the local authorities and it should be the endeavour of each Division and Branch of the B.M.A. to secure in its area the establishment of a medium for co-operation and negotiation. In some areas informal co-operation already exists in some a scheme has been arranged for a specific purpose, and in a few a permanent advisory committee to the medical officer of health has been appointed through the machinery of the local B.M.A. constituency.

An advisory committee of this type established on a permanent basis is the most desirable medium for co-operation for its active existence will be an assurance to the local profession that the latter will be consulted as a matter of course by the authority concerning any new scheme or any extension of an existing one. And not only so, but it will also ensure that the profession is consulted in the initial stages. Too often the local profession is unaware of proposals affecting it until the latter are well developed when it is much more difficult to secure amendment. An advisory committee of the type suggested can obviate much friction and reduce the labours of the Division or Branch.

The kind of committee in mind may be exemplified by the Essex Advisory Committee which is appointed by the Branch and consists in addition to a chairman and a convener of a representative of the Branch Council and a representative of each of the four Divisions. It meets every three or four weeks and discusses with the county medical officer of health medical problems of interest and importance to the local authority and the profession. A brief consideration of some of the services which are of equal interest to the local authority and the profession will show how much important work there is for a standing advisory committee to perform.

Local Authority Clinics

A considerable amount of the medical work of a local authority is performed through the medium of clinics, whether for maternity and child welfare, minor ailments, venereal diseases or some other service. It will be remembered that some years ago Dr. Alfred Cox, then Medical Secretary of the B.M.A. visited a number of welfare centres of various kinds organized by local authorities, and came to the conclusion that much of the work performed at these clinics could be performed just as easily and efficiently by general practitioners and that the clinics were encroaching on the sphere of private practice. After considering Dr. Cox's report the Council of the B.M.A. passed a series of resolutions showing how the services of private practitioners might be utilized by local authorities and recommending the extension of the system of part-time employment at clinics so that the private practitioner should co-operate with the administrative medical officer. The Association believes that the participation of the private practitioner in the clinical work of the services provided by the local authority is in the best interests of the public health. To press upon the local authority the ideals of the profession in this respect and to negotiate with it the terms upon which private practitioners shall be employed, is work which can best be performed by an advisory committee to the medical officer of health.

A notable illustration of the advantages of the part-time employment of private practitioners at local authority clinics and of co-operation in the area is afforded by the ante-natal work undertaken by local authorities, for it is obviously to the benefit of a woman to be examined during her pregnancy by the doctor who would be summoned if medical assistance were needed at her confinement. This principle has indeed been recognized by a number of local authorities, and schemes have been introduced, sometimes after consultation with the profession, to enable any pregnant woman, within certain income limits, to receive two or three ante-natal examinations by a medical practitioner of her choice. The whole subject of maternal mortality and morbidity has received much attention from local authorities during the past few years and calls for the closest co-operation between these bodies and the medical profession. In the execution of their obligations under the Midwives Act 1936 some local authorities have co-operated formally with district nursing associations and it is equally desirable that there should be some standing arrangement for co-operation with the local medical profession.

Public Assistance

The Local Government Act of 1929 transferred to local authorities the functions of the boards of guardians including the provision of a domiciliary medical service for public assistance patients. A number of authorities have put into practice the Association's principle that these persons should be entitled to treatment by a doctor of their choice and not by a specially appointed official doctor. The formulation of a "free choice" scheme, the preparation of a panel of general practitioners offering their services, the consideration of the method of remuneration and the calculation of a capitation fee where this method is adopted, are all questions which must necessarily be subjects of consultation between the M.O.H. on behalf of his authority and the local profession. If there is already in existence an advisory committee appointed by the local Division or Branch of the Association this will obviously be the body to conduct negotiations on behalf of the profession. Then when the scheme is in operation the assistance of the advisory committee will be required for purposes of the disciplinary control of the practitioners taking part, the expression of opinions on questions relating to the interpretation of rules and arbitration in case of dispute between a participating practitioner and the local authority. The schemes of some authorities expressly provide for the appointment of an advisory committee by the local Division to consider any question of a medical nature that may arise in connexion therewith.

Hospital Policy

The Local Government Act was also a milestone in the progress of hospital organization and questions of municipal hospital service and accommodation are increasing in number and in importance. Many of them are of vital interest to medical practitioners and the advice of the local organized profession should be avail-

EALING HOSPITAL FOR SICK CHILDREN, Southwark, S E—(1) Ophthalmic S Honorarium £52 10s (2) H S (male) Salary £120 p a

EXETER ROYAL DEVON AND EXETER HOSPITAL—H S (male) to the E N and Throat Department Salary £150 p a

GATESHEAD AND WOODILEE MENTAL HOSPITALS—Two R M O's (male) Salaries £300 £10 £350 p a

GLASGOW REDLANDS HOSPITAL FOR WOMEN—R M O (female) Salary £50 p a

GRIMSBY COUNTY BOROUGH—Assistant M O H (unmarried) for the Grimsby Corporation Hospital Salary £500 £25 £700 p a

HAMPSTEAD ROYAL BATH HOSPITAL—R M O (male) Salary £156 p a

HARTLEPOOL HARTLEPOOLS HOSPITAL—J H S (male) Salary £150 p a

HAYES HEADSTEAD WEST HERTS HOSPITAL—J R M O (male) Salary £120

HIS MAJESTY'S COLONIAL SERVICE—Assistant Medical Superintendent for the Central Mental Hospital Tanjong Rambutan, Federated Malay States Salary £700 £35 £1,120 p a

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton S W—(1) R S O (2) A R M O Salaries £150 p a each (3) Three H P s (4) H P (male) to the Sanatorium at Bisley Honoraria £50 p a each

HOSPITAL FOR DISEASES OF THE SKIN Blackfriars Road, S E—(1) Radiologist (2) Clinical Assistants

HOSPITAL FOR EPILEPSY AND PARALYSIS Maida Vale, W—(1) R S O (2) H P Salaries £150 p a and £100 p a respectively

HOSPITAL OF ST JOHN AND ST ELIZABETH Grove End Road, N W—H S (male) Salary £75 p a

HULL CORPORATION HEALTH DEPARTMENT—J R M O (female unmarried) for Hull Municipal Maternity Home and Infants Hospital Salary £100 p a

ISLE OF ELY COUNTY COUNCIL—Assistant County and Assistant School M O Salary £500 £50 £700 p a

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY—R M O (male) Salary £175 p a

KENT COUNTY COUNCIL—R A M O for Farnborough Public Assistance Hospital Salary £250 p a

KING'S COLLEGE HOSPITAL Denmark Hill S E—(1) Senior Assistant Radiologist (2) Junior Assistant Radiologist Part time posts

LANCASTER COUNTY MENTAL HOSPITAL—A M O (female unmarried) Salary £500 £25 £600 p a

LEICESTER ROYAL INFIRMARY—Resident Radiologist Salary £200 p a

LEICESTERSHIRE COUNTY COUNCIL—J R M O (male unmarried) for the County Sanatorium and Isolation Hospital, Markfield Salary £300 p a

LINCOLN COUNTY PARTS OF LINDSEY—A M O (female, unmarried) Salary £500 £25 £700 p a

LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY LTD W C—Full time Secretary Salary £1,250 p a

LONDON COUNTY COUNCIL—(1) A M O (male, unmarried Grade II) for Heatherwood Hospital, Ascot Salary £250 p a (2) H P (3) H S Salaries £120 p a each (4) Temporary District M O for Area VII District M (Balham) Provisional salary £160

LONDON LOCK HOSPITAL Harrow Road, W—R M O to the Female Departments Salary £175 p a

MACCLESFIELD CHESHIRE COUNTY MENTAL HOSPITAL—A M O (male unmarried) Salary £350 £25 £450 p a

MAIDSTONE KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL—Ophthalmic H S (unmarried) Salary £200 p a

MANCHESTER ANCOATS HOSPITAL—(1) Non resident Radiological Officer (2) R M O Salaries £300 p a and £150 p a respectively

MANCHESTER CITY—R A M O (male) for Booth Hall Hospital for Children Salary £200 p a

MANCHESTER NORTHERN HOSPITAL—Medical Registrar to the Out patient Department Honorarium £50 p a

MANCHESTER ROYAL INFIRMARY—Senior A M O (non resident) for the Radiological Department Salary £400 p a

MIDDLESBROUGH NORTH ORMESBY HOSPITAL—H P (male, unmarried) Salary £120 p a

MIDDLESEX COUNTY COUNCIL—Three R A M O s for West Middlesex County Hospital Isleworth Salaries £400 £25 £475 p a each

MIDDLESEX HOSPITAL W—(1) S (2) Assistant S

NATIONAL TEMPERANCE HOSPITAL Hampstead Road N W—H P (male) Salary £100 p a

NEWARK GENERAL HOSPITAL—R H S (male unmarried) Salary £75 p a

NEWPORT ROYAL GWENT HOSPITAL—(1) H P Salary £150 p a (2) H S (3) H S for Orthopaedic and Fracture Department Salaries £135 p a each

NORTHAMPTONSHIRE COUNTY COUNCIL—County M O H and Chief School M O Salary £1 100 p a

NORTHWOOD MOUNT VERNON HOSPITAL—H S Salary £150 p a

NOTTINGHAM GENERAL HOSPITAL—(1) R C O (male) (2) H S Salaries £150 p a each

NOTTINGHAM AND MIDLAND EYE INFIRMARY—R H S (male) Salary £200 p a

OXFORD WINGFIELD MORRIS ORTHOPAEDIC HOSPITAL Headington H S (male) Salary £100 p a

PADDINGTON GREEN CHILDREN'S HOSPITAL W—(1) H P (2) H S Males unmarried Salaries £150 p a each

PRINCE OF WALES'S GENERAL HOSPITAL N—A M O (male) to the Venereal Diseases Department Salary £100 p a

PRINCESS BEATRICE HOSPITAL Earl's Court, S W—Medical Registrar Honorarium £52 10s p a

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, St Quintin Avenue, W—(1) H S (male) Salary £120 £150 p a (2) Part-time Registrar Honorarium £100 p a

RICHMOND ROYAL HOSPITAL—J H S (male, unmarried) Salary £100 p a

ROYAL CHEST HOSPITAL City Road, E C—Medical Registrar Honorarium £50 p a

ROYAL FREE HOSPITAL Gray's Inn Road, W C—R C O (female) Salary £150 p a

RUGBY HOSPITAL OF ST CROSS—R M O (male) Salary £100 £25 £125 p a

ST BARTHOLOMEW'S HOSPITAL E C—Assistant P

ST MARY'S HOSPITAL FOR WOMEN AND CHILDREN Plaistow, E—(1) R H S (2) R H P Salaries £155 p a and £150 p a respectively

SALFORD CITY—Assistant Maternity and Child Welfare M O (part time) Salary £1 11s 6d per session

SALISBURY, GENERAL INFIRMARY—H S (male, unmarried) Salary £125 p a

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road N W—H S Salary £100 p a

SCARBOROUGH NEW HOSPITAL—Two H S (females) Salaries £130 p a each

SCUNTHORPE AND DISTRICT WAR MEMORIAL HOSPITAL—H S (male) Salary £175 £200 p a

SEAMEN'S HOSPITAL SOCIETY Greenwich S E—A M O (male unmarried) for King George's Sanatorium for Sailors Liphook Salary £200 p a

SHIPLEY URBAN DISTRICT—M O H Salary £800 p a

SHREWSBURY ROYAL SALOP INFIRMARY—R H S (male, unmarried) Salary £160 p a

SMETHWICK COUNTY BOROUGH—H P and Anaesthetist for St Chad's Hospital Birmingham Salary £150 p a

SOMERSET COUNTY COUNCIL—County M O H and School M O Salary £1,500 p a

SOUTHAMPTON ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL—Hon Ophthalmic S

STOCKTON-ON TEES STOCKTON AND THORNABY HOSPITAL—H P (male unmarried) Salary £150 p a

STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H P Salary £150 p a

SURREY COUNTY COUNCIL—R A M O for Epsom County Hospital Salary £375 p a

TRURO ROYAL CORNWALL INFIRMARY—H S (male) Salary £170 p a

WAKEFIELD CLAYTON HOSPITAL—H S and H P Salary £150 p a

WARRINGTON LIVERPOOL SANATORIUM Delamere Forest—Senior Assistant to the Medical Superintendent (male, unmarried) Salary £350 p a

WINDSOR KING EDWARD VII HOSPITAL—H S Salary £100 p a

WOKING HOSPITAL—Part time Radiologist

WOLVERHAMPTON ROYAL HOSPITAL—(1) H S (2) H S for Orthopaedic and Fracture Department Unmarried Salaries £100 p a each

YORK COUNTY COUNCIL East Riding—Assistant County M O H Salary £500 £25 £700 p a

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Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 46 48 49 50 51 54 55 and 56 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 52 and 53

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s, which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTHS

BROWNING—On March 10, to Dr and Mrs S Barratt Browning, at Wellington House, Handsworth Wood, Birmingham, a daughter

WILKINS—On February 6, at the Baptist Mission Hospital, Berhampur, Ganjam, India, to Dr Honor E C Wilkins (née Harvey), wife of Dr E Gordon Wilkins of Baptist Mission, G Udayagiri, Ganjam, India, a son (David Gordon)

DEATHS

ATTLEE—John Attlee, M D, aged 67, late of 65, Grosvenor Street, W 1, son of the late John Attlee of Dorking Died in Welling borough, March 8, 1937

CONWAY—On March 19, at 2, Clifton Avenue, Fallowfield, Manchester, Basil Wiseman Conway, M R C S Eng L R C P Lond, the very dear husband of Jane Conway Was interred at St Paul's Church, Stalybridge, on Tuesday, March 23

PEREIRA GRAY—At 3, Northernhay Place, Exeter, on March 13, 1937, Joseph Pereira Gray, M D, aged 68 years

ible to the local authority Such questions include the medical staffing of hospitals remuneration the treatment of private patients in hospital by general practitioners the treatment of contributory scheme patients, the use of the out patient departments the provision of specialist services and co operation between voluntary and municipal hospitals If there is a standing advisory committee to the medical officer of health the profession will be assured that its views are receiving consideration if there is no such arrangement the profession may find that the local authority is promoting a hospital policy in opposition to the principles which the Association believes to be in the best interests of both the doctor and the patient and that it is difficult to obtain amendment after the policy has been put into operation

So far as co operation between voluntary and municipal hospitals is concerned one joint hospitals advisory board includes a representative of the local Branch of the B M A but this is not so in all areas in which such boards have been formed It is therefore suggested that in any area where the formation of a joint board is under consideration the Division or Branch concerned should submit to the appropriate authority the desirability of including a representative or representatives of the local organized profession in the personnel of the board

Diphtheria Immunization

Other departments of social medicine in which the services of general practitioners may suitably be employed and which are therefore subjects for consultation with the Division include diphtheria immunization A few local authorities in an endeavour to increase the proportion of their population protected against diphtheria and to promote the knowledge of the advantages of immunization, have enabled parents to have their children immunized by their private practitioners Here again the approach to the profession by the local authority may well be through an advisory committee to the medical officer of health

Social Services

In addition to the provision of medical services there are certain questions of general social interest in which the local profession the local authority and other local organizations each play a part A campaign for public education in health for example demands the united efforts perhaps under the leadership of the local authority of a number of different types of organization In such a case the Division might consider that the advisory committee to the medical officer of health should act as its representative or the Division might itself through the advisory committee, initiate a campaign A similar subject is physical education, in which local authorities are taking or soon will take, an active interest In the present state of the movement there appears to be some danger that the medical and scientific aspects will not receive their due share of attention but if, when the local authority considers its programme for physical education, there is in existence some liaison between it and the Division the latter will have an opportunity of impressing upon the local authority the importance of the medical aspect

Precautionary measures against air raids have recently been the subject of discussion in many areas and some local authorities are preparing schemes for public propaganda and instruction The success of these schemes and indeed of the whole of the precautionary measures will depend to a very considerable extent upon the co operation of the medical profession The assistance and advice of the local organized profession should therefore be easily and continuously available to the local authority

It is in such directions as these that an advisory committee to the M O H can render valuable service both to the profession and to the community On matters of general policy it would be the mouthpiece of the Division and for the purpose of particular schemes of medical service it would act as a liaison between the profession and the local authority It is therefore suggested that in those areas where no such arrangements for co operation yet exist the Division or Branch should consider the question of discussing with the M O H the desirability of establishing some permanent arrangement for mutual co operation on all questions concerning medical services of the area

PUBLIC HEALTH NOTES

Local Authorities and Birth Control

Many local authorities have wished to provide facilities by which poor mothers in their district could obtain advice on birth control but until 1931 they were unable to secure the powers to do so In March of that year however the Ministry of Health issued Memorandum 153 M C W pointing out the extent to which local authorities could arrange for advice to be given to women on contraceptive methods There were three procedures

1 Advice could be given to those married women attending the maternity and child welfare centres in whom further pregnancy would be detrimental to health It was suggested that such advice should be given at a separate session of the centre and under conditions which would not disturb its normal and primary work

2 While local authorities had no general powers to establish birth control clinics under the Notification of Births (Extension) Act which enabled authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant and nursing mothers birth control clinics could be provided for these limited classes of women Approval of the establishment of such clinics was to be conditional on contraceptive advice being given only in cases where further pregnancy would be detrimental to health

3 Under the Public Health Acts gynaecological clinics could be established for women who were in need of medical advice and treatment for gynaecological conditions and where contraceptive advice might be given to married women attending such clinics in whom pregnancy would be detrimental to health In Circular 1408 issued on May 31, 1934 the opinion is expressed that where such a clinic is established it would be proper also for married women suffering from other forms of sickness physical or mental—for example from organic diseases such as tuberculosis heart disease diabetes chronic nephritis etc—to be afforded contraceptive advice if it is found medically that pregnancy would be detrimental to health What is or is not medically detrimental to health must be decided by the professional judgement of the registered medical practitioner in charge of the clinic

The extended scope as indicated in Circular 1408 does not go as far as is desired by many particularly by those who realize the effect on many women of the fear of pregnancy and also by those who would wish to give advice on the spacing of pregnancies On February 2 1937 the Minister of Health received a deputation organized by the National Birth Control Association which pointed out the inadequacy of the present provisions and the limited use made of their powers by local authorities and expressed the opinion that increased provision would

is further improved if the hormones are given in an oily medium absorption from the tissues then takes place more slowly Most preparations of corpus luteum and oestrogenic hormones are now supplied as solutions in oil

TIME RESPONSES

As a rule there is no *immediate* response to injections of these hormones The inhibiting action of progestin and gonadotropic hormones is seen in a few hours, although it is stated that when large doses are used an effect may be produced within fifteen to thirty minutes Oestrogenic substances however, do not influence uterine contractions until six to twelve hours have elapsed and the maximum effect is not apparent until at least twenty to twenty four hours after an injection

Threatened Abortion

The hormone treatment of threatened abortion does not replace but is accessory to the present well established methods of treatment with sedatives and rest Gross causes such as uterine retroflexion must be excluded or corrected The object of organotherapy is essentially to allay expulsive uterine contractions by inhibition of the muscle For this purpose corpus luteum hormone should be administered intramuscularly in doses of 2 international units daily from the onset of symptoms until one week after pain and bleeding have ceased Subsequently especially for patients with a known tendency to abort injections of 1 international unit should be made twice weekly up to the thirty second week of pregnancy For patients showing no response to treatment the dose may be increased and 10 international units in single or divided doses may be injected daily without harmful effect

As an alternative to progestin gonadotropic hormones may be administered—also with the object of bringing about uterine quiescence The dosage should be 100 rat units, injected twice daily this should be continued until the patient has been free from symptoms for one week On occasion the amount prescribed may be increased to as much as 500 rat units daily but the present commercial preparations are apt to give rise to mild local or general reactions when injected in large amounts

Although good results are reported for the treatment of threatened abortion with progestin or prolan failures are not infrequent This is only to be expected when the foetus is dead or the membranes ruptured, and success is unlikely and indeed undesirable, in the presence of foetal abnormalities—a common cause of abortion

Whereas either of these methods of hormone treatment may be used with advantage, progestin therapy is the more efficacious

Repeated Abortion and Habitual Death of the Foetus

In many cases of habitual abortion, defective placental implantation, or repeated intra uterine death of the foetus, no cause can be found In such circumstances it is conceivable that an upset in the pregnancy endocrine balance is the underlying fault

The management of such cases is based on the same principle as is that for the treatment of threatened abortion, and has for its object the maintenance of uterine quiescence Treatment should be begun as early as possible in pregnancy or perhaps before conception occurs In the latter case the object is to prepare a healthy pregravid endometrium, and to this end 1 international unit of progestin should be injected twice weekly during the second half of each menstrual cycle—beginning about the sixteenth day after the first day of the last menstrual period This progestational treatment is less important than therapy during pregnancy and is of theoretical rather than practical value Moreover its application is difficult and it may have to be continued for several months because the occurrence of conception is so fortuitous

As soon as pregnancy is established inhibitive hormones (progestin 1 international unit twice weekly or gonadotropic hormone 100 rat units twice weekly) should be given and their administration continued until the thirty second week of pregnancy It is generally considered advisable to discontinue the treatment after this time for fear of prolonging the pregnancy past term this is only a remote contingency Some clinicians insist that doses as small as 1/25 rabbit unit of progestin are equally efficacious in preventing habitual abortion and many state that it is unnecessary to continue treatment after the fourth month In my opinion it is unwise to give less than the dosage recommended above

For some years past habitual abortion has been treated extensively with corpus luteum tablets, and many clinicians have claimed results which are quite as imposing as those published for the newer progestin preparations Such corpus luteum tablets for oral use contain very little if any progesterone and are incapable of producing hormonic effects in the body Treatment with these preparations is therefore purely empirical and the claims made for their usefulness serve to emphasize the difficulty in assessing the value of any form of treatment for such a condition as habitual abortion

Another form of organotherapy is now becoming increasingly popular—namely the administration of thyroid The rationale is more obscure than that which defines the use of other hormones but it is based on the fact that the body during pregnancy makes great demands on the thyroid and that enlargement of this gland is frequently present in cases of habitual abortion Moreover there is experimental evidence to show that the presence of an optimum amount of thyroxine is important for the progress of normal pregnancy Whatever the exact rationale may be thyroid therapy is undoubtedly as good as, if not better than the other forms of hormone treatment outlined above It is less costly and can be given orally The dose recommended is thyroid extract 1 grain each day throughout the duration of pregnancy It may be combined with the other methods of hormone therapy In spite of the difficulty in assessing results the evidence now accumulated leaves no doubt that treatment with gonadotropic corpus luteum or thyroid hormones is successful in a large number of cases Of the types of organotherapy mentioned I prefer to use thyroid extract combined when financial and other circumstances permit with progestin

Although it is permissible to assume the presence of an endocrinous causal factor in many cases of unexplained habitual abortion and death of the foetus this assumption is not always justified, and other factors such as vitamin deficiency not infrequently play a part Since the present state of knowledge precludes more accurate subdivision of these cases from the aetiological standpoint treatment should never be limited to organotherapy Attention to general health, and avoidance by the patient of constipation coitus, and strenuous physical exercise remain essential to the management of these cases The administration of vitamin E is especially important accessory treatment Furthermore it is well to remember that for cases of habitual death of the foetus induction of premature labour is carried out as a routine by some authorities

lead to a reduction not only in maternal mortality and morbidity but also in criminal abortion It urged the Minister to issue a circular encouraging local authorities to establish gynaecological clinics in which birth control should take its proper place as part of the general medical care of women, and indicating the lines on which the clinics should be run

Sir Kingsley Wood, in reply, pointed out the limitation of activities imposed by Parliament on both the Minister and local authorities, and that in a matter of this kind any alteration in policy should receive Parliamentary approval He contemplated that in a report he was shortly expecting on a two years investigation into the problem of maternal mortality one of the recommendations would relate to the need for the extension of post natal clinics At such clinics facilities would be available for the medical examination and treatment of women who had recently been confined, and birth control advice could lawfully be given there to any women in whom pregnancy would be detrimental to health, but he considered it desirable that such advice should be given at a separate session The establishment of post-natal clinics would also doubtless reveal the need in many areas for gynaecological clinics These would be provided under the Public Health Acts, and would be available to any woman suffering from gynaecological conditions, at them contraceptive advice could lawfully be given to those women in whom further pregnancy would be detrimental to health

Maternity Work in Cheshire

Until recent years notwithstanding the fact that an ante natal clinic was provided as part of the maternity and child welfare services of the town no ante-natal work was done at Winsford Cheshire as the women did not attend the clinic A detailed scheme for an ante-natal service by general practitioners to be paid for by the local authority was drawn up and approved by the Minister of Health After these arrangements had been in operation for a short time the maternity and child welfare services in Winsford were transferred from the town council to the Cheshire County Council, who agreed to continue with the scheme Later, in 1933, representations by the Cheshire Local Medical and Panel Committee to the county council resulted in the extension of the arrangements throughout the county, this being the beginning of a scheme which as the general practitioner ante-natal scheme, has been put into operation in many districts throughout the country

In 1935 the Local Medical and Panel Committee set up a subcommittee to review the maternal deaths for the county for the previous three years this subcommittee consisting, apart from county administrative officers of general practitioners familiar with domiciliary midwifery and its difficulties In the report on the findings of this subcommittee, which has been published stress is laid on the importance of nutrition bearing in mind that 'malnutrition is not merely underfeeding but a disorder of the processes of nutrition brought about as a rule by habitual use of food of improper quality While agreeing that want of ordinary food was not the outstanding cause of death, the subcommittee is of opinion that the quality of the food is a matter of great importance and that a fall in the maternal mortality rate would follow if the dietary recommended by Sir Robert McCarrison, whose advice was at the service of the sub committee, were more general

The absence of ante natal supervision or disregard of advice given appeared to be the most important factors in a number of cases Premature application of forceps was considered to be the primary avoidable factor in thirteen cases After a review of these the report continues

The contemplation of these cases must give rise to two reflections (1) That if indeed the low forceps operation carried out on no other indication than a tedious labour were the primary avoidable factor the error must be very venial, for it is commonly employed under these circumstances with satisfactory results Probably every member of the committee has frequently so employed it, but the examination of a series of disasters in a way not ordinarily available supplies a truer vision of cause and effect than the study of isolated cases and has led us to regard some of our ideas (2) That a single kind of primary avoidable factor inadvisable application of forceps was responsible for the initiation of at least four different classes of consequences—shock haemorrhage, retained placenta and sepsis

Commenting on two cases in which patients were removed to hospital in the third stage of labour the subcommittee holds "that the old obligation of student days to remain in continuous supervision of a uterus that contains a placenta still obtains and in addition, transport in the third stage increases the risks of haemorrhage and shock In another case the transporting to hospital of a patient suffering from a concealed accidental haemorrhage was considered to be the primary avoidable factor

The main conclusions and recommendations of the committee are

'(1) That the injudicious use of forceps adds a percentage to the maternal mortality and morbidity The masterly policy of inaction up to a point which clinical wisdom alone can assess is the line to follow (2) Conversely that in cases of post partum haemorrhage with retained placenta bolder treatment undertaken if need be in consultation—but in this case the decision must be taken quickly—is wiser than prolonged delay Manual extraction of the placenta is a major operation The fingers must reach the fundus and complete their task whatever their skill it is of no avail if they carry sepsis

The opinion is expressed that it should be possible to obtain the services of a second general practitioner as anaesthetist or for the giving of a second opinion the county council to be responsible for the payment of the fee of one guinea in such cases

Public Health Appointments

The following changes have recently been made in the public health service medical staffs

Dr W D T Brunyate to be assistant medical officer for Staffordshire and medical officer of health for the urban and rural districts of Stone

Dr H K Cowan assistant medical officer of health for Leicester to be medical officer of health for Gloucestershire

Dr G W T H Fleming, medical superintendent of Hereford City and County Mental Hospital to be medical superintendent of Burnswood House Gloucester

Dr J R W Hay medical officer of health for Cleethorpes and Grimsby Rural District Council to be medical officer of health for Kirkcaldy

Dr W D Hyde to be deputy medical officer of health and assistant school medical officer for Enfield

Dr W R Martine assistant medical of health and school medical officer for Croydon to be assistant medical officer of health for Birmingham

Dr P J O'Connell deputy medical officer of health for Barking to be medical officer of health for Beddington and Wallington

Dr A E Wall medical officer of health for Tipton, to be medical officer of health for Swinton and Pendlebury

Dr K Boyes to be assistant maternity and child welfare officer for Salford

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Dr A F Kidd is to retire from the post of school medical officer for Dundee

Dr C H Harvey medical officer for Thornaby, has resigned

The death is announced of Dr F W Alexander formerly medical officer of health for Poplar

The death is announced of Dr T Harper, medical officer of health for Stranraer

Finally, it must be emphasized that the successful culmination of one pregnancy as the result of treatment does not mean that the underlying cause of the abortions has been permanently corrected Similar therapeutic measures must be adopted in each subsequent pregnancy

Therapeutic Induction of Abortion

In view of the ability of oestrogenic substances to increase uterine sensitivity it seems at first sight that their administration in large amounts at any stage in pregnancy should lead to the onset of expulsive uterine contractions However, reference has already been made to the fact that the so-called 'hormone balance" does not imply a condition of simple quantitative equilibrium, but rather a qualitative state in which either oestrin or progestin is dominant This is certainly true for the human subject, and it is now proved conclusively that normal pregnancy cannot be terminated in its early stages even if millions of units of oestrogenic hormone, together with large doses of posterior pituitary extract, are administered If, however, the foetus is dead and retained *in utero*—a condition which implies a disturbed hormone balance—expulsive uterine contractions can be developed by hormone agents (see later)

Induction of Labour, Prematurely or at Term

Use of Posterior Pituitary Hormone—Extracts of the posterior lobe of the pituitary have long been used for purposes of medicinal induction of labour Their injection is usually preceded by the administration of castor oil and one of the salts of quinine I recommend quinine sulphate, 10 grains repeated three times at one hourly intervals, followed by four injections, at one-hourly intervals, of 5 units of pituitary principle Any medicinal method of induction of this type usually fails to bring on labour unless the pregnancy has reached term or unless the uterus is unduly sensitive

Use of Oestrogenic Hormone—In late pregnancy, when the influence of inhibiting factors is waning the administration of oestrogenic hormones undoubtedly increases uterine sensitivity Nevertheless they must be given repeatedly for several days, and even then their sensitizing action is so unreliable that the subsequent application of powerful oxytocic factors, such as quinine and posterior pituitary extract, fails to bring on uterine contractions in at least 50 per cent of cases A method of induction of labour which is uncertain and so slow as frequently to take seven or eight days to bring about its effect is of little practical value But oestrogenic substance may be helpful as an accessory to mechanical induction of labour, more particularly when artificial rupture of the membranes or the intra-uterine insertion of bougies or stomach tube has failed to bring on expulsive uterine contractions In such cases 20,000 to 40,000 international benzoate units (100,000 to 200,000 international units) of oestradiol benzoate injected intramuscularly, four-hourly, appear to improve uterine tone and lead to the onset of labour within twenty-four to forty eight hours

(*To be continued*)

At the March meeting of the Central Midwives Board for England and Wales the revised list of approved teachers as submitted was approved for the purpose of the conduct of training under the present rules of the Board, subject to satisfactory replies to questions in certain cases The application of Eric Arthur Gerrard, M D , for approval as examiner was granted

MEDICAL RESEARCH COUNCIL

ANNUAL REPORT FOR 1935-6*

Clinical Research

The Medical Research Council staffs and supports (save for the post of director, which is endowed by the Rockefeller Foundation) the department of clinical research at University College Hospital, London, and supports the directors of the clinical research unit at Guy's and the neurological research unit at Queen Square Some interesting work from each of these departments is embodied in the report of the Council

The report from University College Hospital is largely occupied with Sir Thomas Lewis's studies of the effects of embolism and other work on vascular disorders G W Pickering has been engaged here in a series of investigations concerning the mechanism of high blood pressure It has been shown that the carotid sinus mechanism remains active in persistent hypertension, but the observation that changes in arterial and venous pressures produced by the intravenous injection of small quantities of adrenaline are greater in subjects with nephritic and malignant hypertension than in normal subjects and those with essential hypertension was not confirmed A quick transfusion of as much as 600 c.cm of blood from patients with essential hypertension into anaemic patients has been shown to produce only very small rises in blood pressure, no greater than in those produced by similar quantities of normal blood

At Manchester Royal Infirmary one of the many external-research schemes supported by the Council has been directed to an investigation into the aetiology and treatment of *pernicious anaemia and other diseases of the* blood-forming organs Some 800 patients with pernicious anaemia are now under regular observation and in those who co-operate adequately it has been found relatively easy to maintain good health and normal blood counts by modern methods of treatment Further work on the properties of haemopoietin supports the view that this intrinsic anti-anaemic principle of stomach is an enzyme, but the nature of the extrinsic factor has yet to be determined At Aberdeen further investigations have been made on the treatment of pernicious anaemia by the Dakin and West liver fraction, marrhaemin and it appears that for most cases one injection of 5 c.cm of marrhaemin every eight weeks suffices to maintain the blood count at a satisfactory level

In Sir David Wilkie's department at Edinburgh part time grants have been made to two workers engaged on the study of causes of death after extensive burns The tissue fluid from the burned area has been found to contain poisonous substances produced by chemical breakdown of the damaged cells and independently of bacterial action Clinical observations suggest that the acute and severe toxaemia which develops soon after extensive burns can be successfully treated by extracts of suprarenal cortex At Glasgow University other grantees have shown that fracture of bone with adjacent muscle damage leads to a rapid increase in the normal breakdown of protein and hence to increased excretion of nitrogen in urine and of creatine also, when the muscle only is damaged and the bone not fractured the nitrogen loss is much less

Neurology

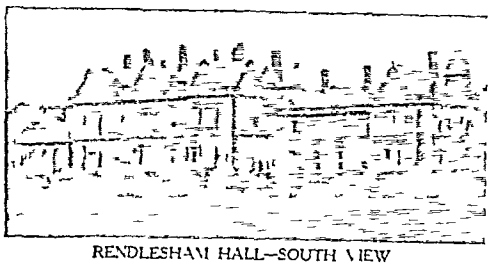
At Queen Square Hospital London, a study of the dynamics of the cerebro spinal fluid which the unit began

**Report of Medical Research Council for 1935-6* Cmd 5378 London H M Stationery Office (3s net) Notice concluded from March 20 (p 616)

THE RESIDENTIAL TREATMENT OF ALCOHOLISM & DRUG ADDICTION

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Reg Tel Address Bethlem Beckenham *Telephone* Springpark 1180-1181

Station Eden Park (Southern Railway)

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Telegrams "Alleviated, London" Telephone Rodney 4741-4742

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Resident Physician CEDRIC W BOWER
Ordinary Terms Five Guineas per week
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Telephone Newport Pagnell 121

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Treatment for Ladies and Gentlemen suffering from Insomnia Functional Nervous Disorders Alcohol and Drug Habits also Convalescing Cases
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A PRIVATE MENTAL HOME situated in 11 acres of well wooded ground For Ladies and Gentlemen suffering from Nervous or Mental Illness Voluntary Patients Temporary Patients and Patients under Certificate are admitted for treatment Fees from 4 guineas a week upwards according to requirement A few vacancies exist for Ladies and Gentlemen at reduced fees on the recommendation of the Patient's own Physician Apply to Dr I A SMALL Telephone 80 Norwich
Telegrams Small 80 Norwich

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NORMANSFIELD

For Mental Defectives of either sex.
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Normansfield Teddington.

two years ago has been continued, and by varying the posture of the subject and the degree of vascular congestion within the cranial cavity it has been shown that the lumbar cerebro spinal fluid pressure is a direct reflection of the lumbar venous pressure and independent of the elasticity of the spinal theca

Among various work undertaken at mental institutions an examination has been made of the trypanocidal activity of the cerebro spinal fluid after injections of trypparsamide and other pentavalent and trivalent arsenicals It seems likely that the method will have practical value for determining the probable efficacy of new compounds of this type before they are subjected to large scale clinical trials At the Bernhard Baron Institute of Pathology at the London Hospital work has been proceeding on tumours arising in the meninges of the brain or spinal cord It has been found in the course of this work that the migrating tumour cells of some meningiomata contain intranuclear inclusion bodies similar to those previously described in the gliomata Attempts are being made to shed light on the nature of these bodies and their possible relation to the filterable viruses

Tuberculosis

During the year under review various research has been undertaken into tuberculosis A Stanley Griffith with J Smith at Cambridge has determined the types of tubercle bacilli responsible for 436 cases of the pulmonary disease in North East Scotland, of which 207 were in the city of Aberdeen and 229 distributed in the rural districts In the former series 6 3 per cent were infected with bovine tubercle bacilli and in the latter 9 1 per cent The percentage incidence of bovine infections in North East Scotland is higher than in other parts of the country In the Department of Tuberculosis Welsh National School of Medicine, further work has been done on the powers of coal and other dusts to adsorb the active principles of tuberculin and to render it less toxic Observations have been continued on the chemotherapeutic action in tuberculosis of a gold compound prepared by Sir Gilbert Morgan of the Chemical Research Laboratory Teddington Encouraging results have been obtained in laboratory tests but it is too early as yet to assess clinical value Enid Williams has investigated the medical after histories of a series of old and retired coal miners first examined by her in 1930 Her findings suggest that the symptomless type of pulmonary tuberculosis which occurs in elderly men with pneumonoconiosis progresses rapidly once it reaches a stage at which it can be diagnosed by sputum examinations

Bradford Hill has continued a study of the epidemiology of phthisis in young adults, and indicates that one of the factors responsible for the relatively unfavourable mortality in this country at the young adult ages is a change in the volume and direction of the internal movement of population as between country and town The theory he advances seems very tenable though it has some obscure points

In connexion with the late results of the treatment of pulmonary tuberculosis by artificial pneumothorax attention is drawn to a report by F J Bentley who suggests that having regard to the large number of deaths from tuberculosis of the lungs in young male adults this treatment might well be used more extensively in such cases Admittedly it is a treatment of limited application but one of great importance among properly selected individual sufferers for whom it sensibly increases the expectation of life and of working capacity

Vitamin Studies and Nutritional Problems

From several of the external research schemes work on the vitamin problem is still being reported At the Lister Institute some studies of the B vitamins in wheaten flour and bread, not yet completed, indicate so far as they have gone that white bread and white flour contain more vitamin B_1 than has hitherto been supposed, and that both white flour and wholemeal flour are good sources of vitamin B_6 but relatively deficient in flavine J C Drummond and his assistants at University College London, working with a grant from the Council have continued their researches into the chemistry of vitamin A and vitamin E Attempts are being made to isolate a crystalline derivative of vitamin A from which it may be possible to separate the vitamin in pure form At several centres the vitamin C reserves of human subjects as measured by urinary excretion of the vitamin have been studied Volunteers have been given graded allowances of vitamin C, and it has been shown that its excretion is quantitatively related to intake It has been confirmed that in fever the vitamin is used up in the body at a rate faster than normal so that an increased intake of the vitamin may be desirable in convalescence Particularly low values have been found among patients with a history of gastric and duodenal ulcer

Various studies on diets are briefly summarized Among other matters observations have been made on the effects of severe salt deficiency on the general well being of normal persons and particularly on the function of the normal kidney It has been shown that one remarkable result of extreme salt deficiency is the reproduction in large measure of the symptoms and signs of Addison's disease At the Lister Institute a study has been made on the influence of diet on reproduction in rats The findings so far support the conclusion that the rate of parturition and the power to raise offspring can be increased by adding an extra ration of unsaturated fatty acids to a diet containing all the known essential factors

Work on the subject of iodine and goitre has been directed by a special committee appointed jointly by the Medical and the Agricultural Research Councils The results of this investigation contained in a report already issued in the Council's series are briefly that an environmental deficiency of iodine is related to the incidence of goitre Two English counties Somerset and Suffolk have been taken for study In the former the incidence of simple goitre is high and in the latter it is low The iodine content of the waters of Somerset is consistently lower than that of the waters of Suffolk though milk and pasture samples from the two counties show no significant differences in iodine content

Various Work

Fruitful work is recorded on almost every page but space limits us to mentioning only two or three more instances At Cardiff City Mental Hospital an investigation has been started on the metabolism of acetylcholine It has been shown that when slices of tissue from the brain cortex are supplied with oxygen in a medium containing esterase a substance believed to be a choline ester is formed which produces a powerful contraction of sensitized leech muscle

In the field of chemotherapy earlier reports have mentioned the preparation of two arsenical derivatives which have been found to give promising curative results in experimental trypanosomiasis A satisfactory process has now been devised for producing one of these on a suffi-

(patient's serum against donor's cells) it was found that no less than sixty five minutes were taken for agglutination to occur, and it has ever since been my practice whenever possible, to allow at least one and a quarter hours for the cross test

My object in writing this letter is to inquire whether sufficient time was allowed in these fatal cases for a serum weak in agglutinating power to act fully These low titre sera are probably not so rare as one would expect I am unable to appreciate the suggestion of anaphylaxis as a cause inasmuch as anaphylaxis should be impossible with two bloods of the same species, but a toxic anaphylaxis is perhaps implied? Incidentally, to prevent renal blockage the prior use of sodium citrate to render the urine alkaline will convert a potential renal blockage into a harmless haematuria—I am etc,

A GEOFFREY SHERA, M A, M D,
Hon Pathologist Princess Alice Memorial Hospital Eastbourne

Eastbourne March 8

Normal Labour Under Analgesia after Temporary Sterility

SIR,—The following case of temporary sterility followed by a normal labour under modern methods of analgesia presents points which may be of general interest the patient being herself qualified and in medical practice

At age 34 after five years married life she was admitted to hospital for lipiodol injection and x rays, the first showed tubes of abnormal outline and doubtful patency and three small opacities in the position of the left ovary The second injection under greater pressure appeared to open up the tubes and the radiograph showed lipiodol in the peritoneal cavity and the outline of a dermoid cyst the three opacities being teeth The potential risk of torsion and possible effect as a deterrent to pregnancy were considered adequate grounds for removing it The cyst was found to be inseparable from the left ovary and the mass was removed *in toto* a blood cyst was excised from the right ovary whose covering was abnormally thick, and a pathological appendix was removed at the same time

Five months later two injections of 1 c.cm antuitrin S were given at intervals of thirty six hours at the beginning of a menstrual cycle the second produced distressing symptoms suggestive of hypoglycaemia but not the desired result Six months later again four injections of 1/4 c.cm were given at intervals of three days and pregnancy occurred the following month

A first labour at 36 in a patient with a history of rickets in childhood and only moderate muscular development suggested careful watching in the later stages of pregnancy and Caesarean section was discussed however the child's head engaged satisfactorily and labour was allowed to proceed naturally, although its onset occurred a fortnight after the expected date It began at 3 a.m with a show and the membranes ruptured at 11 30 a.m but pains were not evident until five minutes after an injection of pitocin at 12 30 p.m At 2 30 they were beginning to be uncomfortably strong and thenceforth until the end of the first stage the patient inhaled 30 per cent N_2O in air from a Siebe Gorman apparatus at every pain For five and a half hours this gave complete relief without affecting the frequency or effectiveness of the uterine contractions and between pains she was able to read and even to enjoy a tea party At 5 p.m there was barely one finger dilatation At 8 p.m the pains began to be so strong as to occasion some discomfort even with the apparatus in action, nevertheless the time seemed to her to pass very quickly as she slept between pains At 10 p.m, the beginning of the second stage gas oxygen and ether were given by an anaesthetist at first intermittently, this was less satisfactory as owing to the degree of pain needed to wake her from the anaesthetic administered during the previous contraction she had not time to warn the anaesthetist of the onset of the next one and consequently felt each pain acutely and she found the ether very unpleasant So she was after a short while kept under continuously and the baby a girl weighing 9¾ lb was born at 12 20 a.m Forceps were used rather to control the head prior to crowning than because tractive assistance was needed There was no damage whatever either to mother or child The mother had remained lying down throughout labour she did not even brace her feet against the foot of the bed and pull on a towel or bear down She did in fact nothing but inhale the analgesic at every pain Twelve hours later she was sitting up in bed enjoying a good meal and feeling perfectly well without any stiffness or discomfort whatever

To sum up, the points of note are

1 An unsuspected dermoid cyst diagnosed solely by *x* ray (possibly the first occasion on which this has occurred)

2 Pregnancy following its removal and injections of antuitrin S (There is of course no proof of cause and effect)

3 The very rapid recovery by a primipara of 36 with only moderate muscular development from the birth of a 9¾ lb baby involving twelve hours of strong and frequent pains after premature rupture of membranes

While admitting the unwisdom of generalizing from the particular one is tempted to attribute (3) to the very effective analgesia available and suggest that the wearing effect of long drawn out severe pain in unrelieved labour *plays a large part in the exhaustion which too often* follows If there is any truth in this the relief of that pain becomes not a sentimental gesture undertaken from humanitarian motives but a bounden duty incumbent on all of us who are engaged in the effort to reduce maternal mortality and industrial disability

I am indebted for permission to publish details of this case to Mr L C Rivett who conducted it throughout I enclose my card but the patient being my wife I ask you to suppress my name—I am etc

M A CAMB

Radiograph or Skiagram

SIR—I am in complete agreement with Mr R S Lawson's letter on this subject even to the extent of believing that the public and the profession will go on calling a skiagram an *x* ray But skiagram is the word On April 1, 1896, I exhibited at a meeting of the Obstetrical Society of London a Skiagram of a Sirenform Monster, and published it in volume 38 of the society's *Transactions* (for 1896 p 118) more than three years before the earliest mention of the word in the *New English Dictionary* (*Athenaeum*, September 2, 1899)—I am etc,

London, W 1 March 20 HERBERT R SPENCER

Why "Nocifensor" System of Nerves?

SIR,—Another barbarous expression is apparently being added to the many for which classical scholars accuse us The correct form of the new word is *nocufensor* Nocifensor is as wrong as document innocious or moniment, since for verbs in eo the compounding stem ends in u I called attention to this fact years ago when the shocking compound anoci association was put forward instead of innocu association

Would it be possible for Sir Thomas Lewis to withdraw his term and substitute the correct form nocufensor? For purposes of medicine one term may be as useful as the other, but in the eyes of our critics—the classical scholars—nocifensor is as dreadful as the howlers in medicine appearing in ordinary advertisements are to us medical men—I am etc,

Shepton Mallet March 11 F J ALLEN M D Cantab

cient scale for therapeutic trial, and a preliminary trial on human patients is now in progress

Work has been done at University College, London, on the properties of the aqueous and vitreous humours of the eye in relation to changes in intra ocular pressure It has been shown that although the vitreous gel is capable of turgescence the degree to which it can retain water in excess of normal is so slight as to make it impossible that such a swelling in itself could cause the symptoms of glaucoma In glaucoma the salt concentration of the vitreous humour has been found to exceed that in the blood—a reversal of the normal state

During the year the Council has issued two reports recording investigations on deafness, a quantitative study, and one on the relief of deafness by instrumental hearing aids In the present report the importance of the study of deafness from the angle of prevention is urged Some two and a half million people in this country suffer from some degree of deafness, and middle-ear disease is at the very top of the list of causes of rejection of Army recruits A good deal of direct research on problems of hearing and on diseases of the ear is mentioned, but has not yet reached the conclusive stage

In the field of genetics the medical staffs of a number of hospitals in London and the provinces have continued to co-operate with the committee of the Council concerned with this subject by supplying data for a large scale statistical inquiry into the incidence of consanguineous parentage among patients suffering from different conditions Owing to the rarity of such marriages much greater numbers of records are required before any conclusions can be drawn regarding the existence of defects due to recessive inheritance At the Galton Laboratory Julia Bell has obtained two pedigrees illustrating linkage between two sex-linked diseases—haemophilia and colour-blindness

In commenting last year on the loss to higher medical education caused by the withdrawal of the wider scheme of Rockefeller fellowships, the hope was expressed that it might be possible partially to fill the gap by augmenting the number of medical travelling fellowships from other sources The award of such fellowships by the Rockefeller Foundation ceased with the academic year 1935-6, but the Council has been able to provide, in two cases from its own funds and in another by the kindness of the Leverhulme trustees, three new travelling fellowships in medical science The three Fellows are now all working at centres in the United States Research fellowships in tuberculosis have also been awarded for the present academic year to four persons, all of whom are studying clinical problems of tuberculosis at centres abroad

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G Bini (*Arch ital Anat Istol patol*, June 1936, p 270), who records three illustrative cases in patients aged from 20 to 53, made an examination of the endocrine system in two cases of Graves's disease and one of Addison's disease associated with hyperthyroidism In the first and third cases the hypophysis showed only slight changes On the other hand, in the second case a cyst which occupied the anterior lobe of the hypophysis reduced the active part of the parenchyma to a minimum, the eosinophil cells being affected most of all In the first case the thyroid showed an adenoma accompanied by numerous colloid cysts, while in the second and third cases it had the appearance of a colloid goitre with the microscopical changes characteristic of Graves's disease Nothing unusual was found in the other glands apart from complete caseous necrosis of both suprarenals in the third case In the second and third cases the liver showed evidence of fatty degeneration, atrophy, and infiltration

Local News

ENGLAND AND WALES

Manchester University's Appeal

On March 16, at a meeting held at the Town Hall, an appeal was made for financial support for the development and extension of Manchester University A capital sum of £300,000 is needed, and new annual subscriptions to the extent of £10,000 Included in the proposed expenditures are £35,000 on accommodation for the social sciences departments, £30,000 on the long promised new medical library, £5,000 on a surgical research laboratory, £10,000 on extensions to the department of pathology and bacteriology, and £8,000 on provision for physical education Including the gift of the dental hospital by Mr Samuel Turner (reported in these columns on March 6, p 523), subscriptions have been promised amounting to almost £150 000 Owens College was founded in Manchester in 1851, though the charter which made Manchester a separate university was not given until 1903 The history of the University is a distinguished one, and the magnitude of the plans for the immediate future is some measure of the strides which have been made in the last thirty years

Marie Curie Hospital Opening of Research Laboratories

Queen Mary, patron of the Marie Curie Hospital, Hampstead, opened on March 19 the hospital's new and enlarged laboratories providing facilities for clinical and pathological research The laboratories are named in memory of the late Dr Helen Chambers honorary pathologist to the hospital Lord Dawson of Penn who presided, welcomed Queen Mary, and on behalf of those running the hospital, expressed gratitude for Her Majesty's interest in and encouragement of their work He also welcomed Mlle Eve Curie, daughter of the late Mme Marie Curie, and Dr Henri Coutard, director of the x ray therapy department of the Curie Foundation, Paris Lord Dawson reminded those present that just over forty years ago Mme Curie and her husband, while investigating uranium, discovered a new element which they named radium From that discovery proceeded a veritable romance of science It was soon noted that a plate containing the minutest quantity of the new element, when brought into the vicinity of the skin produced reactions That led on to the treatment of human diseases by radium Knowledge concerning the physics of radium was largely due to Englishmen, and thus the culture of France and the culture of England had brought extensive blessings to mankind The Marie Curie Hospital was founded in 1929 for the treatment by radiotherapy of women suffering from cancer and allied diseases Nearly 4 000 cases had passed through the wards Of the thirty-nine beds twenty nine were devoted to uterine cancer As a result of treatment extending over five years as many as 85 per cent of the cases taken at an early stage were free from the disease at the end of that period Of the cases in which the disease was firmly established when treatment began 65 per cent enjoyed freedom at the end of the five years Even among those in whom the disease was far advanced when the patients first reached the hospital the results were encouraging and at times astonishingly so The laboratories would stand as a memorial to Helen Chambers, would fill a gap in the hospital's work, and assuredly open a new chapter of increasing beneficence to both doctors and patients Mlle Eve Curie said the hospital itself represented one of the realizations of her mother's hopes though from its foundation Madame Curie regretted that the hospital had no research laboratory The opening of the Helen Chambers laboratories would establish the balance between medicine and pure

Abortion in France

SIR,—The views of Dr Paul Balard, which you have usefully summarized in an annotation (March 20 p 621), show, when worked out, that about 21,000 women die annually in France from criminal abortion The repressive measures against birth restriction have proved worse than futile, yet he proposes more of them Moreover, if they were to achieve the miracle of being effective they would raise France's birth rate to 30 per mille and her death rate to over 25 In England we fortunately have Professor Carr-Saunders and other leading sociologists urging that voluntary parenthood must be the basis of a satisfactory population policy I contend that there will be a great amount of involuntary parenthood until abortion is made available to any mother of two children—unless it were possible and preferable to induce people to get sterilized when they have as many offspring as they can provide for You rightly advocate that early marriage should be made easy and attractive, but this could only be financially possible if my eugenics idea were carried out of alone paying for the children of the first two effective confinements—I am etc,

London, S W 15 March 20 B DUNLOP

Obituary

JOHN ATTLEE, M A M D

John Attlee, who died on March 8 at Wellingborough at the age of 67 years, was a successful practitioner from 1895 first in Brook Street W and then for many years in Grosvenor Street W Matriculating at St John's College Cambridge in 1886, he was in 1889 placed together with the late A S F Grunbaum (Leyton), afterwards professor of pathology at Leeds in Class II of the first part of the Natural Sciences Tripos In October of that year he entered the medical school of St Bartholomew's Hospital with the Shuter Scholarship founded in 1886 in memory of James Shuter for Cambridge medical students and awarded for anatomy and physiology Qualifying in 1892 at the Conjoint Board and M B, B Ch Cambridge Attlee was ophthalmic house-surgeon and external midwifery assistant at the hospital, and house-surgeon at the East London Hospital for Children Like many other men at St Bartholomew's, he came under the inspiring influence of A A Kanthack the first whole time teacher of pathology in a London medical school, and in his laboratory carried out an experimental and pathological research into the adrenal cortex this formed the substance of his thesis for the M D degree, and was published in the *Medical Chronicle* Manchester After entering practice Attlee kept in touch with hospital work, being clinical assistant at the Westminster Ophthalmic Hospital and on the staff of the Hospital for Consumption, Margaret Street, W He was a fine figure of a man, cheerful able radiating kindness and confidence, and with many friends and patients He was a member of the British Medical Association for twenty-five years

Dr Lewis G Glover writes

In Dr John Attlee there has passed away one of the best type of practitioners he was a man devoted to his profession and interested in every advance made during the years which have elapsed since he qualified in 1892 I first knew him at the beginning of our Cambridge days, and having once made each other's acquaintance our friendship has never slackened throughout Though in later years we only met occasionally, the same kindly smile greeted one, and the same readiness to talk over old times and compare notes and experiences was there as always We began our studies together, and we went through our whole course together, and I shall never forget the value and help to me which it was to have such a kindly friend His genial nature endeared him to all who knew him, and he was in consequence one of those about whom one never heard an unkind or harsh word of criticism I cannot speak of his relations with his patients beyond saying that I am sure he was beloved by all He did his duty to all, without any push or self-assertion Such men as he are the backbone of the profession, when they arrive at their well earned rest we recognize that we are losing from the profession something which is not so easily to be replaced in these days of change

Dr T Wilson Parry writes

I would wish to add a brief tribute in connexion with the decease of my old friend John Attlee, not so much respecting his professional attainments but rather as to his character We were at Amersham Hall School together over fifty years ago, and, as Wordsworth tells us "The boy is father of the man" so Attlee as a schoolboy exemplified this aphorism in the highest degree when in adult years he attained distinction in medical practice as a physician and oculist He was always the same modest, retiring courteous personality whether at school college or among his old schoolfellows in the Amersham Hall fellowship when we met for lunch dinner or on other occasions Attlee was a fine example of a medical man with painstaking accuracy and reliability such as became a first-class man in a splendid profession His friends may take assurance in the fact that "to live in hearts we leave behind is not to die"

DR EDWIN JAMES WENYON who died on February 20 at the age of 84 had practised in Dundee for thirty-six years As a student first in Edinburgh then in London Dr Wenyon had a brilliant career His London B A was followed by the B Sc degree with honours in experimental physics he won the science entrance scholarship to Guy's Hospital in 1878 exhibitions in 1879 and 1880, and the Sands Cox exhibition in physiology in 1880, when he qualified M B in 1883 he was awarded the gold medal in anatomy and gained honours in physiology He first served as house-surgeon at Guy's Hospital and then spent some time at the Rotunda Dublin After several years in the Orkneys and a short period in his native county of Staffordshire he settled finally in Dundee Dr Wenyon's interests were many and diverse He was a wide reader in several languages, and a keen critic of men and events the world over In his earlier days farming and agricultural chemistry attracted him Riding was for many years a favourite exercise, and he "broke in several horses for his own use he was also a keen fisherman In his prime he could defy any challenger at chess, and to the last remained a strong and frequent player of that game No hobby or sport however roused in him such absorbing interest as did children He waged constant war on errors of diet whether the result of ignorance carelessness or poverty Associated with a wide experience and clinical skill was a remarkable and lovable personality His humanity and unfailing kindliness and his cheerful disposition radiated help and courage As one of his friends has said "To a multitude of young and old he was more than their doctor he was their

science which Marie Curie considered indispensible to any institution in which radium treatment was given British scientists had been among the first to acknowledge the value of M and Mme Curie's scientific discoveries and England was the first country to take a practical interest in those discoveries Now hospitals for the treatment of cancer by radium existed in all the countries of the world Dr Coutard in wishing the hospital and the new laboratories every success, said that the results already obtained by the Marie Curie Hospital were among the best achieved in any part of the world Mrs Walter Runciman, chairman of the Board of Management offered thanks to Queen Mary for her presence and added that the friends of Helen Chambers were raising a special fund to pay for the equipment of the laboratories, but between £4 000 and £5 000 was still required to complete the payment for the building of them Among those present at the ceremony were the Polish Ambassador Sir Cuthbert Wallace President of the Royal College of Surgeons Lord Horder Sir Lenthal Cheatle, Professor Winifred Cullis, Miss Chadburn Professor Sidney Russ and Dr W E Gye

Treatment of Fractures

At a luncheon given in London on March 16 by the Industrial Welfare Society Mr H E Griffiths F R C S gave an address describing work in the treatment of fractures Mr R S Hudson Parliamentary Secretary to the Ministry of Health in moving a vote of thanks to Mr Griffiths said that in 1935 more than 1 300 000 accidents were treated at hospitals in Great Britain, and these included over 200 000 cases of fracture Unfortunately in the past many of these injuries had left the patients suffering in varying degrees from permanent incapacity and loss of earning power Modern methods of treatment in special fracture clinics resulted both in a very much shorter stay in hospital and in a reduction of the after ill effects It was for this reason that the Minister of Health and the Home Secretary had set up a committee under the chairmanship of Sir Malcolm Delevingne to consider the best arrangements for restoring the working capacity of the injured Mr Hudson then spoke of the interest taken in this problem by the Industrial Welfare Society The society could exercise a powerful influence both through employers and through workers associations Industrialists were beginning to realize the enormous amount of personal suffering as well as loss of time and wages which resulted from these injuries and which could be reduced by modern methods In some cases they had made substantial contributions to the cost of treatment He suggested that groups of employers or workers who were contemplating action on these lines should put themselves in touch with the committee

Royal London Ophthalmic Hospital

The annual dinner of the Royal London Ophthalmic (Moorfields) Hospital took place on March 11 at the Langham Hotel Mr T Harrison Butler presided and in responding to the toast of the school the dean Mr Charles Goulden incorporated his report He said that the school was flourishing and that students had joined the hospital in larger numbers than previously During 1936 104 new students joined the hospital and seventy-four old students continued their attendances The examination results had been satisfactory The Gifford Edmond prize had been awarded to Mr J Bruce Hamilton of Hobart Tasmania (an old student and senior resident officer), for his essay on the Significance of Heredity in Ophthalmology Apart from continuous clinical instruction 623 hours of lectures had been given Mr E F Fincham delivered a series of lectures on modern ophthalmic instruments and Professor S P Bedson on allergy Six series of demonstrations had been given to students of the British Post Graduate Medical School at Hammersmith Sir Stewart Duke Elder had resigned from the hospital staff and Sir John Parsons who had lectured on physiology since 1919, had also resigned his lectureship To replace these the school had secured the services of Dr R J Lythgoe Reader in Physiology of the Special Senses in the University of London Dr Russell Brain had retired and in his place Dr Denis Brinton had been elected to the staff Mr Frank Law had joined the staff and undertook the classes in practical surgery Mr C D Shapland had been appointed curator and pathologist and Mr R C Davenport sub dean The school still felt the need of a proper professorial unit in which full time officers could give more attention to the teaching Under the present arrangement it was impossible to do more and recently the help of chief clinical assistants had been obtained to give tutorial classes and these had been much appreciated

SCOTLAND

Edinburgh Mental Hospital

The annual report of the Royal Edinburgh Mental Hospital for Mental and Nervous Disorders by Professor D K Henderson physician superintendent, shows that 1 131 patients were treated during 1936 in Craig House and West House of whom 378 were voluntary and 753 certified The number discharged recovered and relieved was 140 including 103 voluntary and thirty seven certified patients while the deaths numbered ninety three In Jordanburn Nerve Hospital for milder cases there were 270 admissions of whom 136 were discharged recovered and relieved, while four died At nursing homes connected with the institution there were 130 admissions of whom seventy three were discharged recovered and relieved and eighteen died An important aspect of the institution's work is the various out patient departments In this department of the Royal Infirmary 250 patients were examined and treated at the Jordanburn Nerve Hospital there were 285 out patients and at the University Psychological Clinic 212 In every department of the institution the numbers had greatly exceeded those for 1935 and were likely to go on increasing Jordanburn Nerve Hospital which attempted to deal with incipient cases of nervous or mental illness admitted patients whether they could afford to pay for treatment or not and had proved of great benefit this was an indication that further clinics of a similar kind were needed in other parts of Scotland The report points out that when the legal statutes governing mental treatment were enacted psychiatry was in its infancy with chaos and mismanagement in mental hospitals and safeguards were necessary, so that the liberty and safety of the subject should be preserved In Professor Henderson's opinion the time has passed for supervision and inspection of mental hospitals A Government inspection of mental hospitals is no more necessary than of hospitals for fever tuberculosis or other diseases At the present time the report states there are throughout the country nursing homes and clinics dealing with various forms of mental illness which function satisfactorily without control by crippling legislation and the extent to which they are used is the best proof of the confidence which the public places in them Mental illness is largely a preventive problem and in its incipiency should be dealt with in the free light of the community rather than behind closed doors In 1935 there were in Scotland about 24 000 certified patients under treatment not including the huge number of voluntary patients in mental hospitals and the public expenditure approached £1 250 000 annually yet much greater accommodation is required than is at present available Great advances have already been made in ante natal and infant welfare clinics improvements in housing and nutrition the school medical service and specialized clinics and hospitals to deal with the physical and mental needs of the child For the more adult population out patient departments have been set up in connexion with general and special hospitals All of these preventive agencies

understanding friend In him and around him was an atmosphere of kindliness such as is found in few men Though not above average height and build, Dr Wenyon's intellect, versatility, and quick yet kindly wit made him a dominant person in any company He leaves a widow and three sons and seven daughters

The death of HENRY CHARLES ROBERTS in his forty-fourth year (writes W G McA) has robbed our little corner of Cheshire, and indeed Merseyside of one whom to know was to love He graduated M B, Ch B in 1916 and served in Mesopotamia in the great war After practising for a short time in Liverpool he came over to Moreton in Cheshire He was a naturally gifted mechanic and early became interested in anæsthetics He designed and at first with his own hands made a portable gas oxygen ether apparatus a modification of what he thought best in the American Foregger and Heidbrink machines Latterly he had much improved this and when the Cunard White Star liner *Queen Mary* was being equipped his apparatus was installed in her To those of us his colleagues who were willing to learn he freely and generously gave of his special knowledge and made clearly plain what others seemed to have kept a mystery and this with undoubted financial loss to himself As anæsthetist to the Liverpool Dental Hospital I believe it is true to say that he revolutionized dental anæsthetics and his lectures with cinematograph films of dental anæsthesia were becoming increasingly sought after He was skilled in all forms of his art including evipan avertin ethylene, and cyclopropane and at the time of his passing was engaged on simplifying and making more economical the use of the last named He was an accomplished musician photographer, and a keen student of Nature delighting especially in his garden, and I shall always picture him coming to my poorly gardened house his arms filled with flowers His never failing cheerfulness generosity and unassuming kindliness had meant so much that his unexpected death has caused consternation to his professional colleagues friends and patients and among these latter the poor, who worshipped him He leaves a widow and one son

We regret to announce the death at sea on March 11 of Dr JOHN MCDONALD, who until his retirement practised for many years at Barking Essex He was born at Wishaw, Lanarkshire on July 4 1869 and from St John's Grammar School, Hamilton went to study medicine at Anderson's College and the University of Glasgow graduating M A in 1888 and M B C M with high commendation in 1892 Before settling in practice he was for a year assistant house physician at the General Hospital Nottingham Dr McDonald was appointed public vaccinator for the Barking district by the Romford Board of Guardians in 1902 and became certifying factory surgeon in 1906 He joined the British Medical Association in 1911 and was chairman of the Stratford Division in 1928–9

With the death on March 14, at his residence in Teddington of Dr FREDERICK WILLIAM ALEXANDER, O B E there has passed one of the health pioneers in the East of London whose services latterly to the blind were almost equally notable Born in Hatton Garden in 1859 he attended University College School and then went on as a medical student to St Bartholomew's Hospital He qualified M R C S Eng in 1881 and obtained the diploma L R C P Ed two years afterwards In 1887 he became D P H of the English Conjoint Board He held the post of deputy medical officer of the Croydon Union Infirmary contagious wards from 1881 to 1883, and then became a ship surgeon on the Dunkeld Currie Line He was resident assistant medical officer of the Mile End Old Town Infirmary in 1884–6 district medical officer and public vaccinator of the west district of Mile End Old Town from 1886 to 1893 and then medical officer of health for Poplar until 1926 In these capacities Dr Alexander brought into being many reforms in the sphere of public health being prominently associated with the chemical and electrolytic methods of purifying the water of swimming baths He published reports on the cause of diphtheria, the disinfection of houses the management of children, artificial light treatment the cause and prevention of malignant diseases and the nature of vitamins When he retired from his appointment in Poplar he championed the cause of the blind in the same practical way, devising an ingenious method whereby Braille reading could be more easily acquired by those who had lost their sight owing to accident or disease His leisure was mainly devoted to this and other ways of making life happier for the blind

I note with deep concern (writes Sir Ernest Graham-Little) the announcement in your issue of March 20 of the death of Lieut Colonel J R FORREST R A M C I first came into touch with him in the later years of his life when he decided to enter for the final medical examinations of London University sixteen years after he had retired from a long and distinguished service in the R A M C He took his M B B S Lond in 1927 when he was 71 years of age and the M D at the age of 75 surely a remarkable achievement worthy of notice After surmounting his final degree examination he wrote to me intimating his desire to serve the University in any capacity open to him and the General Purposes Committee took advantage of this offer and appointed him as a representative of the University on certain bodies in his own neighbourhood He was a constant attendant at meetings of Convocation up to a quite recent date It was a particular pride and pleasure to me that he gave me his vote in the Parliamentary elections of 1929 1931 and 1935 and I am glad to offer this tribute of gratitude to him and of regret for his loss

We regret to announce the death of Dr THOMAS GRIMSON of Boscombe at the early age of 45 on March 8 Dr Grimson graduated M B B Ch B A O at Queen's University Belfast in June 1914 and on the outbreak of the war joined up with the Ulster Division He saw service in France and two years later transferred to the Royal Navy where he held the rank of surgeon lieutenant till the end of the war After this he practised for a short period at Earlsfield But it was Finchley where he spent the greater part of his professional life and by his skill and winning personality built up a successful practice Three and a half years ago he left Finchley for Parkstone and only last August began practice afresh at Boscombe His popularity was demonstrated by the large number of former patients who attended the funeral at Finchley on March 12 This was preceded by a service on the previous day in St George's Methodist Church Boscombe conducted by the Rev James Mackay Among the large congregation attending this service was Dr Watson Smith vice president of the British Medical Association Dr Grimson leaves a widow and a son and daughter who have the sympathy of all his colleagues

The Services

The King has conferred the Efficiency Decoration of the Territorial Army on Lieut Colonels William Lawson Mabson Gabriel and Kenneth Pretty R A M C (T A) and Major and Brevet Lieut Colonel George Whittaker R A M C (T A)

NAVAL MEDICAL COMPASSIONATE FUND

A meeting of the subscribers to the Naval Medical Compassionate Fund will be held on April 16 at 3 p m at the Medical Department of the Navy Admiralty S W 1 to elect six directors of the Fund

could be more fully utilized if there was a co ordinated medical service Lunacy laws, however, smacking of superstition and witchcraft and totally out of keeping with present-day medical opinion still governed the mental health service but if a co ordinated scheme between the latter and the general health service could be brought to fruition it would do more to empty mental hospitals, prisons, and poorhouses than anything in the past The report also refers to the treatment of schizophrenia by hypoglycaemic shock induced by insulin Dr Pullar Strecker during the past year has treated a number of cases in this way, and it is evident that a certain amount of improvement occurred during the course of treatment but it is not yet possible to say whether the results are permanent The treatment consisted in producing a light or more severe coma by means of a graduated quantity of insulin, and the treatment was not altogether free from danger The average duration of treatment had been from six weeks to two months

Glasgow Mental Hospital

At the annual meeting of the Glasgow Royal Mental Hospital Dr Angus MacNiven, physician superintendent said that the mental illness in a considerable number of recent admissions appeared to have been largely due to unsuitable employment Economic and social conditions were not the most important factors in the causation of neuroses, even in cases in which external stresses appeared to have been the cause further investigation brought to light emotional difficulties of the individual which were of more fundamental importance Study had revealed that certain forms of employment and certain conditions of work were factors in the production of mental illness, and it seemed reasonable to suggest that steps should be taken to protect the mental health of those affected by these conditions in the same way as the physical health of workers was protected in some dangerous trades Legislation was required to control the adverse effect on mental health of certain types of employment in which the employee's income and security depended upon his producing a monthly or yearly progressive increase of business The report showed that the number of patients admitted during 1936 was 201 of whom 104 were voluntary patients The total number resident during the year was 736, and the average daily number 542 Sixty-five patients were discharged as recovered forty-three as relieved, and fifty-seven died The report also dealt with the work of the Lansdowne Clinic for Functional Nervous Disorders which was managed from the Mental Hospital This clinic had provided evidence of the importance of unemployment as a causative factor in psychoneurotic illness and male patients had been more numerous than female because unemployment was greater among men By the end of the year this clinic had been open for eight months and during that time 186 patients had been treated—106 men and eighty women—and the total number of consultations had been 654 Out of eighty seven cases in which treatment was finished forty-seven showed no improvement or the patient gave up attending, but in the remainder there was great improvement under treatment

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An International Cremation Congress will be held in England from September 24 to October 2, 1937 All the cremation countries of the world have been invited to send delegates The working sessions of the congress, to be held in the Guildhall, London will occupy September 24 to 26 inclusive, and the remaining period will be spent by the foreign visitors and others who so desire in tours of the provinces where visits will be made to places of outstanding interest A number of social functions will be arranged for the delegates in London, open to members of the congress only Particulars may be had from the secretary-general, International Cremation Congress 23, Nottingham Place, London, W 1 The membership fee is £1 1s

Reports of Societies

NEUROLOGICAL SEQUELAE OF SPINAL ANAESTHESIA

At a meeting of the Section of Neurology of the Royal Society of Medicine on March 18, Dr ANTHONY FEILING in the chair, the subject of discussion was the neurological sequelae of spinal anaesthesia

Dr MACDONALD CRITCHLEY said that with few exceptions the literature on this subject was by non neurological writers and the problem was without exact data from the neurological point of view It was not even possible to say just how often neurological complications occurred, the figures available were contradictory Certainly a significant number of nervous sequelae were overlooked, especially ocular palsies and lesions of the cauda equina No scientific classification of the nervous sequelae was as yet possible, but he gave the following list

1 Headache severe and protracted, certainly the most frequent complication

2 Sixth nerve palsies and other cranial nerve affections These might include nystagmus, optic atrophy paralysis of the seventh eighth and ninth cranial nerves together and lesions of the trigeminal, auditory, and also the hypoglossal nerves

3 Lesions of the cauda equina and conus medullaris—quite common in his experience

4 Radiculomyelitis and myelitis In a small number of cases there was evidence of a widespread nerve process affecting a higher level He had no personal cases of transverse or ascending myelitis, but such cases were on record

5 Radiculitis

6 Focal cerebral lesions

7 Symptoms of latent neurological disease precipitated by spinal anaesthesia—for example, disseminated sclerosis, progressive muscular atrophy, and spinal syphilis

He also referred to the work of Spielmeyer Davis and others in the experimental production of spinal disease in dogs

It would be folly to ignore the accumulating evidence that spinal anaesthesia might at times be followed by neurological sequelae which, always disturbing in character, sometimes proved disastrous The most serious feature was that no steps could be taken to avoid these nervous after-effects for as yet their causation was unknown Were some or any of them attributable to faulty technique to errors in dosage to unsuitable pre-anaesthetic or post-anaesthetic medication or to nursing? How far was the drop in blood pressure a factor? What part was played by the anaesthetic substance itself? Were nervous sequelae commoner with one preparation than with another? Could it be that some or all of these nervous sequelae were due to the activation of a latent process by the lumbar puncture or the spinal anaesthetic? It was certainly time that neurologists exchanged their views

Anaesthetic Technique

DR J K HASLER said that the giving of a spinal anaesthetic demanded two manœuvres on the part of the anaesthetist first, a lumbar puncture must be performed and secondly, a drug must be introduced into the spinal canal Each of these actions demanded attention in considering possible sequelae He was convinced that the lumbar puncture itself was responsible for the majority of the troubles which followed spinal anaesthesia Headache, for example, was known to follow diagnostic lumbar puncture Points to consider were the size of the needle, with a finer needle the percentage of headaches was lower The needle used should be properly shaped any needle

Universities and Colleges

UNIVERSITY OF LONDON

APPOINTMENT OF PRINCIPAL

The Senate with the concurrence of the Court has appointed Mr Herbert Lightfoot Eason, C B C M G, M D, M S, F R C S, to the post of Principal of the University from July 1, 1937 to September 30, 1941

Mr Eason was educated at University College London and at Guy's Hospital He took his M D degree in 1901 and his M S in 1902 He has been superintendent of Guy's Hospital since 1920 having previously held the post of dean of the Medical School from 1904 to 1912 He has been a member of the Senate since 1911, and has been Vice Chancellor since 1935 He was chairman of the Library Committee from 1929 to 1933 chairman of the Finance Committee from 1923 to 1925 and chairman of the Academic Council for two periods (1922 and 1933) He served during the war as consulting ophthalmic surgeon to the Forces in the Mediterranean, Egypt and Palestine was mentioned in dispatches, and was awarded the G M C in 1917 and the C B in 1919 He has been the representative of the University on the General Medical Council since 1925 and is now Junior Treasurer of the Council From 1924 to 1926 he was a member of the Departmental Committee of the Board of Education on the reconstitution of the University of London and from 1925 to 1930 a member of the Departmental Committee of the Ministry of Health on Post graduate Medical Education

At a meeting of the Senate, held on March 17, with the Vice Chancellor Mr H L Eason, in the chair a message was received from the Chancellor the Earl of Athlone, that the Queen had been graciously pleased to signify her consent to receiving an honorary degree from the University of London The conferment of the degree will probably take place in the autumn

The degree of D Sc in Bacteriology was conferred on Miss M S Lacey of Birkbeck College

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

Entrance Scholarships and Exhibitions

Two Goldsmid Entrance Scholarships, entitling the holder to the final course of medical study, are offered for competition in July, and are open to students who are preparing for the degrees of the Universities of London Oxford Cambridge, Durham or other British universities or for the diplomas of the Royal Colleges of Physicians and Surgeons also one Goldsmid Entrance Exhibition, entitling the holder to a reduction by £80 of the fees due for the full course of final medical study, and the Filliter Entrance Scholarship in Pathology entitling the holder to a reduction by £52 10s of the fees due for the full course of final medical study These scholarships and exhibition are tenable at University College Hospital Medical School Full particulars may be obtained from the secretary University College Hospital Medical School, University Street, W C 1

UNIVERSITY COLLEGE

The holders of the Bucknill Scholarship (value 160 guineas) tenable at University College for the intermediate medical studies and for the final course at University College Hospital Medical School are not eligible for the above awards The subjects of the examination are chemistry, physics botany and zoology and further particulars of this award may be obtained on application to the secretary University College Gower Street W C 1

UNIVERSITY OF LEEDS

Dr W MacAdam, F R C P, formerly professor of clinical medicine has been elected to the chair of medicine in place of Dr G W Watson F R C P and Dr J le F C Burrow, I R C P formerly professor of pharmacology and therapeutics has been elected to the chair of clinical medicine To the vacancy caused by these changes the Council has elected Dr S J Hartfall M R C P, with the title of professor of therapeutics and applied pharmacology

At a meeting of the University Council held on March 17, Miss M Hilary E Long F R C S, was elected to the newly instituted readership in surgery, and Dr J C Coates was appointed demonstrator in anatomy

UNIVERSITY OF DUBLIN

It is proposed to confer on June 30 the honorary degree of Doctor of Science on Professor J S B Stopford M D, F R S, Vice Chancellor of the University of Manchester

Medical Notes in Parliament

The Public Health (Drainage of Trade Premises) Bill passed through committee in the House of Lords on March 16 and was set down for second reading on March 22 The Deaf Children (School Attendance) Bill was read a second time in the House of Lords on March 18 On March 19 the Royal Assent was given to the Regency Act, the Geneva Covenant Act, and the Evesham and Pershore Joint Hospital District Act

Before adjourning for the Easter Recess the House of Commons this week discussed the Air Estimates the floods in the Fens, and the import duty on steel When Mr Baldwin moved and the House agreed, on March 17 that a Select Committee of the House of Commons be set up to consider the Civil List, Sir Arnold Wilson asked whether the committee would be free to consider the adequacy of "Civil List" pensions although these were not actually borne on the Civil List The annual new money provided in these for persons who had made useful discoveries in science or performed other duties to the public had not changed since 1837 Mr Baldwin said the Government had no objection to this matter going before the Select Committee

Dr Kurt Hahn of Gordonstown School, Elgin, who previously established Salem School on Lake Constance, addressed the Health and Housing Committee of Conservative Members at the House of Commons on March 17 He said it was found that boys in other schools were over-exercised and their hearts sometimes damaged Each boy's efficiency should always be tested first and physical training was useless except under proper health supervision Three medical examinations a term were needed, and the institution of a badge for proficiency in jumping running, and throwing was invaluable Crack athletes produced on the ordinary system were usually failures in patience and in enterprise Sir Francis Fremantle presided

The House of Commons will reassemble on April 6 and the Budget will be opened on April 20

Factories Bill in Committee

When the Standing Committee of the House of Commons which is examining the Factories Bill resumed on March 16 Clause 15 (provisions as to unfenced machinery) and Clause 16 (construction and maintenance of fencing) were agreed to Amendments were made to Clause 17 (new machinery) and the clause was added to the Bill

On Clause 18 (vessels containing dangerous liquids) Mr GRAHAM WHITE moved to add a provision that every vessel sump, or pit covered by this section should have affixed to it a notice indicating the nature of its contents Mr BROAD pointed out that the clause only dealt with fixed vessels More accidents occurred with the use of portable vessels of earthenware or of lead and from the huge carboys in which acid was stored Mr BANFIELD said that in Birmingham he had seen these portable vessels treated in an irresponsible way and carried through the streets on all sorts of vehicles Sir JOHN SIMON said that it was possible under Clause 58 to make a regulation directing that carboys containing dangerous things should not be left lying about, but be put in proper places The committee agreed to the clause and also to Clause 19 (self acting machines)

ACCIDENTS FROM MOVING MACHINERY

On Clause 20 (cleaning of machinery by women and young persons) Mr MANDER moved an amendment which provided that instead of the prohibition against the cleaning of prime movers or transmission machinery in motion applying only to women and young persons it would apply against all persons

with a blunt point should be discarded He preferred to make his injection in the middle line instead of from one side In the prevention and treatment of headache it was usual to keep the patient in the Trendelenburg position when returned to bed A second complication of lumbar puncture was gross damage to the nervous tissue by the needle if the technique was imperfect It occasionally happened when making a puncture that the patient felt a shooting pain down the hip it was transitory but it did not occur if the needle was kept strictly in the mid line The third complication was haemorrhage However carefully the puncture was made there always seemed to be cases in which a blood vessel was injured Was this likely to produce a haematoma with pressure effects? Turning to the question of the drug injected Dr Hasler pointed out that the most efficient anaesthetics were the most toxic In the early days the commonest drug used was stovaine, and some cases of stovaine tabes occurred but these were not referred to in later work and possibly were due to faulty technique The concentration of the drug was important If a drug was used in a dilute form and had the effect of temporarily paralysing the nerve, the same drug used in greater concentration might easily turn the temporary paralysis into a permanent one

Experimental and Pharmacological Considerations

Professor A D MACDONALD said that the introduction of a solution of local anaesthetic into the cerebro spinal fluid in the lumbar region was easy in the cat and dog The dilution of the injection had been followed for drugs of the procaine series by collecting small samples of cerebro spinal fluid at intervals and estimating the concentration of drug colorimetrically The absorption into the blood stream the partial excretion in the urine and the spread from the lumbar region to the cervical region and cisterna magna had also been followed Provided the volume injected was not excessive such spread was surprisingly limited, and within limits the volume of the solution was a more important factor than the weight of drug injected in avoiding acute catastrophes The concentration found in the blood was never significant confirming the experimental and clinical evidence of the absence of danger on absorption as compared with the risk of spread to the phrenic roots or the vital centres or both

The incidence of sequelae had been investigated in the cat in which animal they were recognized by tail droop symptoms referable to bladder and rectum and sensory changes using simple solutions of procaine hydrochloride and various proprietary solutions Doses considerably in excess of the weight for weight clinical doses had to be used to get symptoms The common constituents of solutions other than the drug—ethyl alcohol, glycerin glucose, etc—could be exonerated Amylocaine (stovaine) appeared to be quite as likely as procaine to provoke sequelae That the local anaesthetic drug rather than the needle was responsible for the sequelae was clear from the diffuse nature of the symptoms Further evidence had been obtained by investigating the frequency of disturbances after the administration of 2½ 5 10 and 20 per cent solutions The proportion of affected cats increased with the concentration of the drug injected

Points in Aetiology

Dr FERGUS R FERGUSON described a series of thirteen cases with the neurological picture of a cauda equina lesion These cases occurred in the eighteen months period between August 1933 and March 1935 and followed heavy durocaine spinal anaesthesia It was remarkable that such a number should have occurred within a short time, because a search of the literature had revealed only about sixteen similar cases The ages of the patients ranged from 17 to 70 eleven of them were males and two females Of the operations, eight were operations of urgency The anaesthetic was heavy durocaine in all cases except one The complications were severe in eight and mild in five There were three deaths in this series but none of them could be attributed directly to the spinal anaesthetic Broadly the neurological complications were absence of one or more of the leg tendon reflexes retention of urine, incontinence of faeces sensory loss in the sacral region, and loss of sexual function During the period under review about 1 000 heavy durocaine spinal anaesthesias were given and about 1 000 stovaine but the only complications were in these thirteen Discussing some aetiological points, he said that he could not agree that any significant part was played by trauma A novocain compound seemed to be suggested as the toxic agent but why this large incidence after heavy durocaine? The possibility of the constituents of the solution other than the drug being incriminated had been considered alcohol was viewed with some suspicion, but it scarcely seemed possible that the lesion could be due either to alcohol or to the glycerin He suggested as the cause of this heavy incidence with durocaine that it was due to a combination of the drug with the alcohol and the glycerin leading to the undiluted procaine being too long locally in contact with the nerves it did not diffuse rapidly enough

Clinical and Pathological Experiences

Dr W RUSSELL BRAIN said that he had seen certain cases of cranial nerve palsies in which both the sixth both the seventh and both the eighth nerves were affected, but the patients recovered completely in about two weeks He proceeded to give the clinical details of a case of neurological sequelae following spinocain The chief point about it was the long latent interval before the neurological symptoms occurred Pain was not felt until a week after the anaesthetic and motor symptoms were not experienced until a month In most of such cases he believed the paralysis had followed in the course of two or three days The interval might have been an incubation period for a process of sensitization and in these days the possibility of superimposed virus infection must be mentioned This case had a fatal termination and Dr DOROTHY RUSSELL gave an account of the pathological findings There was softening in the lower thoracic and upper lumbar segments The characteristic finding was the necrosis of the whole substance of the cord in the lumbar region complete in the grey matter and incomplete in the white There was no evidence of direct trauma to the cord or of old haemorrhage nor was there any evidence of the introduction of any infective agent at the time of puncture

Dr H K ASHWORTH said that the cauda equina lesions should be regarded as a dangerous group Another dangerous category included patients who had an incipient disease of the nervous system which was precipitated into activity by the administration of the spinal anaesthetic Of the more transient lesions headache was much the commonest sequel This occurred often in a severe form after diagnostic lumbar puncture so that it was not the result of the drug A German worker had published a paper based on an experience of many hundreds of spinal anaesthesias and found no difference at all in the incidence of headache following the use of different sizes of needles but he had found the incidence of headache to vary according to the age group, being more severe in younger and more highly strung persons Patients who had been given spinal anaesthetics without their knowledge after premedication also developed headaches, so that the condition was not always a functional one The German worker had advocated nitroglycerin as a remedy, but in the speaker's hands it had not been successful

Dr WILFRED HARRIS said that he had been accustomed to inject novocain in the sciatic nerve and no permanent symptom whatever had resulted He could not accept what had been said about the possibility of a direct effect of concentrated novocain He suggested that the cause of the sacral lesions was the very strong vasoconstrictor effect Dr J P MARTIN mentioned a case of ascending

Mr SHORT said the Labour Opposition was not satisfied with the clause as it was drafted and hoped the Home Secretary would accept Mr Mander's amendment Accidents among young persons had greatly increased The Chief Inspector of Factories and Workshops had called attention to this matter In 1935 there were 25 042 accidents among young persons or 3 130 accidents per 100 000 young persons employed as compared with 2 542 accidents per 100 000 employed among adults

Sir JOHN SIMON said he could not accept the suggestion that nobody—man woman, or young person—should clean any part of a prime mover or transmission machinery while it was in motion How were engines to be cleaned in a power station, where they never stopped? Statistics showed that both women and young persons if they cleaned machinery were subjected proportionately to far more accidents than other people whether in textile factories or non textile factories

Miss HORSBURGH asked whether statistics for accidents to women and young persons were kept separately

Sir JOHN SIMON said the figures had been taken out separately Women probably did more cleaning than men but the age of women in factories was on the average lower than that of men They were people short of experience and might sometimes be a little casual In the cotton industry cleaning accidents to men were 45 6 per 100 000 and cleaning accidents to women 101 7 per 100 000 The cleaning accidents to young persons were 166 8 per 100 000

Mr Mander withdrew his amendment and the clause was added to the Bill

SAFETY DEVICES ON LIFTS

A discussion followed on Clause 21 (hoists and lifts) Mr BROOKE moved to omit certain words and explained that the effect of the omission would be to enforce the provision on every hoist or lift of a device automatically fastening the gateway Mr GEOFFREY LLOYD said the only provision in the existing law was that lifts and hoists should be securely fenced The clause would involve considerable expense to occupiers but there was no general opposition to it It was not true that all existing hoists could easily be adapted with the device of interlocking gates All that the clauses provided was that these interlocking devices should not be obligatory on existing hoists where the difficulties would be great The amendment was defeated by 20 to 18 and the committee adjourned until March 18

On resumption the committee accepted an amendment to Clause 21 which was moved by Sir JOHN SIMON and dealt with the provision of safety gates to lifts Other amendments were made and the clause was added to the Bill Sir John Simon explained that lattice gates to lifts were not to be prohibited although it was desirable that the interstices should not be so wide as to catch a man's foot or heel They could not prevent the small extremities running a little risk

OTHER SAFETY CLAUSES

Clause 22 (chains ropes and lifting tackle) Clause 23 (cranes and other lifting machines) and Clause 24 (construction and maintenance of passages and stairs) were added to the Bill To the last clause the committee added on the motion of Sir John Simon a proviso that any open side of a staircase shall also be guarded by the provision and maintenance of a lower rail or other effective means Clause 25 (safe means of access and safe place of employment) was approved with modification reducing from 12 to 10 feet the height of working places which must be secured by fencing unless they afford secure foothold and handhold

On Clause 26 (precautions in places where dangerous fumes are liable to be present) Mr GEOFFREY LLOYD promised before the report stage to investigate the objection made by Mr Silkin Mr Frankel and Mr Gibbins that the safeguards proposed were insufficient These members object in particular that where a man was working thirty or forty feet away from a manhole and might create fumes by his work—as for instance by using an oxy-acetylene burner—the provision of a belt and a rope the free end of which was held by a person outside was not sufficient safeguard Mr GIBBINS said that when men were working below the boilers or engines of a ship all day without gas masks their chests became affected from the fumes On Mr Lloyd's undertaking the clause with certain amendments was ordered to stand part of the Bill

On Clause 27 (precautions with respect to explosive or inflammable dust gas vapour or substance) an amendment was accepted in the name of Mr Graham White providing that the Chief Inspector could grant exemption from compliance with any of the requirements of the subsection when satisfied such compliance was unnecessary or impracticable and also that the sub section should not apply to plant installed in the open air He explained that this particularly applied to work upon gas holes The committee then agreed to the clause Subsequent clauses dealing with steam boilers steam receivers steam containers and air receivers were added to the Bill as was also Clause 32 dealing with water sealed gas holders A discussion followed on Clause 33 (means of escape in case of fire) which together with Clause 34 (regulations and by laws as to means of escape in case of fire) Clause 35 (safety provisions in case of fire) and Clause 36 (instruction as to use of means of escape in case of fire) were added to the Bill

A discussion on Clause 37 (power of the Secretary of State to require special provision in cases of special danger) was begun and the committee adjourned until March 23

Army Life to be Improved

Introducing the Army Estimates on March 16 Mr DUFF COOPER said reforms would be made in Army life which would increase the popularity of the service The soldier's ration was to be increased to allow of four meals a day instead of three At home stations an ounce of butter would be substituted for an ounce of margarine and the butter would be supplemented by half an ounce of irradiated margarine The daily ration of enlisted boys would be increased by an issue of milk or in other suitable ways It had also been arranged that men living in married quarters or unable for other reason to feed in mess should receive a sufficient allowance of food or money to ensure that they would enjoy the same scale of nourishment as their fellow soldiers Every effort was being made to improve the conditions of accommodation New barracks would include sleeping dining and ablution facilities Sitting rooms would be provided hot and cold water laid on to every floor central heating throughout and arrangements were being made for increases in fuel scales So far as possible similar amenities were being extended to existing barracks and married quarters were being brought up to the best housing standards of the day

Research on Influenza

In a reply to Mr Lees Jones on March 18 Mr RAMSAY MACDONALD said research on influenza and the common cold had been assisted by the Medical Research Council from time to time In particular the investigations into influenza now being made by the Council's own staff at the National Institute for Medical Research had been in progress since 1933 During the past year there had been further confirmation from different parts of the world that the virus originally isolated at the National Institute for Medical Research in 1933 was the infective agent which caused epidemic influenza On this basis attempts to devise preventive measures continued Substantial progress had been achieved by these scientists working in the service of the British Government and there was considerable ground for hoping that a satisfactory means of producing at least temporary immunity would be evolved Earlier methods of inoculation against influenza had been unsatisfactory because they were not based on the accurate knowledge now believed to be available regarding the nature of the causative agent The Council was not at the moment supporting any direct attack upon the common cold but the

myelitis following a spinal anaesthetic The patient first of all had symptoms of the usual sacral group and then numbness spreading upwards, and when he saw him about a week after the anaesthetic he had symptoms of high spinal lesion About a day or two later he developed hemiplegia down one side and eventually down the other, and died Dr FEILING from the chair, in closing the meeting mentioned certain cases recorded in literature one of persistent paraplegia, by Dr Langton Hewer, and two cases of temporary mania, by Mr Dickson Wright, percaine being the anaesthetic used in all cases

GASTRITIS

At a joint meeting of the Liverpool Medical Institution and the Manchester Medical Society at Liverpool on March 4, with Professor R E KELLY in the chair, Mr R L HOLT read a paper on gastritis

Mr Holt said that for the past eighteen months he had been collecting fresh specimens of stomach following partial gastrectomy for chronic gastric ulcer His histological findings had been substantially the same as those described by Konjetzny, Kalima, and Puhl differing simply in degree, a change readily explainable on the difference in the pre-operative treatment existing in this country and in Continental clinics In more than half his cases there had been naked-eye evidence of a subacute gastritis which was most marked in the pyloric antrum but extended to a lesser degree into the duodenum and body of the stomach On microscopical examination all his specimens had shown evidence of a subacute or chronic gastritis The histological changes were distributed in a patchy fashion throughout the gastric mucosa, erosions alternating with areas of normal mucosa, hypertrophy, and atrophy He suggested that in this country there was a tendency to stress the importance of the presence of a definite peptic ulcer and to neglect the larger number of cases which had all the signs and symptoms of peptic ulceration except x-ray evidence of an ulcer There was no doubt that all the signs and symptoms usually associated with chronic peptic ulcer could be reproduced by a pyloric gastritis, and he quoted Faber, who had stated that the signs and symptoms were produced by the gastritis and not by the ulcer He discussed the factors generally deemed of importance in the genesis of chronic gastric ulcer and stated that in his view chronic ulcer might well be considered as a complication occurring in a case of pyloric gastritis Most patients who consulted their practitioners on account of gastro intestinal disturbances were still classified non committally as dyspepsia of one sort or another He hoped that the recognition of the frequent occurrence of gastritis and the signs and symptoms which it produced would prove to be a great step forward in penetrating this diagnostic fog

Professor HENRY COHEN referring to a query by the President "What is indigestion?" feared that if certain current Continental ideas on gastritis were accepted the impetuous surgeon would not stay for an answer but would proceed to partial gastrectomy Such mutilation was, in his view quite unjustifiable in the present knowledge of the subject The condition of chronic hypertrophic gastritis had yet to be defined with much greater care, as also had the factors which played a part in its production and its relationship to gastric ulceration It had been stated that gastritis almost invariably preceded ulceration and cancer of the stomach, but Church, Walters, and Wellbrock of the Mayo Clinic had shown that pyloric obstruction itself was a very important factor in producing gastritis, which was practically absent in cases of carcinoma of the stomach without pyloric obstruction but was present in eleven out of twelve cases with pyloric obstruction Many exogenous factors could cause inflammatory changes in the gastric mucosa—mechanical chemical, thermal, and bacterial Professor Cohen recalled that after Alexis St Martin had been drinking "ardent spirits" for nearly a fortnight, Beaumont found characteristic changes of gastritis, including erosions Atrophic gastritis with achlorhydria had been studied in much greater detail Its association with hyper- and hypochromic anaemias, subacute combined degeneration of the spinal cord, certain types of polyneuritis, and steatorrhoea had been firmly established

Mr J HOWELL HUGHES said that gastroscopy had revealed three types of gastritis (1) the catarrhal, which showed change of colour of the mucous membrane from the normal orange to a deep red colour, often with submucous haemorrhages, (2) the atrophic, pale flat mucous membrane usually seen in anaemias, and (3) the hypertrophic type, the pathological changes in which Mr Holt had discussed Similar changes were seen in gastroscopy —namely tortuous and redundant rugae small granulations on the rugae, sometimes small varicosities and in some cases small acute erosions In this type a certain rigidity of the mucous membrane was obtained so that rugae which normally flattened with air distension were still present, and therefore it seemed as if a permanent change in the mucous membrane had taken place

Mr JOHN MORLEY said that while it had been certainly proved that gastritis could be found in the mucosa surrounding gastric and duodenal ulcers in a large proportion of cases, there was insufficient evidence to determine whether this condition was a predisposing cause or a result of the ulceration Where pyloric gastritis was present without gross ulceration it was impossible to detect it without opening the stomach (apart from previous gastroscopy), he felt some misgivings that if ever such an intangible lesion came to be regarded as an indication for partial gastrectomy a very valuable operation might fall into disrepute With regard to the atrophic gastritis associated with achlorhydria the difficulty was that the condition was very common and increasingly so with advancing age and as a rule gave rise to no dyspeptic symptoms The claim sometimes made that atrophic gastritis was a common predisposing cause of cancer was entirely unproved

EMOTION IN CHILDHOOD

At a meeting of the Medical Society of Individual Psychology on March 11 a paper was read by Dr MARGARET LOWENFELD on the toddler and school child

Dr Lowenfeld said that with so wide a subject before her she was not attempting to deal with any of the detailed problems that arose during this long period of years but was instead going to make an attempt to touch upon certain basic principles of mental hygiene which were with modifications to be found in operation over the whole period of childhood She first mentioned emotion in childhood, which differed from emotion as experienced by the average adult in three ways The adult was accustomed to say "I am happy I am sad," thereby exhibiting the fact that together with the emotion there was the consciousness of the self as experiencing the emotion Only in panic that overwhelming rage admitted as a defence by the French legal code in the *crime passionnel* and in sexual experience did this not hold true for adult life in these situations the "I" became blotted out by the emotion Children particularly very young children, found themselves constantly in this situation, for there was as yet no consciousness of a separate "I" The child in a rage to be rightly understood must be regarded as "a piece of rage" In the second place the adult in stating 'I am happy" at the same time implicitly affirmed his awareness of the fact that there had been moments before and would be moments again of which this could not truly be said, his statement contained an awareness of time Emotion in the child on the contrary was timeless, and while it persisted appeared to the child eternal Finally, there were very few adult emotional states in

problems were closely related, and an advance against the one disease was likely to assist attack on the other A statement which had been made in the Press to the effect that the Council had as a matter of policy abandoned work on the common cold was without foundation It was not possible to state the cost of this investigation separately from that of other work involving the same personnel and equipment

Birching of Juveniles Committee of Inquiry

SIR JOHN SIMON said on March 18 that there were 164 cases of birching ordered in juvenile courts in 1936 and 218 cases in 1935 The practice of different juvenile courts differed, and he had decided to appoint a small Departmental Committee to consider the whole matter

Capitation Fee Tribunal

On March 22 MR RHYS DAVIES asked the Minister of Health whether he was in a position to state the personnel and terms of reference of the tribunal to be set up to inquire and report on the capitation fee to panel practitioners under the national health insurance scheme SIR KINGSLEY WOOD replied that he was in communication with the British Medical Association on these matters, but was not yet in a position to give the information desired

Typhoid Fever Outbreak at Liverpool—SIR KINGSLEY WOOD on March 17 assented to a statement that the milk supply obtained from the same retailer by some 60 per cent of the persons affected in the recent outbreak of typhoid fever at Liverpool was pasteurized milk He added that there was no reason to believe that milk was the source of infection in these cases

Sale of Spectacles—SIR KINGSLEY WOOD on March 18 told Mr Robert Taylor that he had no direct evidence of damage caused by wearing of spectacles sold by certain stores and by pedlars with no qualifications as opticians, and had no power to prohibit their sale So far as insured persons are concerned it was proposed to make regulations that spectacles provided by way of additional benefit could only be obtained from opticians recognized by a committee to be set up under the regulations

Death following Vaccination—SIR KINGSLEY WOOD stated on March 18 that he had made inquiries into the death of a man at Manor Park which was attributed by the Ilford coroner to the effects of vaccination The lymph used was obtained from a commercial firm and rabbits were not used in connexion with its manufacture He had no information on the allegation that the young man's employers made vaccination a condition of employment

Filter Material in Gas Masks—MR GEOFFREY LLOYD told Mr Creech Jones on March 19 that the material employed as a filter for smokes in the gas masks being made at Blackburn for distribution to the civilian population consisted of a mixture of wool and asbestos Extensive tests with toxic smokes had proved that the respirator would afford protection against all such poison gases under the conditions which would arise in practice

Transfusion of Corpse Blood—SIR KINGSLEY WOOD replying on March 22 to Mr M Samuel, said that he had no information of experiments in the transfusion of blood from the dead in this country No legislation to limit transfusions to those from living persons who willingly offered their own blood was called for

Extension of Contributory Pensions Scheme—In the House of Commons on March 22 SIR KINGSLEY WOOD presented the Widows, Orphans', and Old Age Contributory Pensions (Voluntary Contributors) Bill The measure extends the classes of persons who can become insured as voluntary contributors for the purposes of widows', orphans', and old age contributory pensions, and amends, in relation to voluntary contributors and women engaged in certain excepted employments the enactments relating to such pensions and health insurance

Medical News

A Chadwick Public Lecture on "The Plan and Equipment of Kitchen Offices in Hospitals and other Institutions" will be delivered by Miss R Whitaker at the Royal Sanitary Institute, 90, Buckingham Palace Road, S W, on Thursday, April 15, at 5 30 p m

As part of the first national appeal of the People's League of Health a festival banquet will be held at the Guildhall, London, on Thursday, April 15, at 7 45 p m The Lord Mayor will preside, attended by the Sheriffs of the City of London

A meeting of the Cambridge Medical Society will be held at Addenbrooke's Hospital on Friday, April 2, at 2 30 p m, when a discussion on "Joints from the Medical Point of View" will be opened by Dr J F Gaskell and Dr W H Bradley Members of the Cambridge and Huntingdon Branch of the British Medical Association are entitled to attend the meetings of the society

The Swiss Society for Internal Medicine will hold its annual meeting at Geneva on June 5 and 6, when the chief subjects for discussion will be angina pectoris and its treatment, introduced by W Frey of Berne, and hypochloraemia, introduced by R Mach of Geneva Further particulars can be obtained from Professor G Bickel, 2, Rue Saint-Legier, Geneva

The German Society for Historical and Social Medicine will hold its twenty sixth congress at Breslau from May 12 to 14, the subject for discussion being the present state of our knowledge on electropathology Further information can be obtained from Professor Schrader, Lahnstr 9, Marburg a d Lahn, Germany

An international congress on haematology, organized by the German Haematological Society, will be held first at Munster and then at Bad Pyrmont, Germany from May 8 to 14 Further information can be obtained from the general secretary, Dr Rosegger, Med Universitats Klinik, Westring 2, Munster, Westphalia

The fifth International Hospital Congress will be held in Paris from July 5 to 11 inclusive Among the items on the programme are a lecture by Professor Roussy Paris, on "The Care of the Cancer Patient in the Hospital", a discussion at the plenary session, on July 7, on "How Can the Hospital Increase its Income and Reduce its Expenditure without Detriment to its Work?", a discussion, on July 9, on "The Methodical Organization of Hospital Services," one of the speakers being Mr H L Eason, vice chancellor of the University of London, and a discussion, on July 10, on "The Rights of the Hospital in Regard to Documents Drawn up for the Service of the Patient (films, graphs, etc)' Full particulars of the congress and of the study tours and sight seeing arranged in connexion with it may be obtained from the general secretary and treasurer, International Hospital Association, 87, Lord Street, Liverpool

The result of the Parliamentary by election in the combined English Universities constituency, caused by the death of Sir Reginald Craddock, was declared at Birmingham on March 22 Mr T E Harvey, formerly a Liberal M P and standing now as an Independent Progressive, polled 6,596 votes, Sir Francis Lindley (Conservative), 4,952, and Sir Henry Brackenbury (Independent), 2,373

On the afternoon of March 18 members of the University of London Medical Graduates' Society paid a visit to the Charterhouse and the Medical College of St Bartholomew's Hospital in Charterhouse Square, where they were received by Mr W Girling Ball F R C S, dean of the Faculty of Medicine of the University and dean of St Bartholomew's Medical College

which the telephone bell went unanswered There was always a part of the adult's personality, whether he was aware of it or not ready to respond appropriately to habitual external stimuli This also was not true for a child There was no part of a young child able to respond to external stimuli while the rest of the child was swamped by emotion

Indestructibility of Emotional Force

Another basic principle Dr Lowenfeld said was the indestructibility in human beings of emotional force once aroused She likened this to the law of the preservation of energy A total physical organism was like a balance sheet if the emotion generated could not immediately be seen in outward manifestation it was none the less present but its presence would be shown by evidence of conflict expressed in one of four ways—physical illness educational failure personality deviation or delinquency Dr Lowenfeld then went on to emphasize the importance of language in the emotional development of the child According to modern psychological findings it was probable that some sort of mental activity was present from the first day of life The central difference between mental work carried out now and later in life was that lacking both language and the ability to move about under his own steam and check up his findings by reality these mental structures built up by the child had perforce to be entirely subjective and based wholly upon subjective data Being moreover, untestable by the child they had that obviousness and self evidence that all self consistent theories have for the individual who makes them

The watershed for mental and emotional health came between 8 and 11 years when the child for the first time began to manipulate speech, not as a practical tool as the monkey uses the stick to procure for himself the banana skin but as a medium for the expression of thought Upon a child's reaction to this situation the speaker believed that the general character of a child's later development depended Several typical contrasting reactions were described and the help that can be given to a child at this stage was outlined

Dr Lowenfeld then went on to consider the question of emotion in itself and declared her belief that emotion like the other two aspects of organic human life the physical and intellectual had a morphology of its own that it could and should pass through certain definite stages in its progress to maturity Some of these stages were touched upon and it was pointed out that for proper development at each stage certain elements in the environment were essential These elements were difficult to obtain or were actually missing altogether from many city children's environments She held that it should be the set aim of much of education artificially to supply what civilization had removed and drew attention to the heartening success of several experiments in this direction in certain L C C infant schools She pointed out that if this scaffolding for growth were lacking emotion remained at a more backward stage than the intellectual development of the individual, and tended to express itself as illness psychoneurosis, or delinquency Cases were described in illustration of children showing these complaints and indicating how analysis of the case from this point of view and treatment on these assumptions resulted in reorientation of the individual to life with consequent gain in health, and emotional and mental vigour

Finally as a special illustration of the above principle practitioners were warned to use caution in accepting the label general debility and advised instead when all causes of organic disease had been carefully eliminated to look for a persistent emotional maladjustment of an obscure nature as a cause of the persistence of chronic ill health The child's view of many necessary and routine medical procedures as an attack upon his own weakness was described and ways suggested of getting round this difficulty The general importance of not overlooking the emotional aspect of disease in childhood was stressed

PATHOLOGY OF ARTERIAL THROMBOSIS

At a meeting of the Pathological Society of Manchester on March 10 with Dr T H OLIVER the president in the chair Professor E D TELFORD delivered an address on The Pathology of Arterial Thrombosis

Professor Telford excluded from his review those cases in which thrombosis followed injury or embolism and confined his remarks to thrombosis consequent on disease of the arterial wall Although thrombosis was of great clinical importance and often contributed to the final catastrophe, it was from the pathologist's standpoint merely an incident supervening after months or years of alteration in the vessel walls It was possible on clinical grounds to establish a rough division of arterial disease into spastic and toxic The chief members of the spastic group—the vascular complications of cervical rib and the Raynaud phenomenon—were responsible for thrombosis by causing damage to the arterial wall through compression and spasm of the vasa vasorum Sections of arteries and arteriographs were shown in support of this view

In regard to the toxic group the speaker devoted some time to an account of the various theories advanced to explain thrombo angiitis obliterans He discussed more particularly the possible occurrence of this disease in horses and laid some stress on the resemblance of the clinical findings in thrombo angiitis obliterans to those described in epidemics of gangrenous ergotism For arteriosclerosis the term atherosclerosis was considered preferable since the latter not only implied that the condition was compounded of two pathological processes—atheroma and sclerosis—but also covered the occurrence of the lesion in veins instances of which were shown on the screen Professor Telford concluded by the observation that defects of nutrition of the medial coat by spasm or obliterative disease of the vasa vasorum might supply a clue to the medial calcification

Correspondence

The Case for Pasteurization

SIR,—It was with much interest that I read of the Poole Corporation Bill which seeks to provide among other things for the compulsory pasteurization of milk for human consumption (*Journal* March 13 p 571) The Corporation of Poole and their medical officer of health Dr R J Maule Horne are to be congratulated for their progressive outlook in seeking legislation on this important subject Those of us who realize the great benefits which can accrue from efficient pasteurization will hope that their endeavours may meet with success They have certainly chosen a propitious moment in which to put forward their claims to be rid of the raw milk menace to the public health within the confines of their borough

In submitting the case for pasteurization it is to be hoped that mechanical bottling will also be given consideration as being a most important and necessary factor in avoiding a possible subsequent infection of the milk During the Chelmsford outbreak of milk borne scarlet fever in August to September 1935 an examination of throat swabs from employees at the dairy distributing the infected milk revealed that eight out of seventeen of the employees were themselves infected with *Streptococcus pyogenes* type II this being the organism which caused the outbreak Although the originating source of the infection was proved to be a milker at a certain farm supplying milk to the dairy it is quite probable that some additional infection had been occurring through the medium of these infected employees prior to their detection Therefore it may well be appreciated that

The prize for the essay on the Significance of Heredity in Ophthalmology,' sent in for the Gifford Edmonds Prize has been awarded to J Bruce Hamilton M B Ch M Sydney D O M S Lond, D O Oxon, I R A C S, of Hobart, Tasmania

A gold medal is awarded annually by the Hunterian Society for the best essay written by a registered general practitioner resident within the British Empire on a subject set by the society The subject for 1937 is The Prognosis and Care of Heart Disease in General Practice and for 1938 The Management of Inoperable Malignant Disease in General Practice Candidates should obtain a copy of the rules governing the competition from the honorary secretary Mr Arthur Porritt 27 Harley Street W 1 before sending in their essays which must reach him by December 31 The gold medal for 1936 was awarded to Dr L J A Pirr of Sydney, Australia, for his essay on Rheumatoid Arthritis

In the autumn of 1935 Lord Nuffield offered to give to Papworth Village Settlement a sum of £25 000 when the settlement had itself raised £75 000 Papworth has now managed to raise £60 000 of the total needed and on Tuesday, April 20 at Grosvenor House the Duke of Kent will preside over a festival dinner by means of which it is hoped to raise the final sum needed to render Lord Nuffield's offer effective A film will be shown and dancing and a first class cabaret will follow the dinner Tickets may be had from Papworth's new London offices at 16 Grosvenor Place, S W 1

The annual dinner of the Medical Superintendents Society was held at the Langham Hotel on March 20 with the president Dr John D Ewart in the chair The toast of The Society was proposed in a brief speech by Sir Cuthbert Wallace, who remarked that his medical life corresponded with that of the society Referring to the development of hospitals during this period he said that in his student days the steward ruled the hospital In these days hospital life was so complex that the existence of such a society as the Medical Superintendents was essential Maintaining the excellent standard of brevity that had been set by Sir Cuthbert Dr D Ewart in reply recalled some of his early experiences in hospital life and said that he remembered the installation of the first x ray plant and of the first pathological department in the hospital at which he worked The medical superintendent he said was a co ordinating power and the society showed signs of great activity The health of the guests was proposed in a witty speech by Dr W A Ramsay who with appropriate annotation welcomed the presence of Sir Cuthbert Wallace Dr Adolphe Abrahams Dr Ernest Ward Mr G A Elliston representatives from the *Lancet* and the *British Medical Journal* Dr Mackintosh and Dr H P Newsholme Replying for the guests Dr Abrahams gave a short dissertation on the custom of after dinner speaking remarking that man was the only animal which indulged in this—other animals lay down and went to sleep Speaking not only as a guest but also as a representative of the voluntary hospital he said that the time would surely come when all the resources of the voluntary and municipal hospitals must be pooled Dr Ernest Ward who sustained the level of wit with ornithological anecdotes also replied for the guests

Miss Ada Blanche Marshall daughter of the late Professor John Marshall F R C S left estate valued at more than £32 000 Among other bequests she gave £2 000 to Epsom College half to be applied towards the cost of pensioners and half towards the cost of foundation scholars in memory of her father The bulk of the residue of her estate is bequeathed to the University of London to be applied for the advancement of surgery in the name of her father

The Meteorological Office has issued two pamphlets (1) Averages of Bright Sunshine for the British Isles for Periods ending 1935 and (2) Averages of Temperature for the British Isles for Periods ending 1935 The former has 43 pages and conforms to the same principle as a previous report noticed in this *Journal* on January 26, 1935 p 158 The latter—52 pages—has two tables (i) showing monthly and annual averages of mean maximum mean minimum and mean temperature (ii) showing monthly and annual averages of temperature at fixed hours These are followed by a list of 294 stations from which observations were recorded This list serves as a useful index The reports should prove a valuable guide to doctors who have to advise convalescent patients They are published at 1s and 1s 3d respectively (postage extra) and can be obtained from H M Stationery Office or through any bookseller

The French Minister of Public Health has issued an order to the effect that artificially irradiated foods may be sold only by chemists This is a sequel to the denunciation last December at a meeting of the Academy of Medicine of the therapeutically indiscriminate sale of allegedly irradiated foods over the counters of grocers shops

Colonel Charles Leonard Isaac T D senior surgeon to the Swansea Hospital has been appointed a deputy lieutenant for the County of Glamorgan

In 1935 there were 73 101 cases of typhus and 2 002 of small pox in Soviet Russia In the same year no cases of typhus cholera yellow fever or plague were notified in Germany

Letters, Notes and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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QUERIES AND ANSWERS

External Use of Iodine

NEST writes This hardy plant flourishes A few years ago in your correspondence columns I quoted examples of erysipelas seen in my school clinics arising from ambulant iodine the tincture usually suffering from decomposition of age with the production of iodate For over twenty years I have forbidden its use in my own ambulance classes but it continues to be stock teaching As to friar's balsam for cuts of the nose lips and especially the ears etc this has been the stand by of my first aid pupils for more than forty years The important matter however in abrasions is surely to effect quick cleansing with trustworthy material which is also commonly available For this purpose—and neither iodine nor friar's balsam can fulfil either of these conditions—I know of nothing better than petrol I use two swabs one on the wound the other wiping vigorously the skin beyond The wound swab cleanses and keeps the patient's view submerged The youngest infant never makes a sound facial wounds as others being peacefully dealt with In the pamphlet issued by the Automobile

however efficiently the pasteurization has been carried out all this good may easily be undone if the milk is infected during the bottling Thus I would submit that in advocating pasteurization we should always for similar reasons require and associate with it some form of mechanical bottling process —I am, etc,

Chelmsford, March 16 J L MILLER WOOD

Accident and Diabetes Mellitus

SIR —It is generally accepted that the bruising of tissues leads to the production of a toxin which upsets the metabolism of diabetic subjects just as do the toxins elaborated by some bacteria and viruses, and therefore accidents cause an exacerbation of diabetes mellitus The object of this letter is to ask the assistance of the medical profession to solve the question whether accident can initiate diabetes mellitus in the same way as it is asserted that trauma can cause malignant disease or local tuberculosis A number of diabetic patients date the onset of their disease from an accident but in only a small percentage of cases can previous glycosuria be excluded I should be very grateful to those who send me brief notes of patients who were free from glycosuria and the symptoms of diabetes mellitus before an accident, and have developed glycosuria with or without symptoms following an accident, however trivial The records of the London Hospital furnish some cases, but not sufficient to permit one to make a dogmatic statement —I am, etc,

London Hospital, E 1, March 19 O LEYTON

"Blood-sugar Worship"

SIR,—Dr Guy Bousfield (*Journal*, March 20, p 636) raises a pretty point in his criticism of Dr Himsworth's statement (March 13, p 542) deploring the practice of occasional estimations of the blood sugar to the exclusion of frequent and systematic examinations for glycosuria in the treatment of diabetics He says 'Are they to be allowed to run high blood sugars throughout the day as long as they remain free from ketosis and glycosuria?' Surely the answer is yes, for how few diabetics are consistently sugar-free? The symptomatology of diabetes is dependent on ketosis and glycosuria, and is there any evidence that a high blood sugar *per se* is in any way detrimental? The aim of treatment is to produce a level blood-sugar curve below the renal threshold and yet not verging on hypoglycaemia Severe diabetics with a high renal threshold are notoriously unstable and generally intolerant to the 'normal' blood sugar If their blood sugar is lowered so that the maximum during the twenty-four hours is much below the renal threshold their minimum too often verges on hypoglycaemia

One blood sugar a day tells very little and is too often misleading Three well chosen blood sugars will give one a shrewd idea of the minimum but tell nothing of the daily sugar curve If on the other hand the patient is told to empty his bladder every three hours, in the presence of glycosuria one can gauge the curve of his blood sugar During stabilization this has the additional advantage that the fluid intake must be increased in order to obtain frequent specimens, thereby combating any tendency to dehydration I am sure that Dr Himsworth's statement points to the goal which we too frequently miss because we have lost perspective in our worship of the blood sugar

It is too changeable a factor for standardization for will it not vary with the whim of the minute? The kidney is a much better judge than the test-tube and if we must have the fetish of figures why not return to Gerrard's method of urine sugar estimation and reserve the blood sugar for the rare occasion?—I am, etc,

OLIVER WALKER

St George's Hospital, London, S W 1, March 22

The Birching of Children

SIR —I hope that the leading article on the birching of children in the *Journal* of March 20 will attract attention and will stimulate the members of our profession to express their condemnation of this barbarity It must come as a shock to many to realize that such treatment can by law be meted out to a child of the tender age of 8 Anyone reading the revolting details of a judicial birching must surely come to the conclusion that irreparable damage both physical and psychological is the inevitable result The mentality of the flogging brigade in the House of Lords is well illustrated in the two instances quoted in your article One noble lord, with striking originality, quoted Solomon's well-worn opinion on the rod and the child and thereby suggested that England in the twentieth century should be governed by the ideas of an oriental Sultan who lived hundreds of years before the Christian era Another quoted a case of sheep maiming for which he thought flogging an appropriate punishment Had his lordship possessed the merest smattering of elementary psychology (though perhaps this is too much to expect from our hereditary legislators) he would have known the meaning of that abnormal behaviour and would have known also that punishment of a sadistic nature was the worst possible treatment

If my Division supports me I shall hope to submit a resolution to the Annual Representative Meeting on this subject as it is one upon which the medical profession is well qualified to express an opinion We are proud of our English laws, but I question if we ought to be as long as they include enactments more suggestive of mediaeval Russia than of England to-day —I am, etc,

Hove, March 21 W N MAPLE

Maternal Death Rate in Glasgow

SIR —In the *Journal* of March 13 (p 579) there is a report for which I was not myself responsible of remarks I made at the annual meeting of the Glasgow Royal Maternity and Women's Hospital May I be allowed to correct an unfortunate mistake in this report in quoting statistics of the outdoor maternity services of the hospital in the last five years there have only been twelve maternal deaths in all not twelve per annum as stated in the *Journal* this is equivalent to an annual maternal death rate of 0 5 per 1 000 In view of unfair criticism of the outdoor services of maternity hospitals made recently during the Committee stage of the Maternity Services (Scotland) Bill it is important that the actual results of such services shall be accurately known —I am, etc,

The University, Glasgow, March 19 D M BLAIR

Psychiatric Clinics

SIR,—I read with great pleasure Dr Gillespie's letter (*Journal*, March 13), pointing out the need for close affiliation of psychiatric clinics with teaching hospitals The benefit to patients staff and students of actually making the clinics part of the general hospitals, as is done on the Continent and in America has appeared to us at St George's Hospital to be indisputable.

It is precisely for the reasons so excellently set forth in his letter that the lay and medical authorities have decided that the new hospital of about five hundred beds

Association forwarded with my driver's licence, it amused me to note the recommendation of iodine for motoring abrasions

Sleep Rolling

J M C (Africa) writes Our son, aged 9 years 6 months has had the habit of rolling from side to side in his sleep from his early cot days This rolling may take up so much of the night that he is obviously tired and listless next day and unable to do his school work well The rolling often begins with a sudden start as if he were dreaming, but at other times just comes on in the course of his sleep So far as I know he is always asleep when he is rolling though he makes various noises, grunting sighing, etc I fear he used to be rocked rather vigorously as a baby The only attempts to cure him have been by modifications of his evening meal and suggestions to him that the rocking is a baby trick which he should try to stop Any helpful suggestions from readers would be gratefully appreciated

Income Tax

Voluntary Dispositions for Children

'D J asks for a reference to notes in previous issues with regard to reduction of total liability for tax by means of the above -

*** Notes on the point appeared in the issues of October 19 1935 (p 731) and January 25, 1936 (p 194) The effect of the Finance Act, 1936 however, is to invalidate such dispositions as regards income tax except where the child in question is under 21 years of age

Temporary Residence in the United Kingdom

M R C S is a Government official at present on study leave and inquires as to the conditions of liability to United Kingdom income tax

*** As the residence here is for a temporary purpose M R C S ' will not be liable unless he is in the United Kingdom for six months of any one financial year—that is, reckoning the year to end on April 5 On becoming liable in that way he will be chargeable to tax on the amount of the salary remitted to him here If, on the other hand, he maintains a residence here—for example for the use of his wife—*he* becomes a resident on his arrival in the country and the six months period is not required to create liability The question is a complicated one and the Board of Inland Revenue has prepared a brief statement on the point for the information of persons visiting this country, we suggest that ' M R C S might write to Somerset House for a print of that memorandum

LETTERS, NOTES, ETC.

Ampoules of Sterile Sodium Chloride

The CHIEF CHEMIST of British Colloids Ltd (The Crookes Laboratories London N W 10) writes In the article by Hamilton Bailey W I B Stringer, and K D Keele published in the *Journal* of March 13 (p 552), the statement is made that it would be an advantage to have ampoules of sterile sodium chloride for the rapid manufacture of safe solutions for infusion May we point out that such ampoules manufactured by ourselves have been in existence for some years With the aid of one of these ampoules containing 50 c cm of solution (in the case of gum saline 100 c cm) one pint of infusion solution of normal glucose, normal glucose in saline, normal saline hypertonic saline, Ringer's solution, or gum saline can be made up instantly

"Constitutional Therapy"

Dr THOMAS B L BRYAN (London S W 1) writes As Dr Robert Hutchison and the leading article in your issue of January 9 point out modern medicine is being built upon a constitutional basis It is therefore timely to seek a system of drug therapy built upon this constitutional foundation The constitution of an organism governs its response to stimuli Thus by the responses of an organism to stimuli its constitution at the time of reaction may be estimated As an expansion of Arndt's generalization it may be stated that to a given stimulus an organism reacts differently according to the dosage of the stimulus—small doses encourage life activity large doses impede life activity very large doses destroy life activity Thus the life of an organism is maintained and its constitution strengthened by the constant reception of stimuli in small beneficial doses—for example, mental exercise, food, heat, light, mild bacterial inoculations, etc Large doses of stimuli cause disease The actual symptom complex produced in an organism by any disease stimulus at any given time depends upon the constitution of the organism at that time Hence preventive medicine aims at reducing the number of disease stimuli to a minimum and building up the constitution of the organism to the maximum curative medicine at removing the harmful stimulus, strengthening the constitution by rest food, warmth supply of deficiencies —for example, insulin haemopoietic factors etc—passive immunity, etc, and encouraging the organism to mobilize all the forces of resistance which the constitution has at its command This last object may be achieved by means of a constitutional drug, or sometimes by the use of a vaccine During an illness the constitution is under a strain and a further stimulus must be given with care hence the caution in using vaccine therapy in active disease Now the syndrome present is the only picture which we have expressing the constitution of the organism at that time If a drug is known which when given in large doses will produce this identical syndrome it has been found that it will act as a very beneficial stimulus if administered in an appropriate dose to the diseased organism This system of drug therapy which is indeed a true constitutional therapy has been and is being used very successfully by thousands of practitioners throughout the world It is not used, of course, to the exclusion of the other forms of therapy, but in sound conjunction with them

Colorimetric Tests for Oxidation-reduction

The B D H Analytical Laboratories have found it necessary to publish a second edition of their monograph *The Colorimetric Determination of Oxidation-Reduction Balance* This revised edition provides a theoretical outline of the subject explains the use of indicators in measuring oxidation reduction potentials and refers to the use of oxidation reduction determinations in biochemical work milk testing—as for example, in the Ministry of Health's methylene blue test—sewage control organic chemical analysis vitamin determinations, metallurgy, etc A copy will be sent to readers free of charge on application to British Drug Houses Analytical Laboratories Graham Street London, N 1

A Curative Shock

An account is given in the Jav press of a Sydney doctor who had a dislocation of the cervical vertebrae as a result of a violent impact with another man whilst bathing Before the x ray film showing his condition was developed the doctor in question received in the x ray department a violent electric shock which threw him across the room A subsequent x ray examination showed that the second accident had reduced the dislocation

Society of Public Analysts and Other Analytical Chemists

Mr A L BACHARACH M A F I C writes On page 631 of your issue of March 20 you report a lecture given by Professor G Barger to the Society of Public Analysts and Other Analytical Chemists I have been a member of this society for many years and am at present one of its vice presidents, but I write to you entirely in my private capacity Seeing that the membership of the society includes about 100 to 150 analysts who are either themselves public analysts or working in the laboratories of public analysts and over 600 other analytical chemists it seems to me a little unfortunate that its title should be abbreviated as it has been in your report of this lecture The society represents the scientific interests of all analytical chemists and the misleading impression given by shortening its name is particularly paradoxical when it appears in the report of a lecture that was not given by a public analyst and has nothing to do with the work of public analysts The lecture was however of the very highest interest to all of those concerned with analytical chemistry, and it is on that basis that the society's membership exists and expands

Wax Solvents

Dr J SANDISON CRABBE (Birmingham) writes If Dr G C Pether will try the following solution as ear drops for two days he will be able to empty an ear with one syringeful of warm water Sod bicarb, gr xx, glycerin 3i, aq ad 3i Use three times a day

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We are asked to mention that Stericrepe bandages of which a notice appeared in the *Journal* of March 13 (p 560) are made by the Stericrepe Corporation, Victoria House, Southampton Row, W C 1

to be erected at Hyde Park Corner shall contain a psychiatric unit of, if possible some fifty beds The doubt as to size is a financial one, but we believe that the public will readily subscribe for a scheme which is so logical and for which all thinking people must realize the urgent need I am happy and proud to be able to assure Dr Gillespie that St George's Hospital when rebuilt, means to lead the way in putting his important suggestion into effect—I am, etc,

M F NICHOLLS
Dean of the Medical School

St George's Hospital
March 16

Typhoid Abscess

SIR—In view of the very interesting clinical memorandum in the *Journal* of January 30 (p 219) by Drs P Phillips and R T Cooke, describing the development of a typhoid abscess fifty seven years after the original infection I should like to record a similar case in which the peculiar situation of the abscess gave rise to considerable difficulty in diagnosis

The patient a woman of 52 complained of the sudden appearance of swelling of the right side of the neck on March 28 1936 A diffuse tender mass was palpable in the region of the right lobe of the thyroid extending deep to the sterno mastoid, the most probable diagnosis was thought to be haemorrhage into a thyroid cyst Routine examination showed sugar and acetone bodies in the urine subsequent blood sugar estimations proved this to be due to true diabetes The patient stated that she had been in good health since a severe attack of typhoid in 1906

The swelling increased considerably in size during the three days that the patient was under observation and was explored under general anaesthesia using the usual collar incision on May 31 After division and retraction of the platysma and pretracheal muscles a finger was inserted along the lateral aspect of the right lobe of the thyroid there was an immediate flow of creamy pus the abscess cavity apparently lying between the deep surface of the sterno mastoid and the thyroid The latter organ showed no cyst or other abnormality The wound was closed with drainage through its right lateral extremity and through a separate stab wound above the sternum Culture of the pus gave a pure growth of *B typhosus*

Convalescence and healing of the wound were uneventful and the diabetes responded rapidly to dietetic and insulin treatment A radiograph of the cervical spine showed slight osteo arthritis but no typhoid or tuberculous vertebral involvement

—I am, etc,

A C MACONIE MB, FRCS

Shanghai, March 1

Prostatectomy

SIR—I am grateful to Mr W W Galbraith (*Journal* March 20, p 638) for his endorsement of the views I published in the *Journal* of March 13 (p 581), and for his acceptance of some general suggestions in the spirit in which they were offered His appreciation of the work of the late Mr Harris will be welcomed

Mr W K Irwin (March 20 p 639) sticks to his guns with admirable fortitude but fires them indiscriminately at too many targets Incidentally he misinterprets my letter and draws erroneous conclusions

1 He writes as if I claimed to be an authority on the Harris method of procedure The honour is unmerited My experience is limited but sufficient to justify my belief that in selected cases and always provided the pre operative and post operative care insisted upon by Harris is respected the operation may be the ideal one Mr Irwin asks if I cannot eliminate haemorrhage and sepsis what are the advantages he claims for the operation? ' May I ask why he omits the qualifying paragraph? This is what I said I sometimes fear the very complications which Harris was able to eliminate—haemorrhage and sepsis—in the absence of a suprapubic drain *Unless* [the italics are mine] there is unremitting vigilance after operation and personal attention is given with unceasing regularity these disasters may occur I am sorry Mr Irwin has been the one to heap obloquy on the achievements of a great pioneer

2 I suggested that the type of operation should vary in accordance with the surroundings Mr Irwin cannot imagine any surgeon of experience undertaking a prostatectomy outside a hospital or nursing home I have never done so There are additional surroundings

3 I am taken to task for suggesting that the type of operation should fit the individual case In a tone of reproof Mr Irwin says I convey that I can evaluate the patient's power to withstand a certain operation This is one of the fundamental duties of the operating physician Judgement is the pivot upon which modern surgery revolves

4 Mr Irwin believes that what is good for the bad risk is also good for the good risk Few I think will adopt this maxim

5 I ventured to say when the gland is removed and the cavity visualized it may be obvious that the wisest course is to leave well alone Mr Irwin concludes from this that my technique often makes a long operation—which must severely tax the patient's strength and imperil the outlook My words bear the opposite meaning If Mr Irwin contends that to even look at the prostatic cavity is perilous he must have no regard for the advances of recent times Whatever the method adopted the results of prostatectomy will vary but my last case in Southend Hospital was dry and passing urine normally in ten days The cavity was visualized it was decided to leave well alone Open suction and admirable nursing did the rest

6 In advocating open suction after an experience of twenty years (not ten as erroneously stated in my letter) I mentioned that it was difficult to prove but that I was convinced *inter alia* that it lowered the incidence of post operative haemorrhage This is illogical says Mr Irwin to say the least of it Strict logic may be as devastating to the progress of surgery as microbic infection but if Mr Irwin will give suction a fair trial he will find it is not only logical but satisfactory in the manner I have indicated

Mr Irwin concludes with laudable concern for the populace He rightly condemns the surgeon who cannot separate the good from the bad and refers to him as a danger to the community On this we are all agreed My plea was not only to separate the good from the bad (especially the patients) but to do so with a sense of balanced judgement In his original communication Mr Irwin makes a good case against the abandonment of the old two stage operation He differs from most others in making it the rule and not the exception He advocates speed as a routine, 'the preliminary cystotomy or actual prostatectomy usually took only a few minutes Speed is sometimes a fickle friend indispensable at times but a legacy of bygone days Cushing and his disciples showed us the daylight in avoiding speed in brain surgery Rapidity in abdominal surgery (unless specially indicated) is under critical review Moynihan did not spare those who operated with one eye on the clock In the same sense he alludes to ' brilliant surgery such art has its proper scope in tricks with cards juggling with billiard balls and nimble encounters with bowls of vanishing goldfish '—I am etc,

W I DE C WHEELER

London W 1, March 21

SIR—After reading Mr Walter W Galbraith's second letter (*Journal* March 20 p 638) I really fail to understand what he does advocate For instance in his first letter (February 27 p 472) he states that the Harris method is 'a tremendous advance on the Thomson Walker technique Yet in his second letter

EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

230 Insulin Depot Treatment

F UMBER and F K STOPPING (*Klin Wschr* November 21 1936 p 1710) describe their findings in the insulin depot treatment of seventy-two cases of diabetes of all degrees of severity They used insulin durante and depending on the severity of the case and the type of insulin used, they were able to get effects lasting from twelve hours to four days Longer effects were produced in mild cases, but only with very high doses of insulin Three great advantages of this treatment were noted (1) The daily insulin injections could be reduced in (*a*) mild cases by one morning injection of insulin durante and (*b*) severe cases by a morning and an evening injection (2) The blood sugar curve could be stabilized so that there were hypoglycaemic attacks (3) The carbohydrate intake could be more evenly distributed and increased Eleven cases of which ten had severe diabetes received ambulant treatment and were controlled over a period of two to four months The authors claim that when the individual insulin requirements of the diabetic and his reaction to it have been examined the ambulatory treatment with an insulin depot produced by insulin durante offers no further difficulties The patient's mode of life is facilitated to a degree hitherto impossible owing to the frequent injections necessary

231 Hunger and Diabetic Coma

C BRENTANO and D v KEISER (*Dtsch med Wschr* February 5 1937 p 213) point out that the literature contains hardly any references to hunger as a cause of diabetic coma Infections general anaesthesia and pregnancy are notorious causes of coma but in the authors opinion hunger plays a comparatively important part witness the fact that during the past two years they have observed as many as eight cases in which hunger precipitated an attack of diabetic coma In the same period they did not see a single case of diabetic coma developing in the course of over feeding and of late they have given a much more liberal carbohydrate ration than is prescribed in conventional diabetic dietaries The carbohydrate latitude their diabetic patients have enjoyed has never, in their opinion, precipitated an attack of coma Yet as great an authority as Umber continues to maintain that the most common cause of diabetic coma is over feeding In four of the authors cases the coma was due to too severe dieting prescribed by the doctors previously in charge of these patients The hunger verging on starvation endured by all the authors patients was partly due to anorexia or inability to take sufficient food partly to a too heroic dietetic discipline It was noteworthy that in as many as six of the eight cases treatment with insulin had never been given The authors recall that in 1910 Hofmeister showed that even in health starvation invariably leads to pancreatic insufficiency described by him as hunger diabetes The lesson of these observations is that too strict limitation of food in general and of carbohydrates in particular in diabetes may defeat its object and do far more harm than good

232 Circulatory Disturbances in Thyroid Disorder

H CURSCHMANN (*Med Welt* January 9 1937 p 37) draws attention to the circulatory disturbances in hyperthyroidism and hypothyroidism In hyperthyroidism tachycardia is the cardinal and most constant feature The pulse rate is 110 to 130 The rhythm is regular in young patients but irregular in long standing cases The systolic blood pressure is increased the diastolic normal or lowered Read's formula must never be used as a substitute for testing the basal metabolic rate On examination of the heart increased pulsation of the apex beat is noted The sounds are clear systolic murmurs are sometimes heard but never diastolic The radiograph is characterized by the pulsating action of the heart and by enlargement of both sides In the electrocardiogram the P and T waves are higher than normal the R wave lower The function of the blood vessels is disturbed The veins are dilated and easily torn at operation Vasomotor disturbances are common A degree of cardiac insufficiency is present in a large number of cases digitalis and spa treatment are helpful measures in combating it In hypothyroidism the heart is slightly enlarged the apex beat may not be felt the second sound is accentuated, the pulse is slow and soft and a relative hypotension is present Radiographs of the heart show enlargement of both sides In the electrocardiogram the normal waves are scarcely distinguishable Cardiac insufficiency is rarely present Hypothyroidism seems to have a soothing effect on the circulation and ill treated patients with hypothyroidism often appear younger than they are Estimation of the basal metabolic rate in certain cases of chronic heart disease with bradycardia and hypotension may sometimes reveal a thyroid insufficiency which has hitherto been overlooked

233 Diagnosis of Coronary Infarct

R TEUFL (*Wien klin Wschr* January 15 1937 p 58) points out that the diagnosis of coronary thrombosis is not difficult in a patient with frequent attacks of angina pectoris It is often missed when it occurs during the first anginal attack or in those cases in which the pain is atypical or in the absence of angina The intensity and duration of the pain allow of no conclusions being drawn as to the extent of anatomical disturbance Episternocardiac rub and x ray proof of an aneurysm of the heart are two signs but rarely elicited Changes in the electrocardiogram may be diagnostic of infarct but they are transitory and the apparatus is rarely to hand when required Examination of the heart by percussion and auscultation is often negative Raised temperature and leucocytosis are inconstant signs Lowering of the blood pressure is difficult to assess if the original pressure is not known Tachycardia and disturbances of conduction are valueless signs A transitory hyperglycaemia occurs but is of little worth in diagnosis The sedimentation rate is increased but in five of the author's fatal cases it was normal In Weltmann's serum coagulation test however (*Wien Arch inn Med* 1936 28) Teufl claims to have found a reliable diagnostic test for coronary thrombosis He used it successfully in twenty-eight cases of which seventeen came to necropsy

Surgery

234 Streptococcus Haemolyticus Bacteriaemia

G SHWARTZMAN and J GOLDMAN (*Arch Surg* Chicago January 1937, p 82) give the results obtained from a study of 168 cases of *Streptococcus haemolyticus* bacteriaemia during a period of five and a half years The cases were divided into two groups (1) *Strep haemolyticus* bacteriaemia following peripheral infections erysipelas infections of the upper respiratory tract thrombosis of the lateral sinus acute otitis media with meningitis pulmonary infections osseous and articular infections and surgical and gynaecological infections (2) *Strep haemolyticus* bacteriaemia associated with leukaemia agranulocytic angina neoplasms diabetes rheumatic cardiovascular dis

he tells us that in some cases he "would use the method advocated by Sir John Thomson-Walker

As to results of treatment he is equally difficult to understand In his letter of February 27 he states 'The Harris wound heals by first intention' Yet three weeks later, in his second letter he tells us "It would be wrong to say that after every Harris operation the wound remains absolutely dry when the catheter is removed

Mr Galbraith tells us that the result of the Harris operation depends almost entirely on the preliminary treatment and says that as regards the patients operated on at St Paul's Hospital by the late Mr Harris he would need to be assured that in the cases mentioned Mr Harris had complete control of the preliminary treatment before apportioning any blame for results which did not attain to the high standard he himself set I can assure Mr Galbraith that Mr Harris had complete control of the preliminary treatment in both cases and that neither healed by first intention In fact one of the patients was in hospital for sixty eight days Yet Mr Galbraith tells us that one of the most important points in favour of the Harris operation is 'the prompt healing of the abdominal wound

Mr Galbraith has stated that my whole paper "bristled with misstatements (to call them nothing worse)' He has now written two long letters and has not produced any evidence of any misstatements I note that Mr Galbraith ends his second letter by stating that "premature judgement above all things is to be deprecated" —I am etc

London W1 March 22 W K IRWIN

*** This correspondence is now closed —ED, *B M J*

British Association of Radiologists

SIR —All radiologists must, I am sure think you for your annotation on radiology in its relation to medicine (*Journal* March 13 p 564) The British Association of Radiologists, and in particular its Fellowship Board should also be grateful to you for your approval of its efforts in the direction of establishing a higher diploma in radiology

It is proverbially accounted ungracious to look a gift horse in the mouth or even to appear to glance in that direction Nevertheless, I trust you will bear with me when I say that your annotation rather leaves radiotherapeutics in the cold where as in fact the association is as much concerned with it as with radiodiagnosis When the Fellowship Regulations were being drawn up it was recognized that in large cities there is some tendency for radiologists to devote themselves more or less exclusively either to radiodiagnosis or to radiotherapeutics For this reason a candidate for the Fellowship is required to choose one or other subject in which to offer himself for examination on an honours standard If he chooses radiotherapeutics he will be required to pass a modified examination in radiodiagnosis in which importance will be attached to radiographic interpretation especially in relation to history and clinical signs As regards the scope of the examination in radiotherapeutics you will perhaps allow me to quote a relevant paragraph from the official guide for candidates

> The candidate may be examined upon the use of radiation in any morbid conditions where its value has been established It is particularly to be borne in mind that knowledge confined to the use of radiotherapy in malignant disease will not satisfy the Board Nor will purely technical knowledge be regarded as sufficient A general knowledge of the conditions under treatment including their ætiology, pathology and symptoms and of therapeutic possibilities outside radiation therapy will be required The expression Radiation Therapy is defined in the Fellowship Regulations (40, xii c) as Treatment by X Rays, Radium, or other forms of Radiation"

After this year certificates to the effect that they have had special experience in radium work will be required from candidates In former issues of the *Journal* complaint has been made by correspondents that radiological diploma courses are not sufficiently concerned with treatment I express no opinion on this point, but I do wish to call attention to the fact that the association is making a serious attempt to establish a diploma which shall guarantee a very high standard of attainment in which ever subject is specially chosen by a particular candidate, and that the test will be no less searching should he choose radiotherapeutics rather than radiodiagnosis —I am, etc

T F HEWMAN-JOHNSON,
Warden

Fellowship Board British Association of Radiologists, London W 1, March 16

Prevention of Silicosis

SIR —Dr S C Blacklin (*Journal* March 13 p 586) has been good enough to take me to task for my remarks with regard to adsorption by coal particles If coal is a microbiological growth as suggested by myself (1935) and others then it is only natural that it will adsorb dyes in the manner mentioned by Dr Blacklin just as would any other similar material, but one would expect the adsorption to be of the order of monomolecular thickness not of particles, such as would be ingested into the lungs during breathing Through the courtesy of Dr W R Jones I have been able to examine a specimen of a silicotic lung from a South Wales coal-miner and there is obviously no adsorption of the type suggested by Dr Blacklin Moreover if such adsorption did occur, it is equally obvious that silicosis should not be prevalent in the South Wales coal-fields

With regard to the possibility of iodizing the air in which those subject to silicosis are working I would draw the attention of your readers to the fact that it has been seriously suggested that human beings derive their iodine from bacteria ingested in the lungs (Gmelin 1931) I do not accept this theory but before attempting to iodize the atmosphere as a germicidal precaution I would suggest that some experiments be carried out to discover the toxic dose of iodine to human beings and to micro organisms in the air otherwise it is possible that the cure may be worse than the disease A more practicable method would probably be found to lie in the use of ultra-violet light since ultra violet light employed in moderation is beneficial to man though deleterious to micro organisms —I am etc,

London, W C 1, March 15 THOMAS MCLACHLAN

REFERENCES

Gmelin (1931) *Handbuch der anorganischen Chemie* 8 1
McLachlan (1935) *J Soc chem Industr* p 1100

Death Following Blood Transfusion

SIR —Those of us who practise blood transfusion are likely to be disturbed considerably by the fatal cases recorded by Dr N S Plummer (*Journal* December 12, 1936, p 1186) and Dr F Pygott (March 6 p 496)

In about 250 transfusions I have had only one fatal case, in a patient who died some ten days after the transfusion from what was proved to be renal blockage with acid haematin due to a delayed agglutination effect (May 5 1928, p 754) In repeating the cross agglutination

case, and tuberculosis The mortality rate was very high, averaging 54 per cent and ranging from 60 to 100 per cent in gynaecological, articular, and osseous infections, surgical post operative infections, pulmonary infections, and acute otitis media with meningitis The mortality rate in cases of secondary erysipelas was 20 per cent, while that for infections of the upper respiratory tract, peripheral infections, thrombosis of the lateral sinus, and primary erysipelas was between 34 and 50 per cent Nearly all the cases in which the primary focus was in the respiratory tract occurred in the winter and spring, while infections of the upper respiratory tract, thrombosis of the lateral sinus, and osseous and articular infections showed a tendency to occur in the early years of life The quantitative estimation of the number of haemolytic streptococci in the blood stream was of diagnostic value in cases of thrombosis of the lateral sinus, infection of the upper respiratory tract, and peripheral infection Metastases of the long bones occurred in ten cases of infection of the upper respiratory tract and showed a predilection for young children, eight of the patients being under 4 years of age The results of the investigation show that the finding of *Strep haemolyticus* in the blood stream was of important clinical significance for diagnosis, prognosis, and treatment

235 Mastitis

W T WIEMER (*Munch med Wschr*, January 22, 1937, p 132) believes that most cases of mastitis occur because early symptoms are neglected or inadequately treated Any fissure around the nipples should be sprayed with 10 per cent novocain and then cauterized with 10 per cent silver nitrate A sterile dressing is then applied Milk is pumped off for three days, when the child is suckled again In the presence of inflammation deep x ray therapy is administered on three consecutive days The temperature falls at once, and pain is relieved If there is any infiltration it is irradiated with a Sollux lamp daily until it disappears Early treatment is essential There is little hope of success in a mastitis of two days' duration In the author's experience Bier's suction pump does not give nearly as good results as deep x-ray therapy When an abscess forms it is not opened until definite fluctuation occurs It is then incised with the thermocautery The incision is as small as possible In large abscesses two or three incisions may be necessary The cavity is then washed out with antiseptic lotion The small incision gives a good cosmetic result Its edges do not heal rapidly, and therefore no drainage tube is necessary Bier's suction pump may be used in the after-treatment to evacuate the abscess painlessly and to enable the cavity to heal more quickly on account of the hyperaemia produced Wiemer in a large series of cases, has never seen any untoward results from deep x-ray therapy It does not affect the milk secretion, and the irradiated milk does not harm the child The rapid relief of pain enables the mother to suckle her child without fear of recurrence

236 Acute Appendicitis

L LAZZARINI (*Rif med* January 23, 1937 p 123) records his observations on 800 cases of appendicitis which were operated on in the surgical emergency block of the Ospedale Maggiore of Milan from 1932 to 1935 Their annual distribution and fatality were as follows 1932, 133 cases with thirty deaths (22 5 per cent), 1933, 174 cases with twenty-five deaths (14 3 per cent), 1934, 231 cases with twenty one deaths (9 per cent), 1935, 262 cases with nineteen deaths (7 25 per cent) In all the cases immediate operation was performed, in almost all the appendix showed areas of gangrene or perforation and in most of the cases the patients had been ill several days and had been treated by purgatives or enemata In addition to the importance of operating within twenty-four to forty-eight hours from the onset of the attack the writer emphasizes the necessity of removing the focus of infection and of ample drainage of Douglas's pouch

237 Angioneurotic Facial Changes after Trauma

J SEMRAU (*Hals- Nasen- Ohrenarzt*, December 1936, p 363) describes three rare cases where trauma in the head region was followed by peculiar allergic symptoms in the skin of the face A boy aged 12 received a slight blow over the right cheek, several days later he developed a sudden painless swelling of this cheek The swelling was intermittent, disappearing completely at times, sometimes it also affected the upper lip, which protruded markedly on those occasions The symptoms lasted about ten days, and then subsided after treatment with calcium A man aged 24 was concussed and rendered unconscious for twenty minutes after a fall from a height of twenty feet A week after the accident he noticed a dark brown discoloration of the skin over the nose, later the nose often became swollen under the influence of changes of temperature The discoloration and swelling of the skin over the nose remained unchanged for six months A woman aged 46 suffered a fracture of the nasal bones A few months after satisfactory healing she developed sudden intermittent swellings of the skin over the bridge of the nose, of the alae nasi, and cheeks The swollen parts had a bluish-red colour The discoloration was due to an effusion of blood into the subcutaneous tissue caused by damage to the capillary walls The pigmentation in the second case was also thought to be an obscure trophic effect connected with trauma of the vegetative nervous system There seem to be two possible explanations (1) an effect of the trauma on the centres controlling the tonus of vessels, (2) an auto intoxication by local products of tissue trauma, with a delayed allergic action

Therapeutics

238 Treatment of Puerperal Sepsis

E HOLVELMANN (*Munch med Wschr*, January 15 1937, p 93) warns against a nihilistic attitude to the treatment of puerperal sepsis on grounds of the multifarious methods of treatment evolved especially in the last ten years Prevention of exogenous infection is of paramount importance Carriers of streptococci in the throat, whether healthy or otherwise, must not attend confinements Frequent throat swabs should be taken, masks should be worn and carriers isolated Coitus shortly before the onset of labour should be forbidden as streptococci are often to be found in the male urethra Sterile examination per vaginam is to be preferred to that per rectum Normal confinements should be conducted at home as statistics show a higher incidence of sepsis in hospitals, where patients are close together Instrumental delivery should only be undertaken when absolutely necessary Conservative treatment gives the best results Vaccine therapy is valueless as antibodies cannot be produced in time Chemotherapy fails because sterilization of the uterus by chemical methods is impossible on account of the rapid growth and spread of the streptococci Serum therapy is of use only if administered early At the onset of the infection the body resistance is great, but it soon weakens Serum given early may avoid paralysis of the body's resistance to infection

239 Snake Venom in Neuralgia

M BRUNNER-ORNSTEIN (*Wien klin Wschr*, January 29, 1937, p 127) reports the results of treatment of fourteen cases of trigeminal neuralgia with cobra venom The quantities of the injected venom were calculated in mouse units (Unités souris—US) One unit is sufficient to kill a mouse of 25 grammes The initial dose is rapidly and gradually increased to four mouse units One intracutaneous injection is given every third day Six of the treated cases were cured and four were improved The author has also tried rattlesnake venom, but the results were not so good

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Anaesthesia

240 Complications and Sequelae of Spinal Anaesthesia

F LIENHOOP (*Schmerz Narkose anaesth* December 1936 p 145) reports on 684 spinal anaesthesias Originally Pitkin's 'spinocaine' was used, but later the 10 per cent novocain in this was replaced by 0 8 per cent pantocaine Dosage varied from 1/2 c cm between the fourth and fifth lumbar vertebrae for low and 3/4 c cm between the first and second lumbar vertebrae for high anaesthesia the solution being mixed with an equal volume of cerebrospinal fluid Cases were carefully selected the usual contraindications observed, and precautions taken to maintain the blood pressure which seldom fell more than 20 mm Hg Investigation of the cerebro spinal fluid in fourteen cases before and at intervals after operation showed that the cell count increased six to seven times after twenty-four hours but returned to normal in eighteen days Globulin showed a trifling rise but albumin rose steadily and was nearly doubled in eighteen days Of 100 patients followed up twenty four had complaints ascribed to the anaesthesia often trivial In three cases definite neurological findings were probably due to concurrent disease Seven cases of weakness in the legs are reported but not discussed Details are given of eight deaths in most of which this anaesthesia should have been contraindicated owing to age shock or advanced illness One death apparently from phrenic paralysis through overdose occurred after 2 c cm of 5 per cent tropicocaine in a healthy woman of 24 undergoing Caesarean section The author concludes that with proper selection of cases and technique spinal anaesthesia is as safe as ether anaesthesia

241 "Twilight Sleep" in Labour

O S KREBS G L WULFF *jun* and H C WASSERMANN (*J Amer med Ass* November 21 1936 p 1704) have been using scopolamine morphine semi narcosis with good results for many years and here report in detail upon the first 2 000 cases since their last report in 1929 and the most recent 2 000 cases up to January 1 1936 The method has changed but little since its first introduction more than twenty years ago the authors beginning as soon as the patient is in active labour with morphine (1/6 grain) and scopolamine (1/133 grain) and repeating the latter alone twice at intervals of forty five minutes, and thereafter as may be required Success depends on constant attention and correct timing of the injections At delivery some inhalation anaesthesia is usually given very light chloroform—ten to fifteen drops on a gauze mask—being considered the best The authors find that this semi narcosis does not increase the foetal mortality their figures in fact showing the reverse is the case Occasional cases of oligopnoea occur, but respond to stimulation In recent years the method has been extended by the use of barbiturates (nembutal amytal etc) in combination with or preceding scopolamine the opiates being reduced or omitted entirely This combination has proved very satisfactory giving more comfort in the early stages better amnesia and less trouble from restlessness

242 Peridural Anaesthesia

K DENECKE (*Zbl Chir* January 16 1937 p 130) states that the drawbacks of Dogliotti's peridural segmental anaesthesia—namely its limited duration—the too extensive spread of analgesia the large bulk of solution used with consequent toxic symptoms from absorption and the length of time needed for the injection have prevented its wide adoption He claims that he has eliminated these disadvantages in a series of more than fifty cases and considers that the method could be developed to occupy a valuable place in surgery By the use of pantocaine in strengths of 1 in 1,000 up to 4 in 1,000 a duration of effect of two to six hours has been achieved while diffusion is prevented and the zone of analgesia sharply defined by mixing the drug with an equal volume of 5 per cent gelatin solution Usually from 7½ to 15 c cm of the mixture are used with pantocaine 3 or 4 in 1 000 The injection is made in the lateral position with the side to be operated on below The analgesia usually extends for three segments above and four below the site of puncture thus for upper abdominal operations the latter is between the eighth and ninth dorsal vertebrae for lower abdominal between the tenth and eleventh dorsal and for the region of the groin or legs between the twelfth dorsal and the first lumbar or lower In very fat patients the analgesia spreads further upwards therefore the injection should be made one or two segments lower while with thin people the reverse effect occurs With this anaesthesia there is seldom any appreciable fall in blood pressure but actually often a rise With care and practice the amount of anaesthetic used can probably be considerably reduced

243 Ether Narcosis in Diphtheritic Paralysis

HENNEBERT and SCHUERMANS (*Scalpel* Liege January 9 1937 p 336) describe a case of severe diphtheritic polyneuritis which was successfully treated by ether narcosis A hospital attendant of 28 years of age was suffering from the after effects of an unrecognized attack of diphtheria The patient suddenly became deaf in the right ear and had extreme fatigue and a partial loss of voice Neurological examination showed loss of the tendon reflexes a right hemi anaesthesia and a left hypo aesthesia of irregular distribution with paralysis of the palate Diagnosis was confirmed by bacteriological examination and suprarenal extract and strychnine were given In spite of treatment paralysis of the muscles of accommodation developed and serotherapy was tried without result At the end of five months a first ether narcosis lasting half an hour was given preceded by an injection of 20 c cm of serum a further 60 c cm being given during anaesthesia As no result was obtained a similar procedure was carried out eight days later and was followed by the disappearance of the disorders of accommodation and the velo palatin paralysis A third narcosis was given four days later without any marked improvement in the remaining symptoms but after a fourth treatment the deafness and other conditions were cured Four other cases have been treated in the same way with equal success and are fully described In one case narcosis was used in conjunction with serotherapy and strychnine in two cases with strychnine alone and in one case narcosis alone was used No experiments have been made with other forms of anaesthesia and chloroform is condemned as being too dangerous for a diphtheritic heart It is recommended that the first narcosis should be short to allow for a margin of safety the duration and intensity being increased at subsequent treatments

244 Dangers of Paravertebral Anaesthesia

P FALK (*Arch Ohr Nas Kehl heilk* December 1936 p 254) points out the danger of injecting large nerve plexuses near the vertebral column for the purposes of local anaesthesia Several cases of death after paravertebral injections in the neck have been reported in the literature and in other cases complications have developed such as temporary arrest of respiration dilated pupils temporary blindness motor paralysis of one arm etc The author experienced one fatality among well over 100 cases A woman aged 73 required a neck operation for an impacted foreign body in the oesophagus 15 c cm of 1 per cent novocain solution with the addition of some adrenaline were injected into the cervical plexus close to the roots of the transverse processes Almost immediately after completing the injection the patient complained of loss of sensation in the arms respiration ceased and within a few minutes the heart stopped in spite of artificial respiration and the usual direct stimulants to the heart

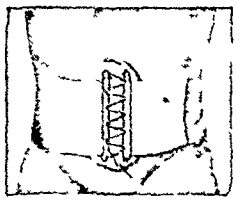
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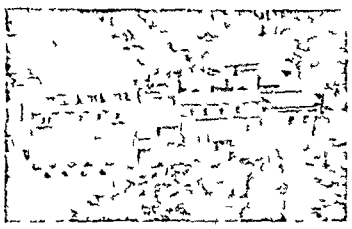
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muscle The interesting post mortem finding was a small haemorrhage in the right posterior column of the spinal cord between the fourth and sixth cervical segments Not satisfied with the current explanations of vagus stimulation cerebral anaemia due to constriction of the carotid vessels by the action of adrenaline hypersensitiveness to novocain etc the author undertook various experiments on the cadaver and was able to give a convincing explanation of these rare mishaps When the point of the needle accidentally happens to lie in a large cervical nerve trunk or in a spinal ganglion and the fluid is injected under ordinary pressure the solution penetrates within the perineural sheaths directly into the subarachnoid space or into the substance of the spinal cord along the posterior nerve root This was proved by using a weak solution of methylene blue Respiratory failure results from paralysis of the phrenic nerves (fourth cervical segment) or by direct action on the respiratory centre in the medulla

Obstetrics and Gynaecology

245 Carcinoma of the Urethra

According to R VOLBRACHT (*Zbl Gynak*, December 12, 1936 p 2946) collected statistics concerning carcinoma of the urethra are few, but suffice to show a bad prognosis both from surgical and radiological therapy The former has a cure rate of some 3 to 5 per cent and is only suitable for growths which are in the earliest possible stages Radiotherapy encounters equal anatomical difficulties but a series of fourteen cases from the Berlin Universitäts-Frauenklinik showed a five-year survival in five these comprised four of vulvo-urethral and one of peri-urethral carcinoma no case of purely urethral growth surviving The treatment at present carried out is radium application to the primary growth, followed by x-ray irradiations and block dissection of the inguinal glands Too heavy a dosage of radium leads to stenoses and fistulae not more than 2,000 mg hours is recommended, and preferably half that dose For the most frequent (the vulvo urethral) form Volbracht advises against placing radium in the urethra six or seven radium needles are inserted around and parallel to the urethra, and over the tumour or ulcer is temporarily sutured a disk-shaped carrier of seven more radium needles which is perforated centrally for insertion of a rubber catheter A series of seven further cases is here described—three purely urethral and four vulvo-urethral Two are still under treatment one has remained for seven months free of recurrence, the rest on the average died within a year

246 Endometrial Histology and Pathology

R E CAMPBELL *et al* (*Surg Gynec Obstet*, December 1936, p 724) point out that, as a result of the isolation of ovarian hormones and the study of their action on the menstrual cycle and the discovery of the endometrial biopsy method with Burch's punch, a new terminology in respect of the endometrial cycle is desirable According to them it is divided into a stage of tissue loss lasting two days a stage of re-epithelization the following two days, a follicular stage lasting ten to twelve days, and a luteal stage lasting twelve to fourteen days The bleeding of normal menstruation follows regression of the corpus luteum It is by rhexis of arteries and veins The tissue loss involved is composed of the compacta and most of the spongiosa Re-epithelization is characterized by a thin endometrium with straight non-secreting glands The follicular stage is produced by the hormones of the developing Graafian follicle The special feature is cellular proliferation The endometrium increases in thickness and vascularity Mitotic figures are numerous The glands are wavy but not coiled No glycogen or mucin is present, but a *thin albuminous secretion oozes from the cells* Following ovulation the corpus luteum hormone influences the endometrium The whole endometrium becomes thicker The glands increase in size and are dilated with secretion, they become coiled and tortuous Characteristic is the elevation of the nuclei from the bases of the glandular epithelial cells, leaving a clear basal zone, which is filled with masses of glycogen Mucin appearing later than glycogen is found only in the lumen of the glands The authors recommend the biopsy method in determining the part played by endocrine disturbance in certain gynaecological conditions It should never be substituted for curettage when a neoplasm is suspected Three varieties of abnormal luteal function have been observed (1) Failure of luteinization which is common and easily diagnosed by the absence of the luteal type of endometrium, which should occur four weeks after the onset of the previous menses (2) Excessively prolonged luteal activity, possible when corpus luteum cysts exist (3) Abnormal secretion producing a "mixed picture" in the endometrium Of this the authors are sceptical Disturbed follicular function cannot occur without grave interference of ovulation and luteinization Reduction of follicular activity occurs in castrated patients in certain cases of amenorrhoea and in the menopause and premenopause Apart from these the endometrial histology resembles that of the fully developed follicular phase in a large number of cases of amenorrhoea recurrent follicular bleeding and menorrhagia But the endometrium differs from that of the normal follicular phase in three respects the glands are more irregular than normal the lining cells may be pseudo stratified more or less dilatation of the glands is present The authors state that in the latter three clinical types endometrial biopsy is not yet an adequate substitute for a good history

Pathology

247 Virus Metabolism

R F PARKER and C V SMYTHE (*J exp Med*, January 1937, p 109) have measured the oxygen absorption and acid production under anaerobic conditions of washed, cell free and bacteria-free vaccinia elementary bodies before and after additions of glucose and glucose monophosphate and sometimes methylene-blue They found a small uptake of oxygen and a small development of acid mostly during the first hour, but glucose, glucose monophosphate, and methylene-blue had no effect The results are in strong contrast with those given by bacteria and unlike those given by resting spores Tissue extracts containing an active "respiratory supplement" did not increase oxygen consumption, neither did the virus bodies accelerate red cell metabolism under aerobic or anaerobic conditions After each experiment the virus bodies were shown to have retained their infectivity by intradermal inoculation of rabbits most of them were active in a dilution of 10^{-9} Under the conditions of the experiments although these were compatible with survival of the virus virus bodies freed from host cells and bacteria were incapable of continued utilization of measurable quantities of oxygen or of continued production of appreciable amounts of acid

248 Hodgkin's Disease

V SCHILLING (*Med Welt* February 6 1937 p 167) reviews the history and aetiology of lymphogranulomatosis and the Gordon experiment Gordon and his collaborators have supplied tangible proofs of the infective theory of lymphogranulomatosis The virus however, could not be definitely identified although Gordon himself is believed to have observed the virus in the ultrafiltrate in the form of minute round granules The Gordon experiment consists in the injection of fresh macerated lymphogranulomatous tissue into the brain of a guinea-pig or rabbit In positive cases the injection is followed by a severe nervous affection of the spastic or paralytic type Experiments by other workers have confirmed to a great extent the Gordon theory, but so far no absolute proof of the validity of the theory has been obtained

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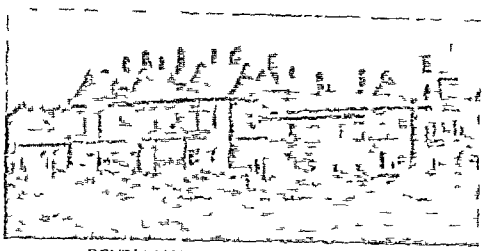
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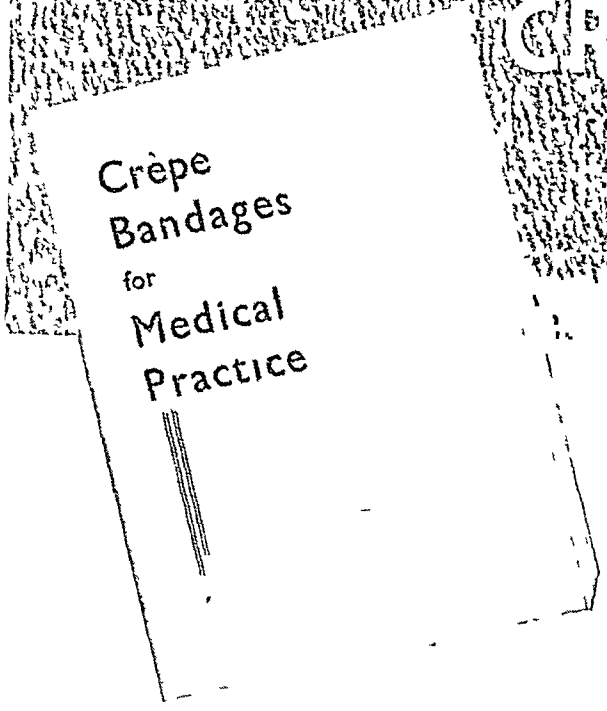
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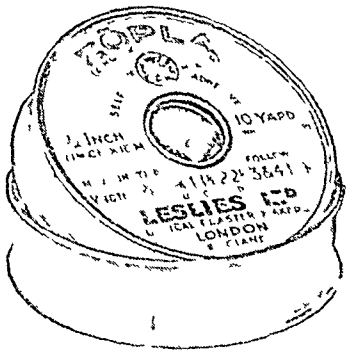
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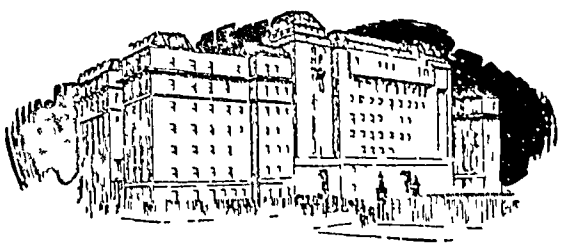
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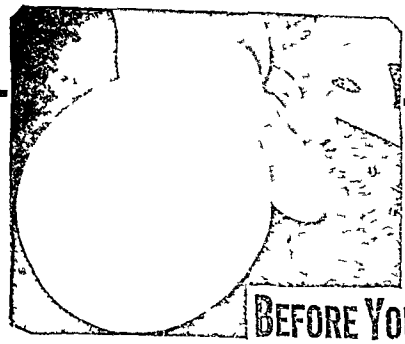
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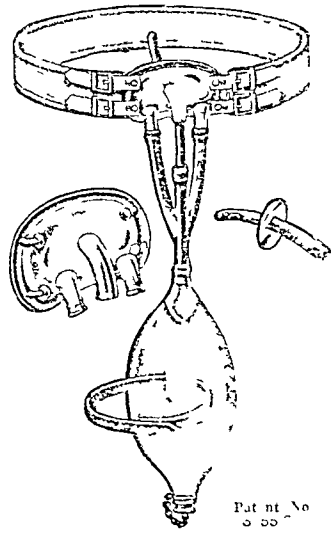
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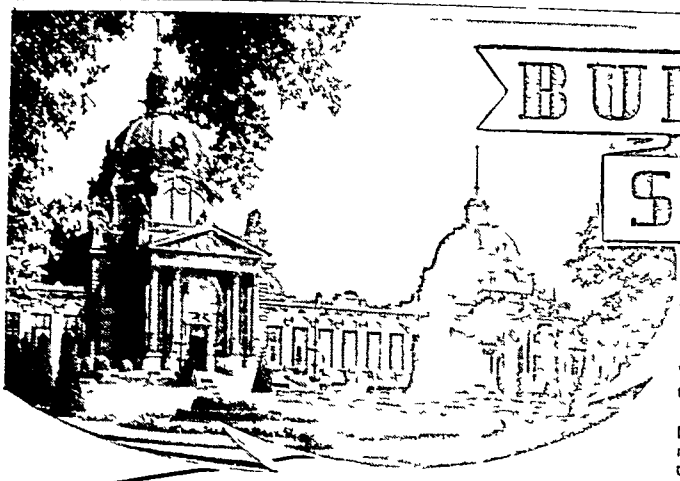
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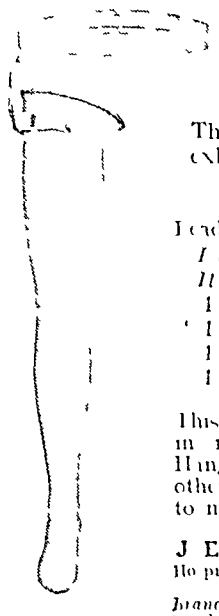
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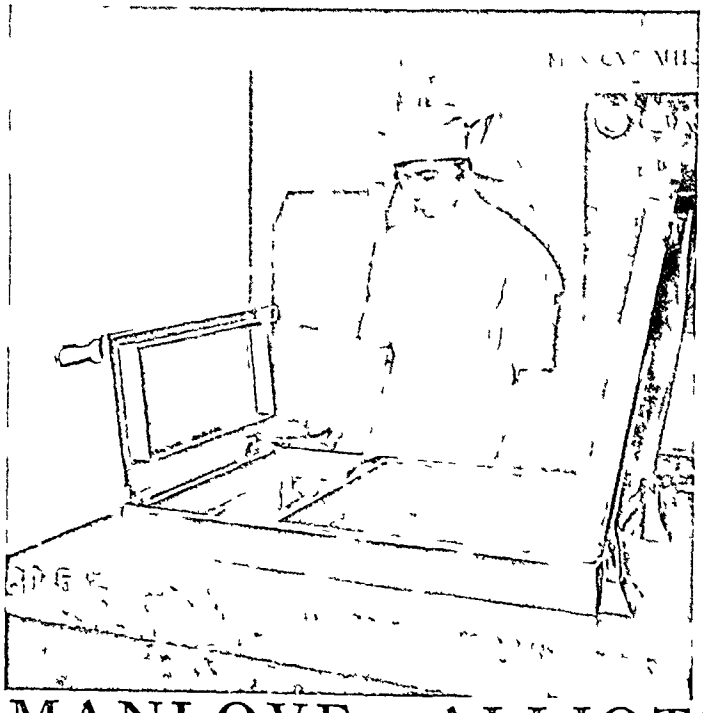


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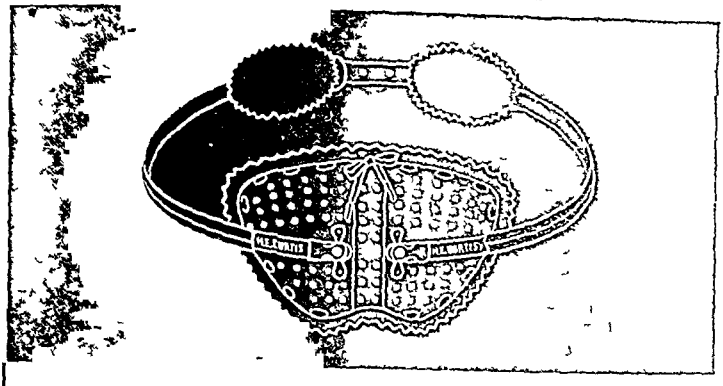
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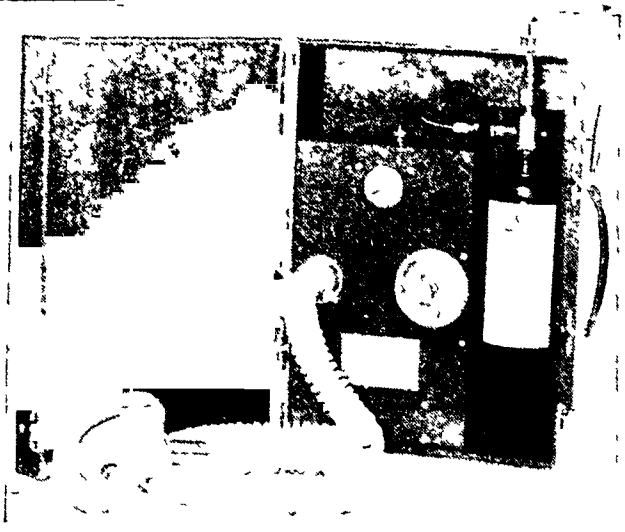
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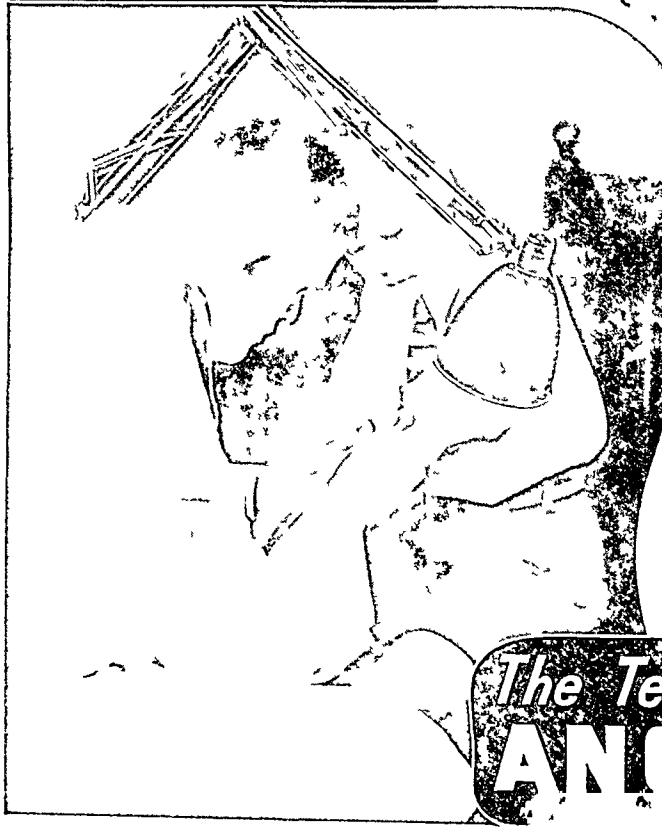
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The successful applicant will be required to reside in close proximity to the maternity home If not already holding the Master of Midwifery Diploma (S A) she will be required to obtain this within a year The salary will be £600 rising by £25 to £800 per annum The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by her

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H H TOMSON Secretary

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He must reside in the District and devote his whole time to the duties of the office and will not be allowed to engage in private practice

The appointment will be subject to the approval of the Minister of Health and to the provisions of the Local Government and Other Officers Superannuation Act 1922

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Deputy Clerk of the Council

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HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE

A vacancy exists for an ASSISTANT MEDI at the CENTRAL NYONG RAMBUTAN STATES

Conditions—Candidates must be British subjects of European parentage under 35 years of age and must have had at least two years experience as an Assistant Medical Officer in a County City or Borough Mental Hospital in Great Britain or Ireland Possession of medical qualifications registrable in the United Kingdom and a Diploma in Psychological Medicine is essential

Salary £700 a year rising by annual increments of £35 to £1 120 a year subject to an efficiency bar at £840

Quarters—Furnished quarters are provided at a small rental

Passages—Free passages will be provided both for an officer and his family on first appointment and when proceeding on or returning from leave

Terms of appointment—The appointment is pensionable subject to a probationary period of three years in the first instance

Duties—The officer will be required to assist the Medical Superintendent in the treatment of patients maintenance of discipline etc in the Mental Hospital He may be required to give lectures and clinical teaching on mental diseases to students of the College of Medicine Singapore

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service) 2 Richmond Terrace Whitehall London, S W 1

COUNTY COUNCIL OF MIDDLESEX

RESIDENT ASSISTANT MEDICAL OFFICERS WEST MIDDLESEX COUNTY HOSPITAL ISLEWORTH

Applications are invited for the appointment of Three Resident Assistant Medical Officer Candidates must be registered Medical Practitioners who have held resident appointments in a General Hospital For two of the appointments special experience in Medicine is required and for the third appointment candidates must have had special experience in Surgery The officers appointed will work under the direction of the Medical Superintendent and will devote their whole time to official duties

Salary £400 per annum rising by annual increments of £25 to £475 per annum, with board lodging and laundry valued at £100 per annum

The appointments which will be subject to medical examination will be held during the pleasure of the Council and are terminable by one months notice on either side

The appointments which do not carry any rights under the County Councils Superannuation Act are for a period of four years, at the end of which period the officers will leave the Councils service In a special case the Council may decide to retain an officer on the established staff in which case the salary will be increased to a maximum of £500

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than April 3rd Application forms are not provided Envelopes must be endorsed Assistant Medical Officer West Middlesex County Hospital

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE
Clerk of the County Council

Middlesex Guildhall Westminster S W 1
March 12th, 1937

CITY OF MANCHESTER

BOOTH HALL HOSPITAL FOR CHILDREN (760 Beds)

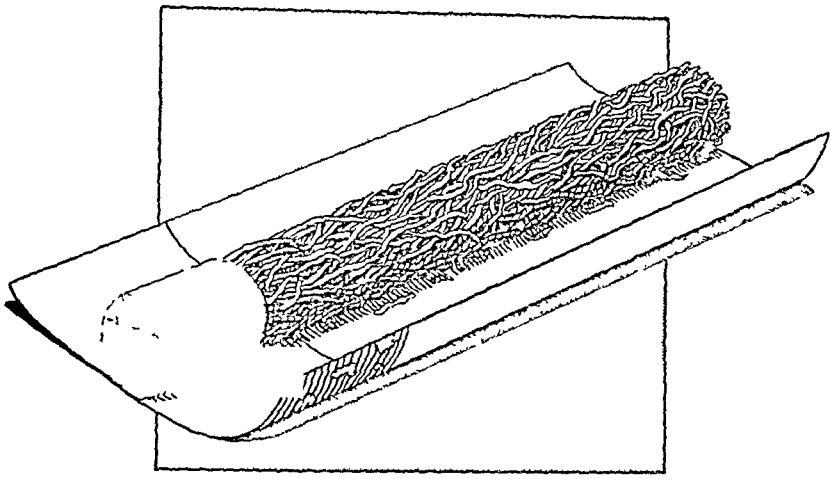
The Public Health Committee invites applications from registered Medical Practitioners (men only) for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above named Hospital

The salary for the appointment is £200 per annum with board, residence and laundry in addition, subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months, but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than April 10th

Town Hall 1 1 WARBRICK HOWELL
Manchester 2 Town Clerk
March 20th 1937



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ROYAL ARMY MEDICAL CORPS.

Applications are invited from medical men for appointment to commissions in the Royal Army Medical Corps

Candidates will for the present be selected for commissions without competitive examination and will be required to present themselves in London for interview and physical examination on or about April 22nd 1937 They must be registered under the Medical Acts and normally must not be over the age of 28 years

Successful candidates will in the first instance be given short service commissions for five years During the 4th year of this period they will be given the opportunity of applying for a permanent commission Those not selected will retire on completion of 5 years' service with a gratuity of £1 000

PROFESSIONAL WORK

Ample opportunity exists in the Army for professional work in Military Hospitals and in Military Families Hospitals

Candidates who are successful will unless they are seconded to complete a hospital appointment assemble at the Royal Army Medical College London on May 1st 1937

Particulars of the Conditions of Service in the Royal Army Medical Corps pay, and allowances and forms of application, may be obtained on application either in writing or personally to the Assistant Director General Army Medical Services The War Office London S W 1

ROYAL NAVAL MEDICAL SERVICE.

A number of vacancies exist for Medical Officers in the Royal Navy and applications are invited for entry in July, 1937

Candidates must not be above the age of 28 years and must be registered under the Medical Acts No examination in professional subjects will be held, but candidates will be required to attend for interview by a Selection Board

Selected Candidates will be entered for Service for a period of three years in the first instance which may be extended to five years at the discretion of the Admiralty

At the end of three years' service officers may retire with a gratuity of £400, but those who serve for five years will receive £1,000

At the end of five years' Short Service permanent commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career

Opportunities are available for officers on the permanent list to specialise, and ample provision is made for Post Graduate Study

Copies of the regulations for entry and conditions of Service including rates of pay and allowances may be obtained from the Medical Director General of the Navy, Admiralty, S W 1, and from the Deans of all Medical Schools

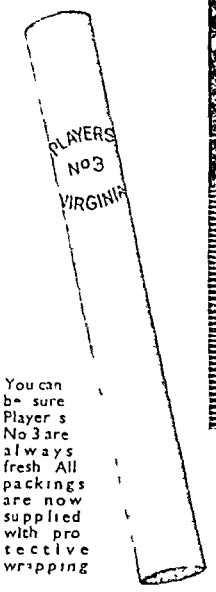
Applications for entry from intending candidates must be received not later than May 31st, 1937



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COUNTY OF THE ISLE OF ELY

APPOINTMENT OF ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

The County Council invite applications for the post of Assistant County Medical Officer of Health and Assistant School Medical Officer from duly qualified Medical Practitioners holding a Diploma in Public Health or an equivalent qualification in State Medicine who have had at least three years experience in the practice of their profession. The successful applicant will be required to undertake clinical work and must have spent not less than twelve months in general clinical work, which must be taken in a Hospital as Resident Officer having not less than 50 beds occupied by general medical cases and must have received appointment for a period of not less than six months in the diagnosis and treatment of cases.

The commencing salary will be £500 per annum rising by annual increments of £50 to £700 per annum. The post is designated by the provisions of the Local Government and Other Officers Superannuation Act 1922 but the applicant will be required to pass a medical examination.

The present officer holds the appointment of Assistant Medical Officer of Health to the Whittlesey Urban District Council and to the Thorney Rural District Council at salaries of £100 per annum and £30 per annum respectively plus travelling expenses. The selected candidate will be at liberty to apply for these appointments on a temporary basis.

Canvassing in any form will disqualify the candidature.

Forms of application and further details may be obtained from the County Medical Officer, County Hall, March, Cambs, to whom they should be returned not later than Friday, April 2nd, 1937.

County Hall, March. H. E. C. THURLOW
Clerk of the County Council.
March 19th, 1937.

COUNTY COUNCIL OF YORK EAST RIDING

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from Medical Men holding the Diploma in Public Health for the appointment of Assistant County Medical Officer of Health. The person appointed who will work under the direction of the County Medical Officer of Health will be required to perform such general public health work as may from time to time be required by the Council, and in addition to assist with the supervision of a residential institution for mentally defective children.

The salary will be at the rate of £500 per annum rising by annual increments of £25 to £700 per annum with an allowance in accordance with the Council's scale for the use of a motor car.

The appointment will be an established post under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination.

The appointment will be subject to one month's notice on either side.

Form of application may be obtained from the undersigned to whom they should be returned with copies of three recent testimonials not later than Saturday, April 10th, 1937.

County Hall, Beverley. CODLEY MACDONALD
Clerk of the Council.
March 15th, 1937.

COUNTY BOROUGH OF SMETHWICK

ST CHAD'S HOSPITAL, BIRMINGHAM

HOUSE PHYSICIAN AND ANAESTHETIST

Applications are invited from registered Medical Practitioners for the appointment of House Physician and Anæsthetist at the Council's Municipal Hospital to commence duty on May 1st. The appointment will be for a period of six months with salary at the rate of £150 per annum with the usual emoluments. If the successful candidate is reappointed for a further period of six months the salary will be at the rate of £200 per annum.

St. Chad's Hospital contains 145 beds and the cases treated include general medical, acute surgical and maternity patients. It is staffed by the Honorary Consultant of the Birmingham Teaching Hospitals.

Form of application may be obtained from the Medical Superintendent, St. Chad's Hospital, Higley Road, Birmingham, to whom application endorsed "House Physician and Anæsthetist" accompanied by copies of three recent testimonials must be delivered not later than first post on April 5th.

Canvassing directly or indirectly will disqualify.

Council House, Smethwick. FRANK CHAPMAN
Town Clerk.
March 15th, 1937.

NORTHAMPTONSHIRE

COUNTY MEDICAL OFFICER OF HEALTH AND CHIEF SCHOOL MEDICAL OFFICER

The Northamptonshire County Council invite applications for the appointment of County Medical Officer of Health and Chief School Medical Officer for the Administrative County of Northampton.

Applicants must be legally qualified and duly registered Medical Practitioners and hold a Diploma in Sanitary Science, Public Health or State Medicine. They must also have had previous experience in Public Health administration under a Local Government Authority.

The salary will be at the rate of £1,100 per annum payable monthly together with offices staff, stationery and such allowances for travelling and other necessary out of pocket expenses as the County Council shall from time to time approve. A periodical review of salaries is made by the County Council and suitable increments of salary will be given for proved ability and satisfactory service.

The salary will be subject to a deduction of 5 per cent. per annum for superannuation in accordance with the provisions of the Local Government and Other Officers Superannuation Act, 1922, which the County Council have adopted.

The candidate appointed will be required to pass a medical examination.

The officer appointed must reside at a place to be approved by the County Council and devote the whole of his time to the service of the Council and its Committees. He will be required to act as Medical Adviser to the County Council and its Committees, and will be responsible for the carrying out of the Public Health work now devolving upon or which may hereafter devolve upon the Council or its Committees.

The appointment is made in accordance with the provisions of Section 103 of the Local Government Act, 1933, and is to be determinable (subject to the provision of Subsection 3 of that Section) upon three months' notice on either side.

Further particulars if required may be obtained on application to the undersigned.

Applications endorsed "Medical Officer," with not more than three recent testimonials, giving full particulars of the training, qualifications, experience and age of the applicant, should reach the undersigned on or before April 5th.

Application and testimonials for the use of a member of the Public Health etc. Committee must be printed or typewritten and not less than thirty copies should be supplied for this purpose.

Canvassing will disqualify.

County Hall, Northampton. H. S. MARTIN
Clerk of the County Council.
March 12th, 1937.

LEICESTERSHIRE COUNTY COUNCIL

COUNTY SANATORIUM AND ISOLATION HOSPITAL, MARKFIELD (200 Beds)

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited for the post of an unmarried male Junior Resident Medical Officer at the above Institution.

The appointment will be for a period of six months, renewable if satisfactory for a further six months.

The salary will be £300 per annum together with board, residence and laundry.

The person appointed will have opportunities of gaining experience in the treatment of tuberculosis and infectious diseases and in X-ray work.

Forms of application may be obtained from the undersigned and must be received together with copies of not more than three recent testimonials not later than April 9th.

County Offices, Leicester. LUCAS I. RUMSEY
Clerk of the County Council.
March 15th, 1937.

HULL CORPORATION HEALTH DEPARTMENT

HULL MUNICIPAL MATERNITY HOME AND INFANTS HOSPITAL (104 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (Woman)

Applications are invited from unmarried or widowed Women Medical Practitioners for the appointment of Junior Resident Medical Officer at the above Institution.

Salary £100 per annum together with board, washing and residence at the Maternity Home.

The appointment will be for six months with a possible extension for a further period of six months.

Applications on forms to be obtained from the undersigned are returnable not later than noon on Monday, April 5th.

NICOLAS CIBBIE, M.D.
Medical Officer of Health.
Health Department (172), Guildhall Road, Hull.
January 1937.

SURREY COUNTY COUNCIL

EPSOM COUNTY HOSPITAL (300 Beds)

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners for the above appointment. The Hospital is at present administered by the Public Assistance Committee but will it is expected be appropriated to the Public Health Committee on April 1st. It is approved by the General Nursing Council and the Ministry of Health as a complete training school for nurses. The work undertaken include Surgery, Medicine and Midwifery.

Applicant should have had experience as a House Surgeon or Physician. Experience in Midwifery is very desirable.

The appointment is for a period of six months renewable for a further period of six months and the gross salary is at the rate of £375 per annum less a deduction of £125 in respect of board, lodging and laundry.

Applications stating age, qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed "Resident Assistant Medical Officer," and sent to the County Medical Officer, County Hall, Kingston-on-Thames, so as to be received not later than March 31st.

County Hall, Kingston-on-Thames. DUDLEY STRAND
Clerk of the Council.
March 15th, 1937.

COUNTY BOROUGH OF GRIMSBY

ASSISTANT MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Male Assistant Medical Officer of Health at the Grimsby Corporation Hospital. This Institution has 98 beds for Pulmonary and Surgical Tuberculosis and 72 for Infectious Diseases.

Candidates must be unmarried and have held a resident post in a General Hospital. The possession of a Diploma in Public Health and Hospital experience in regard to Infectious Diseases will be deemed an additional qualification.

The salary is £500 per annum rising by annual increments of £25 to £700 per annum. £120 per annum will be deducted for board, residence and laundry.

Forms of application and any further information desired may be obtained from the Medical Officer of Health, 184 Victoria Street, Grimsby. Applications endorsed "Assistant Medical Officer" must reach me not later than Saturday, April 3rd.

JOHN W. JACKSON, Town Clerk.
Municipal Buildings,
170 Victoria Street, Grimsby.

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing for undermentioned appointment at HEATHERWOOD HOSPITAL, ASCOT, BERKS. Candidates must have held resident appointment in a General Hospital for at least six months.

ASSISTANT MEDICAL OFFICER, Grade II.—Salary £250 a year, together with board, lodging and washing. Appointment for one year only in first instance (renewable for second year under certain conditions). Experience in Orthopædics desirable. There is no accommodation for a woman. Married quarters not available.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division, 2a, County Hall, S.E.1, returnable by April 5th.

Canvassing disqualifies.

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners for positions of HOUSE PHYSICIAN and HOUSE SURGEON. Several positions are now vacant, General and Special Hospitals. Salary £120 a year with board, lodging and washing. Appointment for six months in first instance.

One position of *House Surgeon* is for the special unit for Thoracic Surgery at St. Mary Abbots Hospital, Marloes Road, Kensington, W.8.

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division, 2a, County Hall, S.E.1, returnable by April 5th.

Canvassing disqualifies.

LONDON COUNTY COUNCIL

TEMPORARY DISTRICT MEDICAL OFFICER required for Area VII, District M (Balham).—Provisional salary £160.

Person engaged required to carry out duties prescribed by Public Assistance Order 1930 and to reside in or near district. Engagement until March 31st, 1938, in first instance. Remuneration and conditions subject to review.

Application form obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health, Staff Division, 2a, County Hall, S.E.1, returnable by April 5th.

Canvassing disqualifies.

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(UNIVERSITY OF LONDON)

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A COURSE OF SIX LECTURES

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will be given by

Dr HUGH MACLEAN D Sc M D F R C P

on

January 11th 18th 25th
February 1st 8th 15th at 2 30 p m

DEPARTMENT OF SURGERY

A COURSE OF FIVE LECTURES

on

SURGICAL DISEASES OF THE RECTUM

will be given by

Mr W B GABRIEL M S F R C S

on

January 8th 15th 22nd 29th
February 5th at 2 30 p m

DEPARTMENT of PATHOLOGY

A COURSE OF SIX LECTURES

on

EXPERIMENTAL ENDOCRINOLOGY

will be given by

Dr A S PARKES M A Ph D D Sc F R S

on

January 13th 20th 27th
February 3rd 10th 17th at 4 30 p m

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

A COURSE OF FOUR LECTURES

on

HYGIENE OF THE FOETUS AND THE NEWLY-BORN CHILD

January 21st	The Mother's Diet and its influence on the Foetus and the Newly Born Child	Professor VERNON H MOTTRAM M A
January 28th	General Hygiene and Emergencies Jaundice Haemorrhage Respiratory Failure	Dr A A MONCRIEFF M D M R C P
February 4th	Feeding of the New Born Infant (Breast and Artificial)	
February 11th	Feeding of the New Born (contd)	
At 3 30 p m	Care of the Premature Infant	

The lectures are for regular students of the School but a limited number of tickets are available without fee to medical practitioners

Applications for tickets should be addressed to the Dean British Postgraduate Medical School Ducane Rd W 12

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JANUARY SPECIAL COURSE

11th to 22nd January, 1937

	MORNING		AFTERNOON	
DATE.	10 a m	11 15 a m	2 p m	3 p m
Monday January 11th	The Anatomy and Physiology of the Circulation Dr T F COTTON	FIRST WEEK. Diseases of the Mitral Valve Dr B T PARSONS SMITH	Ward round Dr D EVAN BEDFORD	Out Patients Dr J M H CAMPBELL
Tuesday January 12th	Symptomatology Dr B T PARSONS SMITH	Physical Signs Dr F W PRICE	Ward round Dr T F COTTON	Out Patient Dr T F COTTON
Wednesday January 13th	Cardiac Arrhythmias (1) Dr J M H CAMPBELL	Heart Disease in Children Dr T F COTTON	Pathological Demonstration Dr STEVENS KEITH	Out Patient Dr B T PARSONS SMITH
Thursday January 14th	The Heart in Thyrotoxicosis Dr T F COTTON	The Electrocardiograph Dr F W PRICE	Ward round Dr B T PARSONS SMITH	Out Patient Dr D EVAN BEDFORD
Friday January 15th	Disease of the Aortic Valve Dr D EVAN BEDFORD	Ward round Dr J M H CAMPBELL	Ward round Dr JOHN PARKINSON	Out Patient Dr JOHN PARKINSON
Monday January 18th	Cardiovascular Syphilis Dr JOHN PARKINSON	SECOND WEEK. X Ray Examination in Cardiovascular Disease (1) Dr D EVAN BEDFORD	Ward round Dr F W PRICE	Out Patient Dr J M H CAMPBELL
Tuesday January 19th	Cardiac Arrhythmia (2) Dr J M H CAMPBELL	Arterial Disease and Blood Pressure Dr JOHN PARKINSON	Ward round Dr B T PARSONS SMITH	Out Patient Dr T F COTTON
Wednesday January 20th	Tachycardia Dr JOHN PARKINSON	Clinical Electrocardiography Dr F W PRICE	Pathological Demonstration Dr STEVENS KEITH	Out Patient Dr B T PARSONS SMITH
Thursday January 21st	Angina Pectoris Dr B T PARSONS SMITH	Chronic Myocardial Disease Dr F W PRICE	Ward round Dr J M H CAMPBELL	Out Patient Dr D EVAN BEDFORD
Friday January 22nd	X Ray Examination in Cardiovascular Disease (2) Dr D EVAN BEDFORD	The Treatment of Heart Failure Dr J M H CAMPBELL	Ward round Dr JOHN PARKINSON	Out Patient Dr JOHN PARKINSON

Fees The Fee for the Course is £7 7 0 Admission thereto will be by special Ticket only

As the Course will be limited to 20, early application should be made to the Dean Dr B T PARSONS-SMITH and cheques made payable to the Secretary at the Hospital

Date of next Course—October 4th 1937

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Master of Orthopaedic Surgery	M Ch Orth	Diploma in Public Health	D P H
Bachelor of Dental Surgery	B D S	Diploma in Tropical Medicine	D T M
Master of Dental Surgery	M D S	Diploma in Tropical Hygiene	D T H
Bachelor of Veterinary Science	B V Sc	Diploma in Veterinary Hygiene	D V H
Master of Veterinary Science	M V Sc	Diploma in Medical Radiology & Electrology	D M R E

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Prospectuses containing full information may be obtained on application to Professor W H WOOD, Dean of the Faculty of Medicine, The University of Liverpool

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Post-Graduate Teaching, West London Hospital.

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Prospectus from the DEAN, West London Hospital, Hammersmith, W.6

BOROUGH OF CAMBRIDGE

APPOINTMENT OF MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

The Council invite applications from duly qualified Medical Practitioners registered in the *Medical Register* as holders of a Diploma in Sanitary Science Public Health or State Medicine and who are not over 45 years of age for the appointment of Medical Officer of Health and School Medical Officer of this Borough The appointment is subject to the provisions of the Local Government Act 1933 the Sanitary Officers (Outside London) Regulation 1935 and the Local Government and Other Officers Superannuation Act 1922

The person appointed will be required to perform all the duties imposed on a Medical Officer of Health under relevant Acts and *Order to undertake administration* of the school medical service maternity and child welfare service to act as medical superintendent and medical attendant of the Infectious Disease Hospital and will also be required to carry out such other duties as the Council may with the consent of the Ministry of Health (where necessary) from time to time direct

The person appointed must reside within the Borough devote his whole time to the duties of the office and shall not hold any other appointment without the consent of the Council

The successful candidate will be required to pass satisfactorily a medical examination

The commencing salary will be £1 000 per annum rising by annual increment of £50 to £1 200 per annum with an allowance for the use of a motor car in accordance with the scale prescribed by the Council

One month annual holiday will be allowed

A list of the duties and form of application will be supplied on application to the undersigned

Applications on the prescribed form accompanied by not more than three recent testimonials and endorsed *Appointment of Medical Officer of Health* must be delivered to the undersigned on or before April 12th

Canvassing either directly or indirectly will be a disqualification

The Guildhall C H KEMP
Cambridge Town Clerk
March 27th 1937

DEVON COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

The County Council of the Administrative County of Devon invite applications for the above appointment from duly qualified registered Medical Practitioners holding a Diploma in Public Health and not over 45 years of age

The salary will be £500 per annum and will rise subject to satisfactory service by annual *increments* of £25 to £700 per annum

Travelling expenses in accordance with the County Council's scale will be allowed to the successful candidate

The appointment will be terminable by three *months notice on either side*

The person appointed will be required to pass a medical examination and to contribute to the County Council and Other Officers

Superannuation Fund

Forms of application obtainable from the undersigned should be returned to me accompanied by not more than three testimonials on or about the first post on Monday April 12th

L MEREDITH DAVIES
County Medical Officer
42 *Barnfield Crescent* Exeter

CUMBERLAND INFIRMARY CARLISLE
(Beds 160—Four Male RMOs)

Required MALE HOUSE SURGEON Special Department (Eye Ear Nose and Throat) and Part Casualty

Applications are invited for this post vacant on April 1st Six months appointment Previous *experience* desirable

Salary at the rate of £155 per annum board residence etc

Applications stating age nationality qualification etc with copies of not more than three *testimonials* should be *sent at once* to the undersigned who will supply further particulars if desired

J G HOWITT
March 23rd 1937 Secretary

STOCKTON AND THORNABY HOSPITAL
STOCKTON ON TEES
(140 Beds—3 Resident)

HOUSE PHYSICIAN (male) alternating with Casualty Officer required for a period of at least six months Duties to commence on or about April 7th Salary £150 per annum with board residence and laundry Candidate must be duly qualified and unmarried

Application stating age nationality and experience together with copies of three recent testimonials to be sent to the undersigned

J WILKINSON Secretary

COUNTY OF LINCOLN—PARTS OF LINDSEY

APPOINTMENT OF LADY ASSISTANT MEDICAL OFFICER

Applications are *invited* for the post of Assistant County Medical Officer from duly registered Women Medical Practitioners holding a Diploma in Public Health who must be under 40 years of age unmarried and have had at least three years experience in the practice of their profession since obtaining a registrable qualification

Applicant must also have had special experience in Maternity and Child Welfare work *including the conduct of Infant Welfare Centres Antenatal Clinic* and the treatment by modern methods of Venereal Disease in Women *Experience in the diagnosis* and treatment of errors of refraction in school children is also essential

The successful candidate will work under the control and direction of the County Medical Officer of Health and will not be allowed to engage in private practice

The salary will be £500 per annum rising by annual increment of £25 to £700 Travelling allowance according to the Council's scale *the officer appointed providing her own car*

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the officer appointed will be required to pass a medical examination The appointment will be terminable by three months notice on either side

Forms of application may be obtained from the undersigned and when completed should be accompanied by not more than three recent testimonials and returned to me not later than April 2nd

County Offices W S H CAMPBELL
Lincoln County Medical Officer of
March 24th 1937 *Health*

THE MIDDLESEX HOSPITAL W 1

A vacancy for a SURGEON to the Hospital is hereby declared

A vacancy for an ASSISTANT SURGEON to the Hospital will also occur and applications (thirty copies) for the latter office are invited to be sent to the undersigned before noon on Saturday April 17th next

Candidates must be Fellows (or have passed the qualifying examination for Fellowship) of the Royal College of Surgeons of England

By Order of the Board
S I C ILLMSOLL
March 20th 1937 Sec Supt

THE NATIONAL HILDRANCE HOSPITAL
Hamp tead Lond NW 1

Applications are invited for the following post—HOUSE PHYSICIAN (male) Salary £100 per annum Board residence and laundry allowance being provided

The appointment will be for a period of six *months* as from May 1st from which will be given to those who have shown interest Candidates must submit applications qualification age etc with copies of not more than three testimonials by Monday April 19th addressed to the Secretary

ROYAL CHEST HOSPITAL
City Road E C 1
(Royal Northern Group of Hospitals)

Applications are invited for the post of MEDICAL REGISTRAR vacant May 19th for *one* year (open to re-election) Attendance three half days per week Honorarium £50 per annum

Form of application and rule can be obtained from the undersigned to whom *application* with copies of testimonial should be sent by April 16th

GILBERT G PANTER Secretary
Royal Northern Hospital
Holloway Road N 7

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS
Victoria Park E 2
(Bus Tram and Rail Cambridge Heath L N E Railway)

A vacancy for a HOUSE PHYSICIAN (male) will occur on May 1st Six months appointment Salary at the rate of £100 per annum Board residence and laundry provided

Application with copies of testimonial (three) should be sent to the Secretary on or before Saturday April 3rd

HOSPITAL OF ST JOHN & ST ELIZABETH
60 Grove End Road N W 8

Application are invited for the post of RESIDENT HOUSE SURGEON (male) The post is recognised for the Degree of MS London University The appointment will be for six months from May 1st Salary at the rate of £75 per annum with full board Application together with copies of three testimonial should reach the undersigned on or before Tuesday March 30th

F DUDLEY HOBBS B A Sec

SOMERSET COUNTY COUNCIL

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Application are invited from duly qualified Medical Practitioners registered in the *Medical Register* as holders of Diploma in Sanitary Science Public Health or State Medicine for the appointment of County Medical Officer of Health and School Medical Officer

The person appointed will be required to perform all the duties prescribed by statute or regulation and such other duties as may from time to time be assigned to him by the County Council He will be required to devote his whole *time* to the duties of his appointment

The salary will be £1 000 a year together with travelling allowance in accordance with the scale prescribed by the County Council

The provisions of the Local Government and Other Officers Superannuation Act 1922 will apply to the post and the successful candidate will be required to pass satisfactorily a medical examination

The appointment will be determinable by three months notice on either side

Applications stating age qualification and experience must be *accompanied by copies of* not more than three recent testimonials and must reach me not later than April 20th in envelope endorsed Appointment of County Medical Officer of Health

Further *particulars* of the conditions of the appointment may be obtained from me on receipt of a stamped and addressed foolscap envelope

Canvassing directly or indirectly will be deemed a disqualification

County Hall HAROLD J INC
Taunton Clerk of the
March 19th 1937 *County Council*

BURY INFIRMARY (LANCS)
(127 Bed)

APPOINTMENT OF *THIRD HOUSE SURGEON*
(Male)

A vacancy as above arises on the Resident Medical Staff and applications are invited for the post

The Resident Staff consists of an RSO and three House Surgeons

In addition to certain special work a man will be put to the Third House Surgeon's duties are to assist the RSO in the Casualty Department and to undertake any urgent work that may arise

The appointment is for six months with a salary at the rate of £100 per annum with board residence and laundry with the exception of uniform dress and laundry

Applications stating age qualifications and experience together with three recent testimonials are to be sent to the undersigned not later than April 3rd

Further particulars may be had on application

H WILKINSON Secretary

KENT COUNTY COUNCIL

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Resident Assistant Medical Officer at the FARNBOROUGH PUBLIC ASSISTANCE HOSPITAL (900 Beds)

The salary is £250 a year with residential emoluments which are valued at £140 a year A superannuation scheme is in operation and the successful candidate will be required to pass a medical examination

The appointment is a whole time one and will be for a period of one year only and not renewable

Form of application and particulars from the Public Assistance Officer Public Record Maidstone to whom applications must be sent by 10 a.m on Saturday April 3rd

Resident House WILLIAMS
Maidstone Clerk of the
March 20th 1937 County Council

THE HOSPITAL FOR EPILEPSY AND PARALYSIS Maida Vale W 9

A RESIDENT MEDICAL OFFICER required May 1st HOUSE PHYSICIAN required May 1st Applications are invited for the posts The stipends are at the rate of £150 and £100 per annum respectively and the appointments are for six months Candidates for the post of Resident Medical Officer will be asked if they are willing to take that of House Physician and applications are urged that three recent testimonials should be sent in

The accommodation at the Hospital does not permit of Women Graduates holding the appointment

H W BURDETT
Secretary and Gen Supt

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

Tele Address
Triform Westcent—London

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Telephone Euston {1644 / 1645

Practices and Partnerships for Disposal (continued)

19 S W OF ENGLAND —Partnership in very old established mixed Practice in flourishing Industrial District Cash receipts average over £3 000 p a including appointments and panel about 2 100 House with 4 5 bedrooms garage and small garden for sale Good Hospital One third share at first with option of further share later Premium 2 years purchase Short preliminary Assistantship
20 TASMANIA —Practice doing £1 800 a year including good appointments Fees range from 10 6 to £1 1 House with 2 bedrooms etc and garden for sale Purchaser should be able to do major surgery Premium £300
21 ESSEX — Old established Practice in outlying Suburban District Receipts average £1 [illegible] p a including appointments worth about £260 p a panel 1 [illegible] 5 Well situated corner house (about 6 bedrooms) surgery accommodation with separate entrance [illegible] and fine garden Rent £120 on lease Premium two or three quarter years purchase Purchaser must be English Scottish or Irish
22 LONDON N —Well established Practice averaging £450 p a in pleasant growing District Panel about 600 Well situated house on main road to rent at about £65 p a Good scope—building going on Premium £600 to include surgery fittings and drugs
23 LONDON S E —Old established Practice averaging over £850 p a in thickly populated District Panel 1 188 No midwifery House on main road (4 bedrooms) with separate entrance to surgery accommodation for sale or rent Good scope Premium £1 700
24 SURREY —Increasing middle and working class PRACTICE in thickly populated Suburban District Receipts 1936 £1 720 Panel 600 Small house Rent £ 5 p a (branch £50 p a) Ample scope Premium £ 500
25 LANCS —Partnership in rapidly increasing mixed Practice about £5 200 in Manufacturing Town Panel over 2 700 Suitable house to rent One fourth or one third share at first at two years purchase
26 LONDON W — Well established non dispensing PRACTICE about £325 p a including F M S and panel about £100 p a No midwifery Modern 6 room etc Rent £100 p a exclusive Scope for increase Premium £325
27 ITALIAN RIVIERA — Small well established good class non dispensing Season PRACTICE Further particulars on application
28 SOUTH SUFFOLK —Partnership in sound old established Practice over £6 000 p a in most desirable Country Town Good appointments and panel over 1 000 Not much midwifery Choice of suitable houses One sixth share at first at two years purchase
29 HOME COUNTY — Partnership in old established non dispensing Practice in good Residential District within 15 miles of London Suitable house to rent Share worth about £1 100 p a at two years purchase Scope for surgery if desired
30 S E COAST — Partnership in old established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope district growing rapidly Premium one half share two years purchase
31 LONDON N — Medical Woman's Practice in populous district Receipts average £360 p a including panel 470 House (4 bedrooms) to rent at £100 p a Premium £350
32 WITHIN 15 MILLS (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £300 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/ weekly Ample scope Premium £2 000
33 ESSEX — Well established better working and middle class PRACTICE averaging £600 p a in outlying Suburban District Panel 4 0 House on main road with small garden front and back Rent £90 p a on lease Good scope—building going on Premium £1 200 each
34 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3 300 p a in Market Town No panel Fees 5/ to £1 1 Suitable house obtainable Premium one half share two years purchase
35 CO DURHAM —Well established Practice about £1 100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £85 p a and panel 840 Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent Premium one and a half years purchase
36 LONDON S E —Working and middle class Practice occupying commanding position near large L C C Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Premium £1 500
37 N WALES WATERING PLACE —Good class non panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Some [illegible] and [illegible] required Premium one year's purchase
38 HOME COUNTIES —Old established Practice of about £1 [illegible] in first rate town 20 miles from London Panel over 500 Visits No midwifery Modern nine roomed house with garage and attractive garden—about quarter of interest Premium freehold house and Practice £2 000
39 ESSEX — Old established Practice in outlying suburban district run by two medical men averaging nearly £2 000 p a Panel 2 840 House (4 bedrooms etc) for sale or rent Premium two and a quarter years purchase
40 S OF ENGLAND — Partnership (after Premiership, Assistantship) in old established Practice of about £1 500 p a in an important town Appointments £250 Suitable house available to rent A one third share would be sold at two years purchase to a suitable man preferably one holding the M D or M R C P
41 LONDON S E — Old established Practice of about £1 000 p a in outlying residential district Panel 400 Detached house (4 bedrooms etc) for sale Premium two years purchase
42 MIDLANDS —Old established Practice of about £1 0 p a in country district Panel 530 House (7 bedrooms etc) for sale Premium two years purchase
43 LONDON N —Old established Practice in suburban district Cash receipts 1936 (10 months) £1 450 Panel 1 240 increasing Fees 2/6 upwards Suitable house (9 rooms) to rent at £160 p a Premium £3 400
44 HOME COUNTIES — A small Practice about £400 p a in first rate town about 30 miles from London Panel 140 Visits mostly from 5/ House with small garden to rent 25s weekly Excellent scope Premium one and a half years purchase

Purchasers for cash are available for Practices with Incomes of £1 250 to £2 000 p a
Purchasers can raise additional capital for the purchase of approved practices or shares
Particulars will be forwarded on application

A number of Assistantships can be offered to suitable applicants

All communications to be addressed to The Manager

HOSPITAL OF ST CROSS, RUGBY
(120 Beds)

Applications are invited for the post of ONE MALE RESIDENT MEDICAL OFFICER (House Man)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £130 per annum for subsequent months Full board washing etc provided

Six months' appointment and eligible on completion of service for further extension of six months

Candidate must be prepared to commence duties immediately

The practice of the Hospital offers excellent opportunities for wide experience

Certificate and other fees allowed by R M O's

Application stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN Supt & Sec

DORSET COUNTY HOSPITAL DORCHESTER
APPOINTMENT OF HOUSE SURGEON

The Committee of Management are open to receive applications for the position of House Surgeon (male only) to take up his duties on about May 1st

Every candidate must be unmarried and possess a registered qualification to practise medicine and surgery from some recognised School in Great Britain or Ireland Salary £150 per annum with board and lodging The appointment is for a period of six months All applications accompanied by copies of three recent testimonials should be sent to the Secretary Dorset County Hospital on or before Saturday April 10th

Candidate must be of British birth and nationality

ROYAL SUSSEX COUNTY HOSPITAL
BRIGHTON, 7

Applications are invited for the office of HONORARY CLINICAL ASSISTANT to the Early Nervous Disorder Department from Ladies or Gentlemen who are Fellow Member or Licentiates of the Royal College of Physicians of London Edinburgh or Ireland or Graduates in Medicine of one of the Universities of the British Empire and who are duly registered under the Medical Acts

Further particulars of terms of appointment and duties may be obtained from the undersigned and applications must reach the undersigned at the Hospital before 12 noon on April 24th

J J W LANCASTER CMP Sec Supt

GENERAL INFIRMARY SALISBURY
(Voluntary Hospital—195 Beds now in course of extension to 225 Beds)

There is a vacancy for HOUSE SURGEON (male)

The appointment is for six months with the right of applying for reappointment for a further period of six months Candidates must be unmarried fully qualified and registered

Salary £125 per annum with board residence

Applications with copies of testimonials to be sent to the House Governor and Secretary, from whom a copy of the rules may be obtained

ROYAL HOSPITAL RICHMOND SURREY

JUNIOR HOUSE SURGEON (male) required to take up duties on April 16th Salary at the rate of £100 per annum with board furnished apartments and laundry Candidates must be fully qualified registered and single The appointment will be for six months after which the successful candidate will be eligible for the Senior post

Application stating age nationality experience and copies of three recent testimonials must be forwarded to the undersigned not later than April 1st

C M EDEN Secretary Supt

NOTTINGHAM AND MIDLAND EYE INFIRMARY

RESIDENT HOUSE SURGEON (male) required to live in Large Outpatient Department Salary £200 per annum with board and laundry Must be registered for D O M S

Applicant should state age qualifications experience and send copies of three recent testimonials to the Secretary The Ropewalk Nottingham

BIRMINGHAM MATERNITY HOSPITAL

HOUSE SURGEON (man or woman) wanted for six months from May 1st (Three months in District and three months in Hospital) Salary to be at the rate of £75 per annum Application with full particulars and copies of testimonials to be sent not later than April 12th to HUGH C ASTON 45 Newhall Street Birmingham 3

ROYAL GWENT HOSPITAL
NEWPORT MON (210 Beds)

Applications are invited for the following appointment which become vacant on April 1st next

HOUSE PHYSICIAN Salary at the rate of £150 per annum together with board quarters and laundry The duties include attendance at V D Clinics

HOUSE SURGEON Salary at the rate of £135 per annum together with board, quarters and laundry

HOUSE SURGEON to Orthopaedic and Fracture Department (Also as Chief Casualty Officer) Salary at the rate of £135 per annum together with board quarters and laundry

All the above appointments are for six months terminating on September 30th

Applications should be addressed to the undersigned immediately

S CECIL HILL Sec Supt

MANCHESTER ROYAL INFIRMARY
SENIOR ASSISTANT MEDICAL OFFICER
RADIOLOGICAL DEPARTMENT

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment Applicants must be registered and hold a Medical and Surgical qualification and the D M R I

The appointment (non-resident) is for twelve months renewable for a further period of twelve months subject to the provisions of the bye-laws as to notice Salary £400 per annum Applicants must state age and send twelve copies of their application and testimonials to the undersigned by 9 a m Thursday April 8th

By Order
W B TINDALL Gen Supt

ROYAL SALOP INFIRMARY
SHREWSBURY (150 Beds)

Applications are invited from fully qualified unmarried gentlemen for the appointment of RESIDENT HOUSE SURGEON

The appointment is for six months in the first instance subject to reappointment for a further period of six months if desired

Salary at the rate of £160 per annum with board residence etc

Applications stating age qualifications and experience together with copies of three recent testimonials to be sent to the undersigned immediately

Board Room T W NOBLE
March 22nd 1937 Secretary Supt

THE HARTLEPOOLS HOSPITAL
HARTLEPOOL (96 Beds)

Applications are invited for the appointment of a JUNIOR HOUSE SURGEON (male) salary £150 per annum with board residence and laundry

The appointment is for six months (subject to renewal) Duties to commence as soon as possible

The appointment offers good general experience with special Departments for Aural Ophthalmic and Orthopaedic work

Application stating nationality age qualification and experience (if any) should be addressed to the undersigned

NORMAN O DEANS Secretary

ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL

The Committee of Management invite application for the post of HONORARY OPHTHALMIC SURGEON All candidates must possess the Diploma of Fellow of the Royal College of Surgeons of England Edinburgh or Ireland or be a Master of Surgery of some University recognised by the General Medical Council Applications accompanied by copies of testimonials should be sent on or before April 23rd to the undersigned from whom any further particulars may be obtained

HY TRUSSON House Gov & Sec

ROYAL INFIRMARY BLACKBURN
(244 Bed—Five Residents)

RESIDENT HOUSE SURGEON (male) required at a salary of £175 per annum with board residence laundry etc To commence duties as soon as possible

Applications with copies of testimonials stating age nationality experience etc to be sent to the undersigned as early as possible

Royal Infirmary T DIWHURST
Blackburn Gen Supt & Sec

This Institution is recognised for the Surgical practice required for the F R C S examination

PART TIME RADIOLOGIST REQUIRED — WOKING HOSPITAL Particulars from Hon Secretary Woking and District Victoria Hospital, Woking Surrey

ROYAL DEVON AND EXETER HOSPITAL
EXETER

HOUSE SURGEON (MALE) TO THE EAR NOSE AND THROAT DEPARTMENT

Applications are invited for the post, which becomes vacant on April 1st

The appointment is for six months but candidates are eligible for re-election

Salary at the rate of £150 per annum, with board lodging and washing

Applications giving particulars as to age and qualification together with copies of three recent testimonials should be sent to the undersigned as soon as possible

S S COLT
March 25th 1937 Sec & Manager

SCUNTHORPE AND DISTRICT WAR MEMORIAL HOSPITAL
150 Beds (3 Residents)

Applications are invited for the post of HOUSE SURGEON (male) which is now vacant at the above Institution Salary at the rate of £175 per annum rising to £200 after six months' service with board residence and laundry

Application stating age experience and qualifications giving earliest time for commencing duties if appointed and enclosing copies of recent testimonials to be forwarded to the undersigned

ARTHUR E MAW Secretary

HARROGATE ROYAL BATH HOSPITAL
(Special Hospital for Rheumatic & Allied Diseases) (150 Beds)

Application are invited for the post of RESIDENT MEDICAL OFFICER (male) to commence duties as soon as possible

Salary at the rate of £156 per annum with board residence and laundry

Exceptional facilities for research or preparation of thesis

Applications stating qualification age etc with copies of recent testimonial should be forwarded to the undersigned

I I L DIXON M A Secretary

GENERAL HOSPITAL NOTTINGHAM
(386 Beds)

A HOUSE SURGEON is required at the above Institution for the Ear Nose and Throat Department containing 10 beds and a large Outpatient Department The appointment is for six months with salary at the rate of £150 a year with board residence and laundry

Candidates are desired to send application stating age qualification and experience together with copies of testimonial to the undersigned not later than Wednesday April 14th Duties to commence on Friday May 7th

PETER M MACCOLL House Gov & Sec

GENERAL HOSPITAL NOTTINGHAM
(386 Beds)

A RESIDENT CASUALTY OFFICER (male) is required at the above Institution The appointment is for six months with salary at the rate of £150 a year, with board residence and laundry Candidates are invited to send applications stating age qualification and experience together with copies of testimonials to the undersigned without delay Duties to commence early in April

PETER M MACCOLL House Gov & Sec

SCARBOROUGH NEW HOSPITAL
YORKSHIRE (110 Beds)

Wanted TWO JUNIOR HOUSE SURGEONS Salary at the rate of £130 per annum together with board residence laundry etc

Appointment for six months from May 1st

Application together with copies of not more than three testimonials to be sent to the Hon Secretaries not later than first post April 7th

REDLANDS HOSPITAL FOR WOMEN
GLASGOW

Application are invited from qualified Medical Women for the post of RESIDENT MEDICAL OFFICER (three months Surgery and Gynaecology and three months Midwifery) for six months from April 10th Salary at the rate of £50 per annum

Applications with three testimonials should reach the Medical Secretary Redlands Hospital Glasgow W 2 by April 6th

BRISTOL ROYAL INFIRMARY

Applications are invited for the post of CLINICAL ANAESTHETIST to the Dental Department Honorarium of £150 per annum Candidate who must be registered Medical Practitioner to send in their application together with copy of not more than three testimonials to the undersigned

HUGH C SMITH F C I S,
Sec & House Gov

BOVRIL MEDICAL AGENCY, Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 WITHIN 35 MILES OF LONDON—PARTNERSHIP—A ONE FOURTH SHARE is offered in very sound well established practice situated in pleasant country district within easy reach of London and coast Gross cash receipts for last year nearly £7 000 p a including substantial panel Suitable house with very nice garden containing 2 reception 4 bedrooms etc Garage Premium 2 years purchase Vacancy occurs through retirement of one of four partners each of whom works a separate district

2 SOUTH COAST SEAPORT TOWN—Old established PRACTICE producing over £900 p a including panel of 1 070 Double fronted house with ample accommodation can be rented or bought Separate surgery also on rental Premium £1 500

3 NORTH WALES—FAVOURITE SEASIDE RESORT—A ONE THIRD SHARE (with increase later) is offered after short preliminary assistantship in old established better class practice producing about £3 000 p a Panel of 1 100 Suitable flat available for ingoing partner who should be experienced Premium 2 years purchase

4 LONDON NORTH WEST—PARTNERSHIP—A ONE THIRD SHARE is for disposal in steadily increasing middle class practice producing last year £2 400 Small panel Fees 7/6 to 21/ Choice of hours Premium £2 000

5 LONDON SOUTH EAST—Mixed class PRACTICE producing about £ 000 p a Panel of 1 000 Rent of surgery £72 p a with suitable flat above Larger house available if wished Premium 2 years purchase

6 WELL KNOWN SOUTH COAST RESORT — PARTNERSHIP—ONE THIRD SHARE in private and panel practice producing approximately £750 p a Suitable accommodation available Offers invited

7 NORTH LONDON—Sound old established PRACTICE held by Vendor over 40 years Gross cash receipts about £2 080 p a, including panel of 2 811 Fees from 2/6 Suitable house and branch surgery on rental

8 DEATH VACANCY—FAVOURITE SOUTH WEST COAST TOWN—PARTNERSHIP WITH SURGICAL SCOPE—A one third or one half share is for disposal (owing to recent death of senior of two partners) in good class non panel Practice stated to average £3 600 p a for past 5 years Fees 7 6 upwards Suitable house with ample accommodation can be rented or purchased Premium for share 2 years purchase Ingoing partner must be experienced over 35 and able to undertake major surgery

9 LONDON—WESTERN DISTRICT—Well established very sound mixed class PRACTICE Panel of 1 630 I M S 200 Receipts approximately £1 700 p a including large proportion ready cash Excellent professional accommodation Suitable bachelor or family of not more than three

10 RIVERSIDE TOWN—Well established middle class PRACTICE producing for last 12 months approximately £940 Selected panel of 400 to 500 patients Visits from 5/ Very nice house in good repair with ample accommodation Garden, Garage Price for freehold £ 000 Premium £1 250

11 MIDLANDS — Very old established good mixed class PRACTICE situated in attractive district and producing for last 12 months over £2 400 Panel of 1 369 Appointments worth over £130 p a Fees 3/ to 21/ Midwifery from 2 gns Excellent house specially built with all conveniences and ample accommodation Large garden and paddock Price for freehold £2 500 Smaller house available on rental if wished Premium 1½ years purchase

12 SURREY — LARGE TOWN—PARTNERSHIP—A FIVE TWELFTHS SHARE is offered in old established good mixed class Practice producing about £2 600 p a with good prospects of increase Panel of 580 and appointment worth about £200 p a Fees 5/ upwards Suitable house with 5 bedrooms can be purchased for about £1 850 or another can be rented at £100 p a Ingoing partner should be experienced and if possible able to do surgery Premium 2 years purchase

13 MAIDA VALE DISTRICT—Small non dispensing PRACTICE producing about £350 p a which could be much increased Panel brings in £100 p a Fees 3/ to 10/6 Ground floor maisonette containing 6 rooms bathroom etc Rent £100 p a Prem 1 years purchase

14 OUTLYING NORTHERN DISTRICT—NUCLEUS OF PRACTICE producing nearly £200 p a offering considerable scope Panel of 30 Very nice house in good position could be rented or purchased Premium £200

15 NORTH LONDON—Better class non panel PRACTICE averaging about £1 000 p a Scope for development as Vendor has not devoted his whole time to the work Panel could be obtained if wished Ground floor flat available or house on rental Very moderate premium

16 LONDON — SOUTH EAST—Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as building is in progress Good house in excellent condition containing 2 reception consulting 4 to 6 bedrooms dressing room etc Price £500 Prem £2 400

17 MIDLANDS—PARTNERSHIP—A SHARE representing approximately £1 300 p a with increase later is offered in exceptionally sound good mixed class practice averaging about £9 000 p a with substantial panel and very good appointments Excellent scope for major surgery Suitable house available Prem 2 years purchase

18 YORKSHIRE—GOOD TOWN WITHIN EASY REACH OF COAST—A ONE FOURTH SHARE with increase later is offered in very old established mixed class practice producing for last 12 months nearly £4 000 Substantial panel Fees from 5/6 Suitable house with 2 reception 4 bedrooms etc Garage Stabling and garden Electric light Gas Can be rented at £65 p a or freehold purchased Premium 2 years purchase

19 MIDLANDS—COUNTRY TOWN—PARTNERSHIP—A ONE QUARTER SHARE (with increase later) is for disposal in mixed class practice averaging over £2 500 p a including panel of 2 800 Fees from 3/6 Suitable house can be obtained Preliminary assistantship if wished

20 EAST COAST—Small PRACTICE producing over £300 p a, including panel of 360 Fees from 5/ Suitable house with ample accommodation Price for freehold £1 500 Premium £550

21 SOUTH COAST—PARTNERSHIP—ONE THIRD SHARE is offered in old established non dispensing practice in favourite town producing last year £3 461 Selected panel of 400 Fees 3/6 to 21/ Suitable freehold house for sale Ingoing partner must be well qualified and accustomed to better class work There are two hospitals and one partner is on the staff

22 CHISWICK (W 4)—Good mixed class PRACTICE producing last year about £700 but capable of considerable expansion Panel of 500 Well situated house with ample accommodation Good garden Premium £1 150 Ill health reason for sale

23 RESIDENTIAL DISTRICT WITHIN 7 MILES OF CHARING CROSS—Good middle class PRACTICE averaging £1 150 p a Panel of 750 Very low expenses Suitable house with 2 reception 4 bedrooms etc, separate professional rooms Garden Garage Can be rented at £90 p a Premium 2 years purchase

24 MIDLANDS — FAVOURITE RESIDENTIAL TOWN—Chiefly better class non dispensing PRACTICE producing for last 12 months over £1 600 Panel of 560 and one appointment worth about £150 p a Fees 3/6 to 21/ Very nice house with ample accommodation Garden Garage Freehold for sale Sport of all kinds Good schools Premium 2 years purchase

25 KENSINGTON DISTRICT — Better class non residential consulting PRACTICE producing for last 12 months £380 Selected panel of 94 Fees from 5/ Hours 9 30 to 12 and 5 to 7 p m Good scope for development waiting room (inclusive of service and mium £350

26 DERBYSHIRE established PRACTICE producing for last year £1 290 including panel of 1 000 Fees 2/6 upwards Suitable modern flat available above professional accommodation Inclusive rental £104 p a Rates £15 p a Premium 2 years purchase

27 MIDLANDS—RESIDENTIAL TOWN WITH BEAUTIFUL SURROUNDING DISTRICT—Well established good mixed class PRACTICE producing for last 12 months over £1 700 including panel of 900 and appointments worth about £290 p a Suitable house can be rented or bought or other accommodation secured

28 SOUTH LONDON — RESIDENTIAL DISTRICT—PARTNERSHIP—Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £4 400 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

29 NORTH WELSH COAST—PARTNERSHIP—A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle-class rapidly increasing Practice Cross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

30 HOME COUNTIES—WITHIN EASY REACH OF LONDON—PARTNERSHIP—A SHARE representing nearly £1 000 p a with increase later is offered in old established good mixed Practice averaging approximately £2 600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc garden There is a Hospital and very good scope for Surgery if wished

31 S E LONDON—Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p a Premium £4 250

32 LONDON—WESTERN DISTRICT—Old established PRACTICE producing about £1 800 p a including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

33 HOME COUNTIES—PARTNERSHIP—A SHARE producing about £1 200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a, including panel of about 1 800 Nice house, with 2 reception 6 bedrooms etc can be rented at £85 p a Ingoing partner must be experienced accustomed to better class work and aged between 30 and 40

34 MIDDLESEX—Recently established PRACTICE producing £400 p a including panel of 250 Visits from 5/ Suitable house with 3 reception 4 bedrooms etc For sale or on rental

35 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well established PRACTICE averaging over £1 100 p a including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room, and professional rooms Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square, W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**CONTRACT PRACTICE** *(contd)*
ABERTILLERY MEDICAL AID SOCIETY *(Medical Officer)*	LLWYNYPIA CLYDACH VALE TENYCRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*
CILFAGH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	MID RHONDDA MEDICAL AID SOCIETY *(Assistant Medical Officer)*	**PUBLIC HEALTH**
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	NAIRN AND DISTRICT *(Medical Aid Association)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
INVICTA MEDICAL BENEFIT SOCIETY GILLINGHAM *(Junior Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B M A House Tavistock Sq W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**QUEENSLAND** *(Brisbane and Suburban Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St George Terrace Perth Western Australia
VICTORIA *(All Institute of Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria				

March 23, 1937 By Order of the Council G C ANDERSON *Medical Secretary*

KENT COUNTY OPHTHALMIC & AURAL HOSPITAL MAIDSTONE (109 Beds)

Applications are invited for the post of OPHTHALMIC HOUSE SURGEON which becomes vacant on April 16th The appointment is for six months but a senior post at a higher salary may be given after that period if mutually agreed upon Candidates must be duly qualified and registered Medical Practitioners single and of British birth and nationality and should have experience of Refractions Salary at the rate of £200 per annum with board residence and laundry The Hospital is recognised by the Examining Board for the D O M S

Applications stating age and qualifications together with copies of not more than three testimonials should be sent to the undersigned

JOHN W STRICKLAND Secretary

DARLINGTON MEMORIAL HOSPITAL (200 Beds)

Wanted HOUSE SURGEON (male), British fully qualified for the Ophthalmic Ear Nose and Throat and Children's Surgical Department Salary £150 per annum with board residence and laundry

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ARTHUR RIDDLE A C I S
Secretary Supt

THE BOLTON ROYAL INFIRMARY (315 Beds including two Auxiliary Hospitals)

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Application stating age nationality and experience together with copies of testimonial should be forwarded to the undersigned as soon as possible

C ANWYL HUGHES Secretary

ABERDEEN ROYAL INFIRMARY

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JOHN A McCONACHIE
Clerk and Treasurer

230 Union Street Aberdeen

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Office W J MORTON
32 Fitzroy Square W 1 Secretary

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F BRIGGS Secretary Supt

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(Appointments continued on p 54)

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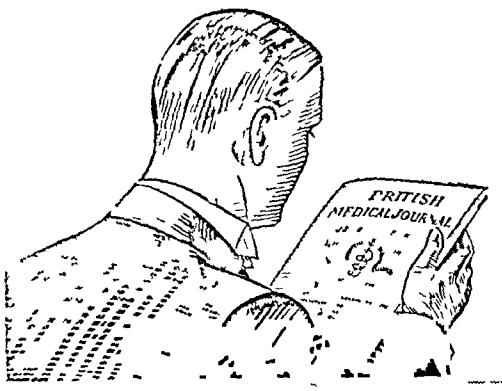
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APPOINTMENTS—Contd

PADDINGTON CHILDREN'S HOSPITAL (Incorporated), London, W.2

HOUSE PHYSICIAN—HOUSE SURGEON

The appointments will become vacant on May 1st.

Gentlemen (unmarried) are invited to send in their applications with copies of three testimonials to the undersigned not later than Friday, April 16th. Salary of each at the rate of £150 per annum with board and residence. Candidates who have held a responsible Resident Hospital appointment are preferred.

The appointments are for a period of six months.

JAMES A. HAMLIN, Secretary.

ANCOATS HOSPITAL, MANCHESTER

Applications are invited for the post of full-time RADIOLOGICAL OFFICER (non-resident) to commence duty on May 1st next. Salary £300 per annum with luncheon and tea. The appointment is for twelve months and is renewable. Candidates must hold the D.M.R.E. Diploma. Applications stating age and particulars of qualifications and experience, to be forwarded to the undersigned on or before April 17th, together with copies of three recent testimonials.

By Order of the Board,
HERBERT T. DAVORNE,
Gen. Supt. & Sec.

STAMENS HOSPITAL, SOCIETY

KING GEORGE'S SANATORIUM FOR SAILORS, HILDOCK, HANTS (for the Treatment of Pulmonary and Non-pulmonary Tuberculosis).

ASSISTANT MEDICAL OFFICER required as from May 1st for six months. Salary at the rate of £200 per annum in the first instance. There is no accommodation for a married man. Application with copies of three recent testimonials to be sent in on or before April 6th to the undersigned.

I. A. LYON, Secretary.
Seamen's Hospital Society,
Greenwich, S.E.10.
Greenwich, March 13th, 1937.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (91 Beds),
St. Quintin Avenue, North Kensington, W.10.

HOUSE SURGEON (male) required for six months from May 1st. Salary at the rate of £120 per annum for the first three months and £150 per annum for the second three months, with board, residence and laundry. Applications with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned and must reach him not later than Thursday, April 8th.

H. J. LILLY, Secretary.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds),
St. Quintin Avenue, North Kensington, W.10.

The Board of Management invite applications for the post of part-time REGISTRAR. An honorarium of £100 per annum is payable, and the successful applicant will also be required to take charge of the London County Council Minor Ailments Clinic on one session a week commencing in April.

Applications with copies of three recent testimonials should be sent to the undersigned from whom any further particulars can be obtained not later than March 31st.

H. J. LILLY, Secretary.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.3.

The Committee of Management invite applications for the following posts:

RESIDENT SURGICAL OFFICER. Candidates must have held a resident Hospital appointment for not less than six months. Salary £150 per annum with board and residence and an additional £25 per annum for services in connection with paying patients. The appointment is for twelve months commencing May 1st.

ASSISTANT RESIDENT MEDICAL OFFICER. Candidates must have held a resident Hospital appointment for not less than six months. Experience in Artificial Pneumothorax essential and in Ear, Nose and Throat work desirable. Salary £150 per annum with board and residence. The appointment is for six months commencing May 1st.

HOUSE PHYSICIANS. There are three vacancies. The duties include work in the Out-patient Department and in the Wards. One of the selected candidates will be appointed Assistant to the Tuberculosis Officer for the Local Tuberculosis Dispensary at the Hospital. The appointment is for six months commencing May 1st, with an honorarium of £50.

HOUSE PHYSICIAN (male) at the Sanatorium at Frimley. The appointment is for six months commencing May 1st, with an honorarium of £50.

Applications with copies of testimonials must reach the undersigned not later than Saturday, April 3rd.

Brompton, March 1937.
I. G. ROLLRAY, Secretary.

THE LONDON LOCK HOSPITAL, 283, Harrow Road, W.9.

Applications are invited for the post of RESIDENT MEDICAL OFFICER (either sex) to the Female Departments. Candidates must be double qualified and duly registered. The appointment is for six months commencing April 13th. Salary at the rate of £175 per annum, with furnished room, full board and laundry. Preference will be given to candidates having previous Obstetric experience.

Applications enclosing copies (only) of three recent testimonials must be in the hands of the undersigned by Thursday, April 1st, and from whom a copy of the Bye-laws relating to the appointment or any further particulars can be obtained.

J. I. MORTON, Secretary.
March 11th, 1937.

HOSPITAL FOR DISEASES OF THE SKIN, Blackfriars.

The Committee of Management invites applications from fully qualified men and women for posts as CLINICAL ASSISTANTS. The appointments will normally be made for a period of six months, but this term may be extended.

Applications with testimonials in support should be addressed before April 15th to—

J. MUNDY,
Secretary to the Hospital for
Diseases of the Skin,
71, Blackfriars Road, S.E.1.

HOSPITAL FOR DISEASES OF THE SKIN, Blackfriars.

The Committee of Management invites applications for the post of PATHOLOGIST on the Staff. The Hospital possesses a fully equipped laboratory for investigation and research and an honorarium will attach to the position.

Candidates are requested to address their applications before April 15th to—

J. MUNDY,
Secretary to the Hospital for
Diseases of the Skin,
71, Blackfriars Road, S.E.1.

SAINT MARY'S HOSPITAL FOR WOMEN AND CHILDREN, Hanslow, E.13.

Applications are invited for the posts of RESIDENT HOUSE SURGEON and RESIDENT HOUSE PHYSICIAN (vacant May 1st) male or female. The appointments are for six months and will expire on October 31st. Board and residence are provided. Salaries at the rate of £155 and £150 per annum respectively, including £5 allowance for laundry. Personal canvassing not desired.

Applications with copies of three recent testimonials to be sent to the undersigned not later than April 8th.

A. DENIS WILKIS, Secretary.

KING'S COLLEGE HOSPITAL, Denmark Hill, S.E.5.

The Committee of Management invite applications for the posts of SENIOR and JUNIOR ASSISTANT RADIOLOGIST (part-time). Terms of appointment including diary can be obtained from the undersigned. Applications stating qualifications and giving three references must be made by April 10th.

C. F. A. BLOWEY, House Governor.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.

Applications are invited for the post of OPHTHALMIC SURGEON to the Hospital. Candidates must be Graduates in Surgery of a recognised University and either a Fellow of the Royal College of Surgeons of England or a Member of the Royal College of Physicians of London. They shall not be engaged in general practice.

The Ophthalmic Surgeon will have charge of beds and will do one Out-patient Clinic per week. There is an honorarium of fifty guineas attached to the post.

Applications with copies of not more than four testimonials should reach the Secretary not later than March 31st.

Candidates will be required to call upon Members of the Medical Staff whose names, together with the standing orders relating to the post, will be forwarded by the Secretary.

W. H. SIDNELL,
March 5th, 1937. House Governor.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.

Applications are invited for the post of HOUSE SURGEON (male) for six months from April 12th (first two months in the Casualty and Out-patient Department). Salary at the rate of £120 per annum, with full board and residence.

Applications, with copies of three recent testimonial, should be sent to the undersigned from whom particulars can be obtained as soon as possible.

W. H. SIDNELL,
March 19th, 1937. House Governor.

THE PRINCESS BEATRICE HOSPITAL, Earl's Court, London, S.W.5 (General Hospital—81 Beds).

Applications are invited for the post of MEDICAL REGISTRAR to the above-mentioned Hospital. Candidates must possess the M.R.C.P. and must not be engaged in general practice. An honorarium of fifty guineas is attached to the post and the appointment is for one year only with eligibility for re-election at the end of the year.

Applications with copies of not more than three testimonials should reach the Secretary, Manager not later than Monday, April 5th, from whom further particulars can be obtained.

ST. BARTHOLOMEW'S HOSPITAL

OFFICE OF ASSISTANT PHYSICIAN.

Notice is hereby given that a meeting of the Election Committee will be held on Tuesday, May 4th, at 4 o'clock in the afternoon, to elect an Assistant Physician to this Hospital. Candidates who must be Fellows or Member of the Royal College of Physicians of London are required to lodge fifty copies of their application and testimonials with the undersigned on or before Saturday, April 17th.

THOMAS HAYES,
March 11th, 1937. Clerk to the Governors.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, London, N.W.1.

Applications are invited for the post of HOUSE SURGEON for a period of six months commencing May 1st next.

Salary at the rate of £100 per annum with board, lodging and laundry. Previous experience as House Surgeon essential.

Application, stating age, accompanied by copies only of testimonial, must reach the Secretary at the Hospital on or before Tuesday, March 30th.

C. H. HAWKINS, Secretary.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.

Applications are invited from duly qualified and registered Medical Women for the following post:

RESIDENT CASUALTY OFFICER.

Duties to commence May 1st for five months. Salary £150 per annum. Candidate must have held previous resident Hospital appointment. Application forms may be had from the undersigned and should be duly filled in and returned on or before April 10th.

RICHARD J. BARRETT, Secretary.

THE PRINCE OF WALES'S GENERAL HOSPITAL, London, N.15.

Applications are invited from registered Medical Practitioners for the post of ASSISTANT MEDICAL OFFICER (male) to the Venereal Disease Department.

Clinics—Monday, Wednesday and Friday evenings.

Salary at the rate of £100 per annum.

Applications, together with copies of three recent testimonial, should be sent to the undersigned on or before Saturday, April 3rd.

J. C. BRADLEY,
Director & House Governor.

GOVERNMENT OF INDIA

Applications are invited for a gazetted POST in the Medical Research Department of the Government of India requiring experience in nutrition and nutritional research

2 Commencing pay will be fixed at the point in the following scale commensurate with the age qualifications etc, of the candidate selected Rs 625 for the first two years rising to Rs 750 for the next three years then for successive periods of five years to Rs 850 Rs 975 and Rs 1 150 respectively and finally to a maximum of Rs 1 350 a calendar month Rupee = 1s 6d approximately

3 Selected candidate will in the first instance be appointed on probation for two years If his work is satisfactory he will be confirmed in the Department at the end of this period

4 The appointment will be governed by the Fundamental Rules for officers of non Asiatic domicile or the Revised Leave Rules 1933 for officers of Asiatic domicile but study leave will not be granted until the completion of at least five years service

5 The post is not pensionable but on confirmation officers will be admitted to the benefits of the Contributory Provident Fund with retrospective effect from the date of their appointment on probation subscription being compulsory The selected candidate if holding a pensionable post under Government will be given the option either of retaining his pensionary status or of joining the Contributory Provident Fund Under the rules of the Contributory Provident Fund an officer subscribes a sum between 6¼ per cent and 15⅔ per cent of his pay monthly Government contributes normally the equivalent of 6¼ per cent of officer's pay plus compound interest (at present 4⅔ per cent) on the whole

6 The appointment of the confirmed officer will be reviewed after every five years in the light of the work done by him and his retention in the Medical Research Department will depend on the decision then arrived at If the work of the officer is found to be unsatisfactory as a result of this review his services will be dispensed with without compensation

7 Private practice is prohibited but laboratory and consultant practices are permitted under prescribed rules No compensatory allowance will be given in lieu of private or other practice

8 A single first class passage to India will be granted to a person recruited outside India and for a person of non Asiatic domicile only a similar return passage

9 Applications in duplicate (on forms to be obtained from the High Commissioner for India General Department India House Aldwych London W C 2) stating full name address age academic and special qualifications post graduate study and courses undertaken experience etc together with a list of original articles or papers published (reprints should be enclosed) and accompanied by copies of three recent testimonials should be submitted to the *High Commissioner for India* on or before January 15th 1937

10 Candidates may be required to attend in London for interview and medical examination

CITY OF MANCHESTER

CRUMPSALL HOSPITAL (1 568 Beds)

The Public Health Committee invites applications from registered medical practitioners for the post of RESIDENT ASSISTANT OBSTETRICAL OFFICER at the above named hospital

The salary for the appointment is £250 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than January 9th

Town Hall F F WARBRECK HOWELL
Manchester 2 Town Clerk
December 18th 1936

MANSFIELD AND DISTRICT GENERAL HOSPITAL

APPOINTMENT—HOUSE SURGEON

The Board of Management of the above Hospital (140 beds) invite applications for the post of *House Surgeon (male) Duties to commence* January 14th Salary at the rate of £150 per annum with residence board and laundry The appointment is for six months and is renewable The staff consists of three House Surgeons Application stating age qualification and nationality accompanied by not more than three recent testimonials to be sent to the undersigned

C J ADAMS Secretary
December 22nd 1936

GOVERNMENT OF INDIA

Applications are invited from Indian Medical Service Officers for a gazetted APPOINTMENT in the Medical Research Department of the Government of India, requiring experience in nutrition and nutritional research

2 The selected officer will receive the basic pay of his rank plus overseas pay if admissible at the prescribed rate plus a bacteriological special pay of Rs 250 per mensem

3 The post is substantive but the selected candidate will in the first instance be appointed on probation for two years If his work is satisfactory he will be confirmed in the Department at the end of this period

4 Once every five years the research work performed will be reviewed and continued employment in the Medical Research Department will depend upon a satisfactory record If the officer is found unsuitable for the Department he will be reverted to military employ any time up to seven years in civil employ or 17 years total service whichever is later If his unfitness for research work develops after these limits he will be transferred to some other civil employment

5 Grant of leave is regulated under the civil leave rules

6 Private practice is prohibited but laboratory and consultant practices are permitted under *prescribed rules No compensatory allowance* will be given in lieu of private or other practice

7 Applications in duplicate (on forms to be obtained from the High Commissioner for India General Department India House Aldwych London W C 2) stating name and rank qualifications and experience post graduate study and courses undertaken together with a list of original articles or papers published (reprints should be enclosed) and accompanied by copies of three recent testimonials should be submitted to the High Commissioner for India on or before January 15th 1937

8 Candidates may be required to attend for interview in London

COUNTY OF DORSET

SENIOR SCHOOL DENTIST

The Dorset County Council invite applications for the above appointment from registered Dental Practitioners not exceeding 40 years of age Commencing salary £600 per annum rising (subject to satisfactory service) to £750 by annual increments of £25 plus travelling expenses in accordance with the County Scale

The officer appointed will be required to devote his whole time to the service of the County to act under the direction of the County Medical Officer of Health and to perform such duties in connection with the County Council's Health Services as may be required

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass the necessary medical examination

Forms of application will be sent by the undersigned on receipt of a stamped addressed foolscap envelope and applications accompanied by copies of not more than three testimonials must be received not later than Saturday February 6th

Canvassing will be a disqualification

County Offices, C P BRUTTON
Dorchester Clerk of the County
January 1st 1937 Council

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from Medical Men holding the Diploma in Public Health for the above post Candidates should have had at least three years experience in the practice of their profession subsequent to qualification Preference will be given to those who have held residential Hospital appointments

The person appointed will work under the direction of the County Medical Officer and the duties of the office will include school medical and maternity and child welfare work in addition to such general public health work as may from time to time be prescribed

The salary will be at the rate of £500 per annum rising by annual increments of £25 to £700 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act 1922

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

The appointment will be subject to three calendar months notice on either side

Forms of application may be obtained from the undersigned and should be returned by first post on January 14th together with copies of not more than three testimonials

County Buildings H J UNDERWOOD
Stafford Clerk of the County
December 21st 1936 Council

COUNTY COUNCIL OF MIDDLESEX

PHYSICIAN

Applications are invited from registered medical practitioners for the appointment of Physician to the COUNTY SANATORIUM HAREFIELD Applicants are expected to have high qualifications and to have devoted themselves wholly or chiefly to the practice of clinical medicine with special experience in the treatment of pulmonary tuberculosis

The successful candidate will work under the direction of the Medical Superintendent and the whole of his time must be given to his official duties He must be prepared to act as consultant to general medical practitioners outside the sanatorium if called upon so to do to undertake the teaching of post graduate students if required and to carry out such other duties as the Council may from time to time direct

The appointment is non resident and the successful candidate will be required to reside within a short distance of the sanatorium Pensionable staff The appointment will be held during the pleasure of the Council and subject to three months notice on either side

Salary £650 per annum (including living out allowance of £150 per annum) rising by annual increments of £50 to £900 and after eight years service, by two further increments of £50 to a maximum of £1 000 per annum The salary is inclusive and any fees received by the officer appointed must be paid over to the Council

The Harefield County Sanatorium which accommodates 378 patients (men women and children) has just been completely rebuilt and embodies many new features in hospital construction

Applications stating age qualifications and experience together with copies of not more than three recent testimonials must be received by the undersigned not later than January 7th 1937 Special application forms are not provided Envelopes must be endorsed Physician Harefield County Sanatorium 7

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE
Clerk of the County Council
Middlesex Guildhall Westminster S W 1
December 11th 1936

COUNTY BOROUGH OF BARNSLEY

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications are invited from medical practitioners holding a Degree in or Diploma of Public Health for the post of Medical Officer of Health and School Medical Officer

The person appointed will be required to perform all the duties imposed on the Medical Officer of Health under relevant Acts Orders and Regulations to act as School Medical Officer Administrative Tuberculosis Officer, Medical Superintendent of the Maternity and Child Welfare Centres and of the Infectious Diseases Hospitals Superintendent of the Blind and such other duties as may from time to be prescribed by the Council The person appointed must reside within the Borough devote his whole time to the duties of the office and will not be allowed to engage in private practice

The appointment will be subject to the approval of the Ministry of Health and the Board of Education and will be terminable by three months notice on either side

The salary will be £900 per annum rising in four years by increments of £15 £20 £25 and £40 respectively to £1 000 per annum together with a motor car allowance of £80 per annum

Applications stating age qualifications and experience accompanied by copies of not more than three recent testimonials should reach the undersigned not later than Monday January 4th 1937 endorsed Medical Officer of Health

Town Clerk's Office *DEREK OSBORNE*
Barnsley Acting Town Clerk
December 17th 1936

ARGYLL COUNTY COUNCIL

MEDICAL OFFICER FOR MORVERN

Applications are invited from registered Medical Practitioners for the appointment of Medical Officer for the Medical Service Area of Morvern The emoluments paid by the County Council are £147 per annum and a grant is made by the Department of Health from the Highlands and Islands Medical Services Fund Some private practice can be expected and a free house is provided at Loch line

Applications stating age qualifications and experience etc along with three recent testimonials should be lodged with the County Clerk Lochgilphead Argyll not later than January 15th Twenty four copies of the application and testimonials should also be submitted

CHESHIRE COUNTY MENTAL HOSPITAL
PARKSIDE MACCLESFIELD

MALE ASSISTANT MEDICAL OFFICER required not over 30 year of age and single Previous Mental Hospital experience not essential Salary £350 rising annually by £25 to £450 with board apartment and laundry valued at £100 subject to deduction under the Asylum Officers Superannuation Act 1909

On successful candidate will be recommended to obtain the D P M (which carries with it an addition of £50 per annum to the above stated) as soon as possible after appointment There is every opportunity to work the Hospital having a modern laboratory and full equipment for the latest method of treatment

Time will be arranged for attendance of lecture at Manchester University

Preference will be given to candidates with

[illegible] qualification with
[illegible] trial to be sent
[illegible] to be received

COUNTY MENTAL HOSPITAL LANCASTER

Applications are invited for the post of ASSISTANT MEDICAL OFFICER (male)

Candidates must be single and under 35 years of age Commencing salary £500 rising by annual increments of £25 to £600 with further increase on promotion subject to deduction of 3 per cent under the Asylum Officers Superannuation Act There is no emolument

The elected candidate will be required to live in the Hospital and he will be provided with board lodging etc for which a charge of £150 a year is made

The possession of a Diploma in Psychological Medicine will entitle the officer to an additional £50 per annum

Application giving full particulars with testimonials (copies only) should be forwarded at once to the Medical Superintendent

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VICTORIA HOSPITAL BURNLEY
(150 Bed)

HOUSE PHYSICIAN (Male)

Applications are invited for the above post which will become vacant on March 31 next The duties include the giving of a certain number of anæsthetics The appointment is for six months in the first instance at a salary of £150 per annum together with board residence and laundry At the end of this period re-appointment may be applied for and if confirmed the salary for the second six months will be at the rate of £200 per annum Application with full details of qualifications and experience stating nationality together with copies of recent testimonials should be addressed to the undersigned forthwith

T F WHEATCROFT Secretary

VICTORIA HOSPITAL BURNLEY
(150 Beds)

HOUSE SURGEON (Male)

Applications are invited for the above post which will become vacant on March 31 next The appointment is for six months in the first instance at a salary of £150 per annum together with board residence and laundry At the end of the period re-appointment may be applied for and if confirmed the salary for the second six months will be at the rate of £200 per annum Application with full details of qualifications and experience stating nationality together with copies of recent testimonials should be addressed to the undersigned forthwith

T F WHEATCROFT Secretary

BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE-ON-TRENT

Applications are invited for the post of RESIDENT HOUSE PHYSICIAN Salary £150 per annum with board residence and laundry

The appointment is for six months in the first instance re-appointment may be applied for Application stating age and experience with copies of three recent testimonials to be [illegible]

[illegible] OR
(200 Bed)

HOUSE SURGEON required (preferably with Ear Nose and Throat experience) Applicant must be fully qualified men or women and registered

Salary at the rate of £100 per annum together with board residence and laundry

Applications stating age qualification and experience accompanied by testimonials should be sent to the undersigned not later than April 8th

A E CHURCHER Secretary

ANCOATS HOSPITAL MANCHESTER

The Hospital is recognised by the Royal College of Physicians for a Medical Practitioner

RESIDENT MEDICAL OFFICER required to commence duty on April 26th Appointment for six months Salary at the rate of £150 per annum with board residence and laundry Previous experience in a similar position necessary The appointment includes the supervision of the Medical Ward and attendance in the work of the Medical Out-patient Clinic

Applicants [illegible] age qualification experience and full particulars of appointments held to be forwarded to the undersigned on or before March 31st together with copies of three recent testimonials

By Order of the Board
HERBERT J DALTON
Clerk and Supt A Soc

ABDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the following posts

(a) HOUSE PHYSICIAN from May 1st
(b) HOUSE SURGEON to the Surgical Department with care of Ear Nose and Throat cases and the Casualty and Out-patients from May 1st

Each appointment would be for a period of six months but preference will be given to candidates with written agreement on this point

The salary for either appointment is £150 per annum with board residence and laundry

Candidates must be unmarried and duly registered and applications stating age qualifications and experience together with the names of three referees must reach the undersigned not later than April 14th

WILLIAM HEAD Secretary Supt

ADDENBROOKE'S HOSPITAL CAMBRIDGE

Applications are invited for the post of RESIDENT ANÆSTHETIST AND EMERGENCY OFFICER (male) The appointment will be for the month from April 17th Salary at the rate of £150 per annum with board residence and laundry The candidate who must be unmarried and duly registered and experienced in anæsthetics should send applications together with the names of two referees to the undersigned not later than April 7th

WILLIAM HEAD Secretary Supt

ROYAL UNITED HOSPITAL BATH

HONORARY ASSISTANT GYNÆCOLOGIST AND OBSTETRICIAN

Applications are invited for the honorary post which will become vacant on the appointment of the Hon Surgeon who has passed the limit of age for election to the full staff or the Membership of the College of Obstetricians and Gynæcologists

Application forms qualifications and experience together with copies of testimonials should be addressed to the undersigned not later than April 12th

After the nomination of the Board of Management will be forwarded to those who complete the application forms and testimonials by the date mentioned

Canvassing will disqualify candidature

J LAWRENCE MEARS
March 17th 1937 Secretary Supt

ROYAL UNITED HOSPITAL BATH

HOUSE SURGEON required for Ear Nose and Throat Department who will also be expected to give anæsthetics in other Departments

Salary £150 per annum with board residence and laundry

The appointment is for six months and candidates must be single unmarried and of British nationality

Applications with copies of three testimonials to be addressed to the undersigned immediately

J LAWRENCE MEARS
Secretary Supt

February 2nd 1937

WEST HERTS HOSPITAL
HEMEL HEMPSTEAD
(114 Beds—24 miles from London)

Applications are invited for the appointment of MALE JUNIOR RESIDENT MEDICAL OFFICER to commence duties on or about April 1st next Salary £120 with room board and laundry

Particulars may be obtained from and applications together with copies of recent testimonials should be forwarded at once to—

ROBT L BUTTERFIELD
Clerk to the Hospital

THE LIVERPOOL SANATORIUM
DELAMERE FOREST FRODSHAM
WARRINGTON
(175 Beds for the treatment of patients suffering from Pulmonary Tuberculosis)

SENIOR ASSISTANT to the Medical Superintendent

Applications are invited from Full Medical Practitioners with suitable qualifications for the above named appointment Candidates must be unmarried and preference will be given to applicants who have held resident medical appointments the qualifications and have had practical institutional experience in the treatment of Pulmonary Tuberculosis

Salary will be at the rate of £250 per annum with board quarters and laundry

The appointment is normally tenable for twelve months but may be extended

Particulars of duties and full information together with form of application can be obtained from the Medical Superintendent

Forms completed with copies of three recent testimonials should be returned as early as possible to the Medical Superintendent The Committee of Management do not undertake to travel First class via Warrington

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LEICESTER ROYAL INFIRMARY
(500 Beds)

RESIDENT RADIOLOGIST

Applications are invited for the above newly created post

The successful candidate will be expected to reside in the house in the Infirmary and act in the diagnostic and therapeutic sides of the X-Ray Department

The appointment is for twelve months in the first instance and the salary is at the rate of £200 per annum together with board residence and laundry

The holding of the D M R E Diploma will be an advantage

Application giving full particulars to age qualifications experience and accompanied by not more than three testimonials should reach the undersigned not later than April 3rd The appointment will be made on April 21st

GEO W COOLING House Governor

THE ROYAL HOSPITAL
WOLVERHAMPTON
(Incorporated under Charter)

HOUSE SURGEON required to commence duty on 14th inst The Hospital contains 300 beds including the usual clinical departments and is recognised by the various Examining Bodies for a part of the required attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Act and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished room and laundry provided Application with copies of testimonials to be forwarded to the undersigned

W H HARPER
March 15th 1937 House Governor

THE ROYAL HOSPITAL
WOLVERHAMPTON
(Incorporated under Charter)

HOUSE SURGEON required for Orthopædic and Fracture Department duties to commence April 1st The Hospital contains 300 beds including the usual clinical departments and is recognised by the various Examining Bodies for a part of the required attendance on Medical and Surgical Practice

Candidates must be registered under the Medical Act and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished room and laundry provided Application with copies of testimonials to be forwarded to the undersigned

W H HARPER
March 8th 1937 House Governor

VICTORIA HOSPITAL KINGSTON

The Governing Body of this Hospital invites applications for the post of HOUSE SURGEON Candidates must be duly qualified and registered Number of beds 200 Salary £150 per annum with board and lodging

Conditions of appointment and particulars of duties may be obtained from the undersigned to whom application with copies of testimonials should be sent

Victoria Hospital J KENYON
Kingston Secretary

WINCHELSEA MORLEY ORTHOPÆDIC HOSPITAL HEADINGTON OXFORD

HOUSE SURGEON (male) required for six months from mid April Salary at the rate of £100 per annum with board and lodging

Apply with testimonials by April 7th to Commander HENDERSON R N Sec

MANCHESTER ROYAL INFIRMARY

HOUSE PHYSICIANS—4 Vacancies

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments which become vacant as follows Two on February 15th and two on March 15th

The applications will be considered to be for any or these posts unless it is specially stated to the contrary

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for six months subject to the provisions of the Bye laws as to notice etc Salary at the rate of £50 per annum with board residence and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday, January 16th

By Order
W P TINDALE Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEONS—4 Vacancies

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for nine months subject to the provisions of the Bye laws as to notice, etc Salary at the rate of £50 per annum with board, residence, and allowance for laundry

Applications, stating age to be sent to the Chairman of the Medical Board not later than Saturday, January 16th

By Order
W R TINDALE, Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEON (Aural Gynæcological, and Ophthalmic Departments)

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointment is for six months subject to the Bye laws as to notice, etc Salary at the rate of £50 per annum, with board, residence and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE, Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEON (Neuro Surgical Department)
HOUSE SURGEON (Orthopædic Department)

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments which become vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for six months subject to the provisions of the Bye laws as to notice etc Salaries at the rate of £50 per annum with board residence, and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE Gen Supt & Sec

LEICESTER ROYAL INFIRMARY
(500 Beds)

Applications are invited for the appointment of ASSISTANT DENTAL

Candidates must be Licentiates in Dental Surgery and registered in the United Kingdom

Full details governing the appointments can be had from the undersigned to whom applications should be addressed not later than January 8th 1937

GEO W COOPER, House Sec

LEICESTER ROYAL INFIRMARY
(500 Beds)

Applications are invited for the appointment of HONORARY DENTAL SURGEON

Candidates must be Licentiates in Dental Surgery and registered in the United Kingdom The Assistant Dental Surgeon is a candidate for this post

Full details can be obtained from the undersigned to whom applications should be addressed not later than January 8th 1937

GEO W COOPER House Sec

CITY OF MANCHESTER
WITHINGTON HOSPITAL (1 293 Beds)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above named Hospital

The salary for the appointment is £200 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than Jan 8th

Town Hall F E WARBRECK HOWELL
Manchester 2 Town Clerk
December 18th, 1936

CITY OF MANCHESTER

MONSALL HOSPITAL FOR INFECTIOUS DISEASES (600 Beds)

The Public Health Committee invites applications from qualified Medical Men for the post of RESIDENT ASSISTANT MEDICAL OFFICER for the Puerperal Fever wards at the above named Hospital

The salary for the appointment commences at £350 per annum and rises by annual increments of £25 to a maximum of £450 with board residence and laundry in addition, subject to the Manchester Corporation conditions of service

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House, Quay Street Manchester, 3 by whom applications for the post must be received not later than January 16th

Town Hall F E WARBRECK HOWELL
Manchester Town Clerk
December 26th, 1936

BURY INFIRMARY, LANCS
(127 Beds)

RESIDENT SURGICAL OFFICER (Male)

Applications are invited for the above post from those persons holding the Fellowship of one of the Royal Colleges of Surgeons

The appointment is for a term of one year with provision for an extension of a further twelve months and the successful candidate will be expected to commence duties about the middle of January

Salary will be paid during the first twelve months at the rate of £300 per annum and will be increased to £350 per annum during the second twelve months in the event of an extension of the appointment being agreed upon In addition to this salary the post includes the provision of board, residence, and laundry

Applications stating age qualifications, and nationality together with copies of three recent testimonials are to be addressed to the undersigned and should be forwarded as soon as possible, endorsed R S O

H WILKINSON, Superintendent

BURY INFIRMARY, LANCS
(127 Beds)

HOUSE SURGEON

A vacancy as above arises on the Resident Staff (consisting of an R S O and three House Surgeons) and applications are invited for the post

The appointment is for six months at a salary at the rate of £175 per annum with board residence and laundry and the successful candidate will be expected to commence duty immediately

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned as soon as possible, endorsed House Surgeon

Particulars of duties may be had on application

H WILKINSON Superintendent

ROYAL EAST SUSSEX HOSPITAL HASTINGS

Applications are invited for the post of JUNIOR HOUSE SURGEON (female) vacant February 1st The appointment is for a period of six months

Salary at the rate of £150 per annum with board and residence

Candidates must be duly registered Medical Practitioners

Applications with copies of recent testimonials to be addressed to the Secretary

WILFRID G HEMSLEY Secretary

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)
Recognised under the Regulations for the F R C S

RESIDENT SURGICAL OFFICER (male) required Experience in the treatment of fractures essential also experience in General Surgery

Salary to commence at £250 per annum according to experience with board residence and laundry

Applications accompanied by not more than three testimonials to be sent to the Secretary Superintendent

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

CASUALTY HOUSE SURGEON (male) required immediately Salary at the rate of £175 per annum, with residence board and laundry

Applications accompanied by not more than three testimonials to be sent to the Secretary Superintendent

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)
(Recognised under the Regulations for the Diploma in Anæsthetics)

RESIDENT ANÆSTHETIST (male) wanted immediately The appointment is for six months Salary at the rate of £175 per annum with board residence and laundry

Applications accompanied by not more than three recent testimonials to be sent to the Secretary Superintendent

LONDON HOSPITAL, E 1

Applications are invited for the post of SURGICAL FIRST ASSISTANT AND REGISTRAR Candidates must be Fellows of the Royal College of Surgeons The salary is £300 per annum, payable by the Hospital and Medical College jointly

The appointment is for one year, but is renewable annually on application for two further periods of one year

Applications should arrive at the Hospital not later than the first post on Saturday January 16th

Further particulars may be obtained from the House Governor

ARTHUR G ELLIOTT House Governor

LONDON HOSPITAL, E

There is a vacancy for the post of HONORARY ASSISTANT SURGEON to the Department of Neurosurgery

Candidates must be Fellows of the Royal College of Surgeons of England

Applications with testimonials should be sent to the House Governor from whom further particulars may be obtained and must arrive not later than on Saturday January 16th

ARTHUR G ELLIOTT House Gov

THE CHILDREN'S HOSPITAL HAMPSTEAD
30, College Crescent N W 3 (45 Beds)

Applications are invited from registered Medical Practitioners for the post of RESIDENT MEDICAL OFFICER which will become vacant on January 23rd Salary at the rate of £150 per annum with board residence and laundry Appointment for six months Applications stating age nationality qualifications and experience with copies of three testimonials should reach the undersigned on or before January 16th The present R M O is applying

H W WALLIS CRAIG Secretary

NUNEATON GENERAL HOSPITAL
(100 Beds)

HOUSE SURGEON required immediately Salary at the rate of £150 per annum with board residence laundry, and certain other emoluments

The appointment is for six months in the first instance and is one especially suitable for a medical woman

Applications should be sent to the Hon Secretary The Medical Board Nuneaton General Hospital and should be accompanied by copies of two testimonials

CHESHIRE JOINT SANATORIUM MARKET DRAYTON

RESIDENT MEDICAL OFFICER (male) required for a period of twelve months at the above sanatorium of 240 beds Salary £250 per annum

Resident experience in general hospital essential Forms of application from the Medical Superintendent

JERSEY GENERAL HOSPITAL AND POOR LAW INFIRMARY (200 Beds)

Applications are invited for the post of PRESIDENT MEDICAL OFFICER (male) Duties to commence as soon as possible

The appointment is for six months subject to reappointment at a salary of £175 per annum inclusive of board residence and laundry

Candidates must possess registered qualification and should forward their application stating age and nationality together with copies of three recent testimonials to the Secretary Accountant from whom further particulars may be obtained

H S HYMES Secretary Accountant

MANCHESTER NORTHERN HOSPITAL (General 113 Beds)

The Committee of Management invite applications from qualified Medical Practitioners for the post of MEDICAL REGISTRAR to the Out-patient Department Duties will consist of attending the Honorary Medical Staff on two mornings and one afternoon each week at an honorarium of £50 p a Appointment to commence on April 19th

Applications to be sent to the Secretary, Mr J C DANIELS 38 Barton Arcade, Manchester 3 by April 2nd

ROYAL CORNWALL INFIRMARY TRURO (84 Beds)

HOUSE SURGEON (male) required with experience of Anæsthetics to commence duties 1 May 1st next Salary £170 per annum rising board and washing Apply with copies of three recent testimonials to the Secretary, of whom further particulars may be obtained

Truro W J CRIMMIN
March 16th 1937 Hon Secretary

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PARTNERSHIPS

WANTED (BY SCOTS GRADUATE) PARTNERSHIP or PRACTICE in Provincial or country town. £1,200–£1,500 p.a. or less if scope. Substantial panel essential. Short preliminary Assistantship if necessary.—Address No. 531, B.M.A. House, Tavistock Sq., W.C.1.

FOR SALE.—NORTHERN CATHEDRAL CITY. PARTNERSHIP, one-third share worth £1,200 odd (Auditor's figures), two years purchase. Panel nearly 3,000. Good middle class practice.—Address No. 8501, B.M.A. House, Tavistock Square, W.C.1.

MANCHESTER.—PARTNERSHIP IN OLD established middle and working class Practice in pleasant suburb. Average receipts over £3,000. Panel 2,100. Weekly collections £800 p.a. approx. A one-half share for cash at 2 years purchase. Very good house, large garden, etc.—Address No. 515, B.M.A. House, Tavistock Square, W.C.1.

TRINITY COLLEGE, DUBLIN, GRADUATE aged 34, married, requires PARTNERSHIP in good class Practice in South of England with income of £1,000–£1,200. Good experience of Hospital and general practice. Capital available.—Address, No. 518, B.M.A. House, Tavistock Square, W.C.1.

LOCUMS

LOCUM WANTED LONDON DISTRICT, AT once for mixed practice. Immediate. To help during busy season. Own car if possible.—Address No. 534, B.M.A. House, Tavistock Square, W.C.1.

SOUTH AFRICA.—WANTED LOCUM TENENCY or ASSISTANTSHIP. Well qualified (10 years). Experienced C.I. and Indian (Diploma). South African. Highest references. Own passage about April.—Address No. 533, B.M.A. House, Tavistock Sq., W.C.1.

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

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TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL

Full particulars free on request

Practices and Partnerships wanted Large list of bona fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

LANCS TOWN —Very old established mixed panel and private PRACTICE partly in a busy rural district With cash receipts £2 596 p a Panel nearly 2 000 Scope Nice limited half 3 reception 5 bedrooms 2 professional rooms garage and small garden to rear Premium—Practice—1½ years purchase —No 925

LIVERPOOL —Sound old established mixed panel and private PRACTICE Cash receipts about £2 800 p a Panel approx 2 000 Scope Good house 2 reception 5 bedrooms garage and small garden to rear Premium best offer —No 927

DEATH VACANCY—NEAR MANCHESTER —Old established mixed Panel and Private PRACTICE Cash receipts last year £1 400 Panel 1 400 Good house 2 reception 5 bedrooms professional rooms garage etc Premium best offer—No 936

CAMBRIDGESHIRE — Old established PRACTICE in pleasant Country town Cash receipts last year £817 Panel 450 Cottage 3 reception 2 large and 2 small bedrooms and garden Rent £60 per annum £1 200 Valuation—No 508

MANCHESTER —Old established middle and better working class PRACTICE in present hands 34 years Weekly cash receipts £1 082 p a Panel 470 Scope for energetic man Good house 2 reception 5 bedrooms garage and large garden *Premium best offer* Vendor retiring.—No 875

CHESHIRE TOWN —PARTNERSHIP in sound Panel and Private Practice in town 6 miles from Manchester Cash receipts last year £3 079 Panel 3 000 Nice new detached house available 2 reception 3 bedrooms and box room garage and garden *Premium*—one half share—2 year purchase Vendor retiring —No 926

YORKSHIRE (W R) — Well established mixed class PRACTICE within easy reach of large city Cash receipts last year £1 167 Panel 850 Good house 2 reception 4 bedrooms and maids room garage and garden *Premium*—Practice house and book debts—£3 000 —No 954

NEAR MANCHESTER —Old established middle and better working class PRACTICE in present hands 35 years Cash receipt last year £1 851 Panel *about* 800 Good house 3 reception 4 bedrooms garage and large garden *Premium* 1½ years purchase Vendor retiring —No 850

NORTH WALES — PARTNERSHIP in old established middle class Practice in Seaside and Residential Town Cash receipt £3 400 p a Panel 1 100 Good flat available for incoming Partner who should have had Hospital experience Local Hospital Short preliminary Assistantship *Premium*—one third share—2 years purchase Further share later —No 937

NEAR MANCHESTER —Old established middle and better working class PRACTICE in residential suburb at present held by Medical Woman but previously conducted by a man and suitable for either sex Average cash receipts £1 600 p a Panel 400 Scope a district developing Good house 5 reception 5 bedrooms garage for 2 cars and large garden Premium best offer —No 923

SHEFFIELD —Old established mixed class PRACTICE Cash receipt last year £1 112 Appointment (transferable) £100 p a plus Panel Panel 600 Scope Detached house 2 reception 3 bedrooms small garden Rent £52 p a Premium 1½ years purchase —No 940

YORKSHIRE (N R) —Old established Country PRACTICE in beautiful district near to sea Cash receipts last year £1 040 Panel 600 Commodious house 3 reception 6 bedrooms garage and large garden with tennis court Premium—Practice—1 years purchase Vendor retiring —No 893

MANCHESTER —Middle and better class PRACTICE in present hands 40 year Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms garage and garden Premium Practice and house—£3 000 Long introduction if desired Vendor retiring.—No 858

DERBYSHIRE —PARTNERSHIP in old established Country Practice near to large town Cash receipts last year £3 508 Panel 1 800 Scope for active district development Attractive house specially built 2 reception 5 bedrooms garage and large garden Electric light and main drainage Rent £80 p a Premium—one third share—2 years purchase —No 854

MANCHESTER —Small PRACTICE capable of increase with panel practice Vendor retiring Cash receipts about £600 p a Panel 600 House 2 reception 4 bedrooms etc Rent £30 p a Premium best offer —No 939

NORTHUMBERLAND —Mixed class PRACTICE in beautiful country district Cash receipts last year £1 064 Panel 520 Cottage with house 3 reception 4 bedrooms 3 professional rooms Main water and drainage Premium private and house—best offer—No 832

LANCS TOWN —PARTNERSHIP in old established PRACTICE with Indian Doctor Cash receipts approx £5 500 Panel 2 500 Superior House available Premium—1 4 or 1 5 share—best offer Alternatively Vendor will grant Practice with minimum of £1 900 p a and a panel of 1 800 —No 920

MANCHESTER —Well established middle and working class PRACTICE in suburban district Cash receipts last year £1 630 Panel 1 100 Cottage house 2 reception 6 bedrooms 3 professional rooms (private entrance) garden Rent £60 p a Premium—Practice—1½ years purchase—No 915

NORTH WALES —Old established PRACTICE Partnership offered Cash receipts £500 p a Excellent house 3 reception 4 bedrooms and nice garden Premium 1 year purchase—No 916

NEAR LIVERPOOL — Well established middle class PRACTICE in pleasant district Vicinity developing Cash receipts £800 p a Panel 650 Nice house 2 reception 5 bedrooms and garden Premium for purchase Vendor retiring —No 928

AUSTRALIA —Locum PRACTICES for sale all situated in Victoria Cash takings over £1 100 to £2 500 p a with appointment Further particulars upon application

LANCS TOWN —PARTNERSHIP in old established mixed panel and private Practice in favourite town about 10 miles from Manchester Gross earnings over £5 000 p a Panel over 2 000 Great scope House available Premium—1 3 share—2 years purchase Further share in 3—5 years —No 931

MANCHESTER —PRACTICE in industrial district in present hands 40 years Cash receipts last year £840 Panel 90 Good corner house with ample accommodation to rent Vendor retiring Premium £4 year purchase or near offer —No 855

NORTH WALES —Old established middle class PRACTICE in beautiful Seaside and Country district Average cash receipt £1 41 p a Panel 415 Well built house in good position 3 reception 7 bedrooms fine 2 car and garden Good port and educational facilities Premium—Practice—£2 100 —No 929

DERBYSHIRE —Well established Country PRACTICE Cash receipts £800 p a including panel and transferable appointments £480 p a Good house 2 reception 5 bedroom garage and garden Electricity and water laid on £50 p a Premium £1 350 — No 811

NORTH WALES —Old established PRACTICE cash receipts Cash receipt last year £843 Panel 765 Good surgery Premises Premium best offer—No 905

ASSISTANT [illegible] COAST—£400 p a plus car allowance [illegible] p a plus car allowance room [illegible] car allowance SOUTH —LIVERPOOL BIRMINGHAM [illegible] £300 p a all found Many other

LOCUM ENGAGEMENTS AND ASSISTANTSHIPS — Male Men and Women are invited to register for IMMEDIATE engagements

SPECIAL NOTICE

The Commission payable on Sale of any Practice or Partnership where the Bureau is Sole Agent is limited to FIFTY POUNDS, exclusive of house property

REVISED TERMS ON APPLICATION

All communications to be addressed to the Branch Manager, BRITISH MEDICAL BUREAU 33 CROSS ST MANCHESTER 2

BRISTOL ROYAL INFIRMARY

Applications are invited for the following Resident Medical Appointments for the six month
3 of whom also acts as House Surgeon to the Cancer Dept)
4 1 ASSISTANT HOUSE
2 Casualty Department (one of whom also acts as House Surgeon to the Fracture Clinic and Skin Department)
1 HOUSE SURGEON to the Ear, Nose and Throat Department
1 SENIOR OBSTETRIC HOUSE SURGEON
1 JUNIOR OBSTETRIC HOUSE SURGEON

Salaries at the rate of £80 per annum except in the case of the Senior Obstetric House Surgeon who will receive a salary at the rate of £100 per annum and the Senior Casualty House Surgeon who will receive a salary at the rate of £150 per annum

Candidates, who must be duly qualified, to send in their applications on forms to be obtained from the undersigned, which must be returned on or before January 30th together with copies of not more than three testimonials

The elected candidates must become members of the Medical Defence Union before taking up their appointments

ELLIS C SMITH, I C I S
Secretary & House Governor

BOROUGH MENTAL HOSPITAL, ROWDITCH, DERBY

SECOND ASSISTANT MEDICAL OFFICER wanted Commencing salary £350 per annum rising by £25 per annum to £450 with an additional £50 per annum if in possession of the Diploma in Psychological Medicine with board apartments, attendance, and laundry Candidates must be unmarried and registered under the Medical Act The appointment is subject to 5 per cent deduction on salary and emoluments under the Asylum Officers Superannuation Act 1909 Applications stating age and full particulars together with copies of three recent testimonials to be sent not later than January 8th to the Medical Superintendent

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LEEDS PUBLIC DISPENSARY AND HOSPITAL

RESEARCH FELLOW IN RHEUMATISM

Applications are invited by the Leeds Public Dispensary and Hospital for the post of RESEARCH WORKER IN ARTHRITIS The applicant (male) must be medically qualified with both clinical and laboratory experience The appointment will be renewable annually

The University of Leeds if satisfied with the qualifications of the selected candidate, will appoint him a Research Fellow The salary will be *£500 per annum*

Applications with copies of three recent testimonials must be sent to the Secretary *Leeds Public Dispensary and Hospital, North* Street, Leeds, 2 from whom further particulars can be obtained not later than Saturday January 16th

CHARLES I J MAURY FCCS
Secretary and Supt

METROPOLITAN HOSPITAL, Kingsland Road L 8 (150 Beds)

Applications are invited for the post of CASUALTY OFFICER AND RESIDENT ANAESTHETIST (male) Salary at the rate of £100 per annum with board residence and laundry Duties to commence February 1st next Candidates must possess a registered Medical and Surgical qualification of the United Kingdom Applications stating age nationality etc with copies of three recent testimonials and certificate of ability to administer anæsthetics should be sent to the undersigned not later than January 15th

FRANK JENNINGS House Gov & Sec

THE ROYAL INFIRMARY, SHEFFIELD (500 Beds)

There is a vacancy for the post of CLINICAL ASSISTANT to the Surgical Department at the Royal Infirmary Sheffield Salary £300 per annum The appointment to be tenable to June 30th 1937 and afterwards subject to re election for a further period of one year from July 1st 1937 Candidate who should be Fellows of the Royal College of Surgeons of England are invited to apply in writing stating age qualifications etc and submitting copies of testimonials to the undersigned forthwith

Board Room H KINGSLEY PEARCE
December 24th 1936 C & Supt Sec

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

Applications are invited for the post of OBSTETRICAL MEDICAL OFFICER to the above Voluntary Hospital in connection with a joint scheme of Maternity Services to be entered into between the Board of Management the Corporation of Preston and the Lancashire County Council Preference will be given to candidates who are members of the College of Obstetricians and Gynæcologists or hold a Diploma of a similar standing

A statement of duties and other essential particulars relating to the post together with a form of application, will be forwarded to intending candidates on application to the *undersigned*

Remuneration will be at the rate of £1 000 per annum together with certain fees and an arrangement in regard to superannuation

Duties to commence on April 1st

Applications to be forwarded to the undersigned on or before January 16th

JOHN GIBSON
December 21st 1936 Supt & Sec

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

Applications are invited for the posts of HOUSE SURGEON (two, male unmarried) at this Hospital's country branch at Brockley Hill, Stanmore, Middlesex 278 beds (160 cases of surgical tuberculosis) Salary £150 per annum, with board, quarters and laundry The appointments are for six months Duties to commence one on February 1st and one on March 1st Applications with copies of testimonials, should be sent to the Secretary 234 *Great Portland Street*, W 1, not later than January 15th

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ADDENBROOKE'S HOSPITAL, CAMBRIDGE

Applications are invited for the post of RESIDENT ANAESTHETIST AND EMERGENCY *OFFICER (male)* The appointment will be for three months from February 1st Salary at the rate of £130 per annum with board residence and laundry Candidates who must be unmarried are requested to forward their age qualifications etc of not more than four the undersigned on or before Wednesday January 20th

W H HEAD Secretary Supt

BURSLEM HAYWOOD & TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE ON TRENT
(66 Beds—Approved Training School for Nurses)

Applications (male) are invited for the post of RESIDENT *HOUSE SURGEON Salary* £175 per annum with board, residence, and laundry To commence duties on February 1st The appointment is for six months in the first instance re appointment may be applied for

Applications stating age and experience, with copies of three recent testimonials to be sent to the undersigned immediately

C E LOWNDES, Secretary

THE QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road L 2

CLINICAL ASSISTANT to Medical Out patients required Attendance on Saturday at 9 30 for about two hours An honorarium of 5/ per attendance will be paid The appointment will be for six months in the first instance and cannot be held for longer than two years Applications with copies of not more than three testimonials should be addressed to the undersigned

CHARLES H PESSELL
December 18th 1936 Secretary

THE LADY CHICHESTER HOSPITAL HOVE BRIGHTON FOR FUNCTIONAL NERVOUS DISEASES (60 Beds)

SENIOR HOUSE PHYSICIAN (woman) required at the beginning of February Six months appointment at £100 per annum, with board and lodging

Applications with testimonials to be sent to the Secretary Mr P I STOONER 33 West *Street Brighton*

December 28th 1936

BUTE HOSPITAL LUTON

HOUSE SURGEON (male) wanted to commence duties on February 1st Salary £150 per annum with board residence and laundry

Applications stating age nationality and experience together with copies of not more than three recent testimonials should be sent to the Secretary of the Medical Advisory Committee at the Hospital R E LINGARD Sec

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HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST Brompton S W 3

The Committee of Management invite applications for the post of HOUSE PHYSICIAN (of which there are three vacancies) The duties include work in the Out patient department as well as in the wards The appointment is for six months commencing on February 1 1937 with an honorarium of £50

Applications with copies of testimonials must reach the undersigned not later than Saturday January 9th 1937

Brompton S W 3 F G ROLLEAU
December 1936 Secretary

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MEDICAL TRANSFER AGENCY,

67-68, Chandos Street, Bedford St, Strand, W C 2

Telegrams Herbaria Lesquare London
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This old established Agency negotiates the *Sale of PRACTICES* and PARTNERSHIPS on reasonable terms which can be obtained on application LOCUM TENENS and ASSISTANTS supplied free of charge to principals

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(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
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Tele Address
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Telephone Euston {1644 / 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts furniture drugs fittings and other effects (excluding sales of any freehold or leasehold property or of practices effects, etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal

Full particulars sent free.

1 HOME COUNTIES —Old established good class early run PRACTICE in a beautifully situated country district Cash receipts average over £1 570 p a Panel just over 500 Visits 3/6 to £1 1s medicine extra Nice house 6 bedrooms) with main electric light gas and water 2 garages and 1 2 acre of garden for sale Premium 2 years purchase Good Hospital in district

2 MIDLANDS — Partnership in old established Practice averaging over £3 850 p a in manufacturing town Panel 3 600 Visits 5/ to £1 1s A suitable house could be obtained One third share would be sold at first at 2 years purchase Incoming partner must be experienced in general practice and surgery—one preferably holding the I R C S

3 S E COAST —Old established middle and working class non dispensing PRACTICE averaging £1 820 p a in favourite summer resort Panel 1 640 Visits 3/6 to 10/6 House (5 b drooms etc) good garage and small garden for sale Scope for young energetic man Premium 2 years purchase

4 S OF ENGLAND — Well established Practice averaging nearly £1 200 p a in a seaside resort Panel over 700 Visits 3/6 to 10/6 mostly 5/ Very little midwifery Good corner house (5 bedrooms) with central heating gar age and small garden for sale Well equipped Cottage Hos pital Good cope Premium 2 years purchase

5 DEATH VACANCY —LONDON, S W 1 —Old-established PRACTICE Receipts 1936 £1 218 includ ing appointments worth nearly £100 and a panel of 872 Visits 5/6 upwards Suitable flat containing 3 bedrooms etc and surgery accommodation to rent at about £250 p a (exclusive) on lease Scope for increase

6 N WALES WATERING PLACE —Partnership in middle and upper class Practice averaging nearly £3 800 p a including selected panel 245 Fees 5/ to 10/6 without medicine—some £1 1s Detached house (4 bedrooms etc) with good garage and small garden to rent on lease Scope Premium one half share £3 900 to include surgery fittings drugs and bool debts Hospital

7 W MIDLANDS —Very old established Practice over £1 700 p a in Market Town with beautiful surrounding Country Good appointments and panel of nearly 1 000 Visits 5/ upwards House (5/6 bedrooms) garage and three quarters of an acre of garden Rent £70 p a Premium one and three quarter years purchase

8 LONDON W 2 —Practice averaging over £800 p a including panel 165 Consultations 5/ upwards Private residence to rent at £120 p a and surgery premises at £60 p a Scope for increase Premium two years purchase

9 S W OF ENGLAND —Partner required in well-established good class non panel Practice in Favourite Health Resort Suitable house to rent Must have experience in General Practice and good Gynecological knowledge is pre ferred A share worth about £1 200 or £1,800 p a is for disposal at two years purchase

10 LONDON S W —Partnership in well established working class Practice nearly £3 150 p a in Favourite Suburban District Panel 3 000 One fourth share would be sold at first at two years purchase

11 S W OF ENGLAND —Partnership in well-established mixed Town Practice about £1 200 p a Panel 1 950 Visits 2/6 to £2 2s medicine extra Detached house (5 bed rooms) with large garden garage etc for sale One fourth or one third share at first at two and a quarter years pur chase Applicant who must be experienced in General Practice and major surgery—I R C S preferred—would be appointed to Staff of Hospital

12 LONDON W —Practice of about £700 p a in residential district Panel 500 Large corner house (7 bed rooms) with separate surgery entrance and good garden Price of lease £1 150 Scope Premium £1 250

13 MIDLANDS —Partnership in old-established in creasing Practice in pleasantly situated Country Town Good appointments and panel Visits 3/6 to £1 11s 6d medicine extra Suitable house obtainable Incoming partner must be good Surgeon—English or Scottish—aged 30 to 40 preferably a F R C S Small well equipped Hospital Share worth £1 250 p a at first at two years purchase

14 S OF ENGLAND —Partnership in old estab lished Practice over £4 800 p a in beautifully situated Market Town Panel over 2 850 Visits 3/6 to £1 1s medicine extra Large attractive well built house with electric light central heating garage and walled in garden for sale Pre mium 9/10 share two years purchase

15 KENT —Partnership in steadily increasing Prac tice £2 540 p a in rapidly developing district Panel over 3 000 Semi detached house (5 bedrooms) Rent £60 p a Premium one half share £2 800

16 MIDLANDS —Old established Practice in clean prosperous Manufacturing Town Receipts average £750 p a including P M S worth £125 p a and panel about 750 Pleasantly situated house (5 bedrooms attics etc) on main road Price (freehold) £3 200 Ample scope Premium one and three quarter years purchase

17 E ANGLIA —Partnership in old established and steadily increasing Practice about £2 300 p a in beautifully situated Country Town Panel 1 850 House to rent at £60 p a Good society and sport Scope One third share at first Premium two years purchase

18 N DEVON —Old established Practice averaging over £1 050 p a in small Watering Place Panel about 400 Well built semi detached house (5 bedrooms etc) garden for sale Beautiful surrounding country All kinds of sport Scope Premium two years purchase

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD.)
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FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. Full particulars sent free

1 S.W. OF ENGLAND.—Partnership (with early succession) in old established good class Practice about £1,600 p.a. in beautifully situated Watering Place. Visits up to £2 2s. No panel or midwifery. Patients are of high class and include *county families*. Share of about £800 p.a. at first at two and three quarter years purchase. Cottage Hospital. Short preliminary Assistantship. Applicant should be *graduate of Oxford, Cambridge* or London.

2 NORFOLK.—Very old established Country Practice in beautiful part. Cash receipts average £854 p.a. with appointments worth about £50 and a panel of 617. Visits 5/- to 10/6 medicine extra. Suitable house available. Scope. Premium £1,500.

3 BIRMINGHAM.—Old-established upper and middle class PRACTICE averaging £1,340 p.a. in one of the best *Residential Districts*. *No panel*. Visits 5/- to 10/6. Suitable house could be obtained. Premium one and three-quarter years purchase.

4 LONDON W.9.—Well-established non-dispensing PRACTICE averaging about £1,000 p.a. in good residential part. Practically no panel. Visits 10/6 to £2 2s. Accommodation comprises in addition to consulting room etc. 4 *bedrooms, boxroom*, etc. *Large garden*. Rent £200 p.a. inclusive. Scope for increase. Premium one year's purchase.

5 LONDON E.8.—Old-established compact and very easily run PRACTICE averaging over £1,400 p.a. in *Populous District*. *Panel 2,200*. *No midwifery*. *Good* well situated corner house with ample accommodation including garage and large garden. Price £2,600 freehold. Scope. Premium two and a half years purchase.

6 AUSTRALIA.—Very old established Practice in one of the best (chiefly Sheep Farming) districts in Victoria. Receipts year ended June, 1936 £1,690 (July to December 1936 £800) including *appointments value £225 p.a.* Eight-roomed house with garage etc. and acre garden to rent at £60 p.a. Premium to include furniture contents of dispensary etc. £800 (English currency).

7 LONDON S.E.—Old-established Practice averaging £1,400 p.a. in thickly populated district. Panel 1,930. Suitable accommodation to rent. Premium two and three *quarter years purchase*.

8 LONDON S.W.—Partnership in old established PRACTICE in pleasant residential suburb. Receipts about £3,000 p.a. including *about £300* from panel. Visits 5s. to £1 1s. Small house (3 bedrooms) with garage and fair sized garden. Rent £55 p.a. One third share for disposal at two years purchase.

9 KENT COAST.—Partnership in very old established *Practice in country district* within easy distance of a popular summer resort. Cash receipts between £1,900 £2,000 p.a. including appointments and panel. Visits 3/6 to 10/6. Few £1/1/. Large old fashioned house with separate entrance to surgery accommodation garage and garden for sale. *Premium one half share two years purchase*.

10 LONDON N.W.—Well-established Practice in desirable residential district. Receipts average £767 p.a., including *panel about 240*. Visits 5/6 upwards. Modern semi detached house (4 bedrooms) with garage and garden. Price of leasehold £1,600. Very good scope. Premium £1,150.

11 S. MIDLANDS.—Partnership (after 12 months' preliminary Assistantship) in old established *Practice* in large growing village. Receipts average nearly £3,600 p.a. including good appointments and panel over 2,000. Visits 5/- to £1 1s. Ample society and sport. Good scope for increase—building going on. Share worth £800 p.a. to be sold at first at two years purchase.

12 N.E. COAST.—Well-established middle and upper middle class PRACTICE averaging £1,139 p.a., in important city. Panel 670. Visits 3/6 to 7/6. No midwifery. House in residential part (recently redecorated) containing 4 bedrooms 2 attics, etc. with garage and small garden for sale or rent. Premium one and a half years purchase.

13 HOME COUNTIES.—Old-established Practice of £500 p.a. in first rate town 20 miles from London. Panel over 500. Visits 5s. No midwifery. Modern nine roomed house with garage and attractive garden—about quarter of an acre. *Premium* freehold house and Practice £2,500.

14 LONDON, S.E.—Well established Practice in suburban district. Receipts average over £650 p.a. including appointment worth £80/£100 p.a. and a panel of 535. Semi detached house (12 rooms) with garden for sale. Scope. Premium one and a half years purchase.

15 LONDON, S.E.—Increasing Middle class Practice *in pleasant suburb*. Cash receipts past twelve months £1,270. Panel 950. Visits 3/6 to 7/6 medicine sometimes included. Detached double fronted house with ample accommodation for sale or rent. Further scope for increase. Premium £2,400.

16 MIDDLESEX.—Nucleus of Practice in rapidly developing residential district about fifteen miles from London. *Receipts last year £370*. Easily run corner residence (4 bedrooms) with garage and garden. Premium house and Practice £2,000.

17 LONDON, W.—Practice of about £700 p.a. in residential district. Panel 500. Large corner house (7 bedrooms) with separate surgery entrance and good garden. Price of lease £1,450. Scope. Premium two years purchase.

INSTITUTE OF PSYCHO ANALYSIS

A Course of Lectures for Medical Practitioners and Students will be held at 96 Gloucester Place W 1 on Tuesday at 8 30 p m entitled

DISORDERS OF CHILDHOOD by Dr D W WINNICOTT

Feb 2 An Unwanted Child What the term commonly means

Feb 9 Disturbances of Function due to Excitement Anxiety Depression

Feb 16 Tics and Organ and Variations due to Emotion

Feb 23 Differential Diagnosis between Physical Disease and Psychological Disorder

March 2 The Equivalent in Childhood of Melancholic Depression of Adults

March 9 Inverted Forms found in the Disturbances of Feminine Development

Each Lecture will be followed by a Discussion

Fees for the Course for Medical Practitioners 10 Students 5 Single Lectures 2 and 2s respectively

Tickets may be obtained from the Institute by application in writing (enclosing remittance) or at the door

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

The Council of the Royal Faculty of Physicians and Surgeons will meet on January 6th 1937 to consider applications from CANDIDATES for admission to the FELLOWSHIP EXAMINATION

Candidates are required to make application in writing on the required form to the Secretary to whom all certificates and testimonial should be sent not later than January 5th 1937

242 St Vincent Street DAVID WILLOX
Glasgow C 2 Secretary
December 1936

UNIVERSITY OF LEEDS
SCHOOL OF MEDICINE

The Council of the University invite application to the newly instituted post of READER IN MEDICINE Salary £600 a year Candidates should be not more than 35 years of age Membership of the Royal College of Physicians is desirable Further particulars of the appointment may be obtained from the Registrar The University Leeds 2 to whom all receive application for the Readership on or before January 30th

UNIVERSITY OF LEEDS
SCHOOL OF MEDICINE

The Council of the University has recently instituted a LEADERSHIP IN SURGERY and invites applications from qualified candidates Fellowship of the Royal College of Surgeons is desirable Candidates should not be more than 35 years of age Salary £500 a year Further particulars may be obtained from the Registrar The University Leeds 2 to whom all receive application for the Readership on or before January 30th

Preliminary Examinations

The COLLEGE OF PRECEPTORS holds Preliminary Examinations for Medical and Dental Students in London and at Provincial Centres in March June September and December For Regulations apply to the Secretaries College of Preceptors Bloomsbury Square London W C 1

THE MIDDLESEX HOSPITAL AND MEDICAL SCHOOL W 1

Applications are invited for the post of SURGICAL REGISTRAR

The appointment will be for the period ending December 31st 1937 and the holder is eligible to apply for reappointment and may retain office for two further consecutive years Salary £300 per annum Further particulars may be obtained from the Secretary Superintendent to whom application with copies of not more than three testimonials must be sent by noon on Wednesday January 20th

By Order of the Board
S R C PLIMSOLL Sec Supt

PRESTON FRIENDLY SOCIETIES MEDICAL ASSOCIATION

The above Association (consisting of NINE Friendly Societies Members) invite applications for the position of WHOLE TIME MEDICAL OFFICER Salary £450 per annum plus £30 per locum allowance and £100 car allowance House provided Apply W PIDING Secretary 6 Emerson Road Ribbleton Preston

COURSE OF INSTRUCTION IN THE THEORY AND PRACTICE OF HOMOEOPATHIC THERAPEUTICS

The COURSE will consist of TWELVE LECTURES dealing with Homoeopathic Philosophy Materia Medica and Remedy Selection The Lectures will be given weekly on Tuesday afternoon at 4 30 p m in the Homoeopathic Hospital 1 000 Great Western Road Glasgow W 2 commencing January 12th 1937

Lecturer Dr
In conjunction
demonstration will
5 Lynedoch Crescent Glasgow W 2 by Dr

THE LEANT DOUGLAS Fees and other Particulars for complete Course £3 3 0 will be in advance to Matron Home Pathological Hospital £4 4

The Course is open to registered Medical Practitioners only

PALMERSTON NORTH HOSPITAL BOARD PALMERSTON NORTH NEW ZEALAND

POSITION OF PATHOLOGIST PALMERSTON NORTH HOSPITAL (250 Beds)

Application are invited from Medical Practitioners with qualification registrable in New Zealand and with general experience in Pathology and Bacteriology for the position of Pathologist on the staff of the Palmerston North Hospital (non resident)

The appointee will take charge of the Pathological and Bacteriological Laboratory

Salary to commence £900 rising by annual increments of £50 to £1 000

Duties to commence as soon as possible after April 1st 1937

Further particulars may be had on application to the office of the *British Medical Journal*

Application to be accompanied by copies of testimonials to be forwarded to the undersigned

A J PHILLIPPS B Com
Managing Secretary

THE OTAGO HOSPITAL BOARD DUNEDIN NEW ZEALAND

Applications will be received by the undersigned until February 24th for the position of RADIOTHERAPIST Dunedin Hospital at a salary at the rate of £1 000 per annum and travelling allowance

Full details of duties obtainable on application to the High Commissioner for New Zealand 415 Strand London W C 2

Otago Hospital Board JOHN JACOBS
Dunedin New Zealand Secretary
December 3rd 1936

LABORATORIES OF PATHOLOGY AND PUBLIC HEALTH

JUNIOR ASSISTANT PATHOLOGIST

Applications are invited for the above mentioned appointment from registered medical men holding an English or Scottish University degree and not over 35 years of age

Commencing salary £500 rising by annual increment of £25 to £650 per annum

The successful candidate will be required to devote his whole time to the duties of the post and to become within twelve months a member of the contributory Superannuation Scheme which is in force in these Laboratories

Applications giving age training and experience should be submitted in writing to the undersigned (from whom further particulars can be obtained) by January 15th 1937

(Signed) G L EASTES
6 Harley Street, London W 1

COUNTY BOROUGH OF SOUTHAMPTON

EAR NOSE AND THROAT SURGEON
(Part time)

The Corporation invite applications from Practitioners having special experience of Diseases of the Ear Nose and Throat for the part time appointment of Ear Nose and Throat Surgeon

The gentleman appointed will work under the administrative control of the Medical Officer of Health and will be required to conduct two clinic and one operating session weekly and to act as Consultant and to carry out operations when required for cases with which specially occurring in the Municipal Hospitals and Institution

The salary will be £300 per annum inclusive and the gentleman appointed will hold the office during the pleasure of the Council

Form of application and further particulars may be obtained from the Medical Officer of Health Civic Centre Southampton and must be returned to the Town Clerk Civic Centre Southampton endorsed Ear Nose and Throat Surgeon not later than January 16th

DONALD H MEGGESON
December 24th 1936 Town Clerk

LONDON COUNTY COUNCIL

Applications invited from Women Medical Practitioners for appointment at WHITE OAK HOSPITAL (for children suffering from diseases of the Eye) Swanley Kent (954 feet) above sea level

2 ASSISTANT MEDICAL OFFICERS GRADE 1—Salary £300—£25—£450 with board lodging and washing Experience in general hospital practice

OFFICER (Grade 2) Salary £250—£20—£290 per annum with board lodging and washing Experience in general hospital practice

Appointments for one year only in the first instance (renewable for a second year and possibly longer) Experience in anaesthetics and operative work desirable

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division) County Hall S E 1 returnable by January 15th Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications are invited for the appointment of RESIDENT MEDICAL SUPERINTENDENT of QUEEN MARY'S HOSPITAL FOR CHILDREN Carshalton Surrey (1 mile) Salary £1 400—£50—£1 650 with emoluments Uniform board residence and attendance on appointee will be under direction of Medical Officer of Health and will be required to undertake any duties as Her Health Departments of the Council may require Candidate must have been qualified medical practitioner for at least five years have been house physician or house surgeon in a public general hospital and have had experience of hospital administration

Application forms obtainable (stamped addressed foolscap envelope necessary) from Clerk of the Council County Hall S E 1 returnable by January 22nd Canvassing disqualifies

DONCASTER EDUCATION COMMITTEE

Applications are invited for the post of PART TIME CONSULTANT Orthopædic Surgeon and the Care and Children Committee of School age and Children under Five

Applicant must be registered Medical Practitioner holding a special Diploma or Diplomas in Orthopædics and Throat work and preferably attached to the staff of a Hospital recognised for training

The successful candidate will be required to attend at sessions per week as may be provided by the Committee and remuneration will be paid at the rate of £2 12s 6d per session

Applications stating age and previous experience together with copies of not more than three testimonials should reach me not later than January 15th

G P H DANBY M A (Oxon)
Education Office Doncaster Secretary
December 29th 1936

SEAMEN'S HOSPITAL SOCIETY

The Committee of Management invite application for the appointment of RESIDENT MEDICAL SUPERINTENDENT of the HOSPITAL FOR TROPICAL DISEASES GORDON STREET W C 1

The appointment will be for two years renewable for a further year at the discretion of the Board of Management Salary £400 per annum with board residence and laundry Candidates who should be immune must be legally qualified and registered and must possess have had experience in tropical medicine Membership of the Royal College of Physicians is desirable but not essential Applications stating age with particulars of training experience and three recent testimonials to be sent in not later than January 21st to the Secretary Seamen's Hospital Society Dreadnought Building SE 10

December 21st 1936

EAST HAM MEMORIAL HOSPITAL, Shrewsbury Road E7 (100 Beds)

Applications are invited for the post of RESIDENT MEDICAL OFFICER (male) Duties to commence on February 1 1937 The appointment will be for six months in the first instance but the successful candidate will be eligible for re-appointment Salary at the rate of £200 per annum with board residence and laundry Preference will be given to candidates who hold the Diploma of FRCS Application stating age nationality experience and full particulars together with copies of three testimonials should reach the undersigned by January 7th 1937

REGINALD PERRY Secretary

BOVRIL MEDICAL AGENCY, Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 S E LONDON—Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £750 Panel of 500 increasing House in good repair, containing 2 sitting, 3 bedrooms, etc Premium 2 years purchase

2 [illegible] ablished PRACTICE producing £400 p a Visits from 5/ Suitable house, with 2 l or sale or on rental

3 SURREY—LARGE TOWN WITHIN EASY REACH OF LONDON—Recently established PRACTICE at present producing about £250 p a including panel of 180 Very good scope Fees from 3/6 Suitable house in good position, containing 2 reception, 3 bedrooms, etc Freehold for sale Premium £300

4 HOME COUNTIES PARTNERSHIP — One third or two fifths share is offered in an old established and better class Practice averaging about £4 200 p a Ingoing partner must be experienced aged between 30 35, and holding a medical degree Suitable house available on rental

5 EAST COAST HOLIDAY RESORT—Surgical opening—ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a, including panel of 3,000 patients and appointments worth approx £550 p a Applicants must hold the I R C S and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

6 MIDDLESEX RIVERSIDE—Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £52 p a, alternatively practice can be worked as a lock up Premium 1½ years purchase

7 WALES—Unopposed country PRACTICE producing approximately £2 000 p a, including panel and appointments bringing in about £1 000 p a Visits and medicine 3/6 to 21/ Suitable house, with 2 sitting, 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years purchase Knowledge of Welsh desirable but not essential

8 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP—One half share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced married and good worker

9 LONDON, S E 10—Old established mixed class PRACTICE held by Vendor over 20 years Average gross cash receipts £856 p a Panel of 323 One appointment worth about £26 p a Fees 2/6 to 10 6 Suitable house with ample accommodation on rental Offers invited

10 RIVERSIDE SUBURB—Recently established PRACTICE producing about £200 p a and stated to offer considerable scope Panel of 100 Fees from 2/6 Suitable house with 3 reception 3 bedrooms, etc Garden Garage Rent £80 p a Premium £300

11 FAVOURITE SOUTH COAST TOWN — PARTNERSHIP—A three ten ths share (with increase later) is offered in an old established steadily increasing good middle class Practice producing at present over £3,400 p a Panel of approximately 1 800 Fees from 5/ upwards Suitable maisonette avail on rental Prem 2 yrs purch

12 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE is recently established and stated to offer considerable scope for increase Gross cash receipts for past 12 months approximately £400 Small house can be rented at 25/ per week Premium one years purchase

13 WITHIN 12 MILES OF LONDON—Recently established PRACTICE in rapidly developing residential district producing for last 12 months over £1 100 Panel of 367 Fees from 3/6 Suitable house with 2 reception 4 bedrooms etc and professional rooms Small garden Garage Price for freehold £1 450 Premium £1 600

14 FAVOURITE SOUTH COAST TOWN—PARTNERSHIP—A one third share (with increase later) is offered in good mixed class Practice producing for last 12 months approximately £1 600 Panel of 1 300 Fees from 5/ Detached house with good sized garden containing 3 professional rooms dining room kitchen etc and 5 other rooms bathroom etc Rent £75 p a Premium 2 years purchase

15 LONDON NORTH WEST—Well established middle and working class PRACTICE worked as a lock up Average gross cash receipts approximately £1 100 p a including panel of 900 and increasing Fees from 3 6 Surgery premises on rental at 30/ per week Premium 2 years purchase or near offer

16 LONDON WEST—Old established good mixed class PRACTICE averaging for past 3 years over £2 400 p a Panel of 1 400 and good appointments worth over £200 p a Fees 3/6 to 10/6 Suitable house in very good position with 2 reception, 5 bedrooms etc Rent on lease £100 p a

17 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well established PRACTICE averaging over £1 100 p a including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room and professional rooms Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

18 PARTNERSHIP — HOSPITAL TOWN—FAVOURITE RESIDENTIAL DISTRICT WITHIN EASY REACH OF LONDON—A SHARE producing about £1 100 p a (with increase up to about £1 500 p a within a short time) is offered in well established better class Practice producing over £3 000 p a Panel of about 1 800 Good fees Suitable house with 2 reception 6 bedrooms etc Garden Garage Can be rented on lease Ingoing partner should have good knowledge of medicine and surgery

19 WILTS—PARTNERSHIP—A one third share with view to succession later, is offered in old established mixed class country town Practice stated to offer good scope for an energetic worker Average gross cash receipts for last 3 years £1 495 p a Panel of about 1 200 Fees from 3/6 Suitable house can be obtained or ingoing partner could reside with Vendor Premium 2 years purchase

20 WEST OF ENGLAND—LARGE TOWN—Very old established good mixed class PRACTICE held by Vendor (who is retiring) for past 35 years Average gross cash receipts for last 3 years £889 p a but formerly Practice produced over £1 300 p a and it is believed there is good scope for increase Comfortable house with 3 reception 6 bedrooms etc Large garden Premium £750

21 NORTH MIDLANDS—Old established middle and working class PRACTICE situated in small country town within easy reach of two large towns Good educational facilities Average gross cash receipts about £800 p a including panel of 636 Appointments worth about £80 p a Fees 3/6 upwards Excellent detached house with large garden tennis lawn containing 3 professional 2 reception 4 bedrooms maids rooms Electric light etc Garage Leasehold for sale good proportion on mortgage Reasonable premium accepted

22 LONDON, EAST — One third share is offered (after preliminary Assistantship of 3 to 6 months) in very old established better working class Practice producing approximately £4 000 p a including large panel and appointments bringing in over £350 p a Suitable house can be obtained Premium 2 years purchase

23 SURREY—Recently established PRACTICE producing over £200 p a including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms consulting room Large garden Price for freehold £850 or might be rented Premium £250

24 WESTERN DISTRICT—Mixed class PRACTICE producing for last 12 months £700 including panel of about 500 Fees from 3/6 Good house with ample accommodation and good garden Premium 2 years purchase Vendor retiring through ill health

25 HOME COUNTIES—PARTNERSHIP—Approximately one half share is offered in a better class unopposed Practice producing over £3 000 p a Panel of approximately 1,300 Good appointments worth about £520 p a Fees 3/6 to 21/ Midwifery 2 to 15 gns Ingoing partner can choose his own house Premium for share 2 years' purchase Vacancy occurs through retirement of senior partner

26 LONDON — SOUTH EAST—Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house, containing 2 reception 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800 or near offer

27 MIDDLESEX—WESTERN DISTRICT—PARTNERSHIP—A one sixth share representing £900 to £1 000 p a is offered in very sound mixed class Practice situated in rapidly developing residential area with good scope for increase Gross cash receipts over £5 000 p a panel of about 6 000 Suitable house can be obtained on rental Ingoing partner should be experienced and preferably not over 35

28 LONDON, S E—PLEASANT RESIDENTIAL DISTRICT—Mixed class PRACTICE established by Vendor (who is retiring) over 4 years ago Gross cash receipts for past 12 months £1,191 Panel of over 650 9 roomed house with garden and garage, can be rented on lease Premium 2 years purchase

29 LONDON SOUTH EAST—Mixed class PRACTICE producing for last 12 months over £1 000 Panel of about 500 Visits 3/6 to 5/ Suitable house can be rented Premium £800, or near offer

30 NORTHUMBERLAND—PRACTICE is situated in beautiful country district mainly agricultural Gross cash receipts for immediate past year £1 065 Panel of about 520, plus mileage and appointments worth over £50 p a Fees from 3/6 House contains 2 reception 4 bedrooms bathroom etc Garden Price for freehold £1 250 Sport of all kinds and schools within reach Premium 1½ years purchase

31 MIDLANDS—EAR, NOSE, AND THROAT PRACTICE FOR SALE—Old established in residential town Hospital in neighbouring town House to let and rooms in neighbouring town Premium and all further particulars on application

32 LONDON NORTH—Recently established PRACTICE offering exceptional scope and producing about £250 p a, including panel of 170 Suitable house can be rented on lease Premium £350

33 SOUTH COAST — Recently established better class PRACTICE in rapidly expanding residential district Receipts for last 12 months over £400 including panel of 60 Fees from 5/ Good detached house with 2 reception 4 bedrooms and professional accommodation Large garden Rent £90 p a Premium £450

34 HOME COUNTIES—Very old established chiefly better class PRACTICE held by Vendor (who is retiring) over 10 years Average gross cash receipts for last 3 years £1,057 p a Panel of over 700 Fees 3/6 to 21/ Exceptionally nice house, with 3 reception 6 bedrooms etc Very good garden Garage Excellent schools within reach and good social and sporting facilities Freehold for sale Premium 2 years purchase

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

Printed and published by the British Medical Association at their Office, Tavistock Square in the Parish of St Pancras in the County of London.

COUNTY COUNCIL OF MIDDLESEX

DISTRICT MEDICAL OFFICER AND PUBLIC VACCINATOR HARROW

The County Council invites applications from duly qualified Medical Practitioner for the under mentioned appointment

District Medical Officer for the Harrow Medical Relief District Salary £100 per annum plus the cost of extra midwifery drugs and fees in respect of attendance for the service of at to administer hers ra tions (exc septic

The officer appointed will to carry out his duties in accordance with the Public Health Acts Order 1930 of the Minister of Health to reside in the district unless the Council otherwise determine and to name to the Council some duly qualified Medical Practitioner who will in the case of his absence or otherwise during his personal attendance at his place

Public Vaccinator for the No 34 (Harrow) Vaccination District The person appointed will be required to produce to the Council a certificate of proficiency in vaccination except in a case in which such certificate is required as a condition of obtaining any diploma licence or degree which he possesses He will be required also to enter into a contract with the Council in accordance with the Vaccination Order 1930 of the Minister of Health The contract will provide for the payment of the scale of fees laid down by the County Council

The person or persons engaged will not have any superannuation rights under the Council superannuation scheme

Application stating age qualifications and experience accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than January 8th Special application forms are not provided Envelope must be endorsed *District* Medical Officer and/or Public Vaccinator Z as the case may be

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE
Clerk of the County Council
Middlesex Guildhall Westminster S W 1
December 18th 1936

COUNTY COUNCIL OF MIDDLESEX

RADIOLOGIST

The County Council invites applications for the appointment of Radiologist at the COUNTY SANATORIUM HAREFIELD Candidates must have had special experience in chest radiology

The officer appointed will be required to attend one session per week at the Sanatorium Remuneration will be at the rate of £3 3 0d per session *The appointment, which does not* carry any superannuation right will be held during the pleasure of the Council and terminable by one months notice on either side

Application stating age qualifications and experience accompanied by copies of not more than three recent testimonials must be received by the undersigned not later than January 7th 1937 Special application forms are not provided Envelopes must be endorsed Radiologist Harefield Z

Canvassing directly or indirectly will be a disqualification

C W RADCLIFFE
Clerk of the County Council
Middlesex Guildhall Westminster S W 1
December 11th 1936

WESTMINSTER HOSPITAL
Broad Sanctuary S W 1

A vacancy has been declared this day in the office of ASSISTANT SURGEON to this Hospital Gentlemen desirous of becoming candidate must be Fellows of the Royal College of Surgeons of England not practising midwifery Each candidate will be required to transmit a certificate of his age and to submit thirty copies of his application with testimonials to the undersigned not later than Friday January 22nd and to attend the meeting of the House Committee on January 26th at 4 p m

By Order of the House Committee
CHARLES M LOWEN
December 22nd 1936 Secretary

BOLINGBROKE HOSPITAL
Wandsworth Common S W 11 (135 Beds)

HOUSE PHYSICIAN (male unmarried) required The appointment is for six months commencing on February 1st Salary £120 per annum with board residence and laundry

Candidates must be fully qualified and registered

Application stating age qualification and experience with copies of not more than three testimonials, should be sent to the undersigned on or before January 15th

W S PANDOLPH BISS Sec Suit

CITY OF BIRMINGHAM MENTAL HOSPITAL

JUNIOR MALE ASSISTANT MEDICAL OFFICER

The Committee of Visitors invite application for the above whole-time appointment from gentlemen under 36 years of age who are duly qualified and registered Medical Practitioners A person who has held for at least six months a medical or surgical residential post in a general hospital will be regarded as having an additional qualification

The successful candidate should be a good anaesthetist He will be required to reside in the hospital The commencing salary will be £350 per annum plus the usual residential emolument of board lodging laundry and attendance *Subject to his months satisfactory* service to the Committee an increase of £50 will be granted and thereafter increases of £25 per annum up to a maximum salary of £450 per annum An additional £50 per annum will be paid to the holder of the D P M qualification or to a person obtaining the D I M after appointment The salary is in charge of all fees received and any such fees must be accounted for and paid into the hospital account

The successful candidate will be placed on the permanent staff after one year satisfactory service and medical examination and will then be required to contribute under the Asylum Officers Superannuation Act 1909 *He will be required to live in such institution* belonging to the Mental Hospital Committee as they may from time to time direct The appointment is subject to one months notice on either side

Application stating full particulars of qualification experience and appointment held accompanied by copies of three recent testimonials must be addressed to the undersigned so as to be received not later than January 12th 1937

F H C WHITSHIPE
Clerk to the Committee of Visitors
Town Clerks Office
Council House Birmingham 1

THE ROYAL LIVERPOOL CHILDREN'S HOSPITAL

There will be vacancies on April 1st next for TWO RESIDENT HOUSE PHYSICIANS and *TWO RESIDENT HOUSE SURGEONS at the* CITY BRANCH MYRTLE STREET The appointment will be for a period of six months Salary in each case at the rate of £100 per annum Application with copies of recent testimonials to be sent to the Secretary Royal Liverpool Children Hospital Myrtle Street Liverpool 7 on or before Monday Jan 18th

There will be vacancies on April 1st next for ONE RESIDENT MEDICAL OFFICER and ONE RESIDENT SURGICAL OFFICER at the HESWALL BRANCH of the Institution (240 beds) The appointments will be for a period of six months Salary in each case at the rate of £120 per annum Application with copies of recent testimonials to be sent to the Secretary *Royal Liverpool Children Hospital* Myrtle Street Liverpool 7 on or before Monday January 18th

PEMBROKE COUNTY WAR MEMORIAL HOSPITAL *HAVERFORDWEST* PEMBROKESHIRE (64 Beds)

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer male or female (unmarried) from duly qualified registered Medical Practitioners preferably with some previous resident experience to commence on February 1st

Salary £150 per annum with residence (Private Funds) board and laundry

Application stating age and accompanied by copies of not more than three recent testimonial to be sent to the undersigned at the above address not later than *Saturday January* 9th

F W BARNETT House Cor & Sec

WORCESTER COUNTY AND CITY MENTAL *HOSPITAL POWICK near* WORCESTER

Application are invited for the post of ASSISTANT MEDICAL OFFICER Applicant must be male under 35 years of age *and* duly qualified in medicine and surgery

Commencing salary £350 rising by annual increment of £25 to a maximum salary of £450 per annum together with furnished apartment board laundry and attendance A further £50 per annum will be paid if the selected *candidate holds or obtains* a Diploma in Psychological Medicine The appointment is subject to the provisions of the Asylum Officers Superannuation Act 1909

Application stating age and full particulars of qualification and experience accompanied by copies of three recent testimonial to be forwarded to the Medical Superintendent not later than Monday January 18th

COUNTY BOROUGH OF BURY

DEPUTY MEDICAL OFFICER OF HEALTH

Applications are invited from persons not exceeding 45 years of age for the post of Deputy Medical Officer to the above named authority

Candidates must have (1) had at least three years experience in the practice of their profession (2) post in general clinical work for a period of no less than eighteen months of which not less than six months have been spent in a hospital as resident officer in charge of bed occupied by general medical or surgical cases (3) received special training or a period of not less than six months in the diagnosis and treatment of tuberculosis and (4) must also be in possession of a certificate given by the venereal disease officer of a treatment centre at which no less than 500 patients attended for the first time during the twelve months preceding the issue of the certificate testifying that he has attended at the treatment centre for a period of not less than three months and has received during that period not less than 130 hours instruction in the modern method diagnosis and treatment of venereal disease

Experience in School Medical Work and in the control of Infectious Disease will be deemed additional qualifications and experience in other branches of Public Health work will be desirable

The possession of the D P H or its equivalent is essential

The salary which includes the sum of £150 per annum in respect of services at evening clinics will be at the rate of £650 per *annum rising by annual increments* of £25 to a maximum of £850 per annum

[illegible] subject to the provisions and Other Officers and to the successful candidate necessary medical

[illegible] endorsed copies of not less than four recent testimonials should be signed not later than

[illegible] form of application

Canvassing in any form will be a disqualification

Municipal Offices RICHARD MOORE
Bank Street Bury Town Clerk
December 21st 1936

RICHARD MURRAY HOSPITAL, BLACKHILL CO DURHAM

APPOINTMENT OF HOUSE SURGEON

Applications are invited for the post of House Surgeon (male) at the Hospital which has accommodation for 16 maternity cases and 16 maternity cots The salary offered is £200 per annum with board apartment and laundry in addition Applicants will require to have had previous experience as a House Surgeon in a General Hospital and preference will be given to those with similar experience in a Maternity Hospital

The appointment is for a period of one year and is not renewable

The Hospital is served by a Visiting Consultant Surgeon and a Visiting Consultant Obstetrician

So far as the Maternity Unit is concerned the person appointed will be subject to the administrative control of the County Medical Officer of Health

The duties will include the medical supervision of an adjacent small Convalescent Home for mothers and young children

Application stating age qualification and experience and accompanied by copies of not more than three recent testimonial must be received by the undersigned not later than January 9th

T W ADDISON
Secretary to the Richard Murray Hospital Joint Board
Shire Hall Durham
December 21st 1936

THE ROYAL CANCER HOSPITAL (FREE)
Incorporated under Royal Charter
Fulham Road London S W 3

Applications are invited for the post of RESIDENT MEDICAL OFFICER to commence duties on March 1

The appointment is for twelve months at a salary of £200 per annum together with board residence and laundry At the end of this period reappointment for a further twelve month may be applied for

Applications to be made on a form which will be supplied by the Secretary with copies only of no more than three recent testimonial to be sent to the undersigned not later than first post Friday January 15th

CLEMENT COBBOLD Secretary

WHY AGAROL BRAND COMPOUND FOR CONSTIPATION ?

Among the curative measures advocated for overcoming constipation, none has proved more consistently successful than AGAROL — the original emulsion of mineral oil and agar-agar with phenolphthalein.

Agarol renders the fæcal mass plastic and pliable with unabsorbable moisture. It lubricates the intestinal tract and gently stimulates peristalsis, ensuring an easy and complete evacuation.

Used over a reasonable period, Agarol gradually restores muscular tone and functional activity of the bowel, with the gratifying assurance that natural evacuation will follow without the need for further medication.

Supplied in 4½ oz 7½ oz and 17 oz bottles

Agarol is not advertised to the public.

Trial supplies to Members of the Medical Profession on request

WILLIAM R. WARNER & CO. LTD., 300, GRAY'S INN ROAD, LONDON, W.C.1.

Printed and published by the British Medical Association at their Office Tavistock Square in the Parish of St Pancras in the County of London

APPOINTMENTS—Important Notice.

Medical Practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association BMA House Tavistock Square WC1 (in the case of Scottish appointments with the Scottish Medical Secretary 7 Drumsheugh Gardens Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** (*cont.*)	**CONTRACT PRACTICE** (*cont.*)
ABERTYSSWG MEDICAL AID SOCIETY (*Medical Officer*)	LOWESTOFT MEDICAL INSTITUTE (*Medical Officer*)	WOLVERHAMPTON FRIENDLY SOCIETIES MEDICAL ASSOCIATION (*Medical Officer*)
CILFACH COCH GLAMORGAN (*Workmen's Medical Scheme*)	NEATH AND DISTRICT (*Medical Aid Association*)	**PUBLIC HEALTH**
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE (*Medical Officer*)	OAKDALE MON (*Medical Officer for Medical Aid Association*)	FLINTSHIRE COUNTY COUNCIL (*Junior District Assistant Medical Officer*)
LLWYNYPIA CLYDACH VALE TENYCRAIG GLAMORGAN (*Workmen's Medical Scheme*)	OCMORE VALLEY GLAMORGAN (*Hand and Colliery Medical Aid Society*) (*Workmen's Medical Scheme*)	CORPORATION OF GLASGOW (*Child Welfare Medical Officer—Part-time*)
		COUNTY BOROUGH OF TYNEMOUTH (*Assistant Medical Officer of Health*)

(b) Overseas

Medical Practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association BMA House Tavistock Square WC1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch
NEW SOUTH WALES (*Friendly Societies Appointments*)	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N.S.W.	**QUEENSLAND** (*Brisbane Associate Friendly Societies Institute*)	The Hon. Sec. Queensland Branch British Medical Association BMA Building 35 Adelaide St. Brisbane	**WESTERN AUSTRALIA** (*General Lodge Practices*)	Hon. Sec. Western Australian Branch British Medical Association Staff Hall 200 St. George's Terrace Perth Western Australia
VICTORIA (*All Institute or Medical Dispensaries*)	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria				

Dec. 30th 1936 By Order of the Council G. C. ANDERSON Medical Secretary

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CARDIFF ROYAL INFIRMARY AND THE WELSH NATIONAL SCHOOL OF MEDICINE

HONORARY ... TO THE VENEREAL DISEASES OFFICER

Applications are invited for this dual appointment. There will be a salary at the rate of £250 per annum attached to the Venereal Diseases appointment. Both offices are associated with the Medical School under the titles of Lecturer in Dermatology and Lecturer in Venereal Diseases at honoraria at the rate of £50 and £25 per annum respectively.

Further particulars of the appointments may be obtained from the undersigned to whom applications must be received on or before Saturday January 30th.

LEONARD D. REES Secretary

KENT AND CANTERBURY HOSPITAL

The Board ... application from duly ... for the post of ... to the Ear, Nose and Throat Department. Particulars of the appointment may be obtained from the undersigned to whom application accompanied by testimonials should be forwarded not later than January 18th.

J. F. KENT Supt. & Sec.

LONGTON HOSPITAL STOKE-ON-TRENT (50 Beds)

HOUSE SURGEON (male or female) required at once. Commencing salary £160 with board, residence and laundry, plus certain fees.

Application with copies of recent testimonial and stating nationality to be sent immediately to the Chairman of Director Longton Hospital Stoke-on-Trent.

LIVERPOOL STANLEY HOSPITAL STANLEY ROAD LIVERPOOL

There will be vacancies on *April 1 next for* ONE HOUSE PHYSICIAN (male) TWO HOUSE SURGEONS (male) and ONE GYNAECOLOGICAL HOUSE SURGEON (female). The appointment will be for a period of six months with salary at the rate of £80 per annum with board, laundry, etc. Candidates must be on the *Medical Register* and submit their applications with copies of three recent testimonials addressed to the undersigned by January 18th.

T. F. W. MACKEOWN Secretary.

DUNDEE ROYAL INFIRMARY

The Directors invite applications for the appointment to the Honorary Staff of an ASSISTANT VISITING SURGEON in Gynaecological and Obstetrical Department. Particulars of duties etc. may be obtained from the Medical Superintendent and application accompanied by twenty *four copies* of at least three recent testimonials *should* be received by the undersigned *not later* than January 25th.

WM. F. FERGUSON

December 24th 1936 Secretary

COSSHAM MEMORIAL HOSPITAL KINGSWOOD BRISTOL

A vacancy will occur at the end of January for the post of JUNIOR RESIDENT MEDICAL OFFICER.

Salary £100 per annum with board and laundry to remain for six months in the first instance. Applicants (male) should be British nationality fully qualified and registered. Application with copies of recent testimonials to be sent to the Secretary.

HULL ROYAL INFIRMARY

Application are invited from registered *medical practitioner* for the post of SECOND CASUALTY OFFICER (male) vacant now. Salary at the rate of *£150 per annum plus* board residence and laundry.

In addition to ... duties in the Casualty Department the ... officer appointed will act as House Surgeon to the Honorary Assistant Surgeon and will obtain Ward and Theatre experience. He will be eligible for promotion to a more senior post when a vacancy occurs.

The appointment will be for a period of six *months* but will be determinable at any time *by one month's* notice on either side.

Application giving particulars of age experience and nationality together with copies of recent testimonials *should be addressed* to the undersigned.

R. J. CAPLESS

December 18th 1936 House Governor.

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Applications stating age, nationality, etc., together with copies of *two* testimonials should reach the undersigned not later than

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December 22nd 1936 Hon. Sec.

(Appointments continued on p. 60)

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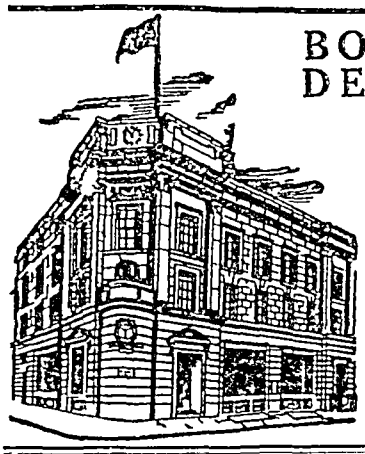
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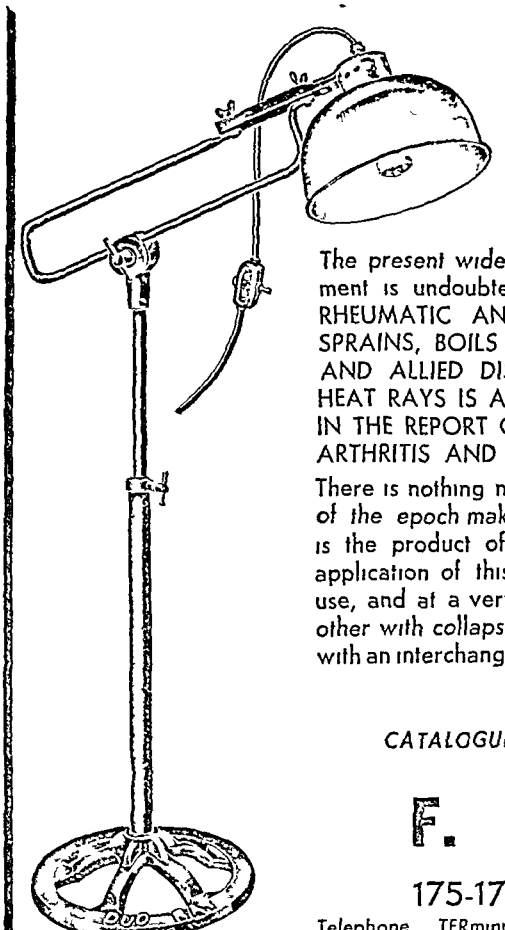
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18 ESSEX.—Old established Practice in outlying suburban district run by two medical men averaging nearly £2,900 p.a. Panel 2,849. House (4 bedrooms etc.) for sale or rent. Premium two and a quarter years' purchase.

19 S. OF ENGLAND.—Partnership (after Preliminary Assistantship) in old established Practice of about £3,500 p.a. in an important town. Appointments £250. Suitable house available to rent. A one third share would be sold at two years' purchase to a suitable man, preferably one holding the M.D. or M.R.C.P.

20 LONDON S.E.—Old established Practice of about £1,000 p.a. in outlying residential district. Panel 100. Detached house (4 bedrooms etc.) for sale. Premium two years' purchase.

21 MIDLANDS.—Old established Practice of about £930 p.a. in country district. Panel 530. House (7 bedrooms etc.) for sale. Premium two years' purchase.

22 S. COAST.—Partnership in old established PRACTICE of about £1,600 p.a. in fashionable health resort. Panel 1,300 and appointments worth £150 p.a. Detached house with garage and garden for sale or to rent. Premium for one third share two years' purchase.

23 LONDON N.—Old established Practice in suburban district. Cash receipts 1936 (10 months) £1,450. Panel 1,240 increasing. Fees 2/6 upward. Suitable house (9 rooms) to rent at £160 p.a. Premium £3,400.

24 LONDON S.E.—Partnership in two Practices formerly separate but lately amalgamated in densely populated district. Total income £2,250 p.a. including Panel £1,750. Half share for disposal alternatively one of the Practices—income £1,000 p.a. Panel £650—would be sold separately. Surgery premises £75 p.a.

25 HOME COUNTIES.—A small Practice about £400 p.a. in first rate town about 30 miles from London. Panel 140. Visits mostly from 5/. House with small garden to rent 25s. weekly. Excellent scope. Premium one and a half years' purchase.

26 CHESHIRE.—Partnership in Practice averaging over £5,500 p.a. in good-class residential neighbourhood of a town. Panel 2,000. Visits 4/ to £1/1/. Partner should be aged about 30, hold University degree, have held house appointment, and experienced in midwifery and anaesthetics. One-eighth share at first at two years' purchase. Preliminary Assistantship.

27 N. MIDLANDS.—Partnership in old established country Practice averaging about £3,000 p.a. close to county town. Panel over 1,800. Visits 3/6 to 10/6 and a few at £1/1/-. Medicine extra. Specially built house in very pleasant district (6 bedrooms), garage and quarter acre garden for sale or might be rented. Scope for increase as building is going on. Premium one third share £2,000 to include share of drugs etc.

28 S. OF ENGLAND.—Partnership in old established Practice over £4,800 p.a. in beautifully situated market town. Panel over 2,860. Visits 3/6 to £1/1/. Medicine extra. Large attractive well built house with electric light and central heating, garage and walled in garden, price £2,220 freehold. Premium 9/20 share two years' purchase.

29 HOME COUNTY.—Partnership in old established non-dispensing Practice averaging £3,000 p.a. in good residential district within 15 miles of London. Small Panel. Suitable house (4 bedrooms) to rent. Incoming partner should preferably hold the F.R.C.S. as there is a possibility of a hospital appointment. Premium 5/12 share two years' purchase.

30 S. COAST.—Practice doing about £400 p.a. in rapidly growing seaside place. Panel 60. Detached house with 4 bedrooms, garage and good garden, rent £90 p.a. Good scope, building going on. Premium £420.

31 E. COAST.—Partnership in well established Practice in seaport town. Receipts about £3,200 p.a. including good appointments and a Panel about 900. Corner house (3 bedroom) for sale or rent. One fourth (possibly one third) share two years' purchase.

32 WELSH COAST.—Old established country and seaside Practice. Cash receipts average £650 p.a. including appointments and Panel 272. Visits 5/ to 7/6. Not much midwifery. Suitable accommodation could be had. Bathing, boating, sailing, etc. Premium £750.

33 BIRMINGHAM.—Practice averaging £820 p.a. in good suburb. Panel 420. Visits 4/ to 10/6. Ideal house for medical practice in good position containing about 4 bedrooms, attics, garage and garden, rent £75 p.a. Premium one year's purchase.

34 HAMPSHIRE.—Practice averaging £830 p.a. in nice residential district, easy distance of the coast. Panel 400. No midwifery. Semi-detached house on main road with good garden for sale. Scope. Premium £1,500.

35 LONDON S.W.—High class non dispensing PRACTICE about £1,000 p.a. in residential district close to Mayfair. Fees £3/3/ to £5/5/. Excellent accommodation for purposes of practice, rent £200 p.a. Scope for increase. Premium one and a half years' purchase.

36 LONDON N.—Medical Women's Practice in populous district. Receipts average about £660 p.a. including Panel 470. House with 4 bedrooms etc. to rent at £100 p.a. on lease. Premium £1,000.

37 W. MIDLANDS.—Partnership in Country Practice over £2,000 p.a. Panel 615. Attractive mall house (4 bedrooms) for sale or rent. Considerable scope. Premium one half share £2,000 to include drugs etc.

38 LONDON S.E.—Old established Practice averaging over £850 p.a. in thickly populated district. Panel 1,188. No midwifery. House on main road (4 bedrooms) with separate entrance to surgery, accommodation for sale or rent. Good scope. Premium £1,700.

39 S.E. COAST.—Partnership in steadily increasing Practice averaging about £2,800 p.a. in rapidly developing seaside town. Panel over 1,000. House (6 bedrooms) with garage and small garden for sale or rent. Good social advantages. Premium one third share two and a quarter years' purchase.

40 SOUTH AFRICA.—Medical Woman's Practice in one of the principal towns. Cash receipts last 12 months £1,350. House could be rented. Scope. Premium £850 cash.

41 N. LONDON.—Established Practice doing about £450 p.a. in a growing outlying residential district. Panel about 600. Well situated house on main road to rent. Good scope. Premium £650.

42 W. OF ENGLAND.—Good class non dispensing PRACTICE averaging about £1,350 p.a. in first rate residential town. No Panel or appointments. House containing 8 bedrooms etc. with garage and small garden for sale, price £1,800. Scope for increase. Premium £2,700.

43 LONDON S.E.—Partnership in old established rapidly increasing Practice of £2,250 p.a. including Panel 2,000 and appointment worth £200 p.a. Good house with garage in residential area, price £2,600. Premium one-half share £2,800. Considerable scope.

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MANCHESTER.—Old-established PRACTICE in industrial district. Cash receipts last year £1 321. Panel 1 200. House in main road 2 reception 5 bedrooms 3 professional rooms (separate entrance). Price £800. Premium—Practice—1½ years purchase.—No. 865.

NORTHUMBERLAND.—Mixed-class PRACTICE in beautiful country district. Cash receipts last year £1 0—. Panel 520. Good detached house 2 reception 4 bedrooms 3 professional rooms good garden electric light main water and drainage. Premium—Practice and house—by agreement.—No. 832.

NORTH EAST COAST.—Sound old-established mixed class PRACTICE near to Coast. Cash receipts last year £1 250. Panel 1 100. Good house 2 reception 4 bedrooms garage and small garden. Rent £69 p.a. Premium best offer.—No. 877.

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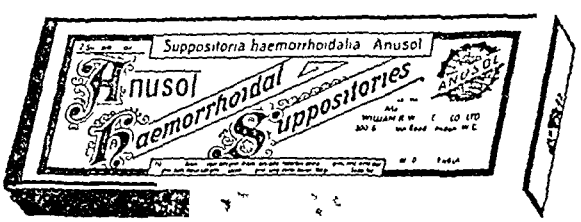
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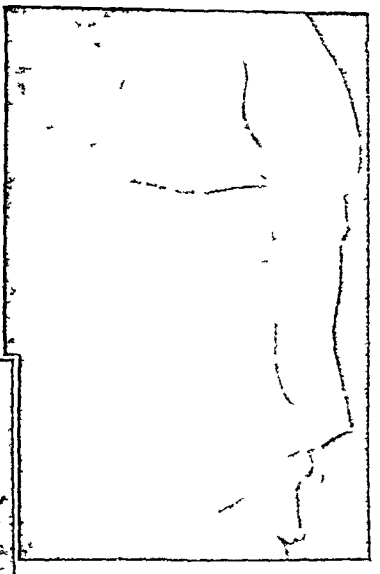
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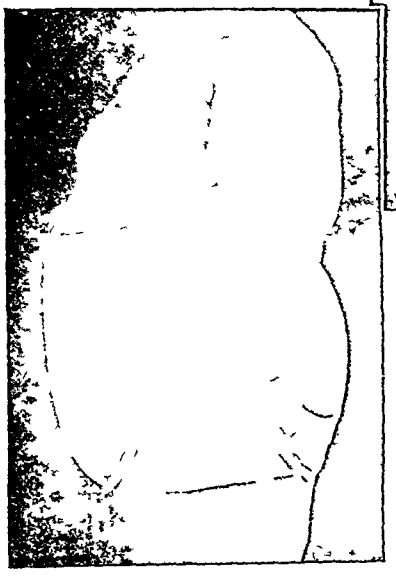
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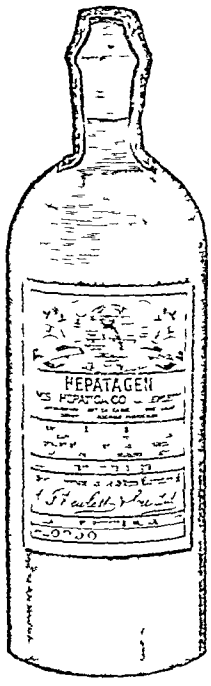
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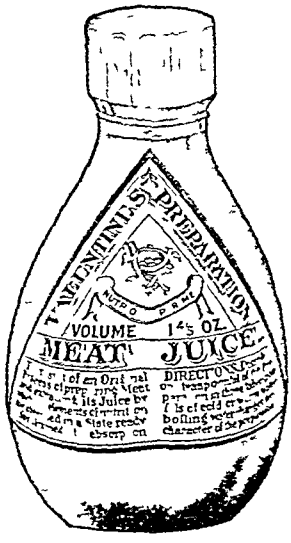
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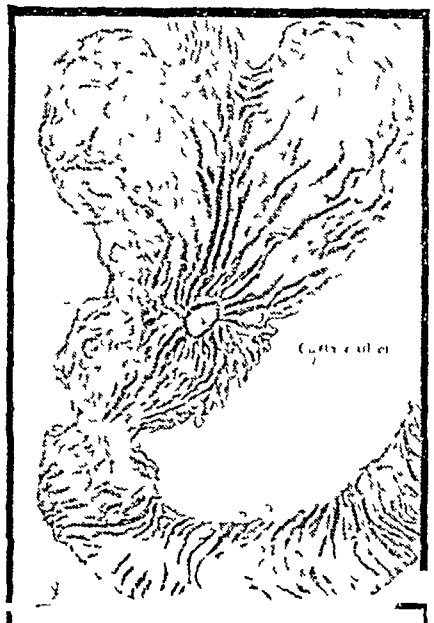


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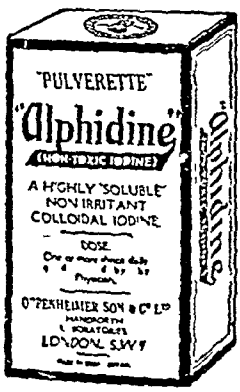
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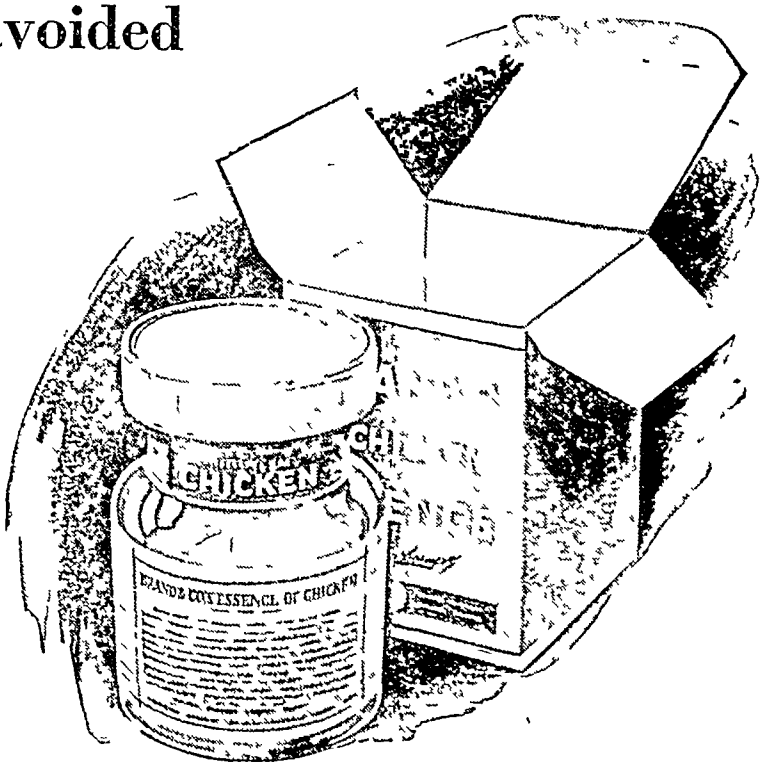
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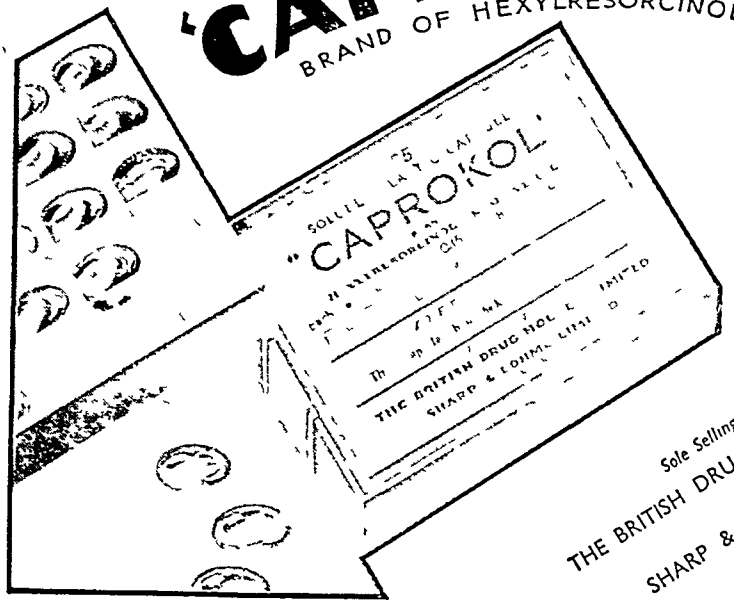
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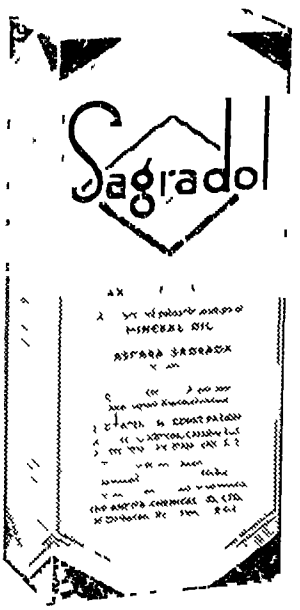
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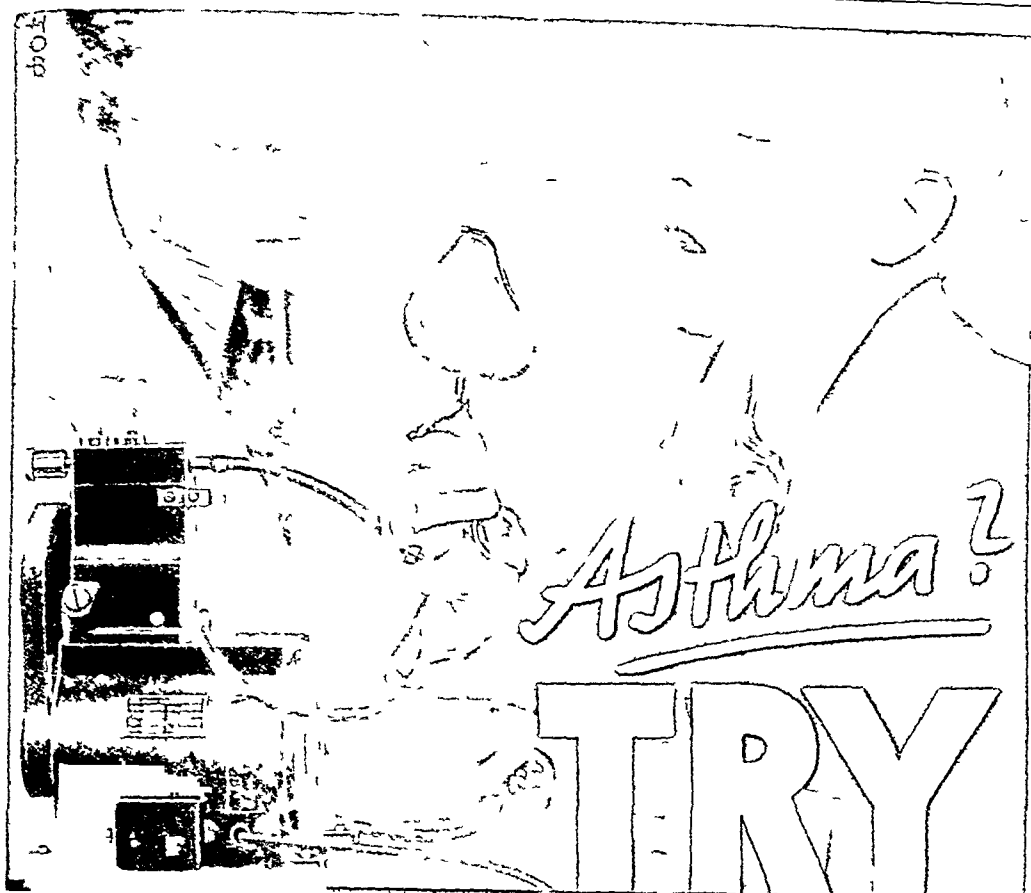


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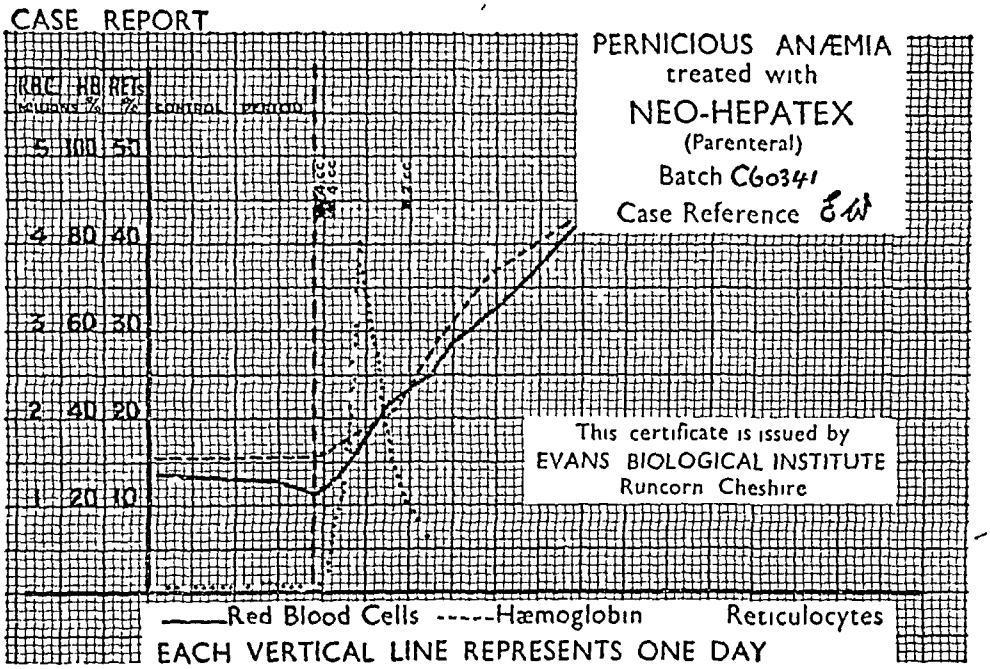
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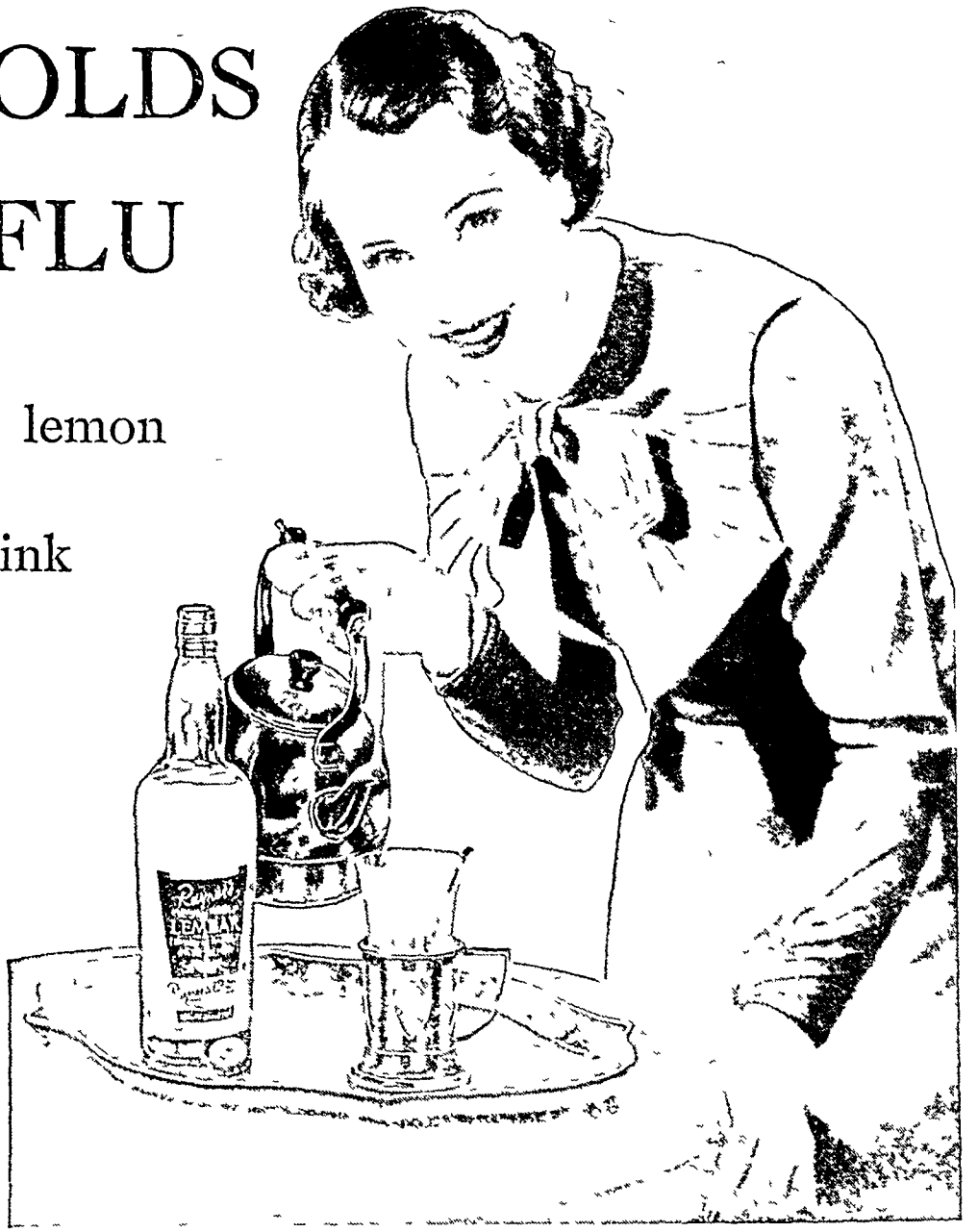
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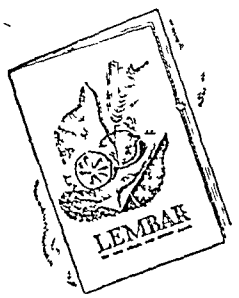
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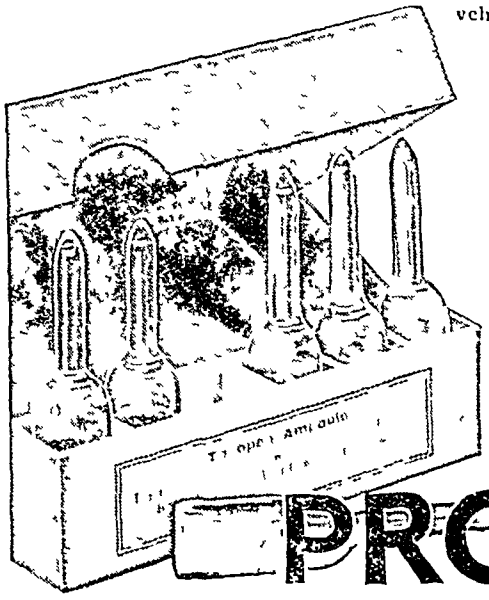
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[1] *British Medical Journal* 1935 November 16th p 938

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urbanization of modern life and by the tendency of people to crowd together in places of amusement, offices, and public vehicles It is essential, too, that the advantages of greater air space should not be purchased at the expense of other even greater necessaries such as food

2 It is perhaps rash to speak of the relation of food to health in this city That adequate nutrition is essential to health no one would deny, and that in some parts of the world malnutrition or under-nutrition is an active cause of morbidity is undeniable To what extent these conditions prevail generally in this country except in certain impoverished areas is, however, another matter I have written at some length on this subject elsewhere (Hutchison, 1936), but here I would only say that, speaking as a clinician, I cannot admit the existence of widespread under-nutrition, or even malnutrition, among our people, and I am of opinion that the improvement in the public health to be effected by improved nutrition, and particularly by an increased consumption of the so-called "protective foods," is not likely to be as great as is often anticipated That, in short, the marriage of hygiene and agriculture, of which we hear so much, may easily prove a barren one It is not, one may suspect, a love match, but one mainly of political convenience

3 Physical education is designed to improve the physique, to strengthen muscle, and to correct deformities It aims also at making the body a more efficient servant of the mind, and at the development of mental capacity and character That, wisely directed, it is capable of doing these things there can be no doubt, but it must be remembered that there is no very definite correlation between a well-trained body and immunity to disease, and there is reason to expect that physical education will do more for happiness and character than for health

4 Maternal mortality is, of course, not an important factor in the national death rate, for the number of women who die in childbirth each year in this country is less than half the number of persons who are killed on the roads The poignant tragedy of maternal deaths must, however, stir the sympathy of everyone in a degree out of proportion to their mere frequency That such deaths can be prevented altogether is too much to hope, although to reduce them in this country by at least a quarter is well within the power of preventive medicine It is not, however, going to be a rapid process, for the first essential is an improved midwifery service, and that cannot be created in a day We must also face the fact that prevention in this matter is up against certain adverse and partly unescapable circumstances Among these are the increasing relative number of first-births and the desire, perfectly natural, that parturition should be as quick and painless as possible, which leads to the general and sometimes injudicious use of anaesthetics and to the frequent employment of forceps, or even Caesarean :tion, and other "labour-saving" devices designed to oduce motherhood without tears

These are the chief preoccupations of the public health thorities in this country to-day, and it will be observed it, with the exception of the attack on maternal mor-ity, they are not *ad hoc* measures, but are designed to se the standard of health by fortifying two of the pects of the "constitution"—the anatomical and the ysiological—of which I shall speak later They are sed, therefore, on sound scientific principles, but what ect they will have on the death rate remains to be :n The chief killing diseases among adults in this untry are cardiovascular affections and their conse-ences, cancer, pneumonia and bronchitis, renal disease, d tuberculosis, and against none of these, except the last, can the above or any other preventive measures at present do much, indeed, as the average age of the population rises, as it is bound to do, there will be a tendency for some of them to become commoner As regards tuberculosis, however, the death rate has been falling for many years, and is still going down, though to a less degree in young adults than at other ages To what extent the fall is due to the direct preventive efforts included in what is called the "anti-tuberculosis campaign" is doubtful, for it had been going on for years before that campaign was begun, but there are some authorities who believe that the wave of epidemic tuberculosis has spent itself, and that we are now getting down to the endemic level, where further reduction will be difficult To this I shall refer again later

Economic Burden of Invalidity

Morbidity, however, is as much the concern of preventive medicine as mortality, and is an even greater economic burden on a nation It is a startling fact that in Scotland more than one out of every five insured persons is certified unfit for work at one time or another during the year, and that the days of sickness amount on an average to ten per insured person The killing diseases, however, are not those which produce most invalidity, for the chief causes of certified incapacity are found to be "influenza" and upper respiratory infections, "rheumatism," "dyspepsia," and minor infections of the skin These, along with accidents, account for about three-quarters of the sickness among the insured Now it would be idle to suppose that preventive medicine can do much against these conditions at present, or that it is likely to be able to do much in the immediate future We may, it is true, discover a means of immunization against "influenza" and the infections of the upper respiratory tract, and that would be a great gain, but the prevention of "rheumatism" in its various forms baffles us, and the conditions vaguely described as "dyspepsia" are not likely to diminish with the increasing strain and complexity of modern life

Meanwhile it is pertinent to ask whether all this mass of invalidity is either genuine or necessary By that I do not mean to suggest that any of it is due to deliberate malingering, but rather that much of it may be the result of mental causes that it represents, in fact, psychoneurosis rather than physical disease The investigations of Dr J L Halliday (1935) in Glasgow and of Dr T M Ling (1936), as well as those of Dr Millais Culpin, are suggestive in this respect Are the conditions of modern industrial life to blame or are we more lacking in grit than our forefathers? Or may it be that in these days of insurance and compensation we can have as much functional disorder as we are prepared to pay for? This, at least, may be said with certainty that in future psychotherapy will have to take a place in the science of preventive medicine, for the psychological aspect of the constitution is just as important for health as the anatomical or the physiological

Diseases of Childhood and Infancy

If a further reduction of disease and of premature death among adults is likely to become increasingly difficult the case as regards children is fortunately different Among *them* the causes of death and of illness are much the same—pneumonia, bronchitis, infectious diseases, and tuberculosis taking the chief toll The disappearance of rickets, which is rapidly taking place, should at least lessen the mortality from bronchitis and pneumonia in the earlier years, and as regards the infectious diseases we should soon be able almost to abolish diph

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Streptocide is issued in the form of compressed tablets each containing 0 25 grm

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will be given to this important and difficult subject, for the facts from which a real science of prognosis might be built up are to a large extent already in existence, only they are buried in the literature of medicine

In the science and art of treatment, on the other hand, we can claim great advances Certainly at no previous epoch, thanks to the discovery of new anaesthetics, analgesics, and hypnotics, has illness as a whole been less disagreeable for the patient than it is now In recent years, also, we have scored some great therapeutic successes, notably over diabetes and pernicious anaemia, whilst in a great many other minor directions the attack on disease has made progress Even surgery, which was supposed by many to have reached the limit of its possibilities, has shown by its brilliant work in thoracic and intracranial disease and in affections of the sympathetic system that it is still capable of adding to our therapeutic resources

There has, however, been no great strategic advance in the science of treatment in recent times comparable to that made by the discovery of anaesthetics and antiseptics, nor does there seem to be any on the horizon, unless psychotherapy should prove to be such

Meanwhile, what can we really do in the cure of what I have spoken of as the great killing diseases? Very little Take that "Captain of the Men of Death"—pneumonia Can we really do much more here than support Nature in the hope that the patient will recover? Or cancer, in spite of minor advances in its treatment, such as the use of radium and deep x-ray therapy, more than 60,000 persons die of it in this island every year Even in the case of pulmonary tuberculosis we are told on high authority that treatment has not advanced in the last thirty years except in that comparatively small group of cases in which artificial collapse of the lung is possible

And how little can we do for the degenerative diseases, for nephritis, and for most organic affections of the nervous system! Even in the cure of the conditions which cause invalidity rather than death we have not much to boast about Can we cure the common cold or influenza? Can we really do much in that large miscellaneous group of affections labelled "rheumatic," which account for so much time off work? As regards some of the other common causes of ill-health it seems certain that psychological methods will play a greater part in treatment—even of organic disease—in the immediate future than has been the case hitherto, but psychotherapy, though it can restore patients to happiness and usefulness, cannot claim to be able to save or even to prolong life

So few, in fact, are the diseases we can really cure that one is tempted to believe that if all doctors went on strike for a year the effect on the death rate would be inappreciable That is not to say, of course, that doctors are of no use, but only that they are of use in a different way from what the public imagines In most cases of illness the doctor is really a mental poultice, he is a source of comfort, confidence, and consolation to the patient and his friends, but if he is honest with himself he will admit that the number of patients who would have died but for his attendance is lamentably small

If this be the present aspect of the curative side of medical science where are we to look for better things in future? To bacteriology? But bacteriotherapy has not lived up to its early promise when it first gave us antidiphtheritic serum, although the intensive study of virus diseases now going on may yet bear fruit To chemistry? We badly need a chemical agent which should kill infecting agents without damaging the tissues, but the *therapia magna sterilisans* of which Ehrlich dreamt still remains a dream, although here again the recent discovery of prontosil encourages the hope that the dream may yet become a reality To endocrinology, to which so many pin their faith? But the endocrines have hitherto been of more help to the pseudo-scientific quack than to scientific therapy, and, profoundly interesting and important though they are, it is difficult to believe that even a much more complete knowledge of their action than we are ever likely to reach would help us to do much against the diseases that really count

Prophecy, however, is idle That great advances will be made we may feel tolerably sure, although the popular opinion that for every disease there is a cure, if only we could find it, is certainly a delusion, but from whence new help will come it is impossible to say, it may quite well be from outside medicine and its ancillary sciences

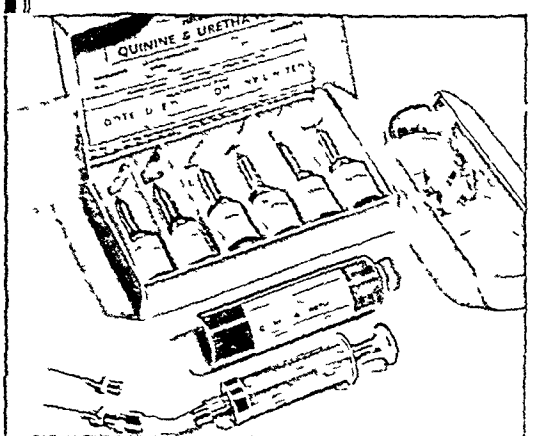
Reorientation of Medical Theory

No survey of the progress and present aspect of medical science would be complete which omitted to notice the change in the underlying doctrine of medicine, as distinct from the science of it, which has been gradually coming about since the beginning of the present century Such a change although inconspicuous is important, for practice depends upon theory just as conduct depends upon one's philosophy of life This reorientation of medical theory or perhaps, to speak more accurately, this reversion, with modifications, to an older doctrine, goes by the various names of Neo-Hippocratism, Individual Medicine, and Constitutional Medicine, of which the last is perhaps the best

In Hippocratic times, as is well known, medicine was dominated by the theory of the humours, chief importance being attached to changes in the fluids of the body in the production of disease It is not generally realized how long this doctrine held sway, but one finds traces of its influence well into the nineteenth century Already, however, towards the end of the eighteenth century the counter-theory of solidism, of which Cullen was the chief exponent in this country, and which regarded changes in the solid tissues as lying at the root of all pathological processes, had been set up, and fifty years later the cellular theory of Virchow gave this way of looking at things a great impetus As the result of it the pathological changes in organs attained major importance, and the effect on practical medicine was to lead to the classification of disease by organs and systems, and to make the localization of the disease the chief aim of the clinician The art of diagnosis, in fact, came to consist in forecasting the changes which would be found after death—hence the satirical term "mortuary medicine" sometimes applied to it—and I remember that this way of looking at things was still prevalent when I was a student Further, in the last quarter of the nineteenth century bacteriological theories attained great prominence, largely under the influence of Koch, and emphasis was laid upon infecting agents in the production of disease, the part played by the soil being to a great extent ignored

Since the beginning of the present century there has been, as I have said, a gradual veering of opinion away from the rather narrow dogmas of the schools of morbid anatomy and bacteriology and towards a new outlook on the field of disease This has been brought about by three factors, which in order of their appearance are (1) the rise of biochemistry, (2) the discovery of the endocrines, (3) the striking advances in medical psychology, which we owe mainly to the genius of Freud Hence has arisen what is now often called Constitutional Medicine

For the Injection Treatment of VARICOSE VEINS



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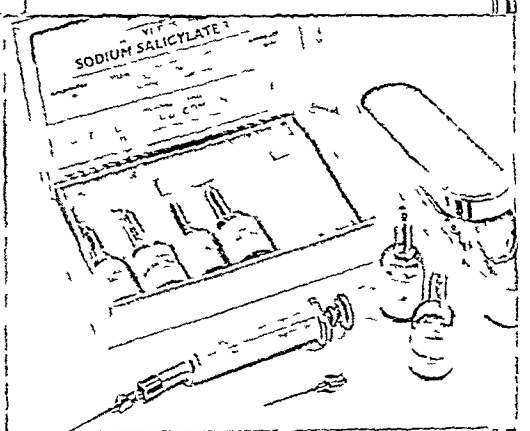
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AUTOGENOUS URINARY PROTEOSE IN ASTHMA AND OTHER ALLERGIC CONDITIONS*

BY

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In 1930 Oriel and Barber published an account of a substance, "proteose," which they stated is excreted in the urine of allergic patients during attacks and contains the specific antigen to which the patient is sensitive. This "proteose" can be extracted from the urine with ether, but its precise chemical nature is not as yet known. Oriel states that it contains amino-acids, histidine, arginine, etc., and will give a positive test for carbohydrates and for protein. Boyd (1931) suggests that it is a serum albumin contaminated with a mucoid. Oriel and Barber (1930) think that the "proteose" is produced by a damaged liver and excreted in the urine. "Proteose" has also been found in the urine of normal people and in that of allergic patients between their attacks, but Oriel claims that the amount is greater during allergic paroxysms. Murray Lyon, Percival, and Stewart (1932) and Tuft and Brodsky (1932–3) support this claim, but Burgess (1933) and Vaughan (1932–3) disagree. Oriel (1933) further states that there are chemical differences in the proteose excreted by normal and asthmatic persons. He found that the latter contains three fractions, which can be precipitated with acetic acid, trichloracetic acid, and absolute alcohol, while proteose in normal subjects contains only the trichloracetic acid fraction.

Review of the Literature

Oriel and Barber (1930) state that 0·025 c.cm. autogenous proteose when injected intradermally will produce a positive reaction—that is, a wheal and erythema—in a sensitive patient. There has been much controversy as to the specificity of this proteose skin reaction. Oriel (1932) subsequently put forward the following claims: "(1) That the substance (proteose) isolated from the urine of an allergic patient during an attack would in a suitable dilution give a positive intradermal test in the patient's own skin. (2) That proteose from a normal person will not give positive tests on his skin under the same conditions. (3) That a distinction can be drawn between cases of asthma—that is that the proteose substance from a patient with multiple sensitizations gives positive skin tests with asthmatics who have been demonstrated to have similar sensitization, and not with asthmatics who have not been so sensitized. (4) It is not claimed that urinary proteose is specific to the individual."

Conybeare (1931) and others have reported positive skin reactions with urinary proteose. Conybeare (1931) tested seventy asthmatic patients with (1) proteose from an active case of hay fever, and (2) proteose from an asthma patient not sensitive to pollen. His results showed that 69 per cent. of pollen-sensitive cases gave positive reactions to hay fever patients' proteose only and 17 per cent. gave positive reactions to both. In non-sensitive cases 76 per cent. gave no positive reaction to either, 12 per cent. to hay fever proteose only, 8 per cent. to both, and 4 per cent. to proteose from the non-sensitive asthma patient. In non-allergic cases no reactions at all were obtained. Darley and Whitehead (1931) record positive skin reactions with proteose prepared from two asthmatics during an attack and negative reactions in three cases when the proteose was prepared during the asymptomatic period. They also found positive reactions in three out of five cases of acute arthritis and two out of three cases of serum sickness. Negative results were obtained in one case of generalized eczema, one case of urticaria, and one case of erythema multiforme. Yeoman, Sinclair Miller, Rutherford, and Wesley-Smith (1932) state that they have obtained positive intradermal reactions in 50 per cent. of cases of rheumatoid arthritis. Bruce Pearson (1933), working at Guy's Hospital, compared the skin reactions of fifty asthmatics with those of fifty normal people. He found that with a 1 in 1,000 dilution of proteose 54 per cent. of asthmatics reacted to their own proteose, in contrast to 6 per cent. of normal controls. He also found that 60 per cent. of asthmatics gave a positive reaction when tested with other asthmatic patients' proteose, in contrast to 40 per cent. positive reactions in controls tested with asthmatic proteose. He further showed that in protein-sensitive asthmatics 83 per cent. reacted to their own proteose and 60 per cent. reacted to normal proteose. In non-protein sensitive asthmatics 15 per cent. reacted to their own proteose and none reacted to proteose from normal persons. Among his conclusions Bruce Pearson states that there is no evidence of individual specificity, that proteose is not entirely group specific, and that asthmatic proteose is relatively toxic as judged by skin reactions. Burgess (1933) found that 16 per cent. of normal people and 69 per cent. of allergic skin patients reacted to their own proteose. Eichenlaub (1933) found positive skin reactions in three allergic skin cases.

Freeman (1932) and others do not regard the skin reaction obtained with urinary proteose as specific, but consider it is due to the toxic action of the substance. Freeman compared the skin reactions produced by (1) pollen, (2) proteose from a hay fever patient (supplied by Oriel), and (3) control proteose from a normal case. Pollen gave typical skin reactions (wheal and erythema) in hay fever, but the hay fever proteose gave variable reactions in hay fever patients and in controls. He also prepared samples of proteose from five allergic patients and tested them on (1) the subjects from whom they were prepared, (2) other allergic patients, and (3) normal persons. The same type of toxic reaction was obtained in all cases. Freeman concludes that Oriel's proteose, no matter whence obtained or on whom tested, shows a fairly constant toxic reaction within a few minutes of injection into the skin and that there is no evidence of any specific skin reaction.

Murray Lyon, Percival, and Stewart (1932) prepared samples of urinary proteose from twenty-five allergic cases and found that twenty-one of these gave reactions both in normal persons, in the patients who supplied the proteose, and in other patients with various skin conditions. Four samples did not give any reaction at all. They conclude that the peculiarity of urinary proteose with regard to the skin seems to lie not in its specificity in certain conditions but in its property of producing a local inflammatory reaction. Steel (1932) found that eleven out of twenty-seven asthmatic patients reacted to their own proteose. He also found that asthmatics who did not react to their own proteose would quite often react to that from another asthmatic. Minchin (1932) pre-

* Work undertaken during tenure of the Samuels Memorial Scholarship, University of Liverpool.

From information received —

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two cases did the initial dose of 1/2 c cm of 1 in 1,000,000 dilution produce any general reaction (precipitation of severe asthmatic attacks the night following the injections), and in these cases smaller doses were subsequently given which, however, also produced reactions but of a milder character It was further found that no general or local reaction was produced by the injection of large doses of proteose, the majority of our patients having received 2 c cm of 1 in 1,000 proteose without any ill effects

The assessing of the results of treatment in asthma is notoriously very difficult Full consideration must be given to the fact that asthmatics often improve with any type of treatment for a varying interval, possibly due to psychological causes Thus, for example, Conybeare and Witts (1935), using injections of normal saline (in addition to ephedrine and specific allergen avoidance) report "At the end of two months treatment 15 per cent of the whole group are 'much improved,' 31 per cent are 'slightly improved,' and 54 per cent are 'not improved' In other words, approximately half the patients have improved '

In the presentation of these results the cases have been divided into four groups (*a*) Much improved—those showing benefit for twelve months or over, (*b*) improved —benefit for three to twelve months, (*c*) slightly improved —benefit up to three months, (*d*) the remainder The length of history, together with the severity and frequency of attacks, before and after treatment, were carefully considered in each case before placing it in one or other of these groups The results are shown in Table II, from which it will be seen that 23 per cent of the cases were markedly improved for twelve months or more

TABLE II —*Showing Results of Proteose Therapy in Present Series*

No of Cases of Asthma	Marked Improvement	Improvement	Slight Improvement	Unchanged
48	11 (23 %)	14 (29 %)	9 (19 %)	14 (29 %)

An attempt was made to ascertain if there were any special factors in the successful cases which would account for their marked response to the proteose treatment The eleven cases in the first group were therefore compared with the fourteen cases in which no improvement occurred Age, sex, family history of allergy, history of previous chest disease, duration, special precipitating factors, sputum, eosinophilia, presence or absence of nose and throat disease, were compared in the two groups It was found that the incidence of all these factors was of the same order in both groups No evidence was found to suggest that the cases with marked improvement contained a greater number of protein-sensitive cases than did the group with no improvement. It should also be noted that the cases which did well did not give any specific skin reactions We previously mentioned that two cases gave marked general reactions following the initial injections of proteose After receiving smaller doses of proteose these patients showed considerable improvement, remaining free from attacks for over twelve months These two cases were the most dramatic "cures" of our series, but we feel that in any series of asthmatics this may occasionally occur

The dosage of proteose employed in allergic skin conditions was similar to that given in the asthma series Six cases of urticaria were treated One case became free from attacks one case became free for six months, two were free for three months, and the remaining two showed no benefit One of two cases of chronic eczema improved for three months, the other case did not improve One case of dermatitis herpetiformis showed marked improvement, and one case of plant dermatitis improved for six months, but subsequently relapsed

Proteose Compared with Peptone

Desensitization by intramuscular injections of peptone is another line of treatment which has been used in this clinic The peptone course consisted of a series of graded doses of 7½ per cent peptone (Martindale), starting with 0 3 c cm and increasing by increments of 0 2 c cm to 1 3 c cm Four doses of 1 5 c cm were then given A continuation course of three doses of 2 c cm and three of 2 5 c cm was subsequently administered The injections were given at weekly intervals We have analysed a series of cases in which peptone had been administered, and contrasted the results of this treatment with those obtained in other cases on proteose medication The results have been set out in three groups, as shown in Table III

TABLE III —*Comparing Results of Proteose and Peptone Therapy in the Present Series of Asthma Cases*

	Treatment	Marked Improvement	Improved	Slight Improvement	Unchanged
Group A 26 Cases	(1) Proteose (2) Peptone	2 8	11 4	4 9	9 5
Group B 55 Cases	Peptone only	9 (16 %)	11 (20 %)	15 (27 %)	20 (37 %)
Group C 81 Cases	All cases receiving peptone	17 (21 %)	15 (18 %)	24 (30 %)	25 (31 %)

Group A consists of twenty-six patients who had previously received proteose with no improvement, or who had relapsed after some initial benefit, and were subsequently given a course of peptone This group contains a number of patients who did better on peptone than on proteose Of the nine patients in this group who received no benefit at all from proteose three received benefit up to three months with peptone and two were markedly improved for over twelve months Group B cases consist of fifty-five asthmatics who received peptone alone, and Group C contains all the eighty-one patients receiving peptone Of Group C (Table III) cases 21 per cent were markedly improved after peptone, as compared with 23 per cent in the series of proteose patients (Table II) Statistically, if one can use statistics in assessing the cure of asthma, these results would indicate that proteose and peptone have both about the same influence in the treatment of asthma, and that the results of treatment with autogenous proteose appear to be no better than those obtained with a non-specific agent The former method, too, has the following drawbacks

1 Treatment cannot be begun until the patient has had a further attack of asthma, the urine has been collected, and the proteose prepared

2 The preparation of proteose because of its individual nature, is rather expensive and laborious

Treatment by non-specific means—for example, peptone—on the other hand can be begun at any time, no laboratory preparation is necessary, the same degree of therapeutic value is obtained, and the treatment is relatively cheap

Conclusions

1 Investigations here described, together with a study of the literature tend to confirm the view that the zone of erythema obtained at the site of intradermal injection of urinary proteose is probably nothing more than a local toxic reaction and is not in any way specific



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Technique

Pure sterile olive oil is used *There is no need for the* addition of gomenol, which serves no useful purpose, and merely acts in many cases as an irritant Even olive oil may produce a pleural reaction It is necessary, therefore, to use pilot doses at first 5 c cm, then, if no reaction, say, 50 c cm, then 100 c cm, then 500 c cm If there is still no reaction the total requisite amount can be given, It can be introduced gradually as each refill is due, or it can be given at one time if a hypodermic needle is inserted in the first or second intercostal space anteriorly, with the patient lying on his back, and the oil injected, say, in the mid or anterior axillary line, and continued until it runs out of the hypodermic needle above

Illustrative Cases

CASE I

In July 1925 a man aged 25 came under my observation with diabetes and pulmonary tuberculosis The diabetes was so severe that dieting and 60 units of insulin hardly controlled it There was extensive tuberculosis in the left lung of a rapidly spreading bronchopneumonic type Tubercle bacilli were present in the sputum in large numbers The temperature was high and the patient was *emaciated* Artificial pneumothorax was induced by Dr F H Young The temperature gradually fell to normal, and the general condition rapidly improved the cough, expectoration and tubercle bacilli disappeared The insulin was reduced from 60 to 15 units

After a time a large effusion appeared on the left side This was replaced twice, once by air and once by oxygen, but again recurred Fearing the progress of obliterative pleurisy which was already beginning, I decided to replace the fluid by oil in March 1926, 600 c cm of 5 per cent gomenolized olive oil were injected into the pleural cavity, At first refills of air were given above the oil In March, 1927, 250 c cm of oil were injected, on February 7th, 1928, 360 c cm, and on July 21st 390 c cm The air of the pneumothorax was gradually absorbed the oil was pushed by the pressure of the contracting pleural space to the upper zones of the chest The last two fills had to be given under great pressure, *the piston of the syringe being driven forcibly back*

The patient remained in good health, doing full work, and gained 2 st in weight In October, 1928 he was very well, and weighed 11 st there was no sugar in the urine and the blood sugar figure was 166 In March 1929 he had pneumonia In April 1929 his general condition was very good, there were no symptoms and no tubercle bacilli were present, and his weight was 11 st 8 lb In May, 1931, he had a *sudden acute diabetic coma*, and died

The post-mortem examination showed a well compressed lung, over which the oil had *remained perfectly clear* The tuberculous process was completely healed, leaving a calcareous area in the left lower lobe The specimen is in the Victoria Park Hospital Museum

CASE II

A married woman aged 24 first came under my care in *September*, 1934, with active pulmonary tuberculosis She was wasted, and had high fever, there were night sweats, haemoptysis, tubercle bacilli in large numbers, much sputum and a hectic flush Nearly the whole of the left upper lobe was excavated by a huge cavity

An artificial pneumothorax was induced on October 5th, 1934 There were numerous adhesions holding the cavity open, these were all divided in three operations by the *single cannula thoracoscope each operation* taking about an hour and a half The lung was completely freed and the cavity closed, the patient made a remarkable recovery gaining 4 st in weight Fluid, however, appeared after the last thoracoscopy, and very soon obliterative pleurisy commenced It rapidly advanced until the lung became adherent about a third of the way up the chest wall Refills were given in progressively lesser quantities and higher pressures, but, even so, this did not serve to prevent the progress of the pleural obliteration, and in a short time tubercle bacilli reappeared in the sputum

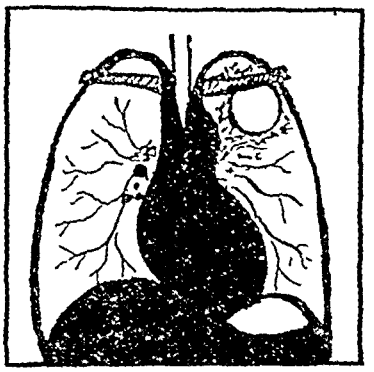


FIG 1—Acute pulmonary tuberculosis with extensive excavation, October 4th, 1934

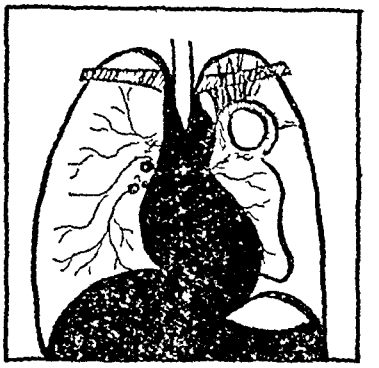


FIG 2—Artificial pneumothorax Cavity held open by numerous adhesions before division by single puncture thoracoscope, November 22nd, 1934

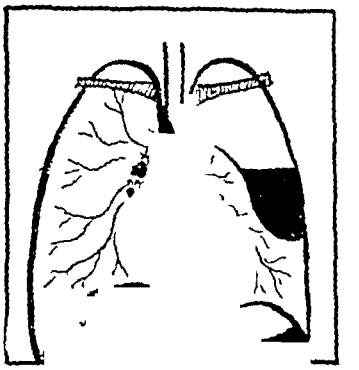


FIG 3—The lung freed, but obliterative pleurisy and some fluid, July 17th, 1935

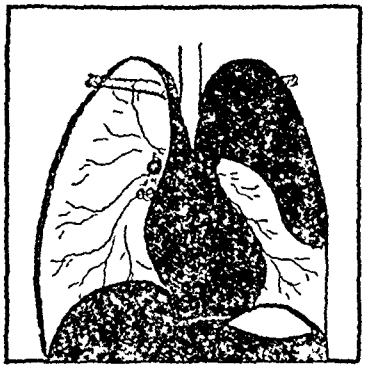


FIG 4—Oleothorax, July 15th, 1936

Oleothorax was therefore decided upon On December 9th, 1935, the patient was given 5 c cm of sterile olive oil, there was *no reaction On December* 12th she was given 140 c cm, and on the 16th 420 c cm without any reaction On December 31st she was given 40 c cm, not under undue pressure, but oil just slightly oozed out of the needle at the end of the injection On January 21st *1936, she received 20 c cm on March* 3rd 50 c cm and some air, and on May 13th a small injection of air, the final pressures being +14 and +23 On June 10th 100 c cm of oil and on August 13th 80 c cm of oil were given, making a total of 855 c cm

The patient is now in perfect health, with no symptoms and no tubercle bacilli Various stages of this case are illustrated in the diagrams

Conclusion

The true indication for oleothorax is obliterative pleurisy occurring with dangerous prematurity in the course of artificial pneumothorax treatment

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THE PROGRESS AND PRESENT ASPECT OF MEDICAL SCIENCE*

BY

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Whoever has the honour to deliver the Gilchrist Lecture is spared the difficulty of a choice of subject, for the text laid down for him is The Progress and Present Aspect of Medical Science That, it need hardly be said, is a very wide subject and there is no one who has the knowledge to treat it adequately even if an hour s lecture gave him the time I must therefore apologize in advance for inevitable superficiality

Further, in depicting the present aspects of medical science, it is impossible to avoid considering medical practice also, for medicine is not a science which is studied for its own sake, but only in order that it may be applied in the prevention and treatment of disease I should also premise that much of what I shall have to say applies especially to conditions in this country, or at all events in the more highly industrialized countries of the temperate zone

Notwithstanding what has been said above, the purpose of the lecture is praiseworthy for it is worth while to attempt from time to time however imperfectly, to see where we stand I sometimes wish indeed that there could be a sabbatical year in medicine during which all research and publication should cease so that we might have leisure to sift the grain from the chaff and to consolidate the ground already won and plan out fresh advances to get out of the trees in short and survey the wood as a whole But that I recognize is merely a dream

The Present Confusion

The first impression that any survey of the present aspect of medical science must produce is one of confusion An immense amount of investigation into the causes and treatment of disease will be found going on but too often it is ill conceived and ill directed with the result that much so called 'research' is a mere beating of the air a form of solemn trifling, wasteful alike of time and money This confusion is reflected in medical publications which have become excessive in number, and often so highly specialized that their very terminology is only to be understood by the initiated full of facts and observations, but poor in ideas, in fertile hypotheses, and in helpful generalizations We find the same disorder in the application of medical science to practice for in this country at least, our health services show a chaotic mixture of individualism and socialism, of commerce, charity and State aid

Now it may be admitted at once that much of this confusion is inevitable, for medical science is engaged in a constant fight with disease and a battlefield is not the place to look for order None the less there might be more planning and direction of research a reduction in the quantity and an improvement in the quality of medical literature and some means of making it easier of access as well as a better organization of the different services concerned with health The recent report of the Committee on Scottish Health Services may perhaps pave the way to the last in Scotland

Passing from these generalities it will be convenient to consider the present aspect of preventive and curative medicine separately although of course there is no sharp line of distinction between them, curative medicine being often also really preventive

Preventive Medical Science

Of the two divisions there can be no doubt that preventive medical science although much the younger has the greater achievements to its credit for it has abolished some diseases entirely and greatly diminished the incidence of others it has enormously reduced the death rate and has added materially to the expectation of life These triumphs of course are not entirely due to medicine To a very large extent they are the result of an improvement in the economic condition of the people, to the spread of education and of temperance and to mechanical inventions of one sort and another but even allowing for these factors medical science can still claim a large share of the credit It would seem indeed as if, in this country at least there was not much more to be done in municipal hygiene —that is to say in the provision of pure water supplies efficient sanitation, and so forth, and that the law of diminishing returns is beginning to assert itself, an increase of expenditure by public authorities being attended by a smaller dividend in improved health

At present the efforts of the health authorities still further to reduce mortality and morbidity seem to be in four main directions (1) improvement of housing conditions by the abolition of slums and overcrowding (2) betterment of nutrition especially of children (3) the general introduction of physical education (4) an attack on maternal mortality Let us consider each of these for a moment

Efforts to Reduce Mortality and Morbidity

1 That better housing should lead to better health needs no argument for there is a definite correlation between density of population and morbidity mainly because when people are more closely packed the dangers of infection are increased On the other hand it must be remembered that the advantage of more space at home is to some extent counteracted by the increased

* The Dr Isaac Gilchrist Lecture Delivered before the University of Aberdeen November 12th 1936

As an example in clinical medicine I have observed the following case

A boy aged 8 years was admitted to the Derbyshire Royal Infirmary Fourteen days previously he became feverish, with loss of appetite, and slight jaundice developed The day of admission, without any warning, he became very ill, was admitted delirious, with vomiting, muscular spasms, and incontinence of urine and faeces The pupils were widely dilated, jaundice became intense, the liver was enlarged, but the spleen not palpable The van den Bergh reaction gave a biphasic reading He was treated with insulin and glucose, and after being very ill for two or three days recovered completely Eighteen months afterwards he was reported as having remained in good health

This would appear to be a clear case of necrosis of the liver as the result of infective hepatic jaundice, which stopped just short of a fatal issue The sudden onset of the serious symptoms was dramatic

Since putting these notes together a fatal case in a child has been admitted to the Derbyshire Royal Infirmary The clinical history was similar He died soon after admission There was no evidence of duodenitis or inflammation of the bile ducts, but the liver cells were necrosed

Relation to Necrosis of the Liver

These two cases may be accepted as necrosis of the liver cells arising in infective hepatic jaundice and giving rise to serious symptoms

It is reasonable to conclude that acute hepatitis is present in all cases of infective hepatic jaundice Gaskell (1933) had the opportunity of observing this post mortem in a child who died from secondary haemorrhage three days after tonsillectomy, and two days after jaundice with pyrexia had developed Findlay and Dunlop (1932) recorded "a fatal case of acute necrosis of the liver associated with epidemic catarrhal jaundice" They refer to other fatal cases recorded, and summarize the evidence from Sweden of Wallgren and Bergstrand, who recorded that from 1914 to 1925 there were only two cases per year of acute necrosis of the liver in Stockholm In 1926 and 1927 epidemic jaundice was common In the latter year there were forty-two cases of acute necrosis of the liver Most of these were adults, suggesting that the power of tissue regeneration was less than in childhood

If infective hepatic jaundice is due to a virus, which sets up acute hepatitis, if it is highly infectious in children, but well resisted by them, if most adults have acquired immunity, but those who become infected have a liver less capable of regeneration than the child, the natural history of epidemic and sporadic cases may be explained

Catarrhal Jaundice

Hurst and Simpson have discussed the features which distinguish true catarrhal jaundice from infective hepatic jaundice Post-mortem evidence of a bile duct obstructed by catarrhal inflammation is hard to come by, but there are well-authenticated examples The early symptoms of gastritis should be pronounced, and if this be the essential lesion, we should expect in an epidemic that a number of cases of gastritis without jaundice would be met with There appears to be little evidence of this, but Hurst and Simpson record the observation of one doctor, who had under his care at the same time a brother and sister, the one with uncomplicated gastro-enteritis and the other with the same symptoms followed two days later by catarrhal jaundice

I have observed two epidemics of simple jaundice in an institution In the one case there was definite gastritis preceding the jaundice and the incubation period appeared to be seven or eight days In the other epidemic, which was typical of infective hepatic jaundice, the incubation period was about twenty-five days

On theoretical grounds the van den Bergh reaction should help in differentiation, by means of a direct positive result in catarrhal jaundice giving rise to obstructive jaundice, and by obtaining a biphasic reaction in toxic hepatitis The readings, however, are not sufficiently convincing, and are probably of less value than the presence or absence of bile in the stools

Summary

Simple epidemic jaundice is discussed with the conclusion that most cases labelled catarrhal jaundice are really due to an acute hepatitis and should be called infective hepatic jaundice An isolated case may be regarded as a sporadic example of what is met with in epidemic form

When opportunity arises to observe an epidemic it is suggested that further clinical observation is required with regard to the incubation period, which appears to be three or four weeks in the hepatitis cases and may be shorter in true catarrhal jaundice In the latter condition in epidemic form we should like to obtain evidence of an infective gastritis which passed off without jaundice developing

There is considerable evidence that infective hepatic jaundice may be a serious condition requiring careful treatment, with rest and glucose (with perhaps insulin) to protect the liver cells In view of the doubtful value of our present liver efficiency tests there is need for a careful clinical study of the after-histories in those districts where epidemics have occurred

There is recorded evidence of several children beginning the illness at the same time Recently two medical officers have come under observation who both became ill within a day or two This would suggest the possibility of a carrier, or more probably infection from an abortive unrecognized attack

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M A Sisti (*Policlinico* Sez Prat November 23, 1935, p 2099), who records four illustrative cases in patients aged from 19 to 56, states that he obtained successful results by treating bronchial asthma by pneumoperitoneum when other methods had failed The technique is the same as that used in the treatment of tuberculous enteritis A puncture is made with a bevelled needle three fingerbreadths below and to the left of the umbilicus and oxygen is injected with an artificial pneumothorax apparatus The quantity of gas introduced at a time varies from 250 to 350 c cm, refills should be given at first every two or four days and later every eight or ten days The duration of the treatment will depend on the clinical results The method does not involve any risks The patient has only to stay in bed in a supine position for two or three days with the pillows slightly raised to relieve the feeling of pain and dragging on the hypochondria and shoulders He can then resume his ordinary occupation

theria by immunization, whilst the use of convalescent serum when it becomes more generally obtainable should greatly mitigate the dangers of measles as antiscarlatinal serum has already enabled us to control the really dangerous manifestations of scarlet fever There is hope, too, that the preventive use of vaccines may lessen the prevalence of whooping-cough which is so often fatal in early life Much also can still be done to reduce the number of cases of tuberculosis in childhood by the universal pasteurization of milk and by protecting children more carefully from contact with tuberculous adults There is one scourge of childhood however—acute rheumatism—in the prevention of which no progress has been made nor considering our ignorance of the environmental conditions which favour its occurrence, does it seem likely to be made in the near future

The mortality of infants, as distinct from that of children has fallen by a half in the course of the present century but it must be remembered that the fall was long overdue for the death rate in children had declined much earlier What share preventive medicine has had in the spectacular fall in infant mortality it would be difficult to say, but it is probable that economic factors, smaller families, the invention of dried milk and the replacement of the horse by the motor have had as much to do with it as the work of welfare centres The practical disappearance of epidemic diarrhoea, for instance, formerly a main cause of infant deaths, cannot to my mind be attributed to any strictly preventive measures Be that as it may it is not reasonable to suppose that *prevention can do much more for nearly half of the* total infant mortality is now accounted for by neonatal deaths, the result of injury at birth, prematurity and parenteral infections and how difficult it is to prevent such deaths every obstetrician and paediatrist knows It is arguable indeed, that a diminution of neonatal deaths (those due to infections excepted) would be a doubtful blessing for many of the surviving children would probably prove to be defective either physically or mentally, or both

In later infancy, on the other hand the science of *nutrition now enables us to prevent diseases such as* rickets, formerly often so disabling and indirectly so fatal whilst as regards the infectious fevers and tuberculosis the preventive measures by which so much can be achieved in childhood, should yield relatively even greater fruits within the first year of life

The General Practitioner s Part in Prevention

Before leaving our survey of the progress and present aspects of preventive medical science reference must be made to two contemporary currents of opinion which have a bearing on the subject *One is that the general practi* tioner should take a larger share in the prevention of disease, and that the medical student, even should become —to use a *cliche* of the day— prevention-minded the other is that the community at large should be encouraged in all possible ways to become (to use another catchword) health-conscious Let me say a few words about each of these opinions

Most people, except the very bureaucratically minded will agree that the practitioner should take his part in the ordinary preventive services, such as ante-natal work welfare centres and school clinics and that his training as a student should enable him to do this efficiently Those, however who urge that the ordinary doctor should be more concerned with prevention are mostly not thinking of such activities as these but would have the idea of prevention ' enter more into private practice Yet it is difficult to see how this can be done The practitioner of course, can and does advise individual *patients as to* the best means of preserving their health, but there is little beyond this that he can do It is futile to expect him to preach to all and sundry general rules of health for in the first place there *are* no such rules which are universally applicable and in the second place *the practi*tioner would be thank Heaven, the last man to observe them in his own person But it is said he might help in the prevention of disease by diagnosing it *in its earliest* stages On this matter there is a good deal of loose thinking The question of early diagnosis only arises in more or less chronic conditions such as cancer, tuberculosis and the cardiovascular degenerations but the really early diagnosis *of internal cancer is admittedly at present* almost impossible and as regards pulmonary tuberculosis *the difficulty* is that the disease is so insidious in its early stages that it is often well advanced before the patient comes under observation Something might be done by *the more general use of radiography particularly in the* case of young adults suffering from vague ill health but the practitioner has not always got the facilities for using this method, and its adoption on a large scale is going to be both difficult and costly Or take the case of cardiovascular degeneration Suppose a doctor discovers incipient hypertension in a patient, what is he to do about it? There is no specific treatment for hypertension as we all know and it is usually idle to advise the patient to lead a sheltered life for he will reply that he has his living to earn The same difficulty arises in many other chronic conditions for it has to be remembered always in the matter of preventing and avoiding disease that only a certain price can be paid for health either by a community or by an individual Beyond a certain point the game may not be worth the candle

The objections to the attempt to produce what is called health consciousness in the community are of another sort and I have spoken of them on another occasion (Hutchison 1934) Here it is sufficient to say that whilst the amount of benefit to health to be produced by such means is problematical the danger of creating numbers of hypochondriacs is real We must beware of preaching what Stevenson called the doctrine of tin shoes and tepid milk nor need I remind a Scottish audience that we are not told in the Shorter Catechism that man s chief end is to glorify *Health* and enjoy it for ever

Curative Side of Medicine

If we turn now to consider the present aspect of the curative side of medical science we shall be struck with the fact that of its three great divisions—diagnosis prognosis and treatment—the first is by far the most advanced It may be said in fact without much exaggeration that there is little room for improvement in modern diagnosis (always excepting the early detection of cancer) when all its resources are brought adequately to bear on a case of disease On the other hand it might be argued with some *plausibility that diagnosis* is now overdone for investigations not only add greatly to the cost of illness but by detecting trivial *deviations from the normal* they confuse the boundaries between health and disease and often cause needless anxiety They are bad too for the art of medicine by encouraging students and practitioners to rely on expert reports of one sort or another instead of using their own powers of observation

The second division of curative medicine prognosis is in the least satisfactory condition of the three There are many reasons for this which cannot be considered now but it is to be hoped that in the future more attention

Although hysterical fits may be more apt to occur at menstruation it is the instability of the nervous system and the hysterical state that are more to blame than the local utero-ovarian upset He emphasizes the significance of the fact that so many of the women who exhibited the phenomenon of recurrent ocular bleeding were potential epileptics He concludes that these ocular haemorrhages, though a few were connected with the menses and a few brought on by postural effects, were for the most part not connected in any way with menstruation, the cause lying in a central psychic excitation and not in a local mechanical one

Case Report

The case which is the basis for these general remarks was that of a young girl aged 18, a hotel waitress, to whom I was first called on April 17th, 1936, as she was said to be having "fits" and "bleeding from the eyes" I arrived just after she had recovered from an attack, and was told that since August, 1935, she had suffered from recurrent attacks of bleeding from the nose, mouth, eyes, and ears accompanied by 'fits"

HISTORY

She first menstruated at the age of 16 Previously she had had "catarrh of the womb" (? discharge), which was untreated At first her periods were irregular at six-week to eight-week intervals, with loss for three to four days Later they became stabilized, lasting for four to six days every twenty-eight days, with moderate loss and spasmodic dysmenorrhoea In August, 1935, she had an attack of "? sunstroke,' when her face was very red and she had marked infra-orbital oedema She was ill for two months, and had amenorrhoea On her recovery the periods altered, to last for three days at twenty-eight to fifty-six-day intervals, with a very slight loss It was at that time (October, 1935) that the extragenital haemorrhages from the nose, mouth, ears, and eyes—chiefly the latter—began The bleeding had been seen by many people, who said that from the eyes 'drops of blood ooze out" Up to April, 1936, these haemorrhages coincided with the times for her periods, and she had the normal loss at the same time on two occasions

In November, 1935, she was operated on at Ulverston and had the 'womb stretched —presumably a dilatation and curettage—and thereafter had only menstruated *per vias naturales* twice in February and in April 1936 The other haemorrhages continued at the expected time of menstruation A point of interest is that while she was in hospital awaiting operation she saw a girl in the ward having a hysteroepileptic attack, which frightened her and made her hope she would not have similar seizures In February, 1936 there was normal uterine loss, with no extragenital haemorrhages, and two "fits" In March, 1936, there was amenorrhoea with bleeding from the eyes and a slight haematemesis In April she was seen on the third day of her period There had been numerous fits" and frequent bleeding from the eyes, nose, and ears before the onset of her period on April 14th She said she could tell when the eyes were going to bleed as the haemorrhage was preceded by an intense bilateral headache

She had had chorea in 1930 and rheumatic fever with a "diseased heart (uncorroborated on examination) There was no history of epilepsy The patient came from a mining village and had had a very unpleasant home life Her mother was dead and her father and one other sister were at home The father was more or less a sexual pervert, and had often attempted intercourse with his daughters

EXAMINATION

She was a well built well nourished girl, but rather anaemic Quite alert mentally, but during questioning she had another attack while sitting in her chair She went flaccid, her head drooped as if she were asleep, and ordinary tears poured down her cheeks from both eyes Pulse and respiration were unaltered and the corneal reflex was present The attack lasted about forty seconds, and thereafter she became quite normal again Detailed examination revealed no abnormality Heart, lungs, abdomen, mouth, throat, and eyes were all apparently normal The thyroid was not enlarged Blood pressure was 126/82 mm Hg, no abnormal constituents were discovered in the urine

Discussion

The problem presented by this case seemed extremely complex if the story were really true First, the fits might be either functional—that is, hysterical—or a true petit mal Both of these conditions, as we have seen, are quite common in relation to menstruation in women of the nervous or epileptic type Secondly, the bleeding from the mucous membranes might have two explanations (*a*) there might be some very minute self-inflicted injury, or (*b*) it might be a true example of vicarious menstruation So that the problem presented was to determine, if possible, what part was played by any functional lesion of the nervous system, and secondly, whether local treatment or gynaecological therapy by hormones, could offer any prospect of cure to the patient

At first I regarded the "fits" as being in the nature of true minor epilepsy, but subsequently revised my opinion in favour of a hysterical basis Operation seemed to be contraindicated—dilatation and curettage having been done without success—as it was likely that any further operative trauma might increase the nervous reaction of the patient

Treatment and Progress

The treatment given consisted of calcium and sodium lactate 10 grains three times a day, with phenobarbitone tablets 1/2 grain morning and night, and injections of "plurigland" (Oxo) once a week, subsequently altered to antuitrin S daily on the advice of Professor Leyland Robinson, for three days before the period and daily throughout

April 26th, 1936—Period due in fourteen days To day bled from both eyes Seen by me in surgery with dried blood on lids and cheeks No sign of injury

April 30th—Recurrence of haemorrhage from both eyes Conjunctivae flushed cornea dull, severe photophobia

May 7th—Period due on the 9th, injection of 1 c.cm antuitrin S given

May 8th—Injection of antuitrin S

May 9th—Injection of antuitrin S Patient dreads injections, and had a 'fit" in the surgery while the syringe was being filled Not a true petit mal—definitely hysterical

May 10th—Period began previous night haematemesis

May 11th—Profuse haematemesis and frequent haemorrhages from both eyes and the right ear, definitely confirmed by three witnesses

May 12th—Considerable haemorrhage from eyes and from the left ear severe haematemesis, period ceasing Admitted to Westmorland County Hospital

May 13th—During the night following admission she had slight haemorrhage from both eyes and mouth blood seen coming from the eyes during sleep slight recurrence from eyes at 3 p.m., blood pressure 120/80 mm Hg red blood cells 5,260,000 white blood cells, 6,400 per c.mm (House surgeon's count)

May 14th—Slight haemorrhage from eyes seen at 10 p.m., 10.30 p.m. and 4 a.m.

May 15th—Bled from eyes several times and from mouth and right ear

May 16th—Blood from eyes and right ear

May 17th—No further haemorrhages

May 19th—Discharged at own request to her home in West Cumberland

July 1st—Admitted to Royal Southern Hospital Liverpool, under Professor Leyland Robinson On day of admission bled from inner canthus of both eyes

Constitutional Medicine

The term 'constitution' has, of course, long been familiar in medical literature, but the thing itself, being of the nature of an abstraction, is difficult to define. On no subject, indeed, has there been more loose thinking and writing; but we may perhaps best regard it as the total make-up of the individual, physical and mental, though that, of course, was not the meaning given to the term by the Greeks. Constitution in this sense is partly inborn, and so may be hereditary, although it must be remembered that every individual is really a new amalgam or experiment—and in part, it is the effect of environmental influences. Nor is it to be regarded as a static condition, rather is it a state of flux, which varies to some extent from day to day and even from hour to hour.

Constitution as thus defined has three aspects or components. (1) The anatomical or morphological, the order of architecture as it has been called, to which the individual's body belongs. (2) The physiological or functional, the way in which his particular machine works. (3) The psychological, the intellectual and emotional peculiarities and reactions which he exhibits. These three components are closely interrelated and react upon one another so as to produce a trinity in unity, the chief integrating factors being the vegetative nervous system and the hormones acting through the blood.

That the constitutional doctrine is already influencing preventive medicine, although perhaps unconsciously, I have already indicated. Physical training is directed to building up the anatomical side or physique of the individual and improved nutrition aims at a more vigorous and harmonious working of the machine as a whole; whilst industrial psychology is beginning to throw light upon the stresses and strains to which the psychological aspect of the constitution is subjected under modern conditions; but what bearing is the new doctrine likely to have on *curative* medicine in the future? Well, in the first place it should at least save us from what has been described as the commonest fault of the prescriber—that of regarding all patients as alike. Man is not one, but 'a diversity of creatures,' and although all men may be born free they are certainly not all born equal. If this is so, it follows that there are few, if any, rules of health applicable to all individuals. We must remember the advice 'Know thyself', in other words every one must learn to manage his own machine so as to keep it in running order, and in helping him to do this there should be no one so useful as the family doctor, who in the old phrase 'Knows the patient's constitution'. It is the essence, too, of the constitutional doctrine that it recognizes that health is not a single static thing but has many degrees, and varies even from hour to hour. In the majority of persons it is true the constitution is tolerably uniform and reasonably stable, but there are not a few in whom it departs so far from the mean in one or other of its aspects as to render the possessor of it liable to certain diseases. In other words it produces a *diathesis*.

In the matter of diagnosis constitutional medicine teaches us to look for syndromes rather than for cut-and-dried diseases, the aim being to find out what is wrong with the working of the constitutional machine in any of its parts. It should therefore be specially helpful in those cases in which no precise diagnosis can be made.

As it is the essence of its doctrine to regard the body as one and indivisible every part of which through the integration of the blood, the vegetative nervous system and the hormones influences every other, constitutional medicine naturally looks for remote causes for localized effects. The fruits of this view are being seen in the growing recognition given in recent years to focal sepsis as a cause of disease and in the introduction of thyroidectomy for auricular fibrillation—even when not primarily of toxic origin—as well as in the surgery of the sympathetic system. In the matter of early diagnosis, to which I have already referred, it points to chemical changes in the body fluids and to alterations in the functional efficiency of viscera as the most hopeful line of advance. In questions of treatment it has redirected attention to the importance of the blood, and this has led to a renewed interest in blood letting, which had fallen too much into disuse, to a great development of transfusion and to the use of new methods such as protein shock.

Last, and most important of all, constitutional medicine bids us never forget that man has a mind as well as a body, and that every disease whether organic or not, has a psychological aspect. It might even be said with some truth that the greatest service which the constitutional doctrine has rendered to medicine in recent times is the emphasis which it lays upon the functional element in all disease and upon the necessity for treating it.

Conclusion

Such is a very inadequate sketch of the doctrine which in all likelihood will chiefly influence the development of medicine in the immediate future. In conclusion I am conscious that throughout this lecture I have taken what some may regard as too sober a view of the present aspect and prospects of medical science. I believe however that such an outlook is salutary, for we hear too much of the triumphs of medicine and too little of its failures, too much of the rosy prospects in store for it and too little of the difficulties to be overcome. It is surely better to face the facts without illusions for 'things are what they are and their consequences will be what they will be.' Why then should we seek to be deceived?

References

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Mont R. Reid (*New Engl. J. Med.*, October 22, 1936, p. 753) gives particulars of the fundamental principles of wound healing. The first essential is rest after the wound has been gently cleansed by means of sterile salt solution; compound fractures of the extremities to which plaster dressings are applied heal quickly. Another important factor in the healing of wounds is an adequate blood supply. The careful spacing of skin sutures is necessary so that a moist dressing will relieve tension by permitting the oozing of serum and blood during the period of swelling or oedema in the wound. Ideal haemostasis is also invaluable as a haematoma delays healing and increases the danger of infection and suppuration. The prevention of infection should not be by means of germicides since these injure the tissues. Granulation tissue is essential to the healing of every wound and it should be protected from trauma and bleeding. Tissue growth is obviously of great importance. Emphasis is laid on the necessity of treating infected wounds by conservative methods whenever possible although if suppuration occurs some form of external drainage or excision may become necessary to avoid the damage of tension, accumulated toxins and the spreading of infection. In cases of granulating wounds where secondary closure may be desired intensive bactericidal therapy with Dakin's solution until the wound is macroscopically free of necrosis and all but a minor degree of bacterial contamination is the best course to follow.

Case IV

A patient, aged 22 years, was first seen on June 29th, 1936 She had had a normal confinement two years previously, and the periods had been regular, four-weekly, till December, 1935, then three-weekly till late March, 1936 There was no loss in April, 1936 In May she had a profuse haemorrhage, followed by daily bleeding, which was usually slight On examination the uterus was about the size of a three-months pregnancy, doughy in consistence, and uneven The os was closed On June 30th the Friedman test was positive in a dilution of 1 in 100, and a diagnosis of hydatidiform mole was made On June 7th a tent was inserted and the vagina plugged Next morning there was a profuse haemorrhage on removing the plug, and the patient collapsed A direct transfusion of 400 c cm of blood was given at 9 15 a m At 3 p m 5 c cm of 1 per cent Congo red was injected intravenously and the patient examined under an anaesthetic Most of the mole was found in the vagina, only small portions being removed from the cavity of the uterus There was very little haemorrhage, and a further blood transfusion was not considered necessary Histological examination confirmed the diagnosis The patient was discharged on July 25th, 1936 The Friedman tests carried out in this case were as follows

Date (1936)	Urine Undiluted	Urine 1 in 10	Urine 1 in 100
June 30th	Positive	Positive	Positive
July 6th	Uterus cleared		
July 9th	Positive	Weak positive	Negative
July 13th		Negative	
July 20th	Negative		
August 24th			
October 12th			
November 3rd			

Conclusion

Case I shows clearly the value of the test in revealing early those cases of hydatidiform mole which pass on to chorion epithelioma Tests are being carried out at monthly intervals on Case IV, and will be continued up to the end of a year to exclude this occurrence

Case II shows the value of the test in confirming the complete removal of the mole and in disproving any pathological significance in the brownish discharge seven months after a mole had been passed

Case III shows the value in indicating the complete removal of the uterine tumour and the absence of any secondary deposits

Case IV is interesting in showing the rapidity with which the test becomes negative after the complete removal of a mole, and also shows the value of intravenous Congo-red in preventing haemorrhage In Cases I and III panhysterectomy was performed mainly on the result of the Friedman tests, and in each case this course was completely justified

In conclusion, I wish to thank my colleagues for permission to make use of the clinical notes of the cases

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The widow of the first Lord Manton and her four sons have made a gift of £8 000 to provide a new x-ray department for the General Infirmary at Leeds The late Lord Manton, after whom the department will be named, was a large benefactor of the hospital, he was formerly Mr Joseph Watson, head of the well-known firm of soap manufacturers Plans for the new x-ray department have already been approved and building will begin almost at once, in the expectation of completing the work by the end of this year

Clinical Memoranda

Sclerosing Submucosal Injection of the Turbinates

In the treatment of conditions such as early hypertrophic rhinitis, non-specific hay fever, and nasal asthma there is far too great a tendency to have recourse to the thermo cautery The description of a method which can produce excellent results without the same risks may be of service to those unacquainted with it The mucous membrane of the nose is lined with ciliated columnar epithelium, which has as its function the maintenance of the ciliary stream for the removal towards the nasopharynx of mucus, dust particles, and micro-organisms Once damaged this ciliated epithelium is not regenerated, but is replaced by squamous cells, with subsequent weakening, if not total loss, of the ciliary stream over the affected areas of the nasal surface The risks of cauterization are

(*a*) The production of adhesions between contiguous portions of the nasal surface, with increase of nasal obstruction, stagnation of nasal secretion, etc

(*b*) Over extensive cauterization, or repeated applications of the cautery (as is so often necessary), cause excessive damage to the ciliated epithelium Adherence of nasal secretion, with inspissation and crusting, results from the loss of the ciliary stream In the course of time ulceration occurs and the condition drifts on into a state of atrophic rhinitis, not uncommonly with fetor—that is, ozaena has been produced

On the other hand a sclerosing submucosal injection of the turbinates aims at producing scarring in the erectile tissue of the subepithelial layers of the mucosa and in the submucosal space, very little damage being done to the ciliated epithelium The shrinkage produced is excellent, and close adherence of the mucosa to the underlying bone is secured The procedure rarely has to be repeated, and when it does is still comparatively harmless The minimum of inconvenience is caused to the patient Finally, the results secured have been very satisfactory Strict attention to detail being of the utmost importance, the technique is given in full The following will be required

5 per cent cocaine solution (with 2 to 3 minims of 1 in 1,000 adrenaline to the drachm), 20 per cent cocaine solution, 75 per cent alcohol, 30 per cent carbolic in paraffin, bicarbonate of soda solution (10 grains to the ounce), nasal speculum, syringe recording minims, with angle mount and special fine three inch needle, two wooden applicators gallipot, enamelled iron bowl, cotton wool, tumbler, kidney basin for used instruments, mackintosh apron for patient's use

TECHNIQUE

1 Spray the nasal cavity with 5 per cent cocaine and adrenaline solution

2 While this is producing anaesthesia and a certain amount of shrinkage, (*a*) load the syringe with carbolic in paraffin solution, (*b*) fill the gallipot with 75 per cent alcohol, (*c*) fill the tumbler with sodium bicarbonate solution, (*d*) prepare double ended nasal brushes with the wooden applicators and cotton wool

3 Paint the nasal cavity freely with 75 per cent alcohol

4 Touch the spot near the anterior end of the inferior turbinate selected for injection with 20 per cent cocaine

5 Give the enamelled iron bowl to the patient to hold, cautioning him to swallow nothing but at once to spit out into the bowl anything which may run back into the throat

6 Introduce the needle with loaded syringe attached at the selected spot, then run it along under direct visual control

pared proteose in ten cases of epilepsy and did not obtain any positive skin reactions Van Leeuwen (1932) tested the proteoses prepared from twenty four cases and found that they sometimes produced positive reactions in asthmatics but not necessarily in the asthmatics from whom the proteose was prepared He concluded that the reaction was therefore non specific Aldred Brown and Munro (1932) did not obtain any positive reaction with proteose prepared from fifty cases of acute rheumatoid arthritis Cormia (1933), investigating allergic skin patients found a positive skin reaction in both allergic and non allergic patients, which he suggests is due to local skin irritation Cornbleet and Kaplan (1934), in a chemical and biological study obtained an erythematous skin reaction with proteose but no reaction occurred when the proteose was first dialysed They suggest that the skin reaction is produced by salts and other irritants

Therapeutic Application of Proteose

Urinary proteose has been used in the treatment of a variety of allergic skin conditions (eczema urticaria, etc), asthma, hay fever, epilepsy and rheumatoid arthritis

ALLERGIC SKIN DISEASES

Oriel and Barber (1930) obtained a cure in sixteen out of nineteen cases of urticaria and in nine out of thirteen cases of simple prurigo Benefit was noted in five out of fourteen cases of Besnier's prurigo These authors also stated that proteose gives good results in dermatitis herpetiformis, but confess to disappointing results in psoriasis Burgess (1933) reported that five out of eight cases of chronic eczema cleared up completely, three out of eight cases of chronic urticaria were cured, and a further three cases were much improved Temporary improvement was obtained in four cases of Besnier's prurigo and of five cases of psoriasis one cleared up completely One case of dermatitis herpetiformis cleared up but subsequently relapsed Burgess regards these results as satisfactory for eczema and urticaria

Eichenlaub (1933) recorded marked improvement in four cases of eczema out of eleven One of two cases of psoriasis was cured He did not obtain any satisfactory results in neurodermia, dermatitis hepetiformis or chronic urticaria Eichenlaub (1934) subsequently stated that all the patients in whom he had reported favourable results had since relapsed and failed to respond to further treatment Cormia (1933) had unsatisfactory results in eight cases of allergic skin conditions Templeton (1933) also records poor results in fifteen cases of various allergic skin conditions Cornbleet and Kaplan (1934) observed no therapeutic benefit after treating fourteen cases of eczema with proteose

ASTHMA

Oriel (1933) treated seventy cases of asthma with proteose In analysing his results he divided the cases into two groups (1) protein sensitive cases (forty-four patients) and (2) non protein sensitive cases (twenty-six patients) A summary of Oriel's results is shown in Table I

TABLE I—*Showing Oriel's Results in Seventy Cases of Asthma Treated with Urinary Proteose*

Type	No	Free	Much Improved	Improved	Unchanged
Protein sensitive asthmatics	44	10 (23%)	20 (46%)	10 (23%)	4 (8%)
Non protein sensitive asthmatics	26	2 (8%)	5 (19%)	5 (19%)	14 (54%)

His criteria of improvement are as follows (1) Free —symptoms practically absent for six months (2) Much improved—attacks 75 per cent less (3) Improved—attacks 50 per cent less (4) Unimproved Oriel states that 70 per cent of protein sensitive asthmatics have a chance of marked amelioration compared with 27 per cent of the non protein sensitive asthmatics It should be noted that of the seventy cases twelve (that is, 17 per cent) became free for six months Darley and White head (1931) reported improvement in six out of nine cases of asthma Trasoff and Meranze (1932–3) state that they had unsatisfactory results in eight cases of asthma

HAY FEVER

Darley and Whitehead (1932) found that six out of twelve cases of hay fever obtained complete relief Watson (1933) reported improvement in seven cases of hay fever

RHEUMATOID ARTHRITIS

Barber and Oriel in one of their original communications stated that when proteose was given to patients with psoriasis associated with rheumatoid arthritis, although the psoriasis did not improve, the joint condition was ameliorated Aldred Brown and Munro (1932) treated fifty cases of rheumatoid arthritis with proteose, and recorded apparent success in one case only Yeoman, Sinclair Miller, Rutherford and Wesley Smith (1932) in a letter to the *Lancet* following Aldred Brown's paper, stated that they had obtained satisfactory results using proteose in the treatment of rheumatoid arthritis

EPILEPSY

Haviland Minchin (1932) treated seven cases of epilepsy with autogenous proteose Four cases showed no change one was slightly better for three weeks and then relapsed one case formerly having four to five fits a month became free for two months and subsequently relapsed, one case having major fits began having minor fits

Results in Present Series

In our investigation it was decided primarily to assess the therapeutic effects of proteose It was realized that even if proteose was not specific in its action as claimed by Oriel some therapeutic benefit might be obtained as often happens with non specific injections Proteose was administered to a series of fifty eight patients, composed of forty eight cases of asthma and ten cases of various allergic skin conditions Autogenous proteose was prepared from the urine in every case

Oriel and Barber suggested minute doses In their original paper they stated that injections of 0·025 c.cm will often cause a severe reaction Subsequently Oriel suggested an initial dose of *0·1 c.cm of a dilution ten* times weaker than the lowest dilution of autogenous urinary proteose which gives a *specific skin test the injection* to increase by 0·1 c.cm at a time until there is a reaction (increase of symptoms or malaise) or until the condition shows definite signs of improvement We were never able to confirm the presence of a specific skin reaction the only skin reaction produced being a small erythematous zone such as might be produced by the intracutaneous injection of any toxic substance We thus had to formulate our own method of dosage The routine doses given in our series were as follows

Weekly intramuscular injections of 1/2 c.cm followed by 1 c.cm of 1 in 1,000,000 1 in 100,000 1 in 10,000 and 1 in 1,000 dilutions These were followed by two further injections of 1·5 c.cm and 2 c.cm. of the 1 in 1,000 dilution The patients thus received ten weekly injections In only

Reviews

AN INTERPRETATION OF PRACTICAL MEDICINE

Funktionelle Pathologie eine Klinische Sammlung von Ergebnissen und Anschauungen einer Arbeitsrichtung By Dr Gustav von Bergmann (Pp 547 RM 25, geb, RM 26 60) Berlin J Springer 1936

The nations of Europe, recovering from the effects of the great war, find new problems awaiting solution This revival of interest in the health of the people is not only a stimulus to those in central authority entrusted with making provision for improved hygiene, but also a call or opportunity for the medical profession to revise, even to recast, its attitude towards medical problems Professor von Bergmann of Berlin would see in the changing circumstances an incitement to a change of mind in the physician himself He demands that when dealing with a patient the doctor must consider not only the disease but the patient, his antecedents, his environment, and his psychology Quoting with approval the Chinese philosopher's aphorism "that the sum of the parts is not the whole," he thinks that the right emphasis should be not as at present most upon the causal factors and the localization or degree of morphological disturbance—the anatomical findings are merely the concluding document in the pathological description of the course of the disease —but primarily upon the often insidiously beginning disturbance of function Out of this disturbed function come later the formal reactions of structure From this point of view he has produced a book which can by no stretch of imagination be regarded as a textbook of medicine or pathology, but which will be read with interest and is a valuable contribution to the philosophy of medicine The results of twenty-five years' work and teaching are put together to offer an interpretation of practical medicine as a study of functional pathology

With the introduction of radiology Professor von Bergmann's observations on the movements of the colon in man awoke in him a sense of many symptoms arising from a disturbance of healthy co-ordinated regulation, dyskinesia, a neuromotor disharmony Disturbances of function of the peptic part of the alimentary tract were easily investigated by means of a stomach pump Variations in secretion and motility following stimuli, the inhibitions that may follow shock, the discovery of the frequency of peptic ulcer and gastritis, led to the author's discarding the conception of gastric neuroses, and later of neuroses of any isolated organ There may even be a spasmodic or neurogenic peptic ulcer arising from disturbed function which would afford certain analogies to the doctrine of dyskinesia Perhaps most support for the doctrine followed observations on the extra-hepatic bile ducts and gall-bladder, and in dyskinesia there is at least one initiating factor in delay, inflammation and stone formation in the gall-bladder But associated with these changes there are alterations of the liver parenchyma itself, and von Bergmann would relate to small injuries with protein destruction a type of auto-intoxication, different forms of hepatic disease up to acute yellow atrophy in acute states, and cirrhosis in chronic states

This view of inflammation as a problem not only of pathological anatomy and not only of bacterial infection and immunity but as a central part of human clinical pathology is extended to diseases of other organs The earliest stage of this inflammation, whether in hollow viscera with glandular mucous membrane or in the large glands themselves, is an altered function, and there is an uninterrupted sequence from this disturbance of function to the gross anatomical findings To the susceptibility of tissues vitamin-lack contributes, and through the blood stream the secretions of the endocrine glands are transmitted How widespread the effects may be is shown in the pluriglandular disturbance, anorexia nervosa, in which all the tissues and organs waste, and the life processes are at a low ebb as in a psychic hunger-strike The disharmony of the endocrine glands has a striking example in hyperthyroidism, in which hereditary influences play an important part The problems of circulation depend, too, on the neuro-muscular mechanisms in the peripheral, the coronary, and the cerebral vessels The neuro regulation of the circulation, governed from nerve centres which react to peripheral stimuli, has led far away from any satisfying conception of visceral neuroses as such

The modern physician can no longer divide diseased conditions into functional and organic He must be aware of the psycho-physical disequilibrium in his patient His mission must be to take equal account of the need for his help called for by the subjective and objective aspects of the patient as a whole Without belittling the great advances obtained by the synthesis of scientific researches in medicine, and the application of laboratory methods, emphasizing indeed the value of these in academic teaching and in the pursuit of further knowledge, von Bergmann points out that in his care of his patient the skilled physician must often enough base his treatment on accumulated experience rather than upon exact knowledge The shrewd doctor will strive to detect the early disturbances of function and correct them before they bring about changes of morbid anatomy

TACHYCARDIA

Les Nevroses Tachycardiques By L Gallavardin and A Tourniaire (Pp 122, 24 figures 17 fr) Paris Masson et Cie

Les Tachycardies et leur Traitement By Dr Antonin Clerc (Pp 88, 6 figures 12 fr) Paris J B Baillière et Fils

In their monograph Drs Gallavardin and Tourniaire have presented the results of an extremely illuminating study of those cardiac syndromes which are related to disturbances of the sympathetic system A discussion of symptomatology includes many pulse charts illustrating the milder and more severe forms, the daily and periodic variations of heart rate, and the abnormal responses to exercise and change of posture The instability of body temperature, the variations in blood pressure, and the leucocyte count are further paths of investigation, electrocardiographic and orthodiagraphic studies show uniformly normal results in these patients The authors demonstrate that hyperthyroidism is not an aetiological factor, since the basal metabolic rate is neither constantly raised nor altered by iodine medication, and also since the subjects of nervous tachycardia do not give the hyperglycaemic response to glucose ingestion shown by thyrotoxic patients The pathogenesis is summarized as an intense excitation of the sympathetic supply of the heart with not only cardio-accelerator but also vaso constrictor and hypertensive consequences, accompanied often by an alteration in the rhythm of the heat regulating centres Drs Gallavardin and Tourniaire believe that the clinical study of nervous tachycardia is yet in its earliest stage, and that it holds in store "d heureuses surprises à ceux qui voudront bien s y consacrer"

Dr A Clerc takes a broader field in his survey He considers not only the essentially nervous forms but also

2 The therapeutic benefit obtained with injections of autogenous urinary proteose in cases of asthma is about the same as that obtained with peptone Any specificity which may be claimed for the former method does not outweigh the many advantages of a simpler and more general form of desensitization such as can be obtained with peptone

3 The therapeutic results obtained in cases of urticaria are encouraging and of sufficient interest in our opinion to warrant further investigation

In conclusion we wish to record our sincere thanks to Dr W Howel Evans for preparing the proteose in each case and to Dr R Kemp for his help in supervising the peptone injections

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THE VALUE OF OLEOTHORAX IN OBLITERATIVE PLEURISY

BY

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The ingenious idea of Bernou of employing large quantities of oil in the pleural cavity was unfortunately overdone and exploited in certain quarters with an uncritical enthusiasm, with the result that opinion veered the other way until the method appears to have become almost entirely discounted This is to be regretted, for though a minor procedure, it occupies a position of great importance, used strictly within its proper indications and limitations If obliterative pleurisy is taking place with dangerous prematurity in the course of artificial pneumothorax oil in the pleural cavity is the only thing that will keep the pleural layers apart and so save the patient from a thoracoplasty As the obliteration of the pleura proceeds so will the oil be driven to the upper zone of the chest, where collapse is most commonly wanted It will be held there under considerable pressure and contrary to what Mr Morriston Davies wrote in an excellent contribution to the *American Journal of Thoracic Surgery* in December 1935, I believe that it is the high pressure oleothorax that is of the greatest value

The division of adhesions in cases of incomplete pneumothorax may itself start the process of obliterative pleurisy Then although the intervention may have given complete rest to the lung closed all cavities abolished all symptoms and led to the complete disappearance of tubercle bacilli, the inexorable and irresistible march of the pleural symphysis may, as it reaches the higher zones of the thorax reopen the cavities tear apart quiescent and healing areas, and so start the disease process all over again

If it is evident that the pleural obliteration is progressive or if it is possible that the premature re expansion of the lung will reactivate the disease something must be done to prevent it There are only two possible courses one is thoracoplasty, and the other is to establish an oleothorax Of the two oleothorax is obviously to be preferred

Oil is incompressible and practically unabsorbable, or absorbed only over a very long period It is driven to the upper part of the thorax where it is most usually wanted, and there it will remain unchanged and unnoticed by the patient for many years

The objection raised is that it may rupture into the lung I believe that this is putting the point the wrong way round The lung if the seat of active tuberculosis may rupture into the oil just as a spontaneous pneumothorax may occur with or without an artificial pneumothorax with or without pleural fluid and with or without an oleothorax At the same time it cannot be denied that oil under considerable pressure over a softened area of diseased lung could burst through If this happens it is an unpleasant and sometimes a grave event With a thickened pleura however which usually exists under the conditions for which I advocate oleothorax, I believe this accident to be rare moreover it is a risk most patients would be prepared to take if they understood the alternative At the very first suspicion of oil in the expectoration the oil in the pleura must, of course, be immediately replaced by air

Conditions Necessary for the Establishment of a Successful Oleothorax

There are two essentials in my opinion a rigid mediastinum, and a pleural cavity of strictly limited capacity The first is obvious, the second perhaps not

In the early days I tried therapeutic oleothorax as a substitute for pneumothorax and I found that three pints of oil would not half fill the hemithorax To maintain an adequate lung collapse by oil with a non rigid mediastinum and a completely free pleura would take in an average case, probably six to eight pints and this would seem highly undesirable With a mobile mediastinum no amount of oil would be effective without producing simultaneously gross mediastinal displacement Hence it can be seen that commencing or, better partially developed obliterative pleurisy provides the ideal conditions for oleothorax The mediastinum is fixed the pleura is probably thickened and unyielding the capacity of the pleura is limited and progressively becoming smaller

Nevertheless I have cases where an oleothorax was performed as a substitute for pneumothorax One patient was a child aged 7 whose case I published in the *British Medical Journal* (June 18th 1932) There was acute phthisis and extensive cavity formation Artificial pneumothorax treatment was given and a huge central cavity would not close because of adhesions These were divided and the cavity closed The child so dreaded the refills of air that I decided to perform an oleothorax This was done in 1931, and the child to day is perfectly well living the normal life of a schoolgirl with the oil still present It has apparently become encysted from apex to base She has never had any recurrence of symptoms

(particularly in German writers on recent advances), to compile a more or less connected summary of the published work in a given domain during a chosen number of years and designate such a compilation as "recent advances" Such a work is on the whole not in the tradition of English physiology, which, in addition to making some of the most fundamental discoveries in physiology, has never lost a certain subtly philosophical attitude towards the subject It is not a matter of surprise to find that among our greatest physiologists in recent times we find a poet, a philosopher, and a mathematician

In Dr Newton's expositions we detect not a little of the desire to discover in the mass of facts at his disposal the undercurrent of what we may loosely call the fundamental reality behind the experimental results For the purposes of such a subject as physiology the perception of the "reality" lying behind the diverse experimental results, often apparently conflicting with one another, constitutes the advance For physiology as such does not advance it is our perception, appreciation, and sometimes application of fundamental physiological harmonies, correlations, and properties which advance The extraction of these fundamentals from out of the tangled masses of experimental results and their presentation in such a way as to produce in the mind a composite picture which is assimilable with not too great difficulty is, as we conceive it, the task of the writer of a book on recent advances Dr Newton has in his book fulfilled these requirements with notable success, and his work will be welcomed by those who have pride in the writings of English physiologists

Notes on Books

LUCAS'S *Forensic Chemistry and Scientific Criminal Investigation*, now appearing in its third edition (E Arnold, 18s), has become well known and is held in high esteem by practitioners of scientific work in regard to crime Occupation in this work calls for alert regard to the danger of overlooking the significance of a feature of observation and the no less danger of ascribing such a feature to a cause that is not the true one It calls for extensive experience in the branch of work undertaken and for a knowledge of other workers' experience Such is the substance of the matter contained in Lucas's book It bears the stamp of having been written by one who has encountered the difficulties attending the work and who has overcome them It is rich in the description of evidence to be adduced from observation and of methods by which such evidence may be revealed It also gives timely warning of contingencies in which the evidence sought may be wanting through interference by accidental conditions as well as of the occasions when such evidence may be a false indication The scope of the matter treated is extensive It includes poisons, blood stains, effects traceable in clothing, counterfeit coinage, forged writing, and the reproduction of finger-print marks, and various matters connected with incendiarism firearms, and projectiles The features of the book which render it so useful are the descriptions of manipulative detail

Many Days in Morocco, by JOHN HORNE is now published in a revised and enlarged edition (Philip Allan and Co, 12s 6d) The author describes the country as a strange mixture of North and South, East and West, Europe and Africa Mosques have the pointed roofs of Europe in place of the gleaming domes of the East, minarets are square and thick instead of round and tapering, the multitude of storks' nests on pinnacle and tower seem more appropriate to Germany than to Africa Morocco may well be called "the land of paradox" Mr Horne weaves into the account of his own travels and adventures much interesting information on the history and customs of the people He devotes one chapter to Xauen, a mountain stronghold on the edge of the Riff Many of its inhabitants are descendants of the Moors who once overran the southern provinces of Spain, and the town still gives a faithful picture of what Moorish Granada must have been in the fifteenth century In this new edition are included the author's impressions of modern developments of Morocco under French influence, beneath which the still waters of Islam continue to flow as deeply and mysteriously as in former days The book is illustrated by excellent photographs

In *Les Encephalites Algues Post-infectieuses de l'Enfance* (Paris, Masson et Cie, 30 fr) Mlle M T COMBY has chosen a subject to the knowledge of which her father, Dr Jules Comby, the veteran Paris paediatrist, has made such valuable contributions Her book forms one of the outstanding Paris theses of recent years It is divided into six chapters devoted respectively to the historical aspects, detailed clinical description, primary diseases, morbid anatomy, aetiology and pathogenesis, and diagnosis, prognosis, and treatment Brief histories of forty-five cases in patients aged from 2 months to 23 years are then recorded, followed by an extensive bibliography of a truly international character, including the most recent British literature The work is an excellent contribution to the literature of the subject

The Animal's World, by Professor DORIS MACKINNON (G Bell and Sons, 7s 6d) is an expansion and modification of a course of popular broadcast talks on biology in which she participated The book is written primarily for children, and it is obvious that the author thoroughly understands the mentality of the modern child The somewhat patronizing attitude from which omniscient grown-ups write the majority of children's books is refreshingly absent Instead one has the impression of a peculiarly wise and instructed child telling, in simple and straightforward language, an interesting story to her fellows Since the author is herself a zoologist, and as she believes that the study of animal life offers the easier approach to biology, the greater part of the book is devoted to this aspect of the science Outlines of anatomy and physiology are pleasantly mingled with the economic and sociological sides of the animal world So full and varied is the information in this book that adults, as well as children, will derive pleasure and profit from reading it, and middle-aged doctors will regret that they did not receive their introduction to biology in such palatable form The book is profusely illustrated with photographs and diagrams, all of which are apposite

Dr HALLIDAY SUTHERLAND'S *In My Path* (Geoffrey Bles, 10s 6d) is not such a good book as either *Arches of the Years* or *A Time to Keep* but no author can be expected to maintain the highest standard indefinitely In the present volume, borrowing a metaphor from the kitchen, the food is good, and the cooking is good, but the choice of dishes results in a rather indigestible meal The transitions from light to serious themes are almost uncomfortably abrupt The opening chapters, with their personal reminiscences, are in the author's happiest vein Some strange experiences befell him as a temporary naval surgeon during the war, and there is a masterly description of a secret necropsy on a case of miliary tuberculosis Two subsequent chapters are devoted to the tubercle bacillus and the story of tuberculin, subjects on which Dr Sutherland is well qualified to write There follows a vivid tale of a rejuvenation operation, which points a moral, a scathing and humorous commentary on modern life, entitled "The Woes of the Rich", and a fantasy, reminiscent of Aldous Huxley, representing life in London in some future century under a nightmare multiplication of bureaucratic control This is a satisfactory book for the busy doctor who has only odd half-hours for reading, since each chapter is complete in itself

INFECTIVE HEPATIC JAUNDICE*

BY

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During the last few years sporadic cases of the infective hepatic jaundice type have been common in South Derbyshire and several epidemics have been described in this or adjacent districts Montford (1934) recorded forty-five cases in Castle Donington (population 2 674) in 1933, only two of which were in adults Frazer (1935) recorded jaundice in twenty five children all attending the same day school in Newhall Richards (1933) described an epidemic among adults attending the Derbyshire Royal Infirmary for anti syphilitic treatment of which there were 120 cases It is true that all except one had received, at some time an arsenobenzol compound but the epidemic was due to close contact in the waiting room and died out when this was remedied

If we exclude spirochaetal jaundice and discuss simple infectious jaundice we have a subject suitable for a clinical society, because any one of us may have the opportunity of studying the natural history of the condition more fully and the chance to add something to medical knowledge It was Pasteur who said In the scientific world chance only comes to the mind that is prepared

Nomenclature

Our subject will include (1) Catarrhal jaundice proper in epidemic and sporadic form this is essentially a gastritis passing on to the duodenum, whence inflammation spreads up the bile duct leading to obstructive jaundice (2) Infective hepatic jaundice, also occurring in epidemic and sporadic form, which is an acute hepatitis giving rise to toxic jaundice From this second group arise some cases of acute or subacute necrosis of the liver, which is a better-defined name than acute yellow atrophy or the clinical label icterus gravis

Much has been written under the title epidemic catarrhal jaundice since Cockayne (1912) distinguished the milder type of epidemic jaundice from that due to the spirochaete In recent years although the name catarrhal has been retained the trend of opinion and much of the evidence has been toward a mild toxic jaundice as the explanation of the cases For this disease infective hepatic jaundice is the name of choice Hurst and Simpson (1934) have published convincing evidence that catarrhal jaundice and infective hepatic jaundice are two distinct diseases which have been confused We may return to this under the appropriate headings below when discussing the features about which further clinical observation is needed A paper recently published entitled 'Non spirochaetal Infectious Jaundice illustrates the difficulties of nomenclature It is probable however that in the future we shall group most of the cases both epidemic and sporadic under the title of infective hepatic jaundice with an occasional group attributable to the rarer condition catarrhal jaundice

Some Features of the Epidemics

In the Wensleydale epidemic, reported by Pickles (1930) there were 250 cases of jaundice in a population of 5 700 people The majority of those infected were elementary school children and close contact in school was a definite source of infection There were no fatal cases A few children had pain suggesting some acute abdominal lesion The incubation period was twenty five to thirty five days and the period of infectivity short

Glover and Wilson (1931) observed an epidemic in a country town of 6 000 people in 1930 There were two or three hundred cases in the town In one family jaundice began in four children on the same day There were two large boarding schools in the town In a girls school with 250 boarders there was no jaundice although one of the teachers was affected during the holidays In a boys school with 400 boarders there were ninety five cases of jaundice It was thought that infection was spread by the nasopharynx and as evidence of close contact we have seven cases of jaundice out of nine boys in one dormitory and five out of nine in another

Bashford (1934) recorded forty eight cases of jaundice during the months of June and July 1934 in workers in the General Post Office in London In one building where there were 1 900 workers there occurred forty three of these cases but they were spread over four different rooms This would suggest that the condition is highly infectious but that the majority of adults may have acquired an immunity None of them carried infection to their own homes where they remained during *the illness, and all recovered*

A study of the epidemics described will show that they tend to occur in rural districts and in institutions It is most infectious to children is the result of close contact and the stage actually infectious is short The incubation period is a long one, probably between three and five weeks

Clinical Features of Infective Hepatic Jaundice

The onset is fairly sudden with perhaps one attack of vomiting there is an early rise of temperature with jaundice usually appearing next day Malaise is pronounced The liver is enlarged and the spleen appears to vary in size in different epidemics There is some bile in the stools and the van den Bergh reaction is biphasic being characteristic of a toxic condition In a number of cases there is only jaundice with the other symptoms reduced to a minimum Exceptionally there may be severe abdominal pain A few cases have a good deal of vomiting In one or two epidemics the illness has begun with a sore throat The jaundice lasts a variable time usually one to three weeks Convalescence is slow

Prognosis in Infective Hepatic Jaundice

The great majority of the patients get perfectly well Some liver efficiency tests carried out by American observers (Soffer and Paulson 1934) suggest that frequently the organ does not recover fully The observations however, are few and the tests themselves not of proven value The clinical evidence is all in favour of complete recovery in most cases although a follow up over several years by those who have observed epidemics will be the most valuable evidence There is no doubt that convalescence may be very tedious A colleague of mine in a neighbouring country town where there has been an epidemic tells me of an adult who felt miserably ill for three months after what appeared to be quite a mild attack

Though death is an exceptional event it is necessary to treat these apparently simple cases of jaundice with respect because there may be much damage to liver tissue without symptoms arising to give warning of the fact This latency of symptoms in hepatitis is borne out by the experimental evidence of giving sublethal doses of chemical toxins to animals

* From an address to a combined meeting of the Nottingham and Derby Medical Societies on April 21st 1936

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TENDENCIES OF CONTEMPORARY MEDICINE

We are living in an epoch of profound transformations, which challenge the established order in which we have been brought up and even call in question matters which in our pride we had regarded as fixed and assured These changes show the relativity of our points of view and our conceptions The state of flux shows up in all domains—economic, political, social, scientific, and philosophic A revision of values, a readaptation, is demanded on all sides At the end of the last century men put material things first, they looked at the things of life from outside, ignoring often the human values Now there is a growing sense of the needs of man and study of his reactions to his surroundings It is not possible to separate the future of medicine from this new humanism

In a subject of such comparatively recent origin as scientific medicine we must expect growing pains, and in his essay on the tendencies of modern medicine Dr Delore[1] of Lyons suggests that one of these crises is upon us He accepts Professor Harvey Cushing's description of medicine as at the cross-roads Medicine of the nineteenth century and even of to-day is predominantly, almost exclusively, analytical This has occurred because all the ancillary sciences in the training of the medical student are in essence analytical The spirit of the laboratory has tended to supplant the clinical sense Each problem is tackled as an entity This method leads only to erudition, the accumulation of isolated facts, and the broad general principles, the science, and the plan are left in abeyance Further, there is separation of man into mind and body, of man from his surroundings Delore sees as consequences of this attitude a predominance of the morphological sciences, an increase of specialization to the detriment of general culture, materialism, and, more particularly, a one-sided view of the problems of infection and immunity, emphasizing the role of the infecting agent and neglecting the equally important reactions of the host The tendency has been to accumulate material, and this is useless unless subjected to a succeeding process of synthesis Medicine should become more human, treating the whole man as one psycho physical complex Medicine in future must serve the man, whether thinking, working, or suffering Medicine thus interested in the study of the person must turn more and more to consider the disturbance of function This point of view is developed on philosophical lines by von Bergmann in a book reviewed at page 74 this week The accurate knowledge of the first change in function, the real onset of the disease, leads to an earlier diagnosis in the pre-clinical stage Thus preventive medicine must be for the individual not only preventive but abortive

The remarkable advances in the science of bacteriology during the last fifty years have led to neglect of the diseased person, the terrain But there is need to return to Claude Bernard, who taught that the microbe is nothing, it is the terrain that is all Of the two factors in disease it is the terrain, the soil, the reacting capacity of the individual, which is the more important, it is this which controls the morbid reaction Taking as examples of morbid processes cancer, tuberculosis, and infectious diseases, not only because of their importance in pathology but because they give striking instances in his argument, Delore notes in cancer the fundamental role of the terrain or soil, there is lack of specificity of the exciting or occasional factors In tuberculosis both the bacilli and the terrain are of importance In the infectious diseases the terrain intervenes least, the external agent appears to have the preponderating part But even here there is over-emphasis of the part played by the infecting bacteria Often there is an absence of contagion, epidemics vary in character in a way inexplicable on strictly bacteriological lines, very often the microbe is latent and the disease sets in unexpectedly, in many infections no determined microbe is found, and filterable viruses are postulated, there is much mutability and pleomorphism of bacterial agents All points to need for considering the terrain or soil In tuberculosis the real acquisitions in therapy are outside the domain of bacteriology The revival of the age-old triad, rest, fresh air good food, is directed not against the microbe but to aid the general state The method of artificial pneumothorax is a clinical acquisition

It is thus that Delore is brought to the position that the future medicine is the treatment of the patient with physical and psychological measures These measures may be simple dieting, fasting, physical therapy and exercise, the treatment with drugs in the optimal, even minimal, therapeutic doses They are the revival of the lessons of clinical experience To assure the diagnosis determining the pathological lesions to be verified post

[1] *Tendances de la Medecine Contemporaine La Medecine a la Croisee des Chemins* By P Delore Paris Masson et Cie 27 fr

RECURRENT EXTRAGENITAL HAEMORRHAGES

BY

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To the occurrence at regular intervals of extragenital haemorrhages from one or other part of the body at or near the time of the menstrual period the name vicarious menstruation has been given In the majority of the cases described in the literature such a designation is not strictly accurate as there is a lack of convincing evidence to show that the abnormal bleeding is in reality, in the nature of a menstrual discharge With a few exceptions they can merely be classified as cases showing recurrent extragenital haemorrhage with an indefinite relationship to the menstrual cycle But, although the occurrence of true vicarious menstruation is so rare, the old name seems to have come to stay and is still handed down from one generation of students to another

Two varieties of vicarious menstruation are described In some instances the haemorrhage appears to take the place of the normal uterine menstrual loss which is altogether absent. In other cases menstruation occurs with in addition some form of extragenital bleeding The former variety is known as substitutional while the latter is called supplementary menstrual haemorrhage

Review of the Literature

The condition is a relatively rare one This extremely rare abnormality says Bethel Solomons (1934) and Novak (1931) credits Lawson Tait with the remark, I do not absolutely deny that there is any such thing as vicarious menstruation, but I do deny the propriety of examiners at the University of London or anywhere else asking the commonest cause of epistaxis and receiving the answer of vicarious menstruation with approval! Novak (1931) quotes an extensive study of the literature made by Roth who traced 225 cases since 1870 In his series the sources of the haemorrhages were nose 30 per cent , nipples stomach mouth and throat, 4 to 5 per cent skin and fistulae 10 per cent lungs 8 per cent , bladder eye, ear intestines, and vagina, 3½ to 4½ per cent Of his cases in 25 per cent the bleeding was purely vicarious—that is substitutional in 75 per cent supplementary to the normal uterine loss

Other authorities disagree with these findings Bethel Solomons (1934) regards haemoptysis haematemesis melaena epistaxis and purpura as being the most common manifestations but the general consensus of opinion seems to place the sources of the haemorrhage in order of frequency as follows

1 *Nasal Mucous Membrane*—The haemorrhage may be quite severe or only very slight but in either event it may persist throughout the normal period Apparently no one has yet explained why the nasal mucous membrane should so often be the source of these bleedings but Novak (1931) suggests that the cause may be closely related to the occurrence of the so called nasal dysmenorrhoea

2 *Stomach*—Usually only slight bleeding

3 *Intestine*—Generally slight and appearing as blood in the stools during the menses

4 *Lungs*—Haemorrhages may have fatal results

5 *Breasts*—As a rule merely a sero sanguineous discharge at the menses but there may be definite blood

6 *Skin*—Haemorrhage from the skin occurs as bloody sweat Erythema of local patches of skin develops and is followed by oozing of pure blood or there may be a purpuric rash only

7 *Lips*

8 *Eyes and Eyelids*—Haemorrhage into the retina with each period has been recorded by Huizinge Powell, and others Claiborne (Novak 1931) has reported one case of vicarious haemorrhage from the lower lids

9 *Naevi*

10 *Kidneys*

11 *Old cicatrices*

12 *Abdominal fistulae*

13 *Umbilicus*—A case is reported by Gardner (1898) For three months in succession his patient bled from the umbilicus at the menses for twenty four to forty eight hour

Other rarer sites are teeth gums varicose ulcers amputation stumps external auditory meatus nails and haemorrhoids

Problem of Causation

There is one common factor in most of the reported cases—namely that uterine menstruation has been suppressed or less than normal In the majority of cases irregular amenorrhoea has been the rule In spite of much speculation no satisfactory explanation has been put forward Most of the theories are based on the assumption that menstruation is not a local but a systemic process Barnes (Novak, 1931) in a review of the explanations adduced submits the theories

1 That it is caused by plethora

2 That it is the result of a weakened condition of the tissues perhaps hereditary

3 That it is due to an abnormality in the structure of the blood vessels

More recently W H Condit (1916) in the *American Journal of Obstetrics* laid emphasis upon changes in the blood pressure at the time of menstruation These changes may be summarized briefly as being a rise in systolic pressure prior to and during the early part of menstruation and a diastolic rise during the period The pulse pressure is above average during the flow His evidence is unconvincing however A more reasonable explanation than any of the foregoing is given by Novak (1931) who suggests that in certain cases there is present in the various tissues an abnormal sensitivity to the action of the blood borne ovarian hormone with a result analogous to its action on the uterine endometrium That at least sounds logical more so than the idea that while the tissues themselves are normal an excess of ovarian hormone derived from supernumerary ovaries or accessory ovarian tissue such as is found in the broad and ovarian ligaments, may precipitate the vicarious haemorrhages

Menstruation and the Nervous System

In a proportion of cases there is a very definite relation between epilepsy and menstruation In so called hystero epilepsy the epileptic seizures come on a day or two before or at the onset of the period in the great majority of cases In the intermenstrual interval these hystero epileptics have no seizures On the other hand menstruation often brings on hysterical attacks in girls and women already predisposed In many such cases there is dysmenorrhoea of the spasmodic variety Dipgen and Schroder (1906) in a series of seventy five hysterical women noticed that menstruation began at an unusually advanced age and that it was abnormally scanty This they suggest as indicating defective development of the reproductive organs

D M Greig (1932) undertook an extensive review of the subject of recurrent bleeding from the eyes He quotes many recorded cases which serve to show that the hysterical state is more often the exciting cause than are puberal readjustments and menstrual irregularities

urinary infections open a new field which remains to be fully explored Setting these further possibilities aside, it may be said that the promised value of this treatment in streptococcal infections alone bids fair to place it among the major therapeutic discoveries of modern times

THE BART'S REPORTS

Volume 69 of *Saint Bartholomew's Hospital Reports*[1] contains numerous articles of interest to medical practitioners Dr E R Cullinan reviews a series of cases of subacute necrosis of the liver The form of acute necrosis called acute yellow atrophy has long been recognized Some cases are not fatal and may be called subacute, but apparently there is a similar underlying pathology, and at the other end of the series are cases usually called catarrhal jaundice In some instances a recognizable causative factor is evident, and the most acute cases occur in pregnancy or after various poisons such as chloroform, mercury, arsenic, apiol In many, however, the cause is not apparent, though an infection, possibly a virus, has been blamed Jaundice, often recurrent, is in the forefront of the clinical picture, with enlargement of the liver and bile in the urine, though the stools are seldom clay-coloured In severe cases haemorrhages and profound toxaemia may precede a fatal issue The essential pathological process is diffuse necrosis of the parenchymal cells of the liver with subsequent collapse and fibrosis of the framework After a time there is a period of repair and some regeneration of the liver may occur, which allows the functions of the liver to be carried on after the attack In a large hospital with a casualty department patients with perforated gastric and duodenal ulcers may be admitted with all degrees of shock and peritonitis A series of ninety-two consecutive cases of perforated gastric ulcer has been followed up by Mr R W Raven The immediate mortality of peptic ulcer was 23 per cent as shown by this series, an improvement on the figures collected (38 per cent) by Mr Girling Ball for cases treated in the same hospital during the years 1901 to 1922 The immediate operative mortality in Mr Raven's cases in perforated duodenal ulcer was 16 4 per cent, compared with a mortality of 29 8 per cent in the series of cases of perforated gastric ulcer The late results are encouraging 82 per cent of cases of perforated gastric ulcer which recovered from the operation remained in a satisfactory state of health, and 80 per cent of the series of cases of perforated duodenal ulcer In spite of the reduction in operative mortality which has occurred in recent years it is still high It is to be hoped that a better understanding of the disease and its treatment will still further improve the prospects of patients Partial gastrectomy as a method of treatment of peptic ulceration or of carcinoma of the stomach is an operation which has been increasingly practised by surgeons during the past fifteen years It is a procedure which, whatever, its therapeutic advantages, still has a high primary mortality even in the hands of experienced surgeons During the years 1919–31 the primary mortality of partial gastrectomy for peptic ulcer was 16 9 per cent, and for carcinoma of the stomach 25 5 per cent at St Bartholomew's In an interesting analysis of the morbid anatomical findings in fifty one patients dying as the result of partial gastrectomy, Dr R T Payne finds that peritoneal and pulmonary infections were responsible for thirty-six of the deaths Peritonitis, either local or general, brought about twenty of the deaths, and many of these were due to failure of response at the suture line rather than to technical error on the part of the surgeon It is suggested that adequate investigation and adequate pre-operative preparation with elimination of unsuitable cases would materially reduce the high mortality The sedimentation rate of red cells in citrated blood is a valuable guide in the prognosis of tuberculosis and arthritis Dr W G Oakley has extended the method to the investigation of seventy cases of acute and chronic nephritis In the preliminary acute tonsillar infection the sedimentation rate is appreciably raised, but usually shows a rapid return to normal except where acute nephritis supervenes The sedimentation rate appears to have no direct relation to the degree of proteinuria and to the urea-excreting function of the kidney, but is an index of the severity of the infection The sedimentation rate is persistently raised in all forms of chronic active nephritis, especially in the presence of oedema In the arteriosclerotic kidney the rate is normal or only slightly raised Long and important papers are included on lymphadenoma and on the deep x-ray therapy of malignant disease The volume also contains graceful references to the life and work of four distinguished Bart's men, Mr W T Holmes Spicer Dr R G Canti, Sir Archibald Garrod, and Sir Wilmot Herringham

[1] London John Murray (21s)

THE ANATOMY OF PAIN

In a brief paper Professor H H Woollard[1] has recently published results of experiments which appear to demonstrate beyond question that the sensation of pain on skin surfaces arises by the stimulation of a system of fine non-medullated nerves lying in the most superficial part of the dermis The non-medullated nerves do not end in "organized" nerve endings such as Meissner's corpuscles, but terminate either as closed loops lying in a plane parallel to that of the skin or as long naked neurofibrillae Only rarely do fibrils penetrate into the epidermis, which is thus essentially an organ of touch The structure of the pain nerve endings explains the reason for the poorly localized sensation of pain Pain in the deeper regions of the dermis is attributed to the stimulation of (1) the fine accessory fibres which are seen in relation to the more organized nerve endings such as the corpuscles of Pacini and Meissner and Krause end-bulbs, and (2) fine terminal fibres similar to those in the superficial layer of the dermis

[1] *J Anat* Lond, 1936, 71, 54

July 2nd—Epistaxis haemorrhage from ears and eyes
July 4th—Bleeding from ears eyes nose and umbilicus
July 5th—Slight haematemesis period began
July 12th—Has had haemorrhages off and on from eyes ears nose and umbilicus period ended
July 13th—Seen by physician no evidence of organic lesion of central nervous system heart sounds normal blood pressure 115/80 mm. Hg
July 14th—Blood examination red blood cells 4 400 000 diameter 7·17 μ haemoglobin 74 per cent colour index 0·84 bleeding time normal white blood cells 7 750 per c.mm differential count polymorphs 69 per cent eosinophils 6 per cent., monocytes 1 per cent lymphocytes 24 per cent (large 10 per cent. small 14 per cent)
July 16th—Blood calcium 10·05 mg. per 100 c.cm
July 22nd—Seen by ear nose and throat surgeon who reported no source of bleeding manifest in the auditory apparatus
July 24th—Seen by ophthalmologist Vision normal in both eyes bluish sclerotics fundus normal
July 28th—Discharged
August 15th—Seen at surgery Feels and looks well Period on August 1st as expected no accompanying haemorrhages
Thereafter lost sight of as she left this district

Conclusions

Into what category can we fit this case? The salient features are a history of previous rheumatism of the nervous system, with a degrading home life and with a half formed dread of developing hystero epilepsy in a girl who after a definite illness exhibits hysterical attacks at the time of menstruation accompanied at times by extragenital haemorrhages Such a picture does not altogether correspond with one's idea of true vicarious menstruation—that is substitutional haemorrhage The sequence of events is not definite enough—sometimes she had fits sometimes amenorrhoea, sometimes normal uterine loss, and sometimes extragenital haemorrhages, and sometimes a combination of these phenomena Nor does it fit in satisfactorily, though it is closer to it, with one's ideas of the supplemental variety of vicarious menstruation for the haemorrhages did not always correspond with the menses

A study of the facts of this case offers no explanation as to the exact mechanism of the haemorrhages except of a rather negative kind In this case they did not seem to result from plethora nor changes in the blood pressure Nor does her past menstrual history suggest that defective development of the pelvic organs was a factor in their causation Apart from a tentative and non committal 'vasomotor instability' there seems no obvious explanation *Certainly self inflicted trauma can* be altogether ruled out—the bleeding was seen by many witnesses including sceptical sisters, nurses and house surgeons

There is however, no doubt in my mind but that the fits were purely hysterical in character An old choreic is a notoriously emotional individual at best and this girl's attention would seem by a chain of circumstances to have been focused on her menstrual habits and irregularities with a resultant mental disturbance

My thanks are due to Professor Leyland Robinson for his interest in and help with this case

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THE FRIEDMAN TEST IN HYDATIDIFORM MOLE AND CHORION EPITHELIOMA

BY
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The following four cases in which the forty eight hour Friedman test was used show the value of the test so clearly that they seem worth recording The test was used (1) to establish the presence of a *hydatidiform mole* or a chorion epithelioma (2) as a criterion of the complete removal of a mole or the presence of a subsequent chorion epithelioma and (3) as evidence of the absence of secondary deposits after hysterectomy for chorion epithelioma

Case I

A patient aged 29 years was admitted on January 6th 1934 for an incomplete abortion The menstrual periods had been regular the last being on October 29th 1933 She started bleeding on December 21st and the loss had continued off and on until admission after admission clots were passed at times On January 16th 1934 the os was dilated and two pieces of what resembled placental tissue were removed On the 22nd products of conception resembling a vesicular mole were discharged Histological examination showed a hydatidiform mole with considerable degeneration On January 30th the Friedman test was positive She was sent home on February 10th to attend as an out patient for further tests On March 6th the reaction was positive and again on March 26th when she was readmitted for vaginal haemorrhage Panhysterectomy was performed two days later on the strength of the Friedman test having remained positive for over two months after the passing of the mole There was a small tumour in the uterine wall at the fundus which proved histologically to be a chorion epithelioma On April 15th the test was positive and on April 23rd weakly positive The patient was discharged on May 17th and further tests as an out patient on July 3rd August 1st and August 27th were all negative

Case II

A patient aged 27 years was admitted on January 11th 1934 for an incomplete abortion The periods had been regular but profuse the last being on September 12th 1933 In October 1933 a brownish discharge began and persisted Two weeks before admission she started to lose blood at times profusely On January 27th 1934 the cervix was dilated and the products of conception removed These resembled a hydatidiform mole and histologically very degenerated and oedematous chorionic villi were seen On January 31st a vesicular mole was passed and on February 16th the patient was discharged On February 26th March 26th and May 24th the Friedman test was negative *On* September 2nd the patient reappeared complaining of a brownish discharge the test was negative *On December 27th the test was positive* with a history of nine weeks amenorrhoea The patient has since been delivered of a full term healthy child

Case III

A patient aged 25 years was admitted on April 12th 1934 for flooding after a two months abortion six weeks previously On April 15th the uterus was explored and a friable mass removed histologically this was a chorion epithelioma On the 16th the Friedman test was positive Panhysterectomy was performed on the 23rd On May 1st the test was weakly positive and it was completely negative on May 22nd June 25th July 3rd and November 12th 1934

A UVEAL SYNDROME

Of late years a growing number of cases have been reported in which uveitis is associated with changes in the pigmentation of the skin and hair, and also with affection of hearing The uveitis itself is so severe as to resemble the reaction seen in sympathetic ophthalmia The pigmentary changes of the hair are most evident in the eyelashes, which become grey, though any hairy region may be involved, and in extreme cases there is alopecia The skin shows a varying degree of vitiligo, and the auditory affection is generally of the nature of a transitory middle-ear catarrh The older literature abounds in observations which seem to indicate a partial recognition of this syndrome Thus Nettleship in 1884 reported depigmentation of the eyelashes in a case of sympathetic ophthalmia and referred to an earlier case of Hutchinson's in which a severe plastic uveitis of non-traumatic origin was accompanied by changes in the eyelashes The occurrence of alopecia, poliosis, and dysacousia was reported in sympathetic ophthalmia by Clamer in 1914, but what is of interest in the more recent cases is the presence of this symptom-complex in uveitis not of sympathetic origin How far these changes constitute a clear-cut syndrome it is difficult to decide, as some of the components of the syndrome have been observed in ocular affections other than the severe uveitis described above Thus poliosis has been noted in trigeminal neuralgia and in bilateral iridocyclitis, and vitiligo has been observed in optic neuritis It would, however, seem that even in such cases uveitis has been present in one form or other, and these observations may well have been instances of partial recognition of the syndrome As things stand at present the feature that is stressed by recent observers such as B Rones,[1] W S Davies,[2] and T H Luo,[3] is the extreme severity of the ocular affection—the reaction resembling sympathetic ophthalmia—and the complete absence of any definite aetiological factor No clearly established case of this syndrome appears as yet to have been reported in this country, and although there are several reports from America, most of the forty odd cases recorded have been in Japan To what extent pigmentation of the skin and of the fundus background are factors in this particular reaction is again a matter of difficulty, some of the American reports refer to negroes, and albinotic fundi are features in other cases

CARDIAC ISCHAEMIA

special lecture on "The Treatment of Cardiac chaemia" will be delivered by Mr Laurence 'Shaughnessy in the theatre of the Royal College of Surgeons of England, Lincoln's Inn Fields, W C, on Friday January 15 at 5 p m The lecture will be in wo parts (1) Experimental methods of initiating and supplementing natural reparative processes in coronary thrombosis and coronary sclerosis The provision of an additional blood supply to the heart by grafts of living tissue (2) Cardio omentopexy in man Operative technique and the case records of the first patients to be treated in this way Viscount Dawson of Penn, President of the Royal College of Physicians of London, will give a short introductory address

[1] *Arch Ophthal* Chicago 1932, 7, 847
[2] Ibid 1935 14 239
[3] *Chin med J* 1936 50 1409

FACIAL CELLULITIS

The greater part of the face, in common with the subaponeurotic area of the scalp, constitutes a "dangerous area" from which infection is apt to extend intracranially by way of the venous channels A report on the study of fifty cases of facial cellulitis by P Chatterji and M N De of Calcutta[1] is a useful contribution to the subject It is probable that owing to a sodden epithelium from excessive sweating facial cellulitis is commoner in India than in this country The authors point out that constant perspiration keeps the skin surface always moist and unless this is kept scrupulously clean crops of furuncles tend to occur Clinically the majority of cases of facial cellulitis show signs of toxaemia and septicaemia, and the prognosis is grave, forty-four of the fifty cases studied by Chatterji and De ended fatally Organisms were grown from the blood of thirty-nine of the forty six patients from whom blood cultures were made, and *Staphylococcus aureus* was found in thirty-two and streptococci or mixed infections in seven The authors believe that too much importance has been attributed to the possibility of intracranial extension—that is, cavernous sinus thrombosis—and too little to the fact that a septicaemia or pyaemia may be established early and death take place long before the cavernous sinus is thrombosed For this reason, and because after occlusion of the angular vein it is still possible for infection to spread to the cavernous sinus by way of the pterygoid plexus, ligation of the angular vein as a prophylactic measure would not in the majority of cases seem to be indicated This is sound argument, and an incision necessary for ligating the angular vein may spread the infection Chatterji and De believe that attention should be concentrated on the treatment of septicaemia with its accompanying toxaemia Active measures applied to the lesion itself such as incisions, scraping, squeezing and handling of any kind, are only too apt to spread the infection and are to be condemned This is in accord with experience of cases of furuncles and carbuncles in the "dangerous area" of the face Treatment should be directed to the general condition, with only gentle local therapy in the form of hot fomentations and the application of magnesium sulphate paste The tendency to day is to treat all furuncles conservatively and to allow these lesions to discharge spontaneously when the local defensive mechanism and the development of the lesion have reached the optimum point Meddlesome incisions are painful and dangerous, and produce more conspicuous scars than those resulting from spontaneous evacuation

[1] *Indian med Gaz* 1936, 71 629

in the submucosal layer parallel to and a little above the lower border of the inferior turbinate till its point lies near the posterior end of this structure Here liberate 1 to 2 minims of the carbolic solution Then withdraw the needle till its point lies at about the middle of the turbinate liberate another 1 to 2 minims of the solution Once more withdraw the needle till its point is near the point of entry and liberate a final minim of the solution

7 Remove the needle quickly and at once paint the nasal cavity freely as before with 75 per cent alcohol (The alcohol tends to neutralize any of the carbolic solution which may have escaped from beneath the mucosa)

8 The patient should finally be made to gargle and wash out his mouth with the bicarbonate of soda solution

COMMENTARY

The middle turbinate may be treated, if necessary, by a similar injection, but only 1 minim of the carbolic solution should be introduced near the point of entry of the needle The turbinates of the opposite side may also be treated at the same sitting though it is better policy to allow an interval of a few days before doing so Extreme care should be taken to avoid perforating the mucous membrane with the needle point when running the needle along in the submucosal layer lest some of the carbolic solution escape and damage the ciliated cells If the procedure has been successfully carried out the mucous membrane should look markedly blanched almost immediately after injection Haemorrhage may be fairly brisk for a few minutes but soon stops when the patient can go home he should however be warned to expect a stuffy head cold for the following twenty four to forty eight hours The patient should return for inspection one week after injection when shrinkage will be found to be well advanced to become complete and permanent in three to four weeks The method may be employed alone or in combination with other forms of treatment Lastly, it is relatively easy of application once the technique has been acquired

Bath C A HUTCHINSON FRCSEd

Peripheral Neuritis as a Sequel to Sun-bathing

The following case may be worthy of recording

A woman aged 29 spent a very warm day last August *sun bathing at the seaside She lay on the beach for about* six hours without any covering on her head or neck That night she felt giddy and ill and the next morning found that she could not stand up owing to pain in her ankles

I saw her soon afterwards and found that both her feet were dropped and she was unable to flex them The knee jerks and the plantar reflexes were absent on both sides and there was loss of epicritic sensation over the outer sides of both legs and feet The temperature and pulse rate were normal albumin was absent from the urine there was no history of work in any toxic atmosphere and no trace of any specific disease

After twelve days rest and gentle massage she was able to get up but could only walk by dragging her feet along the floor Knee-jerks and sensation were then present but not normal She has now completely recovered

This appears to be a definite case of peripheral neuritis caused by undue exposure to the sun's rays and should be a warning that more unfortunate sequelae than blisters may result from sun bathing

Aberdare JAMES HANNAN MB, ChB

An Unusual Case of Anthrax

In 1929, as recorded in this *Journal* there came under my care a baby 15 months old suffering *from cutaneous* anthrax, the lesion being situated near the middle of the *anterior surface of the left forearm* Her father was employed in a local tannery, and it was presumed that the infection originated from spore infected dust carried *on his clothing* The age of the patient and her recovery made the incident an exceptional one, and a further interest lay in the fact that the baby's father had also been a patient of mine suffering from anthrax eight months previously

There has recently come under my care a patient an adult female, in whom an almost parallel series of circumstances are presented

CASE RECORD

Mrs X aged 28 years consulted her doctor on October 28th 1936 on account of an angry pimple which had followed upon a small scratch a few days before in the middle of the front of her left forearm and had grown worse The doctor suspicious of its appearance and alert to the liability to anthrax infection in the district, sent her to Dr H A Mitchell medical director Evans Biological Institute Runcorn for bacteriological investigation Anthrax bacilli definite though not numerous were found on direct film examination and she was at once sent to the City Hospital Fazakerley

On admission (October 29th) there was a typical malignant pustule about four inches above the left wrist, rather larger than a shilling with its ring of serosanious vesicles and dark centre and considerable swelling and induration reaching from the wrist almost to the elbow flexure There was no axillary adenitis and as usually experienced a comparative absence of severe pain Her general condition was good with no evidence of toxaemia The temperature was normal She at once received 180 c cm anti anthrax serum (Mulford) with in addition 0 3 mg neokharsivan intravenously eusol *fomentations were applied two hourly to the lesion and as* I have suggested elsewhere (1928) no excision was made

On the following day little alteration either way in the focus was to be seen and a further intravenous injection of 100 c cm anti anthrax serum (Mulford) was given The next day however a definite abatement in the local swelling was evident for this reason as well as the fact that she now earlier than ordinarily might have been expected developed a copious urticarial serum rash no more serum was given The rash lasted for two days

The swelling and induration continued to subside rapidly and the infected focus shrivelled By November 3rd cultures from the lesion were negative The necrotic centre dried and was cast off in ten days or so leaving a shallow healing ulcer and this having healed the patient left hospital on November *24th little the worse for her adventure*

The bacteriological diagnosis was confirmed by film culture and guinea pig inoculation by Professor Hedley D Wright city bacteriologist Liverpool as also were the later cultural investigations

REMARKS

The special interest in this case arises from the fact that the patient is a housewife and does not do any other work Her husband, however is an employee at a local *tannery* and it is a reasonable inference that his wife's infection resulted from anthrax infected dust carried from his work on his clothing Coincidence goes a step *further* as he himself was a patient under my care in this hospital six years ago suffering from anthrax

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Liverpool

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House, Tavistock Square, W C 1, for a card of admission All who attend the address will be asked to accept a copy of the British Medical Association's new *Medical Practitioners' Handbook*, which contains a wealth of information of interest and value to all medical practitioners, particularly those who have recently qualified

Medical Charities

The subscriptions to medical charities which have been collected by the Association during the period April 17 to November 26, 1936, amount to £1,777 17s 2d This total includes £407 8s 10d earmarked for the Royal Medical Benevolent Fund, £158 15s 8d for the Royal Medical Foundation of Epsom College, £8 10s for the Royal Medical Benevolent Fund Society of Ireland, and £465 14s (including a grant of £450 from the Medical Insurance Agency) for the Sir Charles Hastings Fund The subscriptions which were not earmarked for particular charities amount to £737 8s 8d, and this sum will be distributed by the Association according to the needs of the various funds

A conference of local authorities in the Highlands of Scotland recently discussed the question of the appointment of a medical consultant for the Royal Northern Infirmary, Inverness The Department of Health for Scotland has indicated to the Inverness County Council its willingness to contribute £600 a year for five years toward the salary of the consultant appointed

HOSPITAL CO-OPERATION

In the *Supplement* of January 2 (p 4) reference was made to the advantages of co-operation between local authorities and voluntary hospitals on the subject of hospital provision Section 13 of the Local Government Act, 1929, provides that

"the council of every county and county borough shall, when making provision for hospital accommodation in discharge of the functions transferred to them under this Act consult such committee or other body as they consider to represent both the governing bodies and the medical and surgical staffs of the voluntary hospitals providing services in or for the benefit of the county or county borough as to the accommodation to be provided and as to the purposes for which it is to be used'

In two areas in the provinces—Manchester and Oxford—particularly efficient action has been taken to provide permanent machinery for carrying out the intentions of this section of the Act The first annual report of the Manchester Joint Hospitals Advisory Board has already been noticed in the *Journal* (November 28, 1936, p 1109), but it may be of interest to members in other areas to have a detailed account of the constitution and the work of the advisory organizations in both cities

In Manchester and Oxford it has been recognized that, although the duty imposed upon local authorities by Section 13 consists only in consultation with representatives of voluntary hospitals, consultation alone will be of little value unless there is also continuous, close, and effective co-operation, and some means of giving effect to the decisions and recommendations of the members of the conference The local authorities in these two areas have therefore determined to go beyond the bare obligation imposed upon them, and to introduce the co-operation which is evidently intended by the spirit of the Act For this purpose they have devised, with the help of the local voluntary hospitals, joint hospitals advisory boards to consider and advise upon all questions affecting hospital services

The Manchester Scheme

Conferences between the Manchester City Council and the voluntary hospitals took place even before the passing of the Local Government Act, but it was not until 1934 that the Public Health Committee appointed a special subcommittee to consider, among other matters, the correlation of the work of the municipal hospitals and the voluntary hospitals The Manchester Voluntary Hospitals Council, which is representative of all the voluntary hospitals in the city, also appointed a committee to consult with local authorities, and the first of a series of conferences between the two "Section 13" committees took place in March, 1935 A basis of discussion was provided by a draft scheme prepared by the medical officer of health for the formation of a permanent advisory body and eventually the constitution of a Joint Hospitals Advisory Board was formulated During the discussions it became clear that the co-operation of the University of Manchester would be necessary to the success of the scheme, and the University, as incorporating the medical school of the city, was offered and accepted representation on the board The scheme prepared received the final approval of the City Council and the Voluntary Hospitals Council, and in October, 1935, the first meeting of the Joint Hospitals Advisory Board was held

Joint Hospitals Advisory Board

The joint board consists of ten members of the Public Health Committee of the City of Manchester, eight members of the Hospitals Council and Statutory Committee, five members of the University of Manchester, and one representative of the Manchester Division of the British Medical Association, together with the medical officer of health Its functions are to consider matters coming within Section 13 of the Local Government Act, matters associated with the development of hospital work, including the provision of new hospital accommodation the principles underlying the medical and surgical staffing of the hospitals, medical education, and research, and any other matters relating to the work of the municipal and voluntary hospitals in the area Each individual hospital controlled by or associated with the constituent bodies has been invited to approve the constitution and functions of the board, and approval is regarded as indicating acceptance of the principle that the joint board should be consulted whenever the hospital proposes to take any action which relates to the board's terms of reference An executive committee has been appointed to collect and prepare information for submission to the board, and it has been decided to circulate quarterly reports of the activities of the joint board and to issue a full report annually Annual meetings of the board are to be arranged to which the members of the councils, committees or boards of management of the various constituent bodies will be invited

Consultant Service

One of the most important questions that the joint board has dealt with during its first year of work is the provision of a regular consultant service for the municipal hospitals Hitherto patients in municipal hospitals received treatment by a specialist only when consultation was considered desirable by the resident medical officer, but, even for this limited service, the number of specialists available and the number of visits paid by them were insufficient It has now been decided to appoint six consultants—two in medicine two in surgery, and two in midwifery—who will pay regular visits to certain municipal hospitals, and who will be actually responsible for the diagnosis and treatment of all acutely ill cases Each patient will be seen by a

paroxysmal tachycardia and the accelerations of cardiac rhythm associated with morbid conditions in the heart and endocrine glands Among therapeutic measures in paroxysmal tachycardia are mentioned the well known reflex methods of slowing the heart, such as the compression of the vagus and the oculo cardiac reflex Reference is made to the induction of vomiting by ipecacuanha, and to the risky use of apomorphine in this connexion In spite of its theoretical disadvantage in inhibiting the vagus atropine is accorded a place in the therapeutic armamentarium Hochrein is quoted as advising the oral administration of atropine in doses sufficient to produce dryness of the mouth This measure is said to reduce the frequency and severity of bouts of paroxysmal tachycardia Dr Clerc writes in a more dispassionate vein than the authors of *Les Nevroses Tachycardiques* but since he focuses attention chiefly upon treatment and since the tachycardias are notoriously refractory to therapeutic measures, this is, perhaps, not surprising

QUEEN CHARLOTTE'S MIDWIFERY

The Queen Charlotte's Textbook of Obstetrics By Members of the Clinical Staff of the Hospital Fourth edition (Pp 674 291 figures 4 coloured plates 18s) London J and A Churchill 1936

This fourth edition of a highly successful textbook of obstetrics by members of the staff of Queen Charlotte's Hospital appears with eleven names on the title page as having a part in its authorship Since the last issue the staff of the hospital has been increased to eight, and after their names, but separated by the heading with the assistance of ' are three more names

In the preface attention is specially drawn to the recent work of Colebrook from the hospital research laboratory which has been incorporated in the chapter on puerperal sepsis The varieties of this disease are there differentiated by the causative organism and their clinical features contrasted For example those of the haemolytic streptococcus and the anaerobic streptococcus are set out in parallel columns showing that the latter is distinguished by its prolonged course, localized and slowly spreading lesions with multiple abscesses of lung and venous thrombosis common but general peritonitis very rare, while the opposite generally holds in haemolytic infections Staphylococcic infections are usually local and mild, but general septicaemia with metastatic abscesses may develop, in which the mortality rate is high The clinical characteristics of infection by *B coli* and *B welchii* are also noted Full instructions are given for their investigation, including the taking of blood cultures Clinical types are also classified separately as local (that is, confined to the uterus) infections confined more or less to the pelvis and generalized infections Regarding treatment chemotherapy and immunological methods have proved disappointing The danger of intervention particularly curettage is emphasized and early drainage of the pelvis by laparotomy in general peritonitis does not seem to be advocated so strongly as in the previous edition the conclusion being that it is too soon to arrive at a final decision The chapter on Pyrexia in the Puerperium is excellent on both pathological and clinical aspects, and provides a remarkable illustration of the gain to this book by its authors being able to draw on the resources of the hospital, the isolation block and the research laboratories

The high standard of its predecessors in matter and teaching is fully maintained though there seems some falling off in the editorial supervision It is unseemly to admit to a textbook the slang of medical students and nurses, as in a subheading in large clarendon type Diagnosis of a Temperature in the Puerperium and its opening words If a patient develops a temperature also elsewhere we learn that a baby may develop a few degrees of temperature But we have a fellow feeling with the captain of this eleven and the many responsibilities on graver matters he has had to face

TESTICULAR DISEASE

Diseases of the Testicle By Hamilton Bailey F R C S (Pp 166 129 figures 10 coloured 12s 6d net) London H K Lewis and Co 1936

Mr Hamilton Bailey has compressed within the compass of a little more than 150 pages all that it is essential for the student and practitioner to know of the subject Like other books by the same author this volume is clearly written and very well illustrated even the smallest manœuvre being thought worthy of a drawing The teaching in the book is thoroughly up to date and there is a useful list of references to original articles given at the end of each chapter An unusual feature is the absence of an author's preface

The opening chapter deals briefly with the anatomical and physiological aspects of the descent of the testicle and is followed by five chapters upon imperfect descent and its treatment Here there is a short account of the modern endocrine therapy of delayed descent although insufficient emphasis is laid upon the difference between unilateral and bilateral cases in their aetiology and their response to this treatment The operative treatment by various types of orchiopexy (which title is used following Torek, instead of the more usual orchidopexy) is fully described, the author's preference is for the use of a temporary internal wire splint The next two chapters are devoted to a brief account of the normal anatomy and of the methods of examination of the testicle In the rest of the book such conditions as hydroceles torsion inflammatory lesions and new growths are adequately and concisely dealt with In the case of neoplasms of the testicle the new hormonal test is described and the hope is expressed that its use may lead to earlier diagnosis and treatment

Not the least interesting is the final chapter upon rejuvenation, in which there is a brief description of the Steinach operations and of testicular grafting As the author wisely comments however, 'there has been a tendency for these operations to be performed by a type of practitioner who is not above advertising to the lay public, and rejuvenation is a subject which *lends itself to* arresting newspaper copy The book is exceedingly well produced and the publishers are to be congratulated upon the quality of the paper and the excellence of the reproductions whether line half-tone or coloured

PROGRESS IN PHYSIOLOGY

Evans Recent Advances in Physiology Fifth edition revised by W H Newton M D M Sc (Pp 600 120 figures 10s) London J and A Churchill 1936

The task of bringing up to date a volume devoted to recent advances is one calling for certain qualities of ruthlessness For the reviser must be prepared to subject the work to a considerable process of metamorphosis and in many ways to change the whole content and the approach to the various matters raised In submitting his book to revision by a younger mind Professor Lovatt Evans has shown praiseworthy judgement and the highest praise we can offer to Dr Newton is that his work is worthy of the original editions It is easy, and too often the practice

hospitals named above, and the medical officer of health to each of the local authorities in the area The board will have power to co-opt not more than seven persons possessing special experience and qualifications, and to invite other bodies to send representatives

Functions of the Board

The functions of the board are to consider proposals concerning the co ordination or extension of hospital services in the area, and questions relating to institutional and clinical medical services to consult statutory authorities on the development of institutional, clinical, and research services, to organize collective efforts for the raising of funds to provide and maintain hospital and clinical services, and to distribute the income derived from special appeals or other sums collected through the agency of the board The board will hold an annual general meeting and not less than two other meetings during the year Business during the intervals between meetings of the board will be conducted by an executive committee, which will appoint special subcommittees, with or without power to co-opt additional members, to consider particular questions The financial aspect of the hospital service is to be delegated to a special appeals and voluntary subscriptions department the duties of which will include the collection of individual subscriptions on behalf of the associated hospitals, the organization of special appeals for funds, and the arrangement of propaganda in co-operation with local statutory authorities and voluntary health and social service organizations

Financial Considerations

The promoters of the Oxford scheme emphasize the necessity of retaining the voluntary principle in the local hospital service, and it is for this reason that prominence is given to the financial aspect It is stated that the present voluntary hospital accommodation, with certain extensions, is adequate to meet local requirements so long as the local authorities can supply accommodation for the institutional nursing of aged and chronic cases, and provided that clinical services are established by co-operation between the voluntary hospitals and the local authorities To develop and maintain an adequate and efficient service on these lines would necessitate an increase in the aggregate income of the voluntary hospitals of about £7,000 a year, and it is hoped that the work of the Joint Hospitals Board will result in the collection of this increased income and in the introduction of considerable financial economies It is suggested that existing contributory schemes and provident associations, while retaining their autonomy, should become affiliated to the joint board and co-operate closely with other bodies responsible for securing financial support for local institutional services

Conclusion

It will be seen that the Manchester and Oxford schemes offer in different ways methods of co-ordination and co-operation which are capable of imitation or adaptation in many other parts of the country, and Branches and Divisions of the Association may find in the account given above suggestions that will provide a basis for discussion with the appropriate authorities in their own

Hospital co-ordination promises to become one the most prominent questions in the medical world ig the next few years, and the association of the local nized profession with any projected scheme should be aluable to all the interests concerned

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

ASSISTANTSHIPS

An assistant is in honour bound to do his best in the interests of his employer, not only in the conduct of the practice, but in the maintenance of satisfactory relations with other members of the profession in the neighbourhood It is the business of an assistant to make his own terms upon engagement, and he will probably be required by the principal to enter into a bond or undertaking not to begin practice for himself within a certain radius for a certain specified time In any bond concerning a principal and an assistant it is advisable to include the following conditions

(i) The assistant to give diligent and faithful service

(ii) The assistant to give his whole time and attention to the practice under the direction of the principal

(iii) The assistant to receive from the principal periodic payment for his services at an agreed rate

(iv) The assistant to keep just accounts and pay over to the principal all moneys received on behalf of the practice

(v) Provision for a holiday for the assistant

(vi) Provision for the determination of the agreement

(vii) Period for the duration of the agreement

(viii) A restrictive clause as to practice by the assistant during and after termination of the agreement

(ix) A provision that both the principal and the assistant should be members of one of the medical defence societies during the whole period covered by the agreement, and also one for the settlement of disputes by arbitration

(x) That if the assistant's name is placed upon the medical list of the National Health Insurance Committee the assistant must agree that either the assistant shall not accept any insured person other than in the name of and on behalf of the principal or if any insured persons are accepted in the name of the assistant he shall take every possible means to ensure the transfer of those persons to the list of the principal on the termination of the agreement

The assistant for his own protection, should insist that the bond be drawn up by a solicitor with experience of the legal pitfalls of medical practice An assistant has no right or claim to any fees or emoluments for any work connected with the practice unless some special provision has been made therefor or unless such work—for example evidence given in a court of law—arises after the termination of the assistantship An assistant is liable to instant dismissal for neglect of duty, gross misconduct, incompetence, absence without leave, or disobedience to reasonable and legitimate directions If, however an assistant is dismissed wrongfully the whole covenant between him and his principal is nullified and he is therefore no longer legally bound to refrain from competing with his principal in practice Whether he elects to take advantage of this freedom is an ethical consideration and must depend on circumstances He should not do so without consulting the Association and his legal adviser

An assistant who is remunerated by receiving a share of the profits has the right of access to his employer's accounts and books, although he has none of the other rights of a partner

Although the principal is responsible for the consequences of any act of his assistant performed in the course of his employment and duty the assistant, by reason of the fact that he is registered, is also responsible

Preparations and Appliances

A FLEXIBLE GASTROSCOPE

Mr KENNETH HERITAGE M S F R C S (London W 1) writes Using a new optical system devised by Gunther Loeck an entirely new flexible gastroscope has been constructed for which the following advantages are claimed (1) a greater degree of flexibility than that hitherto achieved without loss of image, (2) the flexibility is graduated (3) the distal or gastric end can be easily deflected by contact with resistance —the instrument can therefore follow the curve of the stomach with greater ease and the pylorus can be approached more closely, (4) the instrument may be bent in a slight double curve as shown in the illustration without loss of image, (5) this new optical system is constructed to transmit the greatest possible amount of light this is apparent from the size of the exit pupil

FIG 1—The gastroscope showing a double curve in the flexible portion

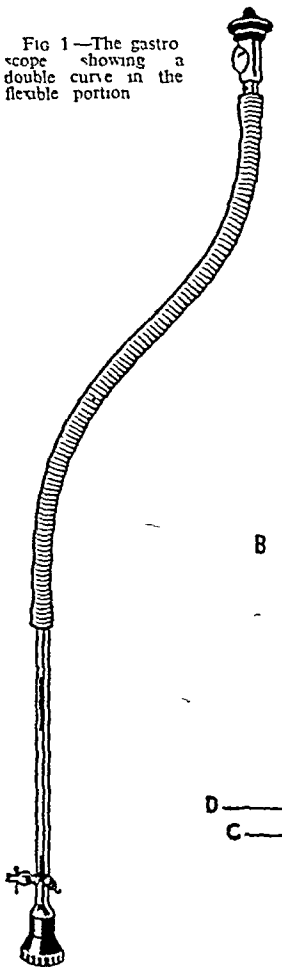
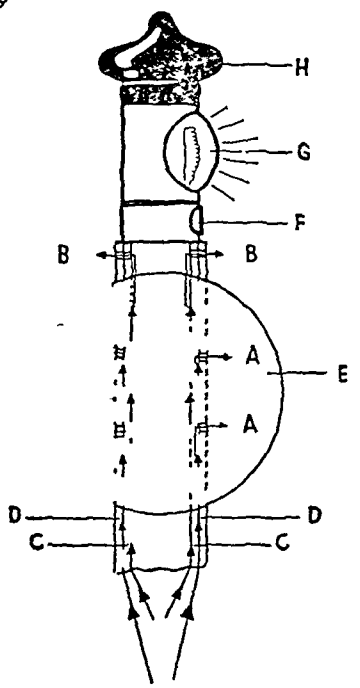


FIG 2—Diagram showing the distal or gastric end of the instrument A = apertures for air to balloon B = apertures for air to stomach C = first rubber tube D = outside rubber tube E = inflated balloon F = viewing window G = lamp H = rubber tip



The optical system consists of numerous lenses in close succession in which the diameter of the image is first reduced to a much smaller size than the diameter of the lenses This tiny image is reproduced by certain reversals and continues in this reduced form through the flexible portion of the instrument until it is ultimately enlarged for visual inspection This optical construction reproduces a picture that is actually swimming in a larger light circle The light thus transmitted is of sufficient magnitude to be adequate for all purposes both when the instrument is flexed and when close proximity to the object results in great magnification A circular picture is obtained even when a double bend in opposite directions is present.

The gastroscope has an overall length of 750 mm with a diameter of 11 mm corresponding to a size of 33 Charriere The flexible part consists of a specially constructed tube graduated in flexibility so that the distal part of the tube is the most pliable part This extremity carries the viewing window the lamp and a large rubber tip to act as a buffer facilitating introduction and to protect the window from oesophageal mucus Using a plane viewing window an angle of vision of 90 degrees is obtained When fully flexed the viewing window subtends an angle of 75 degrees with the rigid portion of the shaft. Thus a very wide range of deviation is compatible with good vision At a distance of 10 cm the magnification is × 1 On the proximal side of the viewing window a rubber balloon is incorporated This is inflatable after passage of the instrument, and serves to lift the viewing window from contact with the lesser curve or cardia and so give a view which would otherwise be difficult

The experimental work and the construction of the instrument have been carried out by the British Cystoscope Company London E C 1

MILTON ANTISEPTIC FLUID

Milton antiseptic fluid has long been known as an effective and convenient preparation suitable for a wide variety of uses The manufacturers have issued a series of leaflets describing the antiseptic properties of milton These include reports from their own laboratories on its chemical composition and bactericidal potency together with independent reports prepared by various authorities These deal with problems such as the action of the fluid on dentures and its efficacy as a disinfectant mouth wash Milton Proprietary Ltd have also succeeded in incorporating milton fluid in an ointment a difficult pharmaceutical achievement which they state occupied five years of research work.

CALCIUM ASPIRIN

Stabilized calcium aspirin (genasprin brand of calcium acetyl salicylate) represents a triumph over considerable pharmaceutical difficulties Calcium acetylsalicylate was found to possess certain important therapeutic advantages over acetyl salicylic acid but unfortunately it proved very difficult to prepare in a stable condition and instability resulted in the liberation of free acetic and salicylic acids The manufacturers (Genatosan Ltd Loughborough) have now succeeded in preparing the drug in a stable form and also in producing it in tablets The numerous therapeutic uses of calcium aspirin are described in a pamphlet prepared by the manufacturers

STREPTOCIDE

Streptocide (Evans Sons Lescher and Webb Ltd) is a preparation of *p* aminobenzenesulphonamide Its history is as follows After many decades of fruitless research the compound named prontosil was discovered to produce a bactericidal action when given by mouth and to be an efficient curative agent in streptococcal septicaemia This important chemotherapeutic advance has since been the subject of intensive research The clinical value of prontosil has been established but it has been proved that the drug is broken down in the body to a simpler compound—namely *p* aminobenzenesulphonamide—and the actions of this substance are now being investigated

The preliminary reports are encouraging but Messrs Evan Sons Lescher and Webb in the brochure accompanying their product point out that the use of *p* aminobenzenesulphonamide is still in its infancy and that the evidence regarding its action is still incomplete Fortunately however the compound has a remarkably low toxicity For example in a 20 gramme mouse protective effects are produced by repeated doses of 2 mg and the lethal dose is about 100 mg. Streptocide is of chief value in the prevention and cure of infection with haemolytic streptococci These organisms are responsible for a remarkably wide variety of human diseases and the drug is recommended as a prophylactic against puerperal septicaemia and for the prevention of complications of scarlet fever streptococcal tonsillitis measles etc The dose recommended is four tablets (0 25 gramme each) by mouth three times a day

by the Council to be equivalent to that paid in respect of insured persons

(c) Persons with a total income from all sources of £250 per annum or upwards, or the dependants of any such persons not to be treated under contract terms

The Representative Body, however, realized that the circumstances of some areas justified a modification of the above conditions, and agreed that in such circumstances the approval of the Council might be given provisionally to a scheme involving other payments, or different income limits, when the local profession could show that this was demanded by the conditions in the area When such schemes containing lower rates of payment were approved it was laid down that the rules should include, in a prominent position, a statement that this approval had been given only on account of the special economic conditions then prevailing

A preliminary examination of the memorandum prepared by the Medical Secretary made it evident to the subcommittee that the time had arrived for the formulation of further principles in relation to contract practice arrangements over and above those just stated in the resolutions of the Representative Body, more especially as the formation of public medical services is proceeding apace The subcommittee considered that it was desirable to correlate so far as possible contract practice arrangements, whether provided through a public medical service or not, and it reported in this sense to the parent committee

Recommendations

After some discussion the committee arrived at the following conclusions and recommendations

1 That it is desirable that in all contract practice arrangements the content of the medical service to be provided should be that laid down by the Association in its model Public Medical Service Scheme

2 That wherever practicable private clubs should be replaced by public medical services

3 That if and when practicable works and colliery contract arrangements should be replaced by an organization such as the public medical service

4 That in the case of adult and juvenile members of friendly societies the arrangements for the provision of medical service provided by these societies should be through a public medical service or an organization similarly constituted

It was also the view of the subcommittee that the time had come for the Medico-Political Committee to decide whether or not there should be any differentiation between the contract rates for attendance upon juveniles as distinct from attendance upon adults In 1928 the Annual Representative Meeting passed a resolution under which a fee of not less than 8s 8d might be agreed to by Divisions at their option for contract practice work for juveniles, but it was not carried by the necessary two-thirds majority, therefore did not technically become a decision of the iation The view of the subcommittee was that the ee of medical attendance which might be required for juveniles was certainly not less—on balance it might well be more—than that required by adults

This was endorsed by the full committee—namely, that ere should be no differentiation in the contract rates for iedical attendance upon juveniles and upon adults, and he recommendation went forward that the resolution of 1928 should be rescinded As a result of this decision the subcommittee will proceed to give detailed consideration to the Medical Secretary's survey and urge the Divisions to take appropriate action

Works Medical Officers

The other matter which engaged the lengthy attention of the Medico-Political Committee was the draft ethical rules for industrial medical officers In the course of the discussion it was stated that there was a definite feeling in the country that the after-treatment of injuries was not as good as it might be, owing to the fact that facilities were not available for the proper carrying out of practitioners' instructions A point to bear in mind was that the works paying compensation, either directly or through insurance companies, had a right to see that proper after treatment was carried out To ensure this, and to save the payment of large sums in compensation, and also to avoid having to keep key men off work for longer than was absolutely necessary, many firms are prepared to employ a works medical officer and also to provide facilities for the proper carrying out of treatment

The proposed ethical code for the guidance of industrial medical officers in carrying out their functions includes clauses to the effect that the industrial medical officer shall not, except in certain prescribed instances, provide treatment in cases of disability, and that such treatment shall be given only with the consent of the worker No undue pressure or persuasion shall be used to influence the worker to undergo treatment at the works clinic Further, "except where there is an *ad hoc* agreement with the worker's own practitioner or an understanding with the Local Medical Committee, treatment shall be given only as set out in the draft ethical rules"

This last clause gave rise to much discussion and many suggestions for amendment It was suggested that in place of the Local Medical Committee there should be two alternatives—namely, the local Division of the British Medical Association, or a group of practitioners in the area concerned On the other hand, in favour of the use of the Local Medical Committee in this connexion, it was argued that the works medical officer was concerned almost entirely with insured persons, and thus was going to encroach chiefly on the work of the insurance practitioner, also that if the Association was to have any say in this matter after the issue of the rules it should be through insurance practice channels—that is, Panel Committees, the Insurance Acts Committee, and the Panel Conference It was the view of some members that to bring the matter before the Divisions would cause much duplication and might create a precedent whereby other matters concerning insurance practice would come to be dealt with by the Division instead of by the Panel Committee

On the other hand it was pointed out that the Council and Representative Body endeavoured to protect the interests of general practitioners as a whole, including, of course, insurance practitioners They had dealt with the subject of encroachments, although this to a large extent was the concern of insurance practice It would create a precedent and be a revolution if the Representative Body in a case of this kind were expected to approve an agreement providing for consultation with an outside organization

Ultimately the draft rules together with the ethical code were, with certain amendments, approved for submission to the Ethical Committee The clause which had been the subject of most of the discussion was amended to read

Except where there is an *ad hoc* agreement with the worker's own practitioner or an understanding with a com

mortem was too much the aim of recent medicine, as if treatment were only a concession to the demands and prejudices of the public In future use must be made of all the lessons of empiricism, even methods at present outside the pale of classical therapeutics are to be explored, and if found helpful brought into use There is to be a revival of research into methods of treatment, and collaboration between teachers of medicine and surgery and the staffs of the hospital services, with veterinarians, with the health officers and family physicians The author urges the foundation of an institute of therapeutics which shall control and investigate not only the traditional and empirical measures but even explore what is valuable in charlatanism Amid much overstatement Delore has produced a stimulating book, one that deserves consideration because of its enthusiasm for the progress of medicine and the good of mankind His underlying hope is to bring about a synthesis which will advance the science of man

THERAPIA STERILISANS MAGNA

Sterilization of the blood stream by chemical means has been looked upon more and more as an unattainable ideal Many procedures undertaken with this object in the not far distant past are now recognized to have been futile Indeed it is difficult to account for the optimism which allowed the intravenous injection of eusol, and although salts and compounds of mercury are not quite so obviously unsuited to this use abundant proof has been available for years that they are powerless to kill bacteria under such conditions These are by no means the only supposed remedies for septicaemia which have 'had their day and ceased to be" and hence there must have been reservations in many minds when it was announced last year that a dye compound synthesized in the Bayer laboratories had been found bactericidal for haemolytic streptococci *in vivo*[1] The earlier phases of work with prontosil have been described in these columns[2] and we need only recall here that the compound was found by a number of workers to be capable of curing experimental streptococcal infection in mice although its bactericidal action *in vivo* was negligible its mode of action was therefore unexplained A steady stream of clinical reports mainly from Germany but including one of considerable weight from this country also testified to its efficacy in the human subject Two further papers which have now appeared carry this research an important stage further Colebrook and Kenny[3] add to their previous series of cases of puerperal sepsis a further twenty six treated by prontosil with not a single death although six were septicaemic A more striking tribute to the value of this form of treatment is not conceivable and the fact that the mortality of the disease shows signs of a spontaneous decline although interesting and welcome in itself in so far as it can be accepted as true does not invalidate the obvious conclusion from so notable a success The investigations of Colebrook Buttle and O'Meara[4] are of equal interest from a different standpoint in that they promise to transfer this treatment from a purely empirical to a rational basis

It was suggested some time ago by Trefouel Nitti, and Bovet[5] that prontosil does not act in the body as such but is converted into another compound para amidobenzene sulphonamide[6] Buttle and his colleagues acting on this assumption have found that this compound has unique bactericidal properties being capable in enormous dilution of killing streptococci in blood provided that the number of bacteria in the mixture is small, as, of course it is in the clinical condition of septicaemia We believe this to be the first occasion on which any germicide has been proved capable of killing bacteria in blood in a concentration attainable in the blood of a patient If the obvious interpretation of these experiments is accepted the forty year-old ideal of "therapia sterilisans magna" so far from receding into the domain of medical mythology, has at one step taken its place as a concrete fact of daily practice It remains to be seen whether "sulphonamide" possesses the therapeutic powers which these experiments and reasoning suggest it may prove superior to prontosil itself and it has the extraordinary feature in a remedy of this kind and one which will encourage its free employment of being administrable only by the mouth It also remains for surgeons and physicians in this country as well as obstetricians to make their own observations on its value in the treatment of streptococcal infections in general So far the studies of puerperal fever in the isolation wards of Queen Charlotte's Hospital have been the only reported attempts in England to evaluate this treatment on an adequate scale Although the opportunities there are admittedly exceptional it should be possible elsewhere to study its effect on a sufficient series of cases of surgical sepsis and throat infections scarlatinal or otherwise offer an abundance of clinical material Lastly there are indications that other bacteria may be susceptible to the action of this remedy These certainly do not include either the pneumococcus or streptococci other than *S pyogenes* but reports of cures of

[1] *British Medical Journal* 1936 1 590
[2] Ibid 19 6 1 1216
[3] *Lancet* 19 6 2 1319
Lancet 19 6 2 1322
[4] *C R Soc Biol* Paris 1935 120 756
[5] Now marketed by Bayer Products Ltd as prontosil album

British Medical Association

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Irish Free State Medical Union (I M A and B M A) 18, Kildare Street, Dublin (Telegrams Bacillus, Dublin Tel 62550 Dublin)

Diary of Central Meetings

JANUARY

8	Fri	*Physical Medicine* Group, 4 p m
12	Tues	Health Services Committee, 2 p m
13	Wed	Finance Committee, 2 p m Building Committee, 4 p m
15	Fri	Consultants and Specialists Group Committee, 2 15 p m Radiologists Group, 5 p m
19	Tues	Public Health Committee, 2 p m Standing Ethical Subcommittee, 2 p m
20	Wed	**Council**, 10 a m
22	Fri	Journal Board of Directors 11 30 a m Public Medical Services Subcommittee, 2 p m
27	Wed	Joint Subcommittee on Provident Schemes and Payments to General Practitioners, 2 30 p m
28	Thurs	Subcommittee *re* Representation in Parliament and on Local Authorities, 2 30 p m

Proposed Delhi Branch

Notice is hereby given by the Council of the Association to all concerned of a proposal made by members of the Association resident in the Province of Delhi that a Delhi Branch be formed, of area coterminous with that Province

Any member affected by the proposal and objecting thereto is requested to write to the Medical Secretary by April 9, 1937, stating the objection and the ground therefor

CHARLES HILL,
Deputy Medical Secretary

January 9, 1937

Proposed North-West Frontier Province Branch

Notice is hereby given by the Council of the Association to all concerned of a proposal made by members of the Association resident in the North West Frontier Province that a North-West Frontier Province Branch be formed of area coterminous with that province

Any member affected by the proposal and objecting thereto is requested to write to the Medical Secretary by April 9, 1937, stating the objection and the ground therefor

CHARLES HILL,
Deputy Medical Secretary

January 9 1937

Proposed Sind Branch

Notice is hereby given by the Council of the Association to all concerned of a proposal made by members of the Association resident in the Province of Sind that a Sind Branch be formed, of area coterminous with that Province

Any member affected by the proposal and objecting thereto is requested to write to the Medical Secretary by April 9, 1937, stating the objection and the ground therefor

CHARLES HILL,
Deputy Medical Secretary

January 9, 1937

Radiologists Group

A meeting of the recently formed Radiologists Group of the Association will be held at B M A House, Tavistock Square, W C 1, on Friday, January 15, 1937, at 5 p m The Group consists of all those members of the Association who are engaged predominantly in the practice of radiology The agenda will consist of (*a*) the election of a Chairman, (*b*) the election of a Group Committee of six, and (*c*) a general discussion on the work of the Group

CHARLES HILL,
Deputy Medical Secretary

Branch and Division Meetings to be Held

ABERDEEN BRANCH CITY OF ABERDEEN DIVISION—At 29, King Street, Aberdeen, Thursday, January 21, 8 30 p m B M A Film of World Tour, 1935

DORSET AND WEST HANTS BRANCH WEST DORSET DIVISION—At King's Arms Hotel Dorchester, Wednesday January 20 7 30 p m, Supper, 8 30 p m, Address on The Present Position of Chemical Warfare'

EAST YORKSHIRE BRANCH—Wednesday, January 13 President's address

GLASGOW AND WEST OF SCOTLAND BRANCH AYRSHIRE DIVISION—At Ayr County Hospital, Thursday, January 14 Dr J H Paul Tuberculous Spondylitis

HERTFORDSHIRE BRANCH BARNET DIVISION—At Welland House New Barnet, Tuesday, January 12, 8 30 p m Dr A F Hurst Origin and Treatment of Diseases of the Alimentary Tract'

HERTFORDSHIRE BRANCH EAST HERTFORDSHIRE DIVISION—At County Hospital Hertford, Thursday January 14, 8 30 p m Ten minute papers Members' discussion

LANCASHIRE AND CHESHIRE BRANCH—At Manchester Royal Infirmary, Thursday, January 14 4 p m B M A Lecture by Dr H Crichton Miller Psychotherapy'

LANCASHIRE AND CHESHIRE BRANCH BLACKPOOL DIVISION—At Metropole Hotel Blackpool, Wednesday January 13 Dr Geoffrey Holmes (Harrogate) Spa Treatment' Preceded by dinner at 7 15 p m

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION—Joint meeting with Preston Medico Ethical Society at Preston Royal Infirmary Tuesday January 12, 8 30 p m Professor Henry Cohen (Liverpool) Parkinsonism

LANCASHIRE AND CHESHIRE BRANCH SALFORD DIVISION—At Grand Hotel, Manchester Thursday, January 21, 8 30 p m Reception 9 p m, Dinner dance in aid of medical charities

LANCASHIRE AND CHESHIRE BRANCH WIGAN DIVISION—At Rendezvous Café, Standishgate, Wigan, Tuesday, January 12 8 30 p m Dr Norman B Capon (Liverpool) 'Recent Advances in Children's Diseases

METROPOLITAN COUNTIES BRANCH CITY DIVISION—Joint meeting with North London Medical and Chirurgical Society at Royal Northern Hospital Holloway Road N, Thursday January 14 9 15 p m Dr F W Price Observations on Diagnosis and Treatment in Heart Disease [illegible] ence to Child bearing At Metropolitan [illegible] ad, E, Friday January 15 4 30 p m Mr [illegible] cises

METROPOLITAN COUNTIES BRANCH HAMPSTEAD DIVISION—At Hampstead General Hospital, Thursday, January 14 8 15 p m Mr Maxwell P Ellis The Laryngeal Cold

NORTH OF ENGLAND BRANCH MORPETH DIVISION—At Grand Hotel, Ashington Friday January 15, 8 p m Mr J Collingwood Stewart (Newcastle upon Tyne) Ruptured Cartilages and Osteo arthritis of the Knee joint'

NORTHERN IRELAND BRANCH—At Whitla Medical Institute, College Square North, Belfast Thursday February 4 4 30 p m Wing Commander E J Hodsell and Major H S Blackmore Air Raid Precautions Non members and senior medical students are invited to attend

SOUTH WESTERN BRANCH PLYMOUTH DIVISION—At Goodbody's Café, Plymouth Wednesday, January 13 7 30 p m Supper 8 30 p m Discussion The Common Exanthemata in Domiciliary Cases Isolation Disinfection and Contacts To be opened by Dr T A Hunter followed by Dr T Penson

STAFFORDSHIRE BRANCH WALSALL AND LICHFIELD DIVISION—At Walsall General Hospital, Friday January 15 8 30 p m Mr F G Allan (Birmingham) Clinical demonstration

SURREY BRANCH CROYDON DIVISION—At Croydon General Hospital Tuesday, January 12, 8 30 p m Film on Fractures

SURREY BRANCH KINGSTON ON THAMES DIVISION—At Public Assistance Department, Norbiton Friday, January 15 8 30 p m Colonel G Wallace 'Air Raid Precautions and Anti gas Treatment'

GAS HEATING IN FLUELESS ROOMS

A useful piece of work has been done by an advisory committee appointed by the Royal College of Physicians of London to consider the question of domestic heating by gas This is a controversial subject as well as one of great public importance and although no doubt the gas industry itself could have carried out an equally impartial and scientific investigation it could hardly have avoided the suspicion of bias in other quarters This country is fortunate in having institutions of unchallengable impartiality and authority which are willing to undertake inquiries into subjects of great interest to the community but not exactly within the compass of departmental committees In well-ventilated rooms long experience has shown that gas is a harmless and convenient fuel but the case may be different in rooms in which ventilation is defective Unfortunately many of the new flats and housing estates which appear like magic on the suburban landscape contain at least one flueless room in each dwelling This room is used as a spare bedroom or perhaps as a second sitting room and warmed by gas or electricity The outstanding feature in the report of the advisory committee[1] is an interim condemnation of the flueless room—interim because it is admitted that the problem of ventilation of rooms in ordinary conditions of occupation has never been thoroughly investigated and until there is evidence that satisfactory ventilation can be otherwise obtained the committee feels itself bound to recommend that wherever possible living rooms and bedrooms should be provided with flues Surprise is expressed that in view of the great importance of air change so little precise knowledge is available on the subject of domestic ventilation It is certainly most desirable that extended tests should be carried out on rooms in which the only means of inlet of fresh air and escape of foul is by the opening of door or window This by the way is a matter at present under consideration by the Health Organization of the League of Nations The temperature and degree of movement of air in dwelling houses and secondarily the humidity of the air and the temperature of the surroundings are the principal factors to be considered in the committee's view and the changes in the chemical composition of the air in conditions of normal occupation appear to be within limits of little consequence But in view of the criticisms of flueless gas heaters the effects on comfort and health of varying amounts of the products of combustion of coal gas have been studied in detail In our issue of December 26 (p 1328) there appeared a summary of the investigations and the limits were stated which in the view of the committee the products of combustion—carbon monoxide and sulphur and nitrogen oxides—should not exceed Another point to which the committee gave attention is the possibility often mooted of a chronic form of carbon monoxide poisoning The conclusion reached is that there is no evidence of any definite group of symptoms pointing to such a condition While exposure to very small quantities of carbon monoxide may be capable of causing disagreeable effects at any rate in some people during the period of exposure the available evidence is unconvincing as to the occurrence of any definite group of symptoms which would indicate a chronic form of carbon monoxide poisoning It is interesting to contrast with this finding some work by H G Beck in the United States which was the subject of a note in our last issue (p 27) Evidently there is still a problem to be elucidated With regard to the oxides of sulphur small quantities of which are produced in the normal combustion of coal gas the important thing in the committee's view is the objectionable smell and not their effect upon health and the limit of concentration laid down in the report is at a level at which these oxides would be imperceptible to smell It is believed that smell would be perceptible before any irritation of the respiratory tract was produced But smell is a sense which varies within wider limits than any other among human beings and is the sense peculiarly susceptible to adaptation—that is of diminution or cessation of sensation in spite of the continuance of the stimulus The committee's report will be of great value to the gas industry

[1] Royal College of Physicians of London Domestic Heating by Gas Considered from the Point of View of Health and Comfort London Harrison and Sons Ltd (1s post free 1s 2d)

TUBERCULOUS MENINGITIS OF BOVINE ORIGIN

Despite the incontrovertible evidence of many observers that infection by the bovine tubercle bacillus can be virulent for human beings there is still some scepticism particularly among farmers A recent communication before the French Academy of Medicine[1] was concerned with an analysis of the type of organism present in 130 examples of tuberculous meningitis studied at the Trousseau Hospital between the years 1932 and 1936 Culture from the cerebro spinal fluid on Loewenstein's medium was made in each case and 121 cultures were of the human type and nine of the bovine type Animal inoculation was used to confirm the cultural characteristics of these bovine cultures This proportion is similar to that described in other countries but an interesting point which came out in a further analysis of the case records was that of the nine children dying from their bovine infection all had been brought up in the country and eight were known to have been given raw cow's milk for the greater part of their lives In the remaining case raw cow's milk had also been taken the father was also stated to be suffering from pulmonary tuberculosis which introduces an element of doubt Of the 121 human cases only 10 per cent. came from the country and there was clearly a human source of infection in most of the cases It was pointed out in the discussion that fatal bovine infection in country districts might well reach a higher incidence than these figures suggest despite the usual custom in France of boiling all milk The figures here given are not large compared with those available in other countries but the subject has been little studied in France from this aspect The communication however serves to clinch the case against raw milk for children in any part of the world

[1] *Bull Acad Med Paris* November 17 1936 p 373

responded by an inflammatory reaction In general it was decided that the response was not due so much to the micro organism as to the reaction of the tissue in question These same eyes were called tuberculous in Vienna and treated with tuberculin, syphilitic in Paris and treated with arsenic, and allergic in England and treated with whole blood injections, with comparable results The lecturer did not confine his remarks to eyes and thus stimulated a lively and interesting discussion, in which many members took part The meeting closed with a hearty vote of thanks to Sir Stewart Duke Elder for his address and to Mrs Hardie for hospitality

KENT BRANCH EAST KENT DIVISION

At a meeting of the East Kent Division, held at Cliftonville on December 17, 1936, Dr F J S HALL delivered a lecture on Cineradiography, which was illustrated by a series of typical cinematograph films made at the Victoria Hospital Deal, where an x-ray cine camera has been in use since 1934 Dr Hall briefly reviewed the technical difficulties encountered, and paid tribute to other workers in this field notably Dr Russell Reynolds whose work with 16 mm film had done so much to standardize the technique with this medium Dr Hall preferred full size 35 mm film for orthopaedic work as a really large screen image could be obtained and the addition of a sound track to demonstration films for first-aid lectures and anatomical classes was facilitated thereby One such film had actually been shown successfully in 1935 to an audience of more than one thousand people and the result left no doubt that joint anatomy could be easily and rapidly taught by this method Films of normal and abnormal joints, heart lung, and barium meal loops were then shown the advantage of a fluorescent screen examination prolonged indefinitely by the aid of a projector impressed all present The members were particularly struck by little realized anatomical points, especially the amazing range of movement of the proximal row of carpal bones in the wrist-joint the importance of scapular rotation in abduction of the shoulder, and the negligible part played by the patella in movements of the knee-joint The rather unexpected range of movement in the cervical spine was very clearly seen

In the discussion which followed Dr Hall asked for criticism and suggestions for the clinical or other applications of this new technique He had used it so far merely to assist his general surgical work, and had found it of some assistance in the diagnosis of obscure joint lesions particularly in difficult cases of 'tennis elbow' It was easy to differentiate between true limitation of movement from bony obstruction and joint stiffness from adhesions by watching a cineradiograph

The chairman Dr W E C WYNN in thanking Dr Hall for his interesting lecture emphasized the pioneer nature of his work and the number of possibilities it seemed to open up

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION

A joint meeting of the Preston Division and the Preston Medico Ethical Society was held at Preston Royal Infirmary on December 15 1936 when a representative of Messrs Evans Biological Institute gave an address on The Preparation and Standardization of Antitoxins and Prophylactics with Special Reference to Diphtheria The speaker's preliminary remarks were chiefly devoted to the various prophylactic preparations for combating diphtheria and the methods of preparation and the advantages of each He then showed an interesting film illustrating his remarks and demonstrating the various activities of the laboratories and the great care with which the preparations are made

LANCASHIRE AND CHESHIRE BRANCH ROCHDALE DIVISION

A meeting of the Rochdale Division was held at Rochdale Infirmary on November 13 1936 when in the absence through illness of the chairman, Dr S WILSON the vice chairman Dr F W MACKICHAN was in the chair

Dr H T ASHBY (Manchester) gave a lecture on Some Common Ailments of Children An interesting and novel feature of the lecture consisted in a break after each subject for questions and discussion This method resulted in bringing into the discussion the majority of the members present Dr Ashby drew attention to the frequency with which birth injuries occurred the most common being oedema of the brain sometimes with severe sequelae As measures for treatment he advised absolute rest hypertonic saline enemata (10 oz to 1 pint) four hourly pipette feeding and in restless cases chloral hydrate (14 grains) four hourly if necessary

Infantile eczema required much care and patience This type of child was more prone to severe illnesses than the normal child The lecturer advocated moderation in the actual treatment of the eczema, the use of olive oil and simple ointments or lotions according to the needs of the case and measures to prevent scratching Overfeeding should be avoided, most of the infants being fat, and he had found allergillac useful

In the treatment of attacks of asthma adrenaline during the spasm and ephedrine or pseudo-ephedrine to avert attacks were the most effective methods Plenty of rest and a simple diet were necessary Eggs and fish were not often exciting factors In hay fever, after establishing the fact that the case was one of true hay fever, desensitization should be begun not later than early February with pollagin Moderate immunity would probably remain in the following year but treatment would be required again in the third year Drs ROBERTSON WILSON JEFFERSON, MILLS, KIPPEN, VALENTINE OLIVER MACMASTER, MACKICHAN DICKSON, PIRRIE, and LOMAS took part in the discussions and in proposing and seconding the vote of thanks Drs WILSON and HEAP voiced the gratitude of the members for one of the most interesting and practical addresses that the Division has enjoyed

MALTA BRANCH

A clinical meeting of the Malta Branch was held at the University on November 6, 1936, when about fifty members including some of the principal officers of the Army and the Navy, were present Professor P P DEBONO read a paper on 'The Surgical Treatment of Pulmonary Tuberculosis' Professor Debono opened by outlining Rankin's theory of the development of tuberculous infection, which divided the disease into three stages—namely, invasion, dissemination, and localization He said that pulmonary tuberculosis was always to be considered as a local manifestation of a general disease and for this reason it was impossible to cure it by lobectomy or pneumonectomy Whatever the treatment adopted due regard must be paid to the general treatment of the patient He said that the best results were being obtained by physicians from collapse therapy by means of artificial pneumothorax but this unfortunately, could not be carried out always on account of the presence of adhesions In these cases collapse might be obtained by surgical procedures Professor Debono gave a historical survey of the development of surgical treatment in pulmonary tuberculosis and passed on to consider the various procedures that might be adopted Localized adhesions, he said, could sometimes be divided through a thoracoscope The dangers of this operation were inherent in the fact that adhesions might carry vessels or processes of infected lung tissue inside them which might give rise to haemorrhage or infection in the pleural cavity Operations on the phrenic nerve were very often carried out mostly on account of their relative simplicity He described the technique of phrenic evulsion At one time, he said phrenicectomy was hailed as a sort of panacea where collapse of the lung was desired, but when the end results of the operation came to be assessed it was found that they did not come up to expectations It was now being realized that the effects of phrenic avulsion were exercised mainly on the base of the lungs and often failed to reach the infected apex because the lung was bound down by adhesions Professor Debono then described apicolysis and thoracoplasty Against apicolysis with plantage he pointed out the liability of the wound to infection on account of the presence of a foreign body and the frequency with which this foreign material was extruded through the wound or through a bronchus He described the technique of the Sauerbruch operation of total thoracoplasty and of the various modifications of selective thoracoplasty that have recently been evolved Not all cases in which pneumothorax failed were suitable for thoracoplasty A careful selection must be made The contralateral lung must be able to bear the extra work that will be thrown on it and the diseased lung must show a certain degree of fibrosis The patient must be strong enough to undergo a major operation Selection of cases must not be too rigid, as otherwise patients might be refused who would have derived benefit from it The number of cases suitable for thoracoplasty has been increased by dividing the operation into two or more stages The operation which was likely to give the best results was a selective apical thoracoplasty combined with extrapleural separation of the apex of the lung The anaesthetic of choice was gas and oxygen which Professor Debono considered superior to the local anaesthesia which was adopted on the Continent A discussion followed in which Professor J E DEBONO Mr A J CRAIG, Dr W GANADO, and Colonel A DAWSON took part

SUPPLEMENT TO THE

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NOTES OF THE WEEK

"Medical Insurance Practice"

Every insurance practitioner will have received a notice of the alterations in his terms of service made under the consolidated regulations which came into force on New Year's Day. The Insurance Acts Committee of the British Medical Association is able to announce that the fourth edition of *Medical Insurance Practice* (Harris and Sack) is in the press and will be on sale in three or four weeks' time, price 2s., post free.

The new volume embodies all the changes in the regulations and procedure which have been made since the third edition was published in 1929. But it does a great deal more than this: a complete revision of the book from cover to cover has been made and the authors—by means of an extensive search of official rulings, semi-official communications, and the records of proceedings of the Insurance Acts Committee—have spared no pains to carry out to the full their expressed intention to avoid leaving unanswered any question arising in the daily insurance work of the busy general practitioner. An extended reference to the new issue is made in the weekly notes on the Insurance Medical Service.

Edinburgh Public Medical Service

Although the second annual report of the Edinburgh Public Medical Service has still to be approved by the annual meeting of members some statistics of the year's work are available. There are now 127 doctors on the medical list, and during the year 1,100 new subscribers joined the service. The sum collected from subscribers was £4,610 1s. 2d. Of this amount 16 per cent. was needed for the cost of drugs, 10 per cent. for the cost of collection, 12 per cent. for the cost of administration, and 62 per cent. was allocated to the Practitioners' Fund for distribution among the members. Last year the amount available for the Practitioners' Fund was 55 per cent. of the total income. Two alterations in the rules were made during the year with the object of reducing the cost of drugs: new members are not now allowed to obtain drugs at the expense of the service until eight weeks after the date of entry, and until eight weeks' subscriptions have been paid, and doctors have been asked not to accept chronic cases unless the patient undertakes to pay the cost of drugs required. The report states that the contribution of friendly societies to the service has lessened. Three leaflets on child welfare have been issued during the year. One gives advice to expectant mothers, the second contains instructions for breast feeding, and the third deals with the feeding of children between 7 and 12 months of age. When the annual meeting of members receives the report for approval it will be asked to agree to certain amendments in the rules for the coming year.

Maternity Service in Cardiff

The Maternity and Child Welfare Subcommittee of the Cardiff City Council recently convened a conference of representatives of organizations including the Cardiff Division of the British Medical Association interested in the midwifery service. The medical officer of health outlined the proposals which the subcommittee intends to submit to the City Council. The scheme includes the employment of thirty midwives and arrangements for co-operation with the Queen's Institute of District Nursing.

A Patient Views His Doctor

For the past twelve years the Metropolitan Counties Branch of the British Medical Association has arranged annually a special address to the fourth and fifth year medical students and recently qualified medical practitioners in the metropolitan area. The 1937 address will be given by Dr. Cyril Norwood, M.A., President of St. John's College, Oxford, who has chosen as his subject The Doctor—as Seen by his Patient. The lecture will be given in the Great Hall of B.M.A. House, Tavistock Square, W.C.1, on Tuesday, March 9, at 5.30 p.m. punctually. Tea will be served at 5 p.m. A personal invitation will be sent at an early date to all concerned, and the invitation card must be produced on admission. Any fourth or fifth year student or recently qualified medical practitioner who may not have received an invitation by March 2 is invited to apply to the honorary secretaries of the Metropolitan Counties Branch at B.M.A.

... University Jacobus Stephanus Marais Memorial ... Scholarship for Research in Surgery Value £450 ...

... Royal Infirmary and the Welsh National School of Medicine Part time Hon Dermatologist, and M O in Charge of Male Venereal Diseases Centre

Chesterfield and North Derbyshire Royal Hospital—H S (male) for the Ophthalmic and Ear, Nose, and Throat Departments Salary £150 p a

Dereham Memorial Hospital—H S (male) for the Casualty and Orthopædic Departments Salary £150 p a

Dewsbury and District General Infirmary—(1) Senior H S (2) Second H S Males Salaries £200 p a and £150 p a respectively

Doncaster Royal Infirmary and Dispensary—(1) R S O (2) Casualty H S (3) Resident Anæsthetist Males Salaries £250 p a £175 p a and £175 p a respectively

Dunedin, New Zealand Otago Hospital Board—Radiotherapist Salary £1 000 p a

Ealing Borough—R A M O (male, unmarried) Salary £350 £25 £550 p a

Eastbourne Princess Alice Hospital—R H S (male) Salary £150 p a

Enfield Urban District Council—Deputy M O H and Assistant School M O (male) Salary £600 £25 £750 p a

Evelina Hospital for Sick Children, Southwark S E—H P (male) Salary £120 p a

French Hospital and Dispensary, Shaftesbury Avenue W C—Hon Gynæcologist with charge of Out patients

Gloucester Gloucestershire Joint Committee for Tuberculosis—J A M O (male) for Standish House Sanatorium, Stonehouse Salary £250 p a

Golden Square Throat, Nose and Ear Hospital, W—H S (male) Salary £100 p a

Grimsby and District Hospital—(1) Senior H S (2) H P Males Salaries £200 p a and £150 p a respectively

Halifax Royal Halifax Infirmary—Third H S (male, unmarried) Salary £150 p a

Hampstead General and North West London Hospital, Haverstock Hill N W—H P (male unmarried) Salary £100 p a

Hastings Royal East Sussex Hospital—J H S (female) Salary £150 p a

Hull Corporation Health Department—J R M O (female unmarried) for Hull Municipal Maternity Home and Infants Hospital Salary £100 p a

India Government—Director of the All India Institute of Hygiene and Public Health Calcutta Salary Rs 1,450 Rs 1 750 per calendar month, plus special pay of Rs 400 per month plus overseas pay of £30 per month

Inverness Royal Northern Infirmary—Hon Visiting S to Ear Nose and Throat Department

Isle of Man Mental Hospital Services—A M O (male) Salary £350 £25 £450 p a

Laboratories of Pathology and Public Health Harley Street, W—Junior Assistant Pathologist (male) Salary £500 £25 £650 p a

Leamington Spa Warneford General Hospital—H P Salary £150 p a

Leeds Public Dispensary and Hospital—Research Worker in Arthritis (male) Salary £300 p a

Leeds University School of Medicine—Readerships in (1) Medicine and (2) Surgery Salaries £600 p a each

Leicester Royal Infirmary—(1) Hon Dental S (2) Two Hon Assistant Dental S s

Lincoln County and Parts of Lindsey—Assistant County M O H Tuberculosis Officer, and School M O Salary £500 £25 £700 p a

Liverpool Bootle General Hospital—(1) H P (2) C O (3) Two H S Salaries £150 p a each

London County Council—(1) Resident Medical Superintendent for Queen Mary's Hospital for Children, Carshalton Salary £1 400 £50 £1 650 p a (2) A M O (Grade I) and (3) A M O (non resident, Grade II) for White Oak Hospital Swanley Females Salaries £350 £25-£425 and £250 p a respectively (4) Temporary Part-time A M O's for School Medical Work Salary £1 10s per session

London Hospital E—Surgical First Assistant and Registrar Salary £300 p a

Lowestoft and North Suffolk Hospital—J H S (male) Salary £120 p a

Luton Bute Hospital—H S (male) Salary £150 p a

Maidstone West Kent General Hospital—H S (male) Salary £175 p a

Manchester Ancoats Hospital—(1) H S Salary £100 p a (2) Assistant Surgical Officer Honorarium 10s 6d per attendance

Manchester City—(1) Part time Consultant Obstetrician and Gynæcologist (male) for Withington Hospital Salary £300 p a (2) R A M O (male) for Monsall Hospital for Infectious Diseases Salary £350 £25 £450 p a (3) R A M O (female) for Booth Hall Hospital Salary £200 p a (4) Medical Practitioner to examine men undergoing training in anti gas measures Fee £1 1s per examination

Manchester Duchess of York Hospital for Babies—Assistant Anæsthetist Honorarium 10s 6d per session

Manchester Hospital for Consumption and Diseases of the Throat and Chest—(1) R M O for Ear Nose and Throat Department St Anne's Home Bowdon (2) A M O for Crossley Sanatorium, Delamere Forest Males Salaries £200 p a each

Manchester Northern Hospital—(1) R H P (2) R H S Salaries £100 p a each

Manchester Royal Infirmary—(1) Four H S (2) Four H P (3) H S for Aural, Gynæcological, and Ophthalmic Departments (4) H S for Neuro surgical Department (5) H S for Orthopædic Department Salaries £50 p a each

Mansfield and District General Hospital—H S (male) Salary £150 p a

Market Drayton Cheshire Joint Sanatorium—R M O (male) Salary £250 p a

Merthyr General Hospital—R H S Salary £150 p a

Metropolitan Hospital, Kingsland Road, E—C O and Resident Anæsthetist (male) Salary £100 p a

National Association for the Prevention of Tuberculosis W C—Secretary General Salary £600 p a

National Temperance Hospital, Hampstead Road, N W—Medical Registrar Honorarium £42

New Zealand Palmerston North Hospital Board—Pathologist (non resident) Salary £900 £50 £1,000 p a

Northumberland County Council Education Committee—Assistant County M O H (male) Salary £500 £25 £700 p a

Oxford Radcliffe Infirmary—H S (male) Salary £120 p a

Oxford University—Nuffield Professorship of (1) Clinical Medicine and (2) Obstetrics and Gynæcology Salaries £2,000 p a each

Plymouth Prince of Wales s Hospital, Devonport—J H S Salary £120 p a

Plymouth Prince of Wales's Hospital, Greenbank Road—H S Salary £120 p a

Preston and County of Lancaster Royal Infirmary—Obstetrical M O Salary £1,000 p a

Queen Charlotte s Maternity Hospital, Marylebone Road, N W—Assistant to the Paediatrician and M O to the Infant Consultation Centre

Rhondda Urban District Council—A M O (female, unmarried) Salary £500 £25 £700 p a

Royal Cancer Hospital (Free), Fulham Road, S W—R M O Salary £200 p a

Royal National Orthopaedic Hospital, Great Portland Street, W—Two H S (males, unmarried) for the Brockley Hill Branch Salaries £150 p a each

Royal Society of Medicine, Wimpole Street, W—Nichols Fellowship Honorarium £150 p a and a grant of £15 for expenses

Rugby Hospital of St Cross—R M O (male) Salary £100 £150 p a

St Albans Hill End Hospital for Mental and Nervous Disorders—Two H P Salaries £165 p a each

Seamen s Hospital Society, Greenwich S E—Resident Medical Superintendent (unmarried) at the Hospital for Tropical Diseases Gordon Street, W C Salary £400 p a

Sheffield City—Assistant Tuberculosis Officer (male, unmarried) for Winter Street Hospital Salary £350 £25 £550 p a

Singapore Municipality, Straits Settlements—Assistant Municipal Health Officer (male, preferably unmarried) Salary $8,400-$9 360 p a

South London Hospital for Women Clapham Common, S W—(1) Surgical Registrar (2) Out-patient M O Half time duties (3) H S Salaries £100 p a each (4) Clinical Assistants to Surgical Out-patients Females

Staffordshire County Council—Assistant County M O H (male) Salary £500 £25 £700 p a

Stoke Newington Metropolitan Borough—Whole time Assistant M O H (female) Salary £500 £25 £700 p a

Stoke on Trent Burslem Haywood and Tunstall War Memorial Hospital—R H S (male) Salary £175 p a

Stoke-on Trent City—R M O (male, unmarried) at Stanfield Sanatorium Salary £350 £25 £450 p a

Stoke on Trent Longton Hospital—H S Salary £160 p a

Surrey County Council—Medical Superintendent to Kingston and District Hospital Salary £1 200 £50 £1,400 p a

Victoria Hospital for Children Tite Street, Chelsea, S W—(1) C O Salary £200 p a (2) H P (3) H S Salaries £100 p a each

West End Hospital for Nervous Diseases, N W—Two R H P (males) Salaries £125 p a each

Westminster Hospital Broad Sanctuary, S W—Assistant S (male)

Wolverhampton Royal Hospital—(1) A R M O (female, unmarried) Salary £100 p a (2) Resident X Ray and Radium Registrar

Worcester County and City Mental Hospital Powick—A M O (male unmarried) Salary £350 £25-£450 p a

Worthing Hospital—Hon Anaesthetist

Wigan Royal Albert Edward Infirmary and Dispensary—H S (male) Salary £150 p a

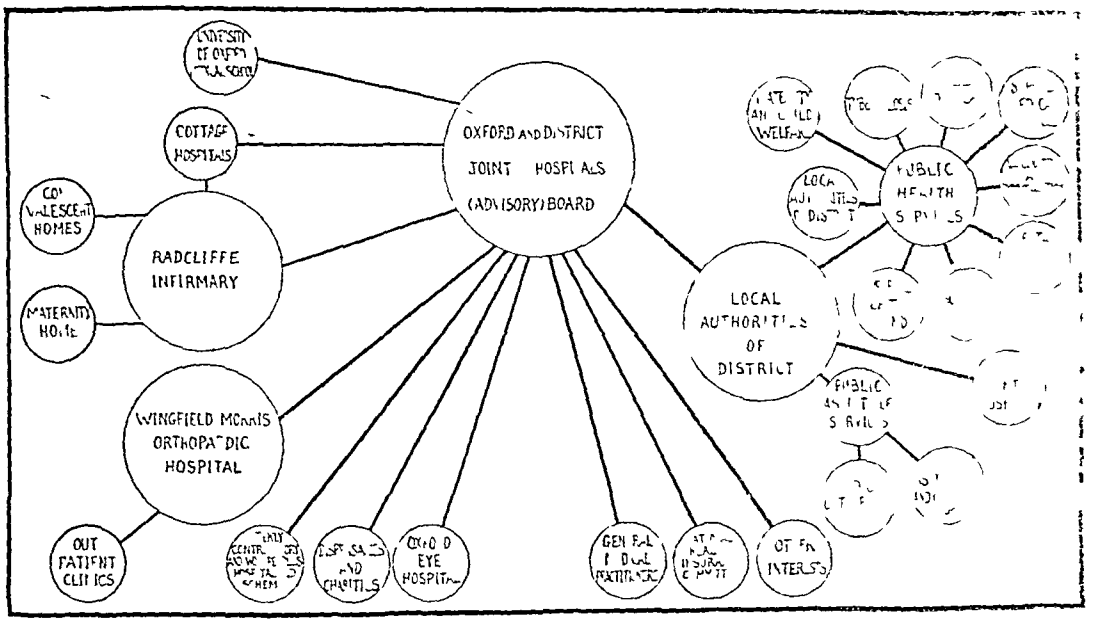
York Bootham Park Mental Hospital—J A M O (female) Salary £300 p a

Certifying Factory Surgeons—The following vacant appointments are announced Bourne (Lincolnshire), Bromsgrove (Worcestershire) Gillingham (Dorset) Cranbrook (Kent) Applications to the Chief Inspector of Factories Home Office, Whitehall S W 1, by January 19

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 51 52 53 54 55 56 57 and 60 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 58 and 59

consultant as soon as possible after admission Such a service will improve the status of the municipal hospitals and patients in these hospitals will in future receive the benefit of a consultant and specialist service similar to that previously available only in voluntary hospitals It will also ensure co operation in the matter of medical staffing for the majority of the consultant personnel will serve at both types of hospital they will act as part time paid consultants to the municipal hospitals and as honorary consultants to the voluntary hospitals The board elected an advisory panel to make recommendations for these appointments and the continuance of this panel as a permanent institution is under consideration for it is suggested that its use in connexion with all appointments of consultants at both the voluntary and the municipal hospitals will help co ordination

being collected from the various hospitals in the area on developments of hospital work or accommodation which are to be undertaken during the next two years and the joint board hopes to be able to secure a measure of co ordination or unification in the extended service The use of hospitals in the event of air raids has been considered in much detail and a subcommittee has been appointed to discuss with representatives of the British Red Cross Society the St John Ambulance Association and the military authorities the scheme prepared by the City Council It is proposed that voluntary hospitals in the centre of the city shall be regarded as casualty clearing stations and certain municipal hospitals as base hospitals for the accommodation of persons requiring continued treatment Other parts of the scheme concern the provision of instruction in precautionary measures



CO-ORDINATION OF MEDICAL SERVICES—OXFORD AND DISTRICT

Medical Directors

Another innovation is the appointment, for an experimental period of two years of a director of services in each of the three main branches—medicine surgery and gynaecology These directors are practitioners possessing high qualifications and wide experience, who will visit the hospitals regularly and discuss with the visiting staffs and the medical officer of health questions affecting the development and co ordination of hospital services in their respective spheres Their advice will be available when special units are being formed, and they will encourage and supervise research The appointment of distinguished practitioners to these offices should ensure the fullest co operation between the voluntary hospitals the municipal hospitals, and the University

Although the reorganization of the consultant service for municipal hospitals has been the most extensive work of the joint board during the year many other questions are under consideration One is the unification of the orthopaedic services which is being considered in the light of the report of the B M A Committee on Fractures and another is the reduction of waiting lists Information is

The Oxford Scheme

The Oxford scheme here represented has only recently been inaugurated and has not yet begun its activities Like the Manchester Joint Board the Oxford and District Joint Hospitals Board will be concerned with the co ordination of hospital services and will also deal with the raising of funds Another feature of the Oxford scheme is the direct representation of the local Branch of the British Medical Association on the joint board The personnel of the Oxford Joint Board is larger than that in Manchester A prescribed number of members are to be nominated by each of the following bodies the Radcliffe Infirmary the Wingfield Morris Hospital the Oxford Eye Hospital the Horton General Infirmary and other associated voluntary hospitals in the area the Oxford City Council and the Oxfordshire County Council the contributory schemes and provident associations operating in the area the University of Oxford and the Oxford University Medical School and the Berks Bucks and Oxford Branch of the British Medical Association The membership will include also a member of the honorary medical staff of each of the

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

CLINICAL ASPECTS OF HYPERTHYROIDISM

BY

F. R. FRASER, M.D., F.R.C.P.

AND

SIR THOMAS DUNHILL, K.C.V.O., M.D.

Hyperthyroidism or toxic goitre may arise in a patient who has shown no signs of thyroid disease previously or in one who for many years has had a simple goitre. It is more common in females than in males and may occur at any age, but the incidence is greatest in women in the third decade and at the time of the menopause.

Course of Disease

The disease is usually chronic, partial remissions and periods of increased activity alternating irregularly, rarely the course is short, the condition lasting for a few months and ending in spontaneous recovery. The initial attack or any relapse may be so severe as to cause death, and, if the condition is chronic, auricular fibrillation and congestive heart failure or mental disturbances are likely to develop eventually.

Actiology

The cause is unknown, but infections such as influenza or acute tonsillitis, psychic stresses such as emotional shocks and financial or family worries, and events of the sex life such as adolescence and the menopause, are so frequently associated with the onset or a relapse that they are regarded as exciting causes. In many cases no exciting cause can be found. A constitutional factor also is probable.

Clinical Picture and Diagnosis

The clinical picture is extremely variable. The symptoms and signs include enlargement of the thyroid gland, muscular weakness, mental irritability, physical and mental restlessness, tremor, palpitation and tachycardia, excessive flushing and sweating, loss of weight, and eye signs of which the most striking are exophthalmos and widening of the palpebral fissures. All or only a few of these disturbances may be present, and any one of them may be absent. The most constant departure from the normal is the increased rate of basal metabolism, but in mild cases the figures are difficult to assess, and when the increase is definite the clinical features are usually well marked. The estimation of the basal metabolic rate is therefore unnecessary for diagnosis.

The typical clinical picture of exophthalmic goitre in which all the symptoms and signs are present is most frequently seen in women during the child-bearing age, in older patients, and when the condition arises in the course of a long-standing simple goitre, the signs may be few and the picture may be predominantly that of a functional failure of some organ such as the heart or of the mental faculties. When auricular fibrillation results in an elderly patient the signs and symptoms of congestive heart failure may be so pronounced that the underlying cause is missed, a slight enlargement of the thyroid gland and an absence of any other cause for the cardiac irregularity being the only clues to the diagnosis. If a thyroid origin is considered, however, other evidence is usually forthcoming in a slight widening of the palpebral fissures, tremor, or a history of goitre, simple or toxic, earlier in life.

A mild degree of hyperthyroidism is sometimes seen in patients who have suffered for years from neurasthenia and indefinite symptoms of ill-health. A slight enlargement of the gland and the nervous manifestations of hyperthyroidism are present, with or without tachycardia, and as a rule no loss of weight. This is an important group, for the thyroid disturbance is but a part of a more general departure from health which has existed for some time. It is of great importance to assess accurately the part that the thyroid gland is contributing to the disability, for treatment directed to the thyroid alone will give disappointing results, and thyroidectomy may make the condition worse and give rise to mental depression, rendering the life of the patient more unhappy than before.

Condition of the Gland

In the absence of previous disease of the thyroid gland the enlargement is characteristically moderate or slight and affects the gland diffusely. Sometimes it affects the isthmus or one lobe or a portion of a lobe more than the rest of the gland, but the whole is involved. It is firm but not hard, and the surface may not be quite smooth, slight palpable irregularities being due to exaggeration of the normal lobulation. In severe and early cases excessive vascularity is recognized by a palpable thrill and loud systolic murmur. In cases of some duration, or after the administration of iodine, the excessive vascularity disappears and the gland becomes harder and more irregular. If the disease arises in a case of long-standing colloid or simple nodular goitre the gland may be large and irregular. The gross irregularities are due to involution nodules, rarely a "foetal adenoma," usually single, is associated with hyperthyroidism. In older patients it may occasionally prove difficult to determine any enlargement of the gland, which is small and fibrous, but on surgical exposure it is always found to be larger than clinical examination disclosed.

Muscular Weakness and Tremor

Muscular weakness and excessive fatigue on exertion are probably the most constant symptoms. Mental restlessness is usually the symptom first noted by relatives, and is characterized by excessive mental energy and irritability, with periods of depression. The tremor is best seen in the outstretched fingers, and is typically fine and irregular. It may be present also in the lips and tongue, and, in severe cases, affects all the muscles of the body. It may be coarser and more obviously irregular. In many patients there is a physical restlessness so that they cannot sit still and are continually altering the position of their limbs.

State of the Heart

The cardiovascular system is characteristically affected, and the dangers to efficiency and to life are mainly due to this. Palpitation may be the earliest symptom, and in

in law for his own acts Consequently any aggrieved party may bring an action against either the principal or the assistant or against both of them An assistant is usually engaged over a period of one year and is paid monthly where the latter arrangement obtains an assistant is required to give and is entitled to receive 1 months notice to terminate the contract Even in the absence of a restrictive bond it may be taken as a general rule that no assistant should settle in the area of a former principal's practice unless with the written consent of the principal or his accredited representative

INSURANCE MEDICAL SERVICE WEEK BY WEEK

NEW MEDICAL BENEFIT REGULATIONS

On New Years Day the Consolidated Medical Benefit Regulations came into operation These regulations which have been in course of preparation for two years embody many changes apart from the consolidation of the earlier regulations It is therefore essential that every insurance practitioner should acquaint himself with those matters affecting his terms of service which are now set out in the official document This might well occasion something like dismay in the mind of every doctor especially at this busy season of the year were it not for the fact that the invaluable handbook *Medical Insurance Practice* (Harris and Sick) goes to press with a fourth edition concurrently with the appearance of the new regulations It is well that the British Medical Association has decided to publish this book at the nominal price of two shillings because this should ensure that every insurance practitioner—and it is to the practitioner that the book is primarily addressed—should become possessed of the new edition So many extensive changes have been made in the practitioners terms of service and in the administrative procedure since 1929 that copies of the third edition which was published in that year must be scrapped

The authors fairly claim not only to have incorporated all these changes in the book but to have made an extensive review of the whole subject from beginning to end in an endeavour to answer the innumerable questions which present themselves from time to time to the busy insurance practitioner It is not too much to say that if any practitioner attempts to run his insurance practice without a copy of this book in his possession he is working with one hand tied behind his back At the same time the book apart from its dark green cover will present a familiar appearance to those who have been accustomed to the earlier edition The headings to the chapters and the general arrangement of the book remain undisturbed the number of appendices remains the same although several of the earlier appendices have been dropped and new ones inserted The whole of the text of the regulations so far as they affect insurance practitioners the terms of service and the certification rules are of course set out as before

Index to "Medical Insurance Practice"

It is essential that a book of this character should have a very complete index it is most irritating to have to turn up a variety of headings before you find what you want We have nothing but *admiration for the zeal which* has been shown by the authors in compiling the remarkable index which appears at the end of this book The index runs into nearly fifty columns of print and it is perhaps worth while quoting one short section in order to give some indication of its character Here is the section with the heading Scope of Treatment and it is hardly necessary to say that all the subheadings will also be found elsewhere in the index

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The book is as before pleasant to handle and is easily read as it is written largely in the second person tone no less have been avoided In order to avoid digressions frequent marginal references are made to page numbers where will be found the main discussion of a subject or a particular branch of a subject mentioned only incidentally or in general terms at the place where the reference is given The book is in the press and will be issued in the course of four weeks time and the Chairman of the Insurance Acts Committee commends the book as his predecessor did the earlier edition to every insurance practitioner

CONTRACT PRACTICE ARRANGEMENTS

Two principal matters engaged the attention of the Medico Political Committee of the British Medical Association in a long sitting on December 30th under the chairmanship of Dr J W Bone They arose out of reports from two subcommittees recently set up one to consider the arrangements for contract practice and the other the ethical rules for industrial medical officers

The report of the Contract Practice Subcommittee whose chairman is Dr H W Pooler was occupied with the additional principles which might with advantage be adopted by the Association in connexion with contract practice arrangements The Medical Secretary recently made a special effort to obtain through the Divisions full details of existing arrangements and as a result a survey was prepared which it was estimated covered at least 90 per cent of such arrangements obtaining in England and Wales It was noted with concern that in many instances especially as regards contracts for attendance upon juvenile members of friendly societies [illegible] being accepted which are below the minimum laid down by the Association

The Associations present policy as regards contract practice is embodied in a resolution of the Annual Representative Meeting of 1920 amended by a resolution passed at the meeting of last year These decisions lay down the following principles

(*a*) Free choice of doctor by patient and of patient by doctor
(*b*) Remuneration to be not less than that which is deemed

for those in which an early return to working efficiency is essential, but in the mildest cases and in those in which the thyroid disturbance is but an incident in a long history of neurasthenia and ill-health it should be tried In older patients and in those with nodular goitre the likelihood of recovery without operation is less, and operative treatment should not be delayed

The tonsils commonly are moderately enlarged and congested, but this disappears following recovery and requires no special treatment, but if residual sepsis is present in the tonsils, teeth, or sinuses this should be dealt with if possible before surgical treatment by thyroidectomy In the more severe cases it is advisable to postpone tonsillectomy till after the condition of the patient has been improved by thyroidectomy

If medical treatment is not effective in checking the activity of the disease and the patient continues to lose weight thyroidectomy may have to be carried out before a remission can be established Such a step is to be avoided if the activity of the disease can possibly be checked by any other method, for in such a case the operative risk is considerable, but it should not be delayed until the patient's condition becomes too serious If necessary, a preliminary ligation of thyroid arteries should be carried out, the subtotal thyroidectomy being subsequently performed in one or two stages, according to the patient's condition

Auricular Fibrillation

In the presence of auricular fibrillation and congestive heart failure prolonged medical treatment may be required before thyroidectomy can be safely performed, but once the fibrillation is established this is the only treatment that can restore health Digitalis should be used to control the ventricular rate, and care must be taken to avoid digitalis poisoning, for the ventricular rate is more difficult to control than in auricular fibrillation due to other conditions, especially when the disease is actively progressing Salyrgan and other diuretics are of great value when ascites and oedema are present Previous to thyroidectomy quinidine is not advisable, for even if normal rhythm can be established it is not stable Following subtotal thyroidectomy the rhythm frequently reverts to normal spontaneously, but if the irregularity persists at the end of one or two weeks quinidine should be given

Surgical treatment should be regarded as an incident in the management of the case, following it a long convalescence of three to six months is advisable, and the patient must be guided and guarded through infections and the worries and troubles of life Small doses of iodine (Lugol's solution, 5 or 10 minims daily) are advisable for three months following operation, and aid in the necessary readjustment of the endocrine system before health can be regained

Surgical Treatment

Surgical treatment should not be considered when the early manifestations of the disease appear When the disease becomes established through failure to respond adequately to the measures already indicated it becomes advisable to diminish the amount of secretion by resection of gland tissue The patient will naturally want to know the degree of improvement to be expected

This disease is not analogous to a condition such as appendicitis in which the affected organ can be completely removed The patient has still to rely on the gland tissue left after resection for the physiological needs of the body The surgeon must therefore know by experience how much should be resected to obtain the greatest improvement possible while still leaving sufficient behind If this is judged wisely the benefit is so great as to approach a cure The pulse rate falls, the mind and body become tranquil, the feeling of heat disappears, the appetite—which in many patients has been excessive—and the basal metabolic rate both approach normal The improvement in the eyes varies with the degree of exophthalmos, when this has been moderate it often disappears There is nearly always some improvement, but when exophthalmos has been very pronounced the improvement in the eye signs may occasionally be disappointing

When the disease has lasted a long time, or when complications have been severe, the improvement is no less striking and the relief is great, but if the heart has been gravely exhausted it cannot recover its original efficiency The patient may feel well, but strength should not be tested beyond the limits of safety, and these limits are soon learned by experience Auricular fibrillation disappears and normal rhythm is regained in about 80 per cent of cases Congestive heart failure due to thyroid toxaemia can be easily avoided after thyroidectomy Glycosuria often disappears, if not, it is sometimes controlled by dietetic measures If diabetes mellitus is a complication and has become difficult to control by insulin it is more easily controlled after thyroidectomy If mental disturbances have been a direct result of the disease great improvement follows operation, but if the mental condition has preceded the symptoms of thyroid disease, or if it is of the depressive type, great care should be taken and the help of a psychiatrist sought

In few diseases is the relief to the patient following operation so great as it is in toxic goitre This must not tempt the surgeon to perform thyroidectomy in unsuitable cases, and hesitancy must be exercised, especially when the thyroid disturbance is subordinate to other factors contributing to the ill-health of the patient

The death rate remains about 3 per cent when an average proportion of very severe cases have to be dealt with Injury to parathyroid glands is now rare, injury to a recurrent laryngeal nerve is not so rare, haemorrhage—primary or later—is avoided by the most careful haemostasis Thyroid operations should not be performed when it is difficult for the surgeon to reach the case quickly in case of necessity during the first twenty four hours after the operation

Anaesthesia

Good anaesthesia contributes greatly to the safety of all operative procedures on the thyroid gland Chloroform is unsafe, ether is to be deprecated Satisfactory anaesthesia is obtained by nitrous oxide and oxygen helped by a hypnotic dose of avertin, together with infiltration of the neck with local anaesthetic solution

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mittee representative of the local profession treatment shall be given only as under

and then there followed clauses setting out the cases in which it was proposed that treatment should be given

Miscellaneous Matters

Correspondence with the London Public Medical Service with regard to its proposed extension was brought forward and it was pointed out that in view of the decision reached by Council those Divisions which had expressed themselves as not in favour of the proposed extension of the London Public Medical Service should now be informed of the necessity of passing a further resolution contracting out if they desired to be excluded from the area of the service The committee decided that the matter be left in the hands of the Metropolitan Counties Branch

It was agreed to bring to the notice of insurance companies the resolution of the last Annual Representative Meeting to the effect that where a medical certificate was required by an insurance company in the case of a deceased patient not previously examined for life assurance such certificate should not be furnished without the previous consent of the nearest relative and a fee of not less than half a guinea should be paid by the company

An account was given to the Medico Political Committee of the evidence recently given on behalf of the Association to the Select Committee on Medicine Stamp Duties Although the Association is not directly concerned with the revenue aspect it was considered desirable that a short statement of its general views on the indiscriminate advertisement and sale of patent medicines should be submitted to the Select Committee A short memorandum was supported in oral evidence by the chairmen of the Medico Political and Science Committees

The question of professional secrecy at sea which is a subject of peculiar difficulties was brought forward by a member of the Association and was referred for consideration to the Ship Surgeons Committee

The action of the office was confirmed in regard to various replies on questions submitted to the Association and to other matters

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commander G Kirker to the *Pembroke* for Royal Naval Barracks

Surgeon Lieutenant Commander R L G Proctor to be Surgeon Commander

Surgeon Lieutenant S R G Pimm has retired from the Service at his own request

Surgeon Lieutenants C J Mullen to the *Drake* for Royal Naval Barracks P G Burgess to the *Abingdon* G A Lawson to the *Drake* for Royal Naval Hospital Plymouth M G Peever to the *Endeavour* on commissioning

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant Commander W J Payne to be Surgeon Commander

ROYAL ARMY MEDICAL CORPS

Lieut Col and Brevet Col R C Priest has relinquished the temporary rank of Colonel on ceasing to be employed as Consulting Physician to the Military Forces in Palestine and Egypt

Lieut Col S W Kyle has relinquished the temporary rank of Colonel on ceasing to be employed as A D M S 5th Division

Lieut Col C M Finny O B E to be Brevet Colonel

Major S Smith to be Brevet Lieutenant Colonel

Major A G Harsant O B E has relinquished the temporary rank of Colonel on ceasing to be employed as Consulting Surgeon to the Military Forces in Palestine and Egypt

Major B H C Lea Wilson has been restored to the establishment

Captain T F A Woods to be Major

Lieutenant J A D Johnson to be Captain October [illegible] 1936 with seniority November 1 1934 (Substituted for the notification in the *London Gazette* of November 1 1936)

Lieutenant G A Weir to be Captain October 24 1936 with seniority October 24 1934 (Substituted for notification in the *London Gazette* of October 27 1936)

Lieutenant T D M Martin to be Captain October [illegible] 1936 with seniority April 26 1936 (Substituted for the notification in the *London Gazette* of October 27 1936)

The appointment of Lieutenant J A D J[illegible] antedated to November 1 1933 under the provisions of the Royal Warrant for Pay and Promotion 1931 has been cancelled and allowance prior to October [illegible] 1936

The appointment of Lieutenant G A Weir [illegible] to October 24 1934 under the provisions of the Warrant for Pay and Promotion 1931 has been cancelled allowances prior to October 24 1936

The appointment of Lieutenant T D [illegible] dated to April [illegible] 1935 under the provisions of Warrant for Pay and Promotion [illegible] allowances prior to October [illegible] 1936

Lieutenants (on probation) [illegible] W[illegible] to A[illegible] D[illegible] have been confirmed in their rank

ROYAL AIR FORCE MEDICAL SERVICE

Group Captain B A Playne D S O to be Air Commodore

Wing Commanders R J Sherrie M C and T Montgomery to be Group Captains

Squadron Leaders J G Russell T B Gregor R P Sutherland R W White G P O'Connell and A Dickson to be Wing Commander

Flight Lieutenant A H Osmond to be R A F Station [illegible]

Flying Officers L M Cr[illegible] C F R B[illegible] Fowler to be Flight Lieutenant

1935 December 2 1936 and D[illegible]

Flying Officer G [illegible] to R A F Station [illegible] D F S Shaw to No [illegible] Flying Training School [illegible] Macgibbon to No [illegible] Flying Training School [illegible] Moynahan to No 6 Flying Training School [illegible] Cellars to No 5 Flying Training School [illegible] No 9 Flying Training School [illegible] Flying Training School [illegible]

TERRITORIAL ARMY

Royal Army Medical Corps

Majors L M I W[illegible] M C T D J[illegible] C[illegible] A Topping T D to be Brevet Lieutenant Colonel

Captain F Shipman (Hon Lieut) of Leeds Contingent Medical Unit Senior Division O T C to be Captain from the 1st of March 1936

To be Lieutenants J M Matheson late Officer Cadet Sergeant Edinburgh University Contingent Medical Unit Senior Division O T C W N P Wakely late Officer Cadet R S M University of London Contingent Senior Division O T C T Gibson from Territorial Army Reserve of Officers 2nd London Regiment

INDIAN MEDICAL SERVICE

Lieut Col J B Hamilton C I E has [illegible]

Lieut Col R S Spinall C I E [illegible] from leave has been posted a Civil Surgeon [illegible] from October 19 1936

Major R Sen to be Lieutenant Colonel

The appointment of Major Atab Singh Garewal in the Central Provinces Jail Department has been confirmed as from August 1 1935

The appointment of Major G Verghese in the Bihar Jail Department has been confirmed as from December 1 1935

The services of Captain J P J Little have been placed temporarily at the disposal of the Government of the Punjab as from August 10 1936

The services of Captain Hafiz Bikhsh have been placed temporarily at the disposal of the Government of the Punjab as from September 25 1936

The services of Captain R L Raymond have been placed temporarily at the disposal of the Government [illegible] November 5 1936

Capt in J P Dogra Officiating [illegible] to Haffkine Institute Bombay has been allowed [illegible] under the Indian Research Fund Association

Captain C J H Brett has been appointed temporarily as Assistant Port Health Officer Karachi on probation as from December 2 1936

The seniorities of Lieutenants A G Miller J F Thomson and J G Thom on have been antedated to September 1 1935 March 17 1936 and May 1 1935 respectively

Lieutenant E H Wallace has been restored to the establishment

Lieutenant E N Brockway has relinquished his probationary appointment

LONDON COUNTY HOSPITALS

FACILITIES FOR MEDICAL EDUCATION

Sixteen of the general hospitals maintained by the London County Council have now been affiliated with medical schools for the purpose of providing clinical instruction to undergraduates, and at seven of the general hospitals provision has been made for residential accommodation and instruction in obstetrics of students from an equal number of schools Sir Frederick Menzies, in a report on the hospitals and general medical services of the Council,[1] devotes his introduction to the development of facilities for medical education in the hospitals formerly administered by the Poor Law authorities Very limited facilities for students existed in the Poor Law infirmaries, as they were called, notwithstanding an immense amount of clinical material very suitable for the training of undergraduate and post-graduate students The realization of the importance to medical progress of providing every possible facility for medical education has been one of the features of the six years of the Council's administration

Recognition from Examining Bodies

In addition to the arrangements for undergraduates, special arrangements are made at certain of the general hospitals for classes of medical men and women preparing for the final Fellowship examination of the Royal College of Surgeons In view of the great opportunities in the general hospitals for obtaining the clinical experience necessary to the acquisition of the higher professional qualifications, it was considered desirable that the hospitals should receive recognition from the examining bodies as establishments where such experience could be obtained All the Council's general hospitals have now been recognized by the University of London for the degree of M D, Branch 1 (General Medicine), and ten hospitals with large maternity and gynaecological departments have received recognition by the British College of Obstetricians and Gynaecologists for the diploma and membership of the College Arrangements have also been continued for students from the London medical schools to attend the infectious diseases hospitals For this purpose students from each medical school are allocated to a particular fever hospital Courses of instruction in clinical practice and hospital administration for medical men and women who intend to sit for examinations for the D P H have been provided, and authority has been granted by the Council for examinations for certain degrees and diplomas to be held at any hospitals by arrangement with the Council's medical officer of health

During the year with which the report deals the new post-graduate medical school at Hammersmith Hospital was opened by King George V, who expressed the hope that the school would draw students from all parts of the Empire The students who joined during the first few months came from nineteen countries Apart from the British Isles, the greatest numbers were from India, Canada, South Africa, and Australia in that order To complete the account of facilities for medical education provided by the London County Council, it may be mentioned that at the children's and tuberculosis hospitals facilities are afforded from time to time to groups of students, usually under the sponsorship of recognized professional organizations, to visit the hospitals to receive information on the work and methods of treatment in progress, and post-graduates may also obtain experience of the technical and administrative methods adopted in the Council's pathological laboratories and its antitoxin establishment Reference is made in the report to the fact that permission is given from time to time for clinical and other meetings of Divisions of the British Medical Association and other medical societies to be held at the Council's hospitals, such meetings "enabling local general practitioners to keep in touch with the work of their district, and promoting cordial and friendly co operation between the practitioners and the hospital staff"

Control of Whooping cough

One important matter dealt with at length in the report is the control of whooping cough Whooping cough is a major cause of death in childhood, ranking fourth among the principal causes of death of children under 5 in London during a period of five years An average of about 2,300 cases are admitted to the Council's special hospitals every year The average case fatalities per cent in the Council's hospitals of the four common infectious diseases during the last five years have been whooping cough, 8 47, measles, 5 21, diphtheria, 4 11, scarlet fever, 0 48, but it should be added that the cases of whooping cough and measles admitted to hospital are selected, and those of diphtheria and scarlet fever are not

It is pointed out that while, *a priori*, isolation should be an effective procedure in the control of epidemics, in practice it is not so successful, owing to the fact, in whooping-cough, that the early catarrhal stage is the most infective, and that by the time the "whoop" appears infectivity is much diminished In consequence the practice of segregating only definite cases has little influence on the spread of the disease Hospitals, therefore, must be considered as concerned more with treatment than with prevention of spread In comparison with the average case of scarlet fever, whooping-cough has undoubtedly a greater claim to hospital accommodation Epidemics of whooping-cough tend to alternate with epidemics of measles, and it is improbable that the peak requirements for the two will coincide When measles is prevalent however, accommodation for whooping cough will be inadequate At such times the admission of uncomplicated cases of scarlet fever should be reduced to a minimum The length of stay of cases in hospital might also be diminished In three or four weeks a large proportion of cases are free from infection and from dangerous and serious complications

With regard to immunization against whooping cough the report states that the available evidence suggests that this either prevents or attenuates attacks, but is not yet conclusive enough to warrant the general application of the method "There is little doubt that in the near future the immunizing agent, dosage, and technique will, as in the case of many other infectious diseases, have the approval of all competent medical and scientific opinion Thereafter, since the method of immunization for all diseases is similar, all immunization should be performed by the same authority" In London campaigns for immunization (mainly against diphtheria) are conducted by the metropolitan boroughs It is considered that there is a case for the unification of immunization schemes in London

Other Medical Services

The greater part of the report is occupied by statistical tables affording much useful and curious information One feature is the continual rise in the number of births in Council hospitals and institutions These have increased by more than 50 per cent in five years, from 10,000 in 1931 to 15,500 in 1935 The number of patients seen at the ante-natal clinics has doubled in four years, from 48,000 in 1932 to 97,000 in 1935 Under the district medical service scheme part-time general practitioners during the year made 53,710 domiciliary visits and dealt with 173,218 attendances at the medical relief stations The corresponding figures for medical officers on the staffs of hospitals were 15,960 and 92,181 respectively The examinations carried out in the group and institutional pathological laboratories during the year numbered 441,267, an increase of over 60,000 on the year

Finally, there is the comprehensive organization for getting casualties to hospital The accident ambulances were called out 47,634 times in the year

[1] *Annual Report of the London County Council 1935* Vol iv (Part I) Public Health—General and Special Hospitals P S King and Son Ltd, Westminster (2s 6d)

Meetings of Branches and Divisions

ABERDEEN BRANCH ABERDEEN AND KINCARDINE COUNTIES DIVISION

At the invitation of the directors the Aberdeen and Kincardine Counties Division made an inspection of the new buildings of the Aberdeen Royal Infirmary on October 14 1936 when the medical superintendent Dr J C Knox conducted a party of about one hundred members and their wives round the various departments A most enjoyable and interesting afternoon ended with tea in the lounge of the nurses home On behalf of the Division Dr ROBERT BRUCE thanked Dr Knox and the directors for their kindness

On November 26 1936 the Division met at Stonehaven and Dr R T DUTHIE (Aberdeen) delivered a lecture on Cardiac Irregularities He showed two films illustrating his subject The lecture and films were very much appreciated and a keen discussion followed in which most of the members present took part After tea a Medical Services Subcommittee for the county of Kincardine was formed Drs J W C Fairweather H Grant MacPherson W H Milligan and G H Swapp were appointed members with power to co opt further members if necessary

DUNDEE BRANCH

A meeting of the Dundee Branch was held at University College Dundee on December 4 1936 when the president Professor D RUTHERFORD DOW was in the chair and ninety eight members and non members were present

Professor JOHN FRASER (Edinburgh) delivered a British Medical Association Lecture on Head Injuries in General Practice As an indication of the importance of the subject Professor Fraser pointed out that largely due to the greater use of the motor car head injuries were on the increase and that at the Edinburgh Royal Infirmary not a day passed without one or more cases of head injuries being admitted He approached the subject from the point of view of a practitioner situated away from hospital facilities and compelled to rely on his own resources He explained the need for careful examination of the scalp from the point of view of haemorrhage and sepsis Fractures of the vault were not in themselves more serious than other fractures except in so far as they caused compression haemorrhage etc Fractures of the base were serious not only on account of damage to brain tissue but because they opened up channels of infection The meninges might be damaged with risk of haemorrhage and this might occur on the side remote from injury The brain substance might be involved in various ways by concussion compression by bone blood or oedema or by laceration The lecturer traced carefully the steps that must be taken in assessing damage The degree of unconsciousness must be ascertained by asking name by pressure on supra orbital nerve or by *touching the cornea* Lumbar puncture was valuable in the early stage as giving evidence of blood or pressure but care should be taken to avoid loss of fluid at this stage Later a more complete examination should be carried out and the pressure should be examined with a manometer Sedatives were of value such as the bromide and chloral mixture if the patient could swallow or a suppository of aspirin and codeine The temperature must be recorded on a two hourly chart and the patient watched carefully throughout The fundus should be examined for signs of optic neuritis If in spite of treatment intra-cranial pressure continued to increase the practitioner must be prepared to perform subtemporal decompression preferably on the affected side

Professor Fraser illustrated his address by a number of lantern slides

A discussion followed in which the PRESIDENT Professor R C ALEXANDER Professor D F CAPPELL Dr J M STALKER and others took part At the conclusion Professor Fraser received a very hearty vote of thanks for his interesting address

EAST YORKSHIRE BRANCH

A clinical meeting of the East Yorkshire Branch was held at Hull on November 27 1936 when Dr S F FOURACRE was in the chair

Mr C H CORBETT demonstrated two cases of splenic anaemia treated by splenectomy The spleen in the first (the patient was a woman) weighed 28 oz and the red corpuscles had risen from 850 000 to 2 200 000 in a few weeks after operation In the second case (a male) there was a red cell count of 2 500 000 before operation and it was now 4 300,000 the spleen measured 15 inches by 8 inches Mr Corbett then demonstrated a case of tumour of the sacrum a section of the growth showed it to be a chordoma The tumour had displaced the rectum and bladder Mr Corbett also showed a case of carcinoma of tongue and a case of carcinoma of the mouth both responding well to treatment with radium Mr J HUGHES demonstrated a man suffering from multiple abdominal tumours which appeared to be mucinous cysts of the peritoneum Another case was that of a man who suffered a fracture of the head of the tibia involving the knee joint from which 1 pint of blood was aspirated The fracture had been treated by means of a portable metal extension apparatus devised by Mr Hughes and which permitted of movement of the joint from the beginning of the treatment

Dr D C MUIR showed a man who suffered from rheumatic endocarditis pericarditis and rheumatic pneumonia He had large rheumatic nodules on both elbows and on his occiput

Dr JEAN M BARROWMAN demonstrated a case of pernicious anaemia which had recently come into hospital with the latter being reduced by pancreatic abdominal [illegible] two cases were both members of the same family [illegible] aged 50 and a sister aged 45 Both were [illegible] Friedreich's ataxia

Dr W MORTON showed a man suffering from diabetes mellitus who had early developed hyperglycaemic and hyperglycaemic coma and who was now being controlled by three units of protamine zinc insulin (neo insulin retard) and fifteen units of insulin daily

Dr D I MCRAE TOD demonstrated a case of a woman aged 48 suffering from progressive myositis ossificans and a typical case of osteitis fibrosa cystica

After being entertained to light refreshments the members of the Branch were shown numerous lantern slides and films by Dr R HEPMON The cases shown included secondary deposits in bones from a carcinoma of the oesophagus from mammary carcinoma carcinoma of the prostate periosteal sarcoma and some of the cases from other members of the staff—the chondroma pyaemia myositis ossificans and osteitis fibrosa cystica

After a discussion on the cases Dr L L LYNN proposed and Dr J E BANNEN seconded a vote of thanks to Dr [illegible] had demonstrated the cases and to the [illegible] staff who had helped to make the meeting [illegible]

GLASGOW AND WEST OF SCOTLAND BRANCH CLUB DIVISION

At a meeting of the Glasgow Division held at Glasgow on December 1st 1936 with Dr JAMES COOK in the chair consideration was given to the Maternity Services (Scotland) Bill All practitioners in Glasgow had been invited to attend the meeting

After a few opening remarks by the chairman Dr J F LAMBIE gave a resume of the provisions of the Bill and indicated that in certain quarters a fee of £10 had been suggested as a suitable remuneration for practitioners under the Bill A full discussion followed Dr J INGLIS CAMERON emphasized the importance of looking at the problem as a whole Private practitioners would never gain an interest if they showed their willingness to co operate with the [illegible] health side of the profession It was most essential that the profession should work towards the day when the profession as a whole would be able to express its opinion to the politicians and to the central and local authorities whose duty it was to organize the medical services A series of questions were then asked and answered and a prolonged discussion turned round the question whether it was desirable to move any formal resolutions at the meeting Dr LAMBIE expressed his willingness and desire that the meeting should be regarded as purely educative in character in view of the fact that no concrete proposals had yet been put forward No formal resolution was adopted

HERTFORDSHIRE BRANCH BARNET DIVISION

A meeting of the Barnet Division was held at [illegible] on December 8 1936 when Dr N G THOMAS [illegible] chair

Sir STEWART DUKE ELDER gave an address on Focal Infection and Allergy with Special Reference to the Eye He said that it was on those difficult cases of inflammation of the eye which showed no obvious bacteriology or pathology that he wished to lay special emphasis The suggestion sponsored by Cohnheim and Rosenow that the conditions were due to a temporary bacteriaemia was discarded in favour of the allergic view The eye shared in the general systemic infection and in the event of a further systemic infection which was not pathogenic to the rest of the body the eye being sensitized

had been treated in the surgical out-patient department, and it is estimated that the expenditure involved in treating these cases was about £3,000, although the compensation recovered did not amount to half this sum The constructional work connected with the maternity pavilion and the new nurses' home was now well advanced, and it was hoped that these buildings would be occupied before the end of 1937 The total cost of this extension scheme would amount to approximately £500,000 The appeal issued in 1930 had produced nearly £300,000, but it would now be necessary to reopen the appeal for the further amount of £200,000 required, and for this purpose the managers had appointed an appeal organizer

Diphtheria in Edinburgh

The incidence of types of diphtheria among 625 cases and carriers from 1932 to 1936 has been investigated by Christison, Wright, Shearer, and Pearson They point out that the case mortality in hospitals of the Metropolitan Asylums Board in 1889 was 40 7 per cent, falling to 22 8 per cent in 1895 The corresponding figures for Edinburgh on these dates were 27 1 and 20 7 per cent With the introduction of antitoxin in 1894–5, the mortality fell rapidly, but within the past few years epidemics with a high death rate have been reported in various parts of England, and since in these epidemics there was often a lack of response to antitoxin, the homogeneity of the toxins produced by different strains of the diphtheria bacillus has been questioned The present workers found that 25 per cent of the strains of bacilli occurring in Edinburgh could not be included in the gravis, mitis, and intermediate types, and they adopted a classification into six types, although clinically the cases were classified as severe, moderately severe, or mild They found that Type II strain had been identified in 59 1 per cent of cases in 1933, but in only 26 9 per cent in 1936, while in contrast the number of cases showing Type IV strain had been practically non-existent in Edinburgh in 1932, but had rapidly increased in the later years Generally speaking, it was found in Edinburgh that the proportion of mild cases was decreasing and that of severe and toxic cases increasing Until the winter of 1935–6 Type II had undoubtedly predominated, while the disease had on the whole been mild It is pointed out that the proportional incidence of the various types differs geographically, for Glasgow had approximately the same incidence of Type II strains as Edinburgh in 1933, whereas in Leeds, Hull, and Berlin there was a high percentage of Type III strains The types also appeared to differ in each area from time to time—for example, in Manchester in 1935 the proportion of Type II strains decreased rapidly coincident with an increase in Type III strains The report points out that there is ample evidence that active immunization properly carried out and adequately controlled by Schick testing can go far towards reducing the morbidity from the disease, and cases of diphtheria among the nursing staffs of hospitals in Edinburgh and Birmingham had been practically eliminated since the introduction of routine immunization In Edinburgh the type commonly found in carriers among school children was Type VI in 60 per cent of cases The writers indicate that the biological relationship which appears to exist between the increasing Type IV in this country and the gravis type prevalent in recent epidemics both in England and Germany seems to show the likelihood of an increase in severity of diphtheria epidemics in the future and the importance of active immunization

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A meeting of the London Jewish Hospital Medical Society will be held at the London Jewish Hospital, Stepney Green, E, on Thursday, January 14th, at 3 30 p m, when there will be a symposium on "Modern Aspects of the Prevention and Treatment of Infectious Fevers to be opened by Dr Andrew Topping Dr Maurice Mitman, and Dr J M McCartney, with the president, Mr Arnold Sorsby, in the chair

Reports of Societies

KALA-AZAR IN THE SUDAN

At a meeting of the Royal Society of Tropical Medicine and Hygiene at Manson House on December 10 a paper was read by SIR ROBERT ARCHIBALD on the epidemiology of kala-azar in the Sudan

Sir Robert said that the first case of kala azar in the Sudan was recorded by Sheffield Neave in 1902, since when definite endemic areas had been found mainly in the provinces adjacent to the Abyssinian frontier Sporadic cases had also been recorded in Southern and Western Sudan The disease had never appeared in epidemic form, the sporadic cases in the Sudan only serving to maintain a smouldering fire of infection with slight periodic increases in incidence in villages and towns in the endemic areas The endemic areas were confined to districts where the annual rainfall was ten inches or more, indicating that the disease bore some relationship to rainfall and humidity, it did not occur in the northern arid areas of the Sudan In the endemic areas a ten inch or more rainfall was usually obtained between the months of July and October, at this period humidity might reach as high as 90 per cent, day temperatures were low and the rainfall varied from 100 to 200 mm or more each month For the remainder of the year the climatic conditions in the endemic areas approached those of Northern Sudan From such data it appeared reasonable to infer that the seasonal incidence of the disease was between July and October, hospital records seemed to support such a hypothesis This short seasonal incidence might account for the absence of the disease in epidemic form in the Sudan No accurate data had been obtained to prove the incubation period of the disease, though experimental infection of monkeys suggested an incubation period of sixty to ninety days In the endemic areas adjoining Abyssinian territory cases of nasopharyngeal leishmaniasis (espundia) had occurred, but cutaneous leishmaniasis (*L tropica*), although looked for, had not been recorded

In the Sudan kala-azar had rarely occurred among Europeans There was no connexion between occupation and disease Data showed the importance of proximity or prolonged contact with cases to be in some way concerned with the problem of transmission In several cases there was a familial incidence of the disease Ambulant cases, not ill enough to seek treatment, were also detected Records showed that adult males and males under 15 were more liable to infection than females

In 1934 a total of 289 cases of kala-azar was recorded, in 1935 the incidence was reduced to 171, probably as the result of better medical supervision, the detection of early ambulant cases, and increased facilities for treatment The formol gel test for the detection of kala-azar had given disappointing results, but used in conjunction with the urea stibamine test it was of value Morphologically and culturally the causal parasite of kala azar in the Sudan was identical with that found in other countries Clinically the disease was similar The causal parasites were usually found with ease in spleen puncture and in smears In the Fung Province parasites were present in the nasal smears of five out of seventeen cases In thirty-five cases, in all stages of the disease, no parasites were seen in 320 peripheral blood films examined In the Kapoeta district in South-Eastern Sudan parasites were invariably present in the peripheral blood The viability of parasites in nasal mucus was proved by animal inoculation Parasites were not found in excised portions of skin taken from six cases

Man was apparently the only host of kala azar Domestic and other animals examined were never observed to be infected Canine kala-azar has not been found in the Sudan Blood-sucking insects, mosquitos, sandflies, Jassid bugs, bed-bugs, fleas, ticks, and lice collected in kala azar hospital wards and kala-azar huts were examined for

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses advanced urology at St Peter's Hospital January 18 to 30 general practitioners course in chest diseases at Brompton Hospital January 25 to 30 gynaecology at Chelsea Hospital for Women February 8 to 20 clinical and pathological M R C.P course at National Temperance Hospital Tuesdays and Thursdays at 8 p m February 9 to 25 children's diseases at Princess Elizabeth of York Hospital February 20 and 21 surgical tutorial classes especially intended for Final F R C S candidates at National Temperance Hospital Tuesdays and Thursdays at 8 30 p m January 12 to March 4 The first fortnight's programme is as follows January 12 Mr A J Cokkinis, Breast January 14 Mr A M A Moore Injuries to Bones January 19 Mr R Y Paton Deformities January 21 Mr C A Joll Thyroid Unless otherwise stated courses and lectures arranged by the Fellowship of Medicine (1 Wimpole Street W) are open only to members and associates

The Joint Tuberculosis Council has arranged a post graduate course on diseases of the chest with special reference to chronic pulmonary suppuration to be given by the medical and surgical staff of the City of London Hospital for Diseases of the Heart and Lungs Victoria Park E from February 1 to 6 The fee is £3 3s and all inquiries should be addressed to Dr William Brand honorary secretary for post graduate courses Joint Tuberculosis Council 8 Christ Church Place Epsom Surrey

A series of post graduate lecture-demonstrations will be given by members of the medical and surgical staff of the General Infirmary at Leeds on Tuesdays at 3.30 p m from January 12 to March 16 inclusive Details will be published in the post graduate diary column of the *Supplement* week by week

WEEKLY POST-GRADUATE DIARY

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W —*St John's Hospital* 5 Lisle Street W C Afternoon Course in Dermatology *National Temperance Hospital* Hampstead Road N W Surgical Tutorial Classes—Tues 8 30 p m Mr A J Cokkinis Breast Thurs Mr A M A Moore Injuries to Bones *National Hospital for Diseases of the Heart* Westmoreland Street W All day Course in Cardiology

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C —*Fri* 4 p m Mr W G Scott Brown Allergy

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C —*Thurs* 2 p.m Clinical Lecture Mr James Crooks Acute Infections of the Ear 3 p m Clinico-Pathological Lecture Dr A Sigrv Present-day Uses of Immunization Out patient Clinics mornings 10 a m to 12 noon Ward Visits afternoons 2 p m to 3 30 p m

INSTITUTE OF MEDICAL PSYCHOLOGY Malet Place W C —*Mon* 5 45 p m Dr Jane Suttie Antecedents of Symptom Formation Instinct Anxiety Repression Fixation Reaction Formation Sublimation *Wed* 6 p m Dr Grace Calver Diagnosis and Therapy 7 p m Dr Laura Hutton Case Histories *Thurs* 5 45 p m Dr T W Mitchell The Newborn Child

LONDON SCHOOL OF DERMATOLOGY 5 Lisle Street W C —*Tues* 5 p m Dr G B Dowling Pityriasic Dermatitis *Wed* 5 p m Dr J Muende Histology *Thurs* 5 p m Dr W N Goldsmith Pigmentary Disorders

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S W —*Fri* 4.30 p m Dr C A Robinson and Mr Martin Oldershaw Pelvic Sepsis in Relation to the Rheumatic Diseases

WEST LONDON [illegible] COLLEGE Hammersmith W —*Daily* 2 [illegible] and Surgical Clinics *Mon* 10 a m [illegible] urgical Wards 2 p m Surgical and [illegible]e and Gynaecological Clinics 4 15 p m Mr Green Armytage Sterile Mating *Tues* 10 a m Medical Wards 11 a m Surgical Wards 2 p m Throat Clinic 4 15 p m [illegible] Smyth on Smith Acute Abdominal Injuries *Wed* 10 a m [illegible] W [illegible]ne 11 a m Medical Wards 2 p m E [illegible] Operations 4 15 p m Dr P Manson Bahr Dysentery and Colitis *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p m Eye and Genito urinary Clinics 4 15 p.m Mr Edgley Curnock Aspects of Dentistry of Interest to the General Practitioner *Fri* 10 a m Medical Wards *Skin* Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic 4 15 p m Dr Maurice Shaw Medical Examination for Life Assurance *Sat* Children's and Surgical Clinics 11 a m Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS —at Leeds General Infirmary *Tue* 3 30 p m Dr R A Veale Some Medical Cases

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND Lincoln's Inn Fields W C —*Fri* 5 p m Mr Laurence O'Shaughnessy Treatment of Cardiac Ischaemia Short Introductory Addre[illegible] by Viscount Dawson of Penn

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ROYAL SOCIETY OF MEDICINE

Section of Therapeutics and Pharmacology —Tues 4 30 p m Special Meeting to consider alterations to regul[illegible]ions of Section 5 p m Paper by Dr Hagedorn (Copenhagen) Protamine Insulinate Followed by Dr O Leyton and others

Section of Psychiatry —Tues 8 30 p.m Paper by Dr R G McInnes Observations on Heredity in Neurosis

Section of History of Medicine —Wed 5 p m Paper by Dr Martin S Spink Gynaecological Obstetrical and Genito urinary Instruments and Practice under the Arabian Empire

Section of Physical Medicine —Fri 5 p m Paper by D G D Kersley Peripheral Circulation in Chronic Rheumatism

Section of Obstetrics and Gynaecology —Fri 5 p m Discussion Relative Values of the Upper and Lower Segment Caesarean Operations Openers Mr W Gilliatt and Mr J B [illegible] Banister Followed by Mr V B Green Armytage [illegible] Aleck Bourne

Section of Radiology —Fri 8 15 p m Discussion Bone Tumours Openers Dr James Bransford Dr R W Scarff and Mr W H Ogilvie

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BIOCHEMICAL SOCIETY —At St Mary's Hospital Medical School Praed Street W *Fri* 5 0 p m Communications and Demonstration

BRITISH INSTITUTE OF RADIOLOGY 32 Welbeck Street W —*Thurs* 8 p m Monthly General Meeting Dr H W Davies Cerebral Arteriography

HARVEIAN SOCIETY OF LONDON —At 26 Portland Place W *Thurs* 8 30 p m Annual General Meeting

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY —At Florence Restaurant W *Thurs* 7 45 p m Annual Dinner

MEDICAL SOCIETY OF LONDON 11 Chandos Street W —*Mon* 8 p m Pathological Evening

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY Royal Northern Hospital Holloway Road N —*Tues* 9 1 p m Joint Meeting with City Division of the British Medical Association Dr F W Price Observations on Diagnosis and Treatment in Hea[illegible]e including a Reference to Child b[illegible]rth

PADDINGTON MEDICAL SOCIETY —At Great Western Ro[illegible]tel Paddington W *Tues* 9 p m Dr J Collen The Work of the Regional Medical Staff

SOUTH WEST LONDON MEDICAL SOCIETY Plimbon Hospital Wandsworth Common S W —*Wed* 9 p m Mr R Hodgson Boggon When to Operate

VACANCIES

ARLESEY THREE COUNTIES HOSPITAL —Temporary A.M O (male) Salary £7 7s per week

BEDDINGTON AND WALLINGTON URBAN DISTRICT COUNCIL —Medical Officer of Health Salary £500 p.a

BIRKENHEAD GENERAL HOSPITAL —(1) Senior H S Salary £150 p.a (2) Second H S (3) H P (4) C O Salary £1 per week Males

BIRMINGHAM CITY —R A M O (male unmarried) for the Tuberculosis Section Salary £400 £450 £500 p.a

BIRMINGHAM CITY EDUCATION COMMITTEE —Part time Aural Surgeon Remuneration £2 12s 6d per session

BIRMINGHAM CITY MENTAL HOSPITAL —J A M O (male) Salary £350 £450 p.a

BIRMINGHAM UNIVERSITY —Whole time Dental Clinical Assistant at the Dental Hospital Stipend £500 p.a

BOLINGBROKE HOSPITAL Wandsworth Common S W —*H P (male unmarried)* Salary £120 p.a

BRIGHTON LADY CHICHESTER HOSPITAL HOVE FOR FUNCTIONAL NERVOUS DISEASES —Senior H P (female) Salary £100 p.a

BRIGHTON NEW SUSSEX HOSPITAL —H P (female) Salary £100 p.a

BRISTOL COSSHAM MEMORIAL HOSPITAL Kingswood —J P S (male) Salary £100 p.a

BRISTOL ROYAL INFIRMARY —(1) Senior C[illegible] H S Salary £150 p.a (2) Senior Obstetric H S Salary £ p (3) Theatre H P (4) Four H S (5) Assistant H S (6) H S to the Casualty Department (7) H S to the Eye Nose and Throat Department (8) Junior Obstetric H S Salaries £50 p.a each

BURY INFIRMARY —(1) R S O (male) (2) H S Salaries £300 p.a and £175 p.a respectively

CAMBRIDGE ADDENBROOKE'S HOSPITAL —Resident Anaesthetist and Emergency Officer (male unmarried) Salary £130 p.a

CANNOCK URBAN DISTRICT COUNCIL —Assistant M O H and Assistant School M O Salary £550-£25 £700 p.a

CANTERBURY KENT AND CANTERBURY HOSPITAL —Hon Radiologist

explained that, while it was now possible to determine accurately the number of "r" units which were being administered, it was impossible to forecast exactly what effect any particular dose would have on the skin of any individual He stated that the common procedure today was to give heavy doses of x rays, well filtered, over a period of three to five weeks, and made it clear that the tendency of patients to omit a day's treatment for various reasons negatived the possibility of accurate dosage He further urged that, wherever possible, patients should be told the truth regarding the malady from which they were suffering, as it was otherwise almost impossible to get them to submit to the suffering and discomfort associated with the heavy doses of x rays required to produce retrogression of a tumour growth

Dr ANGUS SCOTT described in detail a case of chronic adhesive pericarditis Operation failed to relieve the condition At necropsy evidence was found to show that the condition was of tuberculous origin

ANXIETY NEUROSIS

A meeting of the Devon and Exeter Medico-Chirurgical Society was held on December 17, 1936, the president, Dr A HIPWELL, being in the chair Dr H W EDDISON read a paper on "Anxiety"

He said that anxiety was the natural response to an external situation which threatened to become overwhelming, and was the subjective component of a general psychosomatic response which had not yet become differentiated into fight or flight It was thus to some extent analogous to bodily pain, which in its turn was part of a reaction against bodily disorders or threats from within Carrying this conception further, appropriate contrasts in their bodily components might be expected, thus with anxiety would be found general alertness and brisk superficial reflexes, while in bodily pain there might be concentration upon the lesion within and withdrawal from the outer environment It was probable that neither anxiety nor bodily pain was in proportion to the exciting cause Bodily pain might be forgotten in the urgency of an external situation and, conversely, external risk might seem remote in the case of an intolerable internal pain In both the matter was one of balance between the internal and external direction of the psychosomatic response Just as anxiety was a response to a real external menace so could normal everyday situations appear relatively overwhelming and give rise to anxiety when there was failure in the physical health In the old, anxiety and worry were so general and easily aroused as to be almost normal senile findings The elderly became less and less adaptable to the ordinary situations of everyday life, which appeared relatively formidable Treatment lay in preserving strength by reducing the activities, one day in bed each week or fortnight did much in allaying anxiety As opposed to cases with an obvious basis for anxiety the most troublesome were those with no tangible cause but only a dread of impending disaster ready for attachment to trivial incidents To explain this elusive type of free anxiety Dr Eddison referred to two methods of dealing with inconvenient instinctive tendencies—namely, replacement by opposites, and avoidance of the situation likely to evoke the impulse As an example of the first method he instanced the apparently tender-hearted onlooker exclaiming that he would like to horsewhip a fellow who was ill-treating an animal Here the aggressiveness of the onlooker had been evoked, quite unaware that he was making the occasion a secondary situation for his own aggressiveness In illustration of the second method there was the person who objected to watching performing animals because he or she could not endure seeing them ill-treated The fact of ill-treatment being readily assumed, anxiety afforded protection by keeping the person away from a situation which would evoke his or her own primary aggressiveness The external threat to which the anxiety was a response, lay in the danger of unmasking a tendency which the individual was contriving to conceal from himself All phobias had this structure, and mental pain protected a mental tender spot from excessive stimulation From this it would be seen that reassurance as to the present or secondary situation would prove neither helpful nor acceptable to the patient More could be done by a sympathetic understanding that the troubles seemed real to him, but at the same time questioning whether they were the real troubles The patient accepted the physician as an ally, and the unconscious primary situation lost some of its menace Although this involved dependence on the physician it was the next best procedure to a prolonged investigation of the root causes Another troublesome class comprised those who did not feel anxiety in situations justifying it, but who showed later the physical signs of anxiety for a long time In the war many, in spite of their anxiety, stuck to their posts and masked their anxiety behind their deeds working off their emotion coincidently, but afterwards displayed tremors, brisk reflexes, dilated pupils, sweating diarrhoea, and loss of weight Dyspnoea and palpitation occurred in response to any emotional stimulus or call to action The symptoms tended to be obstinate, and thyroid enlargement might be present The speaker stressed the importance of the sequence of events should the subjective emotion of anxiety not be worked off at the time In such cases the physical components would often persist indefinitely or until the cause was unmasked through prolonged and detailed anamnesis No doubt some civilian cases of hypothyroidism were of like explanation Neurasthenia was a vague term, including many of the conditions in which anxiety was associated with depression, apprehensiveness, sleeplessness, and a tendency to fatigue In such cases it was often doubtful whether to place the case under strict observation Anxiety might be the forerunner of melancholia, a condition potentially suicidal and requiring the strictest precautions at all periods of life

Suicidal Tendencies

A decision on the suicidal tendencies should be based on the replies to three questions (1) Had there been recent deterioration in the capacity for mental effort? A slow response was suggestive, neurasthenics were not retarded (2) How did the patient explain his inability to concentrate? Fatigue from worry and loss of sleep was not alarming in itself, but vague reference to "different feelings" in the head or body and hypochondriacal ideas should arouse suspicion Retardation and the appearances of hypochondriacal symptoms for the first time should give sufficient warning of the need for constant observation day and night, but would not be sufficient to warrant removal from home so long as adequate supervision could be ensured (3) This was concerned with the patient's progressive failure to meet the demands of everyday life and his mental attitude towards that failure In the progressive stage there would be an attempt to rationalize the failure and to refer it to himself or herself and not externally Past errors of judgement and all kinds of self-accusation were brought forward to account for the trouble these patients considered they had brought on themselves and on those near to them and all hope for the future was abandoned If this state of mind was accompanied with refusal or inability to discuss hopes and fears for the future the strictest supervision was indicated in a suitable nursing home or mental hospital It was, however, advisable to elicit this loss of hope on two separate occasions, however close together and thus to avoid the charge of magnifying a casual remark Dr Eddison emphasized the importance of remembering that melancholia seldom lasted less than six months, its sudden disappearance suggested that suicide had been decided upon as the only way out Decision as to the ultimate discharge must be based upon the return of the patient's hopes, doubts and fears and willingness to discuss the future The doubts and fears should then be discussed with the nearest relative

NECROPSY AFTER ROAD ACCIDENTS

The great increase of motor accidents has brought with it a need for accurate statistics of causation Professor E Martin and Drs Pechoux and Hamdy[1] point out that an indispensable component of these statistics is the results of necropsy on the victims Public attention, thanks largely to the attitude taken by many periodicals, has been mostly directed to the motorist and very little thought has been given to the possible contribution of the pedestrian or cyclist to the accident Widmark has given figures showing a large incidence of drunkenness in victims of motor accidents and the French authors point out a possible cause which seems hardly ever to be taken into account defects of sight hearing and attention Many victims they say suffer from some condition which contributes even more to their death than the impact of the collision By way of example they cite the case of an elderly woman who died three days after a motor accident She had a large long standing perforation of the left ear drum and the right auditory meatus was completely closed by an enormous plug of impacted wax she must have been almost completely deaf A man of 62 who was knocked down by a tram had an opacity of the left cornea and a right sided cataract both his ears were plugged with impacted wax Out of sixty two victims who came to examination two old men had very fragile arteries two had diseased lungs one was in such a bad state of general health that a very slight injury would have been fatal and another died of appendicitis which flared up because of the injury They recommend that the stomach contents and the blood in the heart cavities of persons who are brought in dead or die soon after admission should be examined for alcohol and suggest that this is a common finding In this country the question of whether or not to hold a necropsy on the victim of a road accident is left to the discretion of the coroner To make an invariable rule that a necropsy must be done in these cases would *throw a heavy burden upon public funds* Nevertheless there is a good deal to be said for it and perhaps still more for enacting in any new legislation dealing with coroners' courts a provision obliging the coroner at the instance of any person who might thereafter be held liable for the accident to direct that a post-mortem examination be held and placing the pathologist's report at the disposal of the court and either party

BCG VACCINATION OF INFANTS

Although BCG vaccination of children was introduced in 1924 it is only within the past few years that carefully controlled experiments have been made to ascertain its real value One of the most important of these is that carried out during the past eight years in New York by Kereszturi and Park The experience of these workers on a total of 690 vaccinated infants and children all of whom were born into tuberculous families indicates that the vaccine is harmless for human beings though when administered parenterally it not infrequently gives rise to a cold abscess that may persist for several months These 690 children were divided into two groups One group comprising 269 infants were vaccinated by the oral route during the first ten days of life The other group comprising 421 infants and children most of whom were less than 1 year of age were vaccinated either intracutaneously or subcutaneously all of these were shown to be tuberculin negative when they first came under observation Control cases 345 and 410 in number were selected to correspond as closely as possible with the subjects in the two vaccinated groups The children have been followed up with great diligence and the results are now presented The tuberculosis death rate in the orally vaccinated group was 1 1 per cent in the control group 2 6 per cent in the parenterally vaccinated group it was 0 7 per cent and in the control group 2 7 per cent Combining these two groups the tuberculosis death rate was 0 9 per cent in the vaccinated as compared with 2 7 per cent in the control group Analysis of these figures showed that the observed difference of 1 8 per cent was 3 9 times the probable error—a difference that might be expected to occur by chance alone less than one in a hundred times Although the control subjects were on the whole exposed rather more frequently than the vaccinated to contact with open tuberculosis reasons are advanced to show that this was not likely to account for the difference in behaviour of the two groups Discussing these results the authors point out that the tuberculosis death rate in children of tuberculous families in New York City is 2 7 per cent during the first year of life while in the general population it is only 0 06 per cent In the children of open tuberculous families it is 7 2 per cent—that is 120 times as high as in the general population In their opinion this mortality is serious enough to justify the routine vaccination—preferably by the parenteral method—of all children born into tuberculous families The data now provided suggest that by this means the tuberculosis death rate could be reduced to one quarter of its present figure By combining BCG vaccination with removal of the infants from their parents until allergy had become established it might be possible to effect an even greater reduction

[1] *J Med Lyon* 1936 17 755
[2] *Amer Rev Tuberc* October 1936 p 437

THE HALF-YEARLY INDEXES

The usual half yearly indexes to the *Journal* and to the *Supplement* and *Epitome* have been prepared and will be ready shortly they will however not be issued with all copies of the *Journal* but only to those readers who ask for them Any member or subscriber who desires to have one or all of the indexes can obtain what he wants post free by sending a post card notifying his desire to the Financial Secretary and Business Manager British Medical Association House Tavistock Square W C 1

We regret to announce the death in London of Dr David Fraser Harris formerly professor of physiology in Dalhousie University Nova Scotia

lococci and *M catarrhalis* The blood pressure was 105/65 mm Hg, and nothing abnormal was found in the urine At the start of the illness there was a slight constipation

The patient was kept in bed from the start and given 5 grains of aspirin twice daily Four pints of liquid in the form of tea, orangeade, or lemonade with much sugar was given each day, together with a diet poor in protein and rich in carbohydrate From the eighth day, when the first signs of resolution were observed, ammonium chloride was given as an expectorant, together with caffeine, to stimulate the circulation

If I compare this history of influenza with the experiences of the epidemic of 1918–21 there are some differences and some points of similarity One of the clinical differences is the appearance in this case of a tonsillitis at the beginning and end of the illness In the epidemic of 1918 I invariably observed the appearance of *H influenzae* in the sputum and also cultured it from the blood, lungs, glands, and other remote organs in those cases where a post-mortem examination was made

As in this case we observed the sudden onset with bronchopneumonic symptoms, which in severe cases rapidly led to death from heart failure In other cases death occurred after the second week Post-mortem examination of these cases showed that there were widespread foci of congestion, which in many cases almost amounted to abscess formation, in much larger areas of the lungs than could be discovered by clinical examination There were also distinct areas of empyema, which not only were situated on the base of the lung but were also frequently interlobar Any active interference by puncture or other method was extremely dangerous, and was therefore avoided, as it usually proved fatal Streptococci and pneumococci were found in the later stages, together with *H influenzae*

Large doses of camphor oil given by intramuscular injection as "depot doses" or treatment with cardiazol, digitalis, or caffeine from the beginning proved to be useful in combating the heart failure Toxic symptoms such as nasal and skin bleeding were frequently observed The intake of large amounts of liquid with much sugar may have had the effect of diluting the toxins and of replenishing the loss of water in the circulation The sugar has perhaps a useful influence on both liver and heart muscle Quinine and salicylates were used at the beginning, but had no more effect than any other type of specific or unspecific treatment—I am, etc,

London, W 1, Jan 4 ERNST FRAENKEL

Blood Transfusion Fatalities

SIR—In the correspondence in the *Journal* following my report of six fatalities from blood transfusion (*Journal*, 1936, **2**, 1186) there are requests for further information, and many points, some directly arising from my paper, are raised

These cases were collected at Guy's Hospital while I was a medical registrar there The preliminary tests and the operations were performed by house officers with the following experience in two cases, at least fifty previous transfusions in one case, two previous transfusions, in three cases between ten and thirty transfusions With regard to technique, in all these cases the blood was taken into citrate (two to three ounces of 3 8 per cent sodium citrate) in an open glass beaker immersed in hot water and transferred immediately to the recipient by tube and funnel Unfortunately the case records do not give any indication of the rate at which the transfusions were actually given in these six cases The custom at the hospital at this time was to take between twenty and forty minutes to run in a pint of blood

Mr Wilfrid Adams refers to the risk attached to transfusions in cases of peptic ulcer or neoplasm of the alimentary tract If any conclusion can be drawn from five such fatalities (the sixth case was clearly the result of mistaken grouping), it is to be noted that in each case the haemoglobin percentage was under 40 and the anaemia was of some duration In so far as patients with peptic ulcer or malignant disease of the alimentary tract may have secondary anaemias of this severity and chronicity, I should regard them as bad risks for blood transfusion in the light of these experiences The risk is not nearly so great in cases with recent haemorrhage and anaemia, probably because the question of cardiac efficiency is of less importance in these cases Six fatalities in two and a half years are rather alarming, but it should be mentioned that at this time (1930-32) about 500 to 600 transfusions were being given each year at Guy's Hospital, making a total of 1,500 to 1,800 in the three years covered These figures are only a very rough estimate based on incomplete returns, so that they cannot be used for giving a percentage mortality In the last three years the number of transfusions per year has fallen

Referring to Case IV, with mitral stenosis and haemolytic anaemia, I entirely agree with Dr Vaughan Facey that a very much smaller quantity of blood should have been given, and preferably none at all I do not wholly agree with another statement of his that 'reports of cases that have been transfused by inexpert operators can do nothing but confuse the issues" Throughout the country many transfusions are being performed by less experienced men and under less suitable conditions—of the results we never hear—and unless fatalities are put on record blood transfusion will continue to be used as "a harmless tonic," which it certainly is not

As Dr Vaughan Facey says, it is within the experience of most of us that patients have received repeated transfusions from the same donor without ill effect, but that severe reactions do occur is shown by Case V (I was not able to find any other record of such a fatality) and the references I gave in my paper As it is presumably a question of anaphylaxis one would not expect shock to occur in every case, or possibly in more than a few cases The time element may be important In the published cases the intervals between transfusions varied from fourteen days to eighteen months I would, however, make a very strong plea for cross agglutination tests before each transfusion from the same donor—a practice which is not at all general

Several correspondents stress the importance of running the blood in very slowly, especially in cases of heart disease and chronic anaemia, and with this I am in entire agreement The time taken must, however, be within the limits of the technique employed With longer than forty five minutes by the tube-and-funnel method the risk is run of too great a fall of temperature of the blood after it has traversed the length of rubber tubing, of coagulation, and possibly of other changes in the blood From this point of view it would be interesting to learn the results of the slow-drip method mentioned by Dr F Graham Lescher, and of continuous drip transfusion (after Marriott) in a large series of cases The mortality of blood transfusion is so low (1 to 2 per 1,000 in published figures) that the results in a few hundred cases are of little statistical value

In both Cases II and III the reaction started two hours after completion of the transfusion It is difficult to believe that if the blood had been run in at half or twice the speed it would in any way have altered the severity or incidence of this delayed reaction The ill effects of giving blood too rapidly can be due either to the sudden increase of blood volume causing embarrassment of the right side of the heart or to high concentration of such factors as produce reactions The mechanical effect of increase of blood volume would give symptoms during the course of the transfusion Is it possible that the concentration of "anaphylactic" factors occurring in a very rapid transfusion would give such a delayed reaction two or more hours after cessation of the blood flow? Again, it is more probable that symptoms would develop during or immediately after the procedure It seems

severe cases is present even at rest, but in milder cases is noticed on slight exertion or emotional disturbances Sensations of heat that may be accompanied by a visible flush are complained of by the younger patients especially, and though most marked in the face, neck and upper thorax may be accompanied by an uncomfortable feeling of heat throughout the body The cardiac impulse is forcible and suggests a vigorous and rapid action of the heart It may be palpable all over the praecordium The apical impulse is diffuse, and can be felt outside the normal position even in the absence of cardiac enlargement In severe or long standing cases slight cardiac enlargement occurs, but if marked is indicative of some complicating factor such as hypertension or a valvular lesion The heart sounds are loud and sharp and systolic murmurs at the apex and base are usual The rate of the heart is rapid and varies with the severity of the disease rising to 180 per minute or over, but more commonly rates of 100 to 120 per minute are found

The heart's action is usually regular but if the disease is very severe in younger patients, or even if only mild in the older, auricular fibrillation is likely to arise With the onset of auricular fibrillation congestive heart failure results and life is endangered Previous to the onset of established fibrillation, paroxysms of auricular fibrillation or of auricular flutter, and extrasystoles, may occur The systolic blood pressure is usually raised and the diastolic normal, so that the pulse pressure is increased

Loss of Weight and Other Signs

The body weight and the rate of change in weight are valuable guides to the severity of the disease and to its activity So long as loss of weight continues the disease is active, cessation of loss and commencement of gain are indications of a remission In severe cases the loss of weight is rapid and striking several stones being lost in a few months In milder cases there may be no loss of weight at any time but those patients who show some of the signs of the disease but are persistently overweight must be carefully considered for in them the thyroid disturbance is not, as a rule the only cause of their ill health

Exophthalmos may be absent in the younger as well as in the older patients, but in the latter is more often slight in degree It is usually bilateral, but is frequently more marked on one side It may be so extreme as to dislocate the eyeball It may vary in degree from day to day, but when established is the most persistent sign of the disease, often remaining when recovery is otherwise complete Even when no proptosis can be demonstrated the eyes appear to stare abnormally This is due to retraction of the upper lid, which is the most common of the eye signs Excessive lachrymation contributes to the shining appearance of the eyes, other eye signs that may be present are infrequency of blinking lack of wrinkling of the forehead on looking upward lagging of the upper eyelids when the eyes are turned downwards, and difficulty of convergence on looking at a near object

Glycosuria is common at some time in the course of the disease, but there is no elevation in the value of the fasting blood sugar, it is not indicative of diabetes mellitus disappearing with recovery from the thyroid disease Diabetes mellitus may be present in addition to hyperthyroidism but not more frequently than in any other group of patients

Medical Treatment

The disease may subside and recovery be complete on medical treatment alone Even if surgical treatment is required the safest time in which to operate is when the activity of the disease has subsided and a remission is established The object of medical treatment is therefore to bring about a remission, and such treatment should be carried out even if the need for surgical treatment in addition is clear

Rest—Rest is the most efficient method of treatment, and it must be physiological as well as physical rest and rest for the mind as well as for the body This should as a rule be carried out in a hospital or nursing home not only because of possible exciting causes due to incompatabilities and worries in relation to the home or relatives but also because the mental unrest and irritability that result from the disease have usually been productive of friction and irritations even if these were absent before the onset Complete rest in bed is desirable at first in all cases It may have to be continued for weeks or months in the severe cases and in those with congestive heart failure but in the milder cases should be relaxed after a few days or weeks since its continuance unduly may be productive of unrest, both physical and mental The surroundings must be cheerful and the nurses and attendants agreeable

Diet—In view of the increased metabolism the diet should be a generous one well balanced and containing ample fresh food and vitamins The appetite is usually good, and no difficulty is experienced in getting the patient to take sufficient nourishment, but in a few instances it is poor and such patients require much skill and experience on the part of the nurses to get them to take enough food to enable the loss of weight to be checked Sleep is usually good but for the mental restlessness in the day time it is advisable to give a sedative and luminal in doses of half a grain (32 mg.) or 1 grain (64 mg.) two or three times a day is satisfactory It hypnotics are necessary, chloral or paraldehyde is suitable

Infections especially of the teeth tonsils and sinuses should be sought for and the patient's business and domestic affairs explored for sources of worry

Iodine—Considerable improvement usually results from the rest and other measures The tachycardia subsides the nervousness and restlessness diminish, and an estimate of the severity of the condition is obtained In some cases such measures alone suffice after one or two weeks to check the activity of the disease and a remission sets in with steady improvement and gain in weight In many, however the improvement is slight and temporary and iodine should then be prescribed This will produce a further improvement and should be given in doses of 10 minims of Lugol's solution or of liquor iodi simplex (*B.P.*) three times a day or in the form of potassium iodide 1½ grains (0·1 gramme) three times a day The full effect will be seen at the end of about ten days and the dose can then be reduced for prolonged administration small doses (5 to 6 minims daily) should be given In most cases either rest alone or rest and iodine will cause a remission and steady improvement will continue This may go on to recovery or more usually a stage of partial recovery only is reached and a mild but chronic condition sets in

Indications for Surgical Treatment

If after six months of efficient treatment it appears unlikely that complete recovery will ensue some method of reducing the amount of functioning thyroid tissue should be employed—either thyroidectomy or irradiation Irradiation takes several months to produce its effects and is therefore unsuitable for the more severe cases or

suspended vaccines locally injected in the more severe

In the same issue of the *Journal* Dr T Stacey Wilson, in his admirable "Manipulative Treatment of Fibrositis," showed that he had reached conclusions as to the pathology of fibrositis which were identical with my own, though attained by quite a different approach

Those who give whole-hearted loyalty to the focal theory will no doubt find such an extension of it as irritating as Dr Gordon's "metabolites"! But until Dr Gordon can give more definite evidence regarding the chemical nature of such "metabolites" I shall still feel that my own is the safer heresy—I am, etc,

G LAUGHTON SCOTT

London, W 1, Jan 1

Nervous Complications of Treatment by Gold Salts

SIR—Dr Graham Lescher's article on nervous complications following treatment by gold salts in the *Journal* of December 26, 1936 (p 1303) is of great interest in view of the increasing use of gold in the treatment of rheumatoid arthritis Perhaps an experience of mine with myocrisin would be of interest in the light of this article

A female patient with a history of rheumatoid arthritis of many years' duration was treated with myocrisin (oily suspension) intramuscularly in doses of 0 01, 0 01, 0 05, 0 1, 0 2, and 0 3 gramme at weekly intervals Following each injection she was given a drachm of calcium gluconate The first course was started in January, 1936, and no reaction, complication, or untoward symptom was experienced After an interval of four to five months a second course of injections of myocrisin of the same strength as before, but with a longer interval between the injections, was given A short time after the last injection of 0 3 gramme the patient experienced (*a*) great mental agitation, depression, apprehension, and fear of some unknown calamity, (*b*) insomnia, (*c*) excessive flushings and sweating, (*d*) fatigue, (*e*) twitching of muscles of trunk and limbs, called rigors by patient, (*f*) a choking feeling in the throat, with a stridulous inspiratory sound similar to laryngismus stridulus in children This cleared up after one dose of veronigen

I did not associate these symptoms with a gold reaction at the time, and would welcome Dr Graham Lescher's observation on the case Incidentally the rheumatism was much improved by the treatment—I am, etc,

H HUGHES JONES

Nevin N Wales, Dec 30, 1936

Scurvy

SIR,—In the jubilee number of *Guy's Hospital Gazette*, in Dr J M H Campbell's "History of the Physical Society," Sir William Hale-White is quoted as saying many years ago with reference to papers read in the early days of the society, "Scurvy was often mentioned, for it was then a terrible scourge, but probably now not a single one of you has ever seen a case in England" In view of the great rarity of this disease the following case is, I think, worth recording

An insured man, aged 48, came to my surgery on April 25 1928 suffering from extensive purpura in both legs, which were oedematous, with severe haemorrhages into both knee-joints The gums were spongy and the mouth foul He was anaemic and looked very ill, and was only just able to drag himself the fifty yards from his home to my surgery He refused to go into hospital I found that his wife had died six months previously, so that he had been neglecting his food and had had no green vegetables or fresh fruits, he was however well nourished I explained his trouble to him ordering him plenty of vegetables and orange juice, with Fowler's arsenic and iron mixture

On May 11 I wrote "He has now had no fresh haemorrhages for some days, but is still very weak" May 25 "Improving, no fresh haemorrhages and old ones fading" June 15 "Looks a different man, healthy rosy colour, still slight oedema of ankles" June 29 'Signed off'

I saw a number of cases in the Balkans during the war, but all were trifling compared to this case, which when first seen was rapidly heading for a fatal termination In private practice one comes across many patients who are "afraid to take vegetables or fruit" for fear of colitis or other digestive troubles, yet they somehow get sufficient anti-scorbutic vitamin to keep them entirely free from symptoms of scurvy, and it is rather astonishing that this man succeeded in cutting off his vitamin supply so successfully as he obviously did It is interesting to note the rapidity with which his very serious condition improved—I am, etc,

A A GREENWOOD, M B, B S

Godmanchester, Dec 28 1936

Cold Treatment for Gonorrhoea

SIR,—British practitioners may be interested to hear the suggestion of a Cairo colleague, Dr Moussalli The local heat treatment of gonorrhoea has given disappointing results, Dr Moussalli suggests cold The gonococcus can be killed by cold even more effectively than by heat and local irrigation of the urethra with a solution at 10° C will produce, without damage to the tissues, a temperature of 15° C, fatal to the gonococcus The heat treatment with a solution at 46° C only produces a local temperature of 41° C, which does not kill the gonococcus As I have no opportunity to test his assertion (that blenorrhagia can be cured in two days) I am writing to you in case your readers may be interested to try out this method

Dr Moussalli has also devised a very useful instrument for the coagulation by diathermy of the mucous membrane of the uterine cervix This he demonstrated at the Congress of Surgeons of Paris in October, 1936 It is a two-point (platinum points 3 mm apart) electrode, using a diathermy current at 300 to 500 milliamperes, capable of being rotated under control with a corkscrew like guide, so that in five or six minutes, with no anaesthetic and by applications of two or three seconds four times for each complete rotation, the whole cervix can be disinfected and in six to eight weeks cured—I am, etc,

H STIVEN M D

Demerdache Hospital, Cairo,
Dec 23, 1936

Consistency of University Examinations

SIR—Professor Major Greenwood (*Journal* December 19, 1936, p 1285) has slightly misunderstood the main purport of my paper The results of my analysis do not of course, in any way invalidate those of Hartog and Rhodes On the other hand they do, I think, provide some reassurance that examinations in university subjects conducted by examiners who are actively engaged in teaching these subjects and who not only mark but also set the papers, are probably not so wildly unreliable as many people seem to think In *Examination of Examinations* results are published relating to particular tests which have been widely and uncritically applied to other examinations of very different type and run on very different lines

I fully agree with Professor Greenwood that, as published, my paper does not give adequate data for statistical purposes Since ninety-seven correlations are concerned

Nova et Vetera

SIR JAMES YOUNG SIMPSON

Dr Douglas Miller's presidential address before the Edinburgh Obstetrical Society at the close of last year was entitled "Thoughts on the Life and Work of Sir James Young Simpson." After a brief description of Simpson's youth and undergraduate career Dr Miller referred to Simpson's early post-graduate training, and in particular to his work as assistant in the department of pathology under Professor Thomson in whose association he found one of the great formative influences of his life. It was here that he formed the Hunterian don't think but try attitude of mind it was here that he developed habits of accurate observation and lucid description and it was Thomson who urged him to turn his attention to obstetrics.

At the age of 28 Simpson was appointed to the chair of midwifery at Edinburgh, and proved to be one of the greatest teachers in the history of obstetrics. He possessed in full measure the qualifications which Osler said the *good teacher must possess—the ability* to bring an atmosphere of enthusiasm unto the classroom a full and personal knowledge of his subject and a sense of obligation which compelled him to be also a contributor. Within a few years the class of midwifery became for the first time in its history the largest in the university, attended daily not only by students but by graduates from all over the world.

CHLOROFORM ANAESTHESIA

The discovery of the anaesthetic property of chloroform was of course Simpson's chief claim to the grateful remembrance of posterity. As a student his sensitive nature had been so revolted by the barbarous cruelty of an operation performed of course on a fully conscious patient that he had seriously contemplated giving up medicine in favour of law as a career. On that day had been formed the resolve to discover a means whereby the suffering which surgery then entailed could be avoided and all his thought and energy were consecrated to this end. From the earliest dawnings of history painless surgery was an ideal that had occupied men's minds and from time to time patients had been made insensible by drugs and vapours of various kinds. No anaesthetic agency, however had been found of sufficient merit to compel general acceptance until on October 16th 1846, Morton of Boston demonstrated the anaesthetic properties of ether in such a way as to convince the medical world. Three months later the first case of midwifery in which a general anaesthetic had ever been employed was delivered in Edinburgh under Simpson's care. This was an epoch-making advance but Simpson was not satisfied that ether was the ideal anaesthetic for his purpose. He wanted, if possible, to find a substance more rapidly analgesic, more portable and less unpleasant to inhale and after further research in which self-experimentation played an important part chloroform was discovered on November 4th, 1847.

SIMPSON'S OTHER ACHIEVEMENTS

Dr Miller then referred in some detail to the more important contributions which Simpson had made to the knowledge both of obstetrics and of general medicine and in particular to his work on delayed labour on puerperal sepsis and on hospital construction. A comparative study of the practice of obstetrics in 1840 when he was appointed to the chair with that of 1870 the year of his death left one with the conviction that with the notable exception of Listerism the advances made during Simpson's professional lifetime were as great in extent and importance as those which had been made since his death *and further that much of this improvement in* the standard of practice was due to his own observations and teaching.

If an attempt were made to analyse those factors other than home influences, which specially *contributed to his* greatness one found that there were three which might be briefly considered. First, an intellect of quite exceptional calibre. His studies on anaesthesia on delayed labour, on hospital construction all gave abundant evidence of originality and of profound thought directed along essentially practical lines. He was at once a master of obstetrical strategy and a brilliant exponent of tactics and technique. The second factor in Simpson's success was that complex quality termed personality of which in this case the chief components were an intense vitality and an ardent enthusiasm. The third factor and perhaps the most important, was his capacity for intense concentration and unremitting hard work. His work had the dual qualities of thoroughness and zest so that whatsoever his hand found to do he did it with all his might. His interest in his vocation amounted to an all absorbing passion so that it seemed to come naturally to him to scorn delights and live laborious days. No one did more than he to establish obstetrics as a science as well as an art but the debt we owed him was to be *measured not only by his contributions to our knowledge* but also and even more by the example he gave of an enthusiasm that never languished and a lifelong devotion to the highest ideals of our profession.

ANNALS OF MEDICAL HISTORY

The last instalment for the year 1936 of the *Annals of Medical History*[1] contains ten main articles in addition to book reviews and the two recent sections of Items of Interest and The Library the latter containing a new letter in John Hunter's quaint spelling from the fine autograph collection of Captain F. L. Pleadwell U.S.N. On the cover there is the portrait of Benjamin Smith Barton of Philadelphia the Father of American materia medica, about whom Dr. W. S. Middleton contributes what he modestly terms a biographic miniature. Professor first of botany and later of materia medica Barton was a naturalist, his name being preserved in the plants *Bartonia polypetala* and *Bartonia superba* and an archaeologist who argued that the North American Indians originally came from Asia. Miss Elizabeth Bixler writes on Joan Baptiste Pussin a forerunner of psychiatric nursing in the qualities of kindness sympathy and good humour at the Bicetre in Paris, where he worked under Pinel whose portrait forms the frontispiece of this number. The subject of psychiatry in art is explored with the aid of thirteen illustrations by Dr. C. E. Trapp and Mary C. Trapp and Dr. H. Silvette in an article entitled "The Doctor on the Stage" discusses medicine and medical men in English drama during the seventeenth century. The history of treatment by digitalis receives due attention from Dr. M. S. Jacobs who recalls the reason why Fuchs in the sixteenth century gave it the name digitalis because *its flower resembles the thimble* used for sewing. In his interesting account of mastoid ectomy Dr. Sonnenschein points out *that it was first performed* in England in 1868 by James Hinton the music author of the *Mystery of Pain* and aural surgeon to Guy's Hospital. In this article a well deserved tribute is paid to Sir Charles Ballance the grand old man of general and aural surgery. The history of foreign bodies in the air passages is set forth by Dr. L. H. Clerf the pulmonary pathology in the Talmud is analysed by Drs. H. H. and T. N. Harris and Dr. L. Goldman's article War and Science deals mainly with Virchow's activities.

[1] *Annals of Medical History*. New Series. Vol. 8. No. 6. Pp. 477–576. Illustrated. Edited by Francis R. Packard, M.D. (Pp. 477–576. illustrated. Volume of six numbers £2 10 single numbers 10s. 6d.) New York: Paul P. Hoeber Inc. Medical Book Department of Harper and Brothers. London: Bailliere Tindall and Cox.

Medico-Legal

ARTIFICIAL INSEMINATION

SOME LEGAL ASPECTS IN THE U S A

The practice of artificial insemination in order that the wife of a sterile husband may bear a child is rare in this country, but has attracted some attention in America Dr Frances Seymour and Dr Alfred Koerner in an article in the *Journal of the American Medical Association* of November 7, 1936 (p 1531) point out a number of legal complications which they think may occur if the method comes into widespread use Naturally there has been no judicial decision on the matter, and conclusions can only be drawn by inference from established principles of law

The authors do not consider that artificial insemination can be adulterous, for by the law of New York State adultery is a physical relationship Nevertheless they insist that the husband should give a written consent in a prescribed form and that the wife should sign on the same form a declaration that she joins her husband in the request for the operation They also insist that both husband and wife shall make a finger-print opposite their signatures

REASONS FOR PRECAUTIONS

These precautions are taken to safeguard the medical practitioners from a subsequent assertion by the wife that she did not know what was going to be done, and in order that the man whom the woman presents as her husband shall be identified They insist on examining the man to make sure he is sterile, this makes it more likely that he is the husband and not some third party whom the woman has introduced in order to procure insemination under false pretences Both husband and wife are required to swear to their written consents before a notary Two copies are prepared, and these are deposited with two separate banks, and forgotten unless a legal complication should arise Under the law of New York State these consents legitimize the child and establish it as the legal heir of the family unit The authors fear that if these papers were not in existence the husband, tiring of his wife after some ten years, might be able to obtain a divorce by showing that he had always been sterile and denying the wife's story that he had assented to her artificial insemination In this country it is doubtful whether a court would grant him a decree He would first have to explain why he had delayed so long in bringing the proceedings He could bring medical evidence that he was sterile, but he would not be allowed to say in evidence that he had not impregnated his wife, for that would be bastardizing an apparent child of the marriage by giving evidence of non-access The wife might also plead that even if she had borne the child by another man, the husband had condoned the hypothetical offence by subsequent intercourse with her Even without such papers, the child of an artificial insemination would in this country be by law a child of the marriage

CONSIDERATIONS IN ENGLISH LAW

The question of inheritance is more important in the United States than in this country, where there is now no heir at-law The child of an artificial insemination could not be disinherited without an action of a quite unprecedented kind, based on lack of knowledge and consent by the husband The American authors consider that the wife of the donor must give written consent to protect her husband from a charge of adultery brought by her It is difficult to see why artificial insemination should be adultery by the donor if it cannot be adultery by the recipient, and in this country it seems hardly possible that a court could rule that it constitutes adultery by either party, for adultery does not consist in the begetting of a child, but in irregular sexual intercourse The chief consideration in English law must probably be the consent of the husband and wife, given with full understanding of the implications of the procedure There will be more likelihood of an action for malpraxis or conspiracy than of a petition for divorce

Universities and Colleges

UNIVERSITY OF LONDON

A course of lectures and clinical instruction for medical practitioners on mental deficiency and allied conditions has been arranged by the University Extension and Tutorial Classes Council in co operation with the Central Association for Mental Welfare, from April 12 to 24 The course will be based on the requirements for the University of London diploma in psychological medicine, and is intended for qualified medical practitioners, more especially for those who are engaged as school medical officers, certifying officers to local authorities under the Mental Deficiency Acts or as medical officers of institutions, or who are otherwise definitely concerned with the care of subnormal or abnormal persons This course constitutes Part I, and has been extended to a fortnight in order that considerable time may be given to practice in mental testing under the supervision of a psychologist Part II, devoted to the problems connected with the retarded and difficult child, formerly held immediately after Part I, will this year be held in the autumn Particulars will be sent out in July The University will grant certificates of attendance to those who have attended regularly, taking both theoretical and practical work All communications should be addressed to Miss Evelyn Fox, c/o University Extension Department, University of London, W C 1

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The course of lectures for 1937 is arranged as follows January 15, Mr Laurence O'Shaughnessy (opened by Viscount Dawson of Penn), The treatment of cardiac ischaemia, January 18, Professor Evelyn Sprawson, Odontomes, January 20, Professor Russell J Reynolds, Movements of the oesophagus, stomach, duodenum, and ileum during the passage of an opaque meal, January 22, Professor A S Kerr, The higher autonomic control of the hollow viscera, January 25 Professor S Zuckerman, Tissue specificity in relation to sex hormones, January 27, Professor S Zuckerman, The interrelation of endocrine and neuro-vascular factors in the menstrual cycle, January 29, Professor Cecil P G Wakeley, The surgery of the parapituitary region, February 1, Professor Philip Wiles, Postural deformities of the spine, February 3, Professor Philippa Martin, The effect on the eye of radium used for treatment of malignant disease in the neighbourhood, February 5, Professor J H Saint, The bipp method of treatment of acute osteitis, February 8, Professor A R D Pattison Cushing's syndrome, February 10 Professor D W C Northfield, Some observations on headache, February 12, Professor F H Bentley Experimental nerve anastomosis, February 15, Professor G E Gask, John Hunter in the campaign in Portugal, 1762-3 (an account derived from the Loudoun letters recently acquired by the College), February 22, Mr David Slome, The nervous factor in traumatic shock All the lectures begin at 5 p m with the exception of Professor Gask's on February 15, which commences at 4 p m

The Services

HONORARY PHYSICIAN TO THE KING

Surgeon Captain L S Ashcroft, V D, R N V R, has been appointed Honorary Physician to the King, as from January 1 in succession to Surgeon Captain J B Ronaldson, V D, who has vacated the appointment

COLONEL COMMANDANT, R A M C

Major-General W H S Nickerson, V C, C B, C M G has been appointed Colonel Commandant Royal Army Medical Corps

Local News

ENGLAND AND WALES

The King's Fund

The King has been pleased to become Patron of King Edward's Hospital Fund for London His Majesty has appointed H R H the Duke of Kent President of the Fund, the appointment of His Royal Highness having been recommended by the Lord Chancellor, the Prime Minister, and the Governor of the Bank of England, in accordance with the Act of Parliament

Research in Dairying

The last annual report of the National Institute for Research in Dairying University of Reading, states that recent activity in the dairy industry has been reflected at the Institute by an increasing demand for advisory services Many requests for information involve minor investigations, and some indeed require thorough and complete research Nevertheless, despite the additional burden imposed by these duties, there has been a considerable output of original work during the twelve months under review, and summaries of forty eight scientific papers are appended to the report It is stated that contagious abortion discovered by blood test reactions and by premature calvings was found to exist in the Institute's herd in the autumn of 1933 After the lapse of a year, despite measures of control the number of infected cows had markedly increased, and it was decided to continue blood tests of all negative cows at monthly intervals and of in calf heifers at wider intervals, and to segregate the negative from the positive stock as far as possible This policy was pursued during 1935, but it is stated that a number of negative animals have become positive, and that several cows have aborted before giving a positive reaction No adequate explanation of the original source of infection has been found, and it is noted that it is ten years since fresh cows were introduced into the herd, while all bulls have given negative reactions to the blood test The problem is being intensively studied with a view to obtaining information which may help towards the eradication of the disease The experimental work of the Institute covers a wide range Recent improvements in the technique of artificial insemination have been studied giving a good proportion of effective results, though it has been found that semen does not remain fertile if kept more than forty eight hours In the course of nutritional investigations it was demonstrated that as a result of feeding cows during the winter months on 2 lb per diem of cacao shell an inexpensive by product of another industry the vitamin D content of the milk was raised to summer level In a comparison of the vitamin D content of butter made from the milk of Guernsey and shorthorn cows living under identical conditions it was found that the ratio of vitamin D secreted was 1 7 to 1 between Guernseys and shorthorns Work is being carried out on the standardization of cheese with a view to replacing the present empirical method of grading by a more scientific procedure

Blood Transfusion Service in Leeds

It appears from an article in the *Yorkshire Post* that notwithstanding a campaign early last year to recruit blood donors for transfusions at the General Infirmary at Leeds and other medical institutions and nursing homes in that city there is still a serious shortage of volunteers The difficulty mainly concerns one group of donors (Group 4 universal), and the position has been worsened by the number of recent resignations from the transfusion service There are nearly 400 donors on the list but only about a third of the volunteers belong to Group 4 Valuable help is being given to the local transfusion service by the Leeds Rotary Club

SCOTLAND

Glasgow Western Infirmary

Colonel D J Mackintosh who has been medical superintendent of Glasgow Western Infirmary for forty four years has now been appointed consulting medical superintendent and his assistant Dr Loudon MacQueen has been promoted to the post of acting medical superintendent Colonel Mackintosh after a preliminary education at St Andrews studied medicine at Glasgow University and graduated M B, C M in 1884 After holding resident posts he was appointed medical superintendent of the Victoria Infirmary of Glasgow when it was opened in 1890 and two years later he was selected for the corresponding position at the Western Infirmary Before the war he had been an active officer in the Territorials and during the war he supervised the military hospitals in the Glasgow area He afterwards received the decorations of C B and C V O and the degree of LL D from Glasgow University in 1912 He has taken an active part in State inquiries into hospital administration and services and has been widely consulted in regard to the construction of various hospitals His *Skiagraphic Atlas of Fractures and Dislocations* and *Construction Equipment and Management of a General Hospital* are well known Dr Loudon MacQueen who succeeds him after an education at Glasgow Academy and Loretto graduated M B, Ch B at Glasgow in 1924 and took the D P H in 1928 During the war he served with the R F A in Mesopotamia After holding resident posts, he became assistant superintendent of the Western Infirmary in 1927, and has held this appointment since that time

Edinburgh Royal Infirmary

The annual meeting of the Court of Contributors to the Edinburgh Royal Infirmary for consideration of the annual report on the work of the institution was held on January 4 The total ordinary income had amounted to £129 020 while the ordinary expenditure had been £169 694 The latter showed an increase over the expenditure for the previous year of £12 996 and it was noted that the ordinary expenditure during the course of the past ten years had increased by £40 000 These figures, it is stated had caused the managers grave concern, especially in view of the enlargement of the hospital, which would preclude any possibility of reduction being effected in the future The principal reason for the increase of expenditure during the past year had been the addition of the new building for dermatological and venereal diseases which was opened last summer The average cost per occupied bed had been over £175 as compared with £167 ten years ago while the average cost per patient per day had been 9s 7½d and the average cost per patient treated had been £8 4s 8d The amount of extraordinary expenditure had been £28 532 of which £20 625 had been on account of payments made for the new department for dermatology and venereal diseases There was thus a total deficiency of £77 006 which however had been met by legacies and special donations for general purposes amounting to £78 639 The number of in patients treated had been 21 568 as compared with 20 695 in the previous year The daily average number of in patients had been 965 5 as compared with 9 6 4 in the previous year, and the average length of stay had been 17 14 days as compared with 17 26 days Of the patients treated 9 506 resided in Edinburgh while 11 169 came from country districts In addition to the patients treated in the wards out patients to the number of 72 543 had been treated an increase over the figures for the previous year of 4 960 and the number of attendances by these patients had reached the total of 379 688 which represented a daily attendance throughout the year of well over 1 000 out patients It is pointed out that the number of cases admitted as the result of motor traffic accidents had been 415 an increase of forty nine over those of the previous year, while a further 587 motor accident cases

became an indefatigable critic of the existing methods pursued by anthropologists, Egyptologists, and classical scholars He published about fifty papers on anatomical subjects, described the brains of living and extinct forms from whales to lemurs, surveyed Nubian cemeteries and royal mummies, became interested in the origin and practice of mummification and the religious beliefs and customs of the ancient Egyptians He spent his vacations with Maspero, director of Egyptian antiquities, Sir Armand Ruffer, Wood Jones and others and began publication of the anatomical reports of 20,000 burials, undertaken by the Archaeological Survey of Nubia Much of our knowledge of ancient customs and of palaeopathology we owe to his astounding energy In 1907 he was elected a Fellow of the Royal Society

In 1909 Elliot Smith succeeded Young in the chair at Manchester He soon became involved with Rivers and W J Perry in the problems of the early origins of magic and religion and of the early migration of man This collaboration led to that gradual unfolding of the doctrine of diffusion of culture from ancient Egypt which brought Elliot Smith into antagonism with so much of existing ethnological and anthropological tenets That vigorous process of thought, with an occasional smashing and devastating blow at existing beliefs made Elliot Smith beloved of the younger men, but anthropologists and historians trained in the ponderous circumlocution of the classical tradition did not suffer gladly He was merciless to "the active privy counsellors of the board of confusion" His belief in the newer inductive methods of human biology ran counter to the traditions of the deductive school of Descartes—helplessly attempting to fit man's activities into the laws of nature

While pursuing these varied lines of work the discovery of Piltdown Man brought Elliot Smith into close contact and occasional differences with Sir Arthur Smith Woodward and Sir Arthur Keith Amidst this welter of work he delivered the Arris and Gale Lectures before the Royal College of Surgeons on the evolution of the brain in 1909, served on the General Medical Council from 1913 to 1919, collaborated with Rivers and T H Pear in the treatment of shell-shock during the great war, fired the Manchester Literary and Philosophical Society with his radical outlook, received the Royal Medal of the Royal Society in 1912, and delivered the Croonian Lectures at the Royal College of Physicians in 1919 on the significance of the cerebral cortex

In 1919 the late Ernest Starling persuaded Elliot Smith to accept the chair of anatomy at University College, London, in succession to Sir George Dancer Thane From 1919 to December, 1932, when he was partially incapacitated by a stroke Elliot Smith threw himself into the activities of the new Institute of Anatomy made possible by the munificent benefaction of the Rockefeller Foundation He put into practice his views on the significance of anatomy Special practical courses in histology, embryology, neurology, and radiological anatomy were instituted Physical anthropology and, to a certain extent, cultural anthropology were taught and fostered Active liaisons were formed with University College Hospital and with the prosectorium of the Zoological Society He scattered his demonstrators to chairs in the colonies, he attracted post-graduate research workers, he welcomed colonial resident magistrates, medical officers, and men of varied interests He championed John I Hunter and Royle of Sydney when they revived interest in the sympathetic system and its surgery He became the interpreter of discoveries in relation to the early history of man He stimulated research in so many fields, and prepared his assistants to profit by the unexpected Dart in South Africa discovered the Taungs ape, Davidson Black in Pekin the Pekin skull He visited America, Indonesia, Java, and China In each place he was the missionary, and was largely responsible for winning the interest of the Rockefeller Foundation in anthropological and anatomical research in China, India, and Australia

His publications in anthropology, Egyptology, and ancient history continued, and he became the centre of many a storm From 1932 until his retirement from the chair of anatomy in September, 1936, he contended cheerfully with much disability As a scientist he rated the honorary Fellowship of St John's College as highly as his Fellowship of the Royal Society His services to the Empire and to the world of science were graciously recognized by the bestowal of a knighthood in 1934 On January 1, 1937, he died at Broadstairs, and was cremated on January 5 at Golder's Green, London

Sir Grafton Elliot Smith by constitution and upbringing was magnificently prepared for the brief largeness of life His intuitive genius was equalled only by his kindness and generosity to the young anatomists, physiologists, and anthropologists on the threshold of a career He was a handsome figure of a man, endowed with charity and good humour, affectionate to the unfortunate, generous to the point of self-neglect To have lived and worked in the closest association with him from 1919 to 1934 was one continuous post-graduate course in human biology in the broadest sense of the term The breadth of his erudition is shown in *Essays in Evolution* (1927) and *Human History* (1930), his provocative acumen in *The Evolution of the Dragon* (1919) and *Elephants and Ethnologists* (1924)

When honours fell thick upon him from various societies at home and abroad he remained the same simple soul, delighted with a story, intrigued by any sign of radicalism in medicine as a whole, ready to discuss the prophecies of Ezekiel and the Psalms or the latest portrayal of tribal customs on the films His boyish interest in all his students, demonstrators, and friends, his regard for the technical staff, his kindness to the man in the street, Twickenham on the day of an International or the university Rugger match, the lecture to a working-class audience, the hand extended to anyone in trouble—these are the things which come to mind His genial qualities and happy family life earned him the friendship of a wide circle of friends, and his innate modesty served as a continuous brake upon some of his younger associates

In saying farewell to Elliot Smith one mourns not only the loss of a great master but the passing of a kind and generous soul whose desire was ever to enrich by laboratory research the wide and cheerful stream of life He was not afraid of being rebuked by the academically minded for encroaching upon foreign ground, for he had too often experienced that though the roots of a solid undertaking may be bitter the fruit may be sweet He had a keen eye for engravings and etchings, and was interested in the first anatomical woodcuts His knowledge of the art of Egypt and Indonesia was unique His familiarity with the voyages and travels of ancient times, his astounding visual memory, his ability to throw life into inanimate objects and bring them into unexpected relations, made a lasting impression on all who were fortunate enough to pick a few of the crumbs which ever dropped from his table

H A H

[The photograph reproduced is by Elliott and Fry, Ltd]

leishmania parasites with negative results Two species of sandflies belonging to the major group, *P squamipleuris* and *P perniciosus* were found in the endemic areas Grey monkeys were susceptible to experimental infection intradermally, subcutaneously, and intraperitoneally, and could be infected by nasal spraying Dogs were infected with difficulty, two series of contact experiments carried out in an insect-proof room showed that the disease could be transmitted from infected to healthy monkeys The epidemiological data obtained indicated lines for the control of kala azar in the Sudan even if the problem of transmission as in other countries still remained unsolved Certain aspects in the epidemiology of the disease in the Sudan afforded a promising field for future research on the problem of transmission

General Discussion

Sir RICKARD CHRISTOPHERS, in opening the discussion, referred to the curious distribution of kala azar which could not be associated with any climatic conditions The Mediterranean type of the disease was different in many aspects from the Indian type and he would like to know to which type the Sudan disease conformed—the feature in favour of resemblance to the Indian condition was the absence in the Sudan of the canine disease He drew attention to the importance of examining sandflies for infections of the proboscis Dr C M WENYON referred to the method of transmission of kala azar He did not think that because viable parasites had been discovered in faeces, urine, and nasal secretions of cases of kala azar that was proof that the disease was contagious

Dr Wenyon also read a communication from Dr ADLER who pointed out that in his opinion contagion, if it ever occurred in this disease was merely an accident He felt that if the transmission was by contagion the disease would be universal and not limited to special areas The association of kala-azar with sandflies of the *P major* group was too close to be accidental This had been his experience in Catania and Naples, while in Crete at Canea only 350 metres separated a kala azar area from another area where it did not appear, and this distance also separated the area where a sandfly of the *P major* group (*P perniciosus*) occurred from the other from which it was absent He did not think that direct transmission of leishmania from man to man or from dog to dog could maintain the disease for any length of time

Colonel J A SINTON remarked that in India long ago it had been noted that the spread of the disease was related to a close association between the sick and healthy and that a removal of healthy families to new houses a mere three hundred yards away was sufficient to check the disease This fact seemed to be more in favour of transmission by an insect with a limited range than by passage of infection directly from person to person Sir JOHN MEGAW, in view of Sir Rickard Christophers's remarks about the possibility of contagion wished to emphasize the strictly local distribution of the disease as distinctly against any such view Dr MANSON BAHR drew attention to the curious patchy distribution of the disease, an explanation of which seemed to be as elusive as those for the irregular distribution of birds Dr J W LINDSAY referred to the distribution of cutaneous and muco-cutaneous leishmaniasis in South America and noted that during the past year or two the practice of examining portions of liver obtained at necropsy from cases which had died of suspected yellow fever had recorded forty one instances of leishmania infection a discovery which appeared to indicate that kala azar was present in Brazil Air Commodore H E WHITTINGHAM said he had recently seen a case of kala azar contracted in the Aden Protectorate in an officer of the Royal Air Force who had not been out of the Protectorate for eighteen months though he had served in India five years previously The sandfly *P perniciosus* was known to occur in Aden Sir ROBERT ARCHIBALD in reply agreed that the Sudan disease appeared to resemble that of India rather than that of the Mediterranean As regards sandflies, he had dissected about twelve hundred and in so doing had not neglected to examine the proboscis No instance of infection with flagellates was encountered As regards the method of transmission he still had an open mind, though he considered that too much emphasis had been given to the theory of sandfly vector

BLOOD PHOSPHATASE IN BONE DISEASE

At a meeting of the Royal Medico Chirurgical Society of Glasgow on December 18th 1936, with the president, Mr G H EDINGTON, in the chair, three papers were given

Dr NOAH MORRIS discussing The Significance of Plasma Phosphatase in Bone Disease and Jaundice said that since Robison's work on phosphatase had been applied to clinical conditions variations in plasma phosphatase had been studied in numerous pathological states especially those affecting osseous tissue The presence of that ferment in the blood might be taken as a rough estimate of its production in the tissues but it was quite possible that an increase might be due to diminished utilization in its place of origin Plasma phosphatase was markedly increased in Paget's disease generalized osteitis fibrocystica moderately raised in rickets, osteomalacia, and bone cancer, and slightly above normal in osteoporosis and osteopetrosis In multiple cystic tumours of bone a great increase in plasma phosphatase might be of considerable assistance in determining whether or not there was over production of the parathyroid hormone, and therefore whether operative intervention was required It was not of much value in the early detection of either Paget's disease or osteitis fibrocystica since changes were generally seen in the skiagram before the phosphatase was increased

An analysis of phosphatase estimations in a group of 500 infants and young children showed that while in a small number of cases the phosphatase was not increased even in the presence of clinical and radiographic signs of rickets there was on the whole a moderate degree of correlation between the height of the plasma phosphatase and the severity of the rachitic condition In untreated active rickets the phosphatase continued to increase and a stationary value might be taken as evidence of early healing The rate of fall depended on the dosage of vitamin D The estimation of plasma phosphatase had a place in the diagnosis of the pre clinical stage of rickets but could not by itself be used to indicate in the individual patient either the severity of the rachitic process or the presence or absence of healing

Phosphatase Estimations in Jaundice

While it was true that the phosphatase was generally very much increased in cases of obstructive jaundice, but moderately raised in toxi infective and within normal limits in haemolytic jaundice Dr Morris said there was such an overlap of figures that the determination of plasma phosphatase was of little value in making a decision as to the nature of the jaundice Clinical data obtained in association with Mr A B Kerr showed that removal of bile by means of a bile fistula might lead to a pronounced increase in the plasma phosphatase without causing a significant alteration in the bilirubin content of the blood It was known that the absence of bile from the duodenum led to a defective absorption of lime Personal experience had indicated that a calcium poor diet caused a marked increase of plasma phosphatase It was suggested therefore that in jaundice and other conditions an increase in plasma phosphatase occurred whenever the retention of lime was insufficient to meet the demands of the osseous tissue

X-Ray Dosage in Cancer

Dr FERGUS L HENDERSON in a short paper on X Ray Dosage with Reference to Malignancy discussed the difficulty in the accurate measurement of x ray doses and

was appointed a member of the Union of South Africa Medical Council in 1928 He retired from his official posts in 1932

HARRINGTON SAINSBURY M D, F R C P

Consulting Physician Royal Free Hospital, and City of London Hospital for Diseases of the Chest

Dr Harrington Sainsbury who died in his eighty-fourth year on December 29, 1936, was formerly well known in the medical world of London as an authority on diseases of the heart and lungs

He was born on May 23, 1853, and after school days on the Continent studied medicine at University College, London, graduating M B Lond, with honours in forensic medicine, in 1879, and proceeding M D a year later He obtained the M R C P in 1881, and was elected F R C P in 1892 Dr Sainsbury was for many years physician to the Royal Free Hospital and to the City of London Hospital for Diseases of the Chest, he was also examining physician for the Royal National Hospital for Consumption and Diseases of the Chest at Ventnor He served for some years as examiner in medicine for the Society of Apothecaries of London

A scholarly writer with a genuine love of science, his best-known works were *Principia Therapeutica*, a book published in 1906, *Drugs and the Drug Habit* (1909), *The Heart as a Power Chamber* (1922), and *The Cardiac Cycle* (1931) The last of a number of papers contributed to these columns was "State of the Artery and the Circulation under the Sphygmomanometer Cuff During Compression,' in our issue of February 2, 1929 Under the name of Hillel Samson he wrote three short romances, two of which were published at the Cayme Press by his son

Dr Sainsbury joined the British Medical Association at the beginning of 1881 He did good work during the war at Richmond and Bermondsey, and at the Military Hospital in Endell Street For these services he received the O B E in 1919

SIR JOHN BLAND-SUTTON

Professor LAMBERT ROGERS writes

It is a very curious thing—and incidentally this phrase was a favourite opening of Sir John's when he was about to refer to something which interested him—that although several excellent accounts of his life and work have appeared there have been but few stories of those personal contacts which might portray his distinctive personality to those who knew him only from the benches of the lecture theatre or from his vivid writings

When in the dissecting-room I was tempted one afternoon by some of my co-dissectors to cross over to the hospital to see Bland-Sutton operating As I had only once before seen an operation performed the whole scene remains clear cut in my memory The patient was on the table, the anaesthetist at work, the assistants and theatre staff grouped around, when very quietly a rather stout little man, wearing glasses button-up boots and a short-sleeved gown which displayed bare arms above his rubber gloves, entered the theatre He had opened the door himself, turning the handle by grasping it through a shield made by picking up a fold of his gown He walked straight to the patient, picked up a scalpel made a single midline incision into the peritoneum, and putting in his little hand—he wore only a size 6 glove—produced a large ovarian cyst and looking up to us remarked 'There it is gentlemen as large as a football' Later it was my privilege to become one of his dressers His teaching was characteristic He never 'spoon-fed' us, but as I realize now tried to instil into us the power of observing H: would come to a patient and say, "Who is the dress of this case?' One of us would reply "I am, Sir Sir John would then say "Read the notes," and he would listen carefully, only very rarely making any comments until the dresser finished, when he would ask him, "What do you think it is?" To whatever reply the dresser made Sir John would say, "We'll see on Wednesday" (or Satur day, these being his operating days) He had, of course, already studied the case, concluded his examination, and formed his opinion, but in not dogmatically discussing the points with us he taught us to observe for ourselves and to correlate our findings with what was displayed by him on Wednesday or Saturday

I do not remember ever seeing him laugh, a twinkle of amusement might just be caught in his eyes at time but this is doubtful, and a fellow dresser with me on... said "He is like a sort of idol his face is always the same" He would stop in the course of the ward round to ask if we had ever dissected an orchid or to present each of us with a little copy of one of Shakespeare's plays, and as he handed me *King Lear* he remarked, "Are you learned enough to read *King Lear*?" I recall a ward sister's consternation when followed by "the firm" he wandered one afternoon into the infants' ward, and after looking at several babies said "They are exactly like little gorillas, Sister"

He often used to tell us not to do as he did, the reason being, I think, that his methods were frequently unconventional, and while safe in his expert hands might have been dangerous in the hands of those who were inexperienced and less familiar with operative surgery As he opened the abdomen with one sweep of his scalpel he would again and again say to those of us around him "Don't you do as I do" When operating on the kidney one day I remember his asking, "Do you ever think when your breakfast kidneys are tough that the animal probably had chronic interstitial nephritis?" Another favourite comment on the kidney was that you could get on without brains but not without kidneys

Bland-Sutton's name occurs in textbooks of descriptive anatomy in connexion with the Y-shaped ligament at the ankle, also known as the fundiform ligament of Retzius, and in connexion with accessory sphenoidal ossicles, which have been termed "ossa Bland-Suttoni" It will be remembered widely in comparative anatomy, in pathology and in surgery but those of us who were his dresser and came near to knowing our great imperturbable chi will remember him with pride, with affection, with wonder for what he was, and with gratitude for having had the opportunity of serving with him

Mr GORDON GORDON-TAYLOR writes

Perhaps a few lines may still be spared to one who was an old assistant surgeon of Sir John Bland Sutton at Middlesex Hospital, and who chances to be in surgica charge of the ward in the hospital which bears the name of the distinguished surgeon whose death we deplore From former colleagues and from other distinguished surgeons who had come under his spell appreciative notices have already appeared in your columns penned in words far more eloquent than mine, but none I think, has done quite full justice to the really extraordinary dexterity, th craftsmanship, and the operative celerity of the man, mor especially in the surgery of the female pelvis, the branc of surgery which, as has already been pointed out by others, he did much to found and which he advanced and adorned

Correspondence

Physical Medicine

SIR—I cordially agree with Dr A Gordon Watson (*Journal* December 19 1936, p 1288) and Dr Alfred Cox (January 2 p 43) that physical medicine like all other branches of medicine, should enjoy university teaching since practice without teaching is in every way disadvantageous One branch radiology has already escaped from this anomalous position with enhanced efficacy and prestige The British Balneological and Climatological Society recommended university teaching in the subjects in which it was interested so long ago as 1897 But I always hoped that the University of London, to which with all external students I was so much indebted, would consent to supply this want After all it is the central university of the Empire, as the new buildings will presently convince us For many years students from all the British possessions have found within its portals the special teaching and qualifications which they required, even in subjects the most recondite and least sought after Facilities were especially offered for the neglected departments of knowledge

I sometimes wonder what would have been the long result if the scheme of teaching that was laid before the Senate by Sir Wilmot Herringham in 1914, and prevented by the war, had gone through I still hope that it may be possible for the University to meet the deficiencies in the teaching of physical medicine That great province includes many nearly independent specialties and branches of practice May I suggest that perhaps the best solution would be to institute diplomas for proficiency in these branches severally The question of the demand for this or that special teaching is beside the point, but rather what is needed Education is not always demanded a supply of materials sometimes creates a demand—I am, etc,

London W 1 Jan 3 R FORTESCUE FOX

Benzedrine

SIR—In your annotation on the use of benzedrine (*Journal* December 12, 1936, p 1204) you state that The drug also causes a rise in the red and white cell counts The increase in red cells produced by the pharmacologically related substances adrenaline and ephedrine is recognized, and in some experiments on guinea pigs (*J Pharmacol* 1936, 56 389) Dr B H E Cadness and I concluded that ephedrine probably causes extrusion into the circulation of erythrocytes leucocytes, and platelets from the storage and haemopoietic centres, including the bone marrow These effects of ephedrine were also observed after splenectomy A single dose of 2 grains (120 mg) by mouth produced in my own blood a rise of erythrocytes from 5,370 000 to 6 230,000 the change persisting for some hours A cumulative effect may have been responsible for the high figure of 10 millions in the case quoted

Dr D M O Connor in his letter (*Journal* January 2, p 43) states that a patient, taking benzedrine experienced increasing difficulty in voiding faeces and urine This symptom is also part of the toxicology of ephedrine In my own experiment about ninety minutes after taking 120 mg. of ephedrine by mouth, an urgent desire to micturate was associated with a painful sensation at the end of the penis and an aching of the testicles which tended to retract into the abdomen Nevertheless it was found impossible to pass any urine, but at the end of three hours the painful sensations passed off and a copious diuresis occurred Similar sensations were experienced by a laboratory assistant after taking 90 mg of ephedrine

The undoubted exhilaration and increased motor and mental hyperactivity were followed by a sense of extreme exhaustion and a rapid pulse It would appear as if nature demanded compensation for the period of artificial stimulation Unfortunately insomnia was a paradoxical and exasperating association of the fatigued state Incidentally the therapeutic stimulating effect of insulin hypoglycaemia in schizophrenia etc may be partly due to the secretion of adrenaline which may continue for some hours (*Proc roy Soc Med* 1936 29, 26) If so this therapy would be comparable to that of ephedrine and benzedrine—I am etc

S LEVY SIMPSON

London W 1 Jan 2

The Influenza Epidemic

SIR—The present epidemic of influenza over the whole of Europe recalls the great epidemic of 1918 At the present time the cases are not of the fulminating type with severe lung complications such as were observed in 1918 under the mental strain and malnutrition consequent upon the long duration of the war

I quote a typical history of a case of influenza which I have observed recently and which shows some special and some characteristic features

The patient was a healthy girl of 16 The temperature chart showed a sudden onset of the illness with rigor and a temperature of 102 F At the same time a focus was observed in the right tonsil which contained fusiform bacilli and spirochaetes only On the next day the patient complained of pain under the sternum and of irritating sneezing and coughing By the third day the temperature had gradually risen to over 105 and at the same time upon percussion a slight dullness could be heard over the right lower lobe The pulse rate at the start was 124 but this had dropped to 90 by the fourth day when a slight nasal bleeding occurred By the fifth day the temperature had dropped to 98 4 Together with the fall in temperature and pulse rate the production of a very scanty rusty sputum was observed in which a few *H influenzae* were found but no pneumococci At the same time the initial symptoms of coughing and sneezing became less marked

The patient was exhausted and became very sleepy the temperature gradually rose again and on the sixth day was 103 5 The pulse rate remained characteristically low and with the decrease in temperature subsided to 60 on the eleventh day by which time the temperature had dropped to 97 and from this time remained subnormal On the fifth day severe nasal bleeding occurred and on the sixth day *fresh blood* was seen in the sputum

At the same time as was shown by the dullness and other signs over the right upper and lower parts of the back the congestion of the lung increased On the sixth day the differential leucocyte count showed the presence of 5 per cent. polymorphs 3 per cent. eosinophils 8 per cent lymphocytes and 6 per cent monocytes On the seventh day the appearance of wet and dry rales together with crepitation over the sites of dullness marked the resolution of the congestion and on the tenth day the rales disappeared

The patient was still very weak and thrush appeared and persisted for a day on the tongue and the left side of the fauces On the eighteenth day after the patient had been out of bed for three days numerous white spots appeared on both tonsils but were not accompanied by any rise in temperature A culture revealed only the presence of staphy

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Nocturnal Cramp

"BETA" writes Forty years ago I was advised by a postman to wear a knee-length woollen stocking in bed This I promptly did, and have not suffered from cramp since then

Income Tax

Income Accruing Abroad

"H," who is at present on foreign service asks whether he and his wife will be liable for income tax, when he is serving in the United Kingdom, in respect of income arising in Australia but not remitted here The income is applied to reducing loans made to 'H' in the voluntary assistance of a relative and in payment of life assurance premiums

*** Assuming that 'H" is not coming to the United Kingdom merely for a temporary stay he will be liable as an ordinary resident to account for tax on the income arising abroad, whether it is remitted or not There is no separate allowance due to his wife, and in effect the two incomes will be aggregated for taxation Our correspondent may, however, be entitled to some relief from this taxation—(*a*) on the amount of the premiums paid to the life assurance company, (*b*) in respect of any Australian income tax paid on the income, and (*c*) some small allowance if the assisted relative can fairly be said to be dependent" on the assistance—but this is unlikely, as the repayments of capital would have to be excluded from the calculation of the assistance

LETTERS, NOTES, ETC.

Motor Car Insurance

Mr L FERRIS SCOTT, F C A (hon secretary, Medical Insurance Agency B M A House, Tavistock Square, W C 1), writes In the *Journal* of December 26 1936, you were good enough to publish a letter, authorized by the Committee of Management of the M I A, in which I set out the revised manner of charging premiums under the Doctors Special Motor Car Policy, which is underwritten only for the M I A at Lloyd's, and the reduced rates charged owing to an increase in the rebate allowed by the M I A and an increase also in the no claim bonus granted by underwriters The Agency has received several letters from members interested and two of the questions which are asked are Is the no claim bonus allowed upon transfer from another insurance company or underwriters? The answer, of course, is Yes —that by transferring to the Doctors Special Motor Car Policy medical practitioners gain advantages and lose nothing The second question is Are the extra premiums charged for certain defined areas necessarily payable in connexion with the Doctors Special Motor Car Policy? The answer is that these are not necessarily payable, and in fact are charged by underwriters under this special policy only where the previous claims experience makes it essential For the rest the extremely low net premiums charged appear to give great satisfaction

Bromide Intoxication

Dr J E J PALSER (Muswell Hill) writes The paper on bromide intoxication in your issue of November 14 (p 957) and 'B P s" inquiry (December 12, p 1242) about the occurrence of this condition in epilepsy, and the experience of medical officers of asylums and institutions for epileptics, prompt me to record the following During an appointment which I held for seven months in 1930 and 1931 on the staff of a mental hospital a middle aged female epileptic imbecile, who had long been receiving the usual doses of potassium bromide, became gradually stuporous developed constant minor twitchings, sank into coma, and died About two months later I came across Wagner and Bunbury's paper (*J Amer med Ass* 1930 95, 1725) which is quoted in the recent paper in the *B M J* and the probable significance of the above case at once occurred to me The same volume of the *Journal of the American Medical Association* contains accounts of bromide intoxication (not quoted in the recent *B M J* paper) on pages 84 (Harris and Hauser) and 826 (Andrews, quoted from *Virginia Medical Monthly*, 1930, 57, 304) At about the same time as the above mentioned case a middle aged or elderly female psychotic (non epileptic, non imbecile) patient, who had been receiving barbitone for a long time, became stuporous and died without definite physical signs of disease It is perhaps difficult in mental cases to tell whether such deaths are due to sedatives or to the mental condition

The Earliest Sanatoria in England

Dr RICHARD J CYRIAX (Leamington Spa) writes Dr George Bodington (1799-1882), of Sutton Coldfield, Warwickshire, is generally, if not universally, recognized as the pioneer of the sanatorium treatment of pulmonary tuberculosis, and if this claim is admitted the institutions in which he carried out this treatment must be regarded as the earliest sanatoria in England His methods, which consisted principally of exposure to fresh air, graduated exercise, and a nutritious diet, were fully described in his book *An Essay on the Treatment and Cure of Pulmonary Consumption* (1840) He was practising them in 1833, but may have done so previously In 1836 he became the proprietor of a private lunatic asylum at Driffold House Sutton Coldfield, and his writings afford definite evidence that during the next few years he received there as resident patients cases not only of insanity but also of phthisis He then rented the White House, Manor, near Driffold House, for the reception only of cases of phthisis, it was ready for their occupation, if not in actual use, in January, 1840 He is known to have received some cases of phthisis at the White House, but closed it in 1842 or 1843, and then devoted himself entirely to his insane patients at Driffold House Driffold House was thus the parent institution, but the White House seems to have been the first to be used *solely* for the sanatorium treatment of pulmonary tuberculosis, and hence to have been the earliest sanatorium in England Both these houses have recently been pulled down Photographs and descriptions of them appeared in the *British Journal of Tuberculosis* January, 1925

False Calls for London Ambulances

Medical practitioners will be glad to know that any person who gives false information which would reasonably lead to the dispatch of one of the London County Council's ambulances is now liable on summary conviction to a penalty up to £25, unless he can satisfy the court that he had reasonable cause to believe that his information was correct This provision has been obtained by the L C C under its General Powers Act of 1936, in view of the large and growing number of false calls, which may have been malicious in origin, received in the last few years by the London Ambulance Service

Corrigendum

Owing to an error in the preparation of Dr L E Houghton's article— Blood Examinations in Pulmonary Tuberculosis" —which was published in the *Journal* of December 19, 1936 "blood count was printed instead of "Bonsdorff count" in the first four tables under the heading "Prognosis"

to be more likely in these two cases that the delayed reaction would have set in whether the operation had taken half an hour or one hour and that the death from heart failure was a direct result of the strain of the reaction on a weakened myocardium

As after a blood transfusion of one pint the haemoglobin percentage only rises by 8 to 12 it seems unlikely that a further factor complicating transfusion reactions is the sudden rising of the haemoglobin percentage of the blood according to Dr Leigh Silver's theory

Professor Baker and Professor Dodds in connexion with a statement of mine on our ignorance in regard to the renal changes in cases of uraemia following blood transfusion refer me to their experimental and chemical study of the question in the *British Journal of Experimental Pathology* (1925 6, 247) I had previously studied this excellent work with great interest and I regret that lack of space did not allow amplification of my statement with reference to their article

It seems to me however that the exact nature of the substance in the renal tubules still has to be determined for although by experimental work in rabbits they produced a similar appearance in the kidney their exact analyses were concerned with a substance in the urine Moreover as these authors themselves say a similar condition should often occur in paroxysmal haemoglobinuria—an objection which they explain in the following words It is reasonable to suppose that in paroxysmal haemoglobinuria and blackwater fever the amount of haemoglobin set free during any one attack is as a rule small compared with that liberated in a patient transfused with incompatible blood To my mind this is an unreasonable assumption Further in some cases of death from uraemia following transfusion showing the typical appearance of pigmented debris in the tubules there is no evidence of haemolysis as shown by jaundice or in one case even by van den Bergh tests (Witts L J *Lancet* 1929 **1**, 1297 De Gowin E L and Baldridge C W *Amer J med Sci* 1934 **188**, 555 Bordley J *Arch intern Med* 1931 **47**, 298)

—I am, etc,

London W1 Jan 4 N S PLUMMER

SIR,—May I correct any misunderstanding that may exist regarding a side issue in my letter on blood transfusion fatalities (*Journal* December 26 1936 p 1333) Transfusion of saline solutions by various methods has of course been used for some time, I believe however the particular method of blood transfusion described by Drs Marriott and Kekwick using more than one donor, to be the first of its kind, in this country or elsewhere —I am etc,

A L LEIGH SILVER

Medical Department Royal Arsenal
Woolwich Jan 3

Prevention of Silicosis

SIR,—If a national industrial health service is ever established silicosis should be one of the first complaints to engage its attention In the mortality tables for 1935 the number of deaths from chronic interstitial pneumonia including occupational diseases of the lung is given as 367, but that modest figure should not be regarded as an index of the harm done by breathing particles of silica

The coal miner is usually exempt from this disease and yet the post mortem appearance of a collier's lungs indicates that millions of particles of coal dust have become embedded in the lung tissue without any obvious disadvantage In spite of popular opinion to the contrary if we exclude deaths from accidents, it cannot be said that a miner's occupation is unhealthy I write from experience, for I practised among them for twenty one years It is true they are shut off from sunlight, but they have many compensating advantages which need not be discussed here In the mortality figures for the various trades and professions the miner occupies a good position The statistics show that he lives as long as builders and commercial travellers The question naturally arises Why can a coal miner have his air cells bombarded with coal dust and take no harm, while a stone grinder ultimately dies from breathing silica dust? The usual answer is that the sharp particles of silica inflict minute wounds in the lung tissue and germ infection follows That explanation is no doubt partly true but it has never wholly satisfied me I believe the immunity enjoyed from coal dust penetration is largely due to its antiseptic properties The bane and the antidote are administered together When wounds are inflicted by silica there is no accompanying germicide

If there is any truth in the suggestion just made obviously it might be possible to prevent the more serious consequences which follow the inhalation of silica particles by the simultaneous administration of a germicide This I believe, could be accomplished in a natural and unobtrusive way by iodizing the atmosphere breathed by workers who, by the nature of their occupation are compelled to inhale dangerous dust I think the plan is worthy of an extended trial in this country and I would also like to see it tried out in one or two of the South African gold mines where miners phthisis takes such a heavy toll of the natives—I am, etc

J A GOODFELLOW

Kenwood Chesterfield Dec 30 1936

Metabolic Factor in Rheumatism

SIR,—Dr R G Gordon in his interesting article on the metabolic factor in chronic rheumatism (*Journal* December 19 1936 p 1243) states his belief that the majority of cases of fibrositis are metabolic rather than infective in origin and are due to minor degrees of thyroid inadequacy and to sympathetic dystonia, both of which conditions favour the deposition of irritating metabolites in certain tissues That he does not indicate the nature of such disturbing bodies seems to imply that he has not isolated them and surely they need to be isolated before they can be considered to hold a causative relation to the commonest of all rheumatic conditions For fibrositis if not universal in its incidence is at any rate so extremely common that its cause is likely to be found among conditions which operate very widely Infection is such a cause and should not be neglected simply because the focal theory of infection often produces disappointing results

I have put forward evidence to explain why the focal theory is of little practical value in the treatment of fibrositis not because infection is ever absent but because the theory is inadequate to account for what is really happening In a short paper on A New Treatment of Fibrositis in the *Journal* of February 15 1936 I suggested that the primary focus is no more than the first stage of the disease the portal whereby organisms gain entry to the circulation and that the appearance of fibrositis denotes the further stage in which they have established outposts in the tissues Such local collections of living organisms are self sufficient and need no reinforcement for their continued existence or eventual spread to other parts I further tried to show that the resolution of such secondary foci rarely takes place without adequate local treatment by means of massage in slighter cases, and by means of oil soluble chemicals and oil

of large infarcts and when anuria is present Treatment can only be symptomatic when the diagnosis has not been established If complete urological examination has confirmed the diagnosis of infarct of the kidney, nephrectomy may be carried out provided the affected kidney has ceased to function and the other kidney is normal When nephrectomy is not advisable or when the infarct, although large, does not interfere with the function of the kidney, decapsulation will often be sufficient for the relief of pain A detailed report of thirty-five cases is given

22 Malignant Tumours of the Testicle

B CHRISTENSEN (*Ugeskr Laeg*, September 10, 1936, p 876) contrasts his own findings with the textbook statements about the incidence of and rate of recovery from malignant tumours of the testicle and epididymis It has hitherto been taught that primary tumours of the testicle, only 3 per cent of which are benign, occur at the rate of about one per 1,500 male patients in surgical wards, and constitute about 2 per cent of all malignant tumours in males Further, it has been taught (Wasserman) that the results of simple castration are so discouraging that less than 6 per cent of the patients survive four years The author's own observations do not tally with these figures In the sixteen-year period 1919–1935, in the surgical wards of the public hospitals in Copenhagen, there were eighty-one patients with supposedly malignant tumours of the testicle among a total of 52,046 adult male patients This is equivalent to one case of malignant tumour of the testicle per 643 male surgical cases During the past eleven years the author has observed in his own hospital eleven cases of malignant tumour of the testicle, an incidence of one per 550 male surgical cases It therefore seems that the present frequency of this condition is considerably greater than it used to be if textbook statements are accepted as true The recovery rate after operation, usually followed by intensive x-ray treatment, was in the author's material relatively high Five of his patients did indeed die within a year of the operation (castration with simultaneous removal of the epididymis and a considerable length of the cord) and one died about four years later, but there remained five who were alive and free from relapse nine, seven, six, and three years, and six months respectively after the operation

Therapeutics

23 Tachycardia

FRITZ FALTITSCHEK (*Wien klin Wschr*, November 20, 1936, p 1432) divides tachycardia into two main groups the functional and those caused by organic diseases of the heart Clinically he distinguishes two forms of tachycardia—namely, the Bouveret-Hoffman type of "tachycardie a centre excitable" in which the attacks may start suddenly and spontaneously with no evident cause, and the "extrasystole a paroxysms tachycardiques," characterized by onset of chains of extrasystoles A more precise classification of palpitations is supplied by the electrocardiogram According to the cause and form of electrotachycardia we distinguish an auricular and sinus T type and a ventricular type The two main factors in treatment are the vegetative nervous system and the specific cardiac nervous system The best results are obtained from remedies which stimulate the vagus while they depress the specific cardiac nervous system Of the mechanical remedies, sino-carotid pressure often fails Acetylcholine and choline are too dangerous when used in effective quantities Emetics such as apomorphine and copper sulphate may prove successful In some cases injections of a 50 per cent solution of glucose may bring about the end of an attack But the most efficient remedies are quinine and digitalis Digitalis stimulates the vagus and depresses the automatic cardiac centres, and is therefore the ideal remedy The dosage, however, must be carefully watched, as large doses of digitalis may give rise to ventricular tachycardia, while large doses of quinine are contraindicated in severe myocarditis

24 Haemorrhagic Nephritis

Z V BÓKAY (*Med Klinik*, November 13, 1936, p 15[illegible] advises the use of an exclusive carbohydrate diet, particularly of sugar, in haemorrhagic nephritis This diet is justified for several reasons It acts as a detoxicating and neutralizing agent It influences favourably the vegetative nervous system and the mineral metabolism It stimulates the function of the liver and increases the diuresis Apart from this, it increases the respiratory and perspiratory functions of the skin The treatment is carried out in the following way (*Med Klinik*, November 20, 1936, p 1592) The patient is given no water at all He is given 250 to 400 grammes of barley sugar or commercial grape sugar a day until improvement occurs, and then is allowed a sugar and fruit diet and a small quantity of water, this to be followed later by a mixed diet The therapeutic results were very good The development of chronic nephritis was prevented and the patients stood the sugar diet very well The author deprecates the use of diuretics In cases of uraemia he advises lumbar puncture He also believes in the efficacy of blood-letting in certain threatening cases In most desperate cases decapsulation of the kidneys may prove a life-saving measure He considers a milk diet superfluous or even dangerous Attention should be paid to teeth and tonsils

Dermatology

25 Kaposi's Disease

M F BLANCO (*Rev med lat-amer*, September, 1936 p 1414) records the case of a man aged 80 who presented the typical lesions of Kaposi's disease or xeroderma pigmentosa Biopsy of a tumour the size of a hazelnut showed the presence of superficial ulceration, atrophy of the epidermis, and infiltration and oedema of the corium associated with very dilated and oedema of the c vera associated with very dilated and thin-walled b vessels The elements of the new growth were fusif and were arranged in bundles with a stroma conta small interstitial haemorrhages The patient was t by radiotherapy, but without any obvious improveme

26 Juvenile Acne

M CARLE (*J Med Lyon*, November 5, 1936, p 693) regards with equal scepticism the old view which attributes juvenile acne to hepatic dysfunction and the recent view which—on the evidence of animal inoculations from the lesions or from the patients' urine—would regard it as due to infection by a tubercle bacillus or tuberculous ultravirus It is certain, he says, that juvenile acne affects an epidermis altered by seborrhoea, that the follicles contain bacilli or cocci—usually *Staphylococcus albus*, and that the lesions appear at puberty, more commonly in females, and then more usually in combination with dysmenorrhoea or ovarian dysfunction It often coincides with dyspepsia, gastric atony, and hypochlorhydria, more often still with chronic constipation Finally, it is possible that acne is most common in those with endocrine disturbance, and is specially associated with morbid utero ovarian conditions, and that in the pre tuberculous acne assumes an indurated and later cicatricial form resembling the tuberculides Carle, in preference to dietetic restrictions and regimes, protein therapy, vaccine therapy, or specific anti-tuberculous medication praises the old methods of treatment, which, aided by fresh air and change, he has found nearly always effective with five or six weeks The patient is strictly enjoined not squeeze or scratch the comedones or pustules At night the patient applies to the papules and comedones, with brush Vidal's lotion (15 grammes precipitated sulp

it would I fear, be asking too much to expect the Editor of this *Journal* with its wide—and hence relatively unspecialized—scope to publish ninety seven correlation tables which would themselves occupy some twelve pages A fuller analysis of the material is in progress under the auspices of the Scottish Council for Research in Education and on completion it is hoped to publish all the relevant data

Whether 'ability' or 'acquirement' is the more important character is a very controversial matter into which I must firmly decline to be dragged As one of my colleagues has put it The examinations seem to be reliable tests but *what* we are examining I don't know I doubt whether this analysis can help us very much to clear up this particular point

May I take this opportunity of correcting several arithmetical errors that crept into the correlations and to apologize for their occurrence

1929-30 medicine/pharmacology r = 0·45 not 0·50 medicine/therapeutics 0·48 not 0·39 surgery/bacteriology 0·54 not 0·59 surgery/pharmacology 0·47 not 0·42 surgery/medicine 0·55 not 0·49

1930-1 pathology/bacteriology 0·50 not 0·45 therapeutics/bacteriology 0·45 not 0·50

1933-4 medicine/therapeutics 0·50 not 0·55 medicine/surgery 0·55 not 0·60

A number of minor errors amounting to less than 0·05 have occurred, but as they do not materially affect the argument it is scarcely worth detailing them here——I am, etc,

Pathology Department University of Edinburgh Dec 29 1936 W GILBERT MILLAR

A Milk Epidemic

SIR—About the middle of November an epidemic of dysentery in Hong Kong was reported under prominent headlines in the newspapers in England Details which have come recently by post show that the epidemic was caused by unpasteurized milk The twenty three patients who fell ill on November 8 and 9 were all drinking unpasteurized milk from one depot of one dairy The epidemic ended rapidly on pasteurization of the milk supply The organism was Shiga's bacillus The cases were almost all young European children There were seven deaths among the twenty-three

About ten years ago there was an epidemic of typhoid in Hong Kong and the medical officer of health was satisfied that it was caused by unpasteurized milk from one dairy It is to be hoped that Hong Kong will insist on the continued pasteurization of its milk supply before a milk epidemic of cholera is added to its troubles and that Bournemouth and other places will sit up and take notice—I am, etc

Hissocks Dec 29 1936 C M HEANLEY

The New Journal Typography

SIR—May I through you be allowed to congratulate the Journal Committee Mr Stanley Morrison Mr Eric Gill, and all others concerned in the very great improvement in the *Journal*? In my humble opinion—as a constant reader of it for many years—the results of the thought and care that have been given towards the improvement are in every way admirable

I suppose that the striking red omega surrounding the staff and serpent of Aesculapius is meant to suggest that the *Journal* will still continue to expound the last word in things medical and surgical—I am etc

St Ives Hunts Jan 3 E W GOODALL

SIR—May I send congratulations on the new and greatly improved appearance of the *British Medical Journal* The changes are to the good in every way, and happen to coincide if you will permit me to say so with a particularly readable and well edited issue of the *Journal*—I am etc,

Par Cornwall Jan 2 CHARLES SINGER

SIR,—You have given your subscribers to day a splendid New Year's gift and as one who has struggled for years with a typographical problem (but without achieving signal results) I offer my heartiest congratulations You have set a new standard and have achieved a brilliant result, it is easy to see that the Times New Roman has outstanding merits but it is quite another thing to employ the new type intelligently and effectively With best wishes for your new format—I am etc

London N W 1 Jan 2 JOHN RICKMAN
Editor *British Journal of Medical Psychology*

SIR—May the editor of a much smaller professional weekly journal congratulate you most sincerely on the new format of the *British Medical Journal*? Only those who have actually thought out a revised lay out know the months of work involved and the amount of co operation required from the printers I personally find the new type attractive and as you say it is so much clearer and larger than the old, though the same sized body is used—I am, etc,

St Martin's Street W C 2 Jan 2 HILARY M BLAIR FISH S R N
Editor *The Nursing Times*

SIR—Those of us whose advancing years are plagued with progressive presbyopia will be deeply indebted to the Journal Committee its board of management and the editorial staff for the changes which have been introduced with the New Year The type is admirable and easily legible even in its smallest form The *Times* has accustomed us to the aesthetic appeal of a plain type for headings, without any frills The *British Medical Journal* has done well to follow its example in this respect May I also congratulate you on the external appearance of the *Journal* the colour and lay out of the cover and Mr Eric Gill's device on the front page being especially effective

I have however one criticism to offer which has nothing to do with the new type On page 33 of your issue of January 2 you print a note for contributors for their guidance as to bibliographical references The system is excellent If we ever have the temerity to write an article with references the number of the volume of each publication is to be inserted What are we to do if we refer to the *British Medical Journal*? Is it not a pity that with this new issue and this New Year the *Journal* has not been issued as a new series this being the first issue of volume Number 1—I am, etc.

Cardiff Jan 2 RALPH M F PICKEN

*** We can only find space for a few of the many letters of congratulation which readers are kind enough to send In reply to Professor Picken's question references to the *British Medical Journal* should give the page number and year, and the numeral 1 or 2 to indicate the half yearly volume of that year—ED *B.M.J*

Obstetrics and Gynaecology

Intra-uterine Pessaries Indicted

33 K NORDMEYER (*Dtsch med Wschr*, November 27, 1936, p 1950) reports from the University Maternity Hospital in Gottingen observations on thirteen cases of illness, due to the intra-uterine pessary, in women whose ages ranged from 20 to 46 years The ailments chiefly responsible for bringing these patients to hospital were haemorrhages amounting in some cases to exhausting metrorrhagia, a vaginal discharge, pain in the lower abdomen, a sense of general ill-health, pain in certain cases pain on micturition, peritoneal sensitiveness, and sterility In as many as nine of these cases a more or less extensive operation had to be undertaken, and only in four cases could conservative treatment alone effect improvement or recovery The most frequent sequel to the use of the intra-uterine pessary was an inflammatory reaction, and only in one case did palpation and the histological examination of material obtained by the curette fail to reveal some morbid change In seven cases more or less severe and extensive inflammatory conditions were found—a febrile endometritis alone or in combination with salpingo-oophoritis, parametritis, and pelvic peritonitis The author refers to a discussion in October, 1935, at a meeting of the German Gynaecological Association in Munich, when it was suggested that that association should express in a formal resolution its condemnation of intra-uterine devices for the prevention of conception, as they are injurious to health and dangerous to life Though the author does not state what the fate of this draft resolution was, he notes that whereas the intra-uterine pessary was at first employed with the therapeutic objects of correcting displacements of the uterus, hypoplasia, dysmenorrhoea, etc, it is now employed almost exclusively as a contraceptive and with the illegal object of interrupting pregnancy The author admits that many women may escape from any permanent ill effects of the intra-uterine pessary, but such negative evidence cannot give the lie to the many disasters that can be attributed to the use of this instrument

Treatment of Obstetrical Haemorrhage

34 E LEVY-SOLAL and M SUREAU (*Presse med*, November 4, 1936, p 1721) have made a clinical and therapeutic study of obstetrical haemorrhage, and distinguish two main types large haemorrhages occurring singly or at wide intervals, and frequently repeated attacks of bleeding The degree of shock which ensues modifies to some extent the clinical aspects In the case of a single extensive haemorrhage the cardiovascular tonc can be quickly restored as a rule by the introduction of a volume of fluid roughly equivalent to that of the blood which has been lost When relief is not thus obtained the vasomotor paralysis can often be dealt with by the intramuscular injection of adrenaline In the rare states when this does not avail and there is general shock the authors advise the slow and continuous injection of adrenaline, this will only fail when there is a previous hepato-renal or endocrine insufficiency which has proved incapable of resisting the new strain on the body due to the massive haemorrhage Repeated small haemorrhages are often associated with placenta praevia, the clinical consequences depend on the length of interval between them and the total amount of blood lost Recovery turns on the ability of the body to restore the fluid volume and the corpuscular content, and deficiency in either of these respects demands the appropriate treatment Among the causes of the ensuing shock must be remembered the traumatic factor, the possibility of hypoglycaemia, and the chance of some endocrine disturbance being present The authors describe the appropriate methods to be taken in the various emergencies, mentioning the value of whole-blood transfusion in conditions which tend to repetition of the haemorrhage They insist on the importance of exact blood-matching, frequent verification of compatibility as regards donors lest serum changes should vitiate the nature of the blood, and the control of discovered serum incompatibilities In cases of obstetrical shock strychnine is a particularly valuable adjuvant of adrenaline since it induces an autogenous secretion of the latter as well as causing vaso constriction The usefulness of adrenaline is sometimes negatived by the previous administration of ergotine, hypotension resulting in consequence of inversion of its action In cardiac cases benefit may be obtained from the exhibition of caffeine, digitaline, or ouabain The best anaesthetic for such emergencies is nitrous oxide, for ether may bring about hypotension, while chloroform depresses the cardiac and vascular musculature

Pathology

Specificity of Cuti-reactions

35 A CORBIA (*Pediatria*, Naples, October 1, 1936, p 869) carried out the Pirquet cuti-reaction with both human and bovine tuberculin on 1,187 children at Sassari, 658 of whom were boys and 529 girls In the boys the reaction were negative with both tuberculins in 70 per cent and positive in 30 per cent, but of the latter in only 82.6 per cent were the tests positive with both tuberculins, while 17.4 per cent were positive with human tuberculin alone (twenty-two) and with bovine tuberculin alone (twelve) Of the 529 girls, 64.8 per cent were negative and 35.2 per cent positive, but of the latter only twenty-nine were positive with both—namely, twenty with human and nine with bovine tuberculin In view of the fact that bovine tuberculosis is practically non-existent in the province of Sassari, Corbia is inclined to believe that the positive results obtained with bovine tuberculin are not connected with bovine infection, but are probably due to special properties of the tuberculin employed

Creatine Studies in Thyroid Disorders

36 G W THORN (*Endocrinology* September, 1936, p 628) applied a modified Richardson-Shorr creatine tolerance to twelve patients with thyrotoxicosis and to seven spontaneous myxoedema In all the untreated cases of thyrotoxicosis there was a mean basal metabolic rate of plus 50 per cent and a decreased creatine tolerance (mean creatine retention of 58 per cent as against 70 to 80 per cent normally), and often the low excretion of creatinine and high creatinuria significantly altered the creatinine coefficient (mg of urinary creatinine per kg of body weight) After iodine therapy the basal metabolic rate fell to a mean value of plus 20 per cent and the creatin retention rose to 70 per cent, with a corresponding fall in the creatinuria, the improvement being probably secondary to the improved metabolic state Four to seven days after subtotal thyroidectomy many patients failed to show further improvement in creatine tolerance although the mean basal metabolic rate fell to plus 5 per cent Later examinations usually revealed improved creatine tolerance and absence of creatinuria Injections of thyrotropic adrenal, cortical, and anterior pituitary growth hormones failed to affect the creatinuria and creatine tolerance in thyrotoxic patients The seven myxoedematous patients had no demonstrable creatinuria, and their creatine tolerance varied from 86 to 95 per cent retention All developed creatinuria within forty-eight hours of the institution of thyroid medication, reaching maximum values in approximately seven days The onset of creatinuria preceded the rise in the basal metabolic rate the loss in weight, and the signs of clinical improvement and the degree of creatinuria were related to the thyroid dosage The author suggests that the appearance of creatine in the urine might be used in assays as an index of the activity of thyroid preparations The degree of creatinuria is useful in determining the dosage of thyroid in myxoedema and in totally thyroidectomized patients

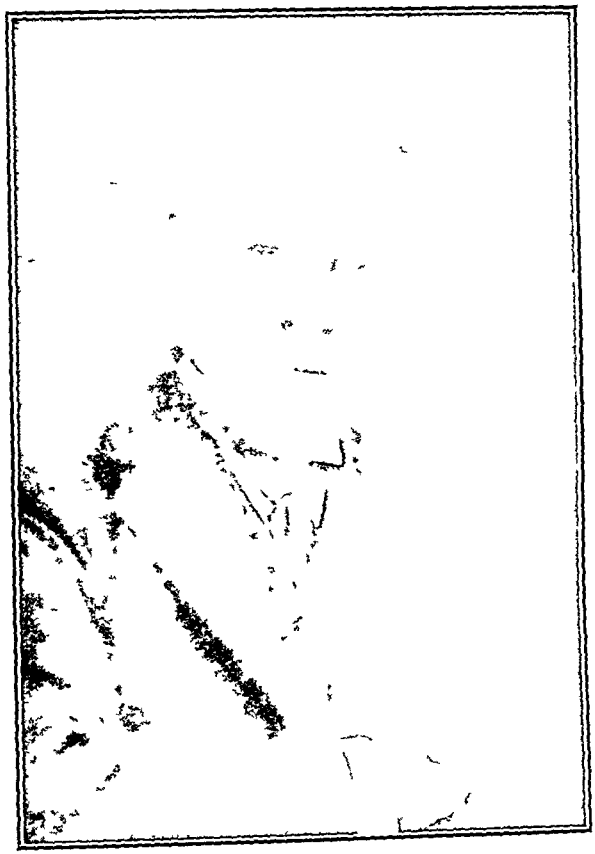
Obituary

SIR GRAFTON ELLIOT SMITH M.D., F.R.S.

LITT.D., D.Sc., F.R.C.P.

Emeritus Professor of Anatomy, University College, London

Grafton Elliot Smith, born at Grafton, New South Wales, on August 15, 1871, was the son of the local schoolmaster, a Colonial of English and Welsh stock. In 1888 young Elliot Smith entered the newly founded medical school in the University of Sydney, where he was fortunate in attracting the attention of Anderson Stuart, the professor of physiology, and J. T. Wilson, the professor of anatomy, two zealous missionaries from the Edinburgh school. Sir Anderson Stuart became the doyen of Australian medical circles, and J. T. Wilson is now emeritus professor of anatomy at Cambridge. After graduating as M.B., Ch.M. in 1892, Elliot Smith held various hospital house appointments, and in 1894, when appointed demonstrator in anatomy, began his active career as anatomical teacher and investigator. His facility, intuitive genius, and flair for the obvious may be seen in the four papers published in 1894. They dealt with a hydatid cyst in a congenital hernia, the significance of certain rare nerve, muscle, and vascular anomalies, and the cerebral commissures of the mammalia with special reference to the monotremes and marsupials.



Elliot Smith was now definitely devoted to anatomical research, and in 1895 he published in addition to his thesis for the doctorate on the anatomy and histology of the cerebrum of non-placental mammals eleven papers dealing with the morphology of the brain. Thus at 24 years of age he established a European reputation which was based on his clear and lucid presentation by text and illustration of the evolution of the cerebrum and cerebellum and of the part played by olfaction. His early associates in Sydney were Sir Almroth Wright, Sir Charles Martin, and Professor J. P. Hill. A goodly company!

In 1896 Elliot Smith obtained the first travelling Fellowship from Sydney University, and came to the British Isles to seek bench space for his research. It says much for Alexander Macalister, then professor of anatomy at Cambridge, that he welcomed Elliot Smith as a research student. Elliot Smith in later years spoke with feeling of the lack of facilities for post-graduate workers in the Old Country. Oxford University would not accept him without the traditional test in Latin and Greek. Fortunately he found the sister institution at Cambridge more easily satisfied. Almroth Wright and Donald MacAlister were then in Cambridge and piloted him through the maze of university and college ritual, so that he was admitted to St. John's College.

During the Cambridge phase Elliot Smith began to revolutionize neurology. He pestered Professor Macalister for a microtome and eventually drove him to such desperation that he thrust his hand into his pocket and threw a handful of sovereigns, recently collected as students' fees, upon the bench. Elliot Smith bought a Cambridge rocker and startled the topographical anatomists by cutting brain sections in the physiology department. At this time the anatomy department housed Macalister, Alexander Hill, Duckworth, and Barclay Smith; the physiology department Hugh Anderson, Gaskell, W. B. Hardy, Langley, and zoology Bateson, Heape, and Brindley; while Sherrington in Liverpool, Mott, Sharpey-Schafer, Horsley, and R. H. Clarke at University College, London, were intensively engaged on the physiology of the nervous system. Elliot Smith pursued his own line of research and from 1897 to 1900, besides publishing eight papers dealing with cerebral morphology, he undertook the preparation of the descriptive catalogue of the brain collection in the Royal College of Surgeons, a work destined to be a monument to his original powers of observation and a source-book for a generation of research workers in anatomy and physiology. His salary as demonstrator of anatomy was £50 a year. In 1899 St. John's College recognized his researches in cerebral morphology by electing him to a Fellowship within three years of his admission to the college.

In 1900 Elliot Smith left Cambridge to become the first occupant of the chair of anatomy in the new Government Medical School at Cairo. The acceptance of this post profoundly influenced his future work and interests. Many would wish that he had continued to work in Cambridge and had confined himself to his fruitful researches in neurology instead of becoming involved in additional spheres of interest. However, Elliot Smith in addition to a missionary zeal was endowed with that type of scientific inquiry and judgement which, to quote Montaigne, is "a tool adapted to all subjects and meddles with everything." During the nine years he spent in Egypt he founded an active department of anatomy, continued his neurological and anatomical researches, and

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In the last fifty years the outlook and methods of British anatomists have been transformed in this transformation—or reformation—Elliot Smith has had a greater share than any other man Nearly all the younger anatomists who have made a mark or who are now gaining distinction are directly or indirectly influenced by his teaching and example He could use scalpel, forceps, and pen as well as any of the older anatomists but to these more primitive instruments of research he added the technical methods which were being developed in microscopical laboratories during his youth He modelled himself on Huxley rather than on Turner

His career has many elements of romance in it It exemplifies one of the many bonds which are helping to give unity to the peoples which form the British Commonwealth It is often said that our King is our only bond, but this is not so there are many others Elliot Smith was born and bred in New South Wales when his State began to build a university in Sydney it picked its professoriate from the home country J T Wilson, who became Macalister's successor in Cambridge went out from Edinburgh to fill the chair of anatomy Under his influence there grew up a succession of young anatomists in Sydney—the most brilliant being Elliot Smith Another was the Sydney John Hunter

Cambridge made the next step in his career possible Fully forty years ago statesmanlike minds of that ancient seat of learning took a step which made their university truly imperial by providing opportunities which made it possible for any budding geniuses of the Dominions to seek development in their laboratories Rutherford was one and Elliot Smith was another of the young men who seized the opportunity thus offered and there were many more

Cambridge supplied a laboratory bench but the subject of investigation and the methods employed he brought home with him No one watching him then unravelling the finer anatomy of the marsupial brain could believe that he was on the right road to throw a flood of light on the structure of the human brain But it was so He had grasped as so few had then done, that evolution was a truth and that the mammalian brain was a real unity, framed and fashioned on the same pattern from lowest to highest, and the lowest and simplest gave clues to the highest and most complex He perceived that the mammalian brain had originally been a small brain This clue he followed with a success which is known to all anatomists

The museum of the Royal College of Surgeons of England provided the material for his next advance It had an unrivalled collection of brains of Primates besides many other classical specimens which had been prepared and studied by that prince of anatomists Richard Owen At the suggestion of Professor Charles Stewart then conservator of the museum, the Council of the College invited Elliot Smith to prepare a catalogue of the brain series The result was a descriptive catalogue which became a classic and is still the best textbook on the mammalian, and especially the Primate, brain

Imperial connexions provided him with his next opportunity—Egypt Soon after his arrival in that country Reisener was exposing the contents of cemeteries which were to be submerged under the water of the Nile above Aswan Hundreds of skeletons of people representing the population of the valley at all stages of its history were being exposed He went there in vacations and was joined by Wood Jones now of Melbourne, and they threw themselves into their work of examination and recording with zest A side issue was a close observation of the evidence of disease and injury The unique collection of pathological specimens illustrating the diseases and injuries of the ancient Egyptians, now in the museum of the College of Surgeons is one of the fruits of the toil of these two anatomists Elliot Smith's interests were too wide to be confined within the limits of strict anatomy He became interested in the civilization of Egypt as recorded in her ancient graves He was gradually led to formulate the theory that Egypt was the cradle of human civilization

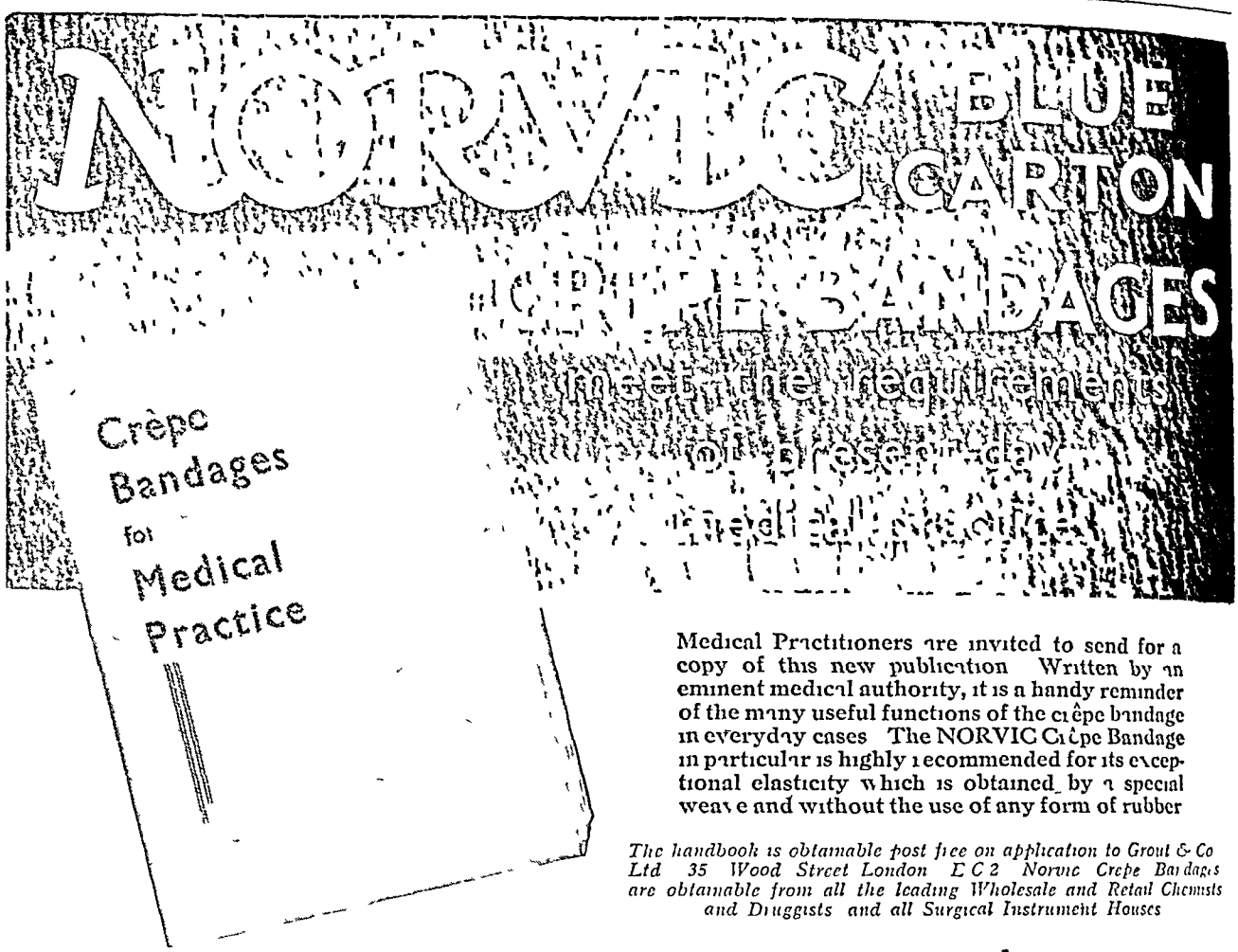
Then came Manchester There he built up a double school—one of neurology the other of human culture—championing the theory that civilization has spread always from a centre And he fought with a bludgeon—for he was Huxleyian in his methods of warfare Then came the last stage—University College London and the building up of an anatomical institute on modern lines Here he developed his two former loves—brain and culture—and added a third—the history of mankind as evidenced by human fossil remains No one ever accomplished so much with so little evidence of hurry or of effort His body and his brain are now dead but his influence and his example will live in our British school of anatomy for many a century to come

J T DUNSTON M D

Late Commissioner for Mental Hygiene Union of South Africa

News has reached this country of the death at Bellair near Durban of Dr John Thomas Dunston for many years medical superintendent of the Pretoria Mental Hospital and commissioner for mental hygiene to the Union of South Africa He was born in Lincolnshire in 1870 and studied medicine at Guy's Hospital where he won an entrance scholarship in science obtaining the English conjoint diplomas in 1899 the M B and B S degrees of London University in 1900 and the M D in 1901 After three years as house surgeon and in special appointments Dr Dunston entered the London County Council Mental Hospital Service In 1905 he sailed for South Africa on appointment as senior assistant physician to the Pretoria Mental Hospital becoming physician superintendent in 1907 In 1914 he was made inspector of mental hospitals under the South African Government and two years later commissioner for mental hygiene His period of duty as commissioner was a most important one in the history of the treatment of mental diseases in the Union

Notwithstanding the many claims upon his time and energy Dr Dunston held various other appointments many of them honorary He was the first professor of psychological medicine in the Witwatersrand University neurologist to the Pretoria Hospital consulting psychiatrist to the Transvaal Education Department and neurologist and psychiatrist to the Transvaal railways he was also for many years consulting psychiatrist to the Union Department of Education and medical inspector of leper institutions The main clauses of the Mental Diseases Act of 1916 had been drafted under his guidance and in all problems of preventive treatment of mental and psychological aberrations he was recognized as a broad minded advocate of the modern point of view The strong attitude he took before the Union Education Commission in 1923 and his advocacy of special classes and special treatment for retarded children are bearing fruit in South African educational policy A man of singularly modest disposition Dr Dunston never sought publicity He joined the British Medical Association in 1911 and



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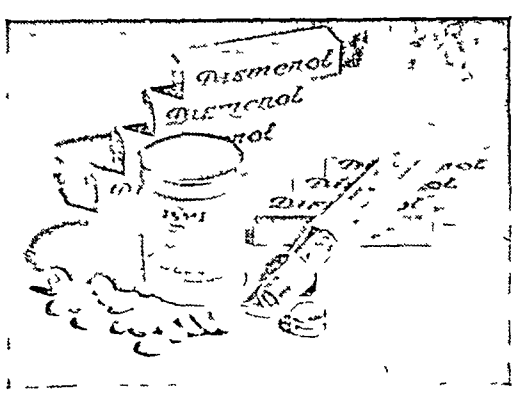
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For many years I rarely missed his Saturday operating afternoon at "Middlesex" he came at 2 o'clock and left precisely at 4, having completed his regular quota of four 'coeliotomies' for conditions as varied as a pathological spleen, a hydatid cyst, a cervical fibroid or a cancerous colon. He would have been the first to insist how much the afternoon's work had been expedited by the co-operation of his anaesthetists, formerly the late H. Percy Noble and in the last fifteen years of his time at Middlesex by his loyal and devoted friend Raymond Apperly. None of his old house surgeons, dressers or the spectators will ever forget his resource, his tricks of technique by which he facilitated the delivery and removal of formidable pelvic tumours, his sang-froid and self-reliance in unexpected crises, his urbanity, and his unfailing courtesy whatever the emergency that might well have alarmed. If celerity at times led to error none could have been more rapid to detect mistake or more speedy to make a quick decision and to rectify. It required courage to open a bleeding extra-uterine pregnancy without anaesthesia in a bed in a private house to withdraw the gravid tube and to clamp it, while preparations were then made to deal more deliberately with the condition, and his success in removing the spleen in severe cases of pernicious anaemia long before the days of blood transfusion and of our present knowledge of medical therapy for this disease made his colleague Dr. Essex Wynter regard surgery as the appropriate treatment for this malady.

Although his warmest admirers cannot be blind to his technical imperfections in the surgery of the upper abdomen when judged by modern standards it must nevertheless be remembered that he was the second British surgeon to perform a successful choledochotomy, and nearly a quarter of a century ago he was practising gastro-duodenal resection for non-obstructive duodenal ulcer. Neither the 'cranial box' nor the 'thoracic cage' attracted him, although he did develop an interest in the surgery of the heart, his interests were centred in the abdominal valise, and he was at his very best in its lower region.

His genius for friendship and for hospitality has been already referred to but his kindliness and generosity to the very junior may perhaps not be so well known, for in many instances his right hand knew not what his left hand was doing.

DR GEORGE HENRY BURFORD who died on January 3 after a brief illness was born at Didsbury in 1856. He had a distinguished student career at the University of Aberdeen obtained the degrees of M.B. and C.M. in 1881 and continued his studies in London, Vienna and Berlin. Soon after graduation and while holding resident posts in Manchester and elsewhere he began to take a deep interest in homoeopathy, and in 1890 was appointed physician for diseases of women to the London Homoeopathic Hospital having been elected a Fellow of the old British Gynaecological Society two years earlier. He joined the British Medical Association in 1883. Dr. Burford served as president of the British Homoeopathic Society in 1901 and of the British Homoeopathic Congress in 1904; he also presided over the International Homoeopathic Congresses of 1911 and 1927. He had practised in Queen Anne Street for more than forty years and last month a testimonial in celebration of his long and prominent connexion with homoeopathy was organized by a number of professional colleagues and other friends the presentation being made on his eightieth birthday by Sir George Wyatt Truscott, formerly Lord Mayor of London. Dr. Burford leaves a widow and three sons of whom the eldest is Dr. Harold George Burford.

Medical News

We publish this week in our advertisement columns notices from the University of Oxford inviting applications for the Nuffield Professorships of Clinical Medicine and Obstetrics and Gynaecology. Applications must reach the registrar of the University by April 17. The salary in each case is £2,000 per annum.

A sessional meeting of the Royal Sanitary Institute will be held at the Castle, Shrewsbury, on January 22 at 4.20 p.m. and on January 23 at 10 a.m. in conjunction with the Midland Centre of the Sanitary Inspectors' Association. There will be discussions on Shrewsbury's New Water Supply Scheme, on School Heating, on Administrative Units of Local Government, and on The Housing Act, 1935: Practical Administration.

Mr. Philip Franklin will lecture before the Vienna Phonetic Society on January 21 on the evolution of speech in the deaf-mute baby—the method used in the research clinic for deaf mutes at the Infants' Hospital, Vincent Square, Westminster.

The tenth congress of the Far Eastern Association of Tropical Medicine will be held in Hanoi in March, 1938, and not 1937 as previously announced.

The first issue of the *Practitioner* for 1937 appears in a revised format and is printed in a different type; changes which will be readily appreciated by the reader. A special symposium on gynaecology in the January number includes articles by Mr. Victor Bonney, Professor F. J. Browne, Mr. Wilfred Shaw, Professor Amy Fleming, Professor O. Donel Browne, and Mr. V. B. Green-Armytage.

Dr. Thomas Bell, J.P., of Loughborough has received a presentation of a silver salver, etc., from patients and friends on his retirement after thirty-four years' practice at Shepshed.

On December 15, 1932, the Minister of Health issued a memorandum on acute poliomyelitis. This has been revised in the light of present-day knowledge and in its amended form (Memo. 166/Med.) is obtainable through any bookseller from H.M. Stationery Office, price 2d.

The Medical Society of Vienna will celebrate the centenary of its foundation in conjunction with the Union for Post-Graduate Instruction from May 19 to 29. A full programme will shortly be published.

A committee has been formed at Vienna to celebrate the centenary of the birth of Professor Leopold Schrotter Ritter von Kristelli on February 5, 1837, a pioneer in laryngology and rhinology and the sanatorium treatment of tuberculosis, who died on April 22, 1908.

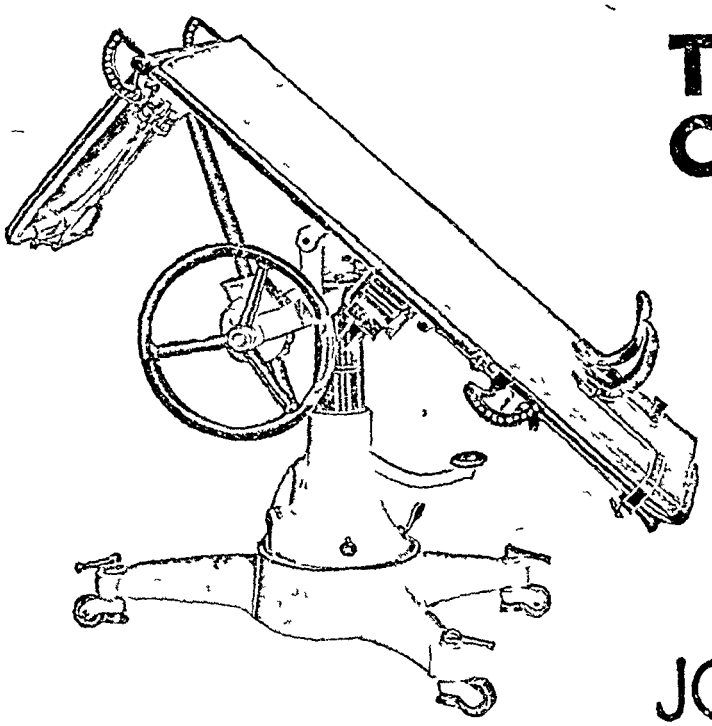
Dr. Fritz de Beule, professor of clinical surgery at Ghent University, has been elected president of the Royal Academy of Medicine of Belgium for 1937.

The editorial committee of the ninth International Congress of Dermatology and Syphiligraphy, held at Budapest in 1935, gives notice that publication of the proceedings will require more time than was at first supposed and will probably not occur until August.

Dr. Luigi Costa, who recently died at Buenos Aires, has left 300,000 pesos for the erection of two wards in the Institute of Experimental Medicine directed by Professor Roffo, for the study and treatment of cancer.

The incidence of syphilis in the French home army has risen from 4.79 per 1,000 in 1924 to 8.71 per 1,000 in 1933, the last year for which statistics are available. This rise is traced in large part to the quartering of native troops in France.

Infantile paralysis has recently been made a notifiable disease in Switzerland.



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Medicine

18 Diagnosis of Early Arteriosclerosis

O WEILL and R LE CLUYSE (*Brux med* November 8, 1936 p 36) discuss the symptomatology of early arteriosclerosis and review the various diagnostic procedures By applying the quadruple Pachon test in which the wave rate along the arteries in the upper and lower limbs is plotted graphically, they claim to have shown that in early atheroma there is a difference between the graphs of the upper and lower limbs, and that this variation is intensified as the disease progresses Sometimes the four curves differ, at other times those of the lower limbs are alike but unlike those of the arms These divergencies in character and degree differ also from the changes associated with conditions of hypertension and hypotension induced in normal vessels and appear to be indicative of fibrotic stenosis they can be recognized before the usual clinical symptoms are manifest Their presence excludes such conditions as rheumatism nephritis, and sciatica and enables suitable treatment to be begun without delay The authors believe that arteriosclerosis often attacks the whole of the arterial system but involves usually first and most seriously the arteries of the lower limbs it may, however, be limited to only one part of the body such as the kidneys or the coronary system They describe this disease as amounting to a diminution or suppression of the action of the peripheral heart which is normally very much concerned with the circulation throughout the body generally when this occurs extra strain is thrown on the cardiac musculature, and the characteristic changes follow in due course Early diagnosis permits steps to be taken to relieve the heart before it becomes permanently damaged

19 Anaemia in Pulmonary Tuberculosis

H RASMUSSEN (*Norsk Mag Laegevidensk* November, 1936 p 1125) has measured the haemoglobin of 500 patients admitted to the Glittre Sanatorium in Norway since the summer of 1935 In forty of these cases diseases other than tuberculosis were diagnosed In fifty-seven of the 460 tuberculous cases (12 per cent) anaemia was demonstrable The anaemic cases were classified in three groups In the first containing thirty four cases, the anaemia disappeared under treatment with iron The general condition of most of these patients was satisfactory and uncomplicated by fever In the second group of thirteen cases the anaemia was evidently connected with the tuberculosis which had spread to other organs such as the intestines The general condition of these patients was poor, and most of them were more or less febrile In the third group, containing ten cases, the anaemia could be traced to some complicating factor such as infection with haemolytic streptococci or could not be traced to any one cause While the frequency of anaemia in the material as a whole was 12 per cent it was 15 per cent of the 343 sputum positive cases Among the patients without anaemia were several whose pulmonary tuberculosis was extensive and rapidly progressive In this category were many patients whose white skins contrasted with the redness of their mucous membranes The pulmonary disease showed no special features in the fifty seven anaemic patients to distinguish them from the 403 who were not anaemic Indeed the ratio of benign to rapidly progressive forms of the disease was approximately the same in the two groups It was also found that even though the anaemia yielded to iron, the disease in the lungs might continue to progress and that such progress did not influence the percentage of the haemoglobin It would thus seem that tuberculosis of the lungs has little or no influence on the haemoglobin content of the blood As in most cases of anaemia associated with pulmonary tuberculosis the response to iron cures the former systematic haemoglobin estimations would seem desirable in cases of pulmonary tuberculosis in order that the anaemia at any rate may be cured by iron The defective hydrochloric acid secretion in the gastric juice of twelve of the author's anaemic patients may in his opinion give a useful clue to the origin of their anaemia

20 Mucous Colitis

J R GOODALL (*J Obstet Gynaec Brit Emp* October 1936, p 925) studying 200 cases finds mucous colitis often undiagnosed because the symptoms are referred The symptoms of colitis are pain in any part of the abdomen fixed or variable most often in the sigmoid Constipation past or present is always noted Faeces may be hard or soft, with glairy mucus even blood stained giving burning pain on evacuation Evidence of incomplete clearing of the upper bowel is commoner than that of hypermotility either of which causes pain Evacuation of the bladder relieves abdominal pain during the night Palpation may be negative or locate a hard and tender portion of bowel If at the caecum appendicitis may be present also Severe cases have abdominal cramp with bouts of painful diarrhoea Referred symptoms may be cerebral ocular especially vertigo cardiac precordial pain and pseudo anginal symptoms pelvic always associated with dysuria and causing dysmenorrhoea, leucorrhoea or most often, suggesting tubo ovarian disease even to associated infective thickening of the left broad ligament gastric Proctitis and chronic arthritis may occur Treatment excludes all meat from the diet also condiments and roughage gives milk vegetables eggs plenty of water mineral oils bile salts to remove causes of putrefaction, and luminal to lower autonomic sensitivity Kondremul with sodium luminal 1/8 grain three times a day is advised For chronic cases a course of high colon lavage with normal saline and prolonged care in diet Differential diagnosis depends on a history of previous attacks of colitis possibly unrecognized In the absence of diarrhoeic bouts the intestinal origin of cardiac and cerebral symptoms is easily missed Combinations of causes including psychic factors, are common, hence the frequency of relapse

Surgery

21 Infarcts of the Kidney

R DESJACQUES and A BOUHEAU (*Lyon chir* November-December 1936 p 645) in a study of the pathology and symptomatology of infarcts of the kidney *point out that* this condition is rarely diagnosed during *the lifetime of* the patient The infarct may be partial *when it is tri*angular in shape with the base towards *the cortex* and the apex towards the hilum or massive *when the infarct* produces the complete obliteration of a large vessel of the kidney In the latter case *the* kidney becomes enlarged at first but gradual atrophy takes place following cicatrization of the infarct Embolism thrombosis and spasm are *the three principal* causative factors cardio aortic lesions being responsible for 63 per cent of cases of vascular occlusion The principal subjective symptom of renal infarct is pain which occurs in nearly all cases The onset is sudden and without apparent cause and the pain is sometimes so severe as to be unrelieved by morphine The objective symptoms include diminished *diuresis* while complete anuria may result from large infarcts of both kidneys Albuminuria is a common symptom *and haematuria* is often present Alimentary or biliary vomiting often occurs The prognosis depends on the size of the lesion death being frequent in cases

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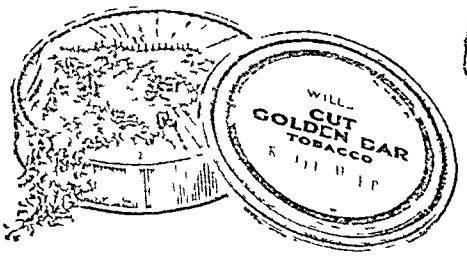
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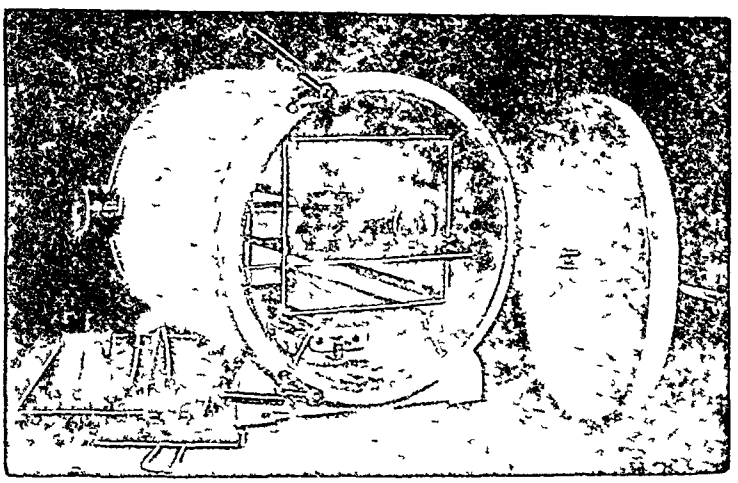
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27 Epidermolysis Bullosa

E v JACHMANN (*Derm Wschr* December 5, 1936, p 1603) with Siemens and others, distinguishes between two forms of this hereditary malady (1) a simple form transmitted in most cases as a Mendelian dominant, (2) a severe or dystrophic form leading to trophic lesions of hands loss of nails, and much scarring and sometimes transmitted as a recessive In a case of simple epidermolysis bullosa here described in a boy aged 14 the history was deceptive as the possibility of including the dystrophic form of the disease among those for which sterilization is compulsory in Germany is under consideration, parental co operation was perhaps not to be expected A light dermatosis was excluded by experimental test and the absence of haematoporphyrinuria Considerable improvement followed intravenous injections of antileprol, a treatment which v Jachmann had found effective in a previous case

28 Cutaneous Tuberculosis

H TH SCHREUS and A PROPPE (*Derm Wschr* November 28 1936 p 1573) in a very detailed analysis of 1,111 cases of cutaneous tubercle find that the affection is predominant among the young and that more than one half of the patients were below the age of 20 The general condition of nutrition has a definite influence on the incidence of the affection The largest numbers of cases were recorded during the war years and the immediate post war period Many different methods of treatment were used such as curetting gold injections diet artificial and natural sunlight, tuberculin and x rays These different treatments were successful in about 30 to 40 per cent of cases Dietetic treatment proved disappointing and a number of patients treated unsuccessfully by diet were subsequently cured by local treatment

29 Osler's Disease

H GOTTRON (*Med Klinik* December 4, 1936 p 1660) believes that Osler's disease is not as uncommon as is generally held The characteristic lesions are purple discrete sharply defined telangiectases varying in numbers from twelve to a hundred, and occurring on the skin and mucous membranes The face and upper extremities are most commonly affected the trunk less commonly On the face the cheeks naso labial folds, forehead chin and ears are the sites of preference On the hands the palmar and dorsal surfaces of the hand and fingers and especially the distal phalanges are affected Telangiectases are found chiefly on the mucous membranes of the mouth and nose but may be seen in the stomach bowels and bladder On the skin the lesions protrude slightly from the surface, and are not angiomata but true telangiectases They occur irregularly on both sides of the body and vary in size from a pin head to a pea They disappear on pressure with a watch glass and reappear immediately the pressure is removed Patients with Osler's disease have a marked tendency to bleed from mucous membranes and skin areas surrounding the telangiectases Incised and lacerated wounds do not bleed more profusely than in other conditions Haemorrhage may be followed by secondary anaemia and eventually be fatal Epistaxis characterizing the 'haemophilic stage usually commences in the second decade and may remain the only symptom for ten years or longer Telangiectases occur generally in the third decade rarely sooner, and haemorrhages tend to become less frequent Hormonal toxic and seasonal influences play a part in the production of the characteristic lesions Osler's disease is a hereditary condition and a dominant The sexes are equally affected and both sexes transmit it Certain families produce definite bleeding types—for example epistaxis haemorrhage into joints, and telangiectases occurring alone There is no treatment for the lesions Anaemia must be treated with blood transfusions Liver extract was found beneficial in one case

30 Infectious Impetigo

T ASAI (*Jap J Derm Urol* September 20, 1936 p 112) has investigated 323 cases of infectious impetigo in the course of eleven years The favourite places of localization of the disease were the face and less often the trunk of the body The extremities were affected comparatively rarely Of the 323 cases 110 typical cases were chosen for bacteriological investigation and pure cultures of *Staphylococcus aureus* and *Staphylococcus albus* were obtained the *Staphylococcus aureus* predominating It was found in 77 3 per cent in the Japanese and in 87 3 per cent among the Formosan Chinese These proportions varied somewhat from year to year The *Staphylococcus aureus* and *Staphylococcus albus* obtained by the author, although they showed some slight differences of agglutination and of resistance to heat possessed all the characters of the pathogenic staphylococcus The pigment of the *Staphylococcus aureus* in the author's series was found identical with the pigment of the coccus obtained from other suppurations With regard to treatment the author advises albargin (0 1 to 0 15 per cent), protargol (0 25 per cent) and bichloride of mercury (0 05 per cent) for both bathing and cleaning

31 Conjugal Poradenitis Venerea

S KOYAMA (*Jap J Derm Urol* October 20 1936 p 149) confirms the report of other clinics that poradenitis venerea (lymphogranuloma inguinale) is comparatively infrequent among women and is rarely seen in a conjugal incidence Among 170 cases he has found nine only of conjugal infection including one with no bubo but with rectal ulceration and one with neither of these but with a positive Frei reaction In the seven with inguinal bubo the primary lesion was on the external genitalia and one of these had ulceration of the portio Her vaginal secretion exhibited antigenic properties identical with those of the bubonic pus used in the Frei test Routine examination of the spouse is advised when males apply for treatment for poradenitis venerea

32 Koilonychia

According to A I KARTAMISCHEW (*Derm Wschr* September 12 1936 p 1257) koilonychia (hollow or spoon shaped nails) was described in 1874 originally the second third and fourth fingers of the right hand were said to be preferentially affected and the toe nails to be almost always exempt Flat nails (platonychia) may be a preceding condition In many instances koilonychia is a familial peculiarity affecting several generations Eczema of the nails is said to be occasionally a predisposing cause and there are numerous examples (including three cases here described) of koilonychia *due to occupational irritation*—for example in milkmaids chemists o chemical workers and domestic servants Exposure to cold and nail biting are said to be occasional causes of koilonychia which in the author's experience is equally common among males and females children and adults Treatment apart from removal of causes of irritation and attention to general health is symptomatic Kartamischew, writing from Tashkent in Central Asia makes no mention of hypochromic anaemia of middle aged women as a cause of koilonychia but alludes to several authors who have reported this condition in chlorosis

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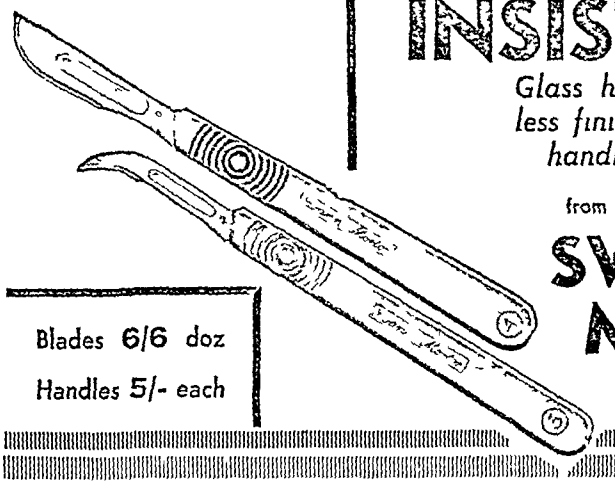
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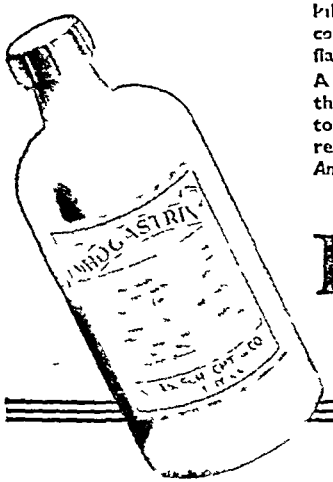
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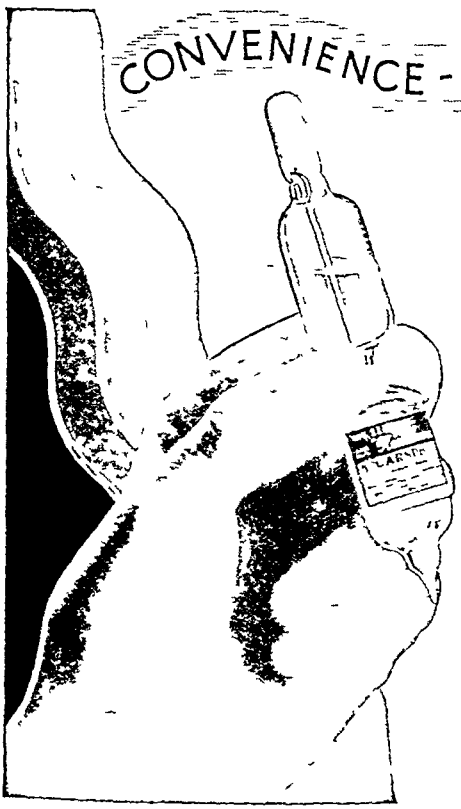
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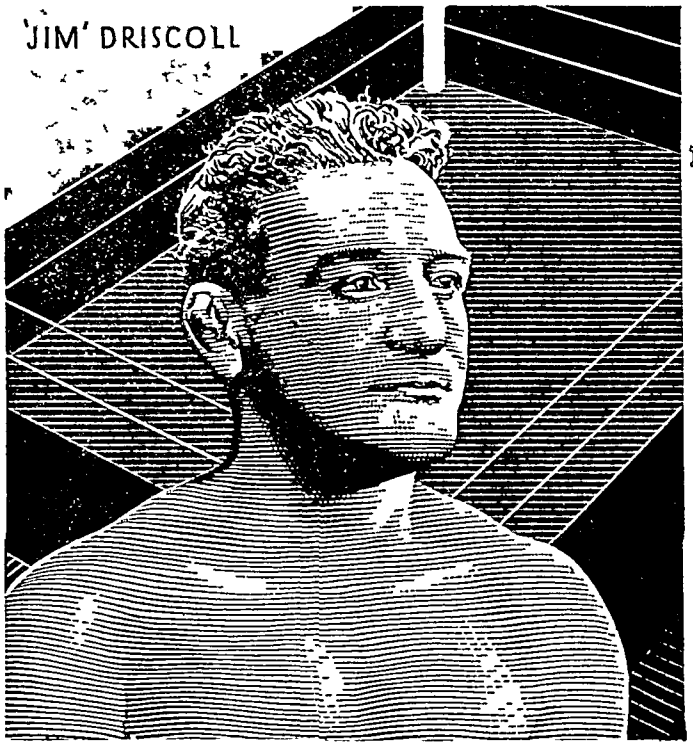
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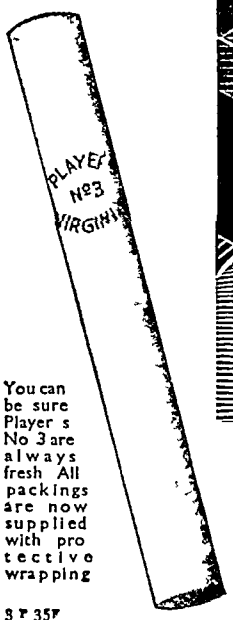
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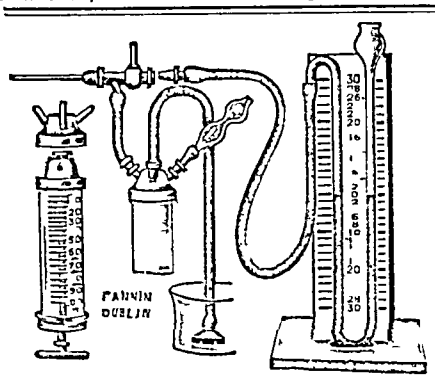
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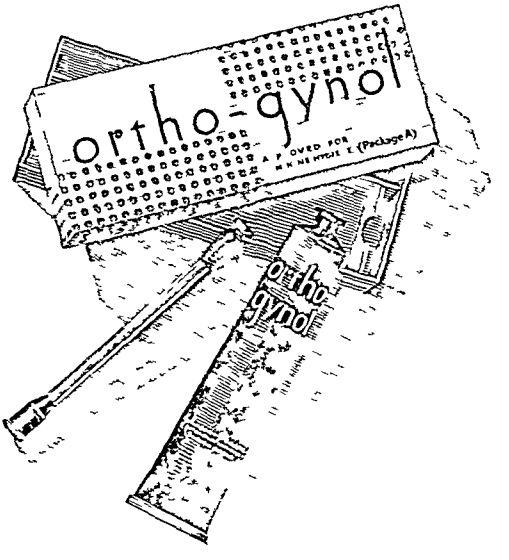
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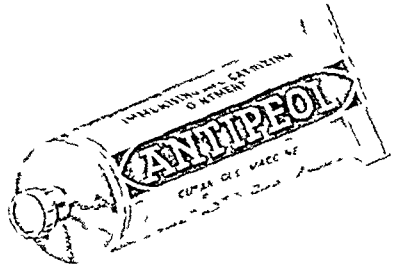
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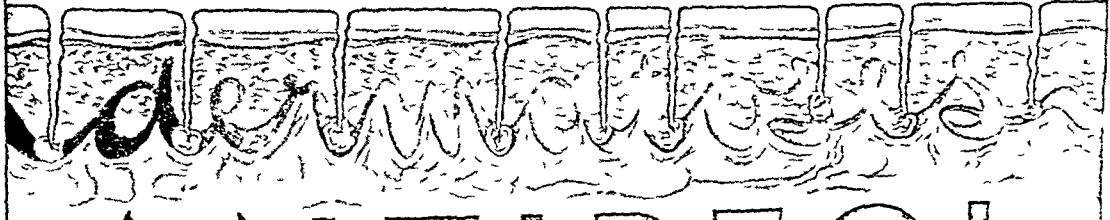
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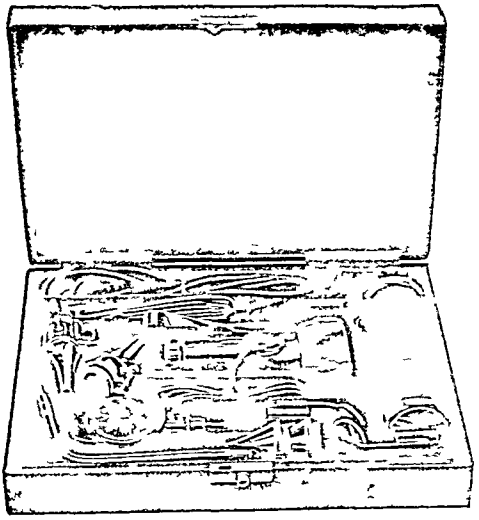
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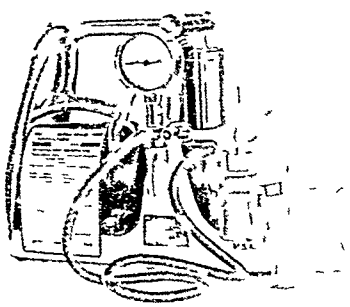
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F R C S

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Further particulars may be obtained from Professor WILLIAM WRIGHT M B D Sc F R C S Dean London Hospital Medical College Turner Street London E 1

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For full details write to the SECRETARY Medical Correspondence College, 19 Welbeck Street, London, W 1

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UNIVERSITY OF BIRMINGHAM

(Faculty of Medicine)

SCHOOL OF DENTISTRY

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Applications are invited for the post of Dental Clinical Assistant Stipend £500 per annum

Candidates must be duly qualified and registered Dental Practitioners The possession of a Medical Degree or Diploma in addition will be regarded favourably

The successful candidate will be required to take up his duties as soon as possible

The letter of application with three testimonials and names of referees must be sent on or before February 1st to the undersigned from whom further particulars may be obtained

The University, Edmund Street, Birmingham 3 January 1937 C G PURTON Secretary

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In terms of the bequest which has enabled the University to offer this scholarship the scholar must be of European descent and a Pr

must reach the Sec Commonwealth House the Union of South Africa South Africa House Trafalgar Square, London W C 2 (from which forms of application and a memorandum giving further particulars may be obtained) not later than February 5th

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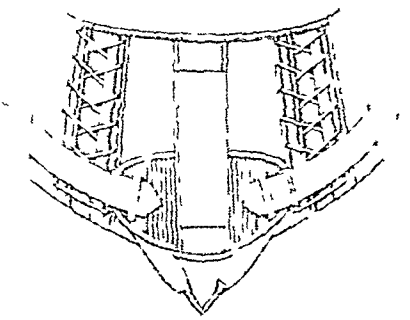
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CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT—TUBERCULOSIS SECTION

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from single registered male Medical Practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department. The successful candidate will be employed both in a Sanatorium and in a Dispensary

Candidates should have held a resident General Hospital appointment or an appointment in some Institution set apart for the treatment of those suffering from Tuberculosis Experience in the diagnosis and treatment of non pulmonary forms of Tuberculosis is desirable

The commencing salary will be at the rate of £400 per annum, rising by £25 to £450 per annum with emoluments valued at £150 per annum

The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by him

The successful candidate will be required to pass an approved medical examination and to contribute to the Superannuation Scheme established under the Local Government and Other Officers Superannuation Act 1922, as amended by Section 82 of the Birmingham Corporation Act 1935—Annuities for Widows—and if under 30 years of age, to join the Birmingham Municipal Officers Widows and Orphans Pensions Scheme

The appointment will be terminable by one month's notice on either side

Forms of application and a summary of duties may be obtained from and should be returned with three recent testimonials to the Chief Clinical Tuebrculosis Officer 151 Great Charles Street Birmingham 3 not later than January 22nd

Council House F H C WILTSHIRE,
Birmingham, 1 Town Clerk

CANNOCK URBAN DISTRICT COUNCIL

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

The above Council invites applications from registered medical practitioners of under 35 years of age for the above post The salary will be at the rate of £550 per annum rising by annual increments of £25 to £700 per annum Applicants must have had at least three years experience in the practice of their own profession and special experience of practical midwifery ante natal and Maternity and Child Welfare work and hold a diploma in Public Health

The person appointed will be required to devote the whole of his or her time to the duties which will be performed under the direction of the Medical Officer of Health and will consist chiefly of School Medical and Maternity and Child Welfare work together with such other duties in the Public Health Department as he may require

The appointment is subject to the approval of the Board of Education and will be determinable by one month's notice on either side

Sealed applications on forms to be obtained from the undersigned (upon receipt of a stamped addressed foolscap envelope) accompanied by copies of three recent testimonials and endorsed "Assistant Medical Officer of Health" must be delivered to the undersigned not later than Saturday January 23rd

Canvassing directly or indirectly will be deemed a disqualification

Council House WM C SPEEDY
Cannock Clerk of the Council
December 30th 1936

HULL CORPORATION HEALTH DEPARTMENT

HULL MUNICIPAL MATERNITY HOME AND INFANTS HOSPITAL (104 Bed)

JUNIOR RESIDENT MEDICAL OFFICER (Woman)

Applications are invited from unmarried or widowed Women Medical Practitioners for the appointment of Junior Resident Medical Officer at the above Institution

Salary £100 per annum together with board washing and residence at the Maternity Home

The appointment will be for six months with a possible extension for a further period of six months

Applications on forms to be obtained from the undersigned are returnable not later than noon on Thursday January 21st

NICOLAS GEBBIE M D
Health Department (172) Guildhall Hull
January 1937 Medical Officer of Health

CITY OF BIRMINGHAM MENTAL HOSPITAL

JUNIOR MALE ASSISTANT MEDICAL OFFICER

The Committee of Visitors invite applications for the above whole time appointment from gentlemen under 36 years of age who are duly qualified and registered Medical Practitioners A person who has held for at least six months a medical or surgical residential post in a general hospital will be regarded as having an additional qualification

The successful candidate should be a good anaesthetist He will be required to reside in the hospital The commencing salary will be £350 per annum plus the usual residential emoluments of board lodging laundry, and attendance Subject to twelve months' satisfactory service to the Committee an increase of £50 will be granted and thereafter increases of £25 per annum up to a maximum salary of £450 per annum An additional £50 per annum will be paid to the holder of the D P M qualification, or to a person obtaining the D P M after appointment The salary is inclusive of all fees received and any such fees must be accounted for and paid into the hospital account

The successful candidate will be placed on the permanent staff after one year's satisfactory service and medical examination and will then be required to contribute under the Asylums Officers Superannuation Act 1909 He will be required to serve in such institution belonging to the Mental Hospitals Committee as they may from time to time direct The appointment is subject to one month's notice on either side

Applications stating full particulars of qualifications experience, and appointments held accompanied by copies of three recent testimonials must be addressed to the undersigned so as to be received not later than January 12th 1937

F H C WILTSHIRE
Clerk to the Committee of Visitors
Town Clerk's Office
Council House Birmingham 1

RHONDDA URBAN DISTRICT COUNCIL

WOMAN ASSISTANT MEDICAL OFFICER

Applications are invited from unmarried or widowed women Medical Practitioners not exceeding 45 years of age for appointment as Assistant Medical Officer under the direction and supervision of the Council's Medical Officer of Health and School Medical Officer at a salary of £500 rising by annual increments of £25 to £700 a year, the first annual increment being payable on April 1st following the completion of six calendar months service under the Council

Candidates must have had not less than three years professional experience subsequent to registration, and must be experienced in Ultra violet Radiation and Orthopaedic treatment

The appointment which is considered desirable in Public Health is also designated under the Local Government and Other Officers Superannuation Act 1922 will be subject to the passing of a medical examination and will be terminable by two calendar months notice on either side The officer appointed will be required to reside within the Rhondda Urban District and will not be allowed to engage in private practice

Applications are to be made on forms obtainable from the Medical Officer of Health Tydfil House Llewelyn Street Pentre Rhondda, by whom they must be received endorsed Assistant Medical Officer and accompanied by copies of three recent testimonials not later than the first post on Friday January 22nd

The Council Offices D J JONES
Pentre Rhondda Clerk of the
January 4th 1937 Council

PRINCESS ALICE EASTBOURNE HOSPITAL

(Voluntary General Hospital 120 Beds two House Surgeons)

RESIDENT HOUSE SURGEON (male) required on February 8th Salary at the rate of £150 per annum with board and laundry Applications from registered Practitioners accompanied by copies of three recent testimonials should be delivered to the undersigned by first post on Wednesday January 20th

January 2nd 1937 W RUSSELL RUDALL Secretary

THE LADY CHICHESTER HOSPITAL HOME BRIGHTON FOR FUNCTIONAL NERVOUS DISEASES (60 Beds)

SENIOR HOUSE PHYSICIAN (woman) required at the beginning of February Six months appointment at £100 per annum with board and lodging

Applications with testimonials to be sent to the Secretary Mr P J SPOONER 33 West Street Brighton

December 28th 1936

NORTHUMBERLAND COUNTY COUNCIL EDUCATION COMMITTEE

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited for the post of Assistant County Medical Officer of Health from duly certified and registered Medical Practitioners who must have had experience in the refraction of school children

The successful candidate will work under the control and direction of the County Medical Officer of Health he will be required to live in the area allotted to him and will not be allowed to engage in private practice duties will be concerned chiefly with ophthalmology and will give scope for any practitioner desiring to extend his experience of this subject

The salary will be £500 per annum rising by annual increments of £25 to £700 with travelling etc, allowances according to County scale

The post is designated under the Local Government and Other Officers Superannuation Act 1922, and the officer appointed will be required to pass a medical examination as to his health and to contribute 5 per cent of his salary to the superannuation fund The appointment will be terminable by three months notice on either side

Forms of application may be obtained from the undersigned, and when completed should be accompanied by copies of not more than three recent testimonials, and returned to him not later than January 23rd

WILLIAM F J WHITE
County Medical Officer and
School Medical Officer
County Hall, Newcastle upon Tyne 1

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH

Applications are invited from Medical Practitioners holding the Diploma in Public Health for the above post Candidates should have had at least three years experience in the practice of their profession subsequent to qualification Preference will be given to those who have had residential Hospital appointments

The person appointed will work under the direction of the County Medical Officer and the duties of the office will include school medical and maternity and child welfare work in addition to such general public health work as may from time to time be prescribed

The salary will be at the rate of £500 per annum rising by annual increments of £25 to £700 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act 1922

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

The appointment will be subject to three calendar months notice on either side

Forms of application may be obtained from the undersigned and should be returned to first post on January 14th together with copies of not more than three testimonials

County Buildings H L UNDERWOOD
Stafford Clerk of the County Council
December 21st 1936

BOROUGH OF EALING

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Medical Men (single) with a Public Health qualification for the position of Resident Assistant Medical Officer

The duties will include the medical care of patients in the Chiswick and Ealing Isolation Hospital South Ealing and the medical inspection and treatment of school children at the Clinic and Health Centres in the Borough of Ealing and Isolation Hospital where furnished rooms and board will be provided

The person appointed will be required to devote his whole time to the duties and will not be allowed to engage in private practice

The salary will be at the rate of £500 per annum rising by £25 per annum to a maximum of £550 per annum plus board and residence as indicated above and valued at £150 per annum A deduction of 5 per cent will be made from the salary in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 which has been adopted by the Council and the appointment will be subject to passing the Council's medical examination in connection therewith

Canvassing will be a disqualification

Copies of the application form and terms of appointment can be obtained from Dr THOMAS OPIE Medical Officer of Health, Town Hall Ealing W 5, to whom applications are to be accompanied by copies of not more than three testimonials must be delivered not later than January 21st

Town Hall R H WANKLYN
Ealing W 5 Town Clerk


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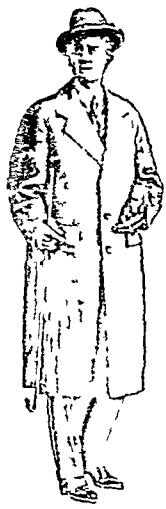
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TELEPHONE HOLBORN 5722

CITY OF MANCHESTER

AIR RAID PRECAUTIONS

The General and Parliamentary Committee invite applications in writing from MEDICAL PRACTITIONERS experienced in life assurance examinations to undertake MEDICAL EXAMINATION OF MEN who are to undergo training in anti gas measures

The fee to be paid for each examination will be one guinea

The form to be used by the medical examiner in connection with the examination can be obtained on application to the undersigned This form indicates the nature of the examination which will be required

Applications stating experience and qualifications should be sealed and addressed to the Town Clerk Town Hall, Manchester, endorsed Air Raid Precautions—Medical Examiner, and be delivered at the Town Hall on or before January 23rd

T L WARBRECK HOWELL
Town Clerk

Manchester 2
January 7th 1937

CITY OF MANCHESTER
PUBLIC HEALTH DEPARTMENT

WITHINGTON HOSPITAL (1,220 Beds)

APPOINTMENT OF A CONSULTANT OBSTETRICIAN AND GYNAECOLOGIST (Part time)

The Public Health Committee invite applications for the appointment of Consultant Obstetrician and Gynaecologist (part time) at the Withington Hospital West Didsbury, Manchester, to commence duty on April 1st

Salary £300 per annum

The gentleman appointed will be required to lecture to the pupil midwives

Forms of application and copies of a memorandum on the terms and conditions of appointment may be obtained from the Medical Officer of Health Public Health Department Sunlight House, Quay Street Manchester, 3, by whom applications must be received not later than January 30th

T E WARBRECK HOWELL
Town Clerk

Town Hall
Manchester 2
December 28th 1936

CITY OF MANCHESTER

BOOTH HALL HOSPITAL (760 Beds)

The Public Health Committee invites applications from registered medical practitioners (women only) for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above named hospital

The salary for the appointment is £200 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

The appointment will be made in the first instance for a period of six months, renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 and applications for the post must be received by him not later than Jan 16th

T E WARBRECK HOWELL
Town Clerk

Town Hall
Manchester 2
December 30th 1936

CITY OF MANCHESTER

MONSALL HOSPITAL FOR INFECTIOUS DISEASES (600 Beds)

The Public Health Committee invites applications from qualified Medical Men for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the Puerperal Fever wards at the above named Hospital

The salary for the appointment commences at £300 per annum and rises by annual increments of £25 to a maximum of £450 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of service

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House Quay Street Manchester 3 to whom applications for the post must be returned not later than January 16th

T E WARBRECK HOWELL
Town Clerk

Town Hall
Manchester 2
December 30th 1936

DARLINGTON MEMORIAL HOSPITAL (200 Beds)

Applications are invited for the post of HOUSE SURGEON for the Casualty and Orthopædic Departments Candidates must be fully qualified British Salary £150 per annum with board residence and laundry

Applications stating age and qualifications and enclosing copies of three recent testimonials should be addressed to the undersigned not later than January 23rd

ARTHUR RIDDLE ACIS
Secretary Superintendent

MANCHESTER ROYAL INFIRMARY

HOUSE PHYSICIANS—4 Vacancies

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments which become vacant as follows two on February 15th and two on March 15th

The applications will be considered to be for any of these posts unless it is specially stated to the contrary

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for six months sub ject to the provisions of the Bye laws as to notice etc Salary at the rate of £50 per annum with board residence, and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEONS—4 Vacancies

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for nine months sub ject to the provisions of the Bye laws as to notice etc Salary at the rate of £50 per annum with board residence, and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEON (Aural Gynaecological, and Ophthalmic Departments)

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointment vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointment is for six months subject to the Bye laws as to notice etc Salary at the rate of £50 per annum with board residence and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE Gen Supt & Sec

MANCHESTER ROYAL INFIRMARY

HOUSE SURGEON (Neuro Surgical Department)
HOUSE SURGEON (Orthopædic Department)

The Board of Management of the Manchester Royal Infirmary invite applications for the above appointments which become vacant on February 15th

Applicants must be registered and hold a Medical and Surgical qualification

The appointments are for six months sub ject to the provisions of the Bye laws as to notice etc Salaries at the rate of £50 per annum with board, residence and allowance for laundry

Applications stating age to be sent to the Chairman of the Medical Board not later than Saturday January 16th

By Order
W R TINDALE Gen Supt & Sec

BRISTOL ROYAL INFIRMARY

Applications are invited for the following Resident Medical Appointments for the six months commencing March 1st

3 HOUSE PHYSICIANS (one of whom also acts as House Physician to the Cancer Dept)
4 HOUSE SURGEONS and 1 ASSISTANT HOUSE SURGEON
2 HOUSE SURGEONS to the Casualty Department (one of whom also acts as House Surgeon to the Fracture Clinic and Skin Department)
1 HOUSE SURGEON to the Ear, Nose and Throat Department
1 SENIOR OBSTETRIC HOUSE SURGEON
1 JUNIOR OBSTETRIC HOUSE SURGEON

Salaries at the rate of £80 per annum except in the case of the Senior Obstetric House Surgeon who will receive a salary at the rate of £100 per annum and the Senior Casualty House Surgeon who will receive a salary at the rate of £150 per annum

Candidates who must be duly qualified to send in their applications on forms to be obtained from the undersigned which must be returned duly filled in on or before January 30th together with copies of not more than three testimonials

The elected candidate must become members of the Medical Defence Union before taking up their appointments

ELLIS C SMITH FCIS
Secretary & House Governor

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST

Wanted an ASSISTANT MEDICAL OFFICER (male) for the CROSSLEY SANATORIUM DELAMERE FOREST, CHESHIRE (110 beds tuberculous cases) Salary £200 per annum with board apartments and laundry The appointment must be duly registered Medical Practitioner

The appointment is for six months with possibility of re election for six months with opportunity for gaining experience in modern methods of treating pulmonary tuberculosis

Applications stating age experience, and enclosing copies of three testimonials must be received by January 19th and should be addressed to the Secretary Hardman Street Manchester 3

MANCHESTER NORTHERN HOSPITAL
(General Hospital—113 Beds)
Cheetham Hill Road MANCHESTER 8

Applications are invited for the posts of RESIDENT HOUSE PHYSICIAN and RESIDENT HOUSE SURGEON Salary £100 per annum with board and residence

The appointments are for six months from mid February, successful candidates are eligible for re appointment for a further six months

Applications stating age qualifications and nationality, with copies of not less than three recent testimonials should be sent to Mr JAMES C DANIELS Secretary 98 Barton Arcade Manchester 3 by January 20th

CITY OF STOKE ON TRENT

STANFILLD SANATORIUM

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer (male) at Stanfill Sanatorium Candidates must be single have had previous institutional experience in Tuberculosis and will be an advantage

Salary at the rate of £350 per annum rising by annual increments of £25 to £450 per annum, together with board and lodging

The selected candidate will act under the immediate direction of the Tuberculosis Officer

Applications endorsed Resident Medical Officer together with copies of three recent testimonials, to be sent to the undersigned not later than Monday, February 1st

L B SHARPLES
Town Hall
Stoke on Trent
January 1st 1937
Town Clerk

CITY OF SHEFFIELD

ASSISTANT TUBERCULOSIS OFFICER

Wanted a male (unmarried) Assistant Tuberculosis Officer to reside at WINTER STREET HOSPITAL and to devote his whole time to the Municipal Tuberculosis Scheme

Salary £350 per annum, rising to £400 per annum by annual increments of £25 with board residence and laundry

The office has been designated as an established post under the Local Government and Other Officers Superannuation Act 1922

Applications stating age qualification experience with copies of three testimonials to be sent on or before January 18th to the Medical Officer of Health Town Hall Sheffield

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

Recognised under the Regulations for the FRCS

RESIDENT SURGICAL OFFICER (male) required Experience in the treatment of fractures essential also experience in General Surgery

Salary to commence at £250 per annum according to experience with board residence and laundry

Applications accompanied by not more than three testimonials to be sent to the Secretary Superintendent

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

CASUALTY HOUSE SURGEON (male) required immediately Salary at the rate of £175 per annum with residence board and laundry

Applications accompanied by not more than three testimonials, to be sent to the Secretary Superintendent

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

(Recognised under the Regulations for the Diploma in Anaesthetics)

RESIDENT ANAESTHETIST (male) wanted immediately The appointment is for six months Salary at the rate of £175 per annum with board residence and laundry

Applications accompanied by not more than three recent testimonials to be sent to the Secretary Superintendent

INCOME TAX IN TWELVE EQUAL PAYMENTS

THIS PRACTICAL CONVENIENCE HAS BEEN ADOPTED BY DOCTORS IN ALL PARTS OF THE COUNTRY AND IS RECOMMENDED BY THEM TO OTHERS THE SIMPLICITY OF THE SCHEME IS SURPRISING STRICTLY CONFIDENTIAL

WRITE—

BRITISH TAXPAYERS ASSOCIATION Ltd

GRAND BUILDINGS, TRAFALGAR SQUARE, LONDON

NOT ON THE TELEPHONE

Smedley's

Great Britain's Greatest Hydro

Matlock

Full range of Hydropathic Treatment in Unrivalled suites of Baths—Turkish and Pulsating Baths Air and Vichy Douches Massage Fomb eres Treatment tub Chair Electric Installation for Baths and other Medical Purposes Dressing Rooms Infra red Light, Artificial Sunlight D'Arsonval High Frequency Diathermy Nauheim Baths Soapless Foam Baths Certified milk from own farm Large Winter Garden Orchestra Special provision for invalids Night Attendance Over 60 trained Male and Female Nurses Masseurs, Attendants etc.

Terms 13/ to 18/6 per day inclusive board.

Illustrated prospectus M J on request

Resident Physician G C R HARBINSON M B B Ch B A O (R U I) R MacLELLAND M D C M

Phone No 17 *Grams* *Smedleys Matlock*

QUEEN CHARLOTTE'S MATERNITY HOSPITAL

MARYLEBONE ROAD, N W 1

Medical Students and Qualified Practitioners admitted to the Practice of this Hospital Unusual opportunities are afforded of seeing Obstetrical Complications and Operative Midwifery (about one half of the total admissions being primiparous cases) Over 2 700 patients are admitted to the Wards annually and in the Antenatal Department there are over 20 000 attendances per annum Clinical demonstrations are given by the Staff daily

For rules fees etc apply H B STOKES Secretary Superintendent

SHAFTESBURY HOUSE, FORMBY BY THE SEA Nr LIVERPOOL

Specially built and licensed for the care and treatment of a limited number of Ladies and Gentlemen suffering from Nervous and Mental breakdown Voluntary and certified patients received Ladies also admitted as Temporary Patients without Certification Terms moderate Apply PRESIDENT PHYSICIAN Tel No 8 Formby

EPPING HOUSE,

LITTLE BERKHAMSTED HERTS

An attractive and comfortable PRIVATE HOME. Beautifully situated in its own grounds 400 ft above sea level Exceptionally healthy air and position afford every facility for convalescence Foam Baths Squash Racquets Lawn Tennis Croquet Bowls etc.

Treatment for Ladies and Gentlemen suffering from Insomnia Functional Nervous Disorders Alcohol and Drug Habits also Convalescence

Phone Essenden 12 Apply J C BAKER M B

THE GRANGE,

near ROTHERHAM

A HOUSE licensed for the reception of a limited number of Ladies suffering from Nervous and Mental disorders Both certified and voluntary patients received *Approved for temporary* Patients This is a large country house with beautiful grounds and park five miles from Sheffield Tel No 40030 Ecclesfield Resident Phys GILBERT E MOULD L R C P M R C S Station Grange Lane L & N E Rly

'ECCLESFIELD," STAPLEHURST, KENT

(Removed from Ashford Middle ex.)

PRIVATE HOME for the CARE and CURE of ALCOHOLIC PATIENTS (Ladies) Large mansion beautifully situated in 100 acres of parkland Extensive view Home farm R C Chapel Under the management of the Sisters of the Good Shepherd Apply Rev Mother Tel Staplehurst 61

LONDON CORA HOTEL

Upper Woburn Place near B M A Headquarters Accommodates 235 visitors Modern comforts Excellent table A A and R A C recommended Room Bath and table d'hote Breakfast 8/6

TYKEFORD ABBEY NEWPORT PAGNELL BUCKS

FUNCTIONAL NERVOUS DISORDERS MEDICAL and CONVALESCENT CASES

The Home is a Mansion of Historical interest standing in 15 acres of garden and grounds and is situated 14 mile from Northampton and 12 miles from Bedford on the main London to Northampton Road fifty miles from London Both sexes are accommodated. Psychotherapeutic Treatment is used extensively in suitable cases Radiant Heat Violet Ray and Ultra Violet Light. Diathermy and Foam Baths Billiards tennis etc

Apply Dr D E M DOUGLAS MORRIS Telephone Newport Pagnell 121

SPRINGFIELD HOUSE,

Near BEDFORD (Phone 3417)

For Mental Disorders with or without Certificates

Resident Physician CEDRIC W BOWEP

Ordinary Terms Five Guineas per week

(Including Separate Bedrooms where suitable) Interviews in London by Appointment.

WYE HOUSE, BUXTON

For the treatment of Ladies and Gentlemen mentally afflicted Voluntary Boarders received *Situated* 1 200 ft above sea level facing S 14 acres of ground —For terms apply to the Resident Medical Superintendent W W HOPTON M D Nat Tel 130

Tel and Telegrams Haynes Brentwood 45

Littleton Hall, Brentwood, Essex

Large grounds 400 ft above sea. HOME for ladies Mentally afflicted Voluntary Borders received Station Brentwood and Shenfield 1 mile *Liverpool St 26 min* Apply Dr HAYNES.

A SPA UNDER ONE ROOF

In Rockside are combined all the amenities of a modern spa including treatment rest and entertainment SHELTERED SITUATION SPACIOUS GROUNDS HIGHLY QUALIFIED STAFF

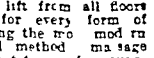
The Baths and Treatment Rooms occupy a special wing accessible by lift from all floors and are fully equipped for every form of physical treatment including the most modern hydrological and electrical methods massage and remedial exercises Both the ante and occupational therapy Terms £4 4s 0d to £6 6s 0d

Inclusive terms for consultation fees, treatment board residence & attendance from £6 6s.

Write for Tariff to the Secretary

Consulting Physician

C R LESTRANGE ORME M B B Ch (Camb.) M R C P (Lond.)



ROCKSIDE PHYSIOTHERAPEUTIC ESTABLISHMENT MATLOCK

EPILEPSY

Owing to extensions there are at present a few Vacancies at the

DAVID LEWIS COLONY

for Ladies and Gentlemen who have Epilepsy but are of good intelligence and sound mind

Colony life gives to most people who have epilepsy the best chance of happiness and contentment

Apply to the Director

The David Lewis Colony Warford, Alderley Edge

CHISWICK HOUSE, PINNER, MIDDLESEX

Telephone PINNER 234

A Private Hospital for the Treatment and Care of Mental and Nervous Illnesses in both Sexes

A modern country house 12 miles from Marble Arch in beautiful secluded grounds Fees from 10 guineas per week inclusive Cases under Certificate Voluntary and Temporary patients received for treatment

Douglas Macaulay M D D P M.

Comfortable South Coast Hotel Ideally situated for those who wish to avoid the rigours of the winter

THE HOTEL DE GRESLEY

FISHERMAN'S WALK BOURNEMOUTH

Excellent cuisine and service *from 2½ guineas* per week including general Medical supervision Central heating h and c all bedrooms Facing sea Lift Very quiet locality with easy access to shopping and amusements Suitable for Convalescent and retired Medical Men. Apply in first case to Resident Medical Director *Telegrams and Telephone* Southbourne 306

THE BOURNEMOUTH HYDRO

Vita glass Sun lounge and Marine Balcony

Fully Certificated Staff

Treatments available include

Baths—Pyretic, Foam and Nauheim

Electrical—Ultra-Short Wave Diathermy

Light and Heat—Ultra Violet and *Infra Red*

Inhalation Therapy Plombieres Massage

Pistany Mud Treatments

Resident Medical Director Tel No 3-1

THE GROVE HOUSE CHURCH STRETTON SHROPSHIRE

A private Home for the care of and treatment of a limited number of Ladies and gentlemen all afflicted Voluntary and Temporary Patients received under the new Mental Treatment Act. 1930

Medical Superintendent Dr MONTSTOCK

CITY OF LONDON MENTAL HOSPITAL DARTFORD KENT

Ladies and gentlemen received for treatment under certificate and without certification as either VOLUNTARY or TEMPORARY PATIENTS at a weekly fee of TWO GUINEAS and upwards.

HAMPSTEAD GENERAL AND NORTH WEST LONDON HOSPITAL, Haverstock Hill N W 3

APPOINTMENT OF HOUSE PHYSICIAN

Applications are invited from unmarried medical men for the appointment of House Physician vacant on February 1st next The salary will be at the rate of £100 per annum together with board residence etc, and the term will be for six months

Applications to be made on a form which will be supplied by the Secretary together with copies of not more than three testimonials should reach the Secretary not later than noon on January 16th next

LONDON HOSPITAL, E 1

Applications are invited for the post of SURGICAL FIRST ASSISTANT AND REGISTRAR Candidates must be Fellows of the Royal College of Surgeons The salary is £300 per annum, payable by the Hospital and Medical College jointly

The appointment is for one year but is renewable annually on application, for two further periods of one year

Applications should arrive at the Hospital not later than first post on Saturday Feb 13th

Further particulars may be obtained from the House Governor

ARTHUR G ELLIOTT House Governor

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST

Wanted a RESIDENT MEDICAL OFFICER (male) for the Ear Nose and Throat Department ST ANNE'S HOME BOWDON, CHESHIRE (50 beds) Must be registered Preference given to those having experience in Surgical work Salary £200 per annum with board, apartments etc Duties include attendance on two mornings a week at the Out patient Dept Manchester Applications with copies of testimonials to be sent not later than January 20th to W HUNT Secretary 45, Hardman Street, Manchester, 3

METROPOLITAN HOSPITAL, Kingsland Road, E 8 (150 Beds)

Applications are invited for the post of CASUALTY OFFICER AND RESIDENT ANAESTHETIST (male) Salary at the rate of £100 per annum with board residence and laundry Duties to commence February 1st next Candidates must possess a registered Medical and Surgical qualification of the United Kingdom Applications stating age nationality etc with copies of three recent testimonials and certificate of ability to administer anaesthetics should be sent to the undersigned not later than January 15th

FRANK JENNINGS House Gov & Sec

NATIONAL TEMPERANCE HOSPITAL Hampstead Road, N W 1

-- -- - ted for the post of which will become Candidates must be - - - e of a university of the a member of the Royal of London Honorarium 40 guineas

Applications accompanied by not more than three testimonials to be addressed to the Secretary by January 19th

EVELINA HOSPITAL FOR SICK CHILDREN Southwark S E 1

Applications are invited for the post of HOUSE PHYSICIAN (male) for six months from February 12th (first two months in the Casualty and Out patient Department) Salary at the rate of £120 per annum with board and residence

Applications stating age experience and qualification accompanied by copies of three testimonials should be sent to the undersigned not later than January 20th

W H SIDNELL
January 1937 House Governor

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL

Applications are invited for the posts of HOUSE SURGEON (two male unmarried) at this Hospital's country branch at Brockley Hill Stanmore Middlesex 278 beds (160 cases of surgical tuberculosis) Salary £150 per annum with board quarters and laundry The appointments are for six months Duties to commence one on February 1st and one on March 1st Applications with copies of testimonials should be sent to the Secretary 234 Great Portland Street W 1 not later than January 13th

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N W 1

Applications are invited for the combined appointment of ASSISTANT to the PAEDIATRICIAN and MEDICAL OFFICER to the INFANT CONSULTATION CENTRE

Candidates must be Graduates in Medicine of a University of the United Kingdom or (a) Fellows or Members of the Royal College of Physicians of London or (b) Fellows of the Royal College of Surgeons of England

The appointment will be for twelve months, and thereafter subject to annual re election

The duties will include attendance on In patients at the Hospital and the holding of two clinics at the Infant Consultation Centre per week

The appointment of Assistant to the Paediatrician carries no honorarium but remuneration will be paid at the rate of 1½ guineas per clinic at the Infant Consultation Centre

Applications with copies of three testimonials will be received by the undersigned not later than January 21st

H B STOKES, Secretary Supt

SEAMEN'S HOSPITAL SOCIETY

The Committee of Management invite applications for the appointment of RESIDENT MEDICAL SUPERINTENDENT at the HOSPITAL FOR TROPICAL DISEASES GORDON STREET W C 1

The appointment will be tenable for two years renewable for a further year at the discretion of the Board of Management Salary £400 per annum, with board residence and laundry Candidates who should be single must be legally qualified and registered and if possible, have had experience in tropical medicine Membership of the Royal College of Physicians is desirable but not essential Applications, stating age with copies of not more than three recent testimonials, to be sent in on or before January 21st to the Secretary Seamen's Hospital Society, Greenwich London S E 10

December 21st 1936

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S W 4

Applications are invited from fully qualified Medical Women for the undermentioned appointments

SURGICAL REGISTRAR Half time duty for a period of one year from March 1st with eligibility for reappointment to a maximum of three years with an honorarium

OUT PATIENT MEDICAL OFFICER for half time duty This officer to have held a resident Hospital appointment Salary £100 per annum

Candidates are requested to call on Members of the Hon Medical Staff before Saturday, January 30th by which date applications and copies of testimonials must reach the Secretary at the Hospital

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common S W 4 (140 Beds) A General Hospital for Women and Children

Applications are invited from fully qualified Medical Women for the undermentioned appointment

HOUSE SURGEON For a period of six months from March 1st

Salary at the rate of £100 per annum with board residence and laundry Candidates are requested to call on Members of the Hon Medical Staff before Saturday January 30th, by which date applications and copies of testimonials must reach the Secretary at the Hospital

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S W 4

Applications are invited from fully qualified Medical Women as CLINICAL ASSISTANTS for Surgical Out Patients to attend on Tuesday afternoons and for Medical Out Patients to attend on Monday and Thursday afternoons Applications with testimonials, to be sent to the Secretary at the Hospital

THE ROYAL CANCER HOSPITAL (FREE), Incorporated under Royal Charter Fulham Road London, S W 3

Applications are invited for the post of RESIDENT MEDICAL OFFICER, to commence duties on March 1st

The appointment is for twelve months at a salary of £200 per annum together with board residence and laundry At the end of this period reappointment for a further twelve months may be applied for

Applications to be made on a form which will be supplied by the Secretary with copies only of not more than three recent testimonial to be sent to the undersigned not later than first post Friday January 15th

CLEMENT COBBOLD Secretary

THE PRINCE OF WALES'S HOSPITAL, GREENBANK ROAD PLYMOUTH (Formerly South Devon & East Cornwall Hospital) (264 Beds)

Applications are invited for the vacant post of HOUSE SURGEON Salary £120 per annum with board residence and laundry

Appointment is tenable for six months and is subject to renewal Duties to commence January 21st

The Hospital is officially recognised for post surgical practice required of candidates before admission to the Final Fellowship Examinations of the Royal Colleges of Surgeons and Physicians of England

Applicants must be registered under the Medical Acts Applications stating age and qualifications, with copies of three recent testimonials to reach the undersigned by January 15th

ARTHUR R CASH
December 31st, 1936 Gen Supt & Sec

THE PRINCE OF WALES'S HOSPITAL, DEVONPORT PLYMOUTH (Formerly Royal Albert Hospital, Devonport) (64 Beds)

Applications are invited for the post of JUNIOR HOUSE SURGEON Salary £120 per annum with board, residence and laundry Duties to commence February 1st Appointment is tenable for six months and is subject to renewal or promotion to the Senior position when this post becomes vacant Applicants must be registered under the Medical Act

Applications stating age and qualifications with copies of three recent testimonials must reach the undersigned by January 15th

FRANK ROWE
December 31st 1936 Secretary

THE ROYAL HOSPITAL, WOLVERHAMPTON (Incorporated under Charter)

GYNAECOLOGICAL AND OBSTETRIC DEPARTMENT

ASSISTANT RESIDENT MEDICAL OFFICER (female) required for the above Department (60 beds) duties to commence February 1st

Candidates must be registered under the Medical Acts and unmarried

The appointment is for six months Salary at the rate of £100 per annum Board furnished rooms and laundry provided Applications, with copies of testimonials, to be forwarded to the undersigned

Wolverhampton W H HARPER,
January 1st 1937 House Governor

THE ROYAL HOSPITAL WOLVERHAMPTON (Incorporated under Charter) (300 Beds)

RESIDENT X RAY AND RADIUM REGISTRAR required shortly The Hospital is a Regional Radium Centre

Application, stating experience, should be made to the undersigned, from whom particulars may be obtained

W H HARPER
Wolverhampton House Governor

WEST KENT GENERAL HOSPITAL Incorporated MAIDSTONE (120 Beds)

Applications are invited for the post of HOUSE SURGEON, who must be a male of British nationality

Salary at the rate of £175 per annum, with board apartments and laundry

Candidates must possess registered qualifications

Applications stating qualifications and experience together with copies of testimonial should be sent to the undersigned on or before January 28th

The successful candidate will be required to take up residence on February 11th

EDWARD J GREGG House Gov & Sec

WARNEFORD GENERAL HOSPITAL, LEAMINGTON SPA (164 Beds)

HOUSE PHYSICIAN also having charge of Maternity and Infectious cases required Six months appointment Salary £150 per annum with board and laundry Applications from qualified registered Medical Practitioners should be sent together with copies of three recent testimonials to the undersigned by Monday, January 25th

EDWARD L WIRGMAN
House Gov & Sec

WORTHING HOSPITAL, WORTHING

Applications are invited for the appointment of HONORARY ANAESTHETIST Applications giving particulars of qualifications and copies of three testimonials should be sent to the undersigned not later than Thursday January 21st

A V OAKTON
January 2nd, 1937 Secretary Supt

NEW LODGE CLINIC, WINDSOR FOREST

This Clinic was founded in 1921 in order to provide for the scientific investigation and treatment of disease by a team of physicians and specialists. The Clinic was closed in August 1936 to install hot and cold water in every bedroom and carry out other improvements.

All forms of non-infectious medical cases are admitted, special attention being paid to disorders of digestion and metabolism, arthritis, anæmias, asthma, heart and kidney disease and functional and organic nervous disorders. Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest, Berks. Telephone 181 and 182 Winkfield Row.

CALDECOTE HALL

NUNEATON

WARWICKSHIRE

(Phone: Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases not received)

This beautiful mansion situated in the heart of the country less than two hours from London by L.M.S.R. and surrounded by charming pleasure grounds and gardens, with outdoor occupational therapy, is available for the treatment of *Functional Nervous Disorders* by psychotherapeutic and analytical methods.

Illustrated brochure and particulars obtainable from A. E. CARVER, M.D., D.P.M., Resident Medical Superintendent.

THE OLD MANOR SALISBURY

A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds. Detached Villa. Chapel. Garden and dairy produce from own farm. Terms very moderate.

CONVALESCENT HOME at BOURNEMOUTH. Detached Villa standing in 12 acres of own private ground with tennis court, etc., which can be used by Voluntary, Temporary or Certified Patients may visit by arrangement for long or short periods.

Illustrated Brochure on application to the Medical Superintendent, The Old Manor, Salisbury. Telephone 51.

CHEADLE ROYAL HOSPITAL,

CHEADLE, CHESHIRE

This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay, N. Wales, is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES.

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary.

In addition to the Main Building there are private villas. Extensive grounds. Hard and grass tennis courts, cricket and croquet grounds, and a court for badminton. There are also workshops in connection. Golf may be had within easy distance. Occupational therapy.

VOLUNTARY, TEMPORARY AND CERTIFIED PATIENTS received.

The Hospital is nine miles from Manchester, 50 minutes by rail from Liverpool and 5 hours from London.

For terms and further particulars apply to the Medical Superintendent, who may be seen in MANCHESTER by APPOINTMENT.

Telephone: GATLEY 2231 (3 lines).

PECKHAM HOUSE, 112, Peckham Road, London, S.E.15.

Telegrams: "Alleviated, London. **Telephone: Rodney 2641-2642.**

The above House, which was established in 1826, is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders. Certified, voluntary and temporary patients are received. Separate houses for treatment and accommodation of special cases adjoin the Institution. There is a seaside branch near Deal Court, near Dover, to which patients may be sent for treatment or on holiday. Motor and carriage exercise is provided as required. Patients can avail themselves of a course of physical drill. Tennis courts. Entertainments, dances and indoor amusements held throughout the year. Terms from £3 3s. per week.

Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT.

CAMBERWELL HOUSE, 33, Peckham Road, London, S.E.5

Telegrams: PSYCHOLIA, LONDON. *Telephone*: RODNEY 4731—4732.

FOR THE TREATMENT OF MENTAL DISORDERS

Also completely detached villas for mild cases with private suites if desired. Voluntary patients received. Twenty acres of grounds. Hard and Grass Tennis Courts, Putting Greens, Bowls, Croquet, Squash Rackets, Recreation Hall with Badminton Court and all indoor amusements including Wireless and other Concerts. Occupational Therapy, Callisthenics and Dancing Classes. X-ray and Actino-therapy. Prolonged Immersion Baths. Operating Theatre. Pathological Laboratory. Dental Surgery and Ophthalmic Department. Chapel. Senior Physician Dr. HUBERT JAMES NORMAN, assisted by three Medical Officers also resident and visiting Consultants.

An illustrated prospectus giving fees, which are strictly moderate, may be obtained upon application to the Secretary.

The Convalescent Branch is HOVE VILLA, BRIGHTON, and is 200 feet above sea level.

PENDYFFRYN HALL SANATORIUM

PENMAENMAWR, NORTH WALES

Specially established in 1900 for carrying out the open-air treatment of TUBERCULOSIS on Nordrach lines. Now applied to Artificial Pneumothorax, *Gold Salt and other special treatment in suitable cases.*

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Methods of Treatment at BATH

See Supplement, page ii

Notes on the Advertising facilities offered by the B.M.J.

The British Medical Journal is open to accept advertisements for any products or services appealing to the professional and private needs of the medical profession The following pages of the Journal are devoted to "domestic" announcements regarding Practices wanted and for sale, Partnerships Assistancies, and Miscellaneous advertisements

All communications and enquiries referring to advertisements should be directed to

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British Medical Association House
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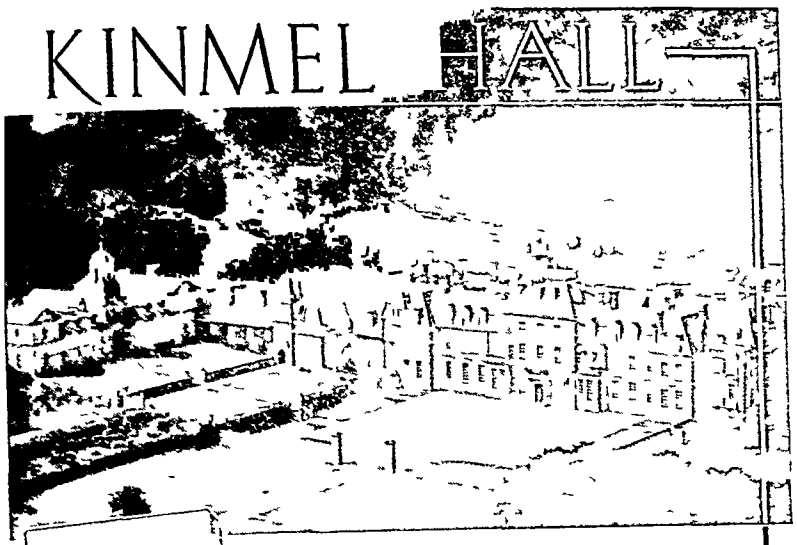
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RALPH B CUMMINGS Secretary

UNIVERSITY OF LEEDS
SCHOOL OF MEDICINE

The Council of the University invites application for the newly instituted post of READER IN MEDICINE Salary £600 a year Candidates should be not more than 35 years of age Membership of the Royal College of Physicians is desirable Further particulars of the appointment may be obtained from the Registrar The University Leeds, 2 who will receive applications for the Readership on or before January 30th

UNIVERSITY OF LEEDS
SCHOOL OF MEDICINE

The Council of the University has recently instituted a READERSHIP IN SURGERY and invites applications from qualified candidates Fellowship of the Royal College of Surgeons is desirable Candidates should not be more than 35 years of age Salary £600 a year Further particulars may be obtained from the Registrar The University Leeds 2 who will receive applications for the Readership on or before January 30th

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Applications are invited for the above named Fellowship of two years' duration which is offered for research relating to The discovery of the causes and the prevention of death in childbirth from septicæmia

The Nichols Fellow shall conduct work in an approved institution providing suitable facilities The emoluments consist of an honorarium of £150 per annum (to be paid quarterly) and a grant of £15 for expenses

Candidates should apply stating the line and character of the research in which they propose to work and the department they propose to enter

Applications should be received by the Secretary of the Royal Society of Medicine 1 Wimpole Street London W 1 not later than June 1st

LIVERPOOL SCHOOL OF TROPICAL MEDICINE
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COURSES OF INSTRUCTION (lasting about three months) for the Diploma in Tropical Medicine commence on January 5th and September 30th 1937 and for the Diploma in Tropical Hygiene on January 7th and April 22nd 1937 (Candidate for the D T H must pass the D T M of the University)

For particulars apply to the Laboratory Secretary School of Tropical Medicine Pembroke Place Liverpool 3

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The Course is open to registered Medical Practitioners only

ROYAL COLLEGE OF SURGEONS OF ENGLAND

LICENCE IN DENTAL SURGERY

Notice is hereby given that the Examinations for the Licence in Dental Surgery will commence on the dates stated below

FIRST PROFESSIONAL EXAMINATION (Wednesday February 3rd)
FINAL PROFESSIONAL EXAMINATION (Friday February 26th)

Candidates [illegible]

necessary requirements [illegible]

Prospectus [illegible]

intending to enter [illegible]

Candidates should [illegible]

H H WEBB HEY
Director of Examinations

BRITISH POSTGRADUATE MEDICAL SCHOOL

DEPARTMENT OF SURGERY

A Lecture on ACUTE SEPTIC CONDITIONS IN THE UPPER ABDOMEN will be given by P SCHOLTEN BAKER (of The Hague) at 5 P M on Tuesday January 19th

The Lecture will be open to Medical Practitioners

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APPOINTMENTS —Contd

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HOUSE SURGEON (male) required Salary £100 per annum, with board, lodging, and laundry

Applications, stating age, qual fications, and experience together with copies of three recent te timonials to be sent to the undersigned on or before January 16th

F P CARROLL, Sec Supt

THE RADCLIFFE INFIRMARY, OXFORD

Applications are invited for the post of HOUSE SURGEON

Appointment for six months with salary at the rate of £120 per annum with board etc

Candidates must be male and qualified

Applications with four copies of three testi monials to be sent to the undersigned on or before January 23rd

A G L SANCTUARY Administrator

VICTORIA HOSPITAL FOR CHILDREN Tite Street, Chelsea S W 3 (138 Beds)

The Committee of Management invite appli cations for the posts of HOUSE PHYSICIAN and HOUSE SURGEON (both vacant February 1st) The appointments are for six months Salaries at the rate of £100 per annum, with board lodging and washing

Candidates will be expected to attend the Hospital for an interview They must hold medical and surgical qualifications, and be registered under the Medical Act

Applications with copies of three recent testi monials should be sent to the Secretary not later than first post on Tuesday January 19th

D S I JOHN BAMFORD, Secretary

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, Chelsea S W 3 (138 Beds)

The Committee of Management invite appli cations for the post of CASUALTY OFFICER for a period of three months Duties to com mence on February 1st

Hours 9 a m to 1 30 p m daily (including Saturday) Salary at the rate of £200 per annum with lunch

Candidates are expected to attend a Sub Committee for an interview and should send their applications and copies of three testi monials to the Secretary not later than first post on Tuesday January 19th

D S I JOHN BAMFORD Secretary

BOOTLE GENERAL HOSPITAL BOOTLE LIVERPOOL, 20 (103 Beds)

ONE HOUSE PHYSICIAN
TWO HOUSE SURGEONS
ONE CASUALTY OFFICER

Applications are invited for the above posts Applicants must be duly qualified and re gistered under the Medical Acts

The appointments will be tenable for six months from April 1st next

The salary attached to each post is £150 per annum with board residence and laundry

Applications with copies of te timonials should reach me not later than January 15th

A J COOPER Secretary Supt

BURY INFIRMARY, LANCS (127 Beds)

RESIDENT SURGICAL OFFICER (Male)

Applications are invited for the above P from those persons holding the Fellowship of one of the Royal Colleges of Surgeons

The appointment is for a term of one y with provision for an extension of a further twelve months and the success ful candidate will be expected to commence duties about the middle of January

Salary will be paid during the first t n months at the rate of £300 per annum and will be increased to £350 per annum dur the second twelve months in the event of an extension of the appointment being gran upon In addition to this salary the po includes the provision of board, residence and laundry

Applications stating age qualifications and nationality together with copies of three rec t testimonials are to be addressed to the und r signed and should be forwarded as soon as possible, endorsed R S O

H WILKINSON Superintendent

BURY INFIRMARY, LANCS (127 Beds)

HOUSE SURGEON

A vacancy as above arises on the R s d t Staff (consisting of an R S O and three Ho Surgeons) and applications are invited for the post

The appointment is for six month at a salary at the rate of £175 per annum with board residence, and laundry, and the succ ful candidate will be expected to comm duty immediately

Applications stating age qualifications and nationality together with copies of three rece t testimonials are to be addressed to the under signed as soon as possible endorsed Hou Surgeon

Particulars of duties may be had on applica tion

H WILKINSON, Superintendent

WESTMINSTER HOSPITAL, Broad Sanctuary S W 1

A vacancy has been declared this day in th office of ASSISTANT SURGEON to this H pital Gentlemen desirous of becomin candi dates must be Fellows of the Royal College of Surgeons of England not practising mid wifery Each candidate will be required to transmit a certificate of his age and to s bmit thirty copies of his application with te timonials to the undersigned not later than Friday January 22nd and to attend the m ing of the House Committee on January 26th at 4 p m

By Order of the House Committee

CHARLES M POWELL

December 22nd, 1936 Secretary

GRIMSBY AND DISTRICT HOSPITAL (164 Beds)

(Recognised under the Regulations for F R C S)

SENIOR HOUSE SURGEON (Male)

Applications are invited for the po t of Senior House Surgeon Remuneration £200 per annum, with board residence etc

Candidates must be fully qualified and re istered and previous Hospital appointment ex perience is desirable

Duties to commence February 1st

The successful candidate will be appointed for six months and may apply for re election

Applications stating age qualifications ex perience and not more than three recent testi monials, to be forwarded to the under signed at once

H B COATES
Secretary Supt

January 5th, 1937

GRIMSBY AND DISTRICT HOSPITAL (164 Beds)

HOUSE PHYSICIAN (Male)

Applications are invited for the po t of House Physician Remuneration £150 per annum with board and re i- tered and ntment ex perience is desirable

Duties to commence February 1st

The succe ful candidate will be appoin d for six months, and may apply for re el n

Applications stating age qualification ex perience and not more than three recent te i monials, to be forwarded to the undersigned at once

H B COATES
Secretary Supt.

January 5th, 1937

UNIVERSITY OF OXFORD

NUFFIELD PROFESSORSHIP OF CLINICAL MEDICINE

Applications are invited for the above Professorship

Candidates who must hold a medical qualification registrable in Great Britain are requested to send eight copies of their applications and of not more than three testimonials to the Registrar of the University by April 17th and to state on what date not being earlier than October 1 1937 they can enter upon their duties

The Professor may not engage in private practice except that he may under conditions approved by the Nuffield Committee receive fees from patients attended in the Hospitals associated with the scheme

The Professor or shall no retain office after July 31st next following his 60th birthday or if his birthday fall on July 31st then after his 60th birthday, unless the Visitatorial Board grant an extension not exceeding five years

The Nuffield Professor of Clinical Medicine will receive a salary of £2 000 per annum, and will be required to become a member of the Federated Superannuation System for Universities It is open to the University by Statute to increase the salary of the Professorship

The choice of the Elector will not be limited to those who apply

Full particulars may be obtained from the Registrar University Registry Oxford

UNIVERSITY OF OXFORD

NUFFIELD PROFESSORSHIP OF OBSTETRICS AND GYNAECOLOGY

Applications are invited for the above Professorship

Candidates who must hold a medical qualification registrable in Great Britain are requested to send eight copies of their application and of not more than three testimonials to the Registrar of the University by April 17th and to state on what date not being earlier than October 1 1937 they can enter upon their duties

The Professor may not engage in private practice except that he may under conditions approved by the Nuffield Committee receive fees from patients attended in the Hospitals associated with the scheme

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The new wing will be open for the reception of patients on January 16th

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(Signed) C L EASTES

6 Harley Street London W 1

LEEDS PUBLIC DISPENSARY AND HOSPITAL

RESEARCH FELLOW IN RHEUMATISM

Applications are invited by the Leeds Public Dispensary and Hospital for the post of RESEARCH WORKER IN ARTHRITIS The applicant (male) must be medically qualified with both clinical and laboratory experience The appointment will be renewable annually

The University of Leeds if satisfied with the qualifications of the elected candidate will appoint him a Research Fellow The salary will be £500 per annum

Application with copies of three recent testimonials must be sent to the Secretary Leeds Public Dispensary and Hospital North Street Leeds from whom further particulars can be obtained not later than Saturday January 16th

CHARLES F J MAURY F C C S
Secretary and Supt

CITY OF BIRMINGHAM EDUCATION COMMITTEE

APPOINTMENT OF PART TIME AURAL SURGEON

The Committee are about to appoint a part time Aural Surgeon to undertake the treatment of certain partially deaf children The appointment which will be for a period of twelve months in the first instance is for one session (of two hours duration) each week during school term Remuneration will be at the rate of 24 guineas per session Forms of application together with further information may be obtained from the undersigned to whom applications should be addressed so as to reach this office no later than first post on Tuesday January 26th

Education Office P D INNES
Margaret Street Chief Education
Birmingham 3 Officer
January 1st 1937

LONDON COUNTY COUNCIL

Applications invited from Women Medical Practitioners of at least one years standing for appointment at WHITE OAK HOSPITAL (for children suffering from disease of the Eye) Swanley Kent (364 beds) as follows

1 ASSISTANT MEDICAL OFFICER GRADE I—Salary £350—£25—£425 with board lodging and washing Experience in general hospital

OFFICER salary £250 and £120 a year with meals whilst on duty Appointment is for one year only in first instance (renewable for a second year under certain condition) Experience in a resident appointment in a general hospital and ophthalmic work desirable

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health (Staff Division 24) County Hall S E 1 returnable by January 18th Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications are invited for the appointment of RESIDENT MEDICAL SUPERINTENDENT of QUEEN MARY'S HOSPITAL FOR CHILDREN Carshalton Surrey (1 284 beds) Salary £1 400—£50—£1 650 with emoluments of unfurnished house rent and rates free Pension appointed will be under direction of Medical Officer of Health and will be required to undertake any duties at other establishment of the Council if so required Candidates must have been qualified medical practitioner for at least five years have been house physician or house surgeon in a public general hospital and have had experience of hospital administration

Application forms obtainable (stamped addressed foolscap envelope necessary) from Clerk of the Council County Hall S E 1 returnable by January 22nd Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications invited from registered Medical Practitioner for inclusion in a panel to fill vacancies for TEMPORARY PART TIME ASSISTANT MEDICAL OFFICERS for School Medical Work. Rate of pay 30 for 1 hour of 24 hour

Special experience of medical examination of children necessary Employment depends upon the needs of the work but ultimately candidates engaged will be expected to work three sessions a week during school term

Application form (stamped addressed foolscap envelope necessary) obtainable from Medical Officer of Health (S D 5 W) County Hall West minster Bridge S E 1 and must be returned by January 23rd. Canvassing disqualifies

MUNICIPALITY OF SINGAPORE STRAITS SETTLEMENTS

HEALTH DEPARTMENT

APPOINTMENT OF ASSISTANT MUNICIPAL HEALTH OFFICER

The Municipal Commissioners of Singapore require an Assistant Municipal Health Officer for their permanent staff the appointment being in the first instance upon a three years Agreement

Candidates should be between 25 and 35 years of age, and preferably unmarried The appointment is not suitable for Lady Doctors Candidates must be graduates in medicine and surgery of one of the British Universities or must hold the qualification of the Colleges of Surgeons and Physicians of London Edinburgh or Ireland They must also hold a registrable qualification in Public Health A Diploma in Tropical Medicine is desirable

The elected candidate must pass a medical examination as to his fitness for service in the Tropics

Salary $8 400 $8 880 and $9 360 respectively for the three years of the agreement and rising thereafter if service be continued The exchange value of the dollar is 2s 4d sterling at which rate the initial salary of the appointment is £980 per annum There is no Income Tax at present

Free first-class passage with half pay on vacation out will be provided and a return passage on satisfactory completion of the Agreement (if not renewed) provided that the officer returns to England forthwith An allowance for the maintenance of a motor car for use on duty will be granted Eight months' leave on full pay with passage paid is normally granted after four years' service Liberal Provident Fund

The population of Singapore is about 400 000 and the temperature about 80 to 90 F

Application stating whether married or single and giving age and birthplace with details of education training and experience generally and referring particularly to the qualifications mentioned above and accompanied by copies (not originals) of testimonials to be lodged with Messrs PEIRCE & WILLIAMS Chartered Civil Engineers 1 Victoria Street London S W 1 Agents for the Commissioners not later than Monday January 18th

Further particulars required, can be obtained from the Agent

GOVERNMENT OF INDIA

Applications are invited for the appointment of DIRECTOR OF THE ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH CALCUTTA The Director will be Professor of Public Health Administration

A Diploma in Public Health and a Degree in Medicine or Surgery of a British University or equivalent qualification

The appointment will be made on agreement for five years in the first instance extendible on such terms and for such period as the Government may decide Pay Rs 1 450 rising by biennial increment of Rs 50 to Rs 1 750 a calendar month plus special pay of Rs 400 a month plus Overseas pay of £50 a month Free passage to India and return on satisfactory termination of service *Provident Fund* (Return passage and other passages admissible on transfer to new Asiatic domicile) Rupee = 1s 6d approximately

Applications will be received from officers of the Indian Medical Service and of Provincial Services under Government in India in respect of whom special consideration will apply

Further particulars and forms of application may be obtained on application by postcard from the High Commissioner for India General Department India House Aldwych London W C 2 Latest date of receipt of applications January 30th

THE OTAGO HOSPITAL BOARD DUNEDIN NEW ZEALAND

Applications will be received by the undersigned until February 20th for the position of RADIO THERAPIST at Dunedin at a salary at the rate of £1 000 per annum and travelling allowance

Full details of duties and application to the High Commissioner for New Zealand 415 Strand London W C 2

Otago Hospital Board JOHN JACOBS
Dunedin New Zealand Secretary
December 31st 1936

KENT AND CANTERBURY HOSPITAL

The Board of Management invite applications from duly qualified Medical Practitioners for the post of HONORARY PAEDIATRIST

Particulars of the appointment may be obtained from the undersigned to whom all applications must be sent not later than January 15th and be forwarded not later than January 18th

J F PRENTICE Secretary

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C.1

Tele Address
Triform, Westcent—London

Telephone Euston {1644 / 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill, book debts, furniture, drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. Full particulars sent free

1 DEATH VACANCY —LONDON, S W EASY REACH OF WEST END —Well established non dispensing PRACTICE between £1 000/£1 200 p a Panel 800 Well-situated house on lease

2 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3,300 p a in Market Town No panel Fees 5/- to £1 1s Suitable house obtainable Premium one half share two years purchase

3 EAST ANGLIA —Partnership in sound old-established Practice over £6 000 p a in most desirable Country Town Good appointments and panel over 3 000 Not much midwifery Suitable house available One sixth share at first at two years purchase

4 S MIDLANDS — Old-established steadily increasing PRACTICE in small Country Town Receipts between £1 100/£1 200 p a, including club worth £175 p a and panel of 745 House (5 bedrooms etc) with garage and garden Rent £65 p a Premium £2 100

5 CO DURHAM —Well-established Practice about £1 100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £85 p a and panel 840 Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent Premium one and a half years purchase

6 LONDON, S E —Working and middle class PRACTICE occupying commanding position near large L C C Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Premium £1 800 or near offer

7 S BUCKS — Well established Practice between £500 £600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope Premium one and a half years purchase

8 SCOTLAND —Old-established Practice of nearly £900 p a in Holiday Resort in the North Panel 330 A house could be obtained Golf fishing shooting Premium one and a half years purchase

9 N WALES WATERING PLACE —Good-class non panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired Premium one years purchase

10 EASTERN COUNTIES —Partnership in Practice about £2 500 p a in progressive Market Town in Agricultural District Panel over 1 400 Good house (7 bedrooms) with garage and garden to rent Well equipped Hospital Ample scope Premium one half share two years purchase

11 S W OF ENGLAND —Partnership (with early succession) in old established good class Practice about £1 600 p a in beautifully situated Watering Place Visits up to £2 2s No panel or midwifery Patients are of high class and include county families Share of about £800 p a at first at two and three-quarter years purchase Cottage Hospital Short preliminary Assistantship Applicant should be graduate of Oxford Cambridge or London

12 NORFOLK —Very old-established Country PRACTICE in beautiful part Cash receipts average £854 p a with appointments worth about £50 and a panel of 617 Visits 5/- to 10/6, medicine extra Suitable house available Scope Premium £1,500

13 BIRMINGHAM — Old-established upper and middle class PRACTICE averaging £1 340 p a in one of the best Residential Districts No panel Visits 5/- to 10/6 Suitable house could be obtained Premium one and three-quarter years purchase

14 LONDON, W 9 —Well-established non dispensing PRACTICE averaging about £1 000 p a in good residential part Practically no panel Visits 10/6 to £2 2s Accommodation comprises in addition to consulting room, etc 4 bedrooms box room etc Large garden Rent £200 p a inclusive Scope for increase Premium one years purchase

15 LONDON, S W —Partnership in old-established PRACTICE in pleasant residential suburb Receipts about £3 000 p a including about £300 from panel Visits 5 to £1 1s Small house (3 bedrooms), with garage and fair sized garden Rent £85 p a One third share for disposal at two years purchase

16 LONDON, N W —Well-established Practice in desirable residential district Receipts average £767 p a, including panel about 240 Visits 5/6 upwards Modern semi detached house (4 bedrooms) with garage and garden Price of leasehold £1 600 Very good scope Premium £1 1s0

17 S MIDLANDS —Partnership (after 12 months' preliminary Assistantship) in old established Practice in large growing village Receipts average nearly £3 600 p a including good appointments and panel over 2 000 Visits 5/- to £1 1s Ample society and sport Good scope for increase—building going on Share worth £800 p a to be sold at first at two years purchase

18 N E COAST —Well-established middle and upper middle class PRACTICE averaging £1 139 p a in important city Panel 670 Visits 3/6 to 7/6 No midwifery House in residential part (recently redecorated) containing 4 bedrooms 2 attics etc with garage and small garden for sale or rent Premium one and a half years purchase

URBAN DISTRICT COUNCIL OF ENFIELD

DEPUTY MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

The Urban District Council of Enfield invite applications for the appointment of a Male Deputy Medical Officer of Health and Assistant School Medical Officer.

The commencing salary will be £600 per annum rising by annual increment of £25 to a maximum of £750 per annum subject to a deduction of £5 per cent. in pursuance of the Local Government and Other Officers Superannuation Act, 1922. An allowance of £40 per annum will also be paid for the provision and maintenance of a motor car.

Candidates must be registered Medical Practitioners under 40 years of age of at least three years standing and should have had experience in the work of Maternity and Child Welfare and School Medical Inspection.

Applicant must also possess the Diploma in Public Health.

The person appointed will be required to reside in the district and to devote the whole of his time to the duties of the office will not be allowed to engage in private or consulting practice and will work under the supervision of the Medical Officer of Health who is also the School Medical Officer.

The appointment will be determinable by one month's notice from either side and one of the terms hereof will be that it will be subject to the regulations made from time to time by the Council in regard to holidays and the payment of salary during periods of sickness.

The person appointed will be required to pass a medical examination.

Candidates must disclose in writing whether to their knowledge they are related to any officer or employee of the Council and a candidate who fails so to do will be disqualified for the appointment and if appointed will be liable to dismissal without notice.

Applications accompanied by copies of not more than three recent testimonials must reach the undersigned not later than noon on Monday, February 1st, in envelope endorsed "Deputy M.O.H. and Assistant S.M.O."

Canvassing member of the Council directly or indirectly will disqualify candidate for the appointment.

Forms of application will be supplied by the undersigned upon the receipt of a stamped addressed foolscap envelope.

Public Offices, S. J. DAPPS
Enfield, Middlesex. Clerk of the Council.
December 30th, 1936.

BEDDINGTON AND WALLINGTON URBAN DISTRICT COUNCIL

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

The Council invite [illegible] for the appointment of Medical Officer of Health of the Urban District of [illegible].

The commencing salary will be £800 per annum, travelling (car) allowance of £50 per annum.

Each applicant must be a duly qualified Medical Practitioner and registered in the *Medical Register* as the holder of a Diploma in Sanitary Science, Public Health or State Medicine, and the successful candidate will be required from engaging in private practice as a Medical Practitioner.

The appointment will be made subject (1) to the approval of the Minister of Health, (2) to the terms of the Local Government Act, 1933, and of the Sanitary Officers (Outside London) Regulations, 1935, (3) to the provisions of the Local Government and Other Officers' Superannuation Act, 1922, and (4) to a satisfactory medical examination.

The person appointed will be required to perform the duties imposed on a Medical Officer of Health by all the relative Acts and Orders and to undertake the administration of the Maternity, Child Welfare and Ante-natal Services of the Council and such other duties (if any) as may be assigned to him from time to time by the Council.

The Medical Officer will be required to reside within the Urban District.

The Council have petitioned for the grant of a Charter of Incorporation.

Applications stating age, qualifications and particulars of experience, etc., and accompanied by copies of not more than three recent testimonials, must be delivered to the undersigned by the 23rd instant.

Canvassing will disqualify.

Town Hall, T. BOOTH
Walling[illegible], Surrey. Clerk of the Council.
January 1st, 1937.

FRENCH HOSPITAL AND DISPENSARY

172 Shaftesbury Avenue, W.C.2

[illegible] or the post of [illegible] with charge of [illegible] holding Fellowship (Membership) of the French Hospital and Dispensary in their application to the Secretary on or before Jan. 23rd.

METROPOLITAN BOROUGH OF STOKE NEWINGTON

ASSISTANT MEDICAL OFFICER OF HEALTH (Woman)

The Council invite applications from fully qualified Medical Women for the appointment of a Whole-time Assistant Medical Officer of Health.

Applicants must be under 40 years of age and possess the Diploma in Public Health. The following experience is essential full details of which must be given in the application form:—

1. Special experience in the management and dietetics of infancy.
2. A post-graduate appointment in a Hospital devoted to the treatment of children disease.
3. Special experience in ante-natal care and management of pregnancy.

Practical experience in artificial light therapy, Schick testing and immunization against diphtheria will be regarded as valuable additional qualification.

The officer appointed will work under the direction and control of the Medical Officer of Health and her principal duties will be in connection with Maternity and Child Welfare Service, but he must be prepared to undertake any other duties relative to the Public Health work of the Council when required to do.

The salary is £500 per annum rising by annual increments of £25 to a maximum of [illegible] determined by [illegible] and the [illegible] Medical Council and [illegible] the Shoreditch [illegible] Borough Councils.

[illegible] obtained from [illegible] Town Hall, Stoke [illegible] on the official [illegible] form, accompanied by copies of three recent testimonials, should be sent to the Medical Officer of Health endorsed "Assistant Medical Officer of Health" and must be received not later than Saturday, January 23rd.

Canvassing directly or indirectly will disqualify.

Town Hall, C. KENT WRIGHT
Stoke Newington, N.16. Town Clerk.

COUNTY OF LINCOLN—PARTS OF LINDSEY

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH, TUBERCULOSIS OFFICER AND SCHOOL MEDICAL OFFICER

Applications are invited for the above-mentioned appointment from registered Medical Practitioners holding a Diploma in Public Health.

Salary will be at the rate of £500 per annum rising by annual increment of £25 to £700 per annum.

The person appointed will be required to provide a car but travelling expenses in accordance with the scale fixed by the County Council from time to time will be allowed.

[illegible] will be made in accordance with (Qualification of Visitor). Permanent, terminable by three months' notice on either side to be given at any time.

The successful candidate will also be required to pass a medical examination and to contribute to the fund established by the Council under the Local Government and Other Officers' Superannuation Act, 1922.

Particulars of the appointment together with an application form may be obtained from the undersigned. Application which must be accompanied by three recent testimonials should be received not later than Jan. 20th.

W. S. H. CAMPBELL
County Medical Officer of Health.
Public Health Department,
County Offices, Lincoln.
January 4th, 1937.

ISLE OF MAN MENTAL HOSPITAL SERVICES

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

Applications are invited from Medical Men for the appointment of Assistant Medical Officer at the Isle of Man Mental Hospital.

The salary will be at the rate of £350 per annum (subject to adjustment on account of the Isle of Man income tax) rising by £25 to £450 per annum with an additional £50 if successful [illegible] qualification. Diploma in [illegible] Act of the Area [illegible] with Furnished [illegible] purpose of board and [illegible] £80 per annum; superannuation will be [illegible] annum.

Application with not more than three testimonials of recent date to be sent to the Medical Superintendent.

SURREY COUNTY COUNCIL

KINGSTON AND DISTRICT HOSPITAL

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited from registered Medical Practitioners for the appointment of Medical Superintendent at the Kingston and District Hospital (200 beds) which is at present administered by the Public Assistance Committee, but which will accordingly to the present resolution of the County Council be appropriated to the Public Health Committee on April 1.

The Medical Superintendent will also be required to act as Medical Officer of the Sanatorium Public Assistance Institution where a further 100 patients are accommodated in addition to the ordinary inmates.

Candidates should have had considerable experience in Hospital administration.

The gross salary will be at the rate of £1,000 per annum rising subject to satisfactory service by annual increments of £50 to a maximum of £1,400 per annum. A deduction at the rate of £100 per annum will be made in respect of an uniform pension and rateable provided by the Council. No allowances of any kind will be provided.

The appointment will be subject to the Staffing Regulations of the Council and the officer appointed will be required to devote his whole time to the service of the Council and may not receive from time to time may be paid into the County Fund.

The officer appointed will be required to pass a medical examination and will be subject to the Local Government and Other Officers' Superannuation Act, 1922.

Application stating age, qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed "Medical Superintendent" and sent to the County Medical Officer, County Hall, Kingston on Thames, so as to reach him not later than January 23rd.

Canvassing will disqualify.

County Hall, DUDLEY AUCKLAND
Kingston on Thames, Clerk of the
January 5th, 1937. Council.

GLOUCESTERSHIRE JOINT COMMITTEE FOR TUBERCULOSIS

STANDISH HOUSE SANATORIUM STONEHOUSE, GLOS.

Applications are invited from registered Medical Men for the post of JUNIOR ASSISTANT MEDICAL OFFICER at the Institution. No previous professional experience necessary.

There are at present 250 beds including men, women and children. There is a clinic at the medical block.

The salary is £250 per annum with board and furnished apartments and laundry in addition.

The appointment is for six months (with the possibility of extension for a further period of six months) and may be terminable within that period by one month's notice on either side.

Applications stating qualification and age and accompanied by copies of three recent testimonials should be received not later than January 19th.

Shire Hall, R. CHAPPELL MOON
Gloucester. Clerk of the Joint
January 5th, 1937. Committee.

WEST END HOSPITAL FOR NERVOUS DISEASES

In patient Department, Gloucester Gate, Regent's Park, N.W.1.

The Committee of Management invites applications for TWO RESIDENT HOUSE PHYSICIANS (male) duties to commence March 1st. Salary at the rate of £125 per annum with board residence and laundry.

Preference will be given to candidates who have held a resident appointment in a General Hospital.

Application with copies of three recent testimonials must be received by the undersigned not later than Monday, January 25th.

J. P. WETENHALL,
Secretary and House Governor.
73 Welbeck Street, W.1.

ROYAL NORTHERN INFIRMARY, INVERNESS

The Directors invite applications for the appointment to the Honorary Staff of this Infirmary as VISITING SURGEON to the Extern Department and Three Department, rendered vacant by the resignation of Dr. E. G. Colvin. Part of the duties may be obtained from the Honorary Secretary, 20 Church Street, Inverness, and applications accompanied by [illegible] copies of testimonials should be received by the undersigned not later than three recent testimonials [illegible] than January 23rd.

ROBERT GILBERT, Hon. Sec.
Royal Northern Infirmary, Inverness.

BOVRIL MEDICAL AGENCY, Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 EASTERN COUNTIES—RESIDENTIAL TOWN—Old established good mixed class PRACTICE producing for last twelve months over £3 300 including panel of 3 223 Appointment worth about £175 p a Fees 2/6 to 10/6 Suitable house with 3 reception 6 bed rooms, etc Freehold for sale Premium 2 years purchase

2 S E LONDON—Good mixed class PRACTICE averaging £1,473 p a Panel of 820 Very moderate expenses House contains 2 reception 5 bedrooms, garden garage Freehold for sale Golf, etc, and good schools Premium 2 years purchase

3 OUTLYING EASTERN SUBURB—Well established PRACTICE produc ing £600 p a, but capable of good increase Fees 3/6 to 10/6 Panel of 430 Suitable house can be rented at £90 p a Premium £1,200

4 S E. LONDON—Well established PRACTICE producing from £600 to £700 p a Including panel of 550 Suitable house available at reasonable price Premium 1½ years' purchase

5 LADY DOCTOR S PRACTICE—Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 50 Fees 3/6 to 10/6 House can be rented Reasonable premium

6 LONDON S F—LOCK UP PRACTICE—Recently established PRAC TICE producing about £330 p a No panel or appointments Suit able premises can be rented at 15/ per week Premium £350

7 LONDON WEST—Old established PRACTICE producing about £700 p a, including panel of 500 Well situated house with 2 reception, 7 bedrooms, etc Garden Leasehold for sale Rea onable premium

8 S E LONDON—Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £750 Panel of 500 increas ing House in good repair containing 2 sitting, 3 bedrooms, etc Premium 2 years purchase

9 MIDDLESEX—Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house, with 2 reception, 4 bedrooms etc For sale or on rental

10 SURREY—LARGE TOWN WITHIN EASY REACH OF LONDON—Recently established PRACTICE at present producing about £250 p a, including panel of 180 Very good scope Fees from 3/6 Suitable house in good position containing 2 reception, 3 bedrooms, etc Freehold for sale Premium £300

11 EAST COAST HOLIDAY RESORT—Surgical opening—ASSISTANT SHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Appli cants must hold the I R C S and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

12 MIDDLESEX RIVERSIDE—Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £52 p a alternatively practice can be worked as a lock up Premium 1½ years purchase

13 [illegible] ountry PRACTICE producing approximately panel and appointments bringing in about I medicine 3/6 to 21/ Suitable hou e, with 2 sitting 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years' purchase Knowledge of Welsh desir able but not es ential

14 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP—One half share is for dispo al in good mixed class Practice in rapidly develop ing district Cross ca h receipts approximately £2 500 p a Panel of over 2 000 Suitable hou e available on rental Ingoing partner must be experienced married and good worker

15 LONDON S E 10—Old established mixed class PRACTICE held by Vendor over 20 years Average gross ca h receipts £836 p a Panel of 323 One appointment worth about £26 p a Fees 2/6 to 10/6 Suitable house with ample accommodation on rental Offers invited

16 RIVERSIDE SUBURB—Recently es ablished PRACTICE producing about £200 p a and stated to offer considerable scope Panel of 100 Fee from 2/6 Suitable house with 3 reception 3 bedrooms, etc Garden Garage Rent £80 p a Premium £300

FAVOURITE SOUTH COAST TOWN — PARTNERSHIP—A three tenths share (with increa e later) is offered in an old established rapidly increasing good middle class Practice producing at present over £3 400 p a Panel of approximately 1 800 Fees from 5/ upwards Suitable maisonette avail on rental Prem 2 yrs purch

18 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE is recently establi h d and stated to offer considerable scope for increase Cross cash rec ipts for pa t 12 months approximately £400 Small hou e can be rented at 25/ per week Premium one year s purchase

19 WITHIN 12 MILES OF LONDON—Recently established PRACTICE in rapidly developing residential di trict producing for last 12 months over £1 100 Panel of 367 Fees from 3/6 Suitable house with 2 reception 4 b drooms etc and professional rooms Small garden Garage Price for freehold £1 450 Premium £1 600

20 FAVOURITE SOUTH COAST TOWN—PARTNERSHIP—A one third share (with increase later) is offered in good mixed cla s Practi e producing for last 12 months approximately £1 600 Panel of 1 350 Fees from 5/ Detached house with good sized garden containin 3 professional rooms dining room kitchen etc and 5 oth r room s bathroom etc Rent £75 p a Premium 2 years purcha e

21 LONDON NORTH WEST—Well establi hed middle and working cla s PRACTICE worked as a lock up Average gro s ca h receipts approx mately £1 100 p a, including panel of 900 and increasing fe s from 3/6 Surgery premises on rental at 30/ per week Premium 2 years purchase or near offer

22 LONDON, WEST—Old established good mixed cla s PRACTICE av r aging for past 3 years over £2 400 p a Panel of 1 400 and good appointments worth over £200 p a Fees 3/6 to 10/6 Suitable house in very good position, with 2 reception 5 bedroom , etc Le on lease £100 p a

23 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well establi hed PRACTICE averaging over £1 100 p a Including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room and profes ional room s Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

24 PARTNERSHIP — HOSPITAL TOWN—FAVOURITE RESIDENTIAL DISTRICT WITHIN EASY REACH OF LONDON—A SHARE producing about £1 100 p a (with increase up to about £1 500 p a within a short time) is offered in well established better cla Practice pro ducing over £3 000 p a Panel of about 1 800 Good fees Suitable house with 2 reception 6 bedrooms etc Garden Garage Can b rented on lease Ingoing partner should have good knowledge of medicine and surgery

25 WILTS—PARTNERSHIP—A one third share with view to succ ion later is offered in old established mixed cla s country town Practi stated to offer good scope for an energetic worker Average gross cash receipts for last 3 years £1 495 p a Panel of about 1 700 Fees from 3/6 Suitable house can be obtained or ingoing partn r could reside with Vendor Premium 2 years purcha e

26 WEST OF ENGLAND—LARGE TOWN—Very old establi hed g l mixed class PRACTICE held by Vendor (who is retiring) for pa t 35 years Average gross cash receipts for last 3 years £889 p a but formerly Practice produced over £1,300 p a and it is felt th there is good scope for increase Comfortable house with 3 recep tion 6 bedrooms etc Large garden Premium £750

27 LONDON EAST — One third share is offered (fter preliminar Assistantship of 3 to 6 months) in very old establi hed better work ing class Practice producing approximately £4,000 p a includ n large panel and appointments bringing in over £350 p a Suitabl house can be obtained Premium 2 years purchase

28 SURREY—Recently establi h d PRACTICE producing over £200 p a including panel of about 140 Stated to offer con iderable scop for increase as no other resident doctor on the e tate Well situa d house in rapidly growing area containing 2 sitting 2 bedroo consulting room Large garden Price for freehold £850 or ma h be rented Premium £250

29 LONDON — SOUTH EAST—Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointm n s worth about £170 p a Good modern house containing 2 recep ion 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800, or near offer

30 LONDON S E—PLEASANT RESIDENTIAL DISTRICT—Mixed cla s PRACTICE established by Vendor (who is retiring) over 4 years a Cross cash receipts for past 12 months £1,191 Panel of over 65 9 roomed house with garden and garage can be rented on l a Premium 2 years purchase

31 LONDON SOUTH EAST—Mixed class PRACTICE producing for la 12 months over £1 000 Panel of about 500 Visits 3/6 to 5 Suitable hou e can be rented Premium £800 or near offer

32 NORTHUMBERLAND—PRACTICE is situated in beautiful co district mainly agricultural Gross cash receipts for immediate pa year £1 065 Panel of about 520 plus mileage and appointm s worth over £50 p a Fees from 3/6 Hou e contains 2 reception 4 bedrooms bathroom etc Garden Price for freehold £1 250 Sp of all kinds and schools within reach Premium 14 years purcha

33 HOME COUNTIES—Very old established chiefly bett r class PRAC TICE held by Vendor (who is retiring) over 10 years Avera e gr s cash receipts for last 3 years £1,057 p a Panel of over 700 fe s 3/6 to 21/ Exceptionally nice house with 3 ception 6 l rooms etc Very good garden Garage Excellent schools with r reach and good social and sporting facilities Freehold for sa Premium 2 years purchase

34 SOUTH COAST — Recently established better class PRACTICE i rapidly expanding residential district Receipts for last 12 m s over £400 including panel of 60 Fees from 5/ Good deta h house with 2 reception 4 bedrooms and profe sional accom tion Large garden Rent £90 p a Premium £450

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

Printed and published by the British Medical Association at their Office, Tavistock Square, in the Parish of St Pancras, in the County of London.

ANCOATS HOSPITAL
ANCOATS MANCHESTER 4

The Hospital is recognized by the Royal College of Surgeons (England) for instruction in Surgical Practice

HOUSE SURGEON (GENERAL) required to commence duty on February 1st Appointment for six months Salary at the rate of £100 per annum with board residence and laundry

Application stating age qualifications previous experience (if any) to be forwarded to the undersigned on or before January 26th next together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORNE
Con Supt & Sec

ANCOATS HOSPITAL
ANCOATS MANCHESTER 4

ASSISTANT SURGICAL OFFICER required to assist in the Orthopædic Out-patient Clinic on Tuesday afternoons from 2 to 5 On temporary basis of 10/6 per attendance paid

Application stating age experience qualification to be forwarded to the undersigned on or before January 20th next together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORNE
Con Supt & Sec

ADDENBROOKE'S HOSPITAL, CAMBRIDGE

[illegible] for the post of ANÆSTHETIST AND EMERGENCY OFFICER An appointment will be for 1 year Salary at the rate of £130 per annum with board residence and laundry Candidate who must be unmarried and duly registered are requested to forward their application stating age qualifications etc together with copies of not more than four recent testimonials to the undersigned on or before Wednesday January 20th

W H HEAD Secretary Supt

BIRKENHEAD GENERAL HOSPITAL
(156 Beds)

Applications are invited for the following resident (male) posts for the six months commencing April 1st

SENIOR HOUSE SURGEON Salary £150 per annum (The above post is recognized by the Royal College of Surgeons of England for the six consecutive months appointment in charge of general surgical patients required of candidates before admission to the final examination for the Fellowship)

SECOND HOUSE SURGEON Salary £100 per annum

HOUSE PHYSICIAN Salary £100 per annum

CASUALTY OFFICER Salary £100 per annum

All with board residence and laundry

Application stating age nationality and qualifications together with three recent testimonials to reach the undersigned not later than first post January 20th

W H DANIELS FCIS Sec Supt

DEWSBURY AND DISTRICT GENERAL INFIRMARY DEWSBURY

The Senior Post is recognized by the Royal College of Surgeons (England)

Applications are invited for the post of SENIOR HOUSE SURGEON (male) vacant on March 1st next Salary £200 per annum with board residence and laundry

Also for the post of SECOND HOUSE SURGEON (male) vacant on the same date Salary £150 per annum with similar emolument

The infirmary is a new Voluntary Hospital of 100 beds and has the usual Special Departments with Visiting Consulting Specialists in attendance

Applications stating for which post are and Hospital experience together with copies of recent testimonials to be sent as immediately as possible to my office

FRED SMITH Secretary Supt

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds)

HOUSE SURGEON TO OPHTHALMIC AND EAR NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post

The appointment is for six months

Salary at the rate of £150 per annum

Application stating age together with copies of three recent testimonials should be sent to the undersigned

C SUNNUCK
January 4th 1937 Supt & Secretary

BOOTHAM PARK MENTAL HOSPITAL YORK

Wanted JUNIOR ASSISTANT MEDICAL OFFICER (lady) Salary £300 per annum with the usual emolument

Apply with copies of testimonials to the Medical Superintendent

HOSPITAL OF ST CROSS RUGBY
(120 Beds)

Applications are invited for the post of ONE MALE RESIDENT MEDICAL OFFICER (Third H M O)

Salary to commence at the rate of £100 per annum for the first three months £125 per annum for second three months and at the rate of £150 per annum for subsequent months Full board washing etc provided

Six months appointment and eligible on completion of service for further extension of six months

Candidates must be prepared to commence duties immediately

The practice of the Hospital offers excellent opportunity for wide experience

Certificates and references shared by R M O

Application stating age nationality and full details with copies of three recent testimonials to be sent to the undersigned

(Signed) W COCKBURN Supt Sec

HILL END HOSPITAL FOR MENTAL AND NERVOUS DISORDERS
ST ALBANS HERTS

HOUSE PHYSICIANS (two) male or female required aged under 30 years Appointment for six months at the rate of £165 per annum with board and quarters renewable for a further six months at the rate of £200 per annum The Hospital has over 1 000 beds and is the County Mental Hospital for Herts Pathological Laboratory Psychological and Child Guidance Clinic Occupational Therapy etc

Application forms from the Medical Superintendent to be returned with copies of recent testimonials before January 16th Duties to commence in February and March

LEICESTER ROYAL INFIRMARY
(600 Beds)

Applications are invited for the appointment of TWO HONORARY ASSISTANT DENTAL SURGEONS

Candidates must be Licentiates in Dental Surgery and registered in the United Kingdom

Full details governing the appointment can be had from the undersigned to whom application should be addressed not later than February 10th

CEO W COOLING Hon Sec

LEICESTER ROYAL INFIRMARY
(600 Beds)

Application are invited for the appointment of HONORARY DENTAL SURGEON

Candidates must be Licentiates in Dental Surgery and registered in the United Kingdom The Assistant Dental Surgeon is a candidate for this post

Full details can be obtained from the undersigned to whom application should be addressed not later than February 10th

CEO W COOLING Hon Sec

LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry Medical and Surgical qualifications required

Eligible for Senior post at £150 per annum after a period of satisfactory service

Application together with copies of three recent testimonials to be sent to the Honorary Medical Superintendent

MERTHYR GENERAL HOSPITAL
(122 Beds)

RESIDENT HOUSE SURGEON required for a period of six months

Salary at the rate of £150 per annum with board and laundry

Application stating age nationality qualifications and accompanied by three (copies only) recent testimonials should be addressed to the Secretary of the Merthyr General Hospital

NEW SUSSEX HOSPITAL
WINDLESHAM ROAD BRIGHTON

Application are invited from qualified Medical Women for the post of HOUSE PHYSICIAN for a period of six months Salary at the rate of £100 per annum Duties to commence January 25th

Application together with copies of three recent testimonials to be sent not later than January 18th to—

PERCY F SPOONER
January 2nd 1937 Secretary

THREE COUNTIES HOSPITAL
ARLESEY BEDS

TEMPORARY ASSISTANT MEDICAL OFFICER (male) required for a minimum period of six months Remuneration at the rate of £— per month Remuneration at the rate of £— per week together with full board lodging attendance laundry etc

Application to be sent to the Medical Superintendent

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY

Applications are invited for the post of OBSTETRICAL MEDICAL OFFICER to the above Voluntary Hospital and connected with the Institute of Midwifery Services to be rendered to between the Board of Management of the Corporation of Preston and the Lancashire County Council Preference will be given to candidates who are members of the College of Obstetricians and Gynæcologists and who hold a Diploma or a similar standing

A statement of duties and other essential particulars relating to the post together with a form of application will be forwarded to intending candidates on application to the undersigned

Remuneration will be at the rate of £1 000 per annum together with certain fees and an arrangement in regard to superannuation

Duties to commence on April 1

Application to be forwarded to the undersigned on or before January 16th

JOEL GIBSON
December 21st 1936 Supt & Sec

PALMERSTON NORTH HOSPITAL BOARD
PALMERSTON NORTH NEW ZEALAND

POSITION OF PATHOLOGIST PALMERSTON NORTH HOSPITAL (280 Beds)

Applications are invited from Medical Practitioners with qualification registrable in New Zealand and with special experience in Pathology and Bacteriology for the position of Pathologist on the staff of the Palmerston North Hospital (non-resident)

The appointee will take charge of the Pathological and Bacteriological Laboratory

Salary to commence £900 rising by annual increments of £50 to £1 000

Duties to commence as soon as possible after April 1 1937

Further particulars may be had on application to the office of the *British Medical Journal*

Application to be accompanied by copies of testimonials to be forwarded to the undersigned

A J PHILLIPPS B Com
Managing Secretary

ROYAL HALIFAX INFIRMARY
(200 Beds)

Hospital recognized by the Royal College of Surgeons of England

Wanted a THIRD HOUSE SURGEON (male unmarried) Candidates must be duly qualified and registered The appointment will be for three months ending April 30th Salary £100 including all service uniform and laundry with Paying Patient Ward £— per annum with residence board and laundry The Resident Staff consists of Resident Surgical Officer and three House Surgeons The Hospital contains 280 beds including Maternity Department and Paying Patients' Block There is also a Pathological Department Medical Department Radium Clinic and Throat Ear Nose and Throat Department

Particulars of the duties may be obtained from the undersigned to whom applications stating age nationality etc together with testimonials should be sent

A MIDGLEY
January 4th 1937 Secretary

ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY WIGAN
(80 Beds)

HOUSE SURGEON required Preferably to be registered Fellow to hold office for a period of six months Salary £150 per annum with board apartments and washing Staff consists of Resident Surgeon and three House Surgeons Applications together with copies of testimonials should be addressed to the undersigned as soon as possible

A STANLEY BROWN
January 4th 1937 Con Supt & Sec

ROYAL EAST SUSSEX HOSPITAL, HASTINGS

Application are invited for the post of HOUSE SURGEON to commence duties on February 1st The appointment will be for six months at the rate of £100 per annum with board and residence

Candidates must be duly qualified Medical Practitioners

Applications with copies of three testimonials to be addressed to the Secretary

WILFRID C REVELEY Secretary

THE DUCHESS OF YORK HOSPITAL FOR BABIES MANCHESTER (60 Cots)

ASSISTANT ANÆSTHETIST required to attend on Monday mornings An honorarium of half a guinea per session offered

Appointment to commence immediately

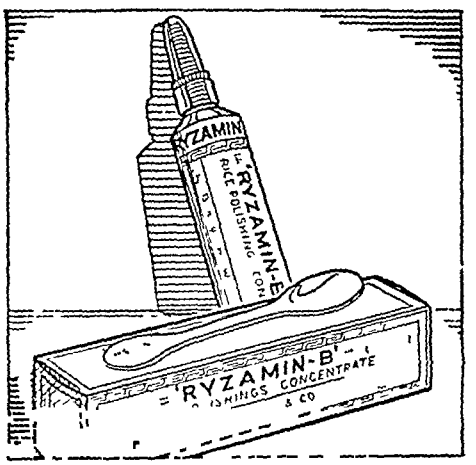
Applications to be sent to the undersigned at the Hospital by January 18th

LOUISE BAILEY Secretary

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B.M.A. House, Tavistock Square, W.C.1 (in the case of Scottish appointments, with the Scottish Medical Secretary, 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd.)*	**PUBLIC HEALTH**
APERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LOWESTOFT MEDICAL INSTITUTE. *(Medical Officer)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
CILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE. *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	
LLWYNYPIA CLYDACH VALE TENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	CORPORATION OF GLASGOW *(Child Welfare Medical Officer—Female)*
	WOLVERHAMPTON FRIENDLY SOCIETIES MEDICAL ASSOCIATION *(Medical Officer)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B.M.A. House, Tavistock Sq. W.C.1

Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch	Town or District	Hon. Sec. of Division or Branch
NEW SOUTH WALES *(All Friendly Societies Appointment)*	The Medical Secretary New South Wales Branch 135 Macquarie St. Sydney N.S.W.	**QUEENSLAND** *(Brisbane Associate Friendly Societies Institute)*	The Hon. Sec. Queensland Branch British Medical Association B.M.A. Building 35 Adelaide St. Brisbane	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon. Sec. Western Australian Branch British Medical Association 58 St. Georges Terr. Perth Western Australia
VICTORIA *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St. East Melbourne Victoria				

Jan. 6, 1937 By Order of the Council G. C. ANDERSON *Medical Secretary*

BURSLEM HAYWOOD & TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE TUNSTALL STOKE-ON-TRENT
(66 Beds—Approved Training School for Nurses)

Applications (male) are invited for the post of RESIDENT HOUSE SURGEON. Salary £175 per annum with board, residence and laundry. To commence duties on February 1st. The appointment is for six months in the first instance. Applications to be sent to the undersigned immediately.

C. E. LOWNDES, Secretary.

BOLINGBROKE HOSPITAL
Wandsworth Common, S.W.11 (135 Beds)

HOUSE PHYSICIAN (male, unmarried) required. The appointment is for six months commencing on February 1st. Salary £120 per annum with board, residence and laundry. Candidates must be fully qualified and registered.

Application, stating age, qualifications and experience, with copies of not more than three testimonials, should be sent to the undersigned on or before January 15th.

W. S. RANDOLPH BISS, Sec. Supt.

CHESHIRE JOINT SANATORIUM
MARKET DRAYTON

RESIDENT MEDICAL OFFICER (male) required for a period of twelve months at the above sanatorium of 240 beds. Salary £250 per annum.

Resident experience in general hospital essential. Form of application from the Medical Superintendent.

MANSFIELD AND DISTRICT GENERAL HOSPITAL

APPOINTMENT—HOUSE SURGEON

The Board of Management of the above Hospital (140 beds) invite application for the post of House Surgeon (male). Duties to commence January 14th. Salary at the rate of £150 per annum with board, lodging and laundry. The appointment is for six months. Staff consists of three and part-time. The staff consists of three and part-time. The appointment is renewable. House Surgeon. Application, stating age, qualification and nationality, accompanied by not more than three recent testimonials to be sent to the undersigned.

C. J. ADAMS, Secretary.

December 22nd, 1936.

COSSHAM MEMORIAL HOSPITAL
KINGSWOOD, BRISTOL

A vacancy will occur at the end of January for the post of JUNIOR RESIDENT MEDICAL OFFICER. Salary £100 per annum with board and laundry, to remain for six months in the first instance. Applicants (male) should be British nationality, fully qualified and registered. Application with copies of recent testimonials to be sent to the Secretary.

BUTE HOSPITAL, LUTON

HOUSE SURGEON (male) wanted to commence duties on February 1st. Salary £150 per annum with board, residence and laundry. Application, stating age, nationality and experience, together with copies of not more than three recent testimonials, should be sent to the Secretary of the Medical Advisory Committee at the Hospital. R. E. LINGARD, Sec.

CARDIFF ROYAL INFIRMARY AND THE WELSH NATIONAL SCHOOL OF MEDICINE

HONORARY DERMATOLOGIST AND MEDICAL OFFICER IN CHARGE OF MALE VENEREAL DISEASES CENTRE (Part-time)

Applications are invited for the dual appointment. There will be a salary at the rate of £250 per annum attached to the Venereal Diseases appointment. Both offices are associated with the Welsh National School of Medicine as Lecturer in Dermatology and Lecturer in Venereal Diseases at honorarium at the rate of £50 and £25 per annum respectively. Further particulars of the appointments may be obtained from the undersigned, with whom applications must be received not later than Saturday, January 30th.

LEONARD D. REES, Secretary.

WORCESTER COUNTY AND CITY MENTAL HOSPITAL, POWICK, nr. WORCESTER.

Applications are invited for the post of ASSISTANT MEDICAL OFFICER. Applicants must be graduates under 35 years of age, and duly registered. Commencing salary £350 per annum, by annual increments of £25 to a maximum of £450 per annum, board, lodging and furnished apartment. A further £50 per annum will be paid to the selected candidate who holds a Diploma in Psychological Medicine. The appointment is subject to the Provisions of the Local Government Officers' Superannuation Act, 1909. Application, stating age and full particulars of qualifications and experience, organised by copies of three recent testimonials, to be forwarded to the Medical Superintendent not later than Monday, January 18th.

(Appointments continued on p. 60)



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application for t
GENERAL in London Salary £600 per annum
Applicant must be registered medical practitioners with administrative experience and interest in tuberculosis
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Applications will be received by the Chairman of the Association 45 Charlotte Square Edinburgh and should be lodged on or before January 23rd

PARTNERSHIPS

FOR SALE—NORTHERN CATHEDRAL CITY PARTNERSHIP one-third share worth £1 200 odd (Auditors figure) two years purchase Panel nearly 3 000 Good middle class practice —Address No 8501 B M A House Tavistock Square W C 1

MANCHESTER —ABOUT 9 MILES WEST OF the City a QUALIFIED SHARE worth £600 is offered in sound easily worked panel and private PRACTICE Good opening for keen energetic man of 30 or under —Address No 721 B M A House Tavistock Sq W C 1

MIDLANDS —PARTNERSHIP (HALF SHARE) offered in mixed practice which has been in present hands 30 years Ultimate succession Average receipts for the past 3 years £1 200 Panel 1 000 Appointment £100 Rapidly growing town in beautiful surroundings Excellent educational and sporting facilities Great scope for energetic man Term 2 years Purchase —No 718 B M A House Tavistock Sq W C 1

NORTHERN IRELAND—WANTED PARTNER to succeed practitioner hortly retiring Seaside town convenient Belfast Small practice £500—£600 Scope No premium Would require some private means —Address No 719 B M A House Tavistock Square W C 1

PARTNERSHIP —A ONE-THIRD SHARE IS offered in old-established good-class general Practice with scope for urgency if desired purely private Income over £3 000 Near University town —Address No 709 B M A House Tavistock Square W C 1

SOUTH ENGLAND—PARTNERSHIP IN DELIGHTful country town Vendor end is separate and unopposed Share producing £1 420 p a at 2 years purchase Excellent house—THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 and 25 South Molton Street W 1

TRINITY COLLEGE DUBLIN GRADUATE aged 34 married requires PARTNERSHIP in good-class practice in South of England with income of £1 000—£1 200 Good experience of Hospital and general practice Capital available —Address No 518 B M A House Tavistock Square W C 1

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HOME COUNTIES (25 MILES LONDON)—Old established unopposed Country PRACTICE averaging over £600 p a Panel £220 p a approx Small modern house garden garage to let or sell growing district —Premium £1 000 — Address No 711 B M A House Tavistock Square W C 1

GLOUCESTERSHIRE — COUNTRY TOWN PRACTICE Cottage Hospital Over £1 100 p a Panel over 800 1½ years purchase House sale or rent —THE WESTERN MEDICAL AGENCY 22 Clare Street Bristol 1 and 25 South Molton Street W 1

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WELL ESTABLISHED MIXED NUCLEUS suitable man or woman in rapidly developing North West London suburb for immediate sale owing to illness Panel nearly 200 Price £400 or near offer Small main road freehold house and garage buy or rent —Address No 730 B M A House Tavistock Square W C 1

FOR SALE — BRANCH SURGERY IN thickly populated district (1 mile from main workers) in Yorkshire city Full assistance appointments £200 transferable Another appointment £150 also transferable Private practice over £800 three years and has now discouraged advertising time to attend to it Purchaser could have opportunity suitable hours municipal appointments Numerous openings especially for panel £500 or quite Any investigation welcome —Address No 731 B M A House Tavistock Square W C 1

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YORKSHIRE—OLD ESTABLISHED COUNTRY PRACTICE for sale Income over £1 600 audited account Panel 900 Excellent little night work Easily reached two large towns House to rent garage nice garden —Address No 701 B M A House Tavistock Sq W C 1

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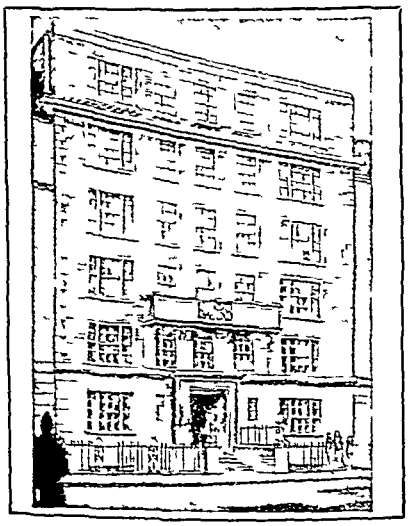
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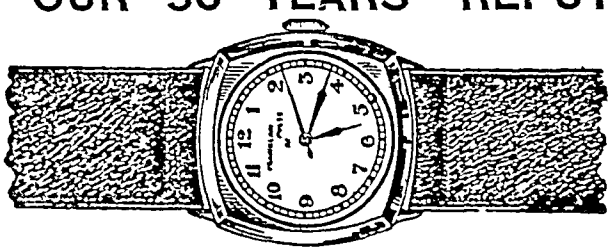
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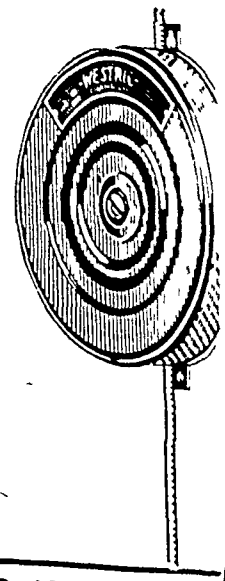
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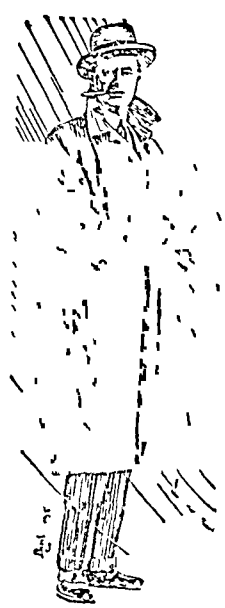
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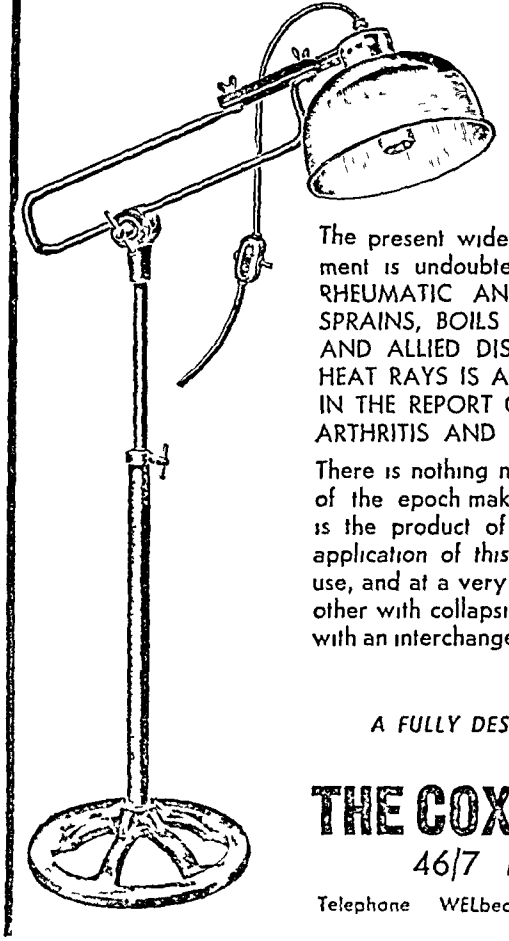
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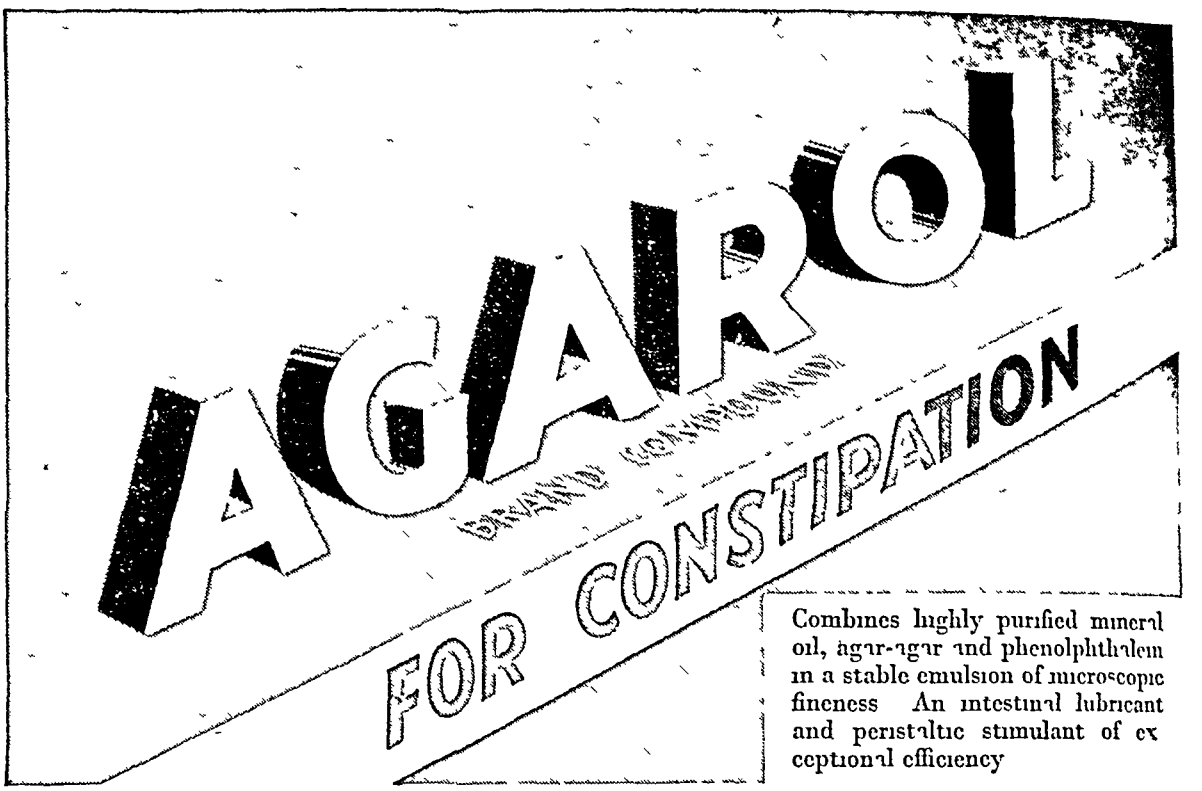
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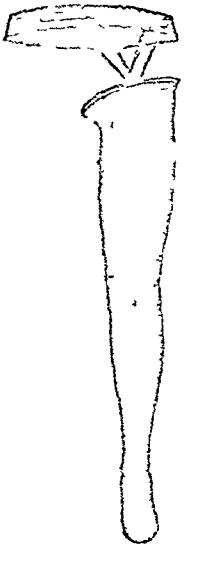
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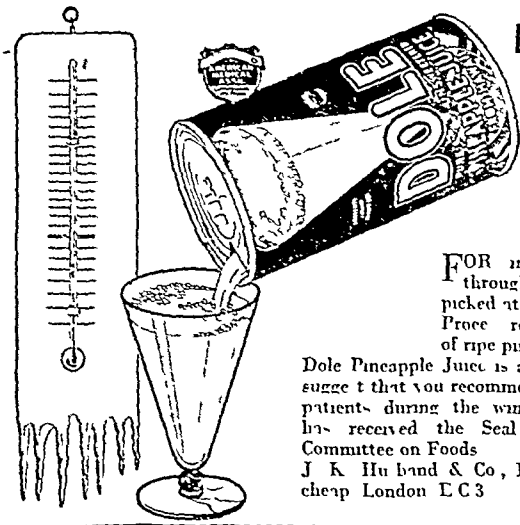
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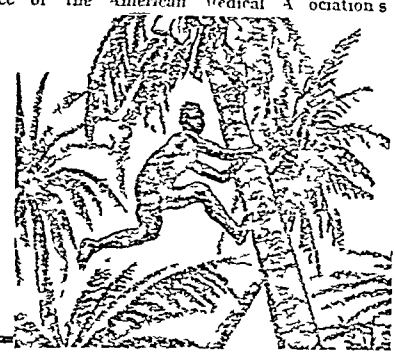
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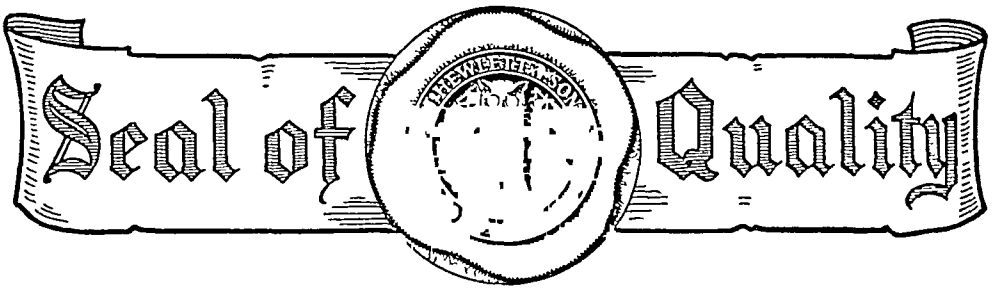
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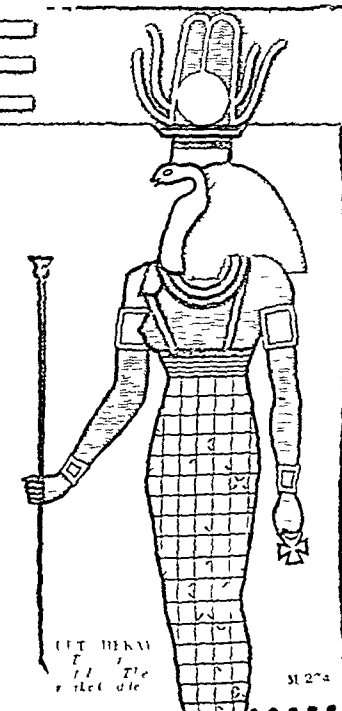
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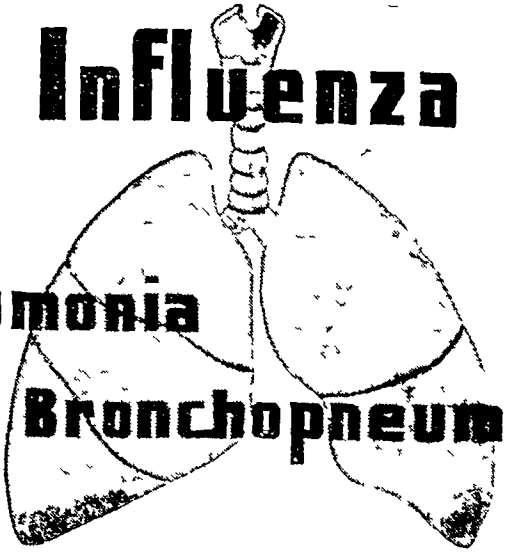
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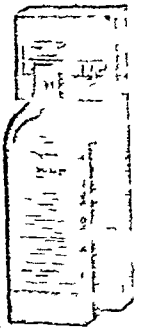


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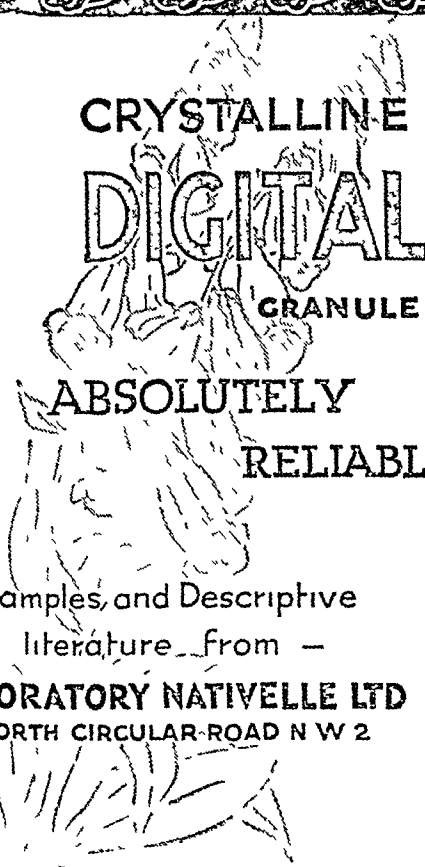
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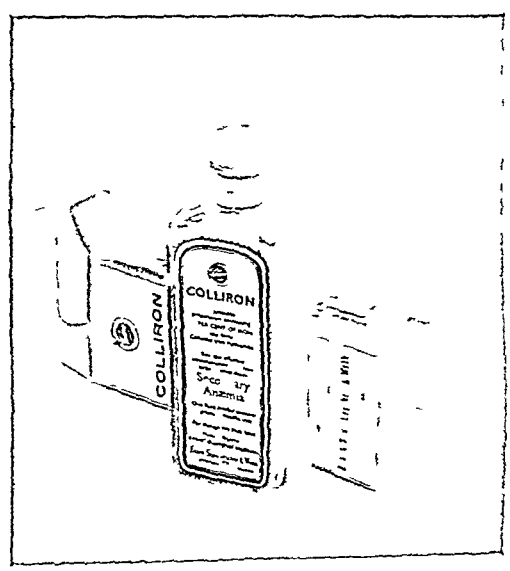
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may modify temporarily the course of the disease, whatever its basic cause may be

First, rapidity of mobilization may be increased by a stimulus which is often an infection, but which may be purely psychic and may suddenly convert a comparatively mild case into a very grave one When this happens enormous doses of insulin may prove to be insufficient to reduce the hyperglycaemia until the stimulus has subsided An alternative explanation of the huge doses required is that the infection interferes directly with the action of insulin, but this has not been proved, and if it really were the case we should expect to find glycosuria in non-diabetic persons whenever they were subjected to a profound toxaemia Secondly, the functional capacity of the utilizing tissues has to be considered The muscles differ from any machinery known to us in that they can burn themselves to provide their own fuel Muscles must have carbohydrate in order to function, and if it is not supplied they will destroy themselves in order to produce it It would seem unreasonable to expect them, while so engaged, to use fuel to their maximum capacity This, I believe, is the explanation of the benefit seen in the modern high carbohydrate diet, as it renders this wasteful chemical process unnecessary, and it also explains in many diabetics the improved tolerance, which may continue long after their insulin dose has been apparently stabilized

These factors—the rapidity of mobilization and the health of the tissues—must be borne in mind in every case that is under treatment, and a careful search should be made for septic foci in teeth and tonsils, and in particular for tuberculosis of the lungs If insulin is to be regarded as a diagnostic as well as a therapeutic weapon it must be remembered that it will lower the blood sugar, temporarily at any rate, in every one, whether there is any pancreatic deficiency or not, and if the pancreas be normal there will be overstorage, and we will be dealing with a toxicological rather than with a pharmacological effect This is a point which I cannot emphasize too strongly

Twenty years ago the state of the urine was regarded as the criterion of successful treatment Later the recognition of renal glycosuria showed that this might be fallacious, and the blood-sugar level took its place Taken by itself a fall in the blood-sugar level may be equally fallacious, and it can only be considered beneficial if it be accompanied by an improvement in the patient's general health

Increased Mobilization

In the first group, due primarily to overproduction, are the comparatively rare cases following acromegaly, in which there is a pituitary overactivity, and in them, as would be expected, the response to insulin is poor Probably many of the cases associated with hyperthyroidism also belong to this group It is a not very uncommon combination, and in my experience these cases do badly both with diet and with insulin, and the only successful treatment I have seen has been the prompt removal of the thyroid, although insulin may have to be continued after the operation, as there is often a combination of defects Thus in a woman aged 55, with a basal metabolic rate of +52 per cent, the urine was loaded with sugar and acetone, and the fasting blood sugar was 0·395 gram per 100 c.cm despite 50 units of insulin a day Thyroidectomy was performed, and the urine is now sugar-free and the fasting blood sugar is 0·162 gram per 100 c.cm on 20 units daily, and the patient is in good health

In a certain number of cases the primary lesion appears to be in the brain itself There may be a history of overanxiety for some time prior to the illness, or a family history of nervous instability, and while 70 per cent of adult diabetics give a history of obesity these patients may have been thin always I invariably suspect overmobilization if such a history is obtained I will quote two cases in illustration of this

Case I

A girl, aged 18, had a history of meningitis (cause unknown) in infancy Two brothers had died of meningitis and another brother later committed suicide Sugar was discovered in her urine prior to an operation for chronic appendicitis She was dieted and underwent the operation successfully For the next two years she remained in good health, but it became more and more difficult to keep the blood sugar at the normal level and the urine free from sugar When insulin was introduced into this country it was therefore decided to try it For a time she became sugar-free, but her health did not improve, she became obese, and in spite of the fact that she had several alarming reactions after exercise it became impossible to keep her free from sugar, and a further increase of the dose of insulin made her ill For a time she was in the London Hospital, under the care of Dr Otto Leyton, to whom I am indebted for further information It was found that when given a dose of 50 units of insulin just before a meal containing only 5 grams of carbohydrate the blood sugar fell very slowly from 0·25 to 0·167 gram per 100 c.cm in eight and a half hours Without insulin the fasting blood sugar varied from 0·26 to 0·16 gram per 100 c.cm Dr Leyton agreed that she was resistant to insulin, and its use was discontinued Although insulin produced no clinical improvement it did produce two effects—hypoglycaemic attacks and obesity

The hypoglycaemic attacks, which always occurred after exercise, showed that the muscles were capable of utilizing sugar, but insulin had interfered with the supply and the obesity was apparently the result of overstorage After insulin had been discontinued her health improved, and she continued to live a normal life on a moderate dietetic restriction and without insulin, until she dislocated a cartilage in the knee She said this made life unbearable In view of the previous successful appendicectomy the risk of another operation was not considered to be an undue one, and it was accordingly performed Acetone appeared in the urine in large amount two days later, and in spite of the administration of 600 units of insulin, which had no effect whatever on the blood sugar, a fatal coma developed a week later Unfortunately the brain and pituitary could not be examined, but Dr Susman, who examined sections of the pancreas, and who at that time knew nothing of the history of the case, found that the islet cells were few in number, were largely made up of alpha cells, and a few showed degeneration He reported that "the features as a whole suggest that the pancreas and islet function have been interfered with through paralysis of the nerve supplying the pancreas, the histological findings closely resembling those described by Opie as due to paralysis"

Here, although there was a deficiency of islet tissue, the case was definitely resistant to insulin, and there was no defect of utilization I can only explain it as one in which the primary lesion was due to disturbance of mobilization arising from meningitis in childhood, mobilization being so stimulated by operation that a profound ketosis developed, terminating in coma Another point in this case, which I think should be emphasized, is that for a time insulin brought the blood sugar to normal, but as a result made her fat and ill

Case II

Another case, a male aged 53 developed diabetes after a prolonged period of overwork He complained of palpitation nervousness, and tremulousness, but the basal metabolic rate was not increased and an x-ray of the pituitary fossa was normal He responded poorly to insulin The fasting blood sugar varied from 0·26 to 0·365 gram per 100 c.cm, even

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made her feel worse There was a considerable anaemia, and as it was associated with numerous retinal haemorrhages (a very rare condition in uncomplicated diabetes under middle age) I had a blood count done This showed a typical pernicious anaemia Insulin was stopped and liver treatment substituted, and she is now able to take a diet containing 8 oz of bread without any insulin at all, and she has since remained in good health

A still more remarkable case was admitted to the Infirmary in June, 1936 A woman of 56 was on the verge of coma, the urine was loaded with sugar and acetone and the blood sugar was 0 336 gram per 100 c cm A blood count showed 1,830,000 red cells, 44 per cent of haemoglobin, and a colour index of 1 22 There was also auricular fibrillation Owing to the proximity of coma it was felt to be unjustifiable to withhold insulin altogether, and she was given two doses of 15 units on the day of admission and liver injections were started immediately No more insulin was given, and the red cell count dropped to 980,000 during the next three days, but after that a rapid improvement set in and two months later the count was 4,018,000, with 78 per cent of haemoglobin, and on an ordinary diet without insulin the fasting blood sugar was 0 19 gram per 100 c cm

Effects of Arteriosclerosis

Perhaps the most difficult group is that in which arteriosclerosis is the predominant feature Here the glycosuria is often mild—apart from an infection there is no acetonuria—the diabetic symptoms are not severe, and there may be no loss of weight Often, indeed, sugar is discovered accidentally when the patient comes under treatment for some condition such as gangrene, carbuncle, cataract, or a coronary thrombosis It may be that the glycosuria clears up spontaneously for a time, and every surgeon is familiar with cases of carbuncle and gangrene in which the sugar disappears after the infection has been dealt with In some of these patients a considerable improvement follows the administration of insulin, and in them the usual explanation that we are dealing with an arteriosclerosis of the pancreas is probably correct In others, however, only a partial improvement or no improvement occurs, and a defect in some factor other than the pancreas may be responsible What this factor is I am unable to say, possibly it is an insulin kinase as postulated by Himsworth, but I believe that here the primary condition is not an inability to store glucose and make it usable, but an inability of the tissues to use the sugar

I have already mentioned the question of efficient utilization and I will now return to it in more detail, as its importance is often overlooked Diabetics are liable to attacks of hypoglycaemia when taking insulin Now hypoglycaemia may be due to one of three causes

(i) A deficient mobilization of carbohydrate such as occurs in von Gierke's disease,
(ii) Overstorage, or
(iii) Over-utilization

In young diabetics these hypoglycaemic attacks are most likely to occur after exercise—that is, although the capacity to store is deficient, utilization is unimpaired In the arteriosclerotic group exercise is an uncommon cause of hypoglycaemia Hypoglycaemia does occur but it is of a different type, it may come on at any time, possibly during the night and does not seem to follow any particular exertion Often excess of insulin is shown not by any definite attack but by a feeling of vague ill-health periodic headaches or an increasing obesity Priscilla White has shown that even young diabetics may develop arteriosclerosis if given too much fat, and clinically we find that a young patient who in the early stages of treatment was very liable to hypoglycaemic attacks after exertion gradually becomes free from them Here the most probable explanation is that a developing arteriosclerosis adds an impaired utilization to the clinical picture

At the same time the renal threshold tends to rise, and the patient will often tell you that he only feels well when the blood sugar is considerably above the figure of 0 1 gram per 100 c cm This heightening of the renal threshold is commonly found in arteriosclerotic diabetics and I regard it as not due to any deficiency of the kidneys but rather to a conservative process It is necessary for these people that the blood sugar should be considerably above the normal level in order that they may overcome a deficient utilization Indeed I have seen an arteriosclerotic diabetic who was in insulin coma, although the blood sugar was exactly 0 1 gram per 100 c cm Later I again examined the blood when he was feeling well, and although sugar-free the fasting level was then 0 225 gram per 100 c cm

The optimum level for a particular person therefore may be very much above the so called normal level, and the distinction between the two is of great practical importance Arteriosclerosis is a gradual process which may take many years to develop, and, like diabetes, it may be strongly hereditary When examining cases inquiry should be made not only about a history of glycosuria in other members of the family, but whether there has been any liability to the arteriosclerotic forms of heart disease, cerebral haemorrhage, or gangrene There is often a history of obesity in these cases, usually of long standing, but when the symptoms of diabetes develop the loss of weight may be trivial There is no history of a rapid increase followed by a rapid decrease of weight such as I have described in the pancreatic cases, and despite the obesity acetonuria does not arise except in the presence of an infection In some of the cases there appears to be an associated pancreatic defect, and insulin may be required either permanently or temporarily but in others it either has no effect or it makes them definitely ill

We can only find out what its action will be by a cautious trial, relying not on the blood sugar, the optimum level of which we cannot know for each particular patient, but on the clinical findings I will quote two instances to illustrate the type of case to which I am referring The first is so mild that it cannot be called a true diabetes

A female, aged 25, complained of boils, and a little sugar was found in the urine This disappeared after infection had ceased, and a blood-sugar curve taken then was normal There were no symptoms of diabetes, the general health was good, and there was no obesity Her father had had diabetes and gangrene of both legs, and a sister, aged 45, weighed 18 st and had had glycosuria for many years

My interpretation of this case is that she is a potential arteriosclerotic with a defective utilization The boils led to a stimulus of mobilization and sugar appeared temporarily, but a normal blood-sugar curve showed that storage was normal In the course of time she will become an arteriosclerotic diabetic like the rest of her family A second case was more advanced

A woman aged 46 complained first about her eyesight, and incipient cataract was found in both eyes There were no symptoms of diabetes She felt well, and had no loss of weight the blood pressure was 180/86 mm Hg and the urine contained sugar but no acetone and no albumin The blood sugar was 0 203 gram per 100 c cm Her father had had diabetes with cataract, and died of arteriosclerosis and heart failure She was given a diet of 2,400 calories and 20 units



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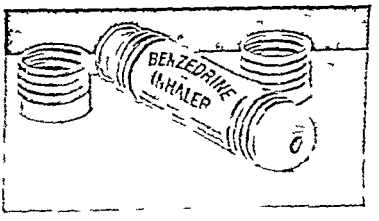
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It is of interest to note that Vinson (1928) compared the frequency of the incidence of haemoptysis in one hundred unselected cases of pulmonary tuberculosis, of mitral stenosis, and of chronic bronchiectasis, and he found that this was greatest in the last-mentioned disease From his observations he concluded that pulmonary tuberculosis was regarded as the usual cause of haemoptysis merely because of the frequent and widespread prevalence of the infection whereas the actual relative incidence of haemorrhage was greater in other less commonly recognized pulmonary lesions Wurtzen (1936) also recorded that of 5 264 admissions into a sanatorium between January, 1929, and August, 1935, 869 cases were admitted on account of haemoptysis, and it was found that only 582 of these 869 patients were suffering from pulmonary tuberculosis Thus in approximately one out of every three cases the cause of the haemoptysis had been misinterpreted, and the actual causative lesions found in these 287 incorrectly diagnosed cases were pneumonia in fifty cases, new growth in twenty, cardiac disease in sixty, and epistaxis in fifty-eight

The development of x-ray examination of the chest was the first great advance in the positive differential diagnosis of pulmonary pathology, and the value of this has been enhanced within the past ten years by the use of contrast material within the bronchi (lipiodol, etc) and the perfection of the technique of bronchography Following the introduction of radiological examination of the chest it was found that in many cases of haemoptysis there was no demonstrable pulmonary lesion, and in such cases it was assumed that the source of the haemorrhage was a tuberculous focus near the hilum This assumption prevailed until further assistance in diagnosis was rendered by bronchoscopy, and to day the bronchoscope is very slowly being recognized as an instrument of precision for the diagnosis and treatment of bronchial and pulmonary lesions and not merely as a mechanical means for the extraction of foreign bodies from the bronchial tree In 2 per cent only of the patients treated at Chevalier Jackson's clinic (1934a) was bronchoscopy performed for such accidents notwithstanding an enormous increase in the number of foreign body cases In *The Eye, Ear, Nose and Throat* (Practical Medicine Series, 1931, p 570) it is stated that the history of the progress in the more accurate understanding of diseases of the chest runs *pari passu* with the more widespread use of bronchoscopy,' and its immense value in this respect has been aptly compared with the value of the cystoscope in genito-urinary disease

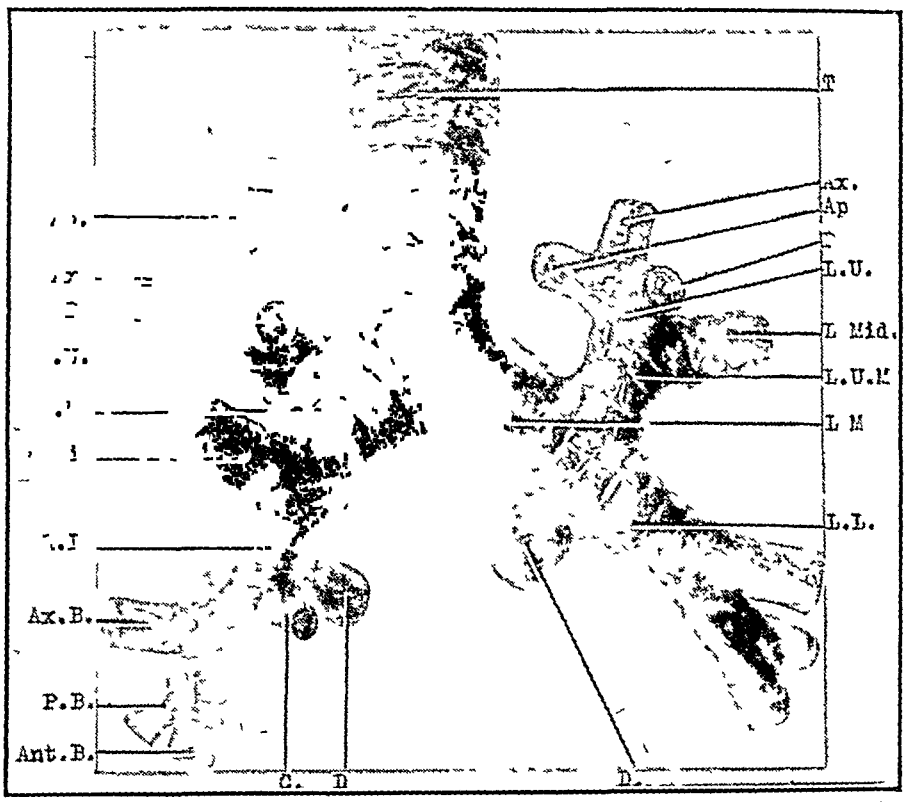


FIG A—T Trachea Ap Apical bronchus Ax Axillary bronchus P, Pectoral bronchus R and L M, Right and left main bronchi R and L Mid Right and left middle lobe bronchi R and L L, Right and left lower bronchi Ax B Axillary basic bronchus P B, Posterior basic bronchus Ant B, Anterior basic bronchus C Cardiac bronchus D Dorsal bronchus R and L U Right and left upper lobe bronchi L U M, Left upper and middle common stem bronchus

Haemoptysis of Unknown Origin

Gerlings (1935) has written that "bronchoscopy as a diagnostic procedure is indicated, in fact is indispensable in certain cases of haemoptysis of unknown origin Recognition of the causative disease can only be made by bronchoscopy" In a series of several hundred cases referred for bronchoscopy for all causes we have encountered six patients suffering from recurrent haemoptysis who exhibited no physical or radiological signs of pulmonary disease In these six cases the causative lesion was found by bronchoscopic examination to be one of the following tracheal varix, chronic non specific granuloma simple new growth, or malignant neoplasm

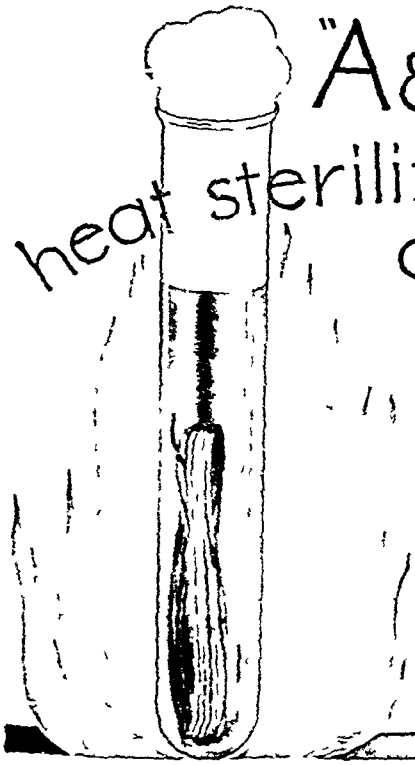
The nomenclature used in the following case histories to indicate the situation of the lesions is based on the description of the bronchi given by Nelson (1934) and a semi diagrammatic picture of the main bronchi and their branches is shown in Fig A

Tracheal Varix

Haemoptysis without physical or radiological signs occurred in one patient of the present series, and the source of the bleeding was found by bronchoscopy to be a varix of the tracheal wall

Case 1—A male aged 60 complained of recurrent haemoptyses for five months and while under observation he coughed up bright red aerated blood on more than one occasion Clinical examination and repeated direct and contrast radiological examination did not reveal any manifest abnormality in the chest The patient was known to have a chronic juxtapyloric peptic ulcer which was shown by x rays The sputum was negative for tubercle bacilli, and the blood Wasserman reaction was negative

Bronchoscopy showed a varicosity about 1½ cm in length by 1 cm in breadth on the left antero lateral wall of the trachea immediately above the bifurcation (Fig 1 Special Plate) This area bled during examination, and was the



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bronchoscopically, one is obliged to concede that the only means of making a definite diagnosis of benign neoplasms in the bronchus in a living patient is by bronchoscopy"

Malignant Neoplasms

Malignant neoplasms of the bronchi are common, their manifestations are legion, and their symptoms may appear in manifold guises—asthma, tuberculosis, unresolved pneumonia, lung abscess, bronchiectasis, etc, may all be simulated It is now recognized that carcinomata arise primarily in the bronchi either from the mucosa or from the deeper glands in the submucosa, and Kramer and Som (1936) have concluded from an analysis of a large series of cases that 62 per cent of these growths occur in the larger bronchi, 15 to 20 per cent in the small branch bronchi, and that parenchymal carcinoma is very rare It is the experience of the writers of this article that the majority of bronchial carcinomata arise within the first half-inch of the main bronchi below the tracheal bifurcation A large number of growths are therefore within easy access of the bronchoscope, and Jackson (1934c) has written that the "bronchoscope affords the only means of making an early and positive diagnosis of malignant disease of the bronchi and lungs,' and that "a cancer no larger than a grain of wheat can be found in the bronchus and removed for histologic examination if only the opportunity for bronchoscopy is afforded"

Haemoptysis is a common symptom in cases of malignant neoplasm of the bronchi Farrell (1936) analysed the clinical signs in a series of fifty cases of bronchial carcinoma, and he found that haemoptysis was present in 48 per cent of cases, though not necessarily as an early symptom Ormerod (1933) is of the opinion that in the early stages the sputum is merely blood-streaked, and as the disease advances the haemoptysis ceases, to reappear in the later stages as profuse haemorrhages

Three cases of carcinoma of the bronchus are described below in which haemoptysis was the only sign present All of the cases had been fully investigated clinically and radiologically, and they bear out Hudson's (1933) contention that bronchial neoplasms can be recognized endoscopically before they can be detected by x-ray examination

Case IV—A female, aged 37, complained of recurrent haemorrhages from the chest with after-weakness' of two years duration Physical signs were absent, and repeated direct x-ray examinations and lipiodol bronchography were negative The sputum was negative for tubercle bacilli, and the blood Wassermann reaction was negative Bronchoscopy revealed a small haemorrhagic fungating area at the junction of the right middle and lower lobe bronchi (Fig 4, Special Plate) It was impossible to remove a piece of tissue for examination but clinically there was no doubt as to the nature of the lesion

Case V—A male, aged 49, complained of pain in the left chest morning cough slight dyspnoea, and recurrent haemoptyses of nine months duration Routine clinical examination did not reveal any evidence of organic disease Repeated direct x-ray examinations and lipiodol bronchography were negative Fig 7 (Special Plate) shows the normal bronchogram of this patient His sputum was negative for tubercle bacilli and the blood Wassermann reaction was negative

Bronchoscopy showed an early carcinoma affecting the anterior wall of the left lower bronchus immediately above its division into its terminal branches (Fig 5, Special Plate) The biopsy report was bronchial carcinoma Ten 1 5 millicurie radon seeds were inserted into the growth

This patient was examined three months later by the bronchoscope and the tumour had then entirely disappeared, there remained only some congestion of the bronchial mucosa over the situation at which the radon seeds had been implanted A Tudor Edwards radon carrying tube was inserted into the lumen of the bronchus for a week subsequently

Case VI—A female aged 24, complained of cough and recurrent haemoptyses of ten months duration She stated that she had been investigated previously in hospital and discharged as a case of bleeding from the gums She was admitted to Fazakerley Sanatorium, where routine clinical examination was negative Direct x-ray examination by D A E Connolly and lipiodol bronchography showed no pulmonary lesion Her sputum was negative for tubercle bacilli and her blood Wassermann reaction was negative

We performed bronchoscopy with the consent of Dr Cra and this revealed an early carcinoma affecting the lateral aspect of the left main bronchus (Fig 6, Special Plate) She was discharged from the sanatorium as non tuberculous and admitted to the Royal Southern Hospital, where ten 1 5 millicurie radon seeds were inserted into the growth Fig 8 (Special Plate) shows the radon seeds in position and indicates the situation of the growth

The morning haemoptyses persisted and three months later although physical and radiological evidence of disease was still absent, bronchoscopy showed that the neoplasm had progressed very considerably, and a further ten radon seeds were inserted into the growth It was impossible to obtain a piece of tissue suitable for histological examination, but the clinical picture left no doubt as to the malignant nature of the tumour

Malignant bronchial neoplasms do not give rise to radiological signs until the growth has spread so as to partially or completely occlude a bronchus, has infiltrated the lung parenchyma, or has given rise to secondary deposits in the mediastinal glands We have encountered cases of proved bronchial carcinomata in which previous repeated x-ray examinations have shown no abnormality over periods extending up to two years All such growths are infiltrative, they cause early fixity and rigidity of the bronchial wall with a consequent absence of the normal bronchial movements, and even before true tumour formation has occurred the bronchial markings will be distorted or absent, or the rings will appear to be drawn together Thus a characteristic picture is produced which can be identified readily with the bronchoscope

Several cases of haemoptysis due to secondary involvement of the trachea or bronchi from primary oesophageal or thyroid neoplasms without clinical or radiological pulmonary signs have been observed, but these have not been included in the series, as the causative lesion left no doubt as to the origin of the haemorrhage

Technique

Except in patients who were very ill, bronchoscopy has been carried out with local anaesthesia This is a safe and painless procedure if performed with gentleness and consideration for the patient, and it is no exaggeration to state that several of our patients have requested further bronchoscopic intervention following the relief they had experienced from therapeutic bronchoscopy Anaesthesia is induced by preliminary spraying of one nasal fossa, the pharynx, and the laryngeal vestibule with a 5 per cent solution of cocaine hydrochloride diluted with an equal quantity of liq adrenaline 1 in 1,000 from a de Vilbiss No 15 atomizer A No 5 gum elastic catheter is passed through the anaesthetized nasal fossa, then through the glottis, and 2 to 3 c cm of the anaesthetic solution is injected directly into the trachea Anaesthesia is sufficiently profound after a lapse of ten minutes to permit the passage of the bronchoscope with very little discomfort to the patient, and in no case has any anxiety been caused following the use of the cocaine and adrenaline solution of this strength The bronchoscope is introduced directly into the larynx without the additional aid of a direct laryngoscope, as this latter manœuvre has been found



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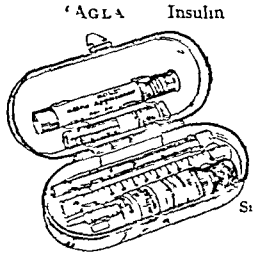
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THE RESULTS OF CORNEAL TRANSPLANTATION *

BY

J W TUDOR THOMAS, D.Sc., M.D, M S., F R C.S

Honorary Ophthalmic Surgeon Cardiff Royal Infirmary, Associate Surgeon in Charge of Corneo-Plastic Department Central London Ophthalmic Hospital

(WITH SPECIAL PLATE)

In this paper it is intended to present an account of the results of corneal transplantation as carried out by ophthalmic surgeons in recent years The numerous operations during the hundred years dating from the early part of the nineteenth century were nearly all failures, and will not be discussed in this paper Opinion in this country was summarized by Sir John Parsons in his textbook *Diseases of the Eye* in 1924 in the following words

'Keratoplasty, or the excision of a small disk of scarred cornea, and its replacement by a disk of rabbit's or human cornea is practically never successful, the transplanted tissue rapidly becomes opaque"

It is now recognized that successful results by corneal transplantation can be obtained, but conclusions as to the value of the procedure can only be based on published papers containing details of all the cases attempted—successes and failures—rather than on publications describing isolated successful cases In this paper a summary of my own results will be given, together with those of Elschnig, Filatov, and Castroviejo

Scheme of Classification

Inasmuch as the technique of the operation varies according to the ideas of the surgeon concerned, it becomes of interest to compare the results obtained by the different methods Such a comparison is not easy, because the standard of success is not uniform, and the methods of recording results are individual and arbitrary A scheme for the classification of the cases operated on is given in this paper, and a simple method of recording the results If other surgeons would adopt this classification and summarize their results in a uniform manner it would greatly facilitate the comparison of results that will be necessary to establish the best operative technique Complicated and involved schemes might be put forward, but probably the more complicated they are the less one could rely on the accuracy of the information conveyed The simple scheme which is suggested would convey accurate and valuable information, the necessity for the various groupings is based on practical experience It would indicate clearly under which headings the type of case, and the result, should be classified, and can be incorporated in the publication of details of cases as a convenient form of summary The eyes should be classified into three main groups, and the results of each group given separately

Group A —Suitable eyes in favourable patients

Group B —Suitable eyes in unfavourable patients—for example in a baby or a patient with much nystagmus, much photophobia etc

Group C —Unfavourable eyes by reason of

(*a*) Extra ocular conditions—for example, symblepharon

(*b*) Intra-ocular conditions—for example ante staphyloma, leucoma adherens, chronic irideo with secondary cataract, etc

(*c*) Intra-ocular and extra ocular conditions

By the term "suitable eye" is meant an eye with a opaque cornea, a fairly normal anterior chamber, reas ably good tolerance of light, and normal tension Th conjunctival sac should be clean and free from gros abnormality Some surgeons who find that results va according to whether the cornea is completely scarred o contains some transparent tissue like to subdivide th cases on this basis The above scheme could be adapted to this purpose by splitting Group A into two subgroup —(i) and (ii)

Scheme for Recording Results

In general the primary test of success is the degree o transparency of the graft and the absence of an opaq new membrane immediately posterior to it The objec of the operation is to produce a graft that will remain clear, and if this object is accomplished the operation must be considered successful though it may be on a defective eye whose vision, even though a transparent graft, may be extremely poor It is therefore on the basis of transparency of the graft after a period of, say, six months that the results should be analysed, rather than on the visual results, which so frequently require explanations and references to other abnormal states of the eye before they can be assessed at their correct values This scheme does not preclude details of visual acuity from being recorded, and although intended as a useful form of summary can well be utilized as a classification for the publication of details of individual cases

It should be clearly indicated whether the figures refer to the number of operations or the number of eyes operated on The former is desirable as it would include all the failures, but there is no reason why both should not be summarized The following six headings will include all types of results and are suggested as easy groups for the classification of corneal grafts

Successes	Group 1	Clinically transparent
	Group 2	Slight degree of opacity in or behind graft
	Group 3	Much opacity—but less than original corneal opacity
Failures	Group 4	Much opacity—equal to, or worse than, original corneal opacity
	Group 5	Graft detached
	Group 6	Eye lost

By classifying results in this way one can see at a glance how successful or how poor the results are Groups 1, 2 and 3 are successful in their various degrees and Groups 4, 5, and 6 are failures I would emphasize the fact that a new formation of opaque tissue immediately behind the graft, so prone to occur in eyes with old iridocyclitis or leucoma adherens must be considered as part of the graft and however clear the stroma of the graft the endothelial opacity must be accepted and assessed for the categorical record of the result

Results of Operations

For the purpose of comparison, and in order to form a true estimate of the value of the operations for corneal transplantation, one should know the results of all the operations of that nature performed by the surgeons concerned Isolated reports of successful cases, although of interest and encouraging, do not form a true basis for an estimate of the chances of success of the operation and how the chances vary under certain conditions Si

* Read in the Section of Ophthalmology at the Annual Meeting of the British Medical Association Oxford 1936

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 16 1937

CLASSIFICATION OF THE GLYCOSURIAS*

BY

T H OLIVER, M D, F R C P

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If the mortality statistics of diabetes mellitus be consulted it will be found that the expectation of life for all classes of the disease has been increased by some three and a half years since the introduction of insulin On analysis it will be seen however, that this gain is confined entirely to the younger patients and after the age of 55 the mortality has continued to increase at approximately the same rate as prior to 1922 This surely is a fact of the greatest significance, and while the value of insulin cannot be overestimated, anyone with a considerable experience of the disease can recall a number of cases in which it has failed to produce the results expected of it This failure is commonly, and often rightly attributed to the patient's inability to keep strictly to the regime prescribed for him but in a proportion the blame is unjust and the failure lies elsewhere

The glycosuria of a man of 80, which has been present for twenty years and the acute diabetes of a child of 8 may both give the same fasting blood sugar figures and both are labelled as diabetes but clinical experience teaches us that the outlook and the treatment necessary differ entirely in the two cases In other words we have not made a sufficient attempt to differentiate the types of glycosuria and may use our remedy blindly in cases where the primary fault is not a deficiency of the pancreas

Unfortunately this confusion is increased as many text books of medicine state definitely that diabetes mellitus is due to a deficiency of islet tissue though physiology has demonstrated that glycosuria may be due to a large variety of causes Again, statistics show that while the mortality in patients under 14 is due to coma in 100 per cent of the cases in patients over 75 no deaths are due to this cause and in fact the liability to coma decreases continuously as the age advances So while the young patient dies directly from the disturbance of his metabolism in the older one the complications are the dominant factor a fact which alone suggests a wide difference of aetiology

Carbohydrate Metabolism

The classification of the cases is therefore a matter of supreme importance in deciding both on the prognosis and on the line of treatment to be followed and it can only be attempted if we bear in mind the physiology of carbohydrate metabolism and differentiate our cases on this basis Before trying to make such a classification I would recall certain facts in the complicated subject of carbohydrate metabolism

Three groups of organs appear to be involved In the first we have the nervous system, the pituitary the thyroid and the adrenals which seem to be concerned with katabolism and the mobilization of carbohydrate from the carbohydrate stores The production of glycosuria by nervous stimuli has been known for many years but the fact that it only occurs when the pituitary is intact suggests that its action is an indirect one Recently an extract of the anterior lobe of the pituitary has been prepared which will produce hyperglycaemia, ketosis, and lipaemia in a normal dog One school considers that many cases of diabetes mellitus are primarily due to a pituitary overactivity Again the thyroid will produce an increased breakdown of liver glycogen and the blood sugar curve in hyperthyroidism may closely resemble that of a case of mild diabetes mellitus Although I am unaware of any case of permanent glycosuria due to an overaction of the adrenals the action of adrenaline in producing hyperglycaemia is well known and as it does not occur if the liver has been removed it is almost certainly due to a breakdown of liver glycogen

In the second group we have the islet tissue and though fourteen years have elapsed since the discovery of insulin its action is still incompletely understood It does appear however to be concerned with the storage of glucose as glycogen, and it seems that glucose must undergo this process before it can be used by the tissues Insulin is therefore anabolic and in some respects antagonistic to the first group

Thirdly we have the liver and the muscles which are the great storehouses of carbohydrate The latter also are the principal users of sugar but their share in the production of glycosuria I will leave for the moment, until I am discussing the subject from its clinical aspect

Possible Causes of Hyperglycaemia

There would appear then, to be four possible causes of hyperglycaemia

1 An increased katabolism leading to an increased mobilization of carbohydrate and fat from the storehouses in which the nervous system the pituitary the thyroid and possibly the adrenals are involved

2 A diminished capacity to store owing to lack of insulin

3 A defect in the storehouses themselves—the liver and muscles

4 An inability of the tissues to use

Unfortunately the cases are not always clear-cut—two or more organs may be involved or the disturbance of one organ may throw such a strain on another that it, too gives way Nevertheless I will attempt on this basis to make a clinical classification of the glycosurias Before doing so I would draw attention to two factors which

* Presidential address delivered on October 14 1936 to the Manchester Pathological Society

suitable cases success by corneal transplantation, resulting in a clear or partially clear graft, appears to be as follows

Elschnig	46 per cent
Filatov	43 ,,
Castroviejo	81 ,,
Thomas	83 ,,

This comparison would be rendered much more accurate if the scheme outlined in this paper were utilized as a summary in future publications on this subject To put the results on a very broad basis, the results of all four surgeons (by various operative techniques) show that in 216 operations on suitable cases 110 were successful—that is, about 50 per cent—and in 338 operations on all the cases, favourable and unfavourable, 131, or 38 per cent, were successful These figures indicate that corneal transplantation is now an operation offering a good chance of improvement in a suitable case The figures for my own cases would indicate that the chances of obtaining a graft that can be described as transparent are about 27 per cent

I feel justified by the results quoted in stating that in suitable cases corneal transplantation has now ceased to be an experiment and is a practical procedure That does not mean, however, that advance in this form of treatment will not take place in the future By continuing to work on a certain form of treatment ways and means are discovered to render that treatment more effective, and to improve the operative technique The experience of surgeons with their individual operations must be carefully considered with a view to the establishment of a technique which is the most reliable and which gives the best results The future, I am convinced will bring still better chances of success for the suitable cases, and there is some justification for the view that, with a continuance of earnest effort, it will become possible to do a great deal more for many of those cases now classified as unfavourable

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M Grunberg and F Jonckheere (*Scalpel* Liege, November 7, 1936, p 2326) refer to a previous article (*Brux med*, October, 1936, No 52, p 1854) in which it was shown that it is possible to demonstrate, by means of radiography the site of a perforated gastric ulcer after suture A case is reported in which a patient of 36 had suffered from a chronic gastric ulcer of the lesser curve This had penetrated into the left lobe of the liver to which it was adherent Operation for perforation was carried out the liver being freed and a large indurated perforation, 2 5 cm in diameter, was found This was closed by a Lembert suture, which was placed across and at right angles to the lesser curve A second serous suture was inserted over this Radiography fifteen days later showed the typical "figure of three" on the lesser curve where the perforation had been and indicated that a Lembert suture placed just beyond the edges of the perforation will result in inversion of the edges Two further cases are reported and illustrated in which the same method of suture was used for small perforations In these cases radiography after operation showed an identical 'figure-of-three' shadow as in the previous case The article is illustrated with numerous diagrams and radiographs to show the application of the suture

A NEW TREATMENT FOR CHRONIC LEUCORRHOEA

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(WITH SPECIAL PLATE)

So long as the cause of leucorrhoea may be uncertain or, in some cases, unknown its treatment must be empirical Whether the excessive mucus secretion of the cervix is due to an increase from structurally normal glands, under the stimulus of chronic inflammation, or to an endocrine disturbance the only method of arresting the discharge which at present has a good chance of success is by destruction of the whole mucous membrane of the cervical canal

Earlier Methods

At first treatment was chemical By the application of strong antiseptic substances such as iodized phenol picric acid, formalin, or acriflavine in glycerin an attempt was made to kill the offending microbe Incidentally, we may mention that up to the last few years the great majority of all leucorrhoeal discharges were regarded as due to infection of the cervix But even if this is so a cursory examination of the histology of the cervical mucosa will show how impossible it is to kill an infection buried deeply in the recesses of its branched glands unless at the same time the tissue itself is destroyed This is obvious clinically by the failure in so many cases to effect the slightest improvement, even after many applications of chemical agents A later method of treatment was an attempt to kill the organism by diathermy or ionization A certain measure of success attended these efforts, especially in the case of erosions of the cervix but in general the leucorrhoea arising from the cervical canal after perhaps a temporary improvement is left unaffected

Recently some workers have aimed at the actual destruction of the gland-bearing mucous membrane by the diathermy cutting curette or the electro cautery (Ainsworth Davis, 1934) If all, or nearly all, the glands are destroyed a clinical cure will follow, but though some results are conspicuously successful objections are that it is necessary to operate under anaesthesia, and that the cutting curette may cause a serious haemorrhage about ten days after operation Further, it is not easy to strip the canal evenly not too deeply and yet sufficiently to ensure the destruction of all the mucosa

Preliminary Trials with Zinc Chloride

After having been disappointed by the various methods of treating leucorrhoea it occurred to one of us that if the whole mucosa of the cervix could be destroyed by the application of a chemical agent, without the necessity of an anaesthetic, there would be a prospect of a real and permanent cure The substance chosen was a saturated solution of zinc chloride in water The immediate difficulty in the early trials was to find a suitable vehicle by which it could be introduced and removed from the cervix without the danger of too large a dose, and of its con-

when he was given 50 units a day and he complained that he felt ill with it It was eventually reduced to 24 units daily with which the blood sugar remained at 0 24 to 0 29 gram per 100 c cm , and he felt better

I saw him later in deep coma the blood sugar gradually rose from 0 38 to 0.95 gram per 100 c cm coma persisted in spite of 260 units of insulin and he died in twenty four hours A necropsy was done, which showed that the thyroid contained an adenoma undergoing toxic changes The brain showed scattered areas of recent softening and the islet tissue of the pancreas varying degrees of hyaline degeneration up to complete destruction

In this case there were probably multiple causes giving rise to the disease, and I would regard it as one in which both the nervous system and the thyroid combined to produce over-mobilization, throwing an ever increasing strain on the islet tissue I had considered the advisability of thyroidectomy and now regret that the normal basal metabolic rate dissuaded me from calling in a surgeon Occasionally a gross organic lesion of the brain may be responsible for glycosuria I have twice seen cases of encephalitis lethargica in which the glycosuria was at first the predominant feature and on one occasion a diabetes of long standing appeared to be associated with a *temporo sphenoidal tumour*

The nervous element is therefore a very real one and it explains the rapid deterioration in diabetics who have been subjected to nervous strain Probably the beneficial effects from opium and codeine seen in the former treatment of diabetes were due to their inhibition of a nervous mobilization

Diminished Storage Capacity

A diminished capacity to store owing to lack of insulin is undoubtedly the commonest cause of diabetes and is found especially in the diabetes of children and young adults Here the age of the patient alters the clinical appearances In the young patient growth dominates the picture, the ductless glands especially the pituitary are in full activity, mobilization is rapid acetone as well as sugar appears in the urine early in the case and there is no history of obesity Usually the response to insulin is good, but owing to the rapidity of mobilization stabilization may be difficult and the patient will pass from hyperglycaemia to hypoglycaemia in a few hours In older patients, where growth has ceased and especially where sexual maturity has been passed the disease is not so rapid Acetone appears later, and there is often a history of a rapid increase of obesity for one or two years prior to the onset of the disease, followed by an equally rapid fall

It would seem that there has been time for a compensatory mechanism to function, and the increased carbohydrate has been stored as fat This history I regard as almost pathognomonic of a pancreatic type of diabetes, and the case almost invariably responds to insulin The appearance of these pancreatic patients also is often characteristic and the brick-coloured cheeks on a yellow tinged background are in themselves a clear call for the immediate use of insulin It is the pancreatic type of diabetes, too, in which acetonuria is so common and the great danger is from a direct disturbance of metabolism ending in coma On the other hand, complications such as cataract true carbuncle and gangrene are comparatively rare Even if the disease occurs later in life and there are repeated attacks of coma the patient usually escapes them

Liver Disturbance

Many varieties of liver disturbance appear to be responsible for a glycosuria Haemochromatosis is one of the more obvious and by no means rare causes It occurs only in men, and a bronzed tinge of the skin combined with an enlarged liver is always suspicious Here liver pancreas and muscles are all involved so that it is difficult to assess the responsibility of one particular organ but the poor response to insulin is evidence that factors other than the pancreas are concerned In one case an enlarged hard liver had been noted seven years before the onset of glycosuria, which suggested that a hepatic disturbance was the primary condition

Glycosuria too *is commonly* associated with a cholecystitis Usually it is mild in type and responds to diet alone and often it clears up completely after the gall bladder has been removed Although the appearance of sugar is usually attributed to an associated pancreatitis insulin is rarely either necessary or advisable and it has been pointed out that while in pancreatitis the head of the organ is chiefly involved the bulk of the islet tissue is in the tail

The glycosuria of extreme obesity often found in beer drinkers is probably entirely hepatic It responds well to diet and I believe is wholly due to an excessive deposit of fat in the liver

The glycosuria of gout is also probably associated with the liver disturbance It is usually of mild type and in my experience does not respond to insulin Thus a man who is now 60 has been under my observation for the past ten years he is liable to occasional attacks of gout and has had sugar intermittently for twenty years The family history is remarkable six out of eight brothers and sisters have glycosuria but all have reached the age of 60 or over He did not respond well to insulin and with 40 units a day did not become sugar free and there was no clinical improvement For a time he took 5 units daily, but the blood sugar was high (a fasting level of 0 312 gram per 100 c cm) For the last six months however he has taken no insulin at all and the fasting blood sugar has dropped to 0 231 gram per 100 c cm and he says he feels better without it

Acute liver disease associated with diabetes is very rare but recently I saw a case in which it appeared to be undoubted A man aged 40 who had passed as a first class life for insurance two years before, developed a severe lobar pneumonia Two days later jaundice appeared and sugar was found in the urine When I saw him in consultation he was intensely jaundiced the liver was palpable, and the blood sugar 0 336 gram per 100 c cm As we thought the case was hepatic rather than pancreatic he was given glucose and only a moderate dose of insulin 10 units twice a day The pneumonia cleared up by lysis and the temperature was normal six days later, the jaundice also disappeared the urine became sugar free and the insulin was then stopped The last blood sugar was 0 129 gram per 100 c cm one and a quarter hours after a mixed meal and he was then taking an ordinary diet and apparently in perfect health

Diabetes and Pernicious Anaemia

The association of diabetes mellitus with pernicious anaemia is a well recognized although not very common condition Here we seem to be on surer ground for in pernicious anaemia we have a disease which is definitely cured by liver therapy and when this has been achieved the diabetes mellitus may clear up completely It is important to bear the association in mind or serious consequences may ensue

Thus in March 1935 I was asked to see a woman of 40 who had been taking 15 units of insulin twice a day for the past six months She was very ill and although sugar-free she was convinced that the insulin

menstruation, and three are no better Of the eleven cases four still showed an unhealed cervix and three were found to have large and unhealed erosions Another reason for failure which we have occasionally noted is subacute or chronic vaginitis, which may maintain leucorrhoea almost indefinitely if untreated

Pathology of the Cervix after Treatment

An important point which obviously arises in the consideration of a drastic treatment of the cervical mucosa is the question of re-epithelialization of the canal after the mucosa has been discharged as a slough If a new epithelium fails to grow the canal would be lined by granulation tissue, which would not only maintain a discharge but also would ultimately cause stenosis by contraction of its scar tissue, but if the denuded canal becomes lined again by epithelium there will be no danger of stenosis or discharge from chronic granulation tissue In order to study this point and other histological changes in the cervix after the application of zinc chloride, pencils were inserted in the cervix of more than twenty women, chiefly cases of fibroids, on whom it had been decided to perform hysterectomy for various reasons The time of insertion of the pencil before the operation was so arranged as to provide material for study varying from an hour to several weeks after the application of zinc chloride

In assessing the microscopical findings in these cases it must be remembered that by no means all of them were suffering from endocervicitis The changes observed, therefore, do not always show the reaction of infected cervical mucosa, but simply the reorganization of the average cervical canal before and after the discharge of the slough The earliest specimens were obtained four hours after treatment The mucosa is dull grey, and transverse section shows a clearly defined greyish-white zone around the lumen from two to four millimetres deep (Fig 1, Special Plate) From the necrotic appearance of the zone it was anticipated that the typical signs of necrosis would be found microscopically, but in point of fact the histological appearances in these areas are those of perfectly fixed and preserved tissue both before and after the discharge of the slough due to the fixative action of zinc chloride The only abnormal feature seen in the necrotic area is dilatation and thrombosis of the blood vessels Indeed, this is the only indication in the most recent specimens of the depth to which the zinc has penetrated (Fig 2)

In the tissue deep to the zone a series of changes rapidly begins After four or five hours the vessels are dilated and large numbers of leucocytes are already to be seen in the tissue spaces (Fig 3), while a sharp line of demarcation occurs at the periphery of the zinc-affected area, which becomes more obvious as the inflammatory exudate becomes denser (Fig 4) Between the two zones just described there is also a third narrow zone of coagulation necrosis, into which the inflammatory cells do not penetrate and which does not show the histological features as well as those of the zinc zone which will subsequently form the slough It is along this line that the slough will eventually separate

The area of necrosis usually includes the majority but not all of the cervical glands An occasional gland is deep enough for its fundus to escape the necrosing action of the zinc chloride (see Fig 1), and it is chiefly from these remaining islets of epithelium that the new lining of the canal is developed after the slough has separated In a few examples all the glands appeared to have been removed, and in these the canal was apparently relined by squamous epithelium extending from the external o The depth of necrosis also varies in accordance with t closeness of contact of the pencil with the mucosa I the pencil has been too small to fill or even distend t canal transverse section shows the line of demarcat failing to encircle the lumen completely It will come to the surface in one area leaving some glands entir unaffected This is particularly noticed where the cervi is patulous, deeply torn, or the cross section of the canal shows a serpiginous outline

During the first week there are the usual signs of i intense inflammation along the edge of the necrotic zo Towards the end of the week there is an increase necrosis of the narrow zone along the periphery of th slough, preparatory to its separation The main mass is discharged about a week after the application of the pencil Sometimes it is found intact as a complete tubular cast of the cervical canal About the tenth day the cervical canal is lined with exuberant granulation tissue deeply infiltrated with acute and chronic inflammatory cells, including numbers of plasma cells (Fig 5), and containing some of the fundi of the deeper glands which open into the new canal At this early stage the canal is already beginning to close down, and the first signs of epithelialization can been seen After two weeks there is very little bare granulation tissue remaining, for almost the whole canal has been covered by epithelium growing out from the gland remnants, at first this extends from the glands as a single layer of flattened cells which rapidly multiply and heap up to form a layer many cells thick, resembling squamous or transitional epithelium (Fig 6), and by the end of the third week the canal and even some of the more superficial glands are almost entirely lined by this squamous type of epithelium, while only the deepest glands retain the normal columnar cells As the new epithelium develops so the inflammatory reaction in the subjacent tissues diminishes and finally disappears During the third and fourth weeks the final stage in the relining of the canal begins, in the superficial layers of cells vacuoles appear, which coalesce to form vesicles (Fig 7) by rupture of the vesicles the roofing cells are thrown off in masses, leaving a single layer of columnar cells, which was originally the basal layer of the squamous epithelium This process continues until about the sixth week, by which time the canal is almost completely lined by columnar cells (Fig 8) At first these cells show an exuberant growth in the form of tree like folds, resembling small papillomata, but by the end of the seventh week the irregularities have all disappeared, leaving an even regular layer of columnar epithelium It is of interest to note that one cervix examined eight and a half weeks after the application of zinc chloride showed the greater part of the canal still covered only with granulation tissue The only epithelial lining was found close to the external os as an extension of squamous epithelium from the portio vaginalis, and in this specimen no gland remnants could be seen In another case examined twelve weeks after treatment the entire canal was lined with squamous epithelium, and here again there was a complete absence of glands It seems that re-epithelialization from the external os is a much slower process than when it is developed from surviving fragments of the glands

It is possible to correlate the pathological processes and clinical progress The first action of zinc chloride is to produce thrombosis of the mucosal vessels and rapid necrosis for a depth of about three millimetres A glandular secretion therefore stops and the vagina is found to be almost completely dry for about three days Tra

of insulin twice daily The blood sugar fell to 0 162 and then to 0 081 gram per 100 c cm later it returned to 0 25 gram per 100 c.cm and remained about this figure for six weeks With insulin discontinued but the diet kept the same the blood sugar seven days later was 0 286 and fourteen days later 0 304 gram per 100 c cm Two months later the fasting blood sugar was 0 19 gram per 100 c cm

This patient later went to India, and the last I heard of her was a rather indignant letter from her doctor asking why insulin had been discontinued, and by the next mail an urgent message from her husband asking for instructions, as a determined attempt to get her sugar free was making her very ill

In this case as in many others, insulin did produce a temporary reduction of blood sugar but this was followed later by a rise to a higher level than before she came under treatment Evidently the effect of insulin had been to increase storage for a time until the warehouses had reached the limit of their capacity, when the blood sugar returned to its old level

Other Considerations

I could quote many such instances in which arterio sclerosis retinitis or cataract has often been the principal feature, and bearing in mind the success of liver therapy in the cases associated with pernicious anaemia I have used it on them too, and believe I have seen a clinical improvement although I have not been able to demonstrate any marked fall in the blood sugar level Before leaving this matter I would refer to the subject of arterio sclerotic heart disease and particularly to coronary thrombosis Here a moderate glycosuria is common, and lowering of the blood sugar either by carbohydrate starvation or by insulin undoubtedly aggravates the disease Any reduction of the blood sugar level to the region of 0 1 gram per 100 c cm gives rise to symptoms of vague ill health and the optimum figure may be two or three times the normal It is in these cases particularly that insulin must be used with great caution and if we blindly try to achieve a laboratory ideal there is a grave risk of sudden death Race too, has an important bearing and the arteriosclerotic type is often seen in Jews

Diabetes mellitus often appears in the Jewish race, but the cases are nearly always past middle life and the acute pancreatic type with acetonuria is very uncommon Usually the disease itself is mild, and they first come under observation for cataract, retinitis or hyperpiesis rather than for glycosuria The response to insulin is variable and so a cautious prognosis should be given Even when diabetes does occur in the young Jew its clinical picture and response to insulin differ from those of the young Gentile, in whom a dramatic onset and a dramatic response to treatment is the rule so that we can only conclude that the aetiology is entirely different

The following case will illustrate my meaning

A girl of 12 first consulted her doctor complaining of blueness and coldness of the legs and glycosuria was discovered in the course of routine examination Apart from a little thirst there were none of the usual symptoms of diabetes there was no loss of weight and her general health was good The family history was suggestive The mother had had a mild diabetes for many years and an aunt and cousin suffered from Raynaud's disease The fasting blood sugar was 0 285 gram per 100 c cm and with 5 units of insulin twice a day it fell to 0 128 but gradually rose again and later was 0 346 gram per 100 c cm on 15 units twice a day There has never been any acetone nor has the child had any of the hypoglycaemic attacks which so commonly affect non Jewish children When I saw her a few days ago she had stopped the insulin of her own accord The fasting blood sugar was 0 212 gram per 100 c cm, and she said she felt better without it

Here the presence of Raynaud's disease in both the patient and her aunt and the poor response to insulin strongly suggest a peripheral rather than a pancreatic cause

Conclusion

The classification I have suggested is unorthodox and will have to be modified considerably as time goes on for it is certain that other factors the sex organs in particular enter into the production of glycosuria At present however our knowledge of them is so meagre that they cannot yet be considered

Some of my conclusions however I do not think will have to be modified

First—That glycosuria is a symptom and not an entity and each particular case must be studied to find the primary disturbance

Secondly—The optimum blood sugar level may not coincide with the so called normal blood sugar level

Thirdly—The criterion of successful treatment is not the achievement of a laboratory ideal the rationale of which we do not fully understand but whether the patient does or does not show a clinical improvement

DIRECT BRONCHOSCOPIC INVESTIGATION IN HAEMOPTYSIS WITHOUT PHYSICAL OR RADIOLOGICAL MANIFESTATIONS

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(WITH SPECIAL PLATE)

Etymologically haemoptysis denotes spitting of blood but the term has become by general usage commonly restricted to the expectoration of blood originating from that portion of the respiratory tract situated below the vocal cords In certain cases of haemoptysis there is not infrequently a lack of signs on complete clinical examination and direct or contrast radiological study so that it is impossible by these means to ascertain the cause or source of the bleeding It is to such cases that the following notes refer

The significance of haemoptysis as a sign of serious pulmonary disease has been long recognized and it is impossible and unnecessary in this short article to enumerate in detail the many causes of this accident. It is a matter of experience however that in a large proportion of cases haemoptysis is caused by pulmonary tuberculosis and it is not surprising therefore to note in the older literature the great significance accorded to blood-spitting in the diagnosis of this disease Commonly the majority of patients who spat blood were regarded as cases of pulmonary tuberculosis and many correctly so diagnosed succumbed to the disease the remainder either died as the result of an unrecognized causative lesion or lived an invidious existence under the stigma of consumption

scybala with flatus, gave a little relief It was decided, in spite of the previous attack of obstinate constipation on March 21, to withhold aperients and solid food by mouth Hot poultices, four hourly enemata, and belladonna were ordered When seen again in the evening she was reported to have had a fairly comfortable day The pain had diminished, and was now a constant ache in the left loin There had been nausea but no vomiting and flatus had been passed The pulse, which was 104 in the morning, had dropped to 96, and there was no rise of temperature The abdomen was soft, with no local tenderness or rigidity or palpable mass Next morning, May 8, at 9 30 a m , the condition had changed a little for the worse The temperature was still normal and the pulse 100 , there was nausea and retching without vomiting, and the pain was still an ache in the left iliac fossa and not very troublesome There was a very little general distension of a soft abdomen, with a sensation of a mass without tenderness or rigidity in the left iliac fossa The tongue was a little dry and the expression rather drawn and anxious, though she had slept at intervals and expressed herself as feeling better than on the previous day No flatus had been passed during the night Two turpentine enemata at half-hourly intervals were now ordered, each preceded by 1/2 c cm of pituitrin , each returned unchanged, without force and without faeces or flatus Intestinal obstruction, which had been suspected from the first but seemed to be negatived by the improvement in the condition the previous afternoon, now seemed fairly obvious, and immediate operation was arranged

Operation

I opened the abdomen by a mid line subumbilical incision at 11 45 a m on May 8, with a tentative but fairly confident diagnosis of acute following chronic intestinal obstruction due to a growth in the distal colon At first it looked as if a serious error had been made The intestine, large and small, was collapsed, and no growth was palpable along the colon On lifting the gut out of the pelvis the true state of affairs was revealed when a loop of tense, distended, plum coloured gut was found bound down in the pouch of Douglas by a tight band in the region of the right broad ligament It was impossible to deliver the gut through the opening into which it had passed until the band had been divided between clamps The band was a flat ribbon, a quarter of an inch thick and one inch deep from above downwards , the outer end was adherent just below the pelvic brim , the inner end was continuous with the broad ligament The band formed the upper boundary of a circular opening about three quarters of an inch in diameter, the other boundaries being the peritoneum of the outer pelvic wall externally and the thickened edge of the broad ligament below and to the inner side The atrophic ovary was a small nodule of fibrous tissue below and internal to this ring The Fallopian tube was not recognizable as an anatomical entity The strangulated gut was a loop eight inches in length about eighteen inches from the ileo-caecal valve Withdrawn from its hernia, the usual doubt as to viability arose peristalsis and colour returned slowly after hot saline compresses had been applied for five minutes There were haemorrhages into the oedematous mesentery, and patches of a grey colour at each end of the loop where the actual strangulation had occurred At this stage the pulse became imperceptible and as resection would have meant death on the table the patches of threatening necrosis at each end were oversewn and the abdomen closed, leaving the strangulated loop immediately under the peritoneum with a rubber glove drain leading down to it The operation lasted twenty five minutes During the afternoon the patient's condition improved considerably , pain ceased, vomiting did not recur and flatus was passed Intravenous gum-arabic-saline glucose infusion with *B welchii* and *B coli* serum with cardiac stimulation led to such improvement in the general condition that the outlook towards evening seemed fairly good but at 2 30 a m the patient somewhat suddenly collapsed and died A post mortem was not asked for, but there was nothing to suggest that perforation and peritonitis had occurred rather the immediate improvement suggested that death was due to exhaustion in an old lady already seriously debilitated by so many other disorders

Commentary

The case has been set out in some detail as it did quite illustrate the classical clinical features of intest strangulation Small intestinal strangulation is said to cause acute, persistent, and increasing pain at onset, with marked collapse and persistent vomiting through the usual stages from stomach contents to fae material Here the pain was intermittent and never severe, collapse was almost entirely absent, and vomi occurred only at the onset and did not persist Dur the afternoon there was definite improvement, with a f in the pulse rate and passage of flatus The absen distension was a very striking feature on opening abdomen The earlier attack of constipation may h been due to the passage of a loop of gut through t hernial ring, but it is difficult to see how such a co dition could have undergone spontaneous reduction, equally difficult to believe that the obstruction could h been incomplete at first so as to lead to the amelior of the symptoms during the first eight hours As t actual causation of the band, it is possible that the fimbriated end of the Fallopian tube had at some date become adherent to the peritoneum lining th wall of pelvis prolapse of the uterus must have on these adhesions and intestinal movements have moulded the adherent tube into a band, leaving an opening belov Possibly the insertion of the pessary had in some way been the exciting cause of the passage of bowel through the ring, though there was an interval of three days between the two events

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N Danbolt (*Tidsskr norske Laegeforen* , November 1 and 15, 1936, pp 1161 and 1225) defines lues congenit tarda as a condition developing after years of latency childhood, adolescence, or even adult life Although prophylactic treatment of syphilis during pregnancy been supposed to have been well established in Oslo s 1920, Professor Danbolt has observed as many as s six cases of lues congenita tarda at the Rikshospital d the past five years There were twenty-four boys young men and forty-two girls and young women in this material In most cases the more pronounced mani festations of the disease appeared just before or durin puberty There were eight cases in which the first mani festations appeared before the seventh year and ten cas in which they did not appear till after the nineteenth year Parenchymatous keratitis was the first manifesta tion in as many as thirty-seven cases, and there were altogether fifty-one cases in which disease of the eyes developed at some time or other Indeed, disease of th eyes was the predominant manifestation of syphilis in th material Syphilis of the bones and joints was the fir manifestation in six cases, and in six other cases it mad its first appearance in the skin or mucous membranes There were seven cases in which syphilitic disease of th central nervous system was the first warning Hutchinson's teeth were found in twenty cases and defective hearin in five In many cases the patients were already so old that reliable information could not be obtained about their mothers during pregnancy , but the examination o thirty mothers showed that seventeen of them had been ignorant of their infection and had received no specific treatment for it, and that the remaining thirteen, though aware of their disease and given specific treatment, had not received any during their pregnancies It will thus be seen that nothing effective had been done in th cases to prevent the congenital syphilis during pregnancy and the lesson of this study is that even in a civilized community at the present time there is wholesale neglec of elementary precautions against the development of con genital syphilis

obvious source of the haemoptysis as the remainder of the visible bronchial tree appeared to be normal

In an article published since these notes were written Gerlings (1936) has described three cases of tracheal and bronchial venectasies and he has recorded a comprehensive list of references to this condition most of which are Continental His conclusions are that the only clinical sign of the lesion is sudden profuse haemoptysis accompanied by coughing which occurs independently of exertion and which is prone to recur though the amount of blood lost is not usually dangerous to life It would appear from his observations that the condition occurs most often in people of middle age, that the site of predilection of the varicosity is on the anterior tracheal wall just below the vocal cord, although it may be situated anywhere in the trachea or bronchi, and that it may vary in character from a diffuse mucosal hyperaemia to a definite varix

Chronic Non specific Granuloma

There was one case of haemoptysis due to a chronic inflammatory lesion in the present series

Case II—A female aged 56 complained of a slight dry cough for some months During the five weeks preceding examination she had coughed up blood on four occasions and at the last attack she had spat up a large quantity—at least two kidney-dishes full—of bright red blood There were no physical signs of pulmonary disease and repeated direct x ray examinations disclosed no x ray evidence of bronchial carcinoma or any other radiological abnormality X ray after the instillation of lipiodol showed a normal bronchogram The blood Wassermann reaction was negative and the sputum was negative for tubercle bacilli

Bronchoscopic examination revealed a half ring of granulation tissue on the lateral wall of the right main bronchus immediately below its junction with the upper lobe bronchus (Fig 2 Special Plate) This was not causing any bronchial obstruction and it was thought to be a chronic inflammatory manifestation No treatment was instituted and the patient had no further haemoptysis Three months later she was readmitted for further bronchoscopic examination in order to confirm the diagnosis of non malignancy A proprietary local anaesthetic was used instead of the usual 2½ per cent cocaine with adrenaline and during the administration the patient collapsed and died before any bronchoscopic examination was undertaken Apparently she had an idiosyncrasy to the particular drug used

The aetiology of this inflammatory lesion was undetermined but that it resolved spontaneously became obvious as Professor Dible who performed a necropsy found no abnormality of the bronchi

Non specific granulomata of the tracheo bronchial tree have been fully discussed by the Jacksons (1932) who have described several cases, and they state that although the aetiology is undetermined in most of them there is evidence of inflammation as a secondary if not primary factor The granulomatous masses may be either sessile or pedunculated although the former predominate they vary in size from that of a granule to that of a large pedunculated tumour and the tissue occasionally is present at more than one site in the bronchi Although ulceration does occur this is relatively rare in comparison with true neoplasms, which they resemble in appearance but the fixity and rigidity of the bronchial wall observed bronchoscopically in the neighbourhood of carcinomatous growths is absent with simple granulomata These observers state that the early signs of simple granuloma of the bronchi are haemoptysis and a wheeze heard at the open mouth and they are of the opinion that a correct diagnosis can be made only by bronchoscopy

Innocent New Growths

One patient of the present series who had an innocent neoplasm of the bronchus complained of long standing recurrent haemoptyses and in spite of repeated investigations in various hospitals and sanatoria only once were any physical or radiological signs of a pulmonary lesion detected

Case III—A male aged 22 complained of a cough which had been present for nine years and of recurrent haemoptyses over a period of six years Physical and radiological signs of pulmonary disease were absent except immediately after one attack of bleeding when there was shown radiologically a transient collapse of the left lower lobe secondary to occlusion of the bronchus by blood The radiological findings are of interest and are given in detail.

January 2 1932 Normal
August 26 1932 Normal
June 12 1933 Partial collapse of left lung falling in of left side of chest mediastinum displaced Indefinite shadow at left root ? tumour pressing on bronchus These changes have taken place since previous x ray *ten months* ago"
June 23 1933 Condition has apparently improved—the heart and mediastinum are not so displaced as at the previous x ray
September 1 1933 Normal
December 16 1933 Normal
December 17 1933 Lipiodol bronchography— No abnormality shown

The sputum was negative for tubercle bacilli and the blood Wassermann reaction was negative

December 22 1935 Bronchoscopy disclosed a sessile tumour of the anterior wall of the left lower bronchus immediately above its terminal divisions (Fig 3 Special Plate) The tumour was of very hard consistency and a specimen removed was reported by Dr R Mole to be a fibroma arising from bronchus Eight 1·5 millicurie radon seeds were inserted into the growth

There was no further haemorrhage for seven months when the patient had a profuse haemoptysis A further bronchoscopic examination showed the tumour to be reduced to about half its original size The remaining mass was treated by diathermy

Chevalier Jackson (1934b) has written of benign tumours that all the common types seen elsewhere may occur in the trachea and bronchi, and that their early symptoms may be so slight as to escape notice Two symptoms however are almost always present—namely wheezing heard at the open mouth and haemoptysis Morlock and Pinchin (1935) have reported nine cases of simple new growth in a series of 120 cases of bronchial neoplasm—that is in 6 per cent of their cases From their observations adenoma would appear to be the most common simple new growth followed closely in frequency by fibroma and Gerlings (1936) has reported thirty four cases of adenoma out of fifty one cases of innocent bronchial new growths Morlock and Pinchin (1935) emphasize the fact that the first symptom of such growths is frequently haemoptysis which may recur They agree with the findings of Wessler and Rabin (1932) who have stated that the haemoptysis is of a definite characteristic type—for example sudden onset unaccompanied by other symptoms of pulmonary or bronchial disease abrupt cessation and absence of subsequent staining of the sputum In one of the cases reported haemoptysis had been the only symptom for twenty years

In these cases of non malignant new growths bronchoscopy would appear to be the only means of diagnosis and in a review of the cases published up to a few years ago it was stated that careful search of the literature reveals that as the only cases of benign neoplasm of the bronchus diagnosed except post mortem were diagnosed

Reviews

RISKS OF MECHANIZED LIFE

Accidents and Their Prevention By H M Vernon, M A, M D (Pp 336, 61 figures 15s net) London Cambridge University Press 1936

No purely negative appeal can touch a progressive people nor can reason divorced from emotion inspire them Dr H M Vernon deals with this dilemma at the beginning of his book and decides that the slogan "Safety First" while capable of being interpreted negatively can most certainly be regarded and taught positively He deals convincingly with the theme that creative living is impossible if we do not handle our dangerous modern equipment with proper care This book is a fully documented survey of the whole field of accidental civil hazards, and it is interesting and easy to read It sheds a wealth of light into many obscure corners and shows up clearly the danger spots in our modern mechanized life Among fatalities the two chief causes are road accidents (39 per cent) and burns and scalds in the home (9 per cent), which latter are equivalent to those caused in all the factories, mines, and quarries added together This points to the urgent need for better domestic safety devices to protect young children In industry it is estimated that accidents cost about £30,000,000 a year, of which 18 per cent is compensation cost and 82 per cent "hidden" or indirect cost, though this takes no account of the losses sustained in the family by reason of the workers' incapacity It would not seem unreasonable to double the figure in reaching the full estimate

The chapter on accident proneness is well done and very fair, and the perplexed layman will find in it a description of tests which should remove many difficulties It is still common to find intelligent people unable to distinguish between something which tests a faculty directly in the manner of Snellen's type and a procedure which, though measurable, gives estimates of other apparently unrelated faculties only by correlation or inference This is discussed simply and with admirable clarity General sickness and accident susceptibility are shown in close relationship to one another, but it is a pity that while the excess of accidents to juveniles in industry is brought out there is no mention of the recent rate of increase In 1928, in every 100,000 workers, juveniles had an excess of accidents over adults of 3 per cent, in 1935 it was 22 per cent The correlation with increased working hours would be an interesting one to determine Fatigue is shown to be far less potent as a cause of accidents than is alcohol, but it is not quite clear that the author has sufficiently analysed his fatigue data Much of the fatigue may be really boredom, which one would not expect to be so dangerous as a true physiological fatigue with a refractory period and consequent loss of accuracy

Ventilating and heating engineers would do well to consider the effect of air temperature on the accident rate High temperatures induce greater fatigue and more accidents, but excessive cold has ill effects too Bad lighting and high speeds at work lead to an increase in eye injuries particularly does defective lighting cause the worker to get too close to his job and thus lead to more foreign bodies in the eyes In dealing with motor cars Dr Vernon gives a well-deserved criticism of the failure of designers to consider the physiology and posture of the driver Too often the field of vision is unduly obscured So too in industry—machines are often designed so that reaching and stretching are inevitable Controls should be placed to meet the needs of those who will use the machines Young workers and women suffer much in this respect

The high ratio of fatal to non-fatal accidents in the building trade (1 to 25) shows how dangerous is this work and how dreadfully careless many contractors are The mania of people to get the roof on before the foundations are finished and to occupy a building before it is half complete leads to rush and to the neglect of proper care This question of hurried contract work might have been investigated, though it is hardly fair to the author to find him further tasks in a field he has otherwise covered with such skill and painstaking care The figures given for accidents in respect of lifting tackle add point to the criticism of rushed and hurried work Railways are dismissed with honour, and it is obviously safer to travel by rail than by any other means, although the air seems safer than the road

The whole question of safety education and safety organization is handled in a practical manner Industrial first-aid arrangements come in for criticism Sepsis is increasing, and it is obvious that much first aid work is poorly done Rush and tear in any concern leave little time for proper attention, and in any works of reasonable size a properly trained nurse ought to have the duty of taking charge of every accident, however trivial An increased accident rate, provided that the severity rate is falling, need not of itself cause alarm if in fact it is due to a greater percentage of the accidents being reported and properly cared for Many other points could be quoted which would make the basis for a good education campaign The education, however, must not be confined to the worker, nor even to the employer, though his duty is a heavy one Architects, designers, and engineers must do their share, but society at large must determine how fast it wants to go in industry, on the roads, in the mines, and even in the home There is a point beyond which the price is not worth paying and we seem to have reached it It is not only physical pace but mental pace The author makes it clear that the environment, both physical and emotional, in which any work is done determines in a large measure the degree of safety (and, be it added, the degree of accuracy and efficiency) with which it is accomplished

Dr Vernon has written a first-class book which, if properly studied, should contribute very largely to the safety and happiness of workers in many spheres and to those who travel It is the busy administrator who needs this book most, and it is admirably suited to the man who wishes to gather facts and data in a hurry To those with more leisure and a mathematical mind there is a wealth of additional information to be extracted from the tables If Dr Vernon cares to pursue the matter a very interesting sequel might be written round the correlation between accidents, sickness, and general social and economic tendencies—a controversial subject, but well worth investigating

A SURVEY OF SURGICAL PRACTICE

Textbook of General Surgery By Warren H Cole M D F A C S, and Robert Elman, M D (Pp 1,031 figures 40s net) New York and London D Appleton Century Co 1936

This work is dedicated by its authors to Dr Evarts A Graham, who points out in a foreword that the book is the outcome of a course which has for some years been given to junior students of the Washington University School of Medicine The object of the course has been to present to the students a systematic survey of the whole field of surgery This object the authors may be

to cause pain to the patient The type of bronchoscope which has been found to be of most service by the present writers is of special design, and it will be described elsewhere

Diagnostic and therapeutic bronchoscopy demand unselfish team work and close co operation between the physician, bronchoscopist, and radiologist for in spite of the great value of this method of investigation there are great difficulties in it becoming readily available outside regular bronchoscopic clinics—a rigid technique a complete set of good instruments trained assistants, and a supply of suitable patients are all necessary

Contraindications

The contraindications for bronchoscopic investigation of cases of haemoptysis of unknown origin are few, and are those dictated by common sense A recent profuse haemorrhage an exsanguinated or moribund patient would naturally contraindicate instrumental intervention Suspected pulmonary tuberculosis is not a contraindication to bronchoscopy but the latter is rarely indicated in this condition However it has probably fallen to the lot of every endoscopist wittingly or unwittingly to examine tuberculous patients with the bronchoscope and Myerson (1934) has reported a series of sixty cases of pulmonary tuberculosis in which routine bronchoscopy was performed without any ill effects Accidents as a direct result of bronchoscopy are rare and Scott Stevenson (1935) has stated that collective statistics show that in 43 710 endoscopies performed by 190 bronchoscopists the mortality was less than 0 1 per cent and that if one considers the bronchoscopy apart from the condition for which it was done there is no mortality—that is no death occurred from the mere insertion of the bronchoscope One death in the series reported above was due to an anaesthetic idiosyncrasy, and took place before the operation was begun

Summary

Six cases of haemoptysis of unknown origin are described The causative lesions of the haemorrhage in these cases have been found to be tracheal varix, simple bronchial granuloma, innocent and malignant new growths Doubtless there are many other causes of haemoptysis which do not give rise to clinical or radiological signs such as injury by foreign body, primary tracheal new growths etc , but these we have not encountered

The routine employment of bronchoscopy in such cases is advocated for, as Jackson (1934d) has stated every patient with haemoptysis if not proved tuberculous requires a diagnostic bronchoscopy—there is no need therefore to lay down any special list of indications

Bronchoscopy which is a safe and harmless method of investigation, affords the only possible means of making an early and positive diagnosis in cases of bronchial neoplasm yet its value is not yet generally appreciated and diagnosis is apt to be based on the inferential evidence of physical signs x ray examinations etc all of which may be misleading or entirely negative. Looper (1933) summarized these observations when he wrote that in a review of the literature on the subject one is impressed by the great amount of attention which has been devoted to the study of clinical symptoms, signs pathological reports and x ray observations all of which offer little definite help in making a positive diagnosis whereas bronchoscopy is the most important and most accurate aid of all but is given scant recognition unless the article is by a specialist in the field

There is no risk involved in advising a patient to undergo this method of investigation—on the contrary much is to be gained A differential diagnosis is urgent and essential in regard to prognosis and treatment as from the patient's point of view all bronchial neoplasms are malignant whether histologically so or not in that eventually they will give rise to complications which if left untreated usually prove fatal Furthermore if any successful treatment by surgery radium or x rays can be evolved for bronchial carcinoma its success will depend on the earliest possible diagnosis The physician therefore should be prepared to look and see and not be content to wait and see as in the experience of the present writers the wait may be long before there is manifest clinical or radiological evidence of malignancy by which time all hope of curative therapy will have passed

Our acknowledgements are due to our colleague who have generously allowed us to examine and treat their patients and particularly to Dr J H Mather and his staff for the many valuable radiological opinions and excellent x ray films without which it would have been impossible to record these notes

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J H Zaaijer (*Zbl Chir* November 14 1936 p 2714) condemns the coagulation of the prostate by means of diathermy Instead he advises non-coagulation diathermy applied to the prostate by means of a special sonde This is a sonde coude made of ebonite with an active metal electrode of 17 5 mm at the concave side of the bend The position of the sonde is controlled by means of a finger inserted into the rectum 0 5 to 0 6 ampere is applied for one half to one minute (in certain cases up to three minutes) Five to six treatments usually suffice for a cure but occasionally as many as fifteen to twenty treatments may be required The treatment does not cause coagulation of the prostate only shrinking It is not meant to replace prostatectomy It should be applied only in cases where spontaneous micturition is impossible while the patients are too ill for a radical operation The author has treated 100 cases with this method Spontaneous micturition was re-established in eighty five cases In seven cases the treatment failed (one case proved to be a carcinoma of the prostate) and seven patients died from different causes during the course of treatment In fifty three out of the eighty five successful cases the cure was permanent In cases of recurrence the course of treatment can be repeated

omitted Not only does over-condensation frequently give a false impression of the process described, but the student is further misled by some actually untrue statements—for example (page 27), that macrophages ingest damaged cells "but do not touch bacteria"

It is a little difficult to adopt the point of view of the elementary student, and he may perhaps gain more from this book than appears likely at first sight, but while it is quite certain that he will still have nine-tenths of his subject to learn after reading it, there is a danger that he may have something to unlearn as well It should be added that the publishers have circulated a letter to recipients of review copies stating that acknowledgements made in the foreword to four other pathologists for help in preparing the book imply no responsibility on their part for its contents

VASCULAR CHANNELS OF THE SKULL

A Roentgenographic Study of the Vascular Channels of the Skull With Special Reference to Intracranial Tumors and Arterio venous Aneurysms By Knut Lindblom *Acta Radiologica Supplementum XXX* (Pp 146, 154 figures 10 Swedish Crowns net) Stockholm P A Norstedt und Soner 1936

The importance to a surgeon of knowing how to interpret a radiograph of the skull is well borne out by Knut Lindblom's monograph with this title The first part of the book gives a detailed account of the measurements of the vascular groves and foramina in the normal skull, and the remaining two-thirds deals with the variations associated with intracranial tumours and arterio-venous aneurysms The work is splendidly illustrated with numerous skiagrams and drawings, and should be carefully read by all radiologists and neurologists

Dr Lindblom has had the advantage of collaborating with his colleagues in the departments of anatomy and pathology, and Professors Antoni and Olivecrona have provided the carefully worked-out clinical material which forms the outstanding feature of the book The only tumour of the brain which produces any alteration in the vascular markings on the bone is Lindau's tumour of the cerebellum, but changes of diagnostic value, which are well shown in the pictures, occur with the majority of meningiomas, though it is strange that the bone should be more frequently involved in certain situations It is also interesting to note how often widening of the foramina for the occipital emissary veins is associated with long-standing increase in intracranial pressure The monograph is an excellent example of the benefit to be derived from intelligent co-operation between several specialists interested in the same problem

Notes on Books

The Southend General Hospital is to be congratulated on its enterprise in producing *Contributions to Clinical Practice in Medicine and Surgery* a collective work by members of the staff under the editorship of Dr T ROWLAND HILL one of the physicians As Dr Hill states in the preface it is intended that this volume shall be followed by a series of similar publications under the auspices of the hospital The book is composed of original articles from all the departments, thus covering a wide clinical field Among the twenty-four contributions are many of interest to the general practitioner—for example the fracture problem nasal deformities, and oral sepsis in relation to health Others deal with unusual conditions such as proptosis following arterio-venous aneurysm hereditary haemorrhagic telangiectasia, and pericanalicular fibro-adenoma of the male breast In addition to the senior members of the staff the medical and surgical registrars and the first house-surgeon are also among the contributors The book, which extends to more than two hundred pages, is remarkable for the quantity and quality of its illustrations Copies may be obtained from H K Lewis and Co (136, Gower Street, W C 1) or through any bookseller, price 12s 6d

Dr R CAMPBELL THOMPSON'S *Dictionary of Assyrian Chemistry and Geology* (H Milford, Oxford University Press, 21s) contains much information of historical interest to medical readers Mentioned under the heading, "The Drugs from the River" are black and yellow sulphur, bitumen, and gypsum The Tigris has several sulphur springs on its banks, and there are also sulphur mines eight miles from Mosul Sulphur was used in fumigation, primarily to drive away evil spirits It was also used, as nowadays, for scabies, and for many other conditions, such as "lichens on the face and leprosy, morphew, and nits in the hair" Bitumen, described by Pomet as stercus diaboli, still floats on the water near Hammam Ali This has a high sulphur content, and was indeed regarded as black sulphur Gypsum, "the white bank of the river," was employed internally for urinary troubles and menorrhagia Reference is also made to various forms of arsenic The book contains information on the ancient methods of pounding and crushing stones and glass, and the glass receipts of the seventh century B C It is primarily a work for Assyriologists

The thirteenth edition of Dr THOMAS LATHROP STEDMAN'S *Practical Medical Dictionary* (London Baillière, Tindall and Cox, 35s) reaches us less than three years after we published a notice of the twelfth With this issue the work celebrates its twenty-fifth anniversary having been first offered to the medical and scientific public in 1911 Work in preparation for the original edition occupied three years Numerous changes have been made on this occasion to secure uniformity with the eleventh edition of the *United States Pharmacopoeia* and the sixth of the *U S National Formulary*, including the adoption of "the chemists' spelling of sulfur and the sulfur compounds with an *f* in place of the more familiar *ph*" Dr Stedman has not thought it advisable to incorporate in the body of his dictionary the new terminology proposed by a committee of the Anatomical Society of Great Britain and Ireland by way of revision of the Basle Anatomical Nomenclature, an appendix, however, gives the equivalents of these words in terms of the B N A

The thirteenth edition of *Halliburton's Essentials of Chemical Physiology* (Longmans, Green and Co, 9s) appears under the editorship of Dr J A HEWITT and Dr W ROBSON, thus continuing the long association with King's College, London The text is no longer divided into elementary and advanced sections and the section on organic chemistry has been deleted, thus allowing some new matter to be added without increasing the size of the book

The eighty-ninth issue of *Who's Who*, for the year 1937, follows the style of its predecessors in format, typography, and general arrangement Some 40,000 compact biographies of living men and women are included, and they occupy 3,722 double-column pages Deletions and new entries balance each other in number, and many thousands of existing entries have been brought up to date It is evident that the editorial staff are unremitting in the care they exercise during the annual revision of this valuable reference book, and the outcome of their labours does credit to the publishing house of A and C Black Ltd The current edition of *Who's Who* has become part of the apparatus of modern life in this country and no newspaper office or large business firm or social institution can do without it The price remains at 60s in buckram, or 63s in leather-backed binding

cessful cases have been reported by Freiberg Ask Wright Rycroft and others Colonel Kirwan of Calcutta has performed a number of these operations in India with good results basing his procedure on my technique but modifying it in certain ways The results of three surgeons who have published a report of all their cases, and my own results will now be discussed

ELSCHNIG

Professor Dr Elschnig of Prague published an account of 174 operations 139 of these were apparently on suitable eyes and he obtained thirty two clear grafts and thirty three partially clear grafts fifty one were opaque and twenty three grafts became detached thirty-five operations were on unfavourable eyes and of these two grafts were clear, six partially clear and the results of the remaining twenty seven were described as unfavourable no details being given as to the number of grafts lost etc By Elschnig's technique—which follows largely on the technique of Von Hippel—it appears that 46 per cent of grafts on suitable eyes were successful—in the sense of being clear or partially clear but 16 per cent of the grafts became detached His best results were in a group of twenty-six cases of corneal opacity following interstitial keratitis in which 73 per cent were either clear or partially clear and only one graft was lost

FILATOV

Professor V P Filatov published an account of ninety six operations Forty eight of these were on thirty eight unfavourable eyes and he reports no successes but gives no further details The remaining forty eight operations were on suitable eyes and he divides these into two groups The first group consists of twenty two operations on corneae completely opaque one graft was clear and seven grafts showed much opacity but less than the original corneal opacity The second group consists of twenty six operations on corneae not completely opaque In this group thirteen grafts were described as successful From the details given it appears that ten were clear two showed slight opacity, and one showed much opacity but less than the original corneal opacity Filatov's technique is based largely on Elschnig's technique and it appears that 43 per cent of grafts on suitable eyes were successful in the sense of being clear or partially clear Details are not available as to the number of grafts lost In cases of interstitial keratitis his successes were 66 per cent

CASTROVIEJO

R Castroviejo published a summary of thirty-two operations on twenty seven eyes, and divided them into two groups The first group consisted of eleven operations on corneae where the opacity was not complete and not dense Nine of the grafts were clear or partially clear and one eye was lost The second group consisted of twenty one operations on unfavourable eyes in which were included those where the cornea was completely or densely opaque One of the grafts was clear but had a membrane behind it, seven grafts were clear Castroviejo has accepted the principle of preparing the graft and the hole in the recipient cornea with shelving margins (which was established in my animal experimental work) and has elaborated his own technique utilizing a rectangular graft in place of the round graft which I employ Some of the eyes which he includes in the group of unfavourable cases should in my view, be included in the group of favourable cases or in a subdivision of that group I refer particularly to cases where the unfavourable factor is simply the extent or density of the corneal opacity This makes it difficult to compare his results with those of other surgeons and in future publications if the scheme suggested in this paper were adopted it would greatly facilitate the comparison In a group of nine cases where details are given it appears that in four suitable eyes three were successful one graft on a suitable eye in an unfavourable patient resulted in loss of the eye four grafts on unfavourable eyes resulted in one clear graft and two partially clear It appears that 50 per cent of the thirty two operations were successful, and in the group of cases described as favourable 81 per cent. were successful

TUDOR THOMAS

The period covered by this summary of my results is from my first operation over five and a half years ago to the thirty sixth operation three and a half months ago The technique employed had been elaborated by experimental work from 1922 and was described in its relation to the operation on man at the Oxford Ophthalmological Congress in 1935 The results of the thirty six operations are given in accordance with the scheme suggested in this paper

Results of Corneal Transplantation

Results of 36 Operations on 32 eyes		Group A	Group B	Group C	
		Suitable Eyes		Unfavourable Eyes	
		In favourable patients	In unfavourable patients	(a) Extraocular Conditions	(b) Intraocular Conditions
Successes	Group 1 Clinically transparent	5	0	0	0
	Group 2 Slight degree of opacity in or behind graft	6 (15 = 83 per cent.)	1 3	0 1	0 2
	Group 3 Much opacity but less than original corneal opacity	4	2	1	2
Failures	Group 4 Much opacity Equal to or worse than original opacity	2	2	5	7
	Group 5 Graft detached	0 3	0 2	0 5	1 5
	Group 6 Eye lost	0	0	0	0

Case I—One of my cases in Group A was a patient (see Special Plate Figs 1 and 2) whose vision was improved by operation from fingers at two feet to 6/12 and 6/9 partly She is able to read the smallest print her graft is transparent and the fundus of the eye is easily and clearly seen She has practically a full field of vision and is able to carry on an independent existence This is my best result and the best result so far obtained in this country her vision being restored practically to normal In several of my cases the fundus is visible by ophthalmoscopic examination

Case II—Another case in Group A was a patient (see Special Plate Figs 3 and 4) whose vision was improved from hand movements to 6/36 Her corneae were previously completely opaque She was demonstrated recently to the Bristol Medico Chirurgical Society Her graft is transparent and her vision would be much better if it were not for a slight degree of old standing opacity in the lens She had been unable to see her way about for ten years but can now get about alone and has read many books (See also Figs 5 6 and 7)

Commentary

One primary object in corneal transplantation is that the graft should unite and the loss of twenty three grafts in Elschnig's 139 suitable eyes a loss of one in six contrasted with the fact that my eighteen grafts on suitable eyes all became united confirms me in my belief that the principle of cutting the graft shelving which was determined in my experimental work can be applied with advantage to the operation on man because the operation performed by Elschnig differs from my own procedure essentially although not solely in that regard In

persons of either sex even when they are of age The scheme also provides for special training in venereology in the medical curriculum, and no drug for the treatment of venereal disease is to be sold or employed in a public institution unless it is acceptable to the public health authorities who will also refuse to recognize the serological tests of laboratories which are not officially approved It will be seen from this summary that M Sellier's scheme is a bold blow not only against the white slave traffic but also against quackery It is still too early to form an estimate of the reaction of the medical profession to this scheme The delicate question concerning professional secrecy may chill the potential enthusiasm of some doctors for it On the other hand, the clauses aiming at the discouragement of the quack and his remedies will be greeted by the medical profession with unreserved satisfaction

HEALTH IN THE SUDAN

The report on the Sudan Medical Service for 1935 is a most informative document, provided with an index and an excellent map The medical administration of this vast area is carried out by a mere handful of British officials Apart from administrative officers and specialists, there are only thirty-three medical inspectors and fifteen sanitary inspectors These are assisted by a much larger staff of Sudanese, who have now almost entirely replaced Syrians in the subordinate positions There are, in addition, a few mission hospitals, staffed by one or more British doctors Considering climatic and other conditions, the health of British officials in the Sudan is exceptionally good During the year under review, of 798 officials only one died and only three were invalided, while the average days' sickness per head was 1 32 These figures reflect credit on the Sudan Medical Service, though they are doubtless partially attributable to the generous leave regulations in force The incidence of small-pox is remarkably low in the Sudan Twenty-eight cases of mild type were reported from the Wau district and the only severe cases three in number occurred among pilgrims returning from Mecca Rabies is increasing and is now endemic in all parts excepting two districts of the Northern Province Ten human cases were reported Hyenas, jackals and stray dogs form a reservoir of infection impossible to eradicate while infection may be spread by the Arab sheep-dogs, whose nomadic masters traverse wide stretches of country During the year 3 249 cases of cerebro-spinal meningitis with 2,154 deaths were reported As in 1934, there was a severe outbreak in the Kordofan Province The usual therapeutic measures proved of little avail, but the experimental administration of vitamin A extract as a prophylactic showed favourable, though inconclusive, results Reliance was chiefly placed on such general measures as propaganda evacuation of villages and quarantine In one instance where every precaution had been taken and the roads from an infected district had been picketed a further outbreak was started in a fresh area through one man evading the police cordon Experience has shown that the onset of the rainy season causes a temporary cessation of an epidemic If a village has suffered heavily before the rains it is usually free during the next dry season, if only a few cases have occurred the second outbreak is often severe Among the Sudanese attention has been paid to midwifery and child welfare even in rural districts, while the subnutrition of the natives especially prevalent in Southern Kordofan is being combated by the planting of fruit and vegetable gardens The sanitary control of aircraft becomes increasingly important All machines entering and leaving the Sudan are inspected and disinsectized The number of these mosquito inspections for the year was 1 394

ARACHNIDISM

Some time ago we commented[1] on the habits of the "black widow" spider one of the more unpleasant inhabitants of the Southern States of America and many other warm countries She is so called because she devours her husband she is a coal black glossy insect about half an inch long with a span of between one and two inches and a globular abdomen bearing on its under side a bright red spot usually in the shape of an hourglass The male is rather larger and has the same abdominal markings, and also a row of orange spots down the middle of the back three orange stripes on his side, and straw coloured bands on his legs These spiders live in dark and dry places very often near dwellings The web is irregular and characteristic, for its threads criss-cross at various angles and in many different planes The bite is poisonous and most of the cases occur in the late summer and autumn when the spiders are most numerous Dr A S Hargiss contributes in a recent paper some more valuable information on this pest and the results of its bite[2] The toxin seems to stimulate the myoneural junction or to act on the nerve endings There is no lasting immunity and serotherapy has been disappointing The symptoms are startling and dramatic The patient rolls and tosses about the bed in intense agony and may cry out at times The pain may be lancinating, cramping, aching or constricting and sometimes comes and goes It spreads slowly from the place of the bite until the poison reaches the general circulation, and then it spreads rapidly to all the large muscle groups One of the best accounts is the personal experience of Blair[3] Some patients have profuse cold perspiration subnormal temperature, difficulty in breathing, restlessness, anxiety, and other symptoms common to acute medical or surgical emergencies There is board-like rigidity of the abdomen, intercostal muscles and muscles of the back The extremities are spastic and the reflexes are generally hyperactive, localized tenderness is uncommon The most important part of the differential diagnosis is from an acute intra-abdominal lesion The mortality is low—2 or 3 per cent Treatment is empirical and the method recommended by Dr Hargiss comprises hypodermic injections of 1/4 grain of morphine sulphate repeated as often as may be necessary intramuscular calcium gluconate intravenous glucose a hot bath for an hour or more plenty of blankets kept warm with a radiant light copious fluids and thorough elimination

[1] *British Medical Journal* 1935 1, 836
[2] *New Engl J Med* 1936 225 489
[3] *Arch intern Med* 1934, 54 831

taminating and so burning the vagina At first the salt was mixed with flour and kaolin and later resin and olive oil But all these bougies were unsatisfactory They were difficult to introduce, and still more difficult to remove at the end of the treatment

Finally porous clay pencils were used in four sizes 1¼ inches long and of different diameters If these pencils are placed in a saturated solution of zinc chloride for ten minutes they will become fully charged with the salt and ready for use In most cases there is no difficulty in inserting one of a suitable size without pain and it is easy to remove by the wire passed through a hole drilled in the proximal end of the pencil The absorption of zinc chloride by the tissues is fairly constant according to the size of the pencil and the duration of the application, and it is sufficient to produce necrosis of the mucosa extending about two to four millimetres deep

If the dose of zinc has been insufficient, either because too small a pencil has been used or because the time of application is too short the zone of necrosis will be uneven or not deep enough to affect all the glands, and partial failure will follow while on the other hand if the dose has been excessive necrosis may penetrate too deeply In these cases a large slough representing a cast of the major part of the cervix, tunnelled by its canal may separate about the seventh day, but even though so much tissue has been removed we have never seen anything more than very slight bleeding at the time of separation and in one or two cases after removal and examination by the microscope, the canal was found to be of normal size and lined by epithelium

Reasons for Failure

There are three chief reasons for failure The dose of zinc chloride in quantity and time may be too small so that the depth of necrosis is not enough to reach the deepest parts of the glands If too much glandular epithelium is left untouched by the zinc new glands will arise and the amount of mucus will be as great as before A second possibility is that the cervical canal is not circular in section but may be irregular so that the round clay pencil while distending part of the canal may leave some recesses unoccupied In this case those parts of the canal which have not been in contact with the pencil will be unaffected, and a source of persisting leucorrhoea A third difficulty is the deeply lacerated everted cervix of the multipara Here the canal is shaped like an inverted funnel and it cannot hold the pencil in close contact with its walls A very large erosion too will not be destroyed but we have found that small erosions may disappear after treatment of the canal

Indications and Advantages

The type of cervix which is most suitable for treatment by zinc chloride is the one which has not been deeply lacerated and is therefore able to hold the pencil in close contact with its wall throughout its whole length In a few cases if there is a large erosion it is necessary to give a general anaesthetic to allow its treatment by the electric cautery after which the pencil may be inserted into the canal Anaesthesia may also be necessary for a few patients who cannot tolerate a speculum or any vaginal manipulation

The advantages of this method of treatment are that usually anaesthesia is not necessary the pencil is easy to introduce there is no discomfort during the time it is in position only one application is necessary, and the results are almost uniformly good

TECHNIQUE

The patient is placed in the left lateral or dorsal position and a Sims speculum is introduced into the vagina In a good light and with the aid of a spatula to lift the antero-vaginal wall forward it is usually possible to obtain complete exposure of the cervix and external os The area is swabbed clean and the anterior lip of the cervix is gently grasped by a single toothed vulsellum Some women feel a little pain as the tissue is pierced by the teeth of the vulsellum but if it is too much the instrument may be discarded

Meanwhile each of the four sizes of clay pencil has been soaking in a saturated solution of zinc chloride for ten minutes According to the apparent size of the external os a pencil of suitable diameter is taken by a ring forceps and passed into the cervix which is steadied by the vulsellum until its proximal end is flush with the external os or even just beyond it The pencil should fit accurately into the cervical canal and therefore if the size chosen passes too easily it should be removed and a larger size inserted We have found that the most convenient size is No 3 (1¼ inches by 1/4 inch) which has been used in 70 per cent of our cases It is sometimes necessary to use a certain amount of pressure to ensure that the pencil is completely embedded in the cervical canal for it is most important that the proximal end should not project from the os If it is not wholly contained in the canal it is very liable to drop out into the vagina A strip of gauze moistened with a 5 per cent solution of sodium bicarbonate is loosely packed around the cervix and firmly against the os to maintain the pencil in position Sodium bicarbonate is used to neutralize any zinc chloride solution which might spill into the vagina and cause a burn Where the pencil fits well into the cervix there is little chance of damage to the vagina but if it has been impossible to insert it completely the bicarbonate solution in gauze is an essential precaution The instruments are removed and the patient lies quietly for a period varying from two to four hours No 4 pencil remains for two hours No 3 for three hours and No 2 for four hours At the end of this time the gauze pack is removed and the pencil is withdrawn by means of the wire attached to its base and projecting from the vagina No further treatment is necessary

The subsequent clinical course is as follows For two or three days there is no discharge whatever this is due to the complete necrosis of the mucous membrane which has not yet begun to separate as a slough About the third or fourth day it reappears and increases until the sixth or seventh day, when a little blood is usually noticed This corresponds to the separation of the necrotic mucosa as a slough either in one well defined grey mass or in the form of small particles and shreds For a few days there is a profuse sero purulent discharge which gradually diminishes during the next four weeks until finally there is nothing more than the normal moisture of the vagina Occasionally it has ceased in a fortnight while other patients have complained of it for six or eight weeks Examination of the cervix through a speculum after two months even if a large slough has been passed, in a successful case will reveal no abnormality

Results

During the past two years we have re examined forty-one of the women we treated for profuse leucorrhoea Certain others who had been treated failed to return for examination and have not been included in this review

Of the forty one questioned and examined we may fairly report that twenty seven can be regarded as cured inasmuch as they stated that they were not conscious of white discharge and by inspection of the undouched vagina no abnormal mucus or pus could be seen Eleven women admitted considerable improvement but were still conscious of some leucorrhoea, especially in relation to

JOHN E G McGIBBON AND E T BAKER BATES VALUE OF DIRECT BRONCHOSCOPIC INVESTIGATION IN HAEMOPTYSIS WITHOUT PHYSICAL OR RADIOLOGICAL MANIFESTATIONS



FIG 7.—Case V Showing *normal* bronchogram of a patient with carcinoma of left lower bronchus



FIG 8.—Case VI Shadows of radon seeds indicate the situation of carcinoma in left main bronchus which was not shown by direct or contrast *x* ray examination

J W TUDOR THOMAS RESULTS OF CORNEAL TRANSPLANTATION



FIG 1.—Case I aged 52 Right eye before operation



FIG 2.—Case I Two months after corneal transplantation still clear after seven months and vision 6/12 (6/9 partly)

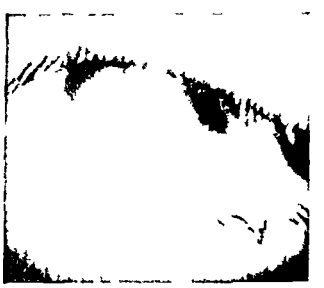


FIG 3.—Case II aged 23 Left eye before operation



FIG 4.—Case II N[illegible] days after corneal trans[illegible] tion still clear after [illegible] months



FIG 5.—Case III aged 41 Post mortem photograph of transparent corneal graft twenty-one days after operation original corneal opacity due to ammonia burns death took place unexpectedly from carcinoma of stomach



FIG 6.—Case IV, aged 57 Post mortem photograph six months after corneal transplantation the irregular pupil due to pre existing iritis can be seen through the graft original corneal opacity due to corneal ulcers



FIG 7.—Case V aged 45 Eleven months after corneal transplantation still clear after seventeen months original corneal opacity due to ulceration after measles

of mucus reappear, which become mixed with serum, and then a little blood as the slough separates towards the end of the first week. The subsequent granulation tissue exudes a little serum which gradually diminishes and finally disappears as the process of epithelialization is complete. The final cure which we have noted in a large proportion of the cases is due to the great reduction in the numbers and lengths of the glands.

Note by A. C. Adamson

Pharmacist, Southend-on-Sea General Hospital

The applicators are made from a clay such as is used for the manufacture of filter candles. They are tapered to facilitate insertion and have a terminal hole for the attachment of the wire by which they are withdrawn. Tinned copper fuse wire (30 ampere) has been found most satisfactory. The following sizes have been used:

Size	Length	Diameter
1	1 inch	3/16 inch
2	1¼	3/16
3	1¼	1/4
4	1¼	5/16

Before use each applicator is immersed in a solution of zinc chloride (1 in 1 (a few drops of hydrochloric acid dissolves any oxychloride that may be present). The amount of the salt absorbed by the pencils during ten minutes' immersion is nearly constant for each size of applicator. I have estimated five of each size and find only a slight variation in the content of zinc chloride. The following is an average of the results:

Size	
1	absorbed solution equivalent to 2·34 grains zinc chloride
2	2·73
3	4·29
4	6·6

A number of applicators were collected after use and the remaining zinc chloride estimated:

Size	Size of Applicator	Amount of zinc chloride absorbed by tissue	Per cent
1	1 in. × 3/16 in.	—	—
2	1¼ in. × 3/16 in.	2·13 grains	78
3	1¼ in. × 1/4 in.	3·39	79
4	1¼ in. × 5/16 in.	5·23	79

The applicators were made to specification by Messrs. A. Gallenkamp and Co., Ltd., and are also available from Messrs. Allen and Hanburys, Ltd.

Summary

We have described a method of treatment of chronic leucorrhoea by destruction of the cervical glands by the necrosing action of zinc chloride. A saturated solution of the salt is applied to the cervical canal by means of a porous clay pencil which has been soaked in the solution for ten minutes. In the majority of cases an anaesthetic is not necessary, for the insertion of the pencil causes little discomfort. A slough of the mucosa is produced and discharged in about a week. A number of sections of the cervix have been made at varying intervals after application of zinc chloride which have demonstrated the complete re-epithelialization of the canal. The results to date show that of forty-one cases treated and examined afterwards twenty-seven are completely cured, eleven are definitely improved, and three are no better.

REFERENCE

Ainsworth-Davis, J. C. (1934) *British Medical Journal*, 2, 935.

ADHERENT FALLOPIAN TUBE CAUSING INTESTINAL STRANGULATION

BY

F. M. COLLINS, M.B., M.Chir., F.R.C.S.

Major, Indian Medical Service

'Bands formed by anatomical structures abnormally attached' are a well-recognized cause of intestinal strangulation. The commonest abnormality of this nature is an adherent vermiform appendix. In this case it was an adherent Fallopian tube which caused the abdominal catastrophe here described. Without facilities of reference to the literature I am unable to say whether this is a common condition, but as it is unique in my experience and as the preceding and immediate clinical history present unusual features a report of the case seems well worth while.

Case Record

The patient was a married lady of 69. The menopause had taken place at the age of 48. She first came under my care on February 15, 1926, for a complete procedentia uteri. This had been developing for thirty-five years and beyond wearing a ring pessary at intervals no treatment had been sought. When first seen on this date the uterus was protruding two inches outside the vulva and the exposed portions were beginning to ulcerate. The uterus was replaced, a ring pessary inserted and daily douches ordered. Apart from her age there was a moderate rise of blood pressure, a hypertrophied heart and slight albuminuria, all seeming to contraindicate any operative treatment of the prolapse. On February 20 there was a sudden profuse discharge of half a pint of thick yellow pus from the vagina. Vaginal and rectal examination failed to disclose any disease in the uterine appendages that might be the origin of this purulent discharge, which in the absence of other causes was assumed to be intra-uterine in origin. The pessary was removed and treatment with douches, ichthyol tampons and later with intra-uterine instillations of iodine in glycerin were tried. On March 10 the patient began to complain of frequency of micturition and burning. The urine, besides the usual trace of albumin, now contained a few pus and epithelial cells and was strongly acid; culture revealed a *B. coli* infection. Treatment by alkalis for ten days followed by acidification and hexamine and a course of autogenous vaccine injections cleared this up in four weeks; it is probable that there was an ascending urethral infection which had caused a mild cystitis.

The purulent vaginal discharge continued intermittently; for a few days there would be none and then several ounces would discharge unexpectedly. Repeated vaginal examination and inspection was still negative and though pus could never be demonstrated coming from the cervical canal the trouble was thought to be a pyometra and on March 18 dilatation and curettage was carried out and the previous treatment with douches, tampons and instillations continued. There after the discharge gradually cleared up and from April 20 was absent. On May 3 she was examined and all traces of infection seemed to have gone; by then the cystitis too had cleared up so the ring pessary was reinserted. During all this time there had been obstinate constipation which failed to yield to dietetic measures and paraffin preparations and for which daily doses of senna or cascara had been required. She was said to be subject to visceroptosis and on March 21 there had occurred an attack of severe abdominal pain of a colicky nature with vomiting which had lasted all day and had been relieved only when the third turpentine enema preceded by pituitrin had brought away a large faecal accumulation. The pessary inserted on May 3 controlled the prolapse satisfactorily and on May 6 the patient was convalescent in a chair.

On May 7 I saw her at 10 a.m. and was told that she had been in severe pain for two hours; the pain was of sudden onset, colicky in nature, occurring in spasms every ten to fifteen minutes. An enema which brought away some

THE SCIENTIFIC WORK OF THE ASSOCIATION

The scientific activities of the British Medical Association fall into two main groups, one comprising the work performed at Headquarters through the medium of central committees, and the other representing facilities provided by the Association for the pursuit of research by individuals or for the promotion of interest in the different branches of medicine A third type of activity, consisting of collective investigations, has been attempted, but for various reasons it has lately been discontinued In addition there are of course the frequent scientific and clinical meetings arranged for the local profession by the Divisions and Branches

Special committees on scientific subjects have always been a prominent feature of the Association's work, and their investigations have often resulted in valuable contributions to knowledge of the subjects under review The investigations these committees have made cover a wide field, ranging from purely scientific questions, such as the medical aspects of abortion, to topics of great social interest, such as nutrition The Association is pre eminently suited to be the organizer of investigations which require the collaboration of medical men drawn from all types of practice, of organizations of various kinds, and, on occasion, of lay persons, and the lists of the personnel of its special committees contain the names of individuals of the highest repute in their respective spheres of work

Early Investigations

The first of the extensive inquiries undertaken by the Association was a series of investigations into the use of chloroform A committee appointed in 1877 had considered the source of the special danger of chloroform, and in 1888 the Association had granted a sum of money to Professor MacWilliam for research upon the action of this anaesthetic But these and other contemporary inquiries did not lead to the desired result, which was the reduction of the large number of deaths occurring during chloroform anaesthesia, and in 1901 a special Chloroform Committee was appointed to investigate methods of quantitatively determining the presence of chloroform in the air and in the living body, and to determine if possible the minimum dose of the drug that secured an adequate anaesthesia for operations and at the same time did not endanger life The deliberations of this committee continued without intermission until 1910, and it issued, in addition to its final report, a number of interim reports It was generally acknowledged that these reports threw valuable light on the problems connected with chloroform anaesthesia

Another special committee whose work was to have considerable influence on medical practice and on the science of disease was that appointed in 1907, at the instance of the Section of Ophthalmology, to consider the means of preventing ophthalmia neonatorum The committee's report, which was published in 1909, included a recommendation for the compulsory notification of ophthalmia neonatorum In 1914 this policy was actually adopted by the Government, and another recommendation of the committee received practical recognition when the Central Midwives Board altered its rules to include purulent vaginal discharge among the conditions for which a midwife requires medical assistance

Rheumatism and Maternal Mortality

Since the war the work of special scientific committees has increased in volume and importance As illustrations of their contributions to the prevention of illness may be mentioned the investigations of rheumatic heart disease in childhood and of puerperal morbidity and mortality The former was conducted by a subcommittee of the Science Committee under the chairmanship of Sir Humphry Rolleston The subcommittee's first report issued in 1926, considered various aspects of the causation and pathology of rheumatic infection, and its second report, published in the following year, dealt with the means of preventing and controlling the infection As a direct result of the subcommittee's work rheumatic treatment centres were opened in various parts of the country, and several local investigations were instituted The work of the Paddington Green Children's Hospital Centre was assisted by a grant from the Association

The activities of the Association in recent years on the subject of maternal mortality and the preparation of a national maternity service scheme are the result of the labours of a special committee which, during the years 1925 to 1928, considered the causation of puerperal morbidity and mortality This committee, under the chairmanship of Sir Ewen Maclean, based its report on information received from many sources, including individual medical practitioners and the Divisions and Branches of the Association, and it was able to exonerate general practitioners from the charge previously made against them in various quarters that they were largely responsible for the high mortality from puerperal sepsis The committee's recommendations included the provision of adequate ante-natal care, a question which has received very considerable attention lately from central and local authorities

Treatment of Fractures

The organization of facilities for a particular kind of treatment offers an excellent subject for investigation by such a body as the British Medical Association The recent Committee on Fractures, for example, considered from medical and non-medical aspects the existing arrangements for the treatment of fractures and other associated injuries of the limbs and the means of improving those arrangements By collecting from many sources, both medical and lay, information on the various organized and unorganized methods of treatment, and statistics of the duration of disability under each method, it was able to estimate the cost to the community of injuries resulting in fractures, and to submit a scheme for the setting up of fracture clinics throughout the country The committee's report aroused great interest among the profession and the laity A number of fracture clinics have already been established, and the plans of several new hospitals include provision for fully equipped fracture departments The Minister of Health has circulated the medical section of the committee's report to local authorities with a covering letter commending it to their notice, and an Interdepartmental Committee has been appointed "to inquire into the arrangements at present in operation, with a view to the restoration of the working capacity of persons injured by accidents, and to report as to what improvements or developments are desirable and what steps are expedient to give effect thereto, regard being had to the recommendations made in the report issued by the British Medical Association in February, 1935, on 'Fractures'"

Clinical Memoranda

Rupture of Aorta into Duodenum

I was called to a passenger train on June 18 1936 to attend a man who was seriously ill This man was found to be lying on his back in a first-class lavatory with his trousers down in a mass of blood and faeces He was blanched and unconscious and at first sight seemed to be dead He was taken to a waiting room on a stretcher and given a little brandy, which he was able to swallow, and from there to a nursing home, where from documents found in his bag his name and address were ascertained He was seen later in the day in consultation with Mr H H Rayner His wife gave his age as 76 and said that generally he had had good health with no dyspeptic symptoms He had retired from active business but still gave some attention for one day a week to his business interests He had stayed one night at a hotel in a large city but left by an earlier train than usual for his seaside home

Examination showed a large amount of blood in the rectum with clots some of which were passed in bed A pulsating tumour was felt in the epigastrium which Mr Rayner thought might be an abdominal aneurysm Four hours after admission he rallied slightly and his pulse was 124 and temperature 100 8 F He was restless and 1/6 grain of morphine was given every six hours His blood was typed in case transfusion should be thought necessary He improved considerably for two or three days and the haemorrhage seemed to be arrested but he relapsed on June 22 and died early on June 23 Post mortem examination of the abdomen showed the large intestine and part of the small intestine to be filled with blood and clots The duodenum and stomach were examined but there was no evidence of an ulcer The third part of the duodenum was firmly adherent to the aorta In the lumen of this part of the duodenum was a firm ball like clot which was so organized that it was at first mistaken for part of a growth The posterior wall of the duodenum where it was attached to the aorta showed a perforation communicating with the aorta which was very hard and calcareous The third part of the duodenum with a portion of the aorta to which it was adherent was removed and sent to the pathological laboratory of Manchester University

Professor S L Baker examined it and kindly made the following report I think there is little doubt that it is a rupture of a small saccular dilatation of the aorta into the duodenum The aorta shows a very severe calcified atheromatous change Although atheroma is usually confined to the intima of the aorta and does not appreciably weaken its wall yet in this advanced condition one usually finds some thinning and also degenerative changes in the media which on rare occasions result in small localized saccular aneurysms (usually in the abdominal aorta) In this case there appears to be a sac adherent to the duodenum and as there is no visible evidence of inflammatory thickening of the duodenal wall on the edge of the rupture a chronic ulcer is unlikely—and of course an ulcer in this position would be very unusual I suppose that there may well have been a leakage of blood into the duodenum prior to the rupture which might have suggested duodenal ulcer

As already stated there was no history of symptoms of duodenal ulcer but leakage from the aorta may have occurred during the night or early morning while at the hotel This leakage may have caused the patient to feel ill and induced him to take an earlier train than usual On the journey a desire for bowel action made him visit the lavatory and there straining while seated caused rupture resulting in collapse and the condition in which he was found Perforation of the aorta into the duodenum is so rare a condition that it seems worthy of record as cause of bowel haemorrhage resulting in death

I am greatly indebted to Professor S L Baker who has kept the specimen for his interest and report and to Mr H H Rayner for reading the MS

Warrington J S MANSON M D

Angioneurotic Oedema

The following case of angioneurotic oedema occurring on board ship is probably of sufficient interest to warrant reporting

CASE RECORD

A passenger aged 76 went to bed at 11 p m on September 12 feeling quite well About midnight he awoke and found that his tongue was swelling up but he did not send for medical aid until 2 a m By that time he presented a grotesque appearance and it was hard to believe that he was normal three hours before The tongue almost filled the mouth and was protruding between the teeth it was not tender and showed no signs of inflammation Both sides of the neck the submaxillary regions and the lower lip were enormously swollen and tense The patient was unable to articulate but had no serious difficulty in breathing, although he was much troubled by profuse salivation The temperature was 97.2 F and the pulse rate was 90 Fortunately he was accompanied by a son who was able to give the facts of the case There was a history six months previously of a mild swelling of the tongue which had disappeared in a very short time

He was at once removed to the ship's hospital and arrangements were made for laryngotomy should the necessity for it arise Adrenaline 5 minims was injected subcutaneously and thin pieces of ice were given the patient to suck After about half an hour the swelling of the neck and tongue was definitely less tense but meanwhile stridor and respiratory distress had developed An occasional glimpse could be had of the throat which was swollen and oedematous A second injection of adrenaline 7 minims was given subcutaneously and the throat sprayed with the same substance after a dose of magnesium sulphate had been given slowly by mouth

Within an hour he was breathing without serious difficulty He steadily improved and by 8 a m the same day his tongue was almost normal in size The swelling of the neck had disappeared except in the submaxillary regions where it persisted for another three hours During the day 1/2 grain of ephedrine was given by mouth every four hours Forty eight hours after the onset of the attack the parts were quite normal and the patient was in his usual health except that on both arms there was a mild urticarial rash which soon disappeared

There was no previous history of asthma hay fever skin eruptions or any of the complaints usually regarded as being allergic in origin The only departure from the usual diet was a raw peach which the patient had eaten after dinner he had had no gastro intestinal symptoms His blood pressure was 124/64 mm Hg and the urine contained small quantities of albumin and pus this was probably due to an old standing condition as they were still present in about the same quantity three days after recovery

COMMENT

The points of interest in this case are

1 The extremely rapid onset in an elderly person with no definite previous history to suggest liability to such attacks

2 The apparent response to adrenaline

3 The site of the lesion requiring constant supervision of the patient

I wish to express my gratitude to Dr Gardner the senior surgeon whose advice in this case was invaluable

DAVID R HUGHES M B, B Ch
Second Surgeon R M S *Empress of Britain*

pneumonia were some of the subjects investigated in this way In 1927 the method of collective investigation was revived in a somewhat different form, the machinery of the local units of the Association being utilized The subjects chosen for investigation by this method included varicose ulceration, gastro-enterostomy, and the incidence of cancer and its history after treatment

The cost to the Association of its scientific and research work represents an appreciable proportion of its income This work was first arranged on an organized basis with definite financial provision in 1874 and expenditure on it has grown proportionately with the membership and influence of the Association, until in 1929 the Treasurer estimated that at least £35,000 was spent each year directly or indirectly, in the cause of the advancement of science

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

CERTIFICATION

A medical practitioner should not issue any certificate without great care and a due sense of the responsibility for the statements of fact or opinion expressed in the certificate The General Medical Council takes a very serious view of any laxity in certification, as will be seen by reference to the warning issued by that body on the subject No certificate regarding a patient under his care should be given by a practitioner to a third party, such as an insurance company or the patient's employer, without the consent of the patient or of the patient's accredited representative Failure to comply with this rule may expose a practitioner to an action for libel No doctor may give to a person who is under the care of an unqualified practitioner a certificate which would have the effect of "covering' the unqualified practitioner

Death Certificates

The Births and Deaths Registration Acts, 1874 and 1926, provide that in the case of the death of any person who has been attended during his last illness by a registered medical practitioner that practitioner shall sign and forthwith deliver (by post or otherwise) to the Registrar of Births and Deaths a certificate stating, to the best of his knowledge and belief the cause of death On signing this certificate the medical practitioner must also give notice, on the prescribed form, of the signing of the death certificate to some person required by the Act to give information concerning the death The persons required by the Act to give information concerning the death are the nearest relatives present at the death or in attendance during the last illness and, in default of such relatives, each person present at the death A fee cannot be claimed giving the certificate A practitioner who has attended deceased in his last illness may give a certificate of death without actually having seen the dead body, but certification of the fact of death by personal observation is always desirable The registrar must report to the coroner (for review and not necessarily for inquest) any death in respect to which it appears to him from the particulars contained in the medical certificate or otherwise that the deceased was not seen by the certifying medical practitioner after death nor within fourteen days before death

In Scotland, though it is customary for the practitioner to hand the certificate of cause of death to some relative of the deceased, the legal obligation is to transmit such certificate to the registrar within seven days after the death If he fails to do so the registrar sends to the practitioner a certificate in blank to be completed and returned within three days under penalty of fine Blank forms of certificate of death may be obtained without charge from the local registrar of births and deaths

Mental Deficiency

Under the Mental Deficiency Acts the parent or guardian of a defective who is an idiot or imbecile and the parent of a defective who though not an idiot or imbecile is under the age of 21, may place him in an institution or under guardianship Certificates in the prescribed form are required from two medical practitioners one of whom must be approved for the purpose by the local authority or by the Board of Control Where the person is under 21 and though mentally defective is not an idiot or imbecile the certificates must be signed also by a judicial authority, after such inquiry as it shall think fit Defectives of any age or any degree of mental defect—that is, whether idiots, imbeciles, feeble minded persons, or moral defectives—may be sent to an institution or placed under guardianship, provided that certain conditions which render them "subject to be dealt with" are fulfilled they may be so dealt with under an order made by a judicial authority on petition or under an order of a court or under an order of the Secretary of State Two medical certificates, as above, must accompany the petition, and an order will not be made unless each medical practitioner who signs the certificate has personally examined the alleged defective within twenty one days before the date of the presentation of the petition Blank forms of certificate may be obtained from any institution which receives patients who are defectives or from the local authority Forms may also be obtained from Messrs Shaw & Sons, Law Stationers, 7, Fetter Lane London, E C 4 The Acts lay down the classes of persons who are deemed to be defectives within the meaning of the Acts and define mental defectiveness to mean a condition of arrested or incomplete development of mind existing before the age of 18 years, whether arising from inherent causes or induced by disease or injury

Sickness Benefit Clubs and Societies

In granting certificates for these purposes the same care should be exercised as in the giving of statutory certificates Even though the practitioner may be well aware of the condition of the patient he should not grant a certificate relative to a particular date without actually having seen the patient on that date

School Children

The onus of proof of a child's unfitness to attend school rests upon the child's parents, and therefore medical practitioners are frequently asked for certificates in this connexion It is essential that in all instances the child should be seen and examined before the certificate is issued, and on no account should a certificate be issued merely upon statements made by a parent or other person

Voluntary Control of Habitual Drunkards

The legal definition of an habitual drunkard is "a person who, not being amenable to any jurisdiction in lunacy, is notwithstanding, by reason of habitual intemperate drinking of intoxicating liquor, at times dangerous

said to have achieved Essentials are dealt with from a modern point of view, if more extensive details of a particular surgical disease are desired by the reader he is given help by a bibliography which is placed at the end of each chapter and brings to his notice some of the more important monographs and recent papers on the subject with which the particular chapter is concerned

In an otherwise excellent survey of the field of modern surgical practice the most disappointing section is that dealing with fractures We do not agree with the statement in the section on the treatment of Colles's fracture that 'the best position [for the hand] is in slight dorsal flexion etc, and it is to be regretted that treatment by the direct application of plaster with the hand ventroflexed is not insisted upon There are a few inaccuracies in the index—for example, Colles's fracture appears as coller fracture and collar fracture—but on the whole the subject matter throughout is well put together The illustrations are particularly good and include shaded and line drawings diagrams, and photographs The inclusion of photographs showing the histology along with pictures of the gross lesion appears to us to be a useful plan and likely to help the student An appendix entitled The Surgical History and Physical Examination is one of the most valuable and important parts of the book, and in a future edition we should like to see it placed at the beginning where it would serve the student as an approach to the main part of the text We believe that this book may be safely recommended to medical students and will make an appeal to them It is likely to prove popular both in the United States and in this country not only among students but also with those practitioners who wish to revise their outlook on the practice of general surgery

SPLENIC PUNCTURE

La Ponction de la Rate By P Émile Weil P Isch Wall and Suzanne Perlès (Pp 148 23 figures 35 fr) Paris Masson et Cie 1936

This concise clearly written and well illustrated monograph by Emile-Weil and co workers coming as it does soon after Dr Everard Napier's report of 5 000 splenic punctures without accident (*Lancet* 1936 2 126) may stimulate English haematologists to make greater use of a method of investigation which has perhaps been too little used in the splenomegalies of temperate climates The reasons for this neglect are doubtless, the relative infrequency of obscure splenic enlargement in non-tropical areas with consequent difficulty in obtaining experience in the technique of puncturing the spleen and interpreting the stained smear, and the fear of danger to the patient from puncturing the spleen in a primary blood disorder This fear appears to be groundless and the French authors have explored the spleen without accident in all forms of leukaemia and in the acute splenic tumour of infections The only formal contraindication to splenic puncture is a haemorrhagic disorder such as haemophilia

The safety of the operation depends on strict adherence to the technique recommended which is much the same as Napier's The essential features are that when the needle is introduced into the spleen only one single swift movement of aspiration is made, the puncture being deliberately a dry one and the smears being made from the small amount of splenic pulp entrapped in the needle The least satisfactory feature of the procedure is the difficulty of getting normal controls because few will feel justified in puncturing a spleen which is healthy and not enlarged The authors have relied on material aspirated at operation from spleens which were being removed on account of thrombocytopenic purpura and there are in addition some data for the normal splenogram in the literature To the haematologist as distinct from the parasitologist and bacteriologist, the great value of the method is in differentiating infiltrative lesions of the spleen such as leukaemia Hodgkin's disease and Gaucher's disease, from other forms of splenomegaly Apparently it gives little or no assistance in separating the different varieties of haemolytic vascular and sclerotic reaction in the spleen The book is very readable the arrangement is lucid and logical and the production of the monograph at a reasonable price does credit to the publishers

MOLECULAR PATHOLOGY OF INFLAMMATION

Die Molekularpathologie der Entzündung By Professor Dr H Schade (Pp 100 20 figures 18 tables RM 9 0) Dresden and Leipzig T Steinkopff

In this book Professor H Schade gives a short but extremely clear and simple exposition of his theories regarding the process of inflammation a subject on which he has conducted researches for the last eleven years His general theory is that the body tissues may be divided into three sections as regards salt and water distribution First the circulating blood secondly the tissue fluids and connective tissue and thirdly the cell protoplasm The capillary wall is freely permeable to water and electrolytes but impermeable to colloids while the cell membrane has a complex and selective permeability The state of swelling of the connective tissue is determined very largely by the reaction of the tissue fluids

The theory of inflammation set forth is that it is initiated by injury to the cells either by mechanical or chemical agents or by bacterial invasion The local consequences of such injuries are an increase in activity a sharp rise of osmotic pressure and a rise of temperature These cause the classical symptoms of inflammation The author's theories are supported by a large mass of careful physical measurements made on clinical cases and on experimental animals In general he succeeds in assigning fairly simple physico chemical causes to most of the phenomena of inflammation and the book summarizes work which constitutes a very interesting contribution to our knowledge of a process of fundamental importance in pathology

ELEMENTARY PATHOLOGY

Elementary Pathology An Introduction to the Process of Disease By Keith S Thompson (Pp 80 9 figures 3 coloured plates 10s 6d net interleaved) London H K Lewis and Co Ltd 1936

The simplest teaching is notoriously the most difficult, and Dr Keith Thompson's attempt to write an introduction to this subject has not overcome the difficulties in this task before which other potential writers have undoubtedly quailed Such a subject cannot be simplified beyond a certain point and over-condensation involves risks of serious omission inadequate explanation, and statement so general as to be untrue or misleading The book contains only 43 pages of letterpress some of these composed of only a few lines the remainder consisting of blank pages for additional notes by the owner, and a number of large photographic illustrations many of which are excellent in themselves but insufficiently described to enable their features to be understood The arrangement of subjects is orthodox in the main but it is not clear why ulceration should have a chapter to itself at the end of the book and the subject of blood transfusion might well have been

Public Health Medical Service

The following changes have recently been made in the public health medical service staffs

Dr F J S Esher to be medical officer of health under the Mental Deficiency Acts for Sheffield

Dr G Fitzgerald to be medical officer of health for County Kerry

Dr G McKim Thomas to be medical officer of health for Cardiff Rural District Council

Dr F R O'Shiel to be medical officer of health for Stepney

Dr A T G Thomas to be medical officer of health for Welwyn Garden City

Dr Patricia Unsworth to be assistant school medical officer for Birkenhead

Dr J H Busteed, medical officer of health for Bungay, is to retire next March

Dr W E Harker is to retire from the post of medical officer of health to the Tyne Port Sanitary Authority, an appointment which he has held for forty-one years

INSURANCE MEDICAL SERVICE WEEK BY WEEK

Retirement of Sir Walter Kinnear

The Ministry of Health suffers a heavy loss by the retirement from the public service on January 1 of Sir Walter S Kinnear, *K B E*, *Controller of the Insurance* Department, and Chief Adviser to the National Health Insurance Joint Committee Sir Walter is, at the Minister of Health's request, continuing to act as Chief Adviser to the Joint Committee, and the Minister has approved the following appointments consequent upon his retirement Mr E Hackforth, C B, to be Controller of the Insurance Department, Mr E G Bearn, C B E, to be Deputy Controller in succession to Mr Hackforth, while continuing to act as Chief Insurance Inspector

When the National Health Insurance Act was passed in *1911 Sir Walter Kinnear was invited by Mr Lloyd George* to become deputy chairman of the Irish National Health Insurance Commission In *1912 he was temporarily* seconded to the National Health Insurance Joint Committee in London to assist in the organization of the new scheme In 1916, when the membership of the English Insurance Commission was seriously depleted, Sir Walter was temporarily assigned, at the request of Sir Robert Morant, to the English Insurance Commission, and acted also as chairman of the Navy, Army, and Air Force Insurance Fund For his services in these capacities during the war he was created K B E in 1918

The Ministry of Health was formed in 1919, and took the powers *and duties of the English* and Welsh ance Commissioners in addition to the work of the al Government Board *Sir Walter was then appointed* the newly created position of the Controller of the Insurance Department of the *Ministry of Health and* Chief Adviser of the National Health Insurance Joint Committee, and he has held these positions for the past seventeen years When the Widows, Orphans', and Old Age Contributory Pensions Act was passed in *1925 Sir* Walter was appointed by the then Minister of Health, Mr Neville Chamberlain, to be Controller of the Joint Health and Pensions Insurance Schemes In that position he has played a prominent part in national insurance legislation for many years

Sir Walter has shown himself a capable and courteous administrator, with a capacity for hard work, a comprehensive knowledge of insurance schemes and a thorough grasp of their essential principles To him must be ascribed much of the credit for the financial stability and efficient organization which have made the British Health and Pensions Insurance Schemes the envy of many other countries At Geneva he has represented Great Britain on insurance questions at many annual conferences of the International Labour Office He has also served on a large number of Government committees including committees on workmen's compensation and unemployment insurance During the past eighteen months he has visited South Africa, Australia New Zealand and British Columbia at the request of the various Dominion and Provincial Governments, in order to assist in the preparation of national insurance schemes

New Edition of "Medical Insurance Practice"

As stated in our notes of last week this book is now in the press and copies will be available at the end of this month The chairman of the Insurance Acts Committee of the British Medical Association has contributed the following foreword to the new edition

"In his foreword to the third edition of this book published in 1909, Dr Dain writing as Chairman of the Insurance Acts Committee, said

"Some standard work of reference is, I am convinced, essential to those, doctors and administrators, who are concerned in the working of Medical Benefit, and it is not too much to say that this book now holds this position and requires little further commendation It has been proved a very present help in many a difficult problem, and, I believe never fails to give the correct answer clearly stated in good plain English The Insurance Acts Committee is so convinced of the usefulness of this book of reference that it has gladly acceded to the *request of the authors to take over the publication of this third* edition in the anticipation that by so doing it can be produced in a form and at a price that will tempt every insurance doctor and lay administrator to possess a copy I hope that all Panel Committees will see to it that the doctors in their areas use this book, and that it continues to be brought to the notice of the younger men as they come into practice'

"I think that it is sufficient for me to say that all that Dr Dain said in recommending the book to practitioners applies with added force to the new edition, and that I regard it as essential that every insurance practitioner should become possessed of a copy of this book With this object in view the National Insurance Defence Trust has authorized its publication at a nominal price"

It is the intention of the Association to bring the publication of this new edition to the notice of every insurance practitioner by means of a brochure, to which is appended a form of application for copies of the book *which is being published at 2s post free*

New Year Reminders

The clerk to the London Insurance Committee, Mr Gilbert, in sending to the practitioners in *London their* cheque for the quarter and New Year's greetings, writes one of his friendly letters, in which he gives once *more* the polite reminders about legibility in writing prescriptions, prompt notification of acceptances, the *transmission* of forms of medical record, and the importance of examining a patient before issuing a certificate Here are two or three points in his informal letter which are *worth* reproducing as being of general interest

Prescriptions—If a deputy acts on your behalf at any time will you please remind him that he should indicate on the prescriptions which he may issue that he is *issuing them on* your behalf, otherwise it is almost impossible satisfactorily to prepare the statistical data *which we are required to*

Preparations and Appliances

DIRECTOR FOR STRANGULATED HERNIA

Mr LEONARD LEY (surgeon, Great Yarmouth General Hospital) writes

In operating for strangulated hernia I have found great difficulty in adequately controlling and protecting the intestine by the ordinary winged director when dividing the neck of the sac It occurred to me that if the director had wider wings, and particularly if a deep slot was cut on each side of the grooved director so that the wings could slide down over the neck of the sac the intestine would be completely isolated from the field and unable to slide up and over the director and its wings as it invariably does with the usual director

I wrote to Down Bros Ltd and they have carried out my ideas most meticulously I and my colleagues have since had



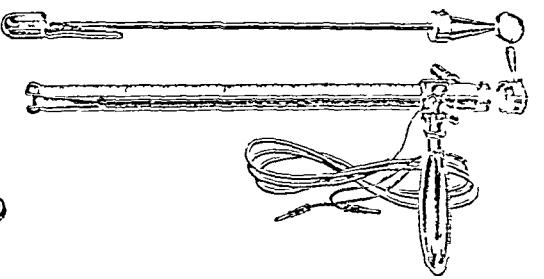
several opportunities of testing the instrument and it has fulfilled all my anticipations The accompanying illustration will demonstrate the modifications I have mentioned above

I am grateful to Messrs Down Bros for the care they have taken in carrying out my suggestions

OPERATING SIGMOIDOSCOPE

Dr A DREIFUSS sends the following note from Durban South Africa

The classical sigmoidoscope consists essentially of a metallic tube open at both ends with a handle and equipment for direct illumination and the blowing in of air Simple polypi and adenomata cannot be operatively removed by this form of the sigmoidoscope In the case of polypi which ought to be removed for biopsy or cure an extensive and dangerous operation—for example a modified Kraske —would be necessary There are further indications for the removal of such simple neoplasms In long standing cases of colonic spasm where no other aetiological factor can be found polypi may have a stimulating influence on the neuromuscular apparatus of the bowel This can result in exaggerated peristalsis or in excessive contraction of the sphincter muscles In several such cases I found single polypi and was faced with the problem of their removal without inflicting a major operation on the patient I therefore modified the sigmoidoscope so as to make a simple operation possible A triangular section of the tube with its base at the foremost end of the tube and at its apex a circular hole was removed from that part of the tube opposite to the electric bulb The corresponding piece of metal was attached to the introducer



so that this opening remained covered during the passing in of the instrument This shield is essential to prevent injury of the bowel When the sigmoidoscope is in position and the introducer has been removed the polypus can be brought into the triangular slit and so isolated from the rest of the bowel The removal of the observation end piece for the introduction of operating instruments does not then result in concealing the polypus by the prolapse of part of the bowel wall If the light is obscured the operation can be completed by indirect illumination as in the examination of the middle ear The polypus can be drawn further into the tube by using long crocodile forceps of the ordinary pattern and thus it can be simply removed by cauterization

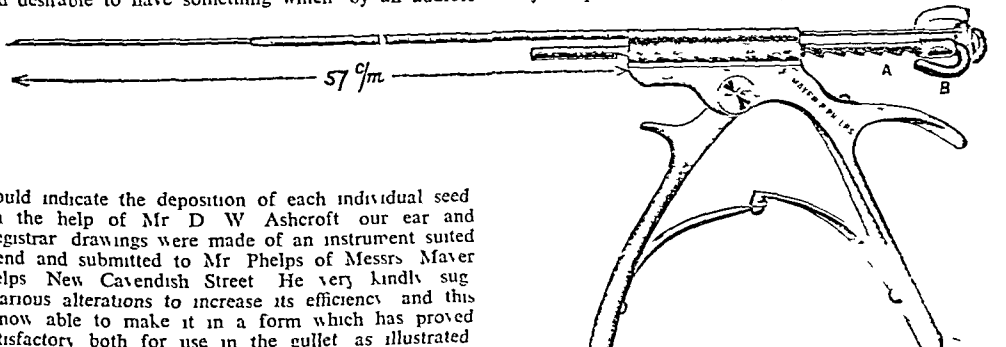
Using this modified form of the sigmoidoscope it became possible to treat with success a number of cases The modified sigmoidoscope has been made to my design by J Gardner and Son Edinburgh from whom it can be obtained

A NEW RADON-SEED INTRODUCER

Mr F J CLEMINSON (surgeon ear and throat department Middlesex Hospital) writes In carrying out palliative treatment of carcinoma of the gullet by implantation of radon seeds I have never found an entirely satisfactory instrument It seemed desirable to have something which by an audible click, would indicate the deposition of each individual seed So with the help of Mr D W Ashcroft our ear and throat registrar drawings were made of an instrument suited to this end and submitted to Mr Phelps of Messrs Maver and Phelps New Cavendish Street He very kindly suggested various alterations to increase its efficiency and this firm is now able to make it in a form which has proved most satisfactory both for use in the gullet as illustrated and in a shortened form for the bronchi

The seeds are contained by the distal end of the instrument This is sharp and is inserted into the growth via the oesophagoscope for the required distance The handles are then squeezed together and a single seed is deposited this is indicated to the operator by a click By the use of the scale shown in the illustration each seed can be put exactly where the operator wishes until any desired grouping has been obtained

The instrument when fully charged contains ten short Muir seeds each 7 mm long The method of loading is very simple and in brief depends on the turning of the



ratchet R through a half circle by the lever B (see Figure) This disengages the ratchet and allows it to be drawn backward With it moves the stout wire which lies in the lumen of the instrument and pushes out the seeds when the instrument is in action

Katherine Bishop Harman Prize

The Council of the British Medical Association is prepared to consider an award of the Katherine Bishop Harman Prize, of the value of £75, in the year 1938. The purpose of the prize, founded in 1926, is the encouragement of study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present, provided this falls within the scope of the prize. Any medical practitioner registered in the British Empire is eligible to compete.

Should the Council of the Association decide that no essay submitted is of sufficient merit, the prize will not be awarded in 1938, but will be offered again in the year next following this decision, and in this event the money value of the prize on the occasion in question shall be such proportion of the accumulated income as the Council shall determine. The decision of the Council will be final.

Each essay must be typewritten or printed in the English language, it must be distinguished by a motto and accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address. Essays must be forwarded so as to reach the Medical Secretary (to whom inquiries may be sent), B.M.A. House, Tavistock Square, London, W.C.1, not later than December 31, 1937.

Branch and Division Meetings to be Held

ABERDEEN BRANCH: CITY OF ABERDEEN DIVISION.—At 29, King Street, Aberdeen, Thursday, January 21, 8.30 p.m. B.M.A. Film of World Tour, 1935.

BIRMINGHAM BRANCH.—At Medical Institute, Birmingham, Thursday, January 21, 3.30 p.m. Mr. B. T. Rose: Problems of Diagnosis, Treatment and Prognosis in Cancer of the Breast and Mouth, with Special Reference to Radiotherapy.

BIRMINGHAM BRANCH: WEST BROMWICH AND SMETHWICK DIVISION.—At West Bromwich and District Hospital, Edward Street, West Bromwich, Thursday, January 21, 8.15 p.m. Agenda: Air raid precautions; medical benefit for young adolescents; cellona film dealing with functional treatment of fractures.

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.—At King's Arms Hotel, Dorchester, Wednesday, January 20, 7.30 p.m. Supper, 8.30 p.m., Address on 'The Present Position of Chemical Warfare'.

LANCASHIRE AND CHESHIRE BRANCH: BURNLEY DIVISION.—At Burnley Municipal Hospital, Thursday, January 21. Divisional meeting.

LANCASHIRE AND CHESHIRE BRANCH: SALFORD DIVISION.—At Grand Hotel, Manchester, Thursday, January 21, 8.30 p.m. Reception, 9 p.m. Dinner dance in aid of medical charities.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—At St. Olaves Hospital, Lower Road, Rotherhithe, S.E., Tuesday January 19, 9 p.m. Mr. J. James: Dental Sepsis and Systemic Disease."

METROPOLITAN COUNTIES BRANCH: FINCHLEY DIVISION.—At Finchley Memorial Hospital, Tuesday, January 19, 8.45 p.m. Major Neville Stafford, R.A.M.C. (ret.): The Role of the General Practitioner in the Air Raid Precautions Scheme.

METROPOLITAN COUNTIES BRANCH: GREENWICH AND DEPTFORD DIVISION.—At Seamen's Hospital, Greenwich, S.E., Tuesday January 19, 9 p.m. Clinical evening.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—Wednesday, January 20. Clinical meeting.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—At Willesden General Hospital, Wednesday January 20, 9 p.m. Members' own clinical meeting.

NORTH OF ENGLAND BRANCH: NORTHUMBERLAND DIVISION.—At Blue Bell Hotel, Belford, Wednesday January 20, 3 p.m. Dr. F. J. Nattrass (Newcastle upon-Tyne): Points in the Diagnosis of Spinal Diseases.

NORTH OF ENGLAND BRANCH: TYNESIDE DIVISION.—At Tynemouth Infirmary, Tuesday January 19, 8.30 p.m. Consideration of resolutions under the ethical rules of the Division. Address by Mr. W. E. M. Wardill (Newcastle upon Tyne): The After results of Cleft Palate Operations (with gramophone demonstration).

SOUTHERN BRANCH: SOUTHAMPTON DIVISION.—At Royal South Hants and Southampton Hospital, Wednesday, January 20, 8.45 p.m. Mr. Joseph Hawksley, B.Sc., Southampton's Water Supply.

SOUTH-WESTERN BRANCH: EXETER DIVISION.—At Royal Devon and Exeter Hospital, Thursday, January 21, 4 p.m. Annual meeting. Election of officers; consideration of adoption of revision under the ethical rules of the Division, etc.

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—At Public Assistance Department, Norbiton, Friday, January 22, 8.30 p.m. Colonel G. Wallace: Air Raid Precautions and Anti-gas Treatment.

SUSSEX BRANCH: BRIGHTON DIVISION.—At Brighton Sanatorium and Fever Hospital, Bear Road, Brighton, Thursday, January 21, 3.45 p.m. Clinical meeting.

YORKSHIRE BRANCH: BRADFORD DIVISION.—At Midland Hotel, Bradford, Wednesday, January 20. Annual Divisional and Charities Dinner-dance.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—At City General Hospital, Fir Vale, Sheffield, Friday, January 22, 8.30 p.m. Clinical evening. Dr. K. J. G. Milne will show cases of pernicious anæmia treated by anhæmin, and Dr. W. J. Clancy will demonstrate the use of x-ray examination in ante-natal diagnosis.

Meetings of Branches and Divisions

EAST YORKSHIRE BRANCH

At a meeting of the East Yorkshire Branch held at Hull on December 9, 1936, with Dr. S. F. FOURACRE in the chair, Major STUART BLACKMORE gave an address on 'The Medical Aspects of Chemical Warfare'. Major Blackmore said that gases were divided into two main groups, non-persistent and persistent, the latter were really liquids of an oily consistency with low vapour pressure and were dangerous until decontaminated. Gases might also be classed as tear gas, nose gas, lung irritants, and blister gases. As had been demonstrated in Ethiopia, these gases could cause panic in troops and civilian population. Modern respirators protected the nose, mouth, lungs, and digestive system, and could be worn for long periods of time. The persistent gases, however could affect any exposed part of the body, so that a fully protective clothing had to be devised. This consisted of rubber boots, oilskin clothing, and mask.

Tear gases were effective in a concentration of one in a million. They caused discomfort and pain though no serious injury. After removal of the patient from the affected area lavage produced relief. These cases were more of a psychological than a medical problem. Nose gases were really finely divided solids which were not arrested by the activated charcoal in the mask, but by mechanical filters. Nose gases were effective in a concentration of one part in seven millions of air and caused intense burning sensations in the nose, nasal sinuses, mouth, throat and upper chest. Nausea and often mental depression also resulted. There was little pathological damage through exposure to the average concentration of the gas.

The lung irritant groups—represented by phosgene—produced serious pathological results. They caused oedema of the lungs. Patients suffered from anoxæmia, and could be divided into two types—grey and cyanotic. These gases required to be in a concentration of 1 in 10,000 to 1 in 50,000 in order to produce serious results. Hence it was found that there were fewer cases due to these gases as it was more difficult for an enemy to keep up the required concentration. Blister gases were liquid and affected by direct contact or by the vapours slowly arising from the liquid. The liquid was rarely ingested, and so there were few gastro-intestinal cases. Most of the patients showed blistering of the skin and burning of the eyes. The vapour caused a burning effect on the air passages and the lungs as the result of which bacterial invasion occurred with resulting sepsis of the lungs. There was a high mortality in these cases although there were large numbers of minor cases of blistering. The burns resulting from these gases were very difficult to heal as new capillary formation was retarded and sometimes small ulcers took six weeks to heal. It was found by experiment that these gases only attacked living tissues. The eye was most sensitive and 80 per cent. of mustard gas cases showed eye symptoms. The skin was affected next in frequency and the lungs and the mouth to a lesser degree and only occasionally were there any gastro-intestinal cases. The skin reacted in three degrees: erythema, blister and ulcer, and the effect might be arrested at any degree. Lewisite caused a highly raised blister with no areola while mustard gas had a shallow blister and an areola. These gases have lipoid solubility and spread beyond the boundaries of the blister. With the ulcers there is a rapid

JOHN E G McGIBBON AND E T BAKER BATES VALUE OF DIRECT BRONCHOSCOPIC INVESTIGATION IN HAEMOPTYSIS WITHOUT PHYSICAL OR RADIOLOGICAL MANIFESTATIONS



FIG 1.—Case I Varix of trachea

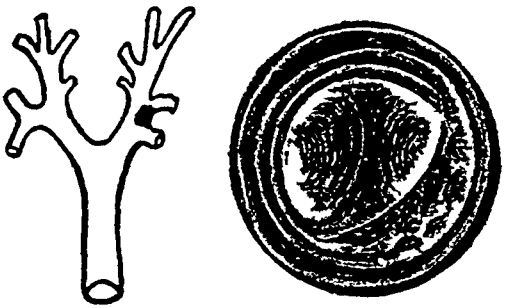


FIG 2.—Case II Granuloma of right main bronchus

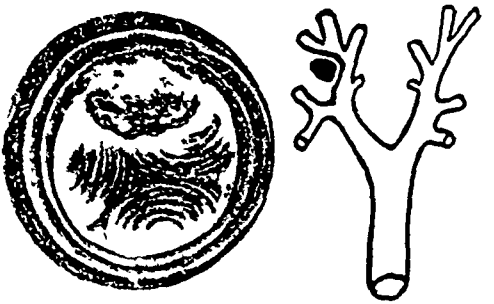


FIG 3.—Case III Fibroma of left lower bronchus

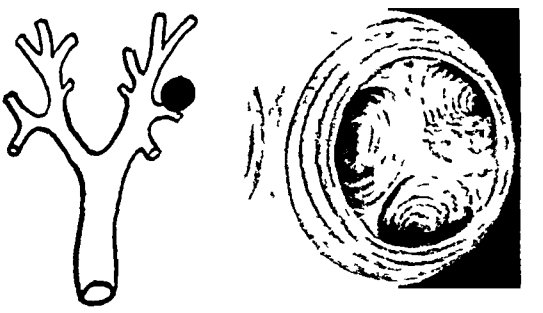


FIG 4.—Case IV Malignant neoplasm of right middle lobe bronchus

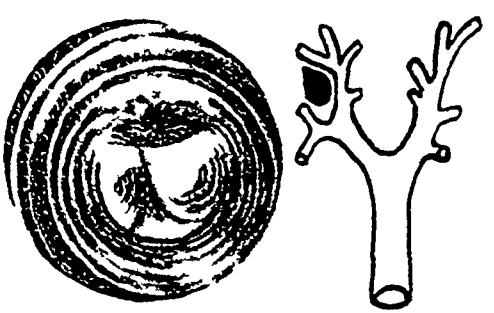


FIG 5.—Case V Malignant neoplasm of left lower bronchus

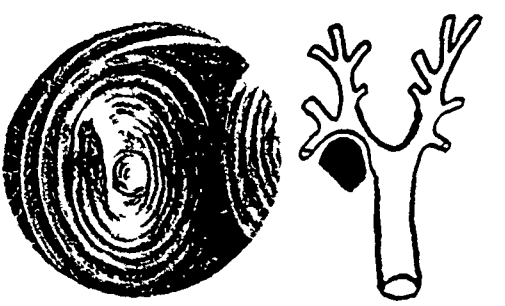


FIG 6.—Case VI Malignant neoplasm of left main bronchus

asked if the voluntary hospital was all that it might be Were there long waiting lists that pointed to inadequacy of accommodation? Were the out patient activities of the kind demanded? Was the out-patient department used for consultative work or for work within the province of the general practitioner? Did the voluntary hospital open its out-patient doors too wide and thus diminish its efficiency? Were there long cold waits in the out-patient departments? Was the convenience of the working man considered or the convenience of the visiting staff or resident staff? Were there long waits on the telephone before a practitioner could get in touch with a member of the resident staff? Undoubtedly the interests of voluntary hospitals in a few areas were being damaged by practitioners who sent patients to local authority hospitals, but who could blame the practitioner? In many cases all he had to do was to send for the ambulance and the patient got into hospital and into the right department without any hitch Dr Hill believed that the time had come for voluntary hospitals to co ordinate their efforts to give a complete service There must not be undue sentimental affection for the voluntary hospital Above all, it should be efficient, while it was efficient it would survive The public is more concerned with the quality of service than with the agency which provides it

On the question of remuneration the British Medical Association was of the opinion that the staffs of voluntary hospitals should accept remuneration Much of the present-day service was given in respect of persons who did not constitute the "poor," and who were willing to contribute and actually did contribute towards the hospital service Dr Hill said that in his experience it was commonly easier to convert lay bodies to the principle of payment of staffs than to convert the staffs themselves It was admitted that the consultants enhanced their reputations by being members of hospital staffs but consultants could not continue to give their services free to 80 per cent of the community in order to live on the fees derived from the other 20 per cent especially since a great number of the 80 per cent attending hospitals were in a position to pay something, and in actual fact were making contributions towards their hospital treatment The Local Government Act of 1929 really brought the consultant right up against this question The local authority was prepared to pay consultants, and no doctor would do work for a local authority for nothing Why then should he do the same work for nothing at a voluntary hospital for the same section of the community?

Dr Hill then turned to maternity and child welfare He said that the Maternity and Child Welfare Act of 1918 arose out of a demand for ante natal care, a service which the profession did not then generally give The Act enabled local authorities to provide the service and most local authorities had adopted the clinic system instead of making use of the machinery of general practice In spite of the provisions of the Act the maternal mortality figure had not improved But although the clinic system had not produced the expected results, local authorities still continued it Dr Hill felt that the undesirable feature of the clinic system was that it resulted in the breaking up of a continuous process into segments in such a manner that the general practitioner who was doing the job at the time of the labour was not the one who looked after the pregnancy Such lack of continuity was not in the best interests of the patient

The Midwives Act of 1936 for England and Wales will do little more than improve the status of the midwife it arose out of an election promise to attend to the midwifery services and deal with maternal mortality But the Act would undoubtedly tempt local authorities to build up a maternity service which would lack the general practitioner Such a development must be guarded against and local authorities should be persuaded instead to co operate with general practitioners Dr Hill said that in the past some members of the profession had encouraged the movement of midwifery away from general practitioners He referred to some advertisements in the columns of the *British Medical Journal* Country practice for sale—no midwifery Practice wanted—little midwifery and so on

In some cities efforts had been made to hospitalize confinements The number of institutional confinements had greatly increased in a number of large towns in two of these maternal mortality had increased and in the third it had not fallen This should encourage a return to domiciliary confinements in which the general practitioner could play his part

Finally Dr Hill referred to the Poor Law medical service By the Local Government Act of 1929 the domiciliary treatment of poor persons remained the responsibility of the Public Assistance Committee In connexion with this service the Association was of the opinion that there should be free choice of doctor for the poor as well as for others at present the system of district medical officers did not admit of free choice

Dr F A ROPER Dr E WARD Dr B VINN DUNN Dr H C JONAS, Dr C D LINDSAY and Dr R H ROBINSON took part in the subsequent discussion

In his closing remarks the speaker as the result of points mentioned by Dr Robinson drew attention to the importance of medical representation on local authorities by means of suitable men who would present to the authority the opinions of the profession A vote of thanks to Dr HILL was proposed by Dr LINDSAY, seconded by Dr R C RIDDELL and carried unanimously with acclamation

SOUTH WALES AND MONMOUTHSHIRE BRANCH NORTH GLAMORGAN AND BRECKNOCK DIVISION

At a meeting of the North Glamorgan and Brecknock Division held at Pontypridd on November 24 1936 Dr F M R WALSHE delivered a British Medical Association lecture on 'Epilepsy' In his easy and charming manner of speech Dr Walshe dealt with the types of epilepsy and their diagnosis prognosis, and treatment A discussion followed

SURREY BRANCH RICHMOND DIVISION

A meeting of the Richmond Division was held at the Grove Road Institution on December 11, 1936, when Lieut Colonel E L GOWLLAND was in the chair The meeting was clinical and had been arranged by Drs G A and DOUGLAS GORDON Many cases of interest were shown and discussed with radiograms A visit was then paid to the wards, where other cases were demonstrated Tea was provided by the matron A vote of thanks was accorded Dr Douglas Gordon for his excellent selection of cases and to the matron for hospitality

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses chest diseases at Brompton Hospital January 25 to 30 intensive course in gynaecology at Chelsea Hospital for Women, February 8 to 20, general practitioners course in medicine surgery, and gynaecology at Royal Waterloo Hospital February 22 to March 6 week end course at Princess Elizabeth of York Hospital for Children February 20 and 21 M R C P courses will be given as follows clinical and pathological at National Temperance Hospital on Tuesdays and Thursdays at 8 p m from February 16 to 25 chest diseases at Brompton Hospital twice weekly at 5 p m February 22 to March 20, heart and lung diseases at Royal Chest Hospital on Mondays Wednesdays and Fridays at 8 p m, March 1 to 20, neurology at West End Hospital for Nervous Diseases afternoons March 8 to 20 A course on anatomy and physiology in preparation for the Primary F R C S examination will be given at Infants Hospital Vincent Square S W on Mondays Wednesdays and Fridays at 5 15 p m from February 22 to May 24 A course of surgical tutorial classes especially intended for Final F R C S candidates is being given at National Temperance Hospital on Tuesdays and Thursdays at 8 30 p m The programme for the next fortnight is as follows January 19 Mr R Y Paton, Deformities January 21 Mr C A Joll Thyroid, January 26, Mr R C Brock Thorax January 28, Mr Hamilton Bailey, Testicle and Prostate

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W—*Daily* 10 a m to 4 p m Medical Clinics Surgical Clinics or Operations Obstetrical and Gynaecological Clinics or Operations *Mon* 2 30 p m, Dr H Maclean Nephritis and Allied Conditions *Tues* 2 p m Pathological Demonstration, 3 p m *Prof J Schoemaker* (The Hague) Acute Symptoms in the Upper Abdomen *Wed* 12 noon Clinical and Pathological Conference (Medical) 2 30 p m Clinical and Pathological Conference (Surgical) 4 30 p m Dr A S Parkes Experimental Endocrinology *Thurs* 12 noon Clinical and Pathological Conference (Obstetrics and Gynaecology) 2 30 p m Dr Duncan White Radiological Demonstration 3 30 p m Prof Vernon H Mottram Is Mother's Diet and its Influence on the Foetus and the Newly Born Child *Fri* 2 p m Operative Obstetrics 2 30 p m Mr W B Gabriel Surgical Diseases of the Rectum, 3 p m Department of Gynaecology Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W—*St John's Hospital* 5 Lisle Street W C Afternoon Course in Dermatology *National Temperance Hospital* Hampstead Road N W Surgical Tutorial Classes—Tues 8 30 p m Mr R Y Paton Deformities Thurs 8 30 p m Mr C A Joll Thyroid *National Hospital for Diseases of the Heart* Westmoreland Street, W All day Course

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 16 1937

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NOTES OF THE WEEK

Industrial Medical Ethics

For some time past a subcommittee of the Medico Political Committee has been considering the position and duties of industrial medical officers with particular reference to their relationship to general practitioners It has now completed the preparation for the approval of the Medico Political and the Ethical Committees, of a set of rules which are intended to govern the practice of both whole time and part-time industrial medical officers The rules first summarize the duties usually performed by industrial medical officers and then formulate an ethical guide for such officers in their relations with the medical attendants of the workers and in the preservation of professional secrecy

Post Office Medical Officers

The Medico Political Committee of the British Medical Association has recently been instrumental in obtaining an increase of 5s in the fee paid by the General Post Office to a Post Office medical officer for examination and report in respect of a member of the public who is involved in an accident on Post Office premises The service rendered in such a case is comparable with that given under the Workmen's Compensation Act and the committee proposed to the General Post Office that a similar fee—namely one guinea—should be paid The Postmaster-General has replied that while he does not admit the existence of special circumstances which justify an increase to this amount of the fee previously agreed upon between the Association and the General Post Office he is prepared to increase the standard fee to 15s

Consett Hospital Reorganization

As a result of suggestions by the Consett Division of the Association the medical staff of the Richard Murray Hospital, County Durham has been reorganized The hospital is governed by a joint board consisting of representatives of the trustees and governors of the hospital and of the Durham County Council and part of the hospital is allocated to the use of the county council The resident medical officer has hitherto been appointed by the county council which was responsible for his salary and his work, so far as the maternity unit was concerned was subject to the administrative control of the county medical officer of health The terms of a recent advertisement of this post, which was submitted for publication in the *Journal* necessitated correspondence between the Association and the joint board on the duties and salary of the appointment in relation to the Memorandum of Recommendations and during the course of these negotiations the county council received a deputation from the Consett Division for the purpose of discussing the future staffing of the hospital The joint board with the approval of the County Health Committee has now decided to reorganize the staff and to appoint a house surgeon, a consulting obstetrician and a consulting surgeon

NATIONAL HEALTH INSURANCE

MEDICAL BENEFIT FOR INSURED WORKERS UNDER 16 YEARS OF AGE

A special conference of representatives of Local Medical and Panel Committees was held at British Medical Association House, London, on January 7 for the purpose of considering the offer of the Minister of Health of a capitation fee of 7s 6d for medical attendance on insured workers under 16 years of age

The following resolutions passed unanimously by the conference have been forwarded to the Ministry of Health and to every insurance practitioner

That the offer of the Minister of Health of a capitation fee of 7s 6d for medical attendance on insured workers under 16 years of age be rejected

That this Conference recommends insurance practitioners to decline service for the provision of medical benefit for insured workers under 16 years of age on the terms offered by the Minister of Health

That in view of the inadequacy of the existing capitation fee and pending the result of negotiations for its increase this Conference is not prepared to accept for attendance on insured workers under 16 years of age a capitation fee less than that which is paid for adult workers

That the Insurance Acts Committee be authorized to take action in the light of the decisions reached by the Conference

INDIA GOVERNMENT—Director of the All-India Institute of Hygiene and Public Health, Calcutta Salary Rs 1,450-Rs 1,750 per calendar month, plus special pay of Rs 400 per month, plus overseas pay of £30 per month

INVERNESS ROYAL NORTHERN INFIRMARY—(1) Hon S for the Ear, Nose, and Throat Department (2) Hon Visiting Surgeon

KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—H P Salary £125 p a

LANCASTER ROYAL ALBERT INSTITUTION FOR FEEBLE-MINDED—R J A M O (male, unmarried) Salary £375

LEAMINGTON SPA WARNEFORD GENERAL HOSPITAL—H.P Salary £150 p a

LEEDS GENERAL INFIRMARY—R S O (male) Salary £200 p a

LINCOLN COUNTY AND PARTS OF LINDSEY—Assistant County M O H, Tuberculosis Officer, and School M O Salary £500-£25-£700 p a

LONDON COUNTY COUNCIL—(1) Resident Medical Superintendent for Queen Mary's Hospital for Children, Carshalton Salary £1,400 £50 £1,650 p a (2) A M O's (Grade I) for (*a*) Bethnal Green Hospital, E (two positions), (*b*) Lambeth Hospital S E, (*c*) Lewisham Hospital S E, (*d*) Mile End Hospital, E, (*e*) St Alfege's Hospital, S E, (*f*) St Mary Abbots Hospital, W, (*g*) St Peter's Hospital, E Males, unmarried (3) A M O (Grade I, unmarried) to St Charles Hospital, W Salaries £350-£25-£425 p a each

LONDON JEWISH HOSPITAL, Stepney Green, E—Hon S

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MAIDSTONE WEST KENT GENERAL HOSPITAL—H S (male) Salary £175 p a

MANCHESTER ANCOATS HOSPITAL—(1) H S Salary £100 p a (2) Assistant Surgical Officer Honorarium 10s 6d per attendance

MANCHESTER CITY—Part-time Consultant Obstetrician and Gynaecologist (male) for Withington Hospital Salary £300 p a

MANCHESTER COUNTY MENTAL HOSPITAL, Prestwich—Locumtenent M O (unmarried) Salary £5 5s per week

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST—(1) R M O for Ear, Nose, and Throat Department, St Anne's Home, Bowdon (2) A M O for Crossley Sanatorium, Delamere Forest Males Salaries £200 p a each

MANCHESTER NORTHERN HOSPITAL—(1) R H P (2) R H S Salaries £100 p a each

METROPOLITAN HOSPITAL, E—Psychiatrist

MIDDLESEX HOSPITAL W—R M O Salary £400 £50 £500 p a

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS, W C—Secretary General Salary £600 p a

NATIONAL TEMPERANCE HOSPITAL Hampstead Road, N W—Medical Registrar Honorarium £42

NEWCASTLE UPON-TYNE HOSPITAL FOR SICK CHILDREN—(1) Senior R M O (male) (2) H P and H S Salaries £250 p a and £100 p a respectively

NEWPORT ROYAL GWENT HOSPITAL—(1) Senior H S (2) H S Males Salaries £250 p a and £135 p a respectively

PEPPARD COMMON BERKS AND BUCKS JOINT SANATORIUM—H P Salary £250

PRESTON COUNTY BOROUGH—J A R M O (female) for Sharoe Green Hospital Salary £100 p a

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, E—Assistant S

RHONDDA URBAN DISTRICT COUNCIL—A M O (female, unmarried) Salary £500 £25 £700 p a

ROYAL LONDON OPHTHALMIC HOSPITAL City Road, E C—(1) Gifford Edmonds Prize in Ophthalmology Value £100 (2) Hon Assistant P

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S E—Resident Medical Superintendent (unmarried) at the Hospital for Tropical Diseases, Gordon Street W C Salary £400 p a

SHEFFIELD EDUCATION COMMITTEE—Part-time M O for the City Training College for Teachers Salary £170 p a

SHREWSBURY ROYAL SALOP INFIRMARY—R H S (male, unmarried) Salary £160 p a

SOUTHEND-ON-SEA GENERAL HOSPITAL—First H S (male) Salary £100 p a

STAFFORDSHIRE COUNTY COUNCIL—Assistant County M O H and M O H for the Brierley Hill Urban District (male) Salary £800 p a

STOKE NEWINGTON METROPOLITAN BOROUGH—Whole-time Assistant M O H (female) Salary £500 £25 £700 p a

STOKE-ON-TRENT BURSLEM, HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H S Salary £175 p a

STOKE ON TRENT CITY—R M O (male, unmarried) at Stanfield Sanatorium Salary £350 £25-£450 p a

STOURBRIDGE DISPENSARY—R M O Salary £350 p a

SURREY COUNTY COUNCIL KINGSTON AND DISTRICT HOSPITAL—(1) Medical Superintendent Salary £1,200 £50 £1,400 p a (2) A M O (female) Salary £600 £20 £700 p a

TORQUAY TORBAY HOSPITAL—Locumtenent R H P (unmarried) Salary £6 6s per week

UNIVERSITY COLLEGE HOSPITAL, Gower Street W C—Whole-time Registrar (non resident) in the X-Ray Therapy Department Salary £250 p a

VICTORIA HOSPITAL FOR CHILDREN Tite Street, Chelsea S W—(1) C O Salary £200 p a (2) H P (3) H S Salaries £100 p a each

WEST END HOSPITAL FOR NERVOUS DISEASES, W—(1) Two R H P (males) Salaries £125 p a. each (2) Hon Psychotherapist for the Out-patient Department

WEST HARTLEPOOL CAMERON HOSPITAL—H S Salary £150 p a

WHITEHAVEN AND WEST CUMBERLAND HOSPITAL—H S Salary £150 p a

WOLVERHAMPTON ROYAL HOSPITAL—A R M O (female unmarried) for the Gynaecological and Obstetric Department Salary £100 p a

YORK BOOTHAM PARK MENTAL HOSPITAL—J A M O (female) Salary £300 p a

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT 1925, for the Deal, Dover, Folkestone, and Hythe County Court Districts (Circuit No 49) Applications to the Private Secretary, Home Office Whitehall, S W 1, by February 3

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 50 51 52 53, 54 55 58 and 59 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 56 and 57

APPOINTMENTS

CLARKE, H Osmond, F R C S, (1) Clinical Tutor in Orthopaedics Manchester Royal Infirmary, (2) Lecturer in Surgical Pathology (Orthopaedic), University of Manchester, (3) Orthopaedic Surgeon, Crumpsall Hospital, Manchester

GLENNY, Elliott T, M B, B S, Medical Instructor Air Raids Precaution Department, Home Office, for South Wales Area Cardiff Centre

LONDON COUNTY COUNCIL—The following appointments have been made at the hospitals and districts indicated in parentheses *Senior Assistant Medical Officers, Grade II* C R M Greenfield M B, B S, D P H (South-Eastern), R M Campbell, M B, Ch B (Park) *Assistant Medical Officers, Grade I* Lauri L Bateman M B, B Ch, B A O (North-Eastern), Mary H Wild, M B B Ch, D P H (Northern), J G Bonnin, M B B S F R C S, M C O G (St Mary Islington), Rosalind B Latter M B, Ch B, and B Schulenburg, M B, B S, F R C S (St James), R A M Yeates, M B, B S (Fulham) *Assistant Medical Officers Grade II* C W C Karran, M B, B Ch (St Pancras), R A A Pellew, M B, B S (Queen Mary's, Sidcup) R V Harris M B B S, and G Melton, M D (Lewisham), G H C Owens M B, B S, F R C S (St James) *House Physicians* D H D Burbridge, M R C S, L R C P (Dulwich), D C Clark, M B B S (St Olaves), R R Willcox, M R C S L R C P, and T P Myles M R C S, L R C P (St James), F D Paterson M B B S (St Andrew's) *House-Surgeons* R F Raynes M R C S L R C P (St James), W R Gauld M B, Ch B (Hackney) J Jamieson M B, Ch B, and Esmé G L Mark, M B Ch B (St Mary Abbots) *Clinical Assistants* H Roland M B B S (St Mary Abbots), Emily S O Thomson, M B, B Ch (Fulham) *Temporary District Medical Officers* J E Ambrose, B M B S B A O (Area III District E Canonbury) L M Shorvon M R C S L R C P (Area VIII, District H Camberwell and Peckham)

ST BARTHOLOMEW'S HOSPITAL E C—*Orthopaedic Surgeon* S I Higgs, B Chir, F R C S *Whole time Officer in X Ray Diagnostic Department* A Meyer, M B, Ch B, D M R E

CERTIFYING FACTORY SURGEONS—F G H Brown, M B, Ch B for the Yealmpton District (Devonshire), A Currie, M B Ch B for the Oban District (Argyllshire), F A V Denning L R C P and S Ed, L R F P S Glas for the Cricklade District (Wiltshire) C D Evans, M B, B Ch, for the Keynsham District (Gloucestershire), T J Evans, M D for the Morriston District (Glamorganshire), H G Hobson, O B E M C M R C S L R C P for the Market Deeping District (Lincolnshire) R G Nethery M R C S L R C P for the Heckington District (Lincolnshire) J I Saville, M B, B S, for the Whitstable District (Kent) J I Stent, M B B Ch for the Shere District (Surrey) J G Warren M R C S, L R C P for the Dartmouth District (Devonshire)

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTH

MACLEOD—On January 3, at 27 Welbeck Street, W the wife of Mr Cameron MacLeod F R C S of a son

It may be noted here that this was not the first time the Association had investigated the subject of fractures for in 1910 a special committee was appointed to consider the ultimate results obtained in the treatment of simple fractures The report, which was issued two years later, was based on the investigation of 3 000 cases to the records of which the committee was granted access and it was generally regarded as having demonstrated the relative values of the different methods of treatment employed at that time Interest in the report extended to America where the American Surgical Association appointed a committee with a similar object and asked the advice and assistance of the British Medical Association

Nutrition and Other Inquiries

The work of the Committee on Nutrition illustrates the value of the Association as an authority for the conduct of investigations on medico sociological topics The relation of nutrition to health has become a matter of national interest since the war and as its contribution to the subject the Association appointed a special committee, consisting of medical practitioners in different types of practice, a physiologist a dietitian and a statistician to determine the minimum dietary requirements of the individual for the maintenance of health and working capacity and to devise specimen diets The Committee's report aroused both interest and controversy and in order to increase its practical value to the non scientific mind the food quantities indicated were subsequently converted into menus The popularity of the supplementary report under the title of 'Family Meals and Catering' can be estimated by the fact that over 100 000 copies were sold in the first eight months

Only brief mention can be made of other though not less important committees on scientific subjects Their work includes an investigation of the causes and treatment of arthritis and allied conditions a report on psycho analysis which includes a survey of the history and methods of psycho analysis and a reply to criticisms of its theory and practice a consideration of the means of securing improved methods of procedure in the diagnosis and certification of miners nystagmus a survey of the methods of immunization including vaccination available in this country, with a discussion of the practicability of their application to the community generally and a report on the medical aspects of abortion Mention should also be made of a committee which was appointed in consequence of an invitation to the Association by the Minister of Transport to say whether it could usefully make any observations on the place of alcohol in the causes of road accidents The reports of most of the recent committees have been published in pamphlet form and are obtainable at a small cost from the Financial Secretary and Business Manager

Scholarships, Grants, and Prizes

The Council appoints each year a Science Committee which deals with the Association's standing arrangements for the promotion of medical and allied sciences in matters not specially referred to other committees These standing arrangements include the award of a number of science scholarships grants, and prizes The Association was a pioneer in the award of scholarships and grants for the promotion of medical research From a very early date occasional grants of money were made to individuals for specific researches, but since 1874 a definite portion of the Association's income has been allocated to grants for the encouragement of scientific investigation The first scholarships were awarded in 1883 At the present time two scholarships of £200 each founded in memory of Mr Ernest Hart and Professor W E Dixon respectively and three other research scholarships of £120 each are awarded by the Council each year to candidates qualified to undertake research Science grants of an aggregate value of not more than £150 a year are also made each year to suitable applicants for the assistance of medical research work The list of workers whom the Association has helped by means of these awards includes the names of many who have since attained a world wide reputation

The prizes in the award of the Association are the Sir Charles Hastings Clinical Prize open to members engaged in general practice the Stewart Prize for research on epidemic disease the Middlemore Prize for an essay or work on some subject connected with operative surgery medicine and surgery and the Katherine Bishop Harman Prize for the encouragement or research into diseases incident to maternity The first named prize was established by the Association in memory of its founder while the last three owe their inception to endowments by the persons whose names they bear

Lectures, Books, and Meetings

Another provision which is much appreciated by those Divisions and Branches which have taken advantage of it is the organization of B M A lectures These lectures are intended to enable a Home Division or Branch to secure for one of its clinical or scientific meetings each year the services of a lecturer of special standing such as are not likely to be secured on the invitation of a Division or Branch itself or a member thereof The Division or Branch concerned nominates the person it would like to hear and chooses a subject and the arrangements with the lecturer are then made by Headquarters Last year over fifty such lectures were given

The Library of the Association has developed from a small collection of books intended for reference purposes In 1918 its scope was extended to include a Lending Library and it now contains about 30 000 volumes Members appreciation of the facilities offered by the Library increases each year and last year the Librarian reported that the number of readers (that is those attending personally and borrowing books) numbered 24 512 and that 16,227 books had been borrowed He observed that the number of country readers who use the Library continues to increase and that they seem to appreciate the service more than their town colleagues In addition to the provision of books the Library assists members by searching for references and supplying lists of literature on specific subjects The popularity of this service has increased very considerably during the last few years

The Annual Meetings of the Association afford an excellent opportunity for the discussion of scientific subjects of topical interest or of a controversial nature and every year an organized programme for between fourteen and twenty Sections each dealing with a special branch of medicine or surgery is arranged The discussions and debates are open to all members of the Association and they have often been the means not only of promoting interest in the subject concerned but also of disseminating among the profession knowledge of new developments methods

Collective Investigations and Expenditure

From time to time the Association has invited its members to co operate in undertaking research work During the first fifty years of its existence collective investigations formed a prominent feature of its work and in the eighteen-eighties a Collective Investigation Committee existed Burns and scalds, phthisis and



FIG 5.—Low power Ten days after treatment Granulation tissue lining the cervical canal after separation of the slough and before growth of the new epithelium

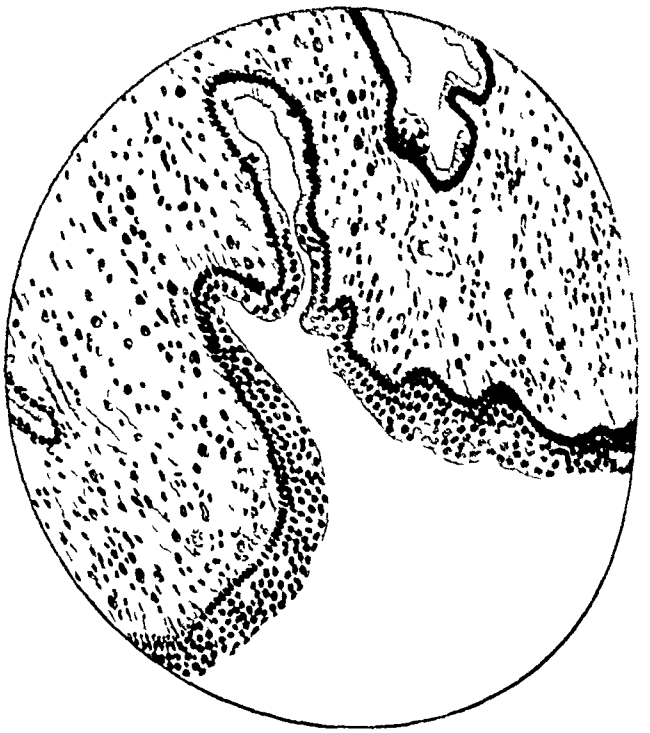


FIG 6.—High power Two weeks after treatment Squamous type of epithelium growing out over surface from columnar epithelium of renal glands



FIG 7.—High power Four weeks after treatment Shedding of superficial layers of squamous epithelium lining the canal to leave the basal layer as the new columnar epithelial lining

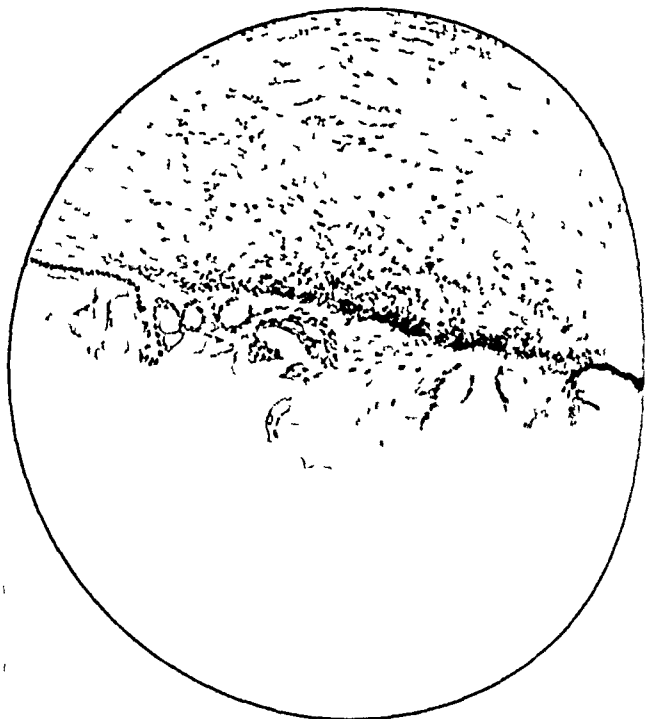


FIG 8.—Low power Six weeks after treatment Tree like folds of columnar epithelium lining the canal and shedding of the last remnants of squamous epithelium

to himself or herself or to others or incapable of managing himself or herself and his or her affairs Such a person may under certain conditions be admitted to a licensed retreat and be there detained The patient must voluntarily submit an application in writing and on *an appropriate form, to a justice of the peace and this* must be supported by statutory declaration made by two persons and stating that the applicant is known to them to be an habitual drunkard within the meaning of the Act If the justice is satisfied of the facts and that the applicant understands the consequence of his action he will authorize the detention The applicant may then be detained in the retreat for a term specified not exceeding two years

PUBLIC HEALTH NOTES

Maternal Mortality

The maternal mortality rate in this country is expressed as the number of maternal deaths per 1 000 live births classed to pregnancy and parturition not in or associated with these conditions The denominator of the fraction—namely the number of live births—does not represent the population exposed to risk as in addition to those who have been delivered of a living child there are those who have had stillbirths abortions and miscarriages and those who die before actual parturition Stillbirths are now notified and their number is known It has been shown that the rates whether based on live births alone or on total births—that is of live births and stillbirths—closely correspond though obviously the latter figure is slightly lower With regard to the extent of other types of risk however no information is available As an index to the efficiency of maternity services the use of the maternal mortality rate is largely vitiated by the inclusion of deaths from abortion as in many cases the circumstances leading to the death could not be considered as legitimate risks of pregnancy or parturition which it is presumed the rate is supposed to represent

Dr A G G Thompson medical officer of health for the Lambeth Metropolitan Borough Council in his annual report for 1935 refers to this aspect

> As in previous years the Lambeth rate this year depends largely upon the number of unwanted pregnancies terminated in abortion In classifying abortion among the various causes of death the Registrar General has three choices Where the woman herself brings about the abortion from which she dies the cause is classed as suicide where the abortion is due to interference by others the cause is manslaughter and where there is no evidence available pointing to active interference either by the woman herself or by others then the death is deemed to be due to maternity It will be realized from such a classification that much of the fear of death from ordinary maternity has been misplaced and that the phobia fostered in recent years may do as much harm as good

Deaths after Abortion

Dr P V Pritchard deputy medical officer of health for the St Pancras Metropolitan Borough Council in the annual report of the medical officer of health for the year 1935 discusses the same point In his district there were four deaths from post abortive sepsis and one from peritonitis following a septic abortion in which at the coroner's inquest an open verdict was returned

> The topical outcry is that this country is losing several thousand women each year in childbirth and that these deaths are mostly needless and preventable by better work and co operation by those people who are responsible for the whole scheme of ante natal and midwifery services—the doctors midwives and public health officers How can these people be blamed for the abortion mentioned here Can any improvement in their service prevent a similar occurrence Such deaths and others like the case quoted in the Registrar General's table of acute intestinal obstruction which followed but was not necessarily due to a recent parturition are officially included in the maternal mortality figures and rate They must taint the truth of these statements If the same indefinite allocation is being made throughout the country for each of the hundreds of local authorities the maternal mortality for England and Wales must be unreliable to the possible extent of several hundred deaths each year This would affect the rate by a considerable percentage A clear and concise definition is required Any cases of deaths other than those which are usually possible in a pregnancy or confinement should not be included as maternal deaths For example abortions with any circumstance pointing to criminal or unintentional interference should be excluded Even at the risk of a few mistakes in these exclusions the resulting figure would be nearer the truth than at present

Before 1911 medical practitioners were asked not to certify deaths to include childbirth on the certificate of those women dying within one month of parturition even though it was not considered a contributory cause of death Since that year however the request has been amended and now certifying practitioners are asked to include on the certificate reference whether parturition or miscarriage has been in any way a contributing cause of death In New South Wales a convention was introduced by Dr D'Arcy Bevan that the death of a woman between the ages of 15 and 45 should be considered a maternal death unless it was proved to be unconnected with pregnancy Dr Dunstan Fox medical officer of health for Swindon has applied the cases in his district from this aspect In spite of many deaths being obviously attributable to pregnancy it proved necessary to inquire into only a very small number of cases Nevertheless the result of the investigations was the discovery of many suspected cases which had they been included would probably have raised the maternal mortality rate for the district

Social Factors

In the Registrar General's statistics for the year 1930 there is a return showing the maternal mortality rate of various groups graded according to the social class of the husband Per 1 000 live births the rate for the professional group was 4 44 for the group of skilled workers 4 11 for the semi skilled 4 13 and for the unskilled 3 89 The risk from fatal puerperal sepsis diminished on passing down the scale but the converse held for puerperal haemorrhage The rate for puerperal *albuminuria* convulsions and other toxaemias was lowest for the unskilled class These figures of course cannot be taken at their face value one of the factors influencing the risk of death in pregnancy or in parturition being the parity of the women In many of the cases of maternal death the risk is higher at the first than at any of the later pregnancies while the rate tends to rise in women who have had many children The size of the family which differs in the different social classes might then be reflected in a higher rate in that class in which the proportion of confinements of first pregnancies is higher In the annual report of the Medical Officer of Health for the London County Council for 1935 it is shown that the areas containing the poorest and most overcrowded populations in London show a lower maternal death rate than does London as a whole

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

CRETINISM AND MYXOEDEMA

BY

H GARDINER-HILL, M D, F R.C P.

Hypothyroidism occurs in two main forms—cretinism in children, myxoedema in adults Both conditions are due to simple insufficiency of the thyroid gland

Only the sporadic form of cretinism will be discussed in this article as the endemic variety is not a result of simple thyroid deficiency Its aetiology is intimately associated with endemic goitre, and it occurs in the later generations of families suffering from endemic goitre The pathogenesis of endemic cretinism cannot be regarded as one of simple hypothyroidism Sporadic cretinism is found in regions where goitre is not endemic and bears little relation to the endemic variety It is said that heredity is seldom a factor, and this is certainly true in my experience The picture is typical of simple athyroidism This may be attributable occasionally to thyroid maldevelopment but usually to atrophic changes in the foetal gland resulting from acute thyroiditis, probably the sequel of infective disease in the mother during pregnancy

Myxoedema is the syndrome of thyroid deficiency in the adult There may be an antecedent history of hyperthyroidism, the result of emotional stress or some septic process which has caused an exhaustion atrophy of the gland Other cases result from too great a removal of thyroid tissue by thyroidectomy Myxoedema may also develop as an end-result of repeated pregnancies or may appear with the termination of ovarian activity at the climacteric Williamson and Pearse have suggested that myxoedema is the end-result of lymphadenoid goitre There may be very little thyroid enlargement, but a marked fibrosis of the gland occurs They, in conjunction with McCarrison, are of the opinion that the condition results from a faulty diet, especially deficient in vitamin A rather than in iodine

Clinical Picture of Cretinism

The clinical features of cretinism are striking disturbance of growth, mental retardation, and delay in sex development The characteristic growth disturbance is a disproportionate dwarfism, the limb measurements being unduly short when compared with the trunk This is associated with retardation of bone development, especially in the long bones, and a delay in the appearance of the centres of ossification Mental retardation is an invariable accompaniment of cretinism The reaction of the child to stimuli is peculiarly slow and characteristic If untreated, the mental state is seriously impaired Mental processes become slower and slower, and, in severe cases, imbecility results High-grade cretins may, in fact, be devoid of response to the ordinary mental and physical stimuli and lie about in a state of imbecilic apathy Retardation of sex development in untreated cretinism is also pronounced Puberty may be indefinitely delayed and the secondary sex characters fail altogether to appear

Though the main clinical features of cretinism are physical and mental backwardness other symptoms develop which produce a striking clinical picture The facies of the cretin child is coarse and puffy, the complexion becomes pasty and sallow the hair dry, and the tongue broad, large, and thick The extremities are cold and cyanosed and the temperature consistently subnormal Myxoedematous deposits appear above the clavicles making the neck appear short and thick The fingers tend to be broad and square at the tips and the skin is dry

Myxoedema

The clinical picture of myxoedema in adults is in many ways similar, although the onset of hypothyroidism in the fully developed individual cannot be accompanied by disturbance in growth Regressive changes in the genital organs are nearly always present It must be remembered that myxoedema is a protean disease extremely insidious in its onset, and may present itself under various guises Mental changes are frequently the earliest symptoms It is not at all uncommon to find that the patient fails to recognize any deterioration in health This is no doubt partly due to the slowing up of all mental processes which is such a striking feature of the condition

To illustrate this, of the first 101 cases of myxoedema I saw, in fifty the thyroid condition was recognized by the doctor only during the course of some intercurrent illness The individuals had not previously complained of ill health In the other fifty-one cases the patients sought medical advice for symptoms which were attributable to hypothyroidism Nineteen complained of general swelling of the body, face, hands, and feet, seventeen observed loss of power and sensory disturbances—pins-and-needles and numbness of the limbs, eighteen mentioned as one of their first symptoms lethargy, weakness and undue fatigability Other symptoms complained of were menorrhagia and floodings, subjective feelings of cold, alterations in voice and speech, loss of hair, and loss of memory Some patients with myxoedema may seek medical advice for obesity, sterility repeated miscarriages and stillbirths, or chronic rheumatism

The clinical picture of fully developed myxoedema is characteristic The skin is dry, the eyelids puffy myxoedematous deposits occur in the subcutaneous tissues and the hair becomes extremely dry and brittle and is often shed not only from the head but from the eyebrows The movements become clumsy speech is slow and characteristically indistinct, the temperature is subnormal, and intense subjective feelings of cold are complained of

In both cretinism and myxoedema certain abnormalities occur in the metabolic sphere The basal metabolism is reduced to an extent found in scarcely any other pathological condition Levels of 40 per cent to 50 per cent below the normal limits are usual Investigations of the basal metabolic rate are of great value as a means of confirming the clinical diagnosis

Diagnosis

The clinical picture of both cretinism and myxoedema in their fully developed forms is so typical that no difficulty is likely to be experienced in diagnosis at this stage In early and mild cases however, the problem is less easy, though, if the characteristic clinical features are borne in mind suspicions of thyroid deficiency should

produce While on this subject may I venture to correct a misapprehension which I believe exists I have in mind the case of a person who has been authorized to transfer as from the end of a quarter Now that person may be accepted by his new doctor before the end of the quarter There is no reason whatsoever why this should not be done But the person is not entitled to treatment from his new doctor—and by this I mean prescriptions on the committee's form—until the authorized date—namely the first day of the next ensuing quarter Some doctors appear to think that they are under obligation to provide treatment during the intervening period but this not so

Poisons—As you are probably aware Rule No 12 (2) (*e*) of the Poisons Rules 1935 requires a prescription ordering a substance included in the Fourth Schedule to those Rules (the barbiturates are included in this schedule) to indicate the total amount of the medicine to be supplied and the dose to be taken You will save chemists much trouble if when ordering a preparation included in the schedule you will be so good as to comply strictly with the requirements of the Rule 'To be taken as directed' is hardly an indication of the dose so far as the chemist is concerned

Forms of Medical Record—The form of medical record contains spaces for the addresses of insured persons Many practitioners when they become aware of a change of address make the necessary note on the form of medical record This ought to be done in every case and if it has not been your practice to do so it would be very helpful if you would do so in future We do not receive automatically changes of address here so we are unable to correct our records in this respect.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant Commander C Ommanney Davis has retired *from the Service at his own request*

Surgeon Lieutenant D Ewart has been transferred to the Emergency List

W Boyd F A Crosfill G C D'Arcy F P Ellis R V Jones W S Miller L R Norsworthy B O'Neill G R Rhodes and P G Stainton have entered as Surgeon Lieutenants for short service and have been appointed to the Royal Naval Hospital Haslar for course

G H C R Critien has entered as Surgeon Lieutenant for short service

ROYAL NAVAL VOLUNTEER RESERVE

The commissions of Surgeon Lieutenants W S Miller and R V Jones have been terminated on transfer to the Royal Navy

ROYAL AIR FORCE MEDICAL SERVICE

Wing Commander R H Stanbridge to Princess Mary's R A F Hospital Halton for duty as Medical Officer

Flight Lieutenants P A Cooper to No 31 (Army Co operation) Squadron Karachi India C M Fraser and J F McGovern to Central Medical Establishment London W C W P Stamm to R A F Station Abbotsinch

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Captain W R Everatt from Territorial Army Reserve of Officers (5th Battalion West Yorkshire Regiment) to be Captain with seniority November 24 1935

To be Lieutenants G H James late Cadet St John's School Contingent Junior Division O T C J C Fletcher late Officer Cadet Edinburgh University Contingent Medical Unit Senior Division O T C

Supernumerary for Service with the O T C—Lieut Col J du P Langrishe D S O (Lieutenant-Colonel Reserve of Officers) has resigned his commission in the Territorial Army Major A MacG Duff M C R A M C T A to command the Medical Unit of the Edinburgh University Contingent Senior Division O T C

INDIAN MEDICAL SERVICE

Lieut Cols F J Anderson M C (July 28 1935) N C Kapur (November 15 1935) and H E Murray (December 22 1935) have been appointed to the Civil Branch of the Indian Medical Service as from the dates indicated in parentheses

Majors L G Pearson and P M Antia to be Lieutenant Colonels

The promotion of Major S L Patney to the rank of Major has been antedated to February 2 1929 He qualified for accelerated promotion on October 13 1926

British Medical Association

OFFICES BRITISH MEDICAL ASSOCIATION HOUSE TAVISTOCK SQUARE W C 1

Departments

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager Telegrams Articulate Westcent London) MEDICAL SECRETARY (Telegrams Medicamus Westcent London)
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Telephone numbers of British Medical Association and British Medical Journal Euston 2111 (internal exchange five lines)
B M A SCOTTISH MEDICAL SECRETARY 7 Drumsheugh Gardens Edinburgh (Telegrams Associate Edinburgh Tel 24 61 Edinburgh)
Irish Free State Medical Union (I M A and B M A) 15 Kildare Street Dublin (Telegrams Bacillus Dublin Tel 62 Dublin)

Diary of Central Meetings

JANUARY

15	Fri	Consultants and Specialists Group Committee 2 15 p m Radiologists Group 5 p m
19	Tue	Public Health Committee 2 p m Standing Ethical Sub committee 2 p m
20	Wed	Council 10 a m
21	Thur	Insurance Acts Committee Remuneration Subcommittee 2 p m
22	Fri	Journal Board 11 0 a m Public Medical Services Subcommittee 2 p m
27	Wed	Joint Subcommittee on Provident Schemes and Payments to General Practitioners 2 30 p m
28	Thurs	Subcommittee *re* Representation in Parliament and on Local Authorities 2 30 p m

FEBRUARY

19	Fri	Journal Board 11 30 a m Physical Medicine Group Committee 2 0 p m

Scholarships and Grants in Aid of Scientific Research

Scholarships

The Council of the British Medical Association is prepared to receive applications for Research Scholarships as follows an Ernest Hart Memorial Scholarship of the value of £200 per annum a Walter Dixon Scholarship of the value of £200 per annum and three Research Scholarships each of the value of £150 per annum These Scholarships are given to candidates whom the Science Committee of the Association recommends as qualified to undertake research in any subject (including State Medicine) relating to the causation prevention or treatment of disease Preference will be given other things being equal to members of the medical profession Each Scholarship is tenable for one year commencing on October 1, 1937 A Scholar may be reappointed for not more than two additional terms A Scholar is not necessarily required to devote the whole of his or her time to the work of research but may hold a junior appointment at a university medical school or hospital provided the duties of such appointment do not interfere with his or her work as a Scholar

Grants

The Council of the British Medical Association is also prepared to receive application for Grants for the assistance of research into the causation treatment or prevention of disease Preference will be given other things being equal to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine

Conditions of Award Applications

Applications for Scholarships and Grants must be made not later than Saturday May 8 1937 on the prescribed form a copy of which will be supplied on application to the Medical Secretary of the Association B M A House Tavistock Square London W C 1 Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated

the strength of the former It would generally be agreed that the desiccated extracts are more reliable and more stable, and now that they are available it would seem better to use them in all cases Synthetic thyroxine, which has recently been introduced, appears to possess no advantages over the dried gland preparations—in fact, the majority of clinicians would probably agree that it is of distinctly less value

In conclusion, it cannot be emphasized too strongly that to obtain good results in the treatment of hypothyroidism a standardized and reliable preparation of thyroid extract should always be used

PHYSICAL EDUCATION IN SCHOOLS

LONDON CONFERENCE

One of the series of educational conferences at University College, London, held on January 8, was arranged by the Medical Officers of Schools Association, when the subject of the education of the body in public, secondary, and preparatory schools was discussed

Dr E KAYE LE FLEMING, chairman of the Physical Education Committee of the British Medical Association, addressed the conference He discussed first the bearing of nutrition on physical education In the schools under consideration the possibility of any total insufficiency of food might be dismissed, but the best-calculated diet sheet in public schools failed to disclose quality and the style of cooking and serving He was sorry to learn that in many schools fresh fruit was an "extra" to be paid for The spacing of meals was an important matter He knew of a large public school where nothing was provided between the midday meal and 6 o'clock in the evening, although not only school lessons but active games had been taken A great deal of unhealthy overcrowding still existed in school dormitories, an important factor in school epidemics He also touched on the matter of clothing, advocating a minimum, but differentiating sharply between this and nudism

The body, Dr Le Fleming continued, was a machine controlled by the will and capable of almost an infinite variety of development The contortionist, the skater, the first-class golfer, the typist, were all examples of special development of muscular facility, but that was not the object of the development of the body, as he saw it, in the schools Any specialized development of the human body could best be brought about on the basis of a sound development of the whole system—to quote the report of the B M A Committee, "An educated body is a balanced body" Poise or balance and the grace associated with it might be excellently studied in the playing of games by experts, especially as recorded by the slow-motion film

Body Development

He proceeded to speak of three practical examples of body development which had come home to him with great force At the outbreak of war in 1914 some of the finest young men in the country were among the first recruits Dr Le Fleming thought particularly of a number who went to a camp in the South of England, living for a time in the open and later under canvas, with abundance of simple food and exercise Fit as they were to begin with these men actually grew out of their clothes before uniform was provided for them, so quickly did they respond to this open-air environment, but immediately they went into billets in December large numbers of them went on the sick list, a result of the change from an outdoor to an indoor life His second example was from the Military Tournament at Olympia last year where he had been particularly struck by the display given by eighty men of the Royal Air Force He was told that they had all been taken out of the distressed areas the previous January, which made him remark to his hosts of the Air Force that he wished he could have them to take on tour round the schools of the country to show what physical education could do in a short time Recently the question of Army recruiting had come forward The work of the Army in physical education had been most carefully and scientifically carried out for many years, and although the dearth of A1 recruits had been so marked that second-class material had to be taken, the results with this material, thanks to the system employed, had been amazing

The first problem in connexion with the schools was to get the conception of the value of physical education into the minds of the head masters There were notable exceptions, but, on the whole, head masters were not sufficiently convinced *Quis custodiet ipsos custodes?* Dr Le Fleming was alive to the difficulty in schools of determining the relation between physical education and games In the B M A Committee report it was pointed out that education and games were all part of the same thing *Physical education* was part of the preliminary training for games, which were themselves specialized products of physical education Physical education in schools could be made interesting by being linked to games, and brought under the control of the one master It was commonly said that there was no time for physical education But if its proper value were acknowledged time would be found for it The reason why time was not found was because it was not considered so important as academic subjects

Need for Trained Instructors

Finally there was the problem of finding the teachers for the teaching of physical education on modern lines While aware of the Carnegie Physical Training College at Leeds and one or two other institutions he felt that there was a great dearth of centres so far as men were concerned, women had more facilities If physical education was to be properly developed it required also the close co-operation of educationalist and doctor Physical education was itself a most important part of preventive medicine, but it had not yet emerged on to the scientific field Science was measurement, and as yet the measurements of physical fitness had not been worked out There were no accepted scientific medical standards for physical fitness at all Every doctor, for example, had his own method of testing normal heart tolerance to exercise Even in the Services there was no uniform system of testing heart tolerance There ought to be some centre where the problems could be studied scientifically The universities were the obvious resource but at present those concerned with this subject found little encouragement in academic quarters

General Discussion

In some further discussion Dr C W ROE (St Paul's School) advocated a six-months course of physical and educational training for all boys between 15 and 19 They could take this course at any convenient time during that period, they should be boarded in hostels or other suitable buildings at the expense of the State, and should be graded according to physique and mentality Dr A H MACDONALD (chief medical officer of Dr Barnardo's Homes) said that only 1 per cent of the new admissions to the Homes were physically A1, but owing to the combination of nutrition and physical exercise 30 per cent of the boys when they left the Homes were in that category Dr L R LEMPRIERE (Hurleybury) contested Dr Le Fleming's assumption that crowded dormitories were the cause of school epidemics He thought the spread of infection more likely in classroom and common room

Dr E H T NASH, in discussing the readjustment of the school curriculum to admit of a greater proportion of physical education, expressed the view that from the standpoint of fatigue a number of the academic periods were unduly long, if these were shortened there would be periods for physical education could be worked in

serous exudate owing to the large areas of skin affected the dressings presenting a difficult problem general anaesthesia sometimes being necessary

In reply to questions asked by Drs FOURACRE WHITEHEAD J F GILL L I HARDY G G SMITH and D D STENHOUSE STEWART the lecturer stated that very often neuroses followed gastro intestinal and laryngeal cases This was noticeable also in lung cases and was a psychosis Normal lungs permanently recovered but lungs which had previously had bronchitis or tuberculosis as a rule did not completely recover He also described plans for the benefit of the general population As regards dressings he agreed that gas and oxygen was a useful anaesthetic and that 5 per cent tannic acid in 2 per cent dettol and crude cod liver oil were very useful applications The modern masks carried a ten year guarantee The skin could be protected for approximately twelve hours by an antidote ointment The life of the canister surface anaesthesia and the delayed effects on the eyes were also discussed Dr MORRISON proposed seconded by Dr T MOLTON J STEWART a vote of thanks to Major Blackmore which was received with acclamation

LANCASHIRE AND CHESHIRE BRANCH ROCHDALE DIVISION

A meeting of the Rochdale Division was held at Rochdale Infirmary on December 11 1936 when Dr F W MACKICHAN was in the chair

The honorary secretary of the Lancashire and Cheshire Branch Mr R L NEWELL (Manchester) delivered an interesting and valuable lecture on Minor Surgery of the Anus and Rectum Mr Newell laid emphasis on the necessity of rectal examination in all abdominal cases and the scope of digital proctoscopic and sigmoidoscopic examinations was defined In children the two commonest minor ailments were papillomata and partial prolapse Mr Newell gave clear indications for the treatment of these but was of opinion that the prolapse cases needed the discipline of hospital or nursing home for cure In cases of piles palliative treatment should be tried in slight cases and was frequently successful Injection with 5 per cent phenol in olive oil was of great value in properly selected cases—namely internal piles with no prolapse or with only a slight tendency to prolapse Done with care relief of symptoms persisted for about a year when reinjection was usually necessary but as the treatment was ambulatory and entailed no absence from work the method was of great value Cases of early fissure in ano often responded to minor methods and the injection of the sphincter and base of the fissure with A B A often relieved the spasm of the sphincter for several days and combined with application of silver nitrate or nitric acid to the fissure gave in many cases excellent results The fissure with a fibrous base required operation Several members took part in the discussion which followed and on the proposal of Dr W H BATEMAN seconded by Dr A M MCMASTER Mr Newell was cordially thanked for his most helpful lecture The matron and her staff kindly provided light refreshments after the meeting

LINCOLNSHIRE BRANCH KESTEVEN DIVISION

A meeting of the Kesteven Division was held at Grantham on December 8 1936 when Dr W H WILKIE was in the chair

Dr Charles Frier was elected representative and Mr F Joselin Jauch deputy representative in the Representative Body It was the unanimous opinion of the meeting that the provision of public mortuaries for the reception of dead bodies and for post mortem examinations was unsatisfactory particularly in country areas The SECRETARY drew the attention of the meeting to a further course in air raid precautions

Dr HENRY MACCORMAC delivered a lecture on Pitfalls and Bridges in Dermatology Dr MacCormac's address was fascinating and highly instructive and had an excellent reception He was accorded a hearty vote of thanks

MALTA BRANCH

At a clinical meeting of the Malta Branch held at the Aula Magna of the University of Malta on December 11 1936 Surgeon Lieutenant Commander C H BIRT opened a discussion on Diphtheria In addition to members of the British Medical Association his audience included members of the Camera Medica and final year students who had been invited to the meeting

METROPOLITAN COUNTIES BRANCH CITY DIVISION

The annual dinner dance of the City Division was held at Park Lane Hotel on December 17 1936 when Dr J E RICHARDS was in the chair and 160 members and guests were present Sir GEORGE JONES M P for Stoke Newington proposed the toast of The British Medical Association Dr R W DURAND (Assistant Medical Secretary) responded The entertainment which followed included a sing-song by miners choir and a cabaret A most enjoyable evening was spent by all and the proceedings ended at 1 a.m.

METROPOLITAN COUNTIES BRANCH WESTMINSTER AND HOLBORN DIVISION

A successful and interesting meeting of the Westminster and Holborn Division was held at the Florence Powell Club on December 10 1936 when following an informal dinner Dr STANLEY WHITE gave an address on The Clinical Application of the Sex Hormones The address was illustrated by lantern slides

NORFOLK BRANCH WEST NORFOLK DIVISION

At a meeting of the West Norfolk Division held at the Norfolk and Kings Lynn General Hospital on November 19 1936 Dr K D LAWRENCE delivered a British Medical Association Lecture on The Practitioner and Diabetic Emergencies Dr Lawrence began by describing the life of Allan Banting and Best the discoverers of insulin and discussed the various occurrences which may disturb the proper balance He went fully into the question of diagnosis of diabetic coma and insulin coma and described the emergency measures necessary to deal with either D Lawrence answered a number of questions at the end of his lecture for which he was warmly thanked

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION

A meeting of the North Northumberland Division was held at Berwick Infirmary on December 16 1936 when there was a good attendance including several members from Berwick Dr R A Welsh was elected representative and Dr D T McDonald deputy representative in the Representative Body

The meeting agreed that the minimum fee for a general anaesthetic given for dental work should be £1 1s. It also agreed that the interests of the members of the Division so far as the provisions of the Midwives Act 1936 were concerned could be safely left in the hands of the three members of the Division who had been appointed by the Branch Council as members of the Northumberland Subcommittee to confer with the county medical officer in accordance with the Act The three members are Dr R E Moles D Welsh and Dr D T McDonald Dr E CHALMERS FOWLER then gave an instructive address on Domiciliary Midwifery which he dealt with many of the difficulties encountered by general practitioners and indicated how they could be satisfactorily be dealt with Dr W R Sprunt agreed to undertake any local arrangements in connexion with the Treasurer's Cup golf competition

SOUTH WESTERN BRANCH TORQUAY DIVISION

A special general meeting of the Torquay Division was held at Torbay Hospital on December 10 1936 when Dr G ALLEPTON was in the chair Among the members were Dr G H M Hemsted H C Jonas C M Kennedy C D Lindsay and F A Roper

Address by Deputy Medical Secretary

Dr CHARLES HILL (Deputy Medical Secretary) gave an address on The Effects of Recent Legislation on Medical Practice It was by the Local Government Act of 1929 that the old Poor Law hospitals were transferred from the guardians to local authorities—county councils and county boroughs councils The old Poor Law hospital catered only for the destitute Under the new regime a local authority was able to admit to its hospitals any inhabitant in the area whatever his means and to charge for his maintenance according to his ability to pay up to the cost to the authority Appropriation of Poor Law infirmaries by local authorities for the purpose of rebuilding re-staffing and re-equipping them as hospitals in many cases that the quality of the service had greatly improved Local authorities who could draw upon the rates were able to extend and equip in a way which would be beyond the means of many voluntary hospitals The development of municipal hospitals should lead voluntary hospitals to examine themselves to ask if they were giving the best possible service to the district if they were leaving fields of activity untouched and therefore *tempting* the local authority to fill them The proper function of the local authority was to see that hospital provision in the area was adequate and efficient Dr Hill

the mid-winter season of the Southern Hemisphere The outbreak on the mainland, like that in the Falklands, was of a very mild type The only contact with Bahia Blanca during this period was through a cargo boat that arrived from there in Stanley on August 21, no cases of influenza, however, were observed among the townsfolk after this visit

On August 28 the s s *Lafonia* arrived back in Stanley, having called at eleven stations on the East and West Falklands since leaving Magellanes on August 21 No cases of influenza were reported from these places, where the actual contact with the *Lafonia* was limited to unloading and loading cargo on very exposed jetties During the ship's stay in port on this occasion two of her crew were detained in Stanley with acute bronchitis, pyrexia, and joint pains On August 30 the *Lafonia* left Stanley and proceeded to West Falkland On September 5, three days after she had touched at a port on that island, an epidemic of influenza broke out and spread to each place visited by the mail officer from the ship On the same date a definite epidemic of influenza—of the bronchial-catarrhal type and short in duration—broke out in Stanley the whole town was affected

It is interesting to note the long latent period between leaving Magellanes on August 21 and the outbreaks on the East and West Falklands on September 5 During this time, although the s s *Lafonia* visited numerous ports before reaching Stanley, no cases of sickness were reported except those of the two members of the crew who were detained in Stanley on August 29 This is probably due to the brief contacts made and the conditions of unloading at each port, and to the fact that the two men who later reported sick were neither of them deck-hands, the deck-hands themselves all seemed to be fit except for slight colds, which are very prevalent at that time of year When these men reported sick they had been feeling ill for several days They were detained in Stanley, but they obviously left the virus behind with the crew of the *Lafonia* as well as bringing it on shore The virus in both places remained dormant until the weather conditions of September 3 precipitated an epidemic in Stanley and in the West Falklands In view of the fact that during the epidemic the period of incubation was established at forty-eight hours, this curious latent period is difficult to understand

Mode of Spread

It was observed and established that forty-eight hours after the time of contact the victim suddenly went down with excessive joint pains, with marked increase in the pulse rate and a high temperature, the average being 102° F The onset was followed by an acute bronchitis with rather a dry cough, after three to five days the condition cleared up, leaving the patient with a feeling of lassitude which lasted for some time Old people suffered most There were three cases of bronchopneumonia, and several patients had persistent tachycardia, at least one of them dying as a result of working too soon after recovery from influenza

On the East Falklands the disease spread wherever contact with Stanley was made It was possible to warn certain settlements by telephone of the outbreak in Stanley, and some managed to isolate themselves satisfactorily, but during the first twenty-four hours of the epidemic some farm-hands left the town and carried the disease with them to the houses and settlements that they visited The progress of the disease could be quite definitely traced as these men spread about the island and as contact was made with the houses which they had visited For instance one of the members of a household visited by a labourer returning from Stanley came into his settlement for a dance which was being held there A man from a neighbouring settlement was also present The day after the dance the first man developed influenza, and it was soon raging round the settlement, a couple of days after the dance the visitor from the other settlement also developed influenza and spread it around his settlement, where all but five persons were affected

When other managers heard how infectious the epidemic was they forbade any of their men who were in Stanley at the time to return to their settlements, and refused to allow any persons from infected areas to cross their lands, thus ensuring themselves against loss of working time through sickness As a result of these precautions the island could be divided into sharply defined areas where the disease was or was not present On the West Falklands the progress of the disease was much the same, only one or two isolated places escaping In Stanley the epidemic raged from September 5 until about October 5, with periods of exacerbation which seem to have been influenced by climatic changes At its height the schools were closed for three weeks

Meteorological Influences

The epidemic broke out on September 5, and between September 1 and 7 the following meteorological readings were taken It should be remembered that in the South Atlantic seas it is found that the cold winds come from the south and that the south-east winds are cold and damp

TABLE I—*Meteorological Readings from September 1 to September 7*

Date	Barometer Mean Pressure in Millibars	Maximum Temperature Fahrenheit Screen	Minimum Temperature Fahrenheit Screen	Wind	Rain	Hours of Sunshine	Re
Sept 1	1012	36	28	S W (6)	0 02	4 1	Snow
2	1007	36	26	S S W (5)	0 04	3 7	Snow
3	1012	31	21	S S E (6)	0 08	1 9	—
4	1016	38	20	W S W (5)	0 13	3 2	—
„ 5	1021 7	42	28	W S W (5)	0 03	5 6	—
6	1015 1	43	32	W (5)	0 05	3 7	—
„ 7	1003 4	36	29	W S W (5)	0 21	2 5	—

On September 19 relapses were common and further outbreaks occurred The meteorological readings between September 15 and 21 are shown in Table II

TABLE II—*Meteorological Readings from September 15 to September 21*

Date	Barometer Mean Pressure in Millibars	Maximum Temperature Fahrenheit Screen	Minimum Temperature Fahrenheit Screen	Wind	Rain	Hours of Sunshine	Re
Sept 15	998	43	31	W (5)	0 16	5 4	—
16	1003 8	41	27	W S W (5)	0 16	6 5	—
17	1002 3	36	30	S E (3)	0 4	0 2	—
18	1010 3	42	23	S (7)	0 08	2 9	—
19	1000 8	45	31	S W (6)	0 07	0 7	Snow
„ 20	994 0	46	35	W S W (5)	0 03	8 3	Snow
21	995 2	46	34	W N W (4)	0 02	8 3	—

Conclusion

During the epidemic it was observed that forty-eight hours was the period of incubation, therefore one would expect the weather two days previous to the outbreak to be of relevant interest, this is confirmed by a study of Tables I and II The original outbreak was on September 5, and on September 19 there was a few

in Cardiology *St Peter's Hospital* Henrietta Street W C All-day Advanced Course in Urology

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C—*Fri* 4 p m Mr N Asherson Pyrexia of Ear Nose and Throat Origin

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C—*Thurs* 2 p.m Clinical Lecture Dr Ian Gordon Modern Therapy in the Anaemias of Childhood 3 p m Clinico Pathological Lecture Mr A Simpson-Smith Bleeding per Rectum Out patient Clinics mornings 10 a m to 12 noon Ward Visits afternoons 2 p m to 3 30 p m

LONDON SCHOOL OF DERMATOLOGY, 5 Lisle Street W C—*Tues* 5 p m Dr W Griffith Eczema *Wed* 5 p m Dr I Muende Histopathology

NATIONAL HOSPITAL Queen Square W C—*Mon* to *Fri* 2 p m Out patient Clinics *Mon* 3 30 p m Mr Elmquist Demonstration of Re-educational Methods *Tues* 3 30 p m Dr D E Denny Brown Nervous Control of the Sphincters *Wed* 3 30 p.m Dr S A Kinnier Wilson Clinical Demonstration *Thurs* 3 30 p m Dr Gordon Holmes F R S Neurosyphilis *Fri* 3 30 p.m Dr F M R Walshe Disseminated Sclerosis

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE, Ranelagh Road S W—*Fri* 4 30 p m Dr E P Poulton Recent Serological Experiments in the Rheumatic Diseases

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W—*Daily* 2 p m Operations Medical and Surgical Clinics *Mon* 10 a m Skin Clinic 11 a m Surgical Wards 2 p m Surgical and Gynaecological Wards Eye and Gynaecological Clinics 4 15 p m Mr Arnold Walker Genital Prolapse *Tues* 10 a m Medical Wards 11 a.m Surgical Wards 2 p m Throat Clinic 4 15 p.m Mr Woodd Walker Pain in the Foot *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Eye Clinic, Gynaecological Operations 4 15 p m Mr H P Gibb Demonstration of Eye Cases *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p.m Eye and Genito urinary Clinics 4 15 p m Mr Edgley Curnock Aspects of Dentistry of Interest to the General Practitioner *Fri* 10 a m Medical Wards Skin Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic 4 15 p m Dr H W Post Demonstration of X Ray Films *Sat* Children's and Surgical Clinics 11 a m Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

GLASGOW POST GRADUATE MEDICAL ASSOCIATION—At Royal Infirmary *Wed* 4 15 p m Mr Donald Duff Surgical Cases

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS—At Leeds General Infirmary *Tues* 3 30 p m Mr G Armitage Surgical Treatment of Toxic Goitre

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND Lincoln's Inn Fields W C—*Mon* 5 p m., Prof Evelyn Sprawson Odontomes *Wed* 5 p m Prof Russell J Reynolds Movements of the Oesophagus Stomach Duodenum and Ileum during the Passage of an Opaque Meal *Fri* 5 p m Prof A S Kerr The Higher Autonomic Control of the Hollow Viscera

ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows Tues 5 30 p m Ballot for Election to the Fellowship

Section of Pathology—Tues 8 30 p m Laboratory Meeting at Royal Army Medical College Millbank S W Demonstrations

Section of Dermatology—Thurs 4 p.m (Cases at 5 p m) Dr W N Goldsmith Scleroderma

Section of Neurology—Thurs 8 p m Paper by Dr W Grey Walter The Electro-encephalogram in Cases of Cerebral Tumour

Section of Disease in Children—Fri 5 p m (Cases at 4 30 p m)

Section of Epidemiology and State Medicine—Fri 8 15 p m Paper by Mr B E Spear and Mr A C Gould Mechanical Tabulation of Hospital Records

ASSOCIATION OF INDUSTRIAL MEDICAL OFFICERS—At London School of Hygiene and Tropical Medicine Keppel Street W C *Fri* 4 45 p m Business Meeting, 6 p.m Prof Millais Culpin Application of Medical Psychology in Industry followed by Dr May Smith 7 30 p m Quarterly Dinner of the Association At South Metropolitan Gas Company 589 Old Kent Road S E *Sat* 10 a m Dr W D Jenkins Clinic and Works Visit

CHELSEA CLINICAL SOCIETY—At Hotel Rembrandt Thurloe Place S W *Tues* 8 30 p m Dr Arthur F Hurst Neuro muscular Incoordination of the Gut Preceded by dinner at 7 30 p m

HUNTERIAN SOCIETY—At Mansion House E C *Mon* 9 p m Hunterian Lecture by Dr J Schoemaker (The Hague) The Surgery of Gastro-duodenal Inflammation

INSTITUTE OF MEDICAL PSYCHOLOGY Malet Place W C—*Mon* 5 45 p m Dr Jane Suttie Conscious and Unconscious Process and their Interaction *Wed* 6 p m Dr Grace Calver Diagnosis and Therapy—Play Methods, 7 p m Discussion *Thurs* 5 45 p m Dr T W Mitchell Pregenital Phases

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE 26 Portland Place W—*Thurs* 8 15 p m Prof R P Strong (Harvard University) Onchocerciasis in Central America and Africa 10 p m Informal Reception.

VACANCIES

ACCRINGTON VICTORIA HOSPITAL—H S Salary £150 p.a

ARLESEY THREE COUNTIES HOSPITAL—Temporary A M O (male) Salary £7 7 per week

ASHTON UNDER LYNE DISTRICT INFIRMARY—H S Salary £1 0 p.a

AYR COUNTY HOSPITAL—Two R H S (males) Salaries £125 p.a. each

BEDDINGTON AND WALLINGTON URBAN DISTRICT COUNCIL—Medical Officer of Health Salary £800 p a

BIRKENHEAD GENERAL HOSPITAL—(1) Senior H S Salary £150 p.a (2) Second H S (3) H.P (4) C O Salaries £100 p a each Males

BIRMINGHAM CITY—R.A M O (male unmarried) for the Tuberculosis Section Salary £400 £425 £4 0 p.a

BIRMINGHAM CITY EDUCATION COMMITTEE—Part time Aural S Remuneration £2 12s 6d per session

BIRMINGHAM ROYAL CRIPPLES HOSPITAL—R H S (male unmarried) Salary £200 p a

BIRMINGHAM UNIVERSITY—Whole time Dental Clinical Assistant at the Dental Hospital Stipend £500 p a

BLACKBURN LANCASHIRE MENTAL HOSPITALS BOARD Brooknall—A M O (unmarried) Salary £500 £25 £600 p.a

BOOTLE COUNTY BOROUGH—Assistant M O.H and Assistant School M O (male) Salary £600 £30-£750 p a

BOURNEMOUTH ROYAL VICTORIA AND WEST HANTS HOSPITAL—(1) Hon Orthopaedic S (2) Hon Assistant S

BRISTOL COSSHAM MEMORIAL HOSPITAL Kingswood—J R M O (male) Salary £100 p.a

BURY INFIRMARY—(1) R S O (male) (2) H S Salaries £300 p.a and £175 p.a respectively

CANTERBURY KENT AND CANTERBURY HOSPITAL—H.P (male unmarried) Salary £125 p a

CARDIFF ROYAL INFIRMARY AND THE WELSH NATIONAL SCHOOL OF MEDICINE—Part time Hon Dermatologist and M O in Charge of Male Venereal Diseases Centre

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL—H S (male) to Ophthalmic and Ear Nose and Throat Department Salary £150 p a

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS Victoria Park E—H P (male) Salary £100 p a

DONCASTER ROYAL INFIRMARY AND DISPENSARY—(1) R S O (2) Casualty H S Males Salaries £250 p.a and £175 p.a respectively

DERBY DERBYSHIRE ROYAL INFIRMARY—Gynaecological H S and Emergency Anaesthetist (male unmarried) Salary £150 p a

DEWSBURY AND DISTRICT GENERAL INFIRMARY—(1) Senior H S (2) Second H S Males Salaries £200 p.a and £1 0 p.a respectively

EALING BOROUGH—R A M O (male unmarried) Salary £350-£25 £550 p.a

EAST HAM MEMORIAL HOSPITAL Shrewsbury Road E—H P (male) Salary £150 p a

EASTBOURNE PRINCESS ALICE HOSPITAL—R H S (male) Salary £150 p.a

EASTBOURNE ROYAL EYE HOSPITAL—H S (non resident) Salary £100 p a

EDINBURGH GENERAL BOARD OF CONTROL FOR SCOTLAND—Deputy Commissioner (male) Salary £758 £953 p.a

ENFIELD URBAN DISTRICT COUNCIL—Deputy M O H and Assistant School M O (male) Salary £600-£25 £750 p a

ESSEX COUNTY COUNCIL—J R M O for Oldchurch Hospital Romford Salary £250 p a

EVELINA HOSPITAL FOR SICK CHILDREN Southwark S.E—H P (male) Salary £120 p.a

GLAMORGAN COUNTY COUNCIL—A M O (male) Salary £550-£25 £750 p a

GLASGOW WESTERN INFIRMARY—(1) Assistant Radiologist (2) Assistant Radium Therapist Full time posts Salaries £400 p.a and £300 p a respectively

GLOUCESTER COUNTY—County M O H and School M O Salary £1 200 p.a

GLOUCESTER GLOUCESTERSHIRE JOINT COMMITTEE FOR TUBERCULOSIS—J.A M O (male) for Stardish House Sanatorium Stonehouse Salary £250 p a

GRIMSBY AND DISTRICT HOSPITAL—(1) Senior H S (2) H P Male Salaries £200 p.a and £150 p a respectively

HALIFAX ROYAL HALIFAX INFIRMARY—Third H S (male unmarried) Salary £150 p.a

HERTFORD COUNTY HOSPITAL—H P (male) Salary £150 p.a

HERTFORDSHIRE COUNTY COUNCIL—H S for County Institution St Albans Salary £150-£175 p.a

HOSPITAL FOR EPILEPSY AND PARALYSIS Maida Vale W—Hon Psychiatrist

HOUNSLOW HOSPITAL—R S O Salary £250 p.a

HULL CORPORATION HEALTH DEPARTMENT—J R M O (female unmarried) for Hull Municipal Maternity Home and Infants Hospital Salary £100 p.a

The fourth group of cases were those in which there had clearly been negligence, but the negligence was not that of the doctor Until comparatively recently it was accepted by the law and the profession that the doctor primarily in charge of the case was responsible for all that happened Even the anaesthetist had been supposed to be the servant of the surgeon, but now the anaesthetist was regarded as responsible in his own field Medical work entailed increasingly the co-operation of a team, and a team suggested a body of persons each of whom was trained and skilled in his own part of the enterprise, so that not only the particular task but the responsibility for it could be delegated to him or her One of the most common examples which had come into the courts was the leaving in of swabs or instruments after operation Whereas everyone would agree that no surgeon could be exonerated from seeing that the theatre sister was properly trained in her duties, the surgeon was entitled to rely upon her for her specific performance In the High Court as yet there had been no case in which the responsibility of the person to whom the surgeon had delegated a particular duty had been upheld, a ruling in the South African courts (Van Wyk v Lewis, 1929) was not, of course, binding in this country Another example was the burning of the unconscious patient by hot-water bottles on being returned to bed after operation Everyone would agree that the sister of the ward or the nurse in charge of the patient should be relied on to see that obvious precautions had been taken To medical men it was distasteful to throw the blame, however deserved on shoulders weaker than their own, but if these cases went into courts of law it was carrying quixotism a little far to say that though there be a legal defence the medical man must not avail himself of it

Mr Gould concluded with some advice There were pitfalls in medical practice, and care and still more care must be exercised Doctors should beware of telling a patient how blameworthy they felt, the patient was often quite nice about it at the time, but on reflection and perhaps after a lawyer had spoken to him, he might take advantage of the admission The doctor should be careful not to criticize in front of the patient or his friends the treatment which another doctor had provided And at all costs the medical man should join a medical defence society

Mr C T LE QUESNE, K C, said that from a strictly legal point of view the possible defences for a medical man charged with negligence might be summed up under three heads (1) It is quite true that something wrong was done, but I did not do it" This was the successful defence in the case of Crotch v Miles (*British Medical Journal* 1930, **1**, 620), concerning a forceps left in the wound (2) It was not negligence at all I did the thing with which I am charged, but I deny absolutely that it was negligent" That case would arise when there was a difference of opinion among medical men as to the correct procedure When the question lay between a specialist and a general practitioner he imagined that the law might reasonably require one standard of judgement from a general practitioner and a somewhat different one from the specialist (3) "The thing did happen, and perhaps it ought not to have happened, but I am not responsible and someone else is" The provinces of the surgeon, the anaesthetist, and the trained nurse were all separate though all were associated in the operation, but there would always be borderline cases where it would be difficult to determine the responsibility He imagined that any court would uphold a surgeon who said, "If I am to perform the operation successfully I must not be bothered with such questions as the whereabouts of the hot-water bottle"

Discussion

In a general discussion Mr W MCADAM ECCLES said that at the time when some like himself began surgery they felt themselves to be responsible for everything in the operation theatre, but times had changed, team work had assumed greater importance, and some responsibil must attach to each member of the team At the sar time it had become so much the habit of the old surge to assume a general responsibility that he was able detect instantly any failure to carry out an expect procedure, and for his own part he never left a nurs home without making sure for himself that there w nothing in the bed that was likely to injure the pati Mr G B WOODD-WALKER referred to charges of neg gence concerning fractures, or possible fractures, and t unfortunate results which might follow if an ignorant a disgruntled patient was allowed in the out-patient depa ment to handle the notes and reports of x-ray and oth examinations relating to his case Dr RICHARD PERRI asked whether the doctor was negligent who, unsuspe ing that his patient had suicidal tendencies, left in l room a dozen tablets of, say, medinal, with instructio to take two

Mr V B GREEN-ARMYTAGE referred to the questi of maiming, and mentioned a case in which two de mutes, husband and wife, being intelligent persons a not desiring to transmit their defect, applied that t wife's tubes should be tied One London hospital refus the application on the ground that their gynaecologist, he performed the operation would be guilty of maimi and liable under the law, but another London hospi undertook the case without question Mr D H KITCH (barrister-at-law) said that in assessing the responsibil of the surgeon for the action of the nurse the questi was surely whether he had been present to super what she did, or could by taking reasonable care ha remedied the position He did not think there had b a "hot-water bottle case" in this country, but there w one in Canada in which the patient got damages agai the hospital, not against the surgeon The PRESIDE remarked that he himself had been the defendant in "hot-water bottle case" in which, by the action of th nurse, a small burn was caused on the knee of the patient But the Lord Chief Justice stopped the case and gave judgement in his favour Dr H H SANGUINETTI re ferred to the famous Hadwen trial at Gloucester in 1924, turning on the responsibility of the practitioner for taking a swab in a case of diphtheria as an instance of how uncertain were the duties expected of a practitioner in a given set of circumstances Dr HOWARD STRATFORD said that the question of x-ray examination was raised not only in cases of suspected fracture but of suspected pulmonary tuberculosis If a person was examined fo suspected tuberculosis and pronounced free and tuber culosis developed later the examining practitioner might have to meet a complaint that he should have added x rays to his other methods of examination Dr G SLOT referred to the question of notifying infectious diseases Many years ago, called in to see a child in a Paddington basement he suspected diphtheria and signed the case up as such A month later he received a solicitor's letter demanding £30 damages It appeared that another doctor had been called in who had said that the case was not diphtheria, but meanwhile, as a result of his notification, the house had been fumigated and the man kept from his work Dr Slot referred the matter to the Medical Defence Union, and the demand for £30 was turned into a letter of apology But the question of infectious disease was really very difficult, and it would be interesting to know how much negligence was concerned if the doctor missed one of the more easily "missable" infections

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The British Association for the Advancement of Science will hold its annual meeting this year at Nottingham from September 1 to 8, under the presidency of Sir Edward Poulton Among the sectional presidents are Dr G W C Kaye (mathematical and physical sciences), Dr F L Pyman (chemistry), Professor F A E Crew (zoology), Professor P Sargant Florence (economics), Dr J H Hutton (anthropology), Dr E P Poulton (physiology) Dr Mary Collin (psychology), and Mr H G Wells (education)

ALECK BOURNE L T BOND AND K A McGARRITY NEW TREATMENT FOR CHRONIC LEUCORRHOEA



FIG 1.—Low power Four hours after treatment Three zones the inner showing fixation by zinc chloride the middle of coagulation necrosis and the outer of early leucocytic infiltration



FIG 2.—High power Four hours after treatment Thrombosis of blood vessels in area affected by zinc chloride and preservation of histological structure

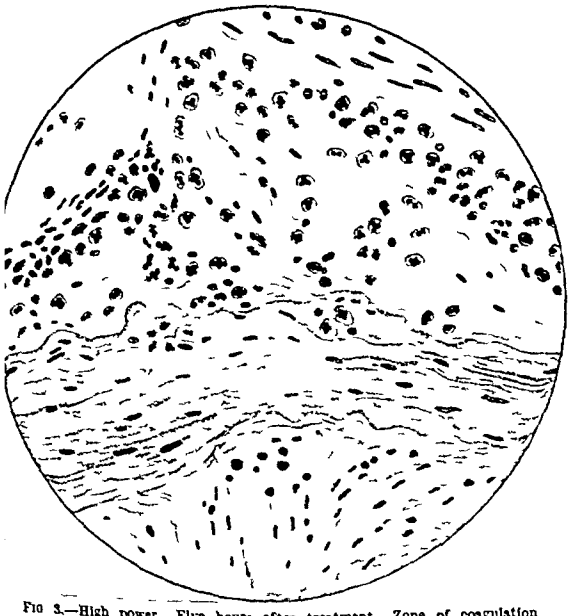


FIG 3.—High power Five hours after treatment Zone of coagulation necrosis and early leucocytic infiltration round the periphery



FIG 4.—Low power One week after treatment Area of dense cellular infiltration at the periphery not penetrating the zone of coagulation necrosis which is the line of future separation of the slough

the adjoining institution occupy a site of about eight acres The buildings were erected at various periods between 1870 and 1900 Since its transfer to the L C C on April 1, 1930, the hospital has been "appropriated"—that is, it has been taken out of the scope of the Poor Law and is, so far as its accommodation permits, available to all residents in the county of London During the quarter ended September 30, 1936, the average daily number of in-patients was 413 Since 1930 new accommodation has been provided for the maternity and gynaecological sections, and a pathological laboratory to serve a group of the Council s general hospitals has also been provided at St Mary Abbots Hydraulic lifts have been replaced by modern electric lifts, the two laundries which formerly served the needs of the hospital and institution have been combined and modernized, and other works of improvement are in hand The Council is also proceeding with the adaptation and reconditioning of the institution buildings (which will be used for hospital purposes) in order to render them suitable for the accommodation of sick persons

The Scientific Instrument Maker

Three floors of the Imperial College of Science at South Kensington were occupied during the first week of the New Year with an assembly of scientific instruments The occasion was the twenty-seventh annual exhibition of the Physical Society Two of the floors were given up to a trade section, and the third to a research and experimental section, to which the National Physical Laboratory largely contributed, but so many commercial firms now undertake research and experiment on a generous scale that the distinction is difficult to maintain Amid instruments of all kinds, some of them belying in the unwieldiness of their names the symmetry and precision of their action, the microscope retained its pride of place Probably there were more microscopes on view than instruments of any other kind, indicative of the place which microscopy and photomicrography have taken, not only in medical and biological applications, but in general scientific and industrial work and research One feature was a double microscope for micro-dissection In physiology, when micro dissecting operations have to be carried out, it is often difficult for one person to do the whole of the manipulation alone Some ingenious inventor has accordingly devised an arrangement enabling two binocular microscope bodies to be placed simultaneously back to back so that two workers can view and operate on the specimen at the same time Next to these instruments for extending the human eye were instruments for intensifying the human ear The sense of hearing, to judge from the instruments provided, seems to be increasingly appreciated No doubt in time the prejudice against wearing hearing-aids, long since outworn in the matter of spectacles, will disappear Some of the hearing-aids were very inconspicuous, notably one light-weight portable apparatus, embodying a carbon microphone, developed in the department of the education of the deaf at Manchester University Making the deaf hear is not a simple matter of amplification of sound, and one firm specializes in automatic volume control in deaf-aid amplifiers This control limits the sound output of the instruments to a degree tolerable to the user, and the distortion due to overloading of the output valve with loud sounds is prevented In modern civilization the suppression of unwanted noise is at least as important as the amplification of desired sounds, and as a step to noise elimination and control there were noise meters on view one of them designed to meet the requirements of the Air Ministry for the measurement of noise in aircraft but capable of being used for other purposes also Several examples of diathermy and short-wave apparatus were shown portable and fixed, also a portable cardiograph with a camera having a continuous spool of paper driven at speeds from 20 to 80 millimetres per second Another interesting device was a fluoroscope, a portable instrument designed in collaboration with the Home Office for medico-legal and other investigation

Correspondence

Serum for Influenza

SIR,—On analogy with other virus diseases such as measles it seems reasonable to assume that serum obtained from patients convalescent from influenza might be of therapeutic benefit The suggestion was, we believe, first put forward by Dr Herbert French in 1919, but has never been practised, at any rate on a large scale The recent researches of Laidlaw on the transmission of influenza to ferrets have shown that the creatures do in fact develop antibodies as the result of an attack This would be a strong point in favour of the use of convalescent serum were it not that after a few months of immunity they become again susceptible, even though antibodies are still in the blood Possibly, however, protection depends in part upon these substances and upon their degree of concentration in the body

Our purpose in writing this letter is to ask those medical men who are now dealing with influenzal patients to obtain blood from them when they are convalescent If they will send either the blood or preferably the patient to the bacteriological department, Guy's Hospital, a batch of mixed sera will be obtained and treatment of influenzal patients carried out with the usual controls It is hoped in this way to decide whether the serum is of any value, and if so to aim at the collection of large supplies so that we may at last have some substance of definite therapeutic and prophylactic value to guard the population against future epidemics Will those doctors who are good enough to collaborate in this manner kindly select only those patients in whom the diagnosis of influenza was unquestionable and preferably uncomplicated? Blood may be collected into a sterilized vessel by any of the recognized aseptic methods of venepuncture

Instructions for Collection of Serum—If apparatus is not to hand, on receipt of a message at Hop 1654 collecting apparatus will be sent to any medical man offering to send blood This will consist of a sterilized needle and rubber connexion fitted to a sterilized 250 c cm screw capped bottle The skin over an arm vein should be carefully cleaned, the vein distended by pressure higher up the arm, and venepuncture performed in the ordinary way, the blood being run directly into the bottle When this is nearly full the pressure on the arm is released, the needle withdrawn, a pad placed on the site of puncture, and the cap screwed on to the bottle The blood should then be sent directly to this department The whole procedure must be as aseptic as possible

If the patient is sent to the laboratory for blood collection a preliminary telephone message to the above number would be appreciated—We are, etc,

A H DOUTHWAITE
F A KNOTT

Bacteriological Department, Guy's Hospital, S E 1, Jan 11

Nutritional Anaemia in the East End of London

SIR—I have read with interest Dr Leonard Findlay's article in the *Journal* of January 2 dealing with haemoglobin and red cell estimations in children admitted to the wards of the Princess Elizabeth of York Hospital for Children The subject is, I think, of great importance, and no one would lightly disregard conclusions drawn by Dr Findlay, for whom I personally have a high regard It is therefore with some trepidation that I venture to ask your readers to consider his findings critically before they conclude that widespread iron prophylaxis for infants is superfluous

CONGENITAL PORPHYRINURIA

Among posthumous papers few can have had more interest than one which now appears[1] from the pen of the late Sir Archibald Garrod It was evidently given the subtitle of "A Postscript" by the author himself for the reason that it supplements the accounts published ten years ago of three cases of congenital porphyrinuria Each of these cases which were those of Garrod and Mackey, Gray and Ashby had shown the three cardinal signs of this rare disease—namely a port wine coloration of the urine blistering of the skin on exposure to sunlight (hydroa vaccinforme) and pink or brown coloration of the teeth with the exception that the last of these signs was lacking in one case Full subsequent histories and an account of their present condition had been obtained by Garrod for each patient all were living and aged 14 19 and 30 years The coloration of the urine had persisted unchanged and in spite of every precaution blistering of exposed areas of skin had led ultimately to severe scarring and in one of the patients an eye had been similarly affected In two the general health has been good although in one of them there was well marked enlargement (which has since subsided) of the liver and spleen the third and oldest of the patients has now a fairly severe degree of anaemia with enlarged spleen In none of these three patients is there any family history of the disease the parents of one were first cousins and apparently none of them is married It is much to be hoped that the interest awakened in others by the late distinguished author of this paper in this disease and especially in these patients will not be allowed to lapse

POST-OPERATIVE LUNG COMPLICATIONS

Pierre Duval and Leon Binet[2] have published experimental work to explain the pathogenesis of the group of post operative pulmonary complications not associated with well known causes inhalation anaesthesia venous emboli or dissemination from a septic focus They refer to those which follow operations correctly and aseptically performed in a non septic field under local anaesthesia The work was carried out in an attempt to confirm the idea that the cause of these complications might be the intoxication which follows all surgical interventions from the autogenous albumins (polypeptides which do not cause shock) produced by the operative trauma and disseminated by the blood stream Polypeptides prepared from the muscles of dogs were injected into either the saphenous or the mesenteric veins of other dogs To avoid confusion with lesions that might be produced during death the animals were killed while under basal anaesthesia by bleeding them fifteen minutes after the intravenous injection and the lungs were examined by performing a thoracotomy before death Controls treated in this way showed no lesions The injections were given to normal animals and to those which had previously been sensitized by a subcutaneous injection of polypeptides No lesions were observed in the non sensitized On the other hand in the sensitized animals foci in the lungs were found consisting of dark red zones on the light pink background of the rest of the organ On section they showed all the macroscopic characters of red infarcts Histological examination revealed two types of morbid change (1) typical atelectasis with dilated vessels and (2) alveoli distended with blood (*apoplexie pulmonaire*) These changes correspond to those found in man Finally the authors quote a case which appears to confirm their laboratory results A man died four days after a simple exploratory laparotomy under local anaesthesia with symptoms of lung involvement The histological changes in the lungs were similar to those found in the experiments Moreover two days before death the blood contained 80 mg polypeptides per 100 c cm —nearly three times the normal figure—and 2 grammes of urea

[1] *Quart J Med* 1936 5 473
[2] *Presse med* 1936 92 1800

RATIONAL PRESCRIBING

The cost of drugs is a serious item in all hospital budgets and examination of these costs usually reveals a wholly disproportionate expenditure on flavouring agents and on expensive proprietary drugs for which official equivalents are available The London County Council has endeavoured to lower these unnecessary costs by issuing an *L C C Pharmacopoeia* for use in its general and special hospitals[1] This is a pocket volume of 279 pages most of which is occupied by a list of drugs and formulae This list contains about 1 500 titles and comprises all the pharmaceutical preparations in the *British Pharmacopoeia* selected preparations from the *British Pharmaceutical Codex* and a number of special formulae The latter have been compiled with a rational regard for simplicity combined with efficacy and errors such as redundancy in flavouring agents have been avoided For example iron and ammonium citrate mixture contains an effective dose of the iron salt (30 grains) and water to 1 fluid ounce This is in pleasing contrast to the familiar prescriptions which so often combine an insufficient dose of iron with a large array of expensive flavouring agents The last quarter of the book provides a variety of data and information Useful features that deserve special mention are instructions on methods of administering drugs on the collection and forwarding of material for chemical investigation and on such clinical procedures as the giving of test meals Clear directions of this kind should do much to reduce waste of time and labour in clinical laboratories The only criticism that occurs to us is that the list of drugs and formulae is unduly long and it certainly contains some substances of very doubtful efficacy but experience gained from the use of the *L C C Pharmacopoeia* will probably lead to a good deal of pruning for subsequent editions Sir Frederick Menzies in an introduction claims that this pharmacopoeia is probably *the most comprehensive* and up to date of its kind The volume is offered for sale to the profession at the very low price of 1s 6d it deserves wide popularity not only for the mass of useful information it contains but also because it is based on rational conceptions of therapeutics

[1] *London County Council Pharmacopoeia* P S King and Son (1s 6d)

cancer have suffered from the delusion that cancer and embryology can somehow be made to explain each other But really cancer and tissue from the embryo are as the poles asunder The embryo is an epitome of biological history and contains all the future of the race Cancer cells, on the other hand, are at the end of their tether, they are poor things—somatic cells that have almost run their course They have this in common with embryonic cells they are in a state of rapid division—but no more In contrast with the richness of function in true embryonic cells cancer cells are functionless, in contrast with the virile youth of the embryo they are senile The embryonic cells are designed for rapid division and rapid differentiation, the rate at which they divide is normal to them Malignant cells divide rapidly, contrary to their normal habit Far from becoming more differentiated, descendants of malignant cells tend to lose all trace of differentiation, they retain only the lowest common denominators of living matter—the capacity for division and for absorbing nutriment Therefore it seems to me useless to look to the embryo for an explanation of cancer One must regard cancer as a disease with origin and end peculiar to itself It is no attempt upon Nature's part to commit suicide, but for the fact that it is composed of living cells it has no connexion with the past, its unit is a cell that has lost its memory

In considering the question of a chemical origin for cancer two aspects must be separated from each other (1) growth stimulants—the carcinogenic substances—and (2) internal metabolic derangement of the cell

(1) For growth stimulants to be the sole producers of cancer they must continue to act when the cancer has buried itself in the tissues of its host Down there, carcinogenic products of coal tar (probably so misnamed) can hardly continue to pursue it Where, then can the stimulators come from? There are three possibilities the blood stream, the cancer itself, or the adjacent tissues that are forced to secrete such a substance (i) If the growth stimulant comes from the blood stream one has to imagine some source from which the blood may derive the stuff which must have some function other than the production of cancer It one can avoid these difficulties the question then arises Why is there, anywhere in the body a single cell similar to the original cancer cell, that is not cancerous? (ii) There are two objections to the suggestion that the stimulant comes from the cancer cells themselves First nowhere in Nature do cells primarily secrete substances for their own stimulation Simple organisms depend in the first place directly on external stimulation Complex organisms depend on a chain of internal secretory organs beginning with some controller that is indirectly in contact with the outer world Secondly the chemical growth principle ought to be recoverable from a mass of cancer cells and if the substance behaves like any other principle it ought to increase quantitatively with increasing size of the cancer So, the longer a cancer exists the more likelihood ought there to be of the appearance of many cancers

(2) Does the growth stimulant arise from some internal metabolic disorder in the cancer cell itself? No cell grows or does anything else but die if it be not stimulated to live In life stimulus comes from without, the primordial cell and the latest man are equally designed to fit environment in so far as they are living things If stimuli did not come from without it is hard to imagine how even a unicellular organism could begin to exist The clearest example of what I have been saying is in the physiology of reproduction The Graaffian follicle activated from the outside produces an ovule which, by the action of some other stimulant, is induced to become receptive The sperm cell penetrates to the nucleus and supplies the stimulus that initiates foetal development A living thing like the sperm cell is the only imaginable thing that could thus exercise a continuous stimulation during the whole course of development

There is some evidence from heterogeneous grafts Sooner or later they die out because their normal stimulus to live is not forthcoming, in spite of the most complete vascularization they die

It seems to me that a hypothesis which requires self stimulation on the part of the cell is the most highly improbable that imagination could conceive By its terms Nature is supposed to act as she has refrained from doing during the whole course of evolution It is so far away from probability that one should examine, examine, and yet again examine all other hypotheses before falling back on such a one I would like to make the following suggestions

Cancer is not due to any single principle operating alone, but is the result of a sequence of events acting on cell life First, there is an accelerated growth of cells Whether this is due to direct stimulation from coal tar and the like, to the natural flux of new developing tissue accelerated by an irritant, or to the efforts of an old cellular system to fill gaps left by the destruction of some of its units, is immaterial This acceleration of division I call factor "A" Under the influence of 'A" there will appear from time to time a defective cell factor "B" How is "B" defective? A normal cell protects its own nucleus against the intrusion of extraneous matter, "B" is defective insomuch as it fails in this respect

Factor "B" is now in a medium of dead and dying cells *mingled with organisms* Out of the hurly burly, in the manner of a sperm cell, something enters the defective cell, pushes its way through the cell body, and reaches the nucleus This something I call factor "C" 'C" may be (1) represented by a conjugation of two more or less similar cells (as suggested by Drs McKillop and Duhig of Brisbane), (2) a detached but viable chromosome, (3) a living *micro organism* The result of this intrusion may be one of three things (*a*) the cell is killed, (*b*) the intruder is killed, (*c*) neither may be strong enough to kill or weak enough to die, an uneasy partnership resulting In this case the cell is potentially a cancer

Enter factor "D," the body resistance of the prospective host The elective cancer must defeat factor "D" Defence in the end must be effective more or less according as the differences between normal body cells and invading cells are more or less marked As is well known, bacteria evoke a profound and persistent reaction of the defensive apparatus, in protozoal infection the defence is less energetic because the invader is not so definitely marked off from the cells of its host There is such little difference between cancer and the body cells that, in this disease, the defensive effort needs to be carefully looked for in order that the observer may be aware of it at all Now the defective cell, invaded by "C," which has slipped past factor "D," holds the field The new nuclear companionship, a pseudo-conjugation, is, as I have suggested, an uneasy state of affairs Each party inflames the other, a nucleitis, transmitted from each generation of cancer cells to the next, spurs on the rapid and anarchistic division—I am, etc,

Brisbane, Dec 8, 1936 WILLIAM P KELLY, FRCSI

Malignant Disease of the Pharynx

SIR,—I was much interested in Mr Robin Pilcher's article on the diagnosis of malignant disease of the pharynx (*Journal*, January 2, p 13), and there is no doubt about the neglect in the making of an early diagnosis A busy surgery like an overworked out-patient department is not conducive to good work, and this may account for the practice of prescribing gargles instead of attempting to use a laryngeal mirror His remark on the part played by oral sepsis in its association with malignant disease of the pharynx is very important, and I am rather surprised to see him leaving out the definite picture of "a mouth like a cesspool with a plug of cotton wool in the ear" How many ears are syringed to cure the earache

be aroused The various guises under which adult myxoedema can present itself must be remembered for it will be found that such cases often come to the gynaecological or other special department with symptoms indicative of local disease

If confirmatory evidence of thyroid deficiency is required a basal metabolic rate test can be carried out This test in thyroid disease corresponds in value to the blood count in anaemia If it is below the normal level with clinical symptoms of hypothyroidism the diagnosis is assured In the very young the performance and interpretation of the basal metabolic rate test is difficult In juveniles and adolescents it can be carried out without difficulty In young children valuable confirmatory evidence of hypothyroidism can be obtained from radiological examination of the carpus, for the ossification centres are late in appearing and typical delay will be found

Course and Prognosis

The results of treatment of cretinism and myxoedema are on the whole satisfactory

In cretinism much depends on an early diagnosis and the institution of thyroid therapy at the earliest possible stage The results of thyroid therapy on the growth defect in cretinism are most satisfactory, provided that treatment is begun early Under these conditions the physical standards reached compare favourably with the normal It is more difficult to assess the possibilities of improvement in the mental sphere If treatment is begun late mental development may remain much below the normal, and the years lost before treatment is instituted may never be regained It is probably true to say that the improvement in mental development is seldom as great as in the physical sphere although examples could be quoted in which standards above average have been attained The defects in sex development can be corrected by thyroid therapy and with successful treatment the changes of puberty will occur at the normal age or very shortly afterwards In females the menstrual cycle can usually be satisfactorily established

The prognosis in adult myxoedema is good and the clinical results of thyroid treatment are most satisfactory In the course of about six weeks it can be predicted that the myxoedematous changes will have entirely disappeared and the patient be restored to his or her former condition

In both cretinism and myxoedema it is essential that the patient should continue treatment throughout life

Treatment

The therapeutic indications in the treatment of cretinism and myxoedema are clear The basal metabolism of the patient must be brought to the normal level and there maintained by an appropriate daily dose of thyroid extract given by the mouth In practice it is not always possible to have estimations of the basal metabolic rate carried out, and in the ordinary straightforward case it is certainly not necessary An initial estimation however will be of considerable value and will give a good idea of the amount of thyroid extract which is likely to be required To a large extent the basal metabolic rate runs parallel with the pulse rate so for ordinary purposes the latter will usually be a sufficient guide especially if it is used in conjunction with clinical data particularly variations in the patient's weight

Most cases of cretinism and myxoedema are extremely sensitive to thyroid extract so it is best to begin with a small daily dose and gradually increase it at intervals of a week or so until the appropriate maintenance dose has been found This fractional method of introducing thyroid treatment gives good results and avoids any risk of overdosage in the early stages The problem of dosage is almost identical in childhood and adult hypothyroidism The usual method is to start with 1/4 grain of a desiccated extract once a day, increasing to 1/4 grain twice a day at the end of a week 1/2 grain twice a day at the end of another week and later to a total of 1½ or 2 grains daily For a cretin a sufficient maintenance dose of thyroid extract is usually 1 to 1½ grains a day but the dosage varies to some extent with the age of the individual The maintenance dose for a fully developed case of myxoedema is usually about 1½ to 2 grains a day of a desiccated thyroid extract A larger dose is seldom necessary It must be pointed out however that it is only possible to judge by results and no hard and fast rules can be laid down Adult patients often rapidly acquire a knowledge of what is the optimum dose for them and can give considerable help to the physician They should be warned at the start that treatment will have to be continued throughout life and that successful results depend to a large extent on the systematic supply of thyroid extract in the correct dosage Since the effects of the remedy are so obviously beneficial there is seldom any difficulty in obtaining complete co-operation from the patient

This slow method of introducing thyroid treatment is suitable for ambulatory cases If quicker results are required the patient should be put to bed and in these circumstances the increases in dosage can be made at shorter intervals The usual method when the patient is in bed is to make 1/4 grain increases every other day until the full maintenance dose has been reached

Overdose of Thyroid Extract

A warning is necessary as to symptoms of overdosage and thyrotoxaemia and I would draw a distinction between the two The ill effects of the former usually pass off quickly on withdrawal of thyroid but the effects of thyrotoxaemia are more lasting When this complication has occurred in my experience it has usually been due to the presence of a septic focus or to taking thyroid extract during an infective illness such as influenza or tonsillitis This usually results in a persistent tachycardia with other signs of cardiovascular disturbance and the individual loses weight as he does when suffering from thyrotoxaemia of other forms In view of the possibility of this complication arising it is therefore a good rule when instituting thyroid treatment first to make sure that all septic foci have been dealt with and secondly to warn the patient to discontinue treatment if any such eventuality arises The risk of overdosage can best be overcome by stopping the routine administration of thyroid for a day or two each week or for a few days each month to obviate any cumulative effects If overdosage does occur all thyroid should be stopped for a week or two and started again at half the previous dose It is not difficult to detect overdosage at an early stage as when myxoedematous symptoms have once been controlled the weight should remain more or less constant at approximately the normal level Any tendency to lose weight below the average normal especially if there is tachycardia and undue nervousness should be regarded with suspicion

A note is perhaps necessary as to the different preparations of thyroid extract in general use though only two require serious consideration—the fresh gland and desiccated or dried gland extracts The latter are five times

In regard to Dr Blair's patient gradual improvement took place and at the end of ten weeks he was able to go away for a change of air, and he was not seen again "Each time the urine was examined albumose was present in considerable quantity" I have little doubt that the supposed 'albumose" precipitate was not of Bence-Jones protein, but only of urates, as in the recent case I mention —I am, etc,

London, W1, Jan 8 F PARKES WEBER

Metabolic Factor in Rheumatism

SIR,—I read Dr R G Gordon's article in the *Journal* of December 19, 1936 (p 1243), with great interest It was refreshing in these days of scepticism about "focal sepsis" to find that he "would deprecate an abandonment of the orthodox search for a focus of infection"

Briefly, it would appear that there are only three rheumatic conditions in which he is of opinion that a focal infection may be of aetiological significance—namely, spondylitis ankylopoietica, true rheumatoid arthritis, and certain cases of fibrositis The question as to whether there may or may not be other forms of rheumatism in the production of which focal sepsis plays a part is too controversial to go into in detail here, suffice it to say that of past years the question of focal sepsis has been ridden to death, with the result that it has fallen into considerable disrepute The actual causes for the odium with which it is regarded in many quarters will generally be found to be (1) slapdash methods of investigation, resulting in (2) lack of precise localization, with consequent (3) indiscriminate operative procedures, and lastly (4) the difficulty of eradicating an infective focus when found

It is neither scientific nor logical to discard a line of investigation which may result in benefit to the patient just because it has proved useless in certain cases though of use in others, or because the object of such investigation when found proves in many cases to be difficult of eradication Strong enough emphasis cannot be laid on the fact that the search for a septic focus must be thorough It is not justifiable, for instance, to assume that the tonsils must be to blame just because they look unhealthy or because pus can be expressed from their crypts, or even because haemolytic streptococci can be cultured from them Many of us must have seen rheumatic cases in which tonsil enucleation has been performed, but in which instead of an improvement an actual aggravation of the patient's condition has resulted Probably the explanation is that the tonsils had become secondarily infected from a primary focus in a paranasal sinus while doing their best to exercise their protective function and that with their removal the sinus focus has been given ample unbridled opportunity to produce its undesirable results In all such cases, therefore, most careful investigation of the paranasal sinuses should be carried out and it is only in the definite absence of any evidence of a septic focus in their intricate system of cavities that the tonsils should be touched, while if such a sinus focus is found it should be adequately dealt with before tonsillectomy is even to be considered

Again the mere failure to find profuse purulent discharge by anterior or posterior rhinoscopy does not justify the assumption that the paranasal sinuses are perfectly healthy for what, after all, does the finding of frank pus signify? Surely merely that the patient's reaction to a sinus infection is vigorous and that the particular sinus ostium is patent I would go further and suggest that where the search for a septic focus is indicated the very failure to find pus demands that a most detailed investigation should be carried out, and the following brief outline shows the further procedure to be adopted

A—Examination of the pharynx may show a well marked ciliary stream on one or other side

B—Nasal endoscopic examination should be made, as recommended by Dr P Watson-Williams The following may be found (1) congestion near the mouth of a sinus, (2) a group of small polypi in the same region, (3) a vascular leash in an atypical position (4) Oedema of the middle meatus, (5) thin ropes of secretion stretching from one or other turbinate to the septum, choanal margin, Eustachian cushion, or to each other, (6) a stream of purulent discharge coming from superior or middle meatus or from the sphenoidal ostium Negative findings indicate repetition of the procedure after a few days' interval

C—Radiographs should be taken, preferably in the Graham Hodgson positions

D—If the findings to date are suggestive suction lavage of both antra, posterior ethmoidal cell groups, and sphenoidal sinuses should be carried out and samples of the sinus washings sent for bacteriological examination

E—Lastly, if the bacteriological findings are positive in any sinus or group of sinuses the Lowndes Yates dye test should be performed to determine whether the suspected sinus or sinuses are giving rise to toxic absorption, or whether fibrotic changes in the sinus mucosa are protecting the organism against auto intoxication from it

It is only after the various stages of the above exhaustive investigation have been completely run through with negative results that it is permissible to say that no septic focus exists in the paranasal sinuses, and that therefore if any toxic focus is responsible at all it must be situated in the teeth, tonsils, or intestinal tract

A further point is this When one considers that in the early stages of a sinus infection the organisms lie on the surface of the mucosa but with the passage of time burrow ever deeper till they gain the lymph spaces and so eventually the blood stream, it is surely not difficult to suppose that when they enter an area where recent traumatism or strain has lowered the local resistance they tend to settle there and establish, as it were, secondary infective foci, around which proliferation of fibrous tissue occurs with nodule formation The removal of the original primary toxic focus will not clear up these secondary foci, and it is advisable, when other methods of treatment such as those outlined by Dr Gordon plus removal of the primary focus have failed to cause certain of the painful nodules to subside, to inject them directly with lipovaccine, as recommended by Dr Laughton Scott in the *Journal* of February 15, 1936 The results are said to be in many cases satisfactory and lasting—I am, etc,

Bath, Jan 4 C A HUTCHINSON

Treatment of Prostatic Obstruction

SIR,—I was much interested in the article by Mr J Cosbie Ross on prostatic obstruction, which appeared in the *Journal* of December 26, 1936 (p 1297) With most of his remarks I agree, but there are some open to discussion I am pleased to note that he considers routine cystoscopy necessary in all cases presenting prostatic symptoms, a procedure which I have always emphasized, but he makes no mention of routine posterior urethroscopy, which is even of more value Cystoscopy alone gives no picture of the prostatic urethra, it merely delineates the appearance of the vesico-urethral orifice Many cases of prostatism reveal no abnormality either on rectal or on cysto-

also pointed to one of the weaknesses in the physical educational system in that, while every other specialist master in the academic field could reasonably aspire to a headship, the physical instructor could not do so and thus recruiting in this branch of the teaching profession lacked encouragement. Dr ATTLEE raised the question whether there was any danger of getting people so thoroughly fit that they failed to adapt themselves to modern conditions. Dr MORLEY drew attention to a possible fallacy in recruiting statistics on which wrongful impressions as to national decadence might be based. A wholly wrong idea as to the physical fitness of the male population of the country at the time of the war was derived from the recruiting statistics showing a large percentage of rejections. The fact was that the rejected men were summoned before the medical boards time after time, and as the war went on the standard of acceptance was lowered with the result that the man who had at first been put in a low category was placed higher and higher, and at last perhaps passed for active service. But in the returns this man might account for half a dozen units in the total of unfitness, whereas the fit man was only counted once.

Dr LE FLEMING while acknowledging inevitable overcrowding in the classrooms, was still of opinion that the real trouble and the remedy lay in the dormitory. With regard to recruiting in view of the fact that the record of the types of men who sought to enlist in the Army showed a steady fall, it seemed to him that no other deduction was possible than a lowering of the physical standard of the nation.

THE RED CROSS IN SPAIN

A memorandum from the International Red Cross Committee at Geneva states that thirty-five national Red Cross societies (including the British Red Cross Society) have now contributed to the relief of the sufferers in the Spanish civil war their donations amounting to 459 398·48 Swiss francs of which over 350 000 has come from South America. All these gifts are made unconditionally and without distinction and are administered by the International Committee with its traditional impartiality. The sums received have made it possible for medical supplies for the treatment of wounded on both sides to be sent in increasing quantities.

Information bureaux have been established at a number of centres and over 50 000 queries have already been forwarded to Geneva for solution and in addition delegates of the International Committee working with local personnel are working at Madrid, Valencia, Barcelona, Burgos, Santander, Bilbao, San Sebastian, Alicante, Seville, Saragossa and Palma de Majorca. Special data are being collected on the subject of orphans and arrangements are in train for their future care. The committee's delegates have been authorized nearly everywhere to visit the prisons and agreements have been established whereby the release of women, children, boys under 18, adults over 60 and invalids has been secured. The delegates have encountered a promising spirit of co-operation on both sides but a good many difficulties arise in carrying out the letter of the agreements. Efforts have been made to secure the establishment of a neutralized zone in Madrid as a refuge for the non-combatant inhabitants.

A most serious problem faces those concerned with the relief of suffering in Spain—that of revictualling. Certain commodities such as coal are already scarce, rationing and food cards are being instituted and the question whether the Red Cross can undertake the supply of a minimum of the necessities of life at least to certain categories of the population—women, children, invalids and prisoners—is under consideration. The sums required would far exceed those received up to the present and so far the most that can be attempted is the supply of a few parcels of food and condensed milk to sick prisoners.

Donations to the Red Cross Spanish Relief Fund may be sent to the Director General, British Red Cross Society, 14 Grosvenor Crescent, London, S.W.1.

AN INFLUENZA EPIDEMIC IN THE FALKLAND ISLANDS

BY

R. L. CHEVERTON, M.R.C.S., L.R.C.P.

Senior Medical Officer, Falkland Islands

An epidemic of influenza which broke out in the Falkland Islands during the winter of 1935 is of interest from several points of view as showing: first, the effect of limited communications in an isolated group of islands upon the spread of disease; secondly, a peculiar latent period between the primary cases and the general outbreak of infection; thirdly, a well-defined period of incubation; and lastly, the influence of sudden climatic changes, chiefly a change of wind to the south with its concomitant weather, upon the outbreak of the disease.

Geographical Situation and Climate

For better understanding of the spread of the epidemic some knowledge of the Falkland Islands is necessary. They lie in the South Atlantic Ocean about 300 miles to the east and somewhat to the north of Magellanes in the Straits of Magellan between latitudes 51 and 53 degrees south and longitudes 57 and 62 degrees west. In addition to the two main islands which are known as East Falkland and West Falkland and are separated by the Falkland Sound there are about two hundred smaller islands clustered about within a space of 120 by 60 miles. The total area of the Islands is 4 618 square miles. The entire country is of a wild hilly moorland nature. The soil is chiefly peat or clay with areas of sandy outcrops. Trees are absent and the general appearance of the country is bleak and inhospitable.

The mean average temperature is about 36° F. with a mean maximum of about 46° and a mean minimum of about 34°. The average rainfall is only twenty-six inches but the air is very damp. During the summer months the constant high winds become very trying and in winter, which lasts about eight months, the lack of sunshine has obvious deleterious effects. The inhabitants of the place totalling 2 432 are of European stock, many being of Scottish descent due to the importation of shepherds from Scotland. Owing to the lack of communications both within the Islands and with the outside world and to the distance from the Home Country intermarriage with its accompanying results is very common.

As there are no roads outside the town the only means of communication overland is on horseback. All the farmsteads or settlements as they are called locally are situated on the seaboard and small steamers or cutters call every few months to bring out mails and supplies or to pick up wool. As in all isolated communities infectious diseases spread very rapidly so far as lines of communication will permit.

The chief, and in fact the only industry of the Islands is sheep farming so there is only one small town—Stanley the seat of government—which is situated in the East Falklands. The principal local trading company owns a vessel—the s.s. *Lafonia*—which calls at Monte Video for mails and at Magellanes for timber and coal. Four times a year a cargo boat whose last port of call is Bahia Blanca in the Argentine calls at Stanley.

Source of the Epidemic

It is thought that the epidemic in question was brought from the coast in the following manner. While crossing to Magellanes in August 1935 one of the crew of the s.s. *Lafonia* had a cough; in Magellanes he visited a relative's house in which certain persons were suffering from la grippe. On subsequent inquiry from the British consuls this disease was found to be very prevalent in Magellanes and to a lesser extent at Bahia Blanca between the middle of July and the middle of September

after the introduction of this "combined" system, is one whit inferior to that of any other medical school But my experience of five years' teaching of clinical medicine in Edinburgh when this modification was in vogue convinced me that the change could not be regarded as a beneficial one It tended, if anything, to aggravate the cramming system so prevalent in medical education to-day, and, in general, to foster a type of medical education which is out of touch with modern requirements

The few years' experiment in Edinburgh has, however, been a useful one, and will have fulfilled a useful purpose if the limitations to its success are fully recognized The more effective co-ordination of modern medical teaching on the lines stressed by the British Medical Association is in my view, the greatest medical need at the present time Too much attention can be focused on mere "academic co-ordination" to the exclusion of "practical co-ordination" of a kind calculated to arouse and sustain the intelligent interest of the student It is, I think, a good omen that many of the present Edinburgh teachers are alive to these needs—I am, etc,

CHALMERS WATSON, M D

Fenton Barns, Drem Jan 5th

Diphtheria Immunization

SIR,—Dr Bousfield puts me to the trouble of writing to explain what I mean by the term "anaphylaxis"

Anaphylaxis is a state of supersensitiveness to the action of a foreign protein brought about by the previous introduction of that protein (sensitization) As to Dr Bousfield s hundred thousand series, in which many of the children had had a previous introduction of that protein and yet there was no anaphylaxis—well, I can only say that such does not make sense For the term "anaphylaxis" arose originally out of the very numerical experience which Dr Bousfield relates as his Anaphylaxis may be inherited or acquired Asthmatics, children of asthmatics, children of the lymphatic (status lymphaticus) type, and those associated with horses are particularly to be watched If anaphylaxis is to be so easily explained away as Dr Bousfield does, what is the reason for testing for hypersensitiveness and for the treatment of the preparatory kind by desensitization, known to all G P s? —I am etc,

Athenry Co Galway, Jan 2 C H FOLEY, M B

*** This correspondence cannot be continued—ED, *B M J*

Surgeon's Liability for Nurse's Negligence

SIR —The medico-legal article in your issue of January 2 deals with a subject on which I wish to make some comments and a suggestion

In Crotch *v* Miles (*British Medical Journal*, 1930, **1**, 620) Sir Hugh Rigby said in evidence that the theatre sister is a highly skilled person "responsible for the instruments and their sterilization, the towels and the swabs and that the duty of counting instruments and swabs falls according to the usual practice in this country, on the theatre sister' This expression of surgical opinion makes a clearly defined division of responsibility as between surgeon theatre sister, and, by inference, the whole of the theatre staff, and it is a source of satisfaction that this principle has found admission by the law in the case of Ingram *v* Fitzgerald

In surgical practice in the operating theatre and elsewhere the division of duties and the division of responsibilities are clear-cut Fuller reference to these duties is made in a letter published in the *Law Times* of June 15, 1935 A comparison may be made with an air service, where the division of duties—and responsibilities—between the pilot and the ground staff is also clear-cut But this principle does not appear to have met with universal recognition in the eyes of the law, or how could Lord Hewart, in Crotch *v* Miles, have pointed out that the jury must ask themselves whether the surgeon on the day in question ought personally to have counted the instruments, or whether he was entitled to say that it was the job of the skilled theatre sister, and that he was entitled to act on her report? There is little doubt as to what answer would have been returned to this question by a body of doctors or nurses familiar with the usual practice But what answer, if any, was given by the jury, unfamiliar with the usual practice, your commentator does not state

No surgeon believes that in relying on the theatre sister for the count of instruments and swabs and for other technical services, and on the theatre staff for their duties he is transgressing the law But if in law he is not entitled so to rely in the cases which go wrong, and about which legal action is taken, so equally he transgresses the law in so relying in the thousands of surgical operations whose records never see the light of day in the law courts

A writer in the *Law Times* of March 28, 1936, under the title "Doctors, Surgeons, and Patients," gave the impression that we must be content to leave this matter in uncertainty pending a full-length decision of the House of Lords, but I suggest that a statement of the medical view on the division of the duties and responsibilities as between surgeons and nurses, if compiled and published by the British Medical Association, must carry weight when cases of this nature are considered and decided in courts of law—I am, etc,

Worthing, Jan 6 C GIBSON

*** We have referred Dr Gibson s letter to our medico legal correspondent, whose reply follows—ED, *B M J*

In Crotch *v* Miles the jury decided the case on other grounds that the forceps had not been left in at Mr Miles s operation at all They therefore did not have to express an opinion on whether Mr Miles was entitled to rely on the word of his theatre sister Dr Gibson should not assume that the decision in Ingram *v* Fitzgerald (which is in any case binding only in New Zealand) lays down any far-reaching principle of law, it only decided that in the particular circumstances the surgeon was not responsible for the negligence of the nurse who painted the patient with iodized phenol instead of tincture of iodine When a surgeon relies on his theatre staff to perform their allotted duties he does not transgress the law, because there is no principle or enactment of law which forbids him to do so Prima facie, however, since he is in charge he is liable for any damage which may result to the patient from the negligence of one of his team, though he may in certain circumstances, as in the New Zealand case, be able to show that in those circumstances the nurse was carrying out a duty for which she alone, and not he, could be properly held responsible The point is that, in the present state of the law the surgeon is not automatically discharged from all liability for the acts of his theatre team, and the court will always scrutinize the particular circumstances and ask the question whether, in these circumstances, he could have been expected to exercise personal supervision or not This is probably one of the many instances in which law does not truly reflect the universal practice It could only do so

outbreak and several relapses in Stanley, so September 3 and 17 are the dates chiefly to be noted, points of significance are

1 Both tables show a drop in the barometer readings forty-eight hours before the outbreaks

2 Both tables show an appreciable drop in the maximum temperature forty eight hours before each outbreak followed twenty four hours later by a rise which continues until twenty four hours after the outbreaks

3 Both tables show a drop in the minimum temperature three days before the outbreaks—that is on September 2 and 16 In Table I the temperature falls until the actual date of the outbreak—September 5—when it rises sharply In Table II there is a slight rise in the temperature forty eight hours before the outbreak followed by a sharp fall twenty four hours before and a slightly sharper rise on the actual day of the outbreak—September 19

4 Both tables show a south easterly wind forty-eight hours before the outbreaks This wind has a very bad reputation locally as being cold penetrating and damp

5 Both tables show increased rainfall forty eight hours before the outbreaks

6 Both tables show very low recorded sunshine forty eight hours before the outbreaks

It is difficult to resist the conclusion that these climatic variations had some influence upon the epidemic in ending the strange latent period before the outbreaks on the East and West Falklands on September 5 and in leading to the second outbreak in Stanley on September 19

Reports of Societies

RENAL TUBERCULOSIS

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on December 18 1936, with MR SETON PRINGLE in the chair MR R ATKINSON STONEY showed a case of late ulnar paralysis, and a modified internal angular splint which he had devised for certain cases of fracture of the surgical neck of the humerus He had found it useful in cases where it was difficult to apply traction with a Jones splint

MR T J D LANE read a paper in which he briefly summarized the pathology, aetiology symptomatology and diagnostic methods employed in the investigation and treatment of the tuberculous kidney The association of the disease with tuberculous lesions in other parts of the body was important and it was pointed out that the leading common symptom, frequency of micturition very often began suddenly, and, except in cases where the ureter was obstructed the urine was always turbid Mr Lane said that in the early case, before secondary infection has taken place a freshly passed specimen of urine was characteristic in appearance The turbidity of the urine was faint white turbidity as if a drop of milk were intimately mixed with a large quantity of water but when mixed infection had occurred the urine though a little more turbid was once more yellow in colour If the urine in a tuberculous case was yellow it was almost certain that secondary infection was present An instance was cited showing the ease with which the smegma bacillus may be confused with Koch's organism and the importance of obtaining a catheter specimen in the female was emphasized Attention was drawn to the value of the intravenous pyelogram and the unreliability of the indigo-carmine test Mention was made of some particular diagnostic difficulties such as the occurrence of renal tuberculosis in early pregnancy and in old men

Nephrectomy, combined with a prolonged period of general treatment was advocated in unilateral disease while conservative treatment was reserved for patients in whom the disease was bilateral

General Discussion

MR SETON PRINGLE said that colic and slight albuminuria should be included as early symptoms and that frequency of micturition and turbidity of the urine were sometimes absent He hesitated to catheterize a kidney which he believed to be sound and he agreed that the indigo carmine test was often unreliable He had no doubt that tuberculin was of the greatest possible help if there was no active lesion of the lung DR G C DOCKERAY said he had never found tubercle bacilli in urine that did not contain both albumin and pus though the amount of pus might be quite small MR T A BOUCHIER HAYES mentioned cases in which turbidity of the urine and haematuria had been early signs of renal tuberculosis pain in the back should also be remembered in this connexion MR J C FLOOD asked why it was that tuberculosis was so often confined to one kidney What was the determining factor in establishing the focus in one kidney, and what was the percentage of people with tuberculosis in one kidney who subsequently developed it in the other?

MR A BUTLER DR CYRIL MURPHY, MR M FALLON and DR R M CORBET also took part in the discussion to which MR LANE replied

THE DEFENCE IN NEGLIGENCE CASES

At a meeting of the West London Medico Chirurgical Society on January 8, MR NEIL SINCLAIR presiding the subject for discussion was The Defence in Medical Negligence

MR ERIC PEARCE GOULD president of the Medical Defence Union said that it was unfortunately true that actions or threatened actions for medical negligence were on the increase This was attributable to a combination of causes One of these was a loosening of the old time relationship of mutual confidence between doctor and patient Another was that lay people were acquiring greater knowledge of medical matters A third was the news value of doctors peccadilloes such publication encouraged other people to attack their doctors The gravity of the position was enhanced by the disposition of juries to award very high damages and also by recent legislation which had extended the liability for the results of negligence from the doctor himself to his estate after his death

Actions for negligence fell roughly into four groups (1) The purely malicious the allegations being made by a disgruntled patient on no substantial grounds perhaps to avoid paying his doctor's bill (2) Cases in which there had quite frankly been negligence in these cases the course of action should be to obtain a settlement on the best possible terms for the doctor at the earliest moment (3) Cases in which there appeared to the layman to be prima facie evidence of negligence but in which from the medical point of view there was quite a good defence If the complainant was reasonable it might be wiser in these cases to make a settlement on suitable terms without allowing the matter to be pursued by legal process or negligence might be denied from the outset and a defence prepared and the action allowed to proceed Sometimes when a case had passed from the hands of one doctor to another between whom there was little co operation the second doctor had been accused of negligence and he had the perfectly good defence that he had taken on a case started by somebody else who had planned the line of treatment Often the defence society was convinced that there was a perfectly good defence but was met by the unwillingness of the respondent to go into court on the ground that the proceedings even if the verdict was favourable would attract undesirable publicity

supplies had failed materially to reduce its incidence Robert Koch had by this time demonstrated the great importance of carriers of the disease, especially those employed as cooks or otherwise connected with food supplies This association was verified in India, and as a result camps were organized in the hills to which all convalescent typhoid soldiers were sent and kept until proved by repeated bacteriological examinations to be completely free from infection A great reduction in the disease in the Army soon resulted, aided by agglutination tests to discover and eliminate all carriers among the native servants employed in cook-houses, etc

In 1900 Semple was selected for the difficult task of starting the first Pasteur Institute of India in the hill station of Kasauli, near Simla, and here he made an important advance through the use of carbolized emulsions of hydrophobia-infected rabbits nervous tissue, for this could be sent out for use in hospitals all over the country in graduated doses All-important time was thus saved by enabling the treatment to be carried out near the homes of the bitten people, in place of sending them many hundreds of miles to a central institute at great expense In 1905 a central research institute for the newly formed bacteriological department (now the Medical Research Department) of the Government of India was organized at Kasauli as a separate laboratory, and Semple held the directorship until he left India under the age rules in 1913, having retired with a pension from the Royal Army Medical Corps, as it was now called, in 1905 Here he did valuable administrative work and also much to help and encourage younger research workers in an unselfish manner Once more his services were requisitioned for the important post of Director-General of the Public Health Department in Egypt, where his bacteriological knowledge of cholera and other diseases was of value, and it was not until 1918 that he came home to a well-earned retirement While in India he was also a member of the Scientific Advisory Committee on Medical Research and of the Central Committee for the Study of Malaria in India, on the former of which his varied research experience was of value

Semple was of a very quiet and somewhat reserved nature, but a sound and reliable worker and a loyal colleague His full worth was probably only known to the few who gained his confidence and had the privilege of his friendship

[The photograph reproduced is by Elliott and Fry, Ltd.]

DAVID FRASER-HARRIS, M.D., D.Sc

Formerly Professor of Physiology Dalhousie University, Nova Scotia

The death took place in London on January 3 of Dr David Fraser Harris, who as a physiologist and neurologist and a writer on philosophy and on certain aspects of medicine had a reputation on both sides of the Atlantic

Fraser-Harris was born in 1867 and educated at Edinburgh Collegiate School Edinburgh and Glasgow Universities, and University College London He also devoted some time to foreign study and research at Berne, Jena, and Zurich He qualified in medicine in 1893, and four years later took his M.D. at Glasgow For five years he served as senior assistant to the professor of physiology and Muirhead demonstrator in physiology at Glasgow, and then went on to St Andrews where for ten years he was acting professor of physiology Leaving Scotland, he spent two or three years in the Midlands, as lecturer on physiology at Birmingham University and as lecturer on hygiene and school hygiene at the Birmingham and Midland Institute While at Birmingham he delivered a noteworthy series of lectures on the essentials of physiological history, and also served as a physiologist on a commission set up to investigate artificial respiration apparatus

In 1911 he accepted the appointment of professor of physiology at Dalhousie University, Halifax, Nova Scotia, and remained there for thirteen years He proved an acceptable personality in academic and scientific circles in Eastern Canada representing his university on the Medical Council of the Dominion, and occupying the chair of the Medical Society of Nova Scotia, the Halifax Medical Society, and the Nova Scotia Institute of Science He was also captain and adjutant of the Dalhousie University Contingent, C.O.T.C. In earlier years in Scotland he had commanded the 7th (University) Company of the 1st Fife R.G.A. St Andrews

Returning to England in 1924 at the age of 56, Fraser Harris had leisure to indulge his distinct gift for writing on scientific subjects in a popular way while yet doing no violence to the facts he had to present Book after book of this kind came from his pen, all marked by a deep understanding of his subject, and at the same time by imagination and by the clear and simple language in which he excelled His first considerable work was on *The Functional Inertia of Living Matter*, written while he was acting professor at St Andrews Fraser-Harris's pen led him into some curious and interesting byepaths, such, for example, as medical matters in the Apocrypha—the title of one treatise of his—the history of music in Edinburgh, and the references to biology in Shakespeare In this last little work, published in America, he drew attention to the penetrating observation shown by Shakespeare in the realm of living things He was also editor of the Modern Health Series

Professor Fraser-Harris joined the British Medical Association in 1895 and was honorary secretary of the Section of Anatomy and Physiology at the Birmingham meeting in 1911 He was Armistead Lecturer at Dundee in 1899, when his subject was wave forms of speech and music, and Thomson Lecturer in Natural Science at Aberdeen in 1911, when his subject was innervation He was a member of the Physiological Society, an original member of the Biochemical Society, and president of the Scottish Microscopical Society in 1908–9 After his return from Canada he interested himself in the People's League of Health and other activities A man of culture and quiet charm, finding his recreation, as he phrased it, in the study of biological history, he will be missed in many circles, and the British Museum reading-room will no longer have one of its most diligent occupants

J. EDWARD BOWSER, M.B., C.M.

We regret to record the death on December 27, 1936, of Dr J Edward Bowser, the oldest medical practitioner in Penrith Though his health had been failing for some time he was at work until within a few days of the end A native of Leeds, he studied medicine at the University of Edinburgh and graduated in 1886 In the course of his long medical career at Penrith he held many local appointments and took an active part in the town's affairs He had been medical officer for the L.M. and S. Railway Company in the Penrith district, and a member of the staff of the cottage-hospital During the war he had charge of the Wordsworth Street Hospital, and in more recent times was chairman of the Voluntary Aid Committee of the Cumberland and Westmorland Terri

Local News

INDIA

Calcutta School of Tropical Medicine

The annual report of the Calcutta School of Tropical Medicine for 1935 was drawn up by Brevet Colonel R N Chopra I M S who succeeded the late Lieut Colonel H W Acton at the beginning of that year as director The present report makes special reference to epidemic dropsy and cerebro-spinal meningitis In the first of these it was shown that cardiac enlargement occurred in about 30 per cent of cases and that there was no myocardial degeneration though the heart did not obtain adequate rest The various stages of the evolution of sarcoids in this disease were defined and evidence was obtained indicating that the proliferation of the epithelial cells and the formation of new capillaries was probably caused by a toxin Epidemiological studies seemed to point to infection as the aetiological factor Doubt is cast upon the so-called mystery disease jhin-jhinia being a clinical entity In the department of pathology, bacteriology, and helminthology investigations have been continued on the cholera bacteriophage The gross mortalities in two series of cases in one of which bacteriophage was added to the usual routine treatment showed that definite benefit followed this addition The figures in those cases from which agglutinating vibrios were isolated provided even stronger indications the general impression being that complications such as uraemia might be averted and the general course of the infection be rendered milder The Mosquito Transmission Inquiry concluded that intensive transmission of malaria was not confined to the monsoon period of three or four months, but was possible all the year round under the conditions prevailing in Calcutta In the department of pharmacology it was shown that there was no direct relation between the concentration of quinine in the blood and the parasite count at any particular time and that the action of quinine on the parasite did not appear to be a direct one The Anaemia and Respiratory Diseases Inquiry showed that the vast majority of anaemias met with in the tea gardens were due to conditioned iron deficiency In all cases investigated there was heavy hookworm infection, the presence of these parasites did not affect regeneration of the blood when sufficient iron was given although the improvement was not maintained in cases in which the infection persisted Tetrachlorethylene proved to be a cheap and effective remedy for this infestation All the papers and memoirs which have been published in the *Indian Journal of Medical Research* and the *Indian Medical Gazette* are reproduced as appendices to this report

Medical Relief in the Punjab

Colonel C H Reinhold, Inspector General of Civil Hospitals in the Punjab in his annual report for 1935 maintains that the Punjab leads the rest of India in the distribution of dispensaries on an area and population basis, but adds that the need to day is a wider appreciation of the extent of tuberculosis, especially in the overcrowded towns Hill sanatoria only touch the problem and until the headquarters of each district has a sanatorium in its suburbs the problem will remain He believes that the tuberculosis unit of each district should be tripartite embodying a diagnostic dispensary in the town a hospital for advanced and observation cases on its outskirts and a sanatorium for curable cases within reasonable distance of the residences of relatives of the patients This is being effected in Amritsar and Rawalpindi owing to local official efforts and public generosity while in connexion with the Mayo Hospital Lahore a tuberculosis institute has been established No appreciable progress was made in the year under review in respect of medical aid for women by female practitioners and purdah women are consequently still suffering from great neglect Colonel Reinhold insists that it is necessary, therefore to proceed further with the Government scheme of 1926 which is largely in abeyance owing to financial stringency This scheme envisaged the establishment of a separate women's hospital at the headquarters of each district under the charge of a woman assistant surgeon There are at present fifty separate hospitals for women under the charge of medical women, five of which are maintained by the Government twenty three by mission authorities, and the remainder by various organizations The number of women medical students is increasing slowly, and additional facilities are having to be provided for them in some teaching centres The leprosy survey in the Punjab is proceeding but the Government considers it impracticable at present to apply to the Province the provisions of the Indian Lepers Act It has been decided however to push forward a scheme for establishing a settlement for burnt out cases to which lepers from the various homes could be transferred thus making room for the treatment of a greater number of active cases

ENGLAND AND WALES

The General Infirmary at Leeds

Since the General Infirmary at Leeds was opened for the reception of patients in the year 1869 a good many extensions have been carried out to meet its increasing requirements resulting from the growth in the number of patients treated and from the improved methods of dealing with these One of the first was the provision of a separate nurses home in the late seventies very soon found to be inadequate for the increasing staff and having to be enlarged in 1885 An additional nurses home was built in 1898 Among the greater extensions of the Infirmary will always be associated the names of Mr R Benson Jowitt and Mr Charles Lupton With that of the former one thinks of the provision of an extra ward pavilion a new out patient department the pathological block, and an isolation department With that of the latter one must always associate the King Edward memorial extension This provided another large ward pavilion, new operating theatres, a new out patient department, an extension of the accommodation for the nurses and some important structural alterations But things cannot stand still, and in large hospitals especially in those forming an essential part of a medical school, there can be no such thing as finality In 1933 therefore the foresight of Mr Lupton, and the enthusiasm of Mr A P Nicholson, the present chairman led to the launching of a great appeal for £250 000 Yorkshire has responded generously to this and on the last day of 1936 it was announced that the goal had been reached Some of the objects for which the appeal has been made are already well in hand and one of them, inasmuch as it has now been completed, may be briefly referred to here This consists in a further enlargement of the nurses home and has been most happily carried out The other objects for which the appeal was launched were a very complete and well equipped out patient department and a new ward pavilion for paying patients which has long been a crying want. The work on these two departments has already begun

St Mary Abbots Hospital, Kensington

The London County Council announces that the Bishop of Kensington will open a new operating theatre and x ray department at St Mary Abbots Hospital, Marloes Road Kensington The ceremony takes place to day Friday, January 15 at 3 p m The estimated cost of the new operating theatre and x ray department, including equipment and engineering services is approximately £13 500 The new buildings covering an area of 5 100 square yards are approached from the adjacent ward-block by means of an enclosed corridor St Mary Abbots Hospital and

Professor HENRY TONKS F R C S, who died on January 8 at his studio in Chelsea, was rightly looked upon as one of the most distinguished of living truants from medicine From Clifton College he went to the Royal Sussex County Hospital at Brighton as a pupil, and thence to the London Hospital He qualified in 1886, and became a Fellow of the Royal College of Surgeons of England in 1888 after holding house appointments and acting as temporary demonstrator of anatomy at "The London' Then followed a period of duty as senior resident medical officer at the Royal Free Hospital By that time, however, he had made up his mind to abandon medicine for painting, and after working under Fred Brown at the Westminster School of Art he went with him as assistant at the Slade School when Brown was appointed to succeed Legros as professor of fine art at University College, London, and he in turn succeeded Brown in 1918, holding the chair until 1930 As a teacher of painting Tonks had unique gifts and he wielded very great influence As a painter he was much admired, especially by brother painters, and last October a special exhibition of his works was given at the Tate Gallery, where seven pictures by him are permanently housed During the war Tonks served with the Red Cross in France and elsewhere, and as one of the officially recognized artists at the front he made many paintings, his most important picture of that period being 'An Underground Clearing Station, Arras," now in the Imperial War Museum collection On his return to England he did valuable service at the Queen's Hospital for Facial Injuries, Sidcup, and more than seventy pastel drawings by him of men treated there for wounds received during the war will be found in the Army Medical Collection at the Museum of the Royal College of Surgeons of England

Dr W MCKIM MARRIOTT, whose death from appendicitis occurred on November 11, 1936, was only 51 years of age He had held the position of professor of paediatrics for twenty years in the School of Medicine at Washington University, St Louis, U S A, where for a considerable number of years he had also acted as dean of this school On July 1, 1936, he took up his new appointment of dean and director of research at the University of California School of Medicine His contributions to paediatrics, especially in the field of infant nutrition, will ensure him a lasting reputation

Dr JAMES MCCONECHY who practised at Bramwell, Leeds, for nearly half a century, has died at the age of 72 He was born in Scotland, and graduated M B, C M of the University of Glasgow in 1886 After acting for a time as medical officer to the P & O Steam Navigation Company he settled in general practice at Bramwell, and continued in harness until a few weeks ago He joined the British Medical Association in 1918

Medico-Legal

MISLEADING MEDICAL TITLES

A SUCCESSFUL PROSECUTION

At Lambeth police court on January 6 before Mr McKenna William Mellor of East Dulwich Road, East Dulwich was summoned at the instance of the Medical Defence Union for contraventions of the Medical Act, 1858 Mr G D Roberts counsel instructed by Messrs Hempsons, solicitors appeared on behalf of the Union, and the defendant who pleaded Not Guilty, was represented by Mr W H Chitty solicitor

Mr Roberts stated that the defendant was brought up on three summonses under the Medical Act The first was for wilfully and falsely using the description Medical Examiner thereby implying that he was registered under the Act the second was for similarly using the title Doctor of Medicine, contrary to Section 40 and the third was for using the description "Doctor" with a like implication The first two of these charges arose out of a form completed by Mr Mellor for a Miss Pitman, who had applied to the Air Ministry for a private pilot licence The requirement that such form should be in proper order was obviously very important from the Air Ministry's point of view, and a careful check was made of all signatures to such applications At the top of the form was a notice that it must be completed by a registered medical practitioner holding British qualifications At the foot Mr Mellor had signed himself "William Mellor, Medical Examiner," and had added "M A, M D, B Sc, Lic Hom Med (India)" The third summons was in respect of the nameplate outside his surgery, which bore the title "Dr Wm Mellor," and in brackets after his name "Indian Osteopath and Homeopath, U S A" Mr Mellor's name was not on the British *Medical Register* He claimed to hold a diploma of the Western University, Kapurthala but the college was not recognized as issuing diplomas registrable in this country

The defendant, in evidence produced a number of certificates and diplomas, and declared that he held four degrees as a result of examinations in the London and Liverpool extensions of an Indian and of some American universities or colleges He had been granted the degree of "Doctor of Osteopathy" of New Jersey College, U S A, and "Doctor of Medicine and Master Diagnostician" of the American Academy of Medicine and Surgery He had never held himself out to be on the British *Medical Register*, nor attempted to practise as such It was submitted on his behalf that there was here no case of wilfully and falsely using a title or description

On the first summons, that of wrongly using the title "Medical Examiner," Mr Mellor was fined ten pounds with twenty guineas costs On the second summons which related to the same occasion, no fine was imposed, and the third, based on the nameplate, was dismissed

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Dr John Alfred Ryle, Regius Professor of Physic, has been elected to a professorial fellowship at Gonville and Caius College

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated

M D—*Branch I (Medicine)* J A Brocklebank A M R Cann E A Danino, C J Gavey, N M Green, R R Henderson, A L P Jeffery, M S, E Jones E I Jones, F A Jones A L Light M S, G A M Lintott Mary F Lockett B McArdl, D C Rennell A M Stewart-Wallace, J B L Tomblson *Branch II (Pathology)* G J Cunningham, A H T Robb Smith (University Medal) *Branch III (Psychological Medicine)* A C Dalzell (University Medal) *Branch IV (Midwifery and Diseases of Women)* Agnes V Kelynack, L W Lauste, G G Macdonald, Marjorie E Roberts, J W Schabort, Violet H Whapham *Branch V (Hygiene)* K Biden-Steele

M S—*Branch I (Surgery)* J Hawkins, J B G Muir (University medal) E J Smith

Lectures at University College

Professor J C Drummond will deliver a course of six public lectures on "Problems of Nutrition" at University College Gower Street, W C, on Tuesdays, at 5 p m, from January 19 to February 23, and a course of six public lectures on "Chemical Structure and Pharmacological Action" will be given by Dr H R Ing on Mondays at 5 p m from January 25 to March 1 Admission to all the lectures without fee or ticket

Recognition of Teachers

The following have been recognized as teachers of the University in the subjects indicated in parentheses

King's College Dr H A Dunlop (Pharmacology)

St Bartholomew's Hospital Medical College Mr J P Hobbs (Surgery), Dr James Maxwell and Dr A W Spence (Medicine)

The blood in Dr Findlay's cases was taken from the ear but he does not mention details of technique Dr Paul Drucker whom he quotes has demonstrated that in infants the readings obtained from ear blood as ordinarily taken are remarkably erratic and that to obtain readings from the ear that are not vitiated by capillary changes it is necessary to make a cut preferably a deep one with an extremely sharp instrument such as a cataract knife (not an ordinary scalpel) On the other hand readings obtained from blood taken from the heel of the infant with the usually accepted precautions are much more constant Furthermore values obtained from ear blood with a scalpel cut are higher than those from the heel in babies under 1 year old in Drucker's series the difference varied from − 3 to − 38 per cent He gives an example A baby of 3½ months showed ear readings varying from 113 to 89 per cent the corresponding heel readings were 78 and 79 per cent In babies under 6 months old the ear readings averaged 13 5 per cent higher but by 2 to 6 years old the difference had diminished to an average of 3 5 per cent Using a cutting needle for pricking ear and heel respectively my results on a very much smaller series of cases corresponded with Drucker's in giving high and erratic readings for ear blood Hence unless Dr Findlay used a cataract knife making a deep cut in the ear it is probable that individual readings of his infants should be reduced by anything up to 38 per cent, which would give a very different complexion to his figures

In the light of recent work has not Dr Findlay accepted too low a curve for his lower level of normal ? In any case I think I can claim to have proved that babies of 6 to 12 months old whose average haemoglobin level was on the whole slightly *above* Dr Findlay's 'lower limit of normal' but whom I should call slightly anaemic, had a markedly increased morbidity rate as compared with those whose haemoglobin was kept at a higher level by giving extra iron I have at the present time a series of babies under observation whose average haemoglobin has been kept consistently at 82 to 85 per cent from 5 to 18 months old by this means

The Queen's Hospital for Children like the Princess Elizabeth Hospital, is in the East End of London, and happily there is no doubt that among our patients severe nutritional anaemia in infants is much less frequent than ten years ago This I believe, is due to the recognition of the need of widespread prophylactic treatment with iron That anaemia of a lesser grade is common is, I think, indicated by Dr Findlay's own figures It would be a calamity for the babies if Dr Findlay, with his wide influence in the paediatric world persuaded us to cease our efforts to stamp out nutritional anaemia among them —I am, etc,

London W C 1 Jan 11 HELEN M M MACKAY

Pathogenesis of Cancer

SIR —About three years ago you were good enough to publish a letter from me giving expression to my view of the cause of cancer I did not expect to trouble you again but *after many years of failure in my endeavours* to obtain any consideration for it by those engaged in cancer research I have been encouraged by some recent letters in the *British Medical Journal* to think that others are trending the same way The view was that cancer commenced in the tissue intended for the repair and maintenance of the organs and other anatomical structures of the body, and that it always showed strong indication in structure of the tissue in which it arose When it was possible to obtain the growth in its very earliest stage it could hardly be called malignant, and was curable by complete removal For a long time I blamed overnutrition for encouraging overgrowth in tissues intended only for normal needs but of late years, with the help of fresh knowledge I have felt more and more impressed by the possible influence of sex hormones One needed to find some process which would cause the—perhaps unstable—repair cells to take on the embryonic type of cancer cells I *used to regard* over nutrition and oversexed conditions as the cause of cancer and now the association seems to become more and more clear

Cancer is probably, almost certainly very rare or quite unknown in the *really* wild life of any class of animal but it is common and almost yearly becoming more common in man and all domesticated animals encouraged to lead a life more or less based on human habits This leads one in looking for the cause to believe that we should study the influence of habits If we could see back to the earliest stage of the wild life of man when he had to search and fight for enough food to live on, or often go without, when his sex functions only came into use when they were definitely required for procreation was there any cancer? I think not But as man's intelligence gave him gradual control over the animal world so he became more capable of luxury and more inclined to induce his womenfolk to disregard nature's habits Thus gradually he has brought about in the course of countless centuries a greater and greater domination of the sex glands

On such lines we have to search for the cause of cancer an evolutionary cause—not a germ a castigation for mankind to stamp out his errors or himself Natural life in this world has to fight for its existence Things should not be too easy for us if we are to be strong and healthy The struggle for existence must go on we must labour and fight Signor Mussolini and Herr Hitler are the wise men of modern days They have recognized the change that was needed and stand perhaps unconsciously as leaders in the search for the much longed for cancer cure They have each planned for their entire populations the widest possible health experiment Good luck to it! I hope they will let us know while the fat countries are becoming more cancerous if they are growing less so The banishment of luxury the recognition of the value of honourable labour and of the generous spirit to fight for home and country must deserve and reap its reward

I am now in my eighty sixth year and still hope that some may accept the reasonableness of my belief and tear themselves from their experiments on cancerous mice to test the possibilities of controlling the influence of sex glands My faith rests mainly on the regeneration of the human race—a very slow process But in the meantime they might discover a method of treatment which would give a better result than any we can at present obtain —I am etc,

Grayshot Surrey Dec 28 1936 FRANK T PAUL

Substances Promoting Cell Growth

SIR —Dr Needham's article in the *Journal* of October 10, 1936 (p 701) is interesting and his ideas on the origin of cancer are intriguing but perhaps a little criticism from one completely outside the realm of cancer research might not be amiss Dr W Cramer's letter (*Journal* November 14 1936, p 997) emboldens me now to state what I have thought for many years

On account of its histological appearance some pathologist in the long ago, spoke of malignant tissue as embryonic Ever since, many of those who think about

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Treatment of Lumbago

'S L A writes Have any readers experience of solurol and urodonal in the treatment of lumbago? Has the urine to be acid or alkaline to get best effects? Is there any risk (as with atophan and its allied drugs) in prolonged use? What dose is recommended for an adult, and how often daily?

Income Tax

Allowance to Relative

"JUSTICE" makes an allowance of £14 a month to a relative who has no other income, and asks whether it would be legal to allot this money by deed and so avoid paying income tax thereon

*** It would be quite legal, but would be ineffective for income tax purposes unless the disposition of the income was for a minimum period of seven years, or for the joint lives of "Justice" and the relative, whichever period be the less (It is assumed that the relative is not a son or daughter of our correspondent) Once the payment has become legally compulsory 'Justice' can deduct tax at standard rate when making the payments, and the relative can then reclaim from the Inland Revenue Department nearly the whole of the tax so deducted As matters stand 'Justice' is entitled only to the dependant relative allowance subject to the condition that the dependence is due to old age or infirmity

Private Use of Cars

'S S asks whether it is usual to charge income tax on private use of cars when the private use is very slight

*** We believe the answer to be in the affirmative Most inspectors of taxes make a point of inquiring about private use where the cost of maintenance etc, is claimed as wholly and exclusively incurred in earning profits To the extent that the expenses do not fall within that category they are not allowable and though there may be some cases in which private use is so small as to be ignored, it is certainly very common for, say, 5 per cent, or even more to be excluded from the total cost when calculating taxable profit

LETTERS, NOTES, ETC.

Prophylactic Against Influenza

Dr ALEXANDER FRANCIS (London W 1) writes At a time like this when influenza is so rife it is sad that Dr Carl Spencker's advice is not properly appreciated He stated that if anyone would take three drops of the English tincture of iodine in two tablespoonfuls of milk after breakfast daily for three weeks he would remain immune from influenza for months I have tested this remedy for many years in private practice and in schools with astounding results It has the great disadvantage of being too simple It is not impressive, as are vaccines, gargles, douches, etc, but on the other hand it has the advantage of being effective The iodine must be taken in milk, because in the form of iodide of casein it is not in any way irritating Some few people who are subject to iodism cannot take iodine in any form

Psychotherapy of Delinquency

With reference to the weekly seminars for probation officers and social workers arranged by the Institute for the Scientific Treatment of Delinquency, announced in the *Journal* of October 31, 1936 (p 901), we are informed that Dr Denis Carroll will speak on 'Psychiatry and Psychotherapy of Delinquency" at the West End Hospital for Nervous Diseases, Welbeck Street, W, on Thursdays, January 21 and 28, at 6 45 p m Admission 1s 6d

C S M M G Directory

The Chartered Society of Massage and Medical Gymnastics has issued a *Directory of Members*, which is supplied free on demand to medical practitioners, who by this means can easily find the names of masseurs and masseuses practising locally Since the members of the C S M M G are precluded from undertaking any case except under the direction of a registered medical practitioner, from advertising in other than recognized medical and nursing papers, from selling goods to patients in a professional capacity and from accepting secret commissions on the sale of goods, they have a special claim on medical practitioners whose patients are in need of physical therapy in its various forms Special designations are attached to those who hold additional qualifications in medical electricity, light and electro therapy, and hydrotherapy, as well as to those who are teachers in such subjects Members with additional qualifications such as associates of the Royal Sanitary Institute, members of the Society of Radiographers, and registered mental or fever nurses are correspondingly distinguished The *Directory* is compiled alphabetically in geographical sections, including England, London Scotland, Wales, Ireland, and in foreign countries, an alphabetical list of practising members is also given after the geographical section Applications should be sent to the secretary, C S M M G, Tavistock House (North), Tavistock Square, London W C 1

A Medical Veteran

Dr Cuthbert Robert Kendal of Hexham, Northumberland celebrated his ninety-fifth birthday on January 1st He began practice in Wark in 1863 immediately after qualifying and went to Hexham in 1870

Merck Products

Messrs E Merck Darmstadt, manufacturers of chemicals and medicinal specialties announce that since January 1 1937 the selling rights for their preparations in the United Kingdom and Irish Free State have been in the hands of Messrs Savory and Moore, Ltd, of 61 Welbeck Street London W 1 The publicity department of E Merck which was established in this country for the convenience of medical practitioners wishing information and samples of the Merck products, has moved to 60, Welbeck Street

Treatment of Streptococcal Infections

It may interest readers to know that para-aminobenzene sulphonamide, referred to in the leading article entitled "Therapia Sterilisans Magna" in the *Journal* of January 9 (p 79) is obtainable from a number of firms in this country

Correction

Our report of Dr H W Eddison's paper on "Anxiety" (January 9, p 92) went astray in the second column, line 14 The passage should read 'In the war many, in spite of their anxiety, stuck to their posts and masked their anxiety behind their deeds, working off their emotion coincidently *On the other hand the men who were stolidly unconcerned (to all appearances)* afterwards displayed tremors (correction printed in italics)

while the real cause lies in the pyriform fossa? Surely earache can be regarded as an early sign

Since the article is concerned with early diagnosis, I am wondering what made Mr Pilcher decide to leave out the precancerous phase of this disease As an example, I mean the sensation of a lump in the throat associated with the picture of dysphagia and anaemia especially in women between the ages of 30 and 50 (the Paterson–Brown Kelly syndrome) It is not often that one finds an organic basis for the lump in the throat in the stout neurotic woman but the pale thin anaemic woman complaining of a lump in the throat demands very close attention To my mind there is a close relationship between this sensation and normal salivary flow The apprehensive sensitive woman can easily upset her autonomic nervous balance and with a resulting sympathetic control saliva is diminished and the cricopharyngeus is tightened This in the thin anaemic woman over a period of years can cause a post cricoid lesion I often wonder whether her edentulous stout non anaemic sister is as liable to the same danger I cannot give actual figures but my impression is that she is not—I am, etc,

Cardiff Jan 5th ROBERT D OWEN

Allergy and Agranulocytosis

SIR,—In his interesting article on agranulocytosis and amidopyrine (*Journal* November 7 1936, p 911) Dr S C Dyke states Plum performed an intradermal test with a small dose of amidopyrine on a subject known to develop agranulocytosis after ingestion of the drug but obtained no skin reaction This appears to offer conclusive evidence against the allergic theory This statement shows some lack of familiarity with the essential known facts relating to allergy I think that all workers who have extensive opportunities of observing allergic patients will agree that as a rule gross idiosyncrasy to a drug may exist without any skin reactivity to that drug Hypersensitiveness to aspirin is surely a fairly typical allergic phenomenon and yet most authorities consider it most unusual to find any skin reactivity to it Personally I have never seen a skin reaction to it It is generally assumed that the aspirin after ingestion combines with some naturally occurring substance in the body fluids to form a compound which gives rise to the typical allergic phenomena Some of Landsteiner's work seems to support this theory The word allergy has often been misused but it still conveys a fairly definite and uniform meaning for those especially interested in that work It would seem to be a serious mistake to regard a phenomenon as not allergic simply because no skin reactivity could be demonstrated in connexion with it—I am etc,

CHARLES SUTHERLAND M B M R C P

Melbourne, Dec 22 1936

Urinary Proteose in Asthma

SIR—In the paper by Drs Libman and Bigland (*Journal* January 9 p 62) it is stated that the erythema on the skin produced by the proteose of Oriel and Barber is non specific and is due to a toxic action Also van Leeuwen (1932) found that the proteose did not necessarily produce reactions in asthmatics from whom it was prepared Oriel states that it contains the antigen and that there is a very violent poison present which also acts as an antigen At first only 0·5 c cm of a dilution of 1 in 1 000 000 can be administered It is not known what this toxin is, but it is possible that it may be derived from the anaphylatoxin which is separated in the urine It would seem to be an advantage if this substance could be separated from the proteose Oriel thinks the blood has difficulty in dealing with the proteose and that the administration of peptone assists the blood to digest it

I have no practical knowledge of this proteose, but I think the figures given by the writers show that they have been using the lowest doses of the Armour peptone I have found in the last two or three years that Witte's new peptone 30 is best and it may be given in doses rather larger than the Armour peptone though the variation in patients is very great As Dr Hutchison (p 57) says in the previous article Every individual is really a new amalgam or experiment

Those who write on the peptone treatment of asthma all say that its action is unknown May I venture to remark that there seems to be a clear cut action? It was found by Abderhalden that when a heterogeneous proteose or peptone is parenterally introduced both the rotation in the polariscope tube and dialysation show the production of proteolytic and peptolytic defensive ferments which produce their assimilation The allergen reagin product in asthma is doubtless a peptone and it would succumb to this ferment—I am, etc

London W 1 Jan 9 A G AULD

A Pitfall in the Diagnosis of Bence-Jones Proteinuria

SIR—*Last year I was asked to see a middle aged man* who was thought to have Bence Jones protein occasionally in his urine By ordinary examination of the patient he seemed somewhat overworked and anxious but otherwise well The supposed abnormality in the urine had been recently detected in the course of a routine periodical medical examination In a urine of specific gravity 1020 *faintly acid* to litmus paper there was no precipitate on heating slowly to the boiling point, except an ordinary phosphatic turbidity which cleared up on the addition of dilute acetic acid, but on cooling the test tube under the cold water tap a precipitate occurred which disappeared on reheating and so on In this case it was easily proved by the various recognized tests that the precipitate was of urates and not of Bence Jones protein

If the Bence Jones proteinuria had been genuine it would have been practically equivalent to a death sentence and the patient had apparently got some idea into his head of the gravity of the condition The reaction in question would be observed frequently if doctors looked at the test tubes containing boiled and acidified urine an hour after the boiling I have had to go back a long time to find a published case in which such a mistake may have arisen In 1901 in the *British Medical Journal* (1901 2, 713) there was a note by Dr J A Blair on a Case of Albumosuria referring to Dr T R Bradshaw's account of what we should now term Bence Jones proteinuria Dr Blair's patient was a man aged 64 years whose urine he examined during a severe illness Regarding the supposed albumose he wrote

It had the characteristic reactions of being precipitated in the cold by nitric acid of dissolving in the heat and of reprecipitating on cooling The urine was acid in reaction dark in colour and gave no perceptible precipitate on simple heating without acid

urethral resection is, in his opinion, a urethral stricture which prevents the passage of instruments In none of his fifty cases was there such a stricture The operation he prefers is that associated with the names of Brasch and Bumpus, and only in rare cases does he restrict his activities to pure electrocoagulation It should, in fact, be as limited as possible, the giant's share of the operation being reserved for the excision of prostatic tissue in morsels of which the author has removed as many as forty-five and as few as four at a time In practically every case sacral anaesthesia lasting about an hour and a half was induced Only five of the patients were under the age of 60 A list of questions addressed to ex-patients was filled in by many, and twenty-four answered "Yes" to the question "Are you satisfied with the result of the operation?"

42 Total Thyroidectomy in Cardiovascular Lesions

F MANDL (*Wien klin Wschr*, November 27, 1936, p 1453) has carried out total thyroidectomy in the following six groups of seventeen patients (1) Hyperthyroidism where the cardiac symptoms predominated in the clinical picture (2) Severe cardiac affections uninfluenced by the usual methods of treatment (3) Angina pectoris in the presence of high blood pressure (4) Endarteritis obliterans (5) Dyspnœa in the presence of severe emphysema (6) Cardiac asthma In all these cases total thyroidectomy was carried out under local anaesthesia (without adrenaline) without a single death Only one patient died three months after the operation from coronary thrombosis One patient developed slight transitory tetany four days after the operation The same applies to myxœdema, not one of the operated cases developed marked myxœdema The therapeutic effect of the operation was most remarkable There was a disappearance of cyanosis pulmonary stasis, cough, and anxiety within a few weeks following the operation The only contraindication to total thyroidectomy is a basal metabolic rate of minus 20 or 30

Therapeutics

43 Salt-free Diet in Neuro-dermatitis

P MULZER and H SORENSEN-PETERSEN (*Dtsch med Wschr* November 20 1936, p 1918) report from the University Dermatological Hospital in Hamburg their experiences with the dietetic treatment of neuro-dermatitis, which, in their opinion is often, but not always, an allergic reaction When it is so, and specific sensitization is demonstrable the allergic condition is as a rule polyvalent Investigations have shown that the daily addition of 15 to 20 grammes of sodium chloride to the food provoked an exacerbation of neuro-dermatitis usually on the first day, but in some cases on the second to the fifth day The exacerbations consisted as a rule of violent itching, so severe in some cases that it became unbearable, and the administration of the salt had to be discontinued At the beginning of a sodium-chloride-free diet the authors have found it desirable, particularly when the symptoms were acute and the itching severe, to add salts of calcium, magnesium and potassium to the food to replace the sodium chloride It was also found desirable to supplement this dietetic treatment with the local application of lanolin and vaseline to relieve the troublesome dryness of the skin Some tar preparation also occasionally proved beneficial locally As a rule the effect of the restricted diet upon the general condition of the skin was not demonstrable till the treatment had lasted from four to six weeks and in the few cases in which the disease was refractory the neuro-dermatitis was invariably of a severe and universal character and was associated with neurasthenic manifestations Even in the cases responding favourably a return of the disease followed, sooner or later, the discontinuation of the salt-free diet Such relapses could, however, be more or less avoided by dietetic discrimination aiming at the elimination of the salt foods found by experience in each case to be most injurious The authors' table showing the results of this treatment deals with fifty-one patients who were "practically cured," sixteen who were much improved, one who was slightly improved, and one who was refractory

44 Cholesterol in Fractures

A GRASSI (*Policlinico*, Sez Chir, November 15, 1936, p 544) carried out experiments on fifteen rabbits to determine whether the injection of cholesterol would accelerate the process of cure in fractures The experiments were performed by intramuscular injection of 1/2 c cm daily for three to four days of a 2 per cent oily solution of cholesterol in the neighbourhood of the fracture The animals were killed in groups of three at a time, one after treatment by cholesterol, one after treatment by normal saline solution, and one without any treatment, four, ten, fifteen, twenty, and thirty days after subcutaneous fracture of the radius The results were as follows The favourable effect of cholesterol on the fixation of calcium in the normal sites for its deposit was demonstrated both by radiological and histological examination The radiological picture showed a larger quantity and greater opacity of the callus in animals treated by cholesterol compared with those injected with normal saline solution or those which had no treatment at all The histological picture confirmed the radiological appearance by showing the characteristic features of an accelerated process of consolidation compared with the controls—namely, activity of proliferation in general, early disappearance of cartilaginous tissue, and rapidity of transformation into osteoid tissue and true bone as compared with controls There was also a more rapid absorption of the internal callus with a reconstitution of the medullary canal and reconstruction of the diaphysis All these phenomena of the acceleration of the process of calcification of the callus and consolidation of the fractures in animals treated with cholesterol as compared with the controls were more marked at an early stage (from the tenth to the twentieth day) than later

45 Opium Addiction

M GERARD KELLY (*Irish J med Sci*, October, 1936, p 627) discusses the value of the Modinos blister serum method in the treatment of opium addiction Altogether 353 cases of addiction, undergoing sentences in the Burmese gaols, were treated by this method Discussing the incidence of opium addiction it is estimated that 7 per cent of the non-European population of Burma consume opium in one form or another, this addiction being twenty times more frequent among Chinese residents For the purpose of the inquiry the addicts were classified as (1) smokers, (2) eaters, (3) smokers and eaters, (4) eaters and injectors, (5) smokers, eaters, and injectors The method used was to place an 8 sq cm by 1 mm thick emplastrum cantharidis on the abdomen, and seven hours later the blister fluid was drawn off and injected this being done up to six times at three day intervals Of the smokers 82 per cent reacted favourably, eaters 72 per cent, smokers and eaters 74 per cent Those classed in the other two groups, exhibiting advanced mental, physical, and moral degeneration showed little improvement The reaction produced in patients is that of temporary distaste for opium Although the method is based upon discarded theory, it was found in actual practice to be a valuable method of denarcotization, its advantages being cheapness and safety, its disadvantage being its failure occasionally to mitigate withdrawal symptoms, and its slight influence on the relapse rate

scopic examination Urethroscopy alone will show the true condition In some cases it may be a pronounced prostatic bar in others a unilateral lobe enlargement producing a pressure concavity on the other side By cystoscopy alone a prostatic bar cannot be adequately diagnosed only urethroscopy will reveal its true size

I agree with Mr Ross on the types of cases that he states definitely call for endoscopic resection but I disagree with him entirely in the types he maintains are not suitable I have operated on many cases where the inverted V angle was less than 40 degrees and in many where there was practically no angle but the lateral lobes approximated In these cases if the middle lobe protuberance is ablated and if the lateral lobes are sufficiently undercut and resected then a cure is always obtained I am using the word cure in a symptomatic sense but I have had no case yet (six years) which has required a repeat operation and all my cases are under constant supervision I dislike Mr Ross's advocation of prolonged indwelling catheter drainage of the bladder if over a week I prefer suprapubic drainage by means of a de Pezzer catheter I notice he mentions that suprapubic drainage as a preliminary is useful in some cases suitable for resection for afterwards continuous irrigation with sodium citrate may be carried out Continuous irrigation is not dependent on this preliminary procedure for in all cases of resection continuous irrigation with sodium citrate is an advantage This may be carried out by passing a twin-channel catheter which has been made for me by the Genito Urinary Manufacturing Co, or by passing two catheters—Nos 8 and 10 F These cause no discomfort to the patient and are usually removed in two or three days Unless haemostasis has been adequate before the catheters are passed it will be necessary to half fill the bladder with the citrate solution before the patient leaves the operating table otherwise clots may form in the bladder before efficient ward routine is instituted

Apart from cases of *diverticula and calculi* there are only two types of prostatic obstruction which cannot be treated by resection The first is where a cystoscope cannot be passed into the bladder because of the enormous enlargement of the prostate I have had one such case The second is where the prostate is so uniformly enlarged that no vesico urethral obstruction is apparent Generally at least 96 per cent of prostatic patients can be successfully treated by endoscopic resection The only objection to this routine treatment is the fact that a proportion (20 per cent) of apparently normal prostates show on routine serial microscopy to be malignant and although the pieces removed by resection may be reported by the pathologist to be benign occasionally malignant manifestations appear later This however is of no practical importance, for a malignant prostate once diagnosed is not amenable to curative treatment Suprapubic drainage prolongs life for as long as any radical operation or radiological treatment A malignant prostate kills slowly but surely—I am, etc,

London W 1 Jan 3 F McG LOUGHNANE

Recurrent Extragenital Haemorrhages

SIR,—May I trespass again upon your space to add a few words to what I wrote in the *Journal* of January 9 (p 69) By a coincidence the girl whose history formed the basis of my remarks in that paper returned temporarily to Kendal and came to see me last week thus giving me an unexpected chance of discovering any further developments, but too late to add to my previous account of her case Briefly, what she had to tell me was this

She has had fits since she left the Royal Southern Hospital Liverpool in July 1936

All the extragenital sources of haemorrhage have dried up with the exception of the eyes from which she has had light occasional bleeding at times unassociated with menstruation and in addition at each period On one occasion such haemorrhage was apparently substitutional for the period (November)

Menstruation has been regular since August but for one lapse at the end of November 1936 The periods have recurred with that exception every four weeks and lasted four days In early September her period was a few days late It lasted four days and was accompanied by slight haemorrhage from the eyes In early October the period lasted three to four days and there was no additional bleeding In early November the period lasted four days and there was slight haemorrhage from both eyes At the end of November there was no period but slight bleeding from both eyes off and on for three days At the end of December the period began on the 29th and lasted four days She bled from the eyes slightly on the morning of the second day the same evening and the following morning

It must be admitted that very considerable improvement has been made I believe that the girl has taken to heart the encouragement and advice tendered to her—namely, that she is in no sense abnormally made that she is not an epileptic that if she can convince herself that these haemorrhages have been aggravated even if not entirely caused by her unconscious dwelling upon the less pleasant details of menstruation they will cease and that she will in time be completely cured—I am etc

Kendal Jan 9 WILLIAM H GOSSIP

The Consistency of University Examinations

SIR—In his interesting comments on Dr W Gilbert Millar's paper (*Journal* December 12 1936 p 1209) Mr John L Hardie in your issue of January 2 (p 44) enters a few useful caveats against the too ready acceptance of the somewhat sweeping generalizations made in summary *form at the conclusion of the article* Dr Millar's interesting paper was essentially an attempt to assess statistically the value of what is known as the combined examination in the third year of medical study in Edinburgh introduced seven years ago In spite of expressed doubts about the validity of some of Dr Millar's general conclusions Mr Hardie writes that the prognostic value of the combined examination in the third year seems fairly well established and expressed himself in favour of this type of investigation being extended to other medical schools and the results compared I venture to express the hope that no such extension in relation to the third year's curriculum of medical study will ever take place and stated very briefly for the following reasons

In his paper Dr Millar reported how in 1928–9 an important modification in the third year's teaching was introduced whereby the systematic teaching in pathology bacteriology pharmacology therapeutics medicine and surgery was co ordinated so that the student is so far as possible taught all aspects of a particular disease at the same time In the first six months of this year the student also gets his first and main introduction into practical medicine by attendance at clinics and personal study in the medical wards etc If the student fails to get a diploma in the combined examination in the six or twelve months he may lose six or twelve months and be otherwise prejudiced It is only natural that after two or three months in the wards the examinations ahead begin to loom largely I do not for a moment suggest or admit that the teaching of these six subjects either before or

51 Limitations of the Aschheim-Zondek Reaction

K EHRHARDT and H KRAMANN (*Zbl Gynak*, November 7, 1936, p 2642) maintain that in spite of all recent advances in hormonic diagnosis it is still impossible with certainty to diagnose between a corpus luteum cyst and tubal pregnancy In illustration they quote the following cases (1) A woman aged 30, after a missed menstruation, had acute abdominal pain, a livid cervix, a soft slightly enlarged uterus, a cystic adnexal swelling, and a positive Grade III Aschheim-Zondek reaction Laparotomy, however, showed a corpus luteum cyst (2) A nurse aged 20 had a non-inflammatory adnexal resistance with positive Aschheim-Zondek reaction she denied the possibility of pregnancy, and the external findings pointed strongly to virginity With expectant treatment the test became negative (Grade II positive for two, Grade I for six days) and the symptoms disappeared A diagnosis of persisting corpus luteum was made with confidence The writers point out that amenorrhoea associated with persistence of the corpus luteum is now well known, and is due to the lack of endometrial destruction which is hormonically induced, in physiological conditions by regression of the corpus luteum The chance of confusion between lutein cysts and tubal pregnancy is increased when, as in some recorded cases of the former, well-developed decidual tissue is recovered from the uterus, or when a cyst bursts and bleeds in addition, the persisting yellow body may cause painful uterine contractions and morning sickness Cases in which the hormonal test has been done before operation, in corpus luteum cysts are very few, but Kaiser (*Zbl Gynak*, 1933, **5**) has recorded a previous case Two practical conclusions have emerged regarding the value of the Aschheim-Zondek test (1) in ectopic pregnancy only a positive reaction is of real value, negative tests being obtained after chorionic detachment (2) Even with a positive test, as the above cases show, a mental reservation must be made with regard to the (rare) possibility of a persisting corpus luteum function There is some evidence that this in its turn is due to anterior pituitary dysfunction

Pathology

52 Rabbit Papilloma Virus

P ROUS J G KIDD, and J W BEARD (*J exp Med*, September 1936, p 385) describe their observations on the effect of inoculating domestic rabbits with the cottontail rabbit papilloma virus of Shope In its natural host—the cottontail rabbit—this virus causes an endemic disease, characterized by the development of skin papillomata Only a certain proportion of the animals are susceptible to inoculation with the virus, and in more than half of those animals in which papillomata do develop retrogression of the growths occurs sooner or later Malignant change rarely occurs The domestic rabbit, on the other hand is highly susceptible Not only do papillomata develop readily but a considerable proportion of them undergo carcinogenic transformation It is found that the more rapidly the papilloma develops the sooner and more often is cancer likely to occur In rabbits inoculated with a concentrated suspension of the virus papillomata develop within seven to fourteen days, seldom retrogress and frequently give rise to cancer in four to eight months In those animals inoculated with a dilute suspension papillomata take eleven to twenty-five days to develop, often retrogress and give rise to cancer more seldom, and then not as a rule for eight to fourteen months That the difference between the reaction of the cottontail and the domestic rabbit is not due to any constitutional factor tending to prevent malignancy in general seems to be shown by the fact that the cottontail rabbit appears to be more susceptible than the domestic rabbit to the induction of tar cancer In another paper P ROUS, J W BEARD, and J G KIDD (ibid, p 401) describe the histological behaviour of the papillomata and the carcinomata derived from them, and discuss the aetiological role of the virus in their development

53 Testes and Somatic Carcinoma

E E COLLINS (*Arch Pathol*, October, 1936, p 470) reports a critical quantitative comparison of the numbers of interstitial cells in the testes in 173 carcinoma cases and 173 carcinoma-free patients—ages range from 20 to 90 years—and in mice, seventy-two with transplanted mammary adenocarcinoma and sixty normal In all the 346 men there was a wide range of variation of the interstitial cell content of the testes, and except for two carcinoma cases there was no significant difference between testes from carcinoma and non-carcinoma cases In the mice there were neither gross nor microscopical differences between testes from tumour-bearing mice and those from normals, in no case was there any tubular atrophy or fibrosis In the human testes, on the other hand, hyperplasia of the interstitial cells was always associated with atrophy and fibrosis of the tubules, and had the same characters in all diseases that cause tubular atrophy and fibrosis Atrophy and fibrosis of the tubules occurred without changes in the number of the interstitial cells The implications are that interstitial cellular hyperplasia is associated with tubular atrophy and fibrosis and not specifically with carcinoma

54 Sugar and the Opsonic Index

S KAPRAN and A SLINKO (*J med Acad Sci RSS d Ukraine*, vol vi, Fasc 2, p 403) have investigated the influence of prolonged ingestion of sugar on the opsonic index in animals infected with pyogenic staphylococcus They have also endeavoured to produce pyodermic lesions in these animals Their aim was to discover the causes of pyodermic lesions in workmen in sugar refineries Rabbits were given large quantities of sugar, with the following results The weight, after an initial rise, fell rapidly with the onset of gastro-intestinal disturbances The opsonic index fell rapidly and suddenly The authors ascribe the pyodermic lesion in workmen working in sugar refineries to repeated excessive ingestions of sugar, and probably also to a general excessive carbohydrate diet with insufficient intake of proteins

55 Lipids and Immunological Reactions

F L HORSFALL, jun, and K GOODNER (*J exp Med*, October, 1936, p 583) have made quantitative studies of the lipid content of specific precipitates prepared under varying conditions from Type I anti-pneumococcus horse and rabbit sera and the acetyl capsular polysaccharide of Type I pneumococcus With a fixed amount of antiserum and varying amounts of polysaccharide the lipid content of the specific precipitates was practically constant, while the protein content increased with increasing amounts of polysaccharide used With constant amounts of polysaccharide and varying amounts of antiserum both the lipid and protein contents of the specific precipitates per c cm of antiserum used increased as the amount of antiserum decreased In both cases the amount of lipid in the precipitates was independent of the amount of precipitate and of the amount of protein precipitated, it was, however, directly related to the amount of antiserum used thus suggesting that the greater part of the lipid in the precipitate was carried down as the result of adsorption This was confirmed by quantitative studies of the successive precipitates obtained by adding consecutive small amounts of polysaccharide to the antiserum, when the lipid content of the successive precipitates fell more rapidly than could be accounted for by the diminution in lipid concentration of the reacting mixtures

if Parliament enacted or the House of Lords decided that the surgeon could never be held liable for an act of negligence by one of the team The House of Lords does not often commit itself to a pronouncement of law which goes beyond the limits of the particular case it is deciding and it is equally difficult to imagine Parliament passing an Act exonerating all operating surgeons from vicarious negligence Moreover though a statement by the British Medical Association would undoubtedly be valuable it is difficult to see how it could ever be put in evidence as part of a surgeon's defence

The New Journal Typography

SIR—May I venture to offer you my respectful congratulations on the new format of the *Journal*—congratulations tinged perhaps with some small shade of regret Many years ago I had a cocker spaniel whose joy and pride it was to pick out your classic paper from a heap of the less excellent and to fetch it to me when asked to do so sometimes indeed asking to be asked On seeing the *Journal* in its new dress I thought of him, and wondered how long it would have taken the conservative little creature to recognize it in its new habiliment Some regret at the absence of the familiar he would have had but surely his good sense would soon have taught him that here was his old accustomed friend though dressed in other garb

There may be some who will regret the passing of the familiar (Some more time must wear the print of its remembrance out) but in its new guise the *B M J* has for me an added dignity in keeping with its great traditions and a clarity of type as pleasing as it is restful to the eye—I am etc

R McCARRISON

Oxford Jan 4

SIR—Hearty congratulations on the new format I like it and the superior blackness of the type appeals very strongly to one whose eyes are wearing out I don't say I shall read *more* of the *Journal*—I have always read a great deal of it—but I am sure I shall read what I do read with greater comfort—I am etc,

ALFRED COX

London W 1 Jan 5

SIR—As editor of the *Medical Women's Federation Quarterly Review* may I be allowed to offer congratulations upon the new aspect of the *British Medical Journal*? The new cover is a great improvement and looks extremely well especially as advertisements have been eliminated The types throughout are very clear and readable I am sure the change must meet with the approval of all members of the British Medical Association—I am etc,

VIOLET KELYNACK

London W 1 Jan 8

SIR—May I add my thanks to those of your other correspondents? I expect that I am one of the most persistent of *B M J* readers and the new type and method of presentation literally doubles the value of the paper so far as I am concerned I know enough about these problems to realize the amount of thought knowledge and experience that has gone to the making of the *B M J* for 1937—I am, etc

HARRY ROBERTS

London E 1 Jan 9

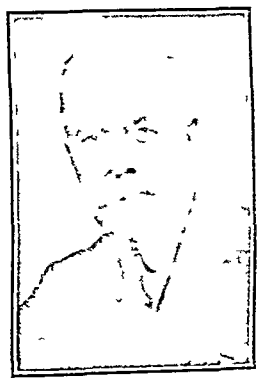
*** The letters printed above and those printed last week in this column are a small selection from many kind messages received since New Year's Day On behalf of everyone concerned in the change of typography we thank all the readers who have sent congratulations—ED *B M J*

Obituary

SIR DAVID SEMPLE M D D Sc

Lieutenant Colonel R.A M C (ret)

Lieut Colonel Sir David Semple R A M C (ret) died on January 7 aged 80 He was born on April 6 1856 the second son of the late William Semple of Castlederg County Tyrone and was educated at Foyle College Londonderry and at Queen's College Belfast graduating M D with honours and M Ch in the Royal University of Ireland in 1881 Subsequently he took the D P H at Cambridge in 1892 and in 1919 Belfast University conferred upon him the honorary degree of D Sc Entering the R A M C as surgeon on February 3 1883 he became lieutenant colonel after twenty years service and retired on June 14 1905 From 1904 to 1909 he was assistant professor of pathology at the Army Medical School Netley Then going for a tour of duty to India he founded the Pasteur Institute at Kasauli in 1900

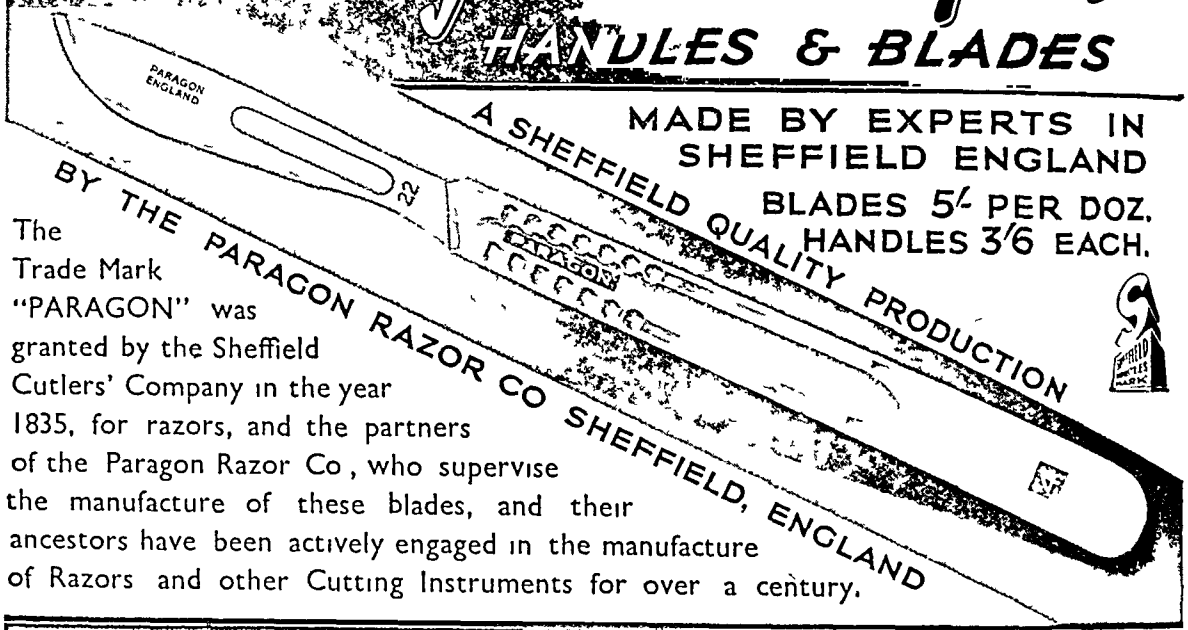


Before that time anyone bitten by a mad dog in India had to go for treatment to Paris a journey of three weeks In 1905 Semple became director of the Central Research Institute at Kasauli and held that post until 1913 when he went to Egypt as Director General of the Public Health Department in that country holding that post till the end of the war in 1918 In India he was a member of the Central Committee for the Study of Malaria from 1909 to 1912 and of the Scientific Advisory Committee on Medical Research from 1911 to 1913 while from 1915 to the end of the war he was a member of the Standing Sanitary Board of the Egyptian Expeditionary Force with the rank of colonel He received the Kaisar i Hind gold medal in 1903 and the Order of the Nile in 1918 and was knighted in 1911 He had been a member of the British Medical Association for over half a century since 1884 In 1894 he married Ethel May daughter of the late Dr Edward Watson of Isleham, Cambridge and had three daughters

SIR LEONARD ROGERS writes

Sir David Semple belonged to an early generation of tropical diseases research workers for after taking an honours medical degree in Belfast he entered the Army Medical Service in 1883 Early in the nineties he was stationed at Netley at the time Sir Almroth Wright began his brilliant researches at the Army Medical College and Semple in 1903 took a diploma in public health and studied bacteriology with the result that he was appointed assistant professor of pathology under Sir Almroth from 1904 to 1909 at a time when typhoid inoculation was being actively investigated as well as work at Malta on undulant fever Semple's work on immunology during that period naturally led to his being appointed a member of an important committee for the investigation of enteric fever in India Typhoid at that time was causing a far higher sickness and death rate in the British Army in India than any other disease and good water

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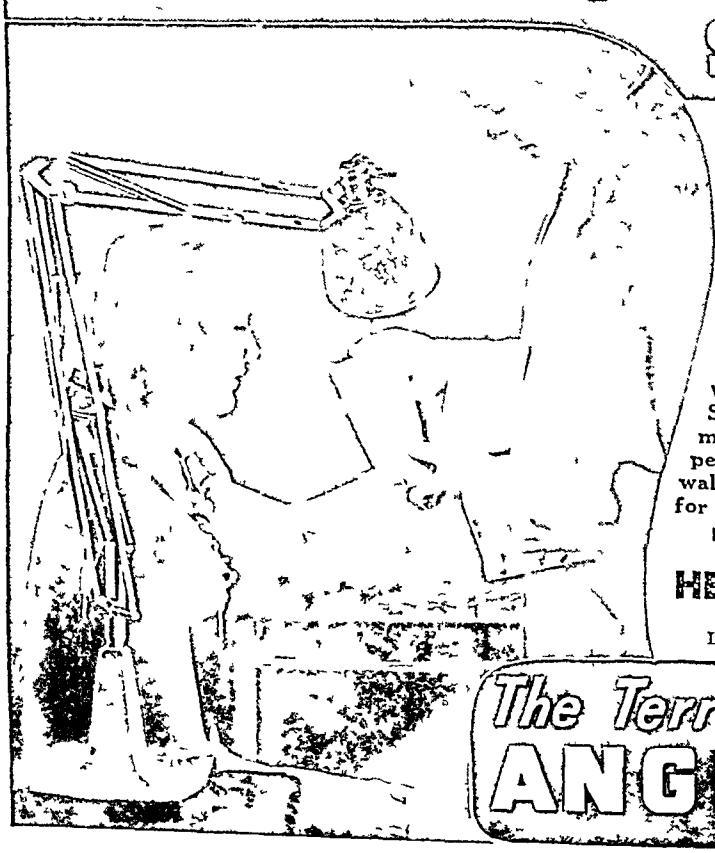
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torial Army Association He was twice president of the Penrith Literary and Scientific Society which elected him an honorary member four years ago Dr Bowser joined the British Medical Association in 1889 and was on eight occasions elected to the Border Counties Branch Council holding office as president in 1906–7 he had also been vice-chairman and chairman of the old North Cumberland Division and served on the Executive Committee of the English Division for seventeen years in succession During fifty years of active practice he had been medical attendant to many of the leading families in Mid Cumberland and North Westmorland

SIR HAROLD STILES writes

By the death of J Edward Bowser Penrith and the counties of Cumberland and Westmorland have lost an able and much beloved physician as well as a public spirited and universally esteemed citizen As a contemporary of his at Edinburgh I well remember the applause with which he was greeted by his fellow students when he gained the medal in Professor John Chiene's class of surgery He was subsequently awarded the much coveted Vans Dunlop scholarship in surgery and physiology (1884–7) There was no students union in those days but he was a prominent member of the Royal Medical Society he took an active part also in all that concerned the social and intellectual life of the student After taking the degrees of M B., C M he went to Penrith where he gave of his best for just half a century An able and cultured man with a commanding presence and courtly manner he soon gained the confidence alike of his colleagues and patients In his later years he became what may be termed a county consultant as well as the helpful counsellor and confidant of the junior practitioner

Bowser was a man who would have made his mark in whatever walk of life he chose to follow While in him surgery may have lost a valuable exponent when he became a general practitioner one feels that his many fine qualities and talents found a wider field of usefulness in that capacity He spared no pains to keep himself up to date and no sacrifice was too great where the welfare of his patients was concerned He greatly treasured a diamond tie pin bearing the Royal crest a gift from King Edward VII whom he attended when His Majesty visited the late Lord Brougham and Vaux at Brougham Hall in 1905

In addition to holding important civil medical appointments he was the regimental medical officer to the Cumberland and Westmorland Yeomanry retiring with the rank of surgeon major As chairman of the Voluntary Aid Committee he did valuable work both before and during the war and published an important monograph on The Territorial Army and the Transport of the Sick and Wounded He took a special interest in the treatment of fractures and was one of the first practitioners in this country to adopt the pioneer methods introduced by Championniere of Paris A well read man himself he took a delight in promoting the cultural welfare of his fellow citizens A good organizer and gifted speaker he made an admirable chairman at a public meeting He filled with great acceptance the important office of president of the Border Counties Branch of the British Medical Association Cautious and resourceful no one could wish for a wiser counsellor or a more reliable friend and with it all he possessed that keen sense of humour and wide knowledge of affairs which made him a delightful companion After a visit to Bowser at Penrith one always came away stimulated by his wide outlook and inspired by his devotion to the profession of which he was such an able and dignified representative

SIR GRAFTON ELLIOT SMITH

DR A J E CAVE assistant conservator of the Museum of the Royal College of Surgeons of England writes

The outstanding achievements of the late Sir Grafton Elliot Smith in the field of cultural anthropology may be less familiar to his medical brethren than are his pioneer investigations into mammalian cerebral anatomy or his important contributions to the physical anthropology of primitive and of fossil man Yet his influence in this particular field (one of increasing social and politico-economic importance) has been as profound as that of a Darwin or a Huxley in realms biological indeed no more may the modern ethnologist neglect a thoughtful recognition of Elliot Smith's doctrine of the diffusion of culture than the present day biologist may dispense with some scheme at least of organic evolution

The potent influence which Elliot Smith was later to exert had its seeds in his chance occupancy of the Cairo chair of anatomy which brought him into close and sympathetic co operation with the foremost Egyptian archaeologists of his day (Maspero Junker Reissner Mace Quibell Theodore M Davis and others) and gave him an unrivalled acquaintance with Egyptian cultural elements of all periods of that country's history His anatomical skill was sought increasingly in the description and recording of extensive series of human remains (cf his contributions to the *Bulletins of the Archaeological Survey of Nubia*) and in the examination of mummified and other mummies the volume on *The Royal Mummies* of the Cairo Museum Catalogue being from his pen His numerous memoirs on mummification (continued in after years) not only gave us the first truly scientific and comprehensive analysis of this curiously distinctive practice but also focused their author's attention sharply upon a ritual which he recognized as constituting the central nucleus of the whole of ancient Egyptian civilization Elliot Smith intuitively perceived in the practice of mummification one of the master themes of cultural anthropology a theme which he expanded and elaborated in later years to most fruitful purpose It was originally from the mere geographical distribution past and present of this peculiar and difficult practice that he demonstrated (1915) *The Migrations of Early Culture* a classic of ethnological accomplishment

He increasingly sought with his colleague Dr W J Perry and the disciples they gathered about them corroborative evidence of the actual spread of cultural elements and customs from one original home and while such evidence accumulated he proclaimed with characteristic fullness and vigour his provocative ethnological doctrine of the diffusion of culture Tremendous even bitter was the opposition to this novel teaching and the echoes of conflict are still about our ears But in the main the old fallacy of a basic psychic unity underlying human activities and reactions was exploded and the gist of later anthropological investigation has been a confirmation of the truth and reality of the main tenets at least of the diffusionist gospel and of Elliot Smith's penetrating conception regarding the fundamental uniformity of early civilizations The whole face of ethnological study has been renewed and a new and vivifying spirit infused therein

It is to Elliot Smith's lasting credit that he first with an intuition transcending the merely anatomical perceived in ancient Egypt the essential threads of primitive culture and civilization and out of them wove on the loom of his genius the tapestry of human history

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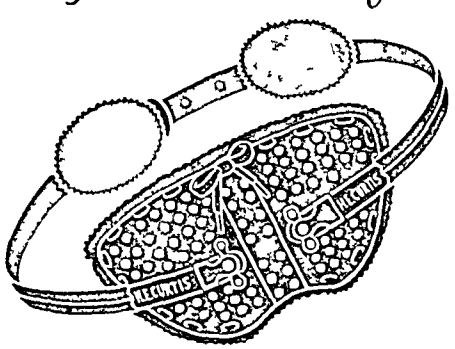
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National Institute for Medical Research Dr Percival Hartley (Hygiene and Public Health) Sir Patrick Laidlaw (Pathology and Bacteriology)

Lectures

A course of three lectures on Some Disorders of the Peripheral Circulation will be given by Professor E D Telford at St Mary's Hospital Medical School on Tuesdays February 9 16 and 23 at 5 0 p m Professor Charles Pannett will take the chair at the first lecture

UNIVERSITY OF ABERDEEN

The King on the recommendation of the Secretary of State for Scotland has approved the appointment of Professor Lancelot Hogben D Sc F R S to the Regius Chair of Natural History in place of Professor James Ritchie resigned

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on January 4 with the president Professor Archibald Young in the chair the following were admitted Fellows of the Faculty J S Cramer M B Ch B R A Davar M B B S A Hutchison M B Ch B Agnes T Kennie M B Ch B S M Laird M B Ch B P J Molloy M D B B Mukerjee M B C C Saha M B M Sc T S Subramaniam M B B S

Medical News

According to information received from the Ministry of Health there were 768 deaths from influenza in 122 great towns in the week ended January 9 compared with 325 for the previous week The number of notifications of primary and influenzal pneumonia throughout the country showed a corresponding increase from 1 513 to 2 321 Of the 768 deaths 558 occurred in the South Eastern area (including London) 98 in the Midlands 87 in the North 18 in Wales 5 in the South West and 2 in the Eastern Counties

The Hunterian Lecture will be delivered before the Hunterian Society of London at the Mansion House on Monday January 18 at 9 p m by Dr J Schoemaker of The Hague on 'The Surgery of Gastro duodenal Inflammation The annual dinner of the society will be held at the May Fair Hotel on February 17

The annual meeting of the Royal Microscopical Society will be held at B M A House Tavistock Square on Wednesday, January 20 at 5 30 p m when Dr R S Clay will deliver his presidential address on The Mechanical Development of the Microscope

The next meeting of the Reunions de Morphologie Medico Chirurgicale will be held at 9 p m at 7 Rue de la Chaise Paris on Wednesday January 20 The topics to be discussed include the morphology of nerve roots and difficulties attending their avulsion sexual inversion and sex determination and the problems of facial reconstructive surgery This society which meets monthly associates specialists in orthopaedics physiotherapy plastic surgery endocrinology, in symposia on questions relating to the prevention and treatment of deformities Further information may be had from Dr C Claoue, 39 Rue Scheffer Paris

The campaign of the Road Accidents Emergency Council will be opened with a conference in the Livingstone Hall Westminster on Saturday January 23 attended by delegates from affiliated and other organizations A resolution will be submitted in the following terms 'This conference of delegates, representative of the religious, educational social and industrial life of the country, gravely concerned at the appalling toll of killed and injured on the roads which shows no sign of abatement, calls upon the Government to take immediate action to (*a*) establish special courts for the trial of road traffic offences, (*b*) adapt the existing highway system to ensure a larger measure of safety to all users (*c*) control effectively the speed of motor vehicles on public highways (*d*) ensure that adequate compensation is paid in respect of all victims of road accidents in cases where the victims are not solely responsible for their death or injury Inquiries should be addressed to the secretary Road Accidents Delegate Conference 37 Norfolk Street W C 2

A conference to discuss the administration of the Milk (Special Designations) Order 1936 with respect to accredited milk will be held under the auspices of the Royal Sanitary Institute at the Central Hall Westminster S W on Thursday January 28 at 2 p m when Mr Thomas Baxter chairman of the Milk Marketing Board will preside and the discussion will be opened by Dr W G Savage Invitations have been sent to local authorities in England and Wales to appoint representatives to this meeting

The seventh annual report of the National Radium Trust and Radium Commission 1935–6 including a statistical report is published to day as a Command Paper (Cmd 5342) price 1s 6d

The *London University Gazette* of January 6 announces that the Senate of the University invites applications for the chair of pathology tenable at the British Post Graduate Medical School Ducane Road W The salary is £2 000 per annum and the latest date for applications is April 16

As already announced Hospital Week in London and Greater London is timed for May 2 to 8 immediately before the Coronation Over eighty hospitals are uniting in one great concentrated attack instead of flag days scattered throughout the year The central committee in charge of the arrangements is in search of an emblem which can become to Hospitals Week what the Red Cross and the Flanders poppy already are in public estimation Suggestions should be addressed to the hon secretary Hospitals Week 36 Kingsway W C 2 but no prizes are offered

The issue of *Revue Medicale Française* for December is devoted to urology that of *Le Sud Medical et Chirurgical* for December to industrial accidents and social medicine and that of *Paris Medical* for January 2 to tuberculosis

The Hungarian Society of Public Health celebrated the fiftieth anniversary of its foundation on December 12 1936

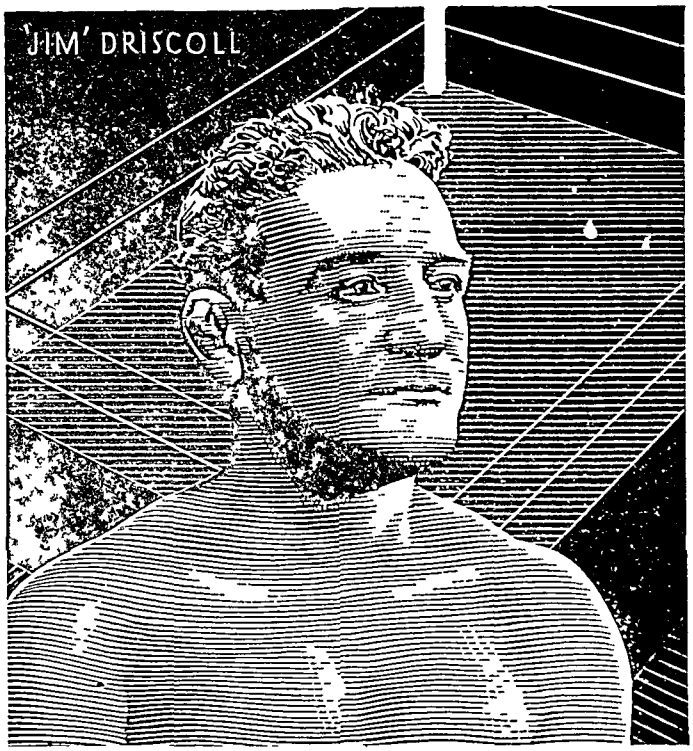
Professor Martel has been elected president of the Academie de Medecine for 1937 in succession to Professor Hartmann and Professor Besançon succeeds him as vice president

Dr Baumgartner has been elected president of the Academie de Chirurgie for 1937 and Dr Edmond Sergent director of the Pasteur Institute at Algiers has been elected non resident member of the Academie des Sciences in place of the late Dr Charles Nicolle

The Laveran gold medal of the Societe de Pathologie Exotique of Paris has been conferred on Dr Andrew W Sellards associate professor of tropical medicine Harvard University Medical School in recognition of his preparation of an effective vaccine against yellow fever

Last August the population of Berlin increased by about 5 000 births up to 4 226 040 The increase continued in September when 5 276 living children were born and 4 003 persons died

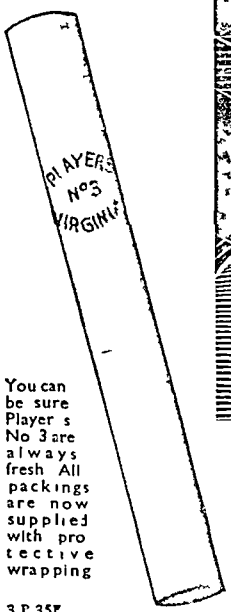
The sale of contraceptive appliances by automatic machines or advertisement as to where they can be obtained has been forbidden in Vienna on pain of a fine of 200 schillings or a fortnight's imprisonment



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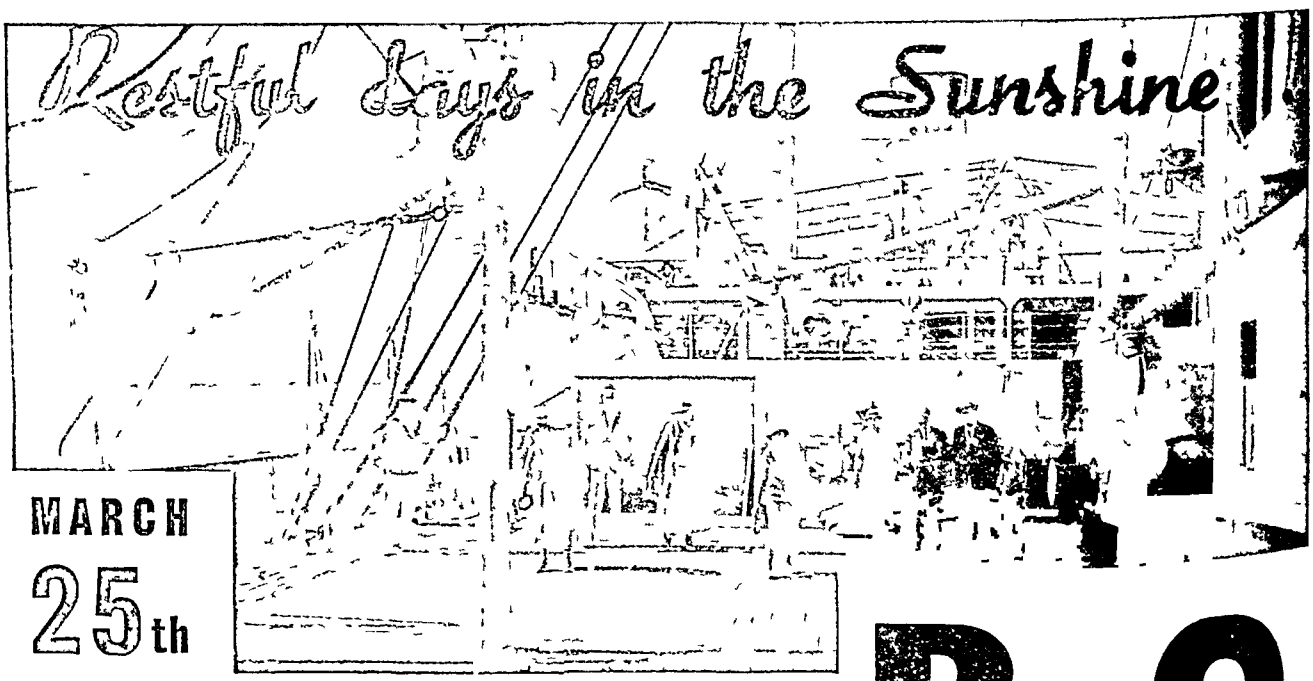
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

37 Myasthenia Gravis

H N HYLAND (*Canad med Ass J* October 1936 p 372) analyses in six severe cases the treatment of myasthenia gravis by modern methods The patients three males and three females of ages 17 to 31 all showed ptosis diplopia and great weakness of the facial muscles preventing speech and rendering eating difficult All had general muscular weakness two patients a female of 21 years and a male of 29 years being bedridden Periodic remission of symptoms had been noticed in each case prior to treatment while minor infections emotional stress gastro intestinal disturbances and in one case menstruation were liable to increase the fatigability and weakness of the affected muscles He found that (*a*) X-ray irradiation of the thymus in three applications of 800 *r* units was effective in bringing about remissions of two months to two years in the four cases treated (*b*) (1) Glycine by mouth in doses of 5 to 15 grains three times a day gave symptomatic benefit in four out of six cases one patient aged 19 years having an uneventful pregnancy and satisfactory delivery of a 7-lb child, (2) glycine intravenously 15 grains in 100 c cm of saline gave less benefit. (*c*) Ephedrine had little value alone but administered with glycine and pushed to the limit of tolerance at 1½ grains daily was shown to be of some use (*d*) Physostigmine salicylate and antuitrin intramuscularly were not found satisfactory (*e*) Prostigmine in doses of 2·2 c cm with atropine 1/150 grain produced a startling but temporary improvement for several hours with greater muscular fatigability after the effect wore off suggesting mainly an emergency use Hyland thus shows that with modern methods in the treatment of myasthenia gravis a normal active life is possible in some cases with definite symptomatic improvement in all cases and good prognosis for life

38 Parathyroid Adenoma and Renal Insufficiency

BENJAMIN M BAKER and JOHN E HOWARD (*Johns Hopk Hosp Bull* October, 1936 p 251) report a case of parathyroid adenoma with renal insufficiency Since Pappenheimer and Wilens found at necropsy an increased mean weight of the parathyroid gland in twenty seven patients with a severe but diffuse nephritis the association of renal disease with adenomata of the parathyroid seems to be too common to be merely a coincidental finding Their patient was a well built male school teacher of 45 years who had previously complained of asthma for twenty one years and intermittent duodenal dyspepsia In March 1933 he had developed cramping pains in the legs and feet In March 1934 he suffered from a severe lobar pneumonia with exacerbations of the cramps, from which he imperfectly recovered In March 1935, the patient became weak restless, and depressed The pains in back, legs, and epigastrium were continuous vomiting was incessant, and the eyes were red swollen and intolerant to light He was admitted to the Johns Hopkins Hospital with a diagnosis of uraemia On examination the temperature was 98·6° F, pulse 65 blood pressure 135/100 with gross muscular wasting The eyes showed pigmentation of the periorbital tissues and severe episcleritis There was no enlargement of the thyroid The urine had a specific gravity of 1010 Some albumin and white blood cells and hyaline casts were present A blood count showed red blood cells 3 600 000 72 per cent haemoglobin serum calcium 19·3 mg per cent serum phosphate 4·5 mg per cent blood urea 80 mg per cent On x-ray examination osteoporosis of the tibiae femora and forearm bones was found Parathyroid tumour having been diagnosed subtotal parathyroidectomy was performed through a collar incision under gas and oxygen A yellow cystic tumour of walnut size was removed from the right side, while microscopical examination showed adenomatous cell formation The patient improved immediately Twenty four hours after operation the serum calcium was 17·3 mg serum phosphate 5 mg blood urea 50 mg The pain lessened and though slow improvement was progressive and in December 1935 the patient returned home Three months after operation he walked four miles daily and had a normal appetite and good eyesight Only the asthma persisted The blood urea was 44 mg urinary specific gravity 1024 This improvement in renal function after removal of the tumour was more marked than has previously been described by Albright and co workers and by Elsom Wood and Raydin and the authors conclude on theoretical grounds that generalized nephrocalcinosis was the cause of the insufficiency and that such a process at certain stages may be reversible

Surgery

39 Bassini's Operation

K BARTH (*Zbl Chir* November 21 1936 p 2771) reports the results of 1 117 cases of inguinal hernia treated by the operation of Bassini The original Bassini method was followed It presents a number of advantages It saves time as five to ten bleeding points may be attended to simultaneously It is cheaper as no expensive catgut is used and it prevents wound infection and therefore prevents recurrences The author describes in detail the operative technique Of the 1 117 cases that had been operated upon 494 could be traced Only seven of these had recurrences of the hernia

40 Congenital Stenosis of Small Intestine

L W VAN OUWERKERK (*Nederl Tijdschr Geneesk* November 7 1936 p 4992) who reviews the literature and records six personal fatal cases maintains that stenosis and obliteration of the duodenum jejunum or ileum are not so rare as is supposed The length of gut affected may vary In 15 per cent of the cases the atresia or stenosis is multiple In about a third of the cases the duodenum is affected either above or below Vater's papilla or as a whole In two of the writer's cases the duodenum in two the jejunum and ileum and in two the gut in the region of the ileo caecal valve were involved Early operation affords the only chance of recovery as in the cases reported by Schroder Hutchison and Dimmer

41 Transurethral Prostatic Resection

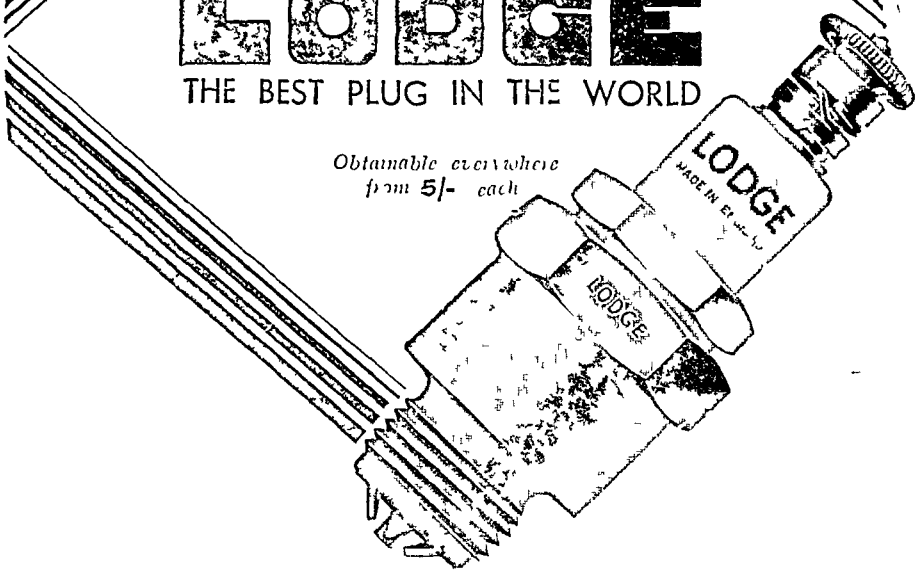
E KINDT (*Ugeskr Laeg* October 15 1936 p 981) compares the popularity enjoyed in the USA by transurethral resection of the prostate with the reserved attitude shown towards it in Europe Here the lack of enthusiasm may in part hinge on failure to realize that the encouraging results achieved by the Americans have been at the cost of a meticulous technique on the part of all concerned not least the assistants and nurses The author's experience is of fifty patients thus treated Although some of them were in poor health and their renal functions were defective there were only five deaths and of these only two could be directly traced to the operation With regard to the indications the author is disinclined to adopt a very high renal or general standard considering that such alternatives as the catheter life or a suprapubic fistula warrant the taking of considerable risks The only absolute contraindication o a trans-

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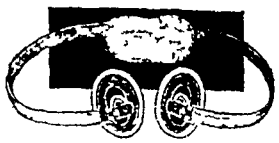


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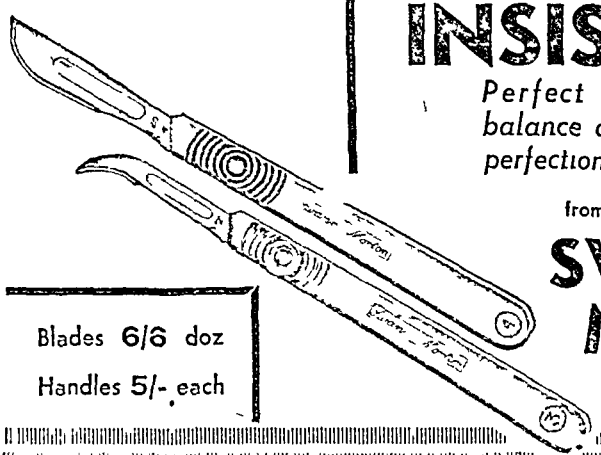
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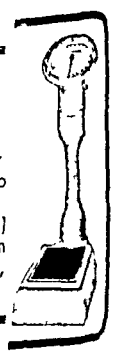
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Ophthalmology

46 Papillomata and Tumours of the Lids

J MINTON (*Brit J Ophthal* November, 1936, p 624) reports that the removal of papillomata is a simple matter with an electrolysis needle and a galvanic current of 3 to 4 milliamperes as is used for the epilation of lashes A curved or straight steel needle is better than the pliable platinum needle Under novocain anaesthesia the base of the tumour is cauterized by inserting the needle through it in various directions and passing the current for a few seconds The papilloma is then snipped off without any haemorrhage A collodion dressing is applied and after a week the lid is healed without any scar Cysts of Moll's glands small sebaceous cysts xanthomata conjunctival concretions and granulomata and naevi of the skin all respond to this form of treatment

47 Minor Sequelae of Eye Contusions

M DAVIDSON (*Amer J Ophthal* September 1936 p 757) points out that the grosser eye injuries are rarely untreated or the subject of serious legal controversy Minor injuries often neglected or referred to an oculist after a lapse of time are frequently the cause of contention They are not amply described in textbooks About 5 per cent of the cases seen at the New York Bureau of Workmen's Compensation were contusions of the eye Thirty four of such cases leaving out the major contusions are considered For discovering defects in the iris diapupillary retro illumination with the slit lamp without the use of the microscope is of the greatest value Brown deposits on Descemet's membrane, except in the presence of complicating uveitis, are so rare in contusion as to be of use in the differential diagnosis even when a prolapsed knuckle of vitreous in the anterior chamber is peppered with pigment Traumatic iridoplegia is rarely seen in posterior pole injuries but it is frequent with dehiscences of the iris pigment at its root (which are often overlooked) in contusion of the anterior segment In the lens, Vossius's ring may have practically disappeared in three months A small tenuous striated permanent subcapsular opacity is frequently seen often under the iris corresponding to the depigmented iris sectors Retrolenticular, rather large bright red particles are characteristic The minor foveal stippling whitish or pigmented and the parafoveal yellowish or faintly pigmented patches due to contrecoup may be missed unless looked for by the indirect method Peripherally pigmented lesions similar to luetic anterior choroidoretinitis or atypical retinitis pigmentosa are observed

48 Treatment of Strabismus

J L BRESSLER (*Arch Ophthal* Chicago September 1936, p 433) describes the treatment of squint at the Illinois Eye and Ear Infirmary There is a period of three to six months observation after the provision of glasses in which an attempt is made to cure any amblyopia If suitable, orthoptic training is then begun, but if not then operation is ordered Orthoptic training is started five to ten days after operation The results are greatly influenced by the pre operative treatment and the proper selection of operative procedure Mere straightness of the eyes without stereopsis is regarded as a failure 218 cases are divided for consideration into three groups (1) operation only, (2) operation followed by orthoptic training (3) operation preceded and followed by orthoptic training The cases were unselected In Group 1 32 per cent were straight and 8 per cent had fusion In Group 2, 6 per cent were straight before and 47 per cent after training, 9 per cent fused before and 75 per cent after training In Group 3, 19 per cent fused before operation 56 per cent were straight after operation and 81 per cent were able to fuse In many of the cases where nothing was done to the internal rectus motility was limited and fusion difficult The best results were obtained by retroplacement of the internal rectus Few patients obtained fusion after Tucking operations even though the eyes were straight The analysis shows the value and efficiency of orthoptic training in conjunction with operation

49 Sympathetic Ophthalmia

H H JOY (*N Y St J Med* October 15, 1936 p 1498) examines the incidence of sympathetic ophthalmia in published statistics It is infrequent after both intra ocular operations and injuries In cataract operations the percentage varies from 0 027 to 2, and together with the figure for glaucoma is higher than in any other operation Sympathetic ophthalmia may occur despite any prophylactic preparation—a technique causing no undue post operative uveitis is the best safeguard An iris prolapse should be excised in the early stages but should if well covered be left alone later Repeated operations increase the risk, as do lenticular remains after the extraction of a cataract Iridencleisis operations for glaucoma are not without danger whereas trephine operations are remarkably free from this complication In many cases of the disease some pathological state has been found unrelated to the condition for which the operation was done

Gynaecology

50 Mortality in Hysterectomy for Fibroma

A GOSSET and P FUNCK BRENTANO (*Gynecologie* October, 1936 p 577) state that in supravaginal hysterectomy done between 1913 and 1934 for simple fibroma or fibroma complicated by salpingitis the mortality was 2 7 per cent The series include 1,170 cases operated on at the Salpetriere, with six deaths from pulmonary complications fifteen from general or peritoneal infection two from pelvic cellulitis and fifteen from embolus Further reductions of mortality will be possible they think when pre operative examination of the patient and also the choice of the anaesthetic receive further attention Pre operative examinations should include radiography of the chest measurement of blood pressure a Wassermann test a red and white blood cell count, and estimation of blood coagulation time Avoidance of pulmonary complications is assisted by lung radiography, which may decide against ether anaesthesia and call for a spinal anaesthetic this last is especially suitable in the patient with increased blood pressure (common in those with fibroids) but inadvisable in those with a positive Wassermann reaction To avoid infection pre operative search must be made for a subinfectious state of the patient she may be quite apyrexial but blood examination may show a leucocytosis of 15 000 to 20 000 In such conditions a polyvalent or Delbet broth vaccine is given and has diminished the incidence of thromboses Drainage is advised in every supravaginal hysterectomy and in acute *B coli* post operative peritonitis with hyperpyrexia and copious discharge of a thin non purulent and non odorous liquid the writers believe that the patient's life may sometimes be saved by injection through the drainage tube of 40 c cm of Vincent's antiserum Post operative embolus is regarded as occurring especially among those with a subinfectious state which may be masked clinically but is indicated by leucocytosis with a diminished coagulation time and with a thrombotic focus in the pelvic veins The preventive measures which are respectively advised in connexion with these conditions are (1) pre operative vaccination (2) application of leeches to the thigh and the administration of citrates and (3) the ligature of the vascular pedicles without previous application of clamps

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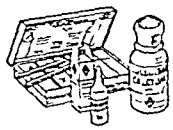
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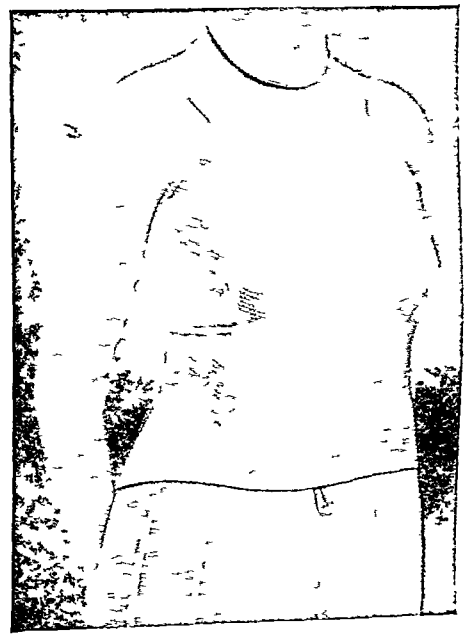
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FACULTY OF MEDICAL SCIENCES

SPECIAL COURSE FOR THE PRIMARY FELLOWSHIP EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS

Special short Courses in Anatomy and Physiology will commence on Monday Febru ary 8th 1937 in preparation for the Ju Examination
ANATOMY J KIRK M B Ch B F R C S.
PHYSIOLOGY W H NEWTON M D M Sc PHYLLIS M TOOMEY B Sc RIDGE M Sc Ph D M R C S L R C P
The Course in Anatomy (including Embryo logy) is made up of Lectures and Demon tra tions Students are permitted to use the Dis secting Room and Museum of Anatomy at other times
The Course in Physiology is made up of Lectures viva voce classes practical Bio chemistry and Histology
Full particulars may be obtained on appli cation to—
C O G DOUIE Secretary
University College London (Gower St W C 1)

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(MOORFIELDS EYE HOSPITAL)
City Road, London E C 1

GIFFORD EDMONDS PRIZE IN OPHTHALMOLOGY

The Prize of £100 awarded every two years is offered for the best Essay on a subject d al ing with Ophthalmology and involving ori nal work and is open to any Britis h subject hold ing a medical qualification
The Subject for the next E say is
The Origin and Fate of Free Blood in th several Chambers of the Eye following opera tion or otherwise excluding Haemorrhages essentially in the Retina but including th so called Spontaneous Haemorrhages in th Vitreous
Preference will be given to original work based on any branch of the subject rather than to compilations of the writings of previous observers
Essays must be sent in not later than December 31st 1938
A leaflet giving full particulars of the priz may be obtained from the Secretary Royal London Ophthalmic Hospital (Moorfields Eye Hospital) City Road London, E C 1

UNIVERSITY OF BIRMINGHAM

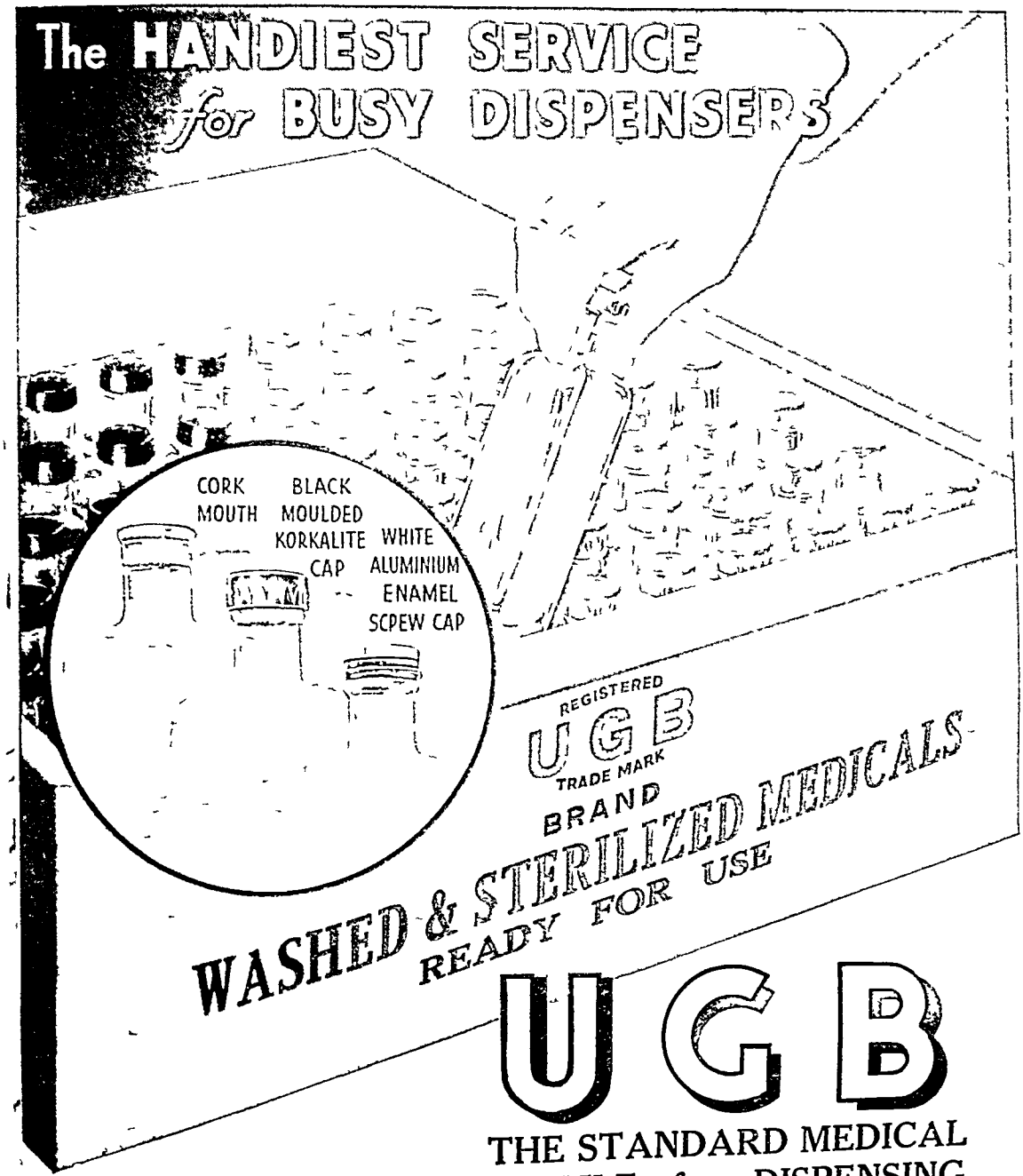
(Faculty of Medicine)

SCHOOL OF DENTISTRY

APPOINTMENT OF WHOLE TIME DENTAL CLINICAL ASSISTANT AT THE DENTAL HOSPITAL

Applications are invited for the post of Dental Clinical Assistant Stipend £500 per annum
Candidates must be duly qualified and re gistered Dental Practitioners The possession of a Medical Degree or Diploma in addition will be regarded favourably
The successful candidate will be required to take up his duties as soon as possible
The letter of application with three testi monials and names of referees must be sent on or before February 1st to the undersigned from whom further particulars may be obtained
C G BURTON
Secretary
The University
Edmund Street
Birmingham 3
January 1937

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16 o	4
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Prospectus from the DEAN, West London Hospital, Hammersmith, W.6

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RALPH B CANNINGS, Secretary

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Examinations for the Diploma of the Mastery of Midwifery of the Society of Apothecaries of London will be held twice yearly in May and November

For regulations apply to the Registrar of the Society Water Lane E C 4

LANCASHIRE MENTAL HOSPITALS BOARD BROCKHALL (Certified Institution for Mental Defectives) LANCHO Nr BLACKBURN

Applications are invited for the post of an ASSISTANT MEDICAL OFFICER (male or female)

Candidates must be under 35 years of age and must Commencing salary £500 per annum rising by annual increments of £25 to £650 per annum subject to a deduction of 2 per cent under the Asylums and Certified Institutions (Officers Pensions) Act 1918 There are no emoluments The elected candidate will be required to live in the Institution and will be provided with board lodging and washing for which a charge of £150 per annum is made The possession of a Diploma in Psychological Medicine will entitle the holder to an additional £50 per annum The successful candidate will be required to undergo a medical examination Experience in Mental Deficiency work is essential

Applications full particulars together with the names of three testimonials should be sent to the Medical Superintendent not later than Saturday January 30 h

DEPUTY COMMISSIONER OF THE GENERAL BOARD OF CONTROL FOR SCOTLAND

An additional MALE DEPUTY COMMISSIONER is to be appointed to the General Board of Control for Scotland Applications are invited from Medical Practitioners with special qualifications in psychiatry between the ages of 35 and 45 as on April 1st 1937 The appointment will be subject to the satisfactory completion of a period of twelve months probation The salary will be £738 a year rising to £953 a year The post will be pensionable under the Superannuation Acts Applications with five copies thereof together with six copies of testimonials must be lodged before February 15th with the Secretary General Board of Control 25 Palmerston Place Edinburgh 12 who will furnish further particulars to inquirers

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE

COUNTY INSTITUTION OSTER HOUSE ST ALBANS

APPOINTMENT OF HOUSE SURGEON

Applications are invited for the post of House Surgeon at the above Institution

Salary will be at the rate of £150 per annum rising by £25 at the end of six months satisfactory service with an allowance of £3 3s per week until such time as board and residence can be provided in the Institution The appointment will be limited to one year and not renewable

The House Surgeon must reside near the Institution at an address to be approved by the Guardians Committee

Candidates must be duly qualified and registered

Applications stating age qualifications and experience with copies of not more than three recent testimonials should be sent to the Clerk of the St Albans Guardians Committee Oster House St Albans (from whom any further details may be obtained) so as to be received by him not later than January 27th

ELTON JONCMORE
Clerk of the County Council

Hertford Herts
January 15th 1937

GLAMORGAN COUNTY COUNCIL

APPOINTMENT OF ASSISTANT MEDICAL OFFICER (Male)

The Glamorgan Education Committee invite applications for the appointment of an Assistant Medical Officer (male)

Applicants must have had at least three years professional experience after qualification and also hold a Diploma in Public Health Special experience in Eye Diseases and Refraction work is essential and experience in Orthopaedic work will be considered an advantage

Persons who have reached 35 years of age are ineligible The salary will be at the rate of £550 per annum rising by annual increments of £25 to a maximum of £750 Travelling and subsistence allowances will be paid according to scale

The post is an established post under the Local Government and Other Officers Superannuation Act and for this purpose a deduction of 5 per cent of the salary will be made

The person appointed will be required to give his whole time to the duties under the control and supervision of the County Medical Officer and will be required to reside where from time to time directed by the Committee

The appointment will be terminable by three months notice on either side

Applications for appointment stating age and qualifications and copies of not more than three testimonials must be sent to the Director of Education Colston Williams County Hall Cardiff and should be received by him not later than the first post on February 1st

Canvassing personal or otherwise, will be a disqualification

D J PARRY
Deputy Clerk of the County Council

Glamorgan County Hall, Cardiff
January 6th 1937

CITY OF BIRMINGHAM EDUCATION COMMITTEE

APPOINTMENT OF PART TIME AURAL SURGEON

The Committee are about to appoint a part time Aural Surgeon to undertake the treatment of certain partially deaf children The appointment which will be for a period of two months in the first instance is for one (of two hours duration) each week during school terms Remuneration will be at the rate of 2½ guineas per session Forms of application together with further information may be obtained from the undersigned to whom applications should be addressed so as to reach this office not later than first post on Tuesday January 26th

P D INNES
Chief Education Officer

Education Office
Margaret Street
Birmingham 3
January 1st 1937

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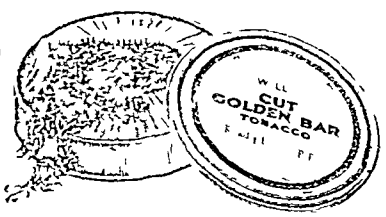
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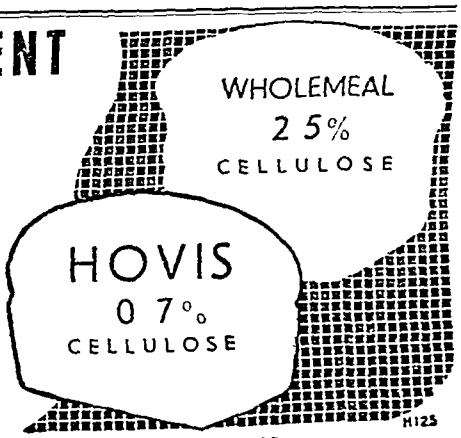
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BEDDINGTON AND WALLINGTON URBAN DISTRICT COUNCIL

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

The Council invite applications for the appointment of Medical Officer of Health for the Urban District of Beddington and Wallington

The commencing salary will be at the rate of £800 per annum and there will be a travelling (car) allowance of £50 per annum

Each applicant must be a duly qualified Medical Practitioner and registered in the *Medical Register* as the holder of a Diploma in Sanitary Science Public Health or State Medicine and the successful candidate will be restricted from engaging in private practice as a Medical Practitioner

The appointment will be made subject (1) to the approval of the Minister of Health (2) to the terms of the Local Government Act 1933 and of the Sanitary Officers (Outside London) Regulations 1935 (3) to the provisions of the Local Government and Other Officers Superannuation Act 1922, and (4) to a satisfactory medical

The p be required to perform on a Medical Officer of Health by all the relative Acts and Orders, and to undertake the administration of the Maternity Child Welfare and Antenatal Services of the Council and such other duties (if any) as may be assigned to him from time to time by the Council

The Medical Officer will be required to reside within the Urban District

The Council have petitioned for the grant of a Charter of Incorporation

Applications stating age qualifications and particulars of experience etc and accompanied by copies of not more than three recent testimonials must be delivered to the undersigned by the 23rd instant

Canvassing will disqualify

Town Hall T BOOTH
Wallington Surrey Clerk of the Council
January 1st 1937

SURREY COUNTY COUNCIL

ASSISTANT MEDICAL OFFICER

Applications are invited for the appointment of a Woman Assistant Medical Officer Applicants must possess a qualification in Public Health and have had experience in the Medical Inspection of School Children Maternity and Child Welfare and the conduct of a Venereal Diseases Clinic The officer appointed will be required to undertake such other Public Health duties as may be allocated to her She will be on the staff of the County Medical Officer of Health must reside in the County of Surrey and devote her whole time to the work Salary £600 per annum rising by annual increments of £20 to £700 per annum travelling expenses in accordance with the Council's scale will be allowed

The appointment will be subject to the approval of the Ministry of Health and of the Board of Education to the successful candidate passing a medical examination to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the Staffing Regulations of the Council which provide *inter alia* that appointments may be determined at any time by three months notice

Applications stating age qualifications and experience together with copies of three recent testimonials should be made on the prescribed form and sent to the County Medical Officer of Health County Hall Kingston upon Thames from whom copies of the application form may be obtained and to whom any enquiries relating to the appointment should be addressed

Letters of receipt of applications Jan 28th Canvassing directly or indirectly will disqualify

County Hall DUDLEY AUKLAND
Kingston upon Thames Clerk of the
January 11th 1937 County Council

CITY OF STOKE ON TRENT

SHAVELEY SANATORIUM

RESIDENT MEDICAL OFFICER

Applications are invited for the post of Resident Medical Officer (male) at Shavelev Sanatorium Candidates must be single Previous hospital experience in Tuberculosis will be an advantage

Salary at the rate of £330 per annum rising by annual increments of £25 to £450 per annum with board and lodgings

The appointment will be terminable by three months notice on either side

Applications stating age training and experience together with copies of three recent testimonials must be sent to the undersigned not later than

B SHAWCROSS
Town Clerk

January 13th 1937

SURREY COUNTY COUNCIL

KINGSTON AND DISTRICT HOSPITAL

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited from registered Medical Practitioners for the appointment of Medical Superintendent at the Kingston and District Hospital (550 beds) which is at present administered by the Public Assistance Committee but which will according to the present resolution of the County Council be appropriated to the Public Health Committee on April 1st 1937

The Medical Superintendent will also be required to act as Medical Officer of the adjoining Public Assistance Institution where a further 100 patients are accommodated in addition to the ordinary inmates

Candidates should have had considerable experience in hospital administration

The gross salary will be at the rate of £1 200 per annum rising subject to satisfactory service, by annual increments of £50 to a maximum of £1 400 per annum A deduction at the rate of £100 per annum will be made in respect of an unfurnished house (and rates) provided by the Council No additional emoluments of any kind will be provided

The appointment will be subject to the Staffing Regulations of the Council and the officer appointed will be required to devote his whole time to the service of the Council, and any fees he may receive from time to time must be paid into the County Fund

The officer appointed will be required to pass a medical examination and will be subject to the Local Government and Other Officers Superannuation Act 1922

Applications stating age qualifications and experience and enclosing copies of not more than three recent testimonials should be endorsed Medical Superintendent, and sent to the County Medical Officer County Hall Kingston on Thames so as to reach him not later than January 23rd

Canvassing will disqualify

County Hall DUDLEY AUKLAND
Kingston on Thames Clerk of the
January 12th 1937 Council

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners for the following positions

MEDICAL OFFICERS (Grade I)
—Salary £350—£[illegible] per annum with board lodging and washing Candidates must be Medical Practitioners of at least one years standing Experience in resident appointment in General Hospital desirable Married quarters not available

*(a) BETHNAL GREEN HOSPITAL Cambridge Road E 2—Two positions Duties of one mainly medical and of other mainly surgical

*(b) LAMBETH HOSPITAL Brook Street S E 11—Surgical experience necessary

(c) LEWISHAM HOSPITAL, S E 13—Duties mainly medical

*(d) MILE END HOSPITAL, Bancroft Road E 1—Duties mainly medical

*(e) ST ALEGE'S HOSPITAL Vanbrugh Hill S E 10—Surgical experience essential

(f) ST CHARLES HOSPITAL St Charles Square Ladbroke Grove W 10—Operative experience especially gynaecological necessary

*(g) ST MARY ABBOTS HOSPITAL Marloes Road W 9—Duties purely medical

*(h) ST PETER'S HOSPITAL Tulbourne Street E 1—Duties mainly medical Dermatological experience desirable

*No accommodation for a woman

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S E 1 returnable by Jan 30th Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications are invited for the appointment of RESIDENT MEDICAL SUPERINTENDENT of QUEEN MARY'S DRIVE Carshalton Surrey at a salary of £1 400—£50—£1 650 with emoluments of unfurnished house rent and rates free Person appointed will be under direction of Medical Officer of Health and will be required to undertake any duties at other establishments of the Council if so required Candidates must have been qualified medical practitioners for at least five years have been house physician or house surgeon in a public general hospital and have had experience of hospital administration

Application forms obtainable (stamped addressed foolscap envelope necessary) from Clerk of the Council County Hall S E 1 returnable by January 22nd Canvassing disqualifies

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND MEDICAL OFFICER OF HEALTH

Applications are invited for the joint whole-time appointment of an Assistant County Medical Officer of Health for the Administrative County of Stafford and Medical Officer of Health for the Brierley Hill Urban District (population 45 000) The salary will be at the rate of £800 per annum subject to a deduction of 5 per cent established under the Local Government and Other Officers Superannuation Act 1922

Applicants must be fully qualified medical men with experience in public health duties and must hold the Diploma in Public Health The person appointed will, as regards his duties as Assistant County Medical Officer of Health act under the direction of the County Medical Officer of Health and will be required to perform such duties as may be from time to time prescribed As regards his duties as District Medical Officer of Health the officer will be subject to the sole control and direction of the Local Sanitary Authority In this post he will be Medical Superintendent of the Isolation Hospital (52 beds)

The joint appointment is subject to the approval of the Minister of Health and the Board of Education and also so far as the office of District Medical Officer of Health is concerned to the provisions of the Sanitary Officers (Outside London) Regulations, 1935

The joint appointment will be subject to three calendar months notice on either side subject so far as the office of District Medical Officer of Health is concerned, to the consent of the Minister of Health

The successful candidate will be required to undergo a medical examination and to produce a birth certificate

Forms of application may be obtained from the undersigned and should be returned by first post on January 28th together with copies of not more than three testimonials

County Buildings H J UNDERWOOD
Stafford Clerk of the County
January 12th 1937 Council

COUNTY OF GLOUCESTER

COUNTY MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

The Gloucestershire County Council invite applications from duly qualified Medical Practitioners registered in the *Medical Register* as holders of Diplomas in Sanitary Science Public Health or State Medicine for the appointment of County Medical Officer of Health and School Medical Officer

The person appointed will act also as Medical Adviser to the Gloucestershire Joint Committee for the Mentally Defective

The officer will be required to perform all duties prescribed by statute or regulation and such other duties as may from time to time be directed by the County Council He will be required to devote his whole time to the duties of his appointment

The salary will be £1 200 per annum together with travelling allowance in accordance with the scale prescribed by the County Council Staff and office accommodation will be provided by the Council

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass satisfactorily a medical examination

The appointment will be determinable by three months notice on either side

Forms of application may be obtained from the undersigned and should be returned accompanied by copies of three recent testimonials to reach me not later than Monday February 1st endorsed Medical Officer of Health

Canvassing members of the County Council directly or indirectly will be deemed a disqualification

RICHARD J MOON
Clerk of the County Council

January 13th 1937

COUNTY BOROUGH OF HASTINGS

SHARROW GREEN HOSPITAL (250 Beds)

JUNIOR ASSISTANT RESIDENT MEDICAL OFFICER (Female)

Applications are invited from fully qualified and registered practitioners for the above appointment Salary at the rate of £100 per annum with full board and residence Appointment in the first instance will be for six months

Applications stating age qualifications experience together with copies of three testimonials should reach the Medical Superintendent not later than Friday January

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BURY INFIRMARY, LANCS
(127 Beds)

RESIDENT SURGICAL OFFICER (Male)

Applications are invited for the above post from those persons holding the Fellowship of one of the Royal Colleges of Surgeons

The appointment is for a term of one year with provision for an extension of a further twelve months and the successful candidate will be expected to commence duties about the middle of January

Salary will be paid during the first twelve months at the rate of £300 per annum and will be increased to £350 per annum during the second twelve months in the event of an extension of the appointment being agreed upon In addition to this salary the post includes the provision of board residence and laundry

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned and should be forwarded as soon as possible endorsed R S O

H WILKINSON Superintendent

BURY INFIRMARY, LANCS
(127 Beds)

HOUSE SURGEON

A vacancy as above arises on the Resident Staff (consisting of an R S O and three House Surgeons) and applications are invited for the post Applicants must have held a previous Resident appointment

The appointment is for six months at a salary at the rate of £175 per annum with board residence and laundry and the successful candidate will be expected to commence duty immediately

Applications stating age qualifications and nationality together with copies of three recent testimonials are to be addressed to the undersigned as soon as possible endorsed House Surgeon

Particulars of duties may be had on application

H WILKINSON Superintendent

BIRKENHEAD GENERAL HOSPITAL
(156 Beds)

Applications are invited for the following resident (male) posts for the six months commencing April 1st

SENIOR HOUSE SURGEON Salary £150 per annum (The above post is recognised by the Royal College of Surgeons of England for the six consecutive months appointment in charge of general surgical patients required of candidates before admission to the final examination for the Fellowship)

SECOND HOUSE SURGEON Salary £100 per annum

HOUSE PHYSICIAN Salary £100 p a

CASUALTY OFFICER Salary £100 p a

All with board residence and laundry

Applications stating age nationality and qualifications together with three recent testimonials to reach the undersigned not later than first post January 20th

W H DANIELS F C I S Sec Supt

BERKS AND BUCKS JOINT SANATORIUM
IVER HEATH COMMON SLOUGH

Applications are invited from registered Medical Practitioners for the post of HOUSE PHYSICIAN for one year from April 1st next Salary £250 with board residence and laundry

There are pavilions for men women and children and the total number of beds is 185

Applications stating age qualifications and experience with copies of three recent testimonials should reach the undersigned by January 31st

HENRY F CARLING Superintendent

COSSHAM MEMORIAL HOSPITAL
KINGSWOOD BRISTOL

A vacancy will occur at the end of January for the post of JUNIOR RESIDENT MEDICAL OFFICER

Salary £100 per annum with board and laundry for a term for six months in the first instance Applicants (male) should be British subjects fully qualified and registered Applications to be sent to the Secretary

BOOTHAM PARK MENTAL HOSPITAL
YORK

[illegible] Bed ASSISTANT MEDICAL [illegible] Salary £300 per annum [illegible] testimonials to the

CARDIFF ROYAL INFIRMARY AND THE WELSH NATIONAL SCHOOL OF MEDICINE

HONORARY DERMATOLOGIST AND MEDICAL OFFICER IN CHARGE OF MALE VENEREAL DISEASES CENTRE (Part time)

Applications are invited for this dual appointment There will be a salary at the rate of £250 per annum attached to the Venereal Diseases appointment Both offices are associated with the Medical School under the titles of Lecturer in Dermatology and Lecturer in Venereal Diseases at honoraria at the rate of £50 and £25 per annum respectively

Further particulars of the appointments may be obtained from the undersigned by whom applications must be received on or before Saturday January 30th

DONALD D RIA Secretary

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds)

HOUSE SURGEON TO OPHTHALMIC AND EAR, NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post

The appointment is for six months

Salary at the rate of £150 per annum

Applications stating age together with copies of three recent testimonials should be sent to the undersigned

C SUNNUCK
January 4th 1937 Supt & Secretary

DEWSBURY AND DISTRICT GENERAL INFIRMARY DEWSBURY

The Senior Post is recognised by the Royal College of Surgeons (England)

Applications are invited for the post of SENIOR HOUSE SURGEON (male) vacant on March 1st next Salary £200 per annum with board residence and laundry

Also for the post of SECOND HOUSE SURGEON (male) vacant on the same date Salary £150 per annum with similar emoluments

The Infirmary is a new Voluntary Hospital of 100 beds and has the usual Special Departments with Visiting Consulting Specialists in attendance

Applications stating for which post age and Hospital experience together with copies of recent testimonials to be sent as immediately as possible to my office

FIELD SMITH Secretary Supt

DERBYSHIRE ROYAL INFIRMARY DERBY
(General Hospital—362 Beds)

Applications are invited (from single men) for the post of [illegible] HOUSE SURGEON AND [illegible]

Candidates must be under the Medical Acts

Salary will be £150 per annum with apartments board etc

Applications with copies of testimonials, to be sent to the undersigned

ARTHUR TAYLOR
January 9th 1937 Supt & Sec

DISTRICT INFIRMARY, ASHTON UNDER LYNE (200 Beds)

A HOUSE SURGEON is required to commence duties immediately Six months appointment which may be renewed The Staff comprises a Resident Surgical Officer and three House Surgeons

Salary at the rate of £150 per annum with board residence and laundry

Applications with testimonials to be sent at once to the undersigned

FRANK OLIVER
January 11th 1937 Gen Supt & Sec

CAMERON HOSPITAL, WEST HARTLEPOOL (76 Beds)

HOUSE SURGEON (male or female) required to commence duties February 18th Salary £150 per annum with board residence, and laundry

Applications stating age nationality and experience together with copies of testimonials should be sent to the undersigned as soon as possible

M H POONE Secretary

COUNTY MENTAL HOSPITAL, PRESTWICH MANCHESTER

Required immediately LOCUM TENENT MEDICAL OFFICER with possibility of permanency Local facilities for D P M Salary £5 5 per week and all found Candidates must be unmarried and registered under the Medical Act Apply stating age experience and full particulars to the Medical Superintendent

GRIMSBY AND DISTRICT HOSPITAL
(164 Beds)
(Recognised under the Regulations for F R C S)

SENIOR HOUSE SURGEON (Male)

Applications are invited for the post of Senior House Surgeon Remuneration £160 per annum, with board residence etc

Candidates must be fully qualified and registered and previous Hospital appointment experience is desirable

Duties to commence February 1st

The successful candidate will be appointed for six months and may apply for re-election

Applications stating age qualifications experience and not more than three recent testimonials to be forwarded to the undersigned at once

H B COATES
January 5th 1937 Secretary Supt

GRIMSBY AND DISTRICT HOSPITAL
(164 Beds)

HOUSE PHYSICIAN (Male)

Applications are invited for the post of House Physician Remuneration £150 per annum with board residence etc

Candidates must be fully qualified and registered and previous Hospital appointment experience is desirable

Duties to commence February 1st

The successful candidate will be appointed for six months and may apply for re-election

Applications stating age qualifications experience and not more than three recent testimonials to be forwarded to the undersigned at once

H B COATES
January 5th 1937 Secretary Supt

HOUNSLOW HOSPITAL, STAINES ROAD, HOUNSLOW, MIDDLESEX (70 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER to the above hospital Candidates must have held responsible house appointments Salary £250 per annum with board residence etc Duties to commence February 8th Applications stating age qualifications, nationality etc with copies of three recent testimonials and endorsed R S O to be forwarded by January 25th to the Secretary from whom further particulars of the post can be obtained

HERTFORD COUNTY HOSPITAL
(169 Beds—3 residents)

Applications are invited for the post of HOUSE PHYSICIAN (male)

Salary £150 per annum with board residence and laundry Duties to include Casualty The appointment is for six months in the first instance

Applications together with copies of three recent testimonials should be forwarded to the undersigned

PERCY G BROOKS Secretary

KENT AND CANTERBURY HOSPITAL
(137 Beds)

HOUSE PHYSICIAN required (male & married) to commence duties about the middle of February Six months appointment Salary payable at the rate of £125 per annum plus board residence and laundry There are two other Resident Medical Officers

Applications stating age and particulars of qualifications together with copies of testimonials should be forwarded to the undersigned immediately

J F KENT Supt & Sec

MANCHESTER NORTHERN HOSPITAL
(General Hospital—113 Beds)
Cheetham Hill Road MANCHESTER 8

Applications are invited for the posts of RESIDENT HOUSE PHYSICIAN and RESIDENT HOUSE SURGEON Salary £100 per annum with board and residence

The appointments are for six months from mid February successful candidate are eligible for re appointment for a further six months

Applications stating age qualifications and nationality with copies of not less than two recent testimonials should be sent to W JAMES C DANIELS Secretary 38 Exchange Arcade Manchester 3 by January 20th

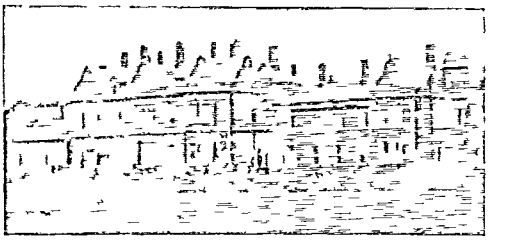
WHITEHAVEN AND WEST CUMBERLAND HOSPITAL

HOUSE SURGEON required by February 1st Six months appointment Salary at the rate of £150 per annum with board residence laundry Applications with copies of two recent testimonials to be sent to the [illegible]

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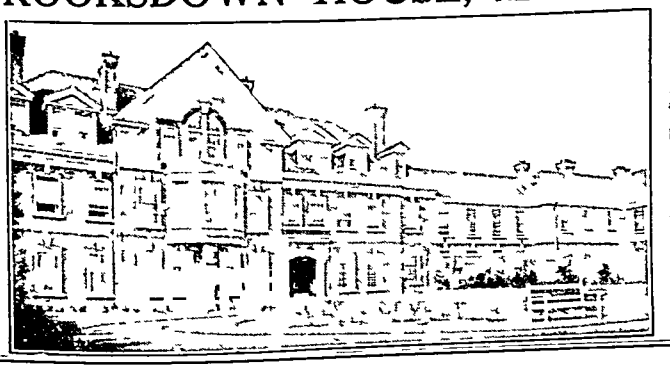
The fees are from 15 guineas a week They include medical attendance all scientific investigations that may be needed such as analyses bacteriological cultures the ordinary *x* ray examinations and electrocardiograph readings all treatment that may be prescribed such as special diets insulin artificial sunlight electrical treatment baths massage nursing medicines or vaccines board and lodging

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Methods of Treatment at
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The Lecture will be open to Medical Practitioner

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F R C S (Eng)	First 1919 36	188
	Part	183
M R C P (Lond)	1919 36	270
D P H	(Various) 1919 36 (Completed Exams)	342
F R C S (Edin),	1918 36	63
M R C S, L R C P	Total 1919 36 (Completed Exam)	587

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UNIVERSITY OF LONDON

HEATH CLARK LECTURES

A Course of Five Lectures on The Development of Bacteriology (with special reference to some of the Diseases which it has helped to overcome) will be given by Professor WILLIAM BULLOCH M D F R S (Emeritus Professor of Bacteriology in the University) at the London School of Hygiene and Tropical Medicine Keppel Street (Gower Street) W C 1 on January 25th and 27th and February 1st 3rd and 5th 5 p.m. At the Royal Institution of Great Britain Albemarle Street W 1 on January 29th taken by Professor H F Newall F R S (Emeritus Professor of Astronomy in the University of Cambridge)
Admission free without ticket
S P WORSLEY Academic Registrar

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NORTH WALES COAST—Old established PRACTICE situate in good residential area Excellent newly decorated house for sale Receipts £1,368 p a Panel 537 Fees mostly 5/ Reasonable offer accepted for quick sale

LANCS—Old established working class PRACTICE in large Town Surgery on main road with flat above to be rented on lease at £60 p a Receipts £750 p a Panel 1 150 Premium £1,200, to include drugs fixtures, fittings etc

LONDON S L — Old established middle class PRACTICE in pleasant suburban district Excellent semi detached house in excellent state of repair for sale Receipts £652 p a Panel 583 Large well stocked garden Premium 1½ years purchase

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BUCKS — Old established unopposed Country PRACTICE situate in riverside town Accommodation rented at £1 p w Houses available if desired Receipts for 1936 £600 (increasing) Panel 420 Premium 1½ years purchase

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Financial Assistance arranged **Quotations upon application**

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Dr K H BENNETT and *Dr W J* PARAMORE, who give personal attention to every client

Financial Assistance for Purchasers and all Classes of Medical Insurance arranged

LOCUMS AND ASSISTANTS SUPPLIED WITHOUT CHARGE TO PRINCIPALS

For exclusive Agency maximum commission is £50, which includes everything sold except house property

1 WEST COAST—PARTNERSHIP in non panel Practice in favourite resort New Partner to go on panel Total receipts average £3 325 p a increasing Third share Prem £2 300 House sale or rent

2 LONDON S E — Unopposed PRACTICE offering great scope. Good reason for sale Established 4 years Panel 500 Receipts £950 p a 2 years purchase or near offer House sale or rent

3 GLOUCESTERSHIRE—Country town PRACTICE Cottage Hospital Over £1 100 p a Panel 800 1¾ years purchase House sale or rent Very pleasant district

4 LONDON S E — PARTNERSHIP for sale Panel 3 800 Total receipts £2 300 Half share at 2½ years purchase Can share house if desired

5 BRISTOL—Good class non panel PRACTICE in best part Good scope for panel Average over £800 p a formerly much more Vendor retiring Price £700 Good house

6 S ENGLAND—PARTNERSHIP in delightful country town Vendor's end is separate and unopposed Share producing £1 420 p a at 2 years purchase Total panel about 2 860 Excellent house

7 LONDON—City PRACTICE Panel about 1 170 Receipts about £870 Very old established £3,000 for Practice and good house

8 CLOUCESTERSHIRE—Recently established country town PRACTICE £464 last year, steadily increasing Panel 353 Price £600 House rent

22, CLARE STREET, BRISTOL, 1

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WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof) —Good mixed PRACTICE with a panel of 1 000 over and receipts of £1 500—£3,000 URGENTLY REQUIRED CAPITAL AVAILABLE

2 NORTH WEST MIDLANDS — Good mixed PRACTICE with substantial panel and income of from £1 500 upwards IMMEDIATELY REQUIRED CAPITAL AVAILABLE

3 REQUIRED — Good English Scotch and Irish ASSISTANTS immediate posts to offer, both Indoor and Outdoor

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1 MIDLANDS—Half share (new large Estate no other Doctor allowed to build or open surgeries) Fine opportunity for young married man Should be British and well qualified Good modern house available

2 SOUTH COAST—Good mixed PRACTICE Receipts well over £1 200 p a Panel 1 300 Excellent house All services

3 YORKS—East Coast Town Old established private and panel PRACTICE Receipts average £1 400 p a Panel over 800 and both increasing Good house

4 BIRMINGHAM—Old established PRACTICE Receipts average £2 000 p a Panel 2,600 With suitable accommodation Good residential suburb Good scope to increase

GOOD ENGLISH LOCUMS REQUIRED

FINANCIAL ASSISTANCE afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms Full particulars on application

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No 2788—Urban and Rural PRACTICE for sale in Lancs Panel 2 030 Average three years receipts £2 197 Premium 1¼ years purchase Rent of house £40 on 999 years lease Old established Vendor retiring Branch surgery at rent £30 p a

No 2787—Industrial working class PRACTICE in Leeds Old established Panel 1 500 Private practice £100 Scope for increase Premium £1 600 to include house, practice, private and panel patients Vendor retiring

No 2786—DEATH VACANCY for disposal near Leeds Receipts £500 gross including private and panel patients Panel 700 Rent of house £60 p a

No 2789—Industrial PRACTICE near Dewsbury for sale practically unopposed Panel 1 400 Average three years receipts £1 550 Rent of house on lease £55 p a Premium £3 000 Good sound practice

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The maximum Commission charged on the sale of any practice or share placed exclusively in our hands is £50 No Commission is charged on the sale of anything else except house property

Scale of charges sent on application

FOR DISPOSAL

HANTS — COUNTRY PRACTICE ABOUT £1 900 p a steadily increasing and Old estab Panel 1 300 Clubs £130 Two houses available Would suit two friends in Partnership—1

NORTH EAST ENGLAND—LUCRATIVE OLD estab Town PRACTICE Over £2 000 p a Panel 2,200 Clubs and appts about £60 Good fees Premium 2 years purchase Detached house 5 bedrooms 2 reception, etc To be sold or let—2

SURREY—£900 P A, PLUS APPT £50 Small panel Fees 7/6, 10/6 etc Convenient modern bungalow Rent £40 pa Premium 2 years purchase—3

ESSEX SUBURB—AVERAGE £600 P A AND ample scope to young active man Panel 430 Visits 4/ up House on arterial road 2 recep, 4 bed, etc Rent £90 p a—4

NORTHERN TOWN—SHARE WORTH £1 p a Good panel and some appts Share House in best locality to rent—5

NORTH LONDON—£300 P A AND SCOPE TO double in hands of younger man Very about 80 Beautifully situated house 5 to 3 recep ¾ acre Price only £1 250 (£1 000 mortgage if required) No premium Sell practice and appointment—6

LONDON, S E — RAPIDLY INCREASING PRACTICE in good position Now £400 p a Panel 500 Easily worked Price £1 800 or near offer 8 roomed house available Price only £800—7

LONDON, E—£350 P A OR MORE. PANEL over 350 Densely populated district Good scope to increase Surgery waiting room and 2 bed, to rent Premium £500 or near offer—8

DERBYSHIRE.—WOMAN'S PRACTICE £1 p a with ample scope has been Panel 80 Fees 3/6 to 5/ House to rent £58 p a Premium £150 or offer—9

LONDON, N—£950/£1 000 PANEL ONE 900 Fees 3/ to 5/ Appt £65 p a 6 roomed house Rent £125 inclusive Premium 2 000 gns or near—10

SOUTH COAST RESORT — ONE THIRD share Over £1 500 p a. Panel Appt £125 Premium 2 years purchase cellent house to rent at £75 p a—11

LONDON S E — OLD ESTABLISHED PRACTICE Income £1 300 to £1 500 Panel 850 House with 4 bedrooms 2 rec rooms surgery and waiting room separate entrance, etc—12.

KENT—WITHIN 12 MILES—ABOUT £1 p a Panel 985 increasing Good neighbourhood No midwifery but scope Close houses Premium £2 250—13

EASTERN COUNTIES — PARTNERSHIP Half share of £3 200 p a Panel 1 Fees 5/ to 21/ Premium 2 years purchase Good house 7/8 bed ¾ acre garden etc Leasehold £2 250—14

S. E COAST — AVERAGE £1,450 P A Over 500 Good middle-class Premium 2 years purchase Double-fronted flat available or house if desired—15

MONMOUTHSHIRE—AVERAGE £1 000 Panel 600—700 Old estd Premium years purchase Good house 3 recep etc Rent £60 or sell—16

BUCKS—ABOUT £600 P A INCREASING Panel 440 Visits 5/ up 1½ years purchase Suitable accom for bachelor—17

WEST END—AVERAGE £900 AND Old est Non disp Panel 530 10/6 to 21/ Premium 2 years Good house on lease—18

ESSEX—WITHIN EASY REACH OVER £ p a Panel 630 Well established Fees 5/ Cons house 4 bed etc on lease £65 WORTH £1

LONDON, N W — SHARE WORTH £1 p a Middle and working class Panel Visits 2/6 to 10/6 Premium 2 years preferred under 35 Premium 2 years purchase Small flat to let and garage

NO CHARGE TO PURCHASER

FINANCIAL ASSISTANCE ARRANGED

ASSISTANTS—MANY VACANCIES IN and Country Indoor and Outdoor on application

GOVERNMENT OF INDIA

Applications are invited for the appointment of DIRECTOR OF THE ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH CALCUTTA The Director will act as Professor of Public Health Administration

A Diploma in Public Health of a recognized University and ability to teach the subject of Hygiene in its wider aspects are essential qualifications

The appointment will be made on agreement for five years in the first instance with an option on each party and for such period as the Government may decide Pay Rs 1450 rising by biennial increment of Rs 50 to Rs 1750 a calendar month plus special pay of Rs 400 a month Free passage to India and return on satisfactory termination of service Provident Fund (Return passage and Overseas pay admissible only to officers of non Asiatic domicile) Furlough on approximately

Application will be accepted from officers of the Indian Medical Service and of Provincial Services under Government in India in respect of whom special conditions will apply

Further particulars and form of application may be obtained on application by postcard from the High Commissioner for India Central Department India House Aldwych London WC2 Last date for receipt of application January 30th

RHONDDA URBAN DISTRICT COUNCIL

WOMAN ASSISTANT MEDICAL OFFICER

Applications are invited from unmarried or widowed women Medical Practitioners not exceeding 45 years of age for appointment as Assistant Medical Officer under the direction and supervision of the Councils Medical Officer of Health and School Medical Officer at a salary of £500 rising by annual increment of £25 to £600 a year the first annual increment being payable on April 1st following the completion of six calendar months service under the Council travelling expenses only will be incurred in the performance of the duties will also be allowed Candidates must have had not less than two years professional experience subsequent to registration and must be experienced in Ultra violet Radiation and Orthopaedic treatment The possession of a Diploma in Public Health is also considered desirable The appointment which is designated under the Local Government and Other Officers Superannuation Act 1922 will be subject to the passing of a medical examination and will be terminable by two calendar months notice on either side The officer appointed will be required to reside within the Rhondda Urban District and will not be allowed to engage in private practice

Applications are to be made on forms obtainable from the Medical Officer of Health Tudful House Llwynypia Street Pentre Rhondda by whom they must be received endorsed Assistant Medical Officer and accompanied by copies of three recent testimonials not later than the first post on Friday January 22nd

The Council Office D J JONES
Pentre Rhondda Clerk of the
January 4th 1937 Council

COUNTY OF LINCOLN—PARTS OF LINDSEY

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH TUBERCULOSIS OFFICER AND SCHOOL MEDICAL OFFICER

Applications are invited for the above mentioned appointment from registered Medical Practitioners holding a Diploma in Public Health

Salary will be at the rate of £500 per annum rising by annual increments of £25 to £700 per annum

The person appointed will be required to provide a car but travelling expenses in accordance with the scale fixed by the County Council from time to time will be allowed

The appointment will be made in accordance with the Local Government (Qualifications of Medical Officers and Health Visitors) Regulation 1930 and will be terminable by three months notice on either side to be given at any time

The successful candidate will also be required to pass a medical examination and to contribute to the fund established by the Council under the Local Government and Other Officers Superannuation Act 1922

Particulars of the appointment together with an application form may be obtained from the undersigned to be accompanied by such testimonials as should be received not later than

C C
Public Health Department
County Offices Lincoln.
January 4th 1937

URBAN DISTRICT COUNCIL OF ENFIELD

DEPUTY MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER (Male)

The Urban District Council of Enfield invite applications for the appointment of a Male Deputy Medical Officer of Health and Assistant School Medical Officer

The commencing salary will be £600 per annum rising by annual increments of £25 to a maximum of £750 per annum subject to a deduction of £5 per cent in pursuance of the Local Government and Other Officers Superannuation Act 1922 An allowance of £40 per annum will also be paid for the provision and maintenance of a motor car

Candidates must be registered Medical Practitioners under 40 years of age of at least three years standing and should have had Midwifery and Child Welfare and School Medical experience

Applicants must also possess the Diploma in Public Health

The person appointed will be required to reside in the district and the whole of his time to the duties of the office will not be allowed to engage in private practice and will work under the supervision of the Medical Officer of Health who is also the School Medical Officer

The appointment will be determinable by one month's notice from either side and on other terms whereof will be that it will be subject to the regulations made from time to time by the Council in regard to holidays and the payment of salary during period of sickness The person appointed will be required to pass a medical examination

Candidates must disclose in writing whether to their knowledge they are related to any officer or employee of the Council and a candidate who fails to do so will be disqualified for the appointment and if appointed will be liable to dismissal without notice

Applications accompanied by copies of not more than three recent testimonials must reach the undersigned not later than noon on Monday February 1st in envelope endorsed Deputy MOH and Asst SMO

Canvassing members of the Council directly or indirectly will disqualify candidates for the appointment

Forms of application will be supplied by the undersigned upon the receipt of a stamped addressed foolscap envelope

Public Offices S J DABBS
Enfield Middlesex Clerk of the Council
December 30th 1936

METROPOLITAN BOROUGH OF STOKE NEWINGTON

ASSISTANT MEDICAL OFFICER OF HEALTH (Woman)

The Council invite application from fully qualified Medical Women for the appointment of a Whole time Assistant Medical Officer of Health

Applicants must be under 40 years of age and possess the *Diploma in Public Health* The following experience is essential full details of which must be given in the application form —

1 Special experience in the management and dietetics of infancy

2 A post graduate appointment in a *Hospital* devoted to the treatment of children diseases

3 Special experience in ante natal care and management of pregnancy

Practical experience in artificial light therapy, School testing and immunization against diphtheria will be regarded as valuable additional qualification

The officer appointed will work under the direction and control of the Medical Officer of Health and her principal duties will be in connection with Maternity and Child Welfare but he must be prepared to undertake any other duties relative to the Public Health work of the Council when required so to do

The salary is £500 per annum rising by annual increments of £25 to a maximum of £700 The appointment may be determined by three months notice on either side and the successful candidate must pass the medical examination prescribed by the Council and be subject to the provisions of the Shoreditch and Other Metropolitan Boroughs Council (Superannuation) Act 1922 35

Forms to be obtained from the Town Hall Stoke Newington on the official form of three recent testimonials to the Medical Assistant Medical Officer of Health and must be received not later than Saturday January 23rd

Canvassing directly or indirectly will disqualify

Town Hall C KENT WRIGHT
Stoke Newington N 16 Town Clerk.

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT— TUBERCULOSIS SECTION

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from male registered Medical Practitioners for the post of Assistant Resident Medical Officer in the Tuberculosis Section of the Public Health Department The successful candidate will be employed both in a Sanatorium and in a Dispensary

Candidates should have had a wide General Hospital appointment or an appointment in the Institution for the treatment of those suffering from Tuberculosis Experience in the diagnosis and treatment of non pulmonary forms of Tuberculosis desirable

The commencing salary will be at the rate of £400 per annum rising by £50 to £450 per annum with emoluments valued at £150 per annum

The officer appointed will be required to reside in the Council Hall for a year and emolument (other than the salary received by him

The successful candidate will be required to pass an approved medical examination to contribute to the Superannuation Scheme established under the Local Government and Other Officers Superannuation Act 1922 as amended by Section 82 of the Birmingham Corporation Act 1935—Annuities for Widows—and if under 30 years of age to join the Birmingham Municipal Officers Widows and Orphans Pensions Scheme

The appointment will be terminable by one month notice on either side

Form of application and a summary of duties may be obtained from and should be returned with three recent testimonials to the Chief Clinical Tuberculosis Officer 191 Great Charles Street Birmingham 3 not later than January 22nd

Council House F H C WILTSHIRE
Birmingham 1 Town Clerk.

BOROUGH OF EALING

RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from duly qualified Medical Men (single) with a Public Health qualification for the position of Resident Assistant Medical Officer

The duties will include the medical care of patients in the Chiswick and Ealing Isolation Hospital South Ealing and the medical inspection and treatment of school children at schools and Health Centre in the Borough of Ealing

The person appointed will reside at the Isolation Hospital where furnished rooms and board will be provided

The person appointed will be required to devote his whole time to the duties and will not be allowed to engage in private practice The salary will be at the rate of £350 per annum rising by £25 per annum to a maximum of £550 plus board and residence as indicated above and valued at £150 per annum A deduction of 5 per cent will be made from the salary in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 which has been adopted by the Council and the appointment will be subject to passing the Council medical examination in connection therewith Canvassing will be a disqualification

Copies of the application form and terms of appointment can be obtained from Dr THOMAS Offices Medical Officer of Health Town Hall Ealing W 5 to whom application accompanied by copies of not more than three recent testimonials must be delivered no later than January 21st

Town Hall F H WANKLYN
Ealing W 5 Town Clerk

HULL CORPORATION HEALTH DEPARTMENT

HULL MUNICIPAL MATERNITY HOME AND INFANTS HOSPITAL (104 Beds)

JUNIOR RESIDENT MEDICAL OFFICER (Woman)

Applications are invited from unmarried or widowed Women Medical Practitioners for the appointment of Junior Resident Medical Officer at the above Institution

Salary £100 per annum with board washing and residence at the Maternity Home

The appointment will be for six months with the possibility of extension for a further period of six months

Application on form to be obtained from the undersigned are returnable not later than noon on Thursday January 21st

NICOLAS GEDDIE M D
Medical Officer of Health
Health Department (1st) Guildhall Hull.
January 1937

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W.C.1

Tele Address
Triform Westcent—London

Telephone Euston {1644 / 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business, and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts, furniture, drugs, fittings and other effects (excluding sales of any freehold or leasehold property or of practices effects etc, outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. **Full particulars sent free.**

1 KENT COAST —Partnership in old established PRACTICE in small growing fashionable Seaside Resort Cash receipts average over £4 300 p a including valuable appointments and panel about 2 000 Visits 3/6 to £1 1s Very little dispensing Not much midwifery Specially built house (4 bedrooms etc) with garage and garden for sale or rent Prem one fourth share two and a quarter yrs pur

2 W OF ENGLAND —Good-class non-dispensing PRACTICE in first rate Residential Town Cash receipts (1936) over £1 600 No panel or appointments House contains 8 bedrooms, etc with garage and small garden Price £1,800 Excellent society and educational facilities Scope Premium two years purchase

3 N DEVON —Old-established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 330 Visits 5/- upwards Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting shooting fishing golf etc Premium one and a half years purchase

4 DEATH VACANCY — LONDON, S E — Old-established PRACTICE Receipts average 3 years ended April 5th 1936 £620 p a Panel about 700 Ten roomed house in good position on main road with separate entrance to surg Garden no gar Rent £130 p a Scope for increase

5 ESSEX — Well-established better working and middle class PRACTICE averaging £600 p a in outlying Suburban District Panel 430 House on main road with small garden front and back Rent £90 p a on lease Good scope—building going on Premium £1 200 cash

6 AUSTRALIA —Very old established Practice in one of the best (chiefly Sheep Farming) Districts in Victoria Receipts year ended June 1936 £1 690 including appointments worth £225 p a Light roomed house rent £60 p a Premium to include furniture contents of dispensary, etc, £800 (English currency)

7 LONDON S E —Partnership in old-established rapidly increasing Practice of £2 250 p a, including Panel 2 000 and appointment worth £200 p a Good house with garage in residential area price £2 600 Premium one half share £2 800 Considerable scope

8 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3 300 p a in Market Town No panel Less 5/- to £1 1s Suitable house obtainable Premium one-half share two years purchase

9 EAST ANGLIA —Partnership in sound old established Practice over £6 000 p a in most desirable Country Town Good appointments and panel over 3 000 Not much midwifery Suitable house available One sixth share at first at two years purchase

10 S MIDLANDS — Old established steadily increasing PRACTICE averaging £1 170 p a in small Country Town Club worth £175 p a and panel of 745 House (6 bedrooms etc) with garage and garden Rent £65 p a Premium £2 100

11 CO DURHAM —Well established Practice about £1,100 p a in Residential Colliery District within easy distance of Newcastle Appointments worth £85 p a and panel 840 Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent Premium one and a half years purchase

12 LONDON, S E —Working and middle class PRACTICE occupying commanding position near large LCC Estate Cash receipts 1936 £950 including panel of 500 Small house for sale or rent Enormous scope Premium £1,800 or near offer

13 S BUCKS — Well-established Practice between £500/£600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope Premium one and a half years purchase

14 N WALES WATERING PLACE —Good class non-panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired Prem one years purchase

15 EASTERN COUNTIES —Partnership in Practice about £2 500 p a in progressive Market Town in Agricultural District Panel over 1 400 Good house (7 bedrooms) with garage and garden to rent Well equipped Hospital Ample scope Premium one half share two years purchase

16 S W OF ENGLAND —Partnership (with early succession) in old established good class Practice about £1 600 p a in beautifully situated Watering Place Visits up to £2 2s No panel or midwifery Patients are of high class and include county families Share of about £800 p a at first at two and three quarter years purchase Cottage Hospital Short preliminary Assistantship Applicant should be graduate of Oxford Cambridge or London

17 BIRMINGHAM — Old established upper and middle class PRACTICE averaging £1 340 p a in one of the best Residential Districts No panel Visits 5/- to 10/6 Suitable house could be obtained Premium one and three quarter years purchase

18 LONDON W 9 — Well established non dispensing PRACTICE averaging about £1 000 p a in good residential part Practically no panel Visits 10/6 to £2 2s Accommodation comprises in addition to consulting room etc 4 bedrooms boxroom etc Large garden Rent £200 p a inclusive Scope for increase Premium one years purchase

ROYAL LONDON OPHTHALMIC HOSPITAL (MOORFIELDS EYE HOSPITAL)
City Road E C 1

HONORARY ASSISTANT PHYSICIAN

Applications are invited for the post of Honorary Assistant Physician to the above Hospital.

Candidates must be Fellows or Members of the Royal College of Physicians of London.

Canvassing is not permitted. Candidates are required to send applications with copies of testimonials to the Members of the Committee of Management and the acting Medical and Surgical Staff whose names and addresses can be obtained on application to the Secretary.

Applications stating age and with copies of not more than three testimonials must be received by the undersigned not later than First Post on Thursday January 28th.

A. J. M. TALIANI, Secretary.

VICTORIA HOSPITAL FOR CHILDREN
Tite Street, Chelsea, S.W.3. (138 Beds.)

The Committee of Management invite application for the post of HOUSE PHYSICIAN and HOUSE SURGEON (both vacant February 1st). The appointment, for six months, Salaries at the rate of £100 per annum with board, lodging and washing.

Candidates will be expected to attend the Hospital for an interview. They must hold medical and surgical qualifications and be registered under the Medical Acts.

Applications with copies of three testimonials should be sent to the Secretary not later than first Post on Tuesday, January 19th.

D. ST. JOHN BAMFORD, Secretary.

VICTORIA HOSPITAL FOR CHILDREN
Tite Street, Chelsea, S.W.3. (138 Beds.)

The Committee of Management invite application for the post of CASUALTY OFFICER for a period of three months. Duties to commence on February 1st.

Hours 9 a.m. to 1.30 p.m. daily (including Saturday). Salary at the rate of £200 per annum with lunch.

Candidates are expected to attend a Sub-Committee for an interview, and should send their applications, and copies of three testimonials to the Secretary not later than first Post on Tuesday, January 19th.

D. ST. JOHN BAMFORD, Secretary.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS
Victoria Park, E.2.
(Bus, Tram and Rail: Cambridge Heath L. & N.E. Railway.)

A vacancy for a HOUSE PHYSICIAN (male) will occur on March 1st. Six months' appointment. Salary at the rate of £100 per annum. Board residence and laundry provided.

Application, with copies of testimonials (three), should be sent to the Secretary on or before Friday, February 5th.

ELELINA HOSPITAL FOR SICK CHILDREN
Southwark, S.E.1.

Applications are invited for the post of HOUSE PHYSICIAN (male) for six months from February 12th (first two months in the Casualty and Out-patient Department). Salary at the rate of £120 per annum with board and residence.

Application, stating age, experience and qualifications, accompanied by copies of three testimonials, should be sent to the undersigned not later than January 20th.

W. H. SIDNELL,
January, 1937. House Governor.

EAST HAM MEMORIAL HOSPITAL
Shrewsbury Road, E.7. (100 Beds.)

Applications are invited for the post of HOUSE PHYSICIAN (male). The appointment is for six months, commencing March 1st. Salary at the rate of £150 per annum with board, residence and laundry. Application, stating age, nationality, experience and full particulars, together with copies of three testimonials, should reach the undersigned by February 4th.

REGINALD PERRY, Secretary.

METROPOLITAN HOSPITAL
London, E.8.

Applications are invited for the post of PSYCHIATRIST to the Hospital. Candidates must be graduates in medicine of a British University, and must hold either a D.P.M. or an M.D. in Psychological Medicine.

Particulars of the duties of the appointment may be obtained from the undersigned. Applications must be received by February 6th.

FRANK JENNINGS, House Governor & Secretary.

SEAMEN'S HOSPITAL SOCIETY

The Committee of Management invite application for the appointment of RESIDENT MEDICAL SUPERINTENDENT at the HOSPITAL FOR TROPICAL DISEASES, GOLDEN SQUARE, W.C.1.

The appointment will be tenable for two years, thereafter from year to year at the discretion of the Board of Management. Salary £400 per annum, with board, residence and laundry. Candidate, who should be single, must be Medically qualified and registered, and should have had experience in tropical medicine. Membership of the Royal College of Physicians is desirable but not essential. Applications, stating age, with copies of not more than three, not testimonials to be sent in by or before January 21st, to the Secretary, Seamen's Hospital Society, Greenwich, London, S.E.10.

December 21st, 1936.

THE MIDDLESEX HOSPITAL, W.1

Application are invited for the appointment of RESIDENT MEDICAL OFFICER. Appointment in the first instance for three years, renewable annually thereafter for a further three years. Salary £400 per annum rising by £20 to £500 with board and residence provided in the College where he will be required to reside.

Candidates must be Medical Practitioners of the United Kingdom, Members of the Royal College of Physicians of London or Masters in Surgery or Fellows of the Royal College of Surgeons.

Application (thirty copies), supported by copies of testimonials, should be submitted by February 10th.

S. R. C. PHIMSOLL, Secretary Supt.

WEST END HOSPITAL FOR NERVOUS DISEASES
In-patient Department, Gloucester Gate, Regent's Park, N.W.1.

The Committee of Management invites applications for TWO RESIDENT HOUSE PHYSICIANS (male) duties to commence March 1st. Salary at the rate of £125 per annum with board residence and laundry.

Preference will be given to candidates who have held a Resident appointment in a General Hospital.

Application with copies of three recent testimonials must be received by the undersigned not later than Monday, January 25th.

J. J. WETENHALL,
Secretary and House Governor.
73 Welbeck Street, W.1.

APPLICATIONS ARE INVITED FOR THE post of ASSISTANT SURGEON to the PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN. Candidates must be doubly qualified. They should be Fellows of the Royal College of Surgeons of England engaged chiefly in the practice of Surgery. They should also have in view the fact that the early removal of the in-patient department of the Hospital to Banstead, Surrey, is contemplated. Candidates are expected to call on members of the Honorary Staff. Application should be sent not later than February 1st to the Secretary, The Princess Elizabeth of York Hospital for Children, Glamis Road, Shadwell, London, E.1.

WEST END HOSPITAL FOR NERVOUS DISEASES
Out-Patient Dept., 73 Welbeck Street, W.1.

The Committee of Management invites applications for an HONORARY PSYCHOTHERAPIST for the Out-patient Department.

Candidates are requested to obtain further particulars as to clinic time etc. from the undersigned to whom application with copies of not more than three recent testimonials should be posted not later than Monday, January 25th.

J. P. WETENHALL, Sec. & House Gov.

HOSPITAL FOR EPILEPSY & PARALYSIS
Maida Vale, W.9.

HONORARY PSYCHIATRIST REQUIRED

The Committee invite applications for the appointment of a Second Psychiatrist. Applications should be accompanied by copies of not more than three testimonials and should reach me by January 30th.

H. W. BURLEIGH, Sec. & Gen. Supt.

UNIVERSITY COLLEGE HOSPITAL
Gower Street, W.C.1.

Applications are invited for the post of whole-time PEDIATRIST in the X-Ray Therapeutic Department. Salary at the rate of £250 per annum (non-resident).

Application, accompanied by evidence of fitness for the post, must reach the Secretary by first Post on Monday, January 25th.

THE ROYAL HOSPITAL, WOLVERHAMPTON
(Incorporated under Charter)

GYNAECOLOGICAL AND OBSTETRIC DEPARTMENT

ASSISTANT RESIDENT MEDICAL OFFICER (Female) required for the above Department (60 beds) duties to commence February 1st.

Candidate must be registered under the Medical Act and unmarried.

The appointment is for six months. Salary at the rate of £100 per annum. Board furnished room and laundry provided. Application with copies of testimonials to be forwarded to the undersigned.

Wolverhampton, W. H. HARPER,
January 1st, 1937. House Governor.

VICTORIA HOSPITAL, ACCRINGTON

The Governing Body of the Hospital invite application for the post of HOUSE SURGEON vacant on February 22nd.

Candidate must be duly qualified and registered. Number of beds 50. Salary £150 per annum with board and lodging.

Condition of appointment and particulars of duties may be obtained from the undersigned to whom application with copies only of testimonials should be sent on or before the 27th instant.

Victoria Hospital, Accrington. J. RENTON, Secretary.

BURSLEM, HAYWOOD & TUNSTALL WAR MEMORIAL HOSPITAL
HIGH LANE, TUNSTALL, STOKE-ON-TRENT
(66 Beds—Approved Training School for Nurses)

Applications (male or female) are invited for the post of RESIDENT HOUSE SURGEON. Salary £175 per annum with board residence and laundry. To commence duties on February 1st. The appointment is for six months with first intimation that application for appointment will be required to reside.

Applications stating age and experience with copies of three recent testimonials must be sent to the undersigned not later than Saturday, January 30th.

A. V. Count, Hospital. JOHN T. GOLDIE,
January 11th, 1937. Secretary & Treasurer.

DONCASTER ROYAL INFIRMARY AND DISPENSARY (100 Beds)
Recognised under the Regulations for the F.R.C.S.

RESIDENT SURGICAL OFFICER (male) required. Experience in the treatment of fractures essential, also experience in General Surgery.

Salary to commence at £250 per annum or according to experience with board residence and laundry.

Application, accompanied by not more than three testimonials to be sent to the Secretary, Superintendent.

DONCASTER ROYAL INFIRMARY AND DISPENSARY (185 Beds)

CASUALTY HOUSE SURGEON (male) required immediately. Salary at the rate of £175 per annum with residence, board and laundry.

Application, accompanied by not more than three testimonials to be sent to the Secretary, Superintendent.

WESTERN INFIRMARY OF GLASGOW
(INCORPORATED)

The Managers invite application for a FULL-TIME ASSISTANT RADIOLOGIST.

The salary is £400 per annum. Candidates are required to lodge with the Superintendent on or before February 6th, five copies of their application with copies of not more than two recent testimonials with each application.

Candidates must have a Diploma in Radiology and previous experience in General Medicine.

Canvassing not permitted.

J. MATHESON JOHNSTON,
Secretary & Treasurer.

82 Union Street, Glasgow.
December 30th, 1936.

BOVRIL MEDICAL AGENCY, Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C 2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 NORTH WALES COAST —Old established chiefly better class PRACTICE in beautiful country district Gross cash receipts average £1 368 p a Fees 5/6 to 21/ Good house newly decorated, with excellent garden Reasonable premium for prompt sale

2 LONDON SOUTH EAST —Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as further building is in progress Good house in excellent condition containing 2 reception consulting room 4 to 6 bedrooms, dressing room etc Price £500 Premium £2 400

3 S E LONDON —Good mixed class PRACTICE averaging £1 473 p a Panel of 820 Very moderate expenses House contains 2 reception 5 bedrooms garden garage Freehold for sale Golf, etc and good schools Premium 2 years purchase

4 OUTLYING EASTERN SUBURB —Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 10/6 Panel of 430 Suitable house can be rented at £90 p a Premium £1 200

5 S E LONDON —Well established PRACTICE producing from £600 to £700 p a including panel of 550 Suitable house available at rea onable price Premium 1½ years purchase

6 LADY DOCTOR S PRACTICE —Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 50 Fees 3/6 to 10/6 Hou e can be ren ed P asonable premium

7 LONDON S E —LOCK UP PRACTICE —Recently established PRACTICE producing about £330 p a No panel or appointments Suitable premises can be rented at 15/ per week Premium £350

8 LONDON WEST —Old established PRACTICE producing about £700 p a including panel of 500 Well situated house with 2 reception 7 bedrooms etc Garden Leasehold for sale R a onable premium

9 S E LONDON —Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £750 Panel of 600 increasing House in good repair containing 2 sitting 3 bedrooms etc Premium 2 years purchase

10 MIDDLESEX —Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5 Suitable house with 2 reception 4 bedrooms etc For sale or on rental

11 SURREY —LARGE TOWN WITHIN EASY REACH OF LONDON — Recently established PRACTICE at present producing about £250 p a including panel of 180 Very good scope Fees from 3/6 Suitable house in good position containing 2 reception 3 bedrooms etc Freehold for sale Premium £300

12 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Applicants must hold the F R C S and be capable of undertaking major surgery Prote tant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

13 MIDDLESEX RIVERSIDE —Middle class PRACTICE stated to offer scope for increase and at pre ent producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £52 p a alternatively practice can be worked as a lock up Premium 1½ years purchase

14 WALES —Unoppo ed country PRACTICE producing approximately £2 000 p a including panel and appointments bringing in about £1 000 p a Visits and medicine 3 6 to 21/ Suitable hou e with 2 sitting 3 bedrooms etc good profe sional rooms Rent on lease £35 p a Premium 1½ years purchase Knowledge of Welsh desirable but not essential

15 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP —One half share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced married man good worker

16 LONDON S E 10 —Old established mixed class PRACTICE held by Vendor over 20 years Very gro s cash r ceipts £836 p a Panel of 3 5 On appointment worth about £26 p a Fees 2 6 to 10/6 Suitable house with ample accommodation on rental Offers invited

17 RIVERSIDE SUBURB —Recently e tabli hed PRACTICE producing about £200 p a and stated to offer consid rable scope Panel of 100 Fees from 2 6 Suitable hou e with 3 reception 3 bedrooms etc Card n Garage R nt £80 p a Pr mium £300

18 FAVOURITE SOUTH COAST TOWN — PARTNERSHIP —A three tenth share (with increase later) is offered in an old established st ady m rea ing g n l middle cl s Practice producing at present over £5 00 p a Pa l of approximately 1 800 Fees from 5 upward Suitable ran nett avail on rental Pr m 2 yrs purch

19 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE is te tabli h d and stated to offer considerable scope for increase Gr ss cash r ceipt for pa t 12 months approximately £400 Small h e can be rented at 25 per week Premium one year pur hase

20 WITHIN 12 MILES OF LONDON —Recently e tabli hed PRACTICE in r pidly d veloping r sidential dis rict producing for last 12 months o £1 100 Pa l of 367 Fees from 3/6 Suitable hou e with 2 reception 4 bedrooms etc and professional rooms Small gard n Garage Price for freehold £1 450 Premium £1 600

21 FAVOURITE SOUTH COAST TOWN —PARTNERSHIP —A one-third share (with increase later) is offered in good mixed cla s Practice producing for last 12 months approximately £1 600 Panel of 1 900 Fees from 5/ Detached house with good sized garden containing 3 profe sional rooms dining room kitchen etc and 5 other rooms bathroom etc Rent £75 p a Premium 2 years purchase

22 LONDON NORTH WEST —Well established middle and working-class PRACTICE worked as a lock up Average gro s cash receipts approximately £1 100 p a including panel of 900 and increasing Fees from 3/6 Surgery premi e on rental at 30/ per week Premium 2 years purchase or near offer

23 LONDON WEST —Old established good mixed class PRACTICE averaging for past 3 years over £2 400 p a Panel of 1 400 and good appointments worth over £200 p a Fees 3/6 to 10/6 Suitable house in very good position with 2 reception 5 bedrooms etc Rent on lea e £100 p a

24 SOUTH CORNWALL —FAVOURITE COAST TOWN —Well e tabli hed PRACTICE averaging over £1 100 p a including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room and profes ional room s Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

25 PARTNERSHIP — HOSPITAL TOWN —FAVOURITE RESIDENTIAL DISTRICT WITHIN EASY REACH OF LONDON —A SHARE producing about £1 100 p a (with increa e up to about £1 500 p a with a short time) is offered in well establi hed better cla s Practice producing over £3 000 p a Panel of about 1 800 Good fees Suitable house, with 2 reception 6 bedrooms etc Garden Garage Can be rented on lease Ingoing partner should have good knowledge of medicine and surgery

26 WILTS —PARTNERSHIP —A one third share with view to succession later is offered in old established mixed cla s country town Practice stated to offer good scope for an energetic worker Averag e gross cash receipts for last 3 years £1 495 p a Panel of about 1 900 Fees from 3/6 Suitable house can be obtained or ingoing partner could reside with Vendor Premium 2 years purchase

27 WEST OF ENGLAND —LARGE TOWN —Very olde tablished good mixed cla s PRACTICE held by Vendor (who is retiring) for pa t 35 years Average gross cash receipts for last 3 years £883 p a but formerly Practice produced over £1 300 p a and it is believed there is good scope for increase Comfortable house with 3 reception 6 bedrooms etc Large garden Premium £750

28 LONDON EAST — One third share is offered (after preliminary Assistant hip of 3 to 6 months) in very old established better working class Practice producing approximately £4 000 p a including large panel and appointments bringing in over £350 p a Suitable house can be obtained Premium 2 years purchase

29 SURREY —Recently e tablished PRACTICE producing over £200 p a including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms consulting room Large garden Price for freehold £850 or might be rented Pr mium £250

30 LONDON — SOUTH EAST —Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house containing 2 reception 4 bedrooms etc Garden and garage can be rented at £90 p a Very good scope for increase Premium £800 or near offer

31 LONDON S E —PLEASANT RESIDENTIAL DISTRICT —Mixed-class PRACTICE established by Vendor (who is retiring) over 4 years ago Gross cash receipts for past 12 months £1 191 Panel of over 650 9 roomed house with garden and garage can be rented on lea Premium 2 years purcha e

32 LONDON SOUTH EAST —Mixed cla s PRACTICE producing for last 12 months over £1 000 Panel of about 500 Visits 3 6 to 5 Suitable house can be rented Premium £800 or near offer

33 NORTHUMBERLAND —PRACTICE is situated in beautiful country district mainly agricultural Cross cash receipts for immediate past year £1 065 Panel of about 520 plus mileage and appointments worth over £50 p a Fee from 3/6 House contains 2 reception 4 bedrooms bathroom etc Garden Price for freehold £1 250 Sport of all kinds and schools within reach Premium 1½ years purchase

34 HOME COUNTIES —Very olde tablished chiefly better cla s PRACTICE held by Vendor (who is retiring) over 10 years Average gross cash receipts for last 3 years £1 057 p a Panel of over 700 Fees 3/6 to 21/ Exceptionally nice house with 3 reception 6 bedrooms etc Very good garden Garage Excellent schools within reach and good social and sporting facilities Freehold for sale Premium 2 years purchase

35 SOUTH COAST — Recently established better class PRACTICE in rapidly e panding re idential di trict Receipts for last 12 months over £400 including panel of 60 Fees from 5/ Good detached house with 2 reception 4 bedrooms and profe sional accommodation Large garden Rent £90 p a Premium £450

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

Printed and published by the British Medical Association at their Office Tavistock Square in the Parish of St Pancras in the County of London

APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary 7, Drumsheugh Gardens Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(cont'd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LOWESTOFT MEDICAL INSTITUTE *(Medical Officer)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical and Panel Practice)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Tuberculosis Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	OAKDALE NON *(Medical Officer for Medical Aid Association)*	
LLWYNYPIA CLYDACH VALE TENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Bridgend Collieries Medical Aid Society)* *(Workmen's Medical Scheme)*	CORPORATION OF GLASGOW *(Child Welfare Medical Officer—Female)*
	WOLVERHAMPTON FRIENDLY SOCIETIES MEDICAL ASSOCIATION *(Medical Officer)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B M A House Tavistock Sq W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Societies Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**QUEENSLAND** *(Brisbane Area only. Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 50 Adelaide St Brisbane	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association 200 St Georges Terrace Perth Western Australia
VICTORIA *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Societys Hall Albert St East Melbourn Victoria				

Jan 13, 1937 By Order of the Council G C ANDERSON *Medical Secretary*

NATIONAL TEMPERANCE HOSPITAL Hampstead Road N W 1

Applications are invited for the post of MEDICAL REGISTRAR which will become vacant on February 1st Candidates must be graduate in medicine of a university of the United Kingdom or a member of the Royal College of Physicians of London Honorarium 40 guineas

Applications accompanied by not more than three testimonial to be addressed to the Secretary by January 19th

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LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry Medical and Surgical qualifications required

Eligible for Senior post at £150 per annum after a period of satisfactory service

Application together with copies of three recent testimonial to be sent to the Honorary Medical Superintendent

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TORBAY HOSPITAL TORQUAY (168 Bed)

A LOCUM TENENS RESIDENT HOUSE PHYSICIAN is required immediately Salary £6 6 a week with board etc Appointment for six months might be offered later

Candidates must be unmarried and registered under the Medical Act

Apply immediately giving particulars of age experience etc to Secretary

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THE ROYAL CRIPPLES HOSPITAL BIRMINGHAM

Application are invited for the post of RESIDENT HOUSE SURGEON (male) vacant February 1st

Salary £200 per annum The appointment which is for a period of six months is renewable on the discretion of the Medical Board and is terminable by one months notice on either side

Candidates must be unmarried and preference will be given to those with previous experience in General and Orthopaedic Hospital

Application with copies of three recent testimonial to be sent not later than January 25rd to the General Secretary Royal Cripples Hospital 80 Broad Street Birmingham

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THE WEST NORFOLK AND KINGS LYNN GENERAL HOSPITAL (112 Bed)

HOUSE PHYSICIAN

Applications are invited for the above post which becomes vacant on February 1st next Salary £125 per annum To have charge of Medical and Ophthalmic bed also to act as Casualty Officer and President Anaesthetist The post is for six month in the first instance The post is valuable experience in both In patient and Out patient work

Application with copies of recent testimonial should be sent to the undersigned as early as possible

JOSEPH E. SEARJEANT F C C S
Hon Sec Gov & Sec.

THE HOSPITAL FOR SICK CHILDREN NEWCASTLE UPON TYNE.

Application are invited for the post of SENIOR RESIDENT MEDICAL OFFICER (Male)

Applicant must have had previous experience as a House Physician and a House Surgeon Salary at the rate of £200 per annum together with board residence and laundry Form of application and particulars of duties may be obtained from the Secretary Mr NEIL BRODIE 18 City Road Newcastle upon Tyne to whom application with copies of three recent testimonials should be sent not later than January 8th 1937

WEST KENT GENERAL HOSPITAL, MAIDSTONE. (120 Bed)

Application are invited for the post of HOUSE SURGEON who must be a qualified British nationality

Salary at the rate of £175 per annum with board apartment and laundry

Candidates must be registered qualified

Application stating qualifications and experience together with copies of testimonials will be sent to the undersigned on or before January 28th

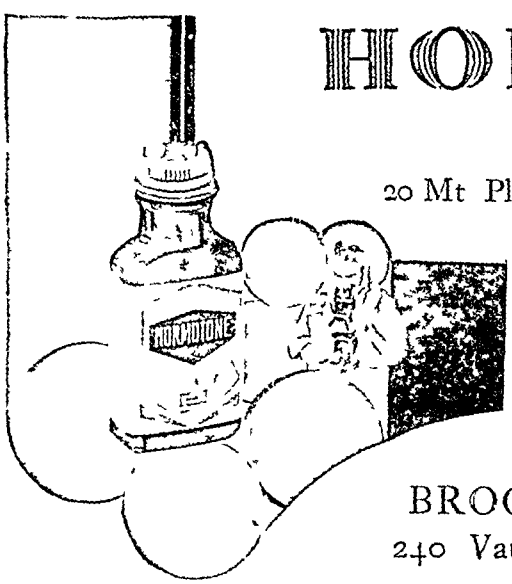
A successful candidate will be required to take up residence on February 11th

EDWARD J CREECH House Gov & Sec.

(Appointments continued on p 58)

An Endocrine Prescription *in* Dysmenorrhea *and* Amenorrhea

You can write an endocrine prescription in one word—a proper combination of the endocrine principles which are now known to initiate and control the menstrual process. Your prescription will have the advantage of being filled with fresh potent endocrine constituents. The formula is in accord with the most recent research on the endocrine glands concerned in regulating menstruation.



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RESIDENT MEDICAL OFFICER REQUIRED from February 15th next for SOUTH BRIDGE DISPENSARY (Out-patient only) Salary £350 per annum with furnished house containing 2 reception room 3 bedrooms kitchen etc and bathroom Garage Lighting & fuel rate etc paid Applicants stating age qualification and testimonials to be sent immediately to the Secretary I D FOLKES Chartered Accountant Stourbridge

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Licensed annually by the L.C.C.) 21 Hereford Road W.2 will supply qualified Dispensers Secretaries Receptionists etc without fee to Medical Practitioners. Phone Bayswater 0823

THE NATIONAL PREVENTION Association for the PREVENTION OF CONSUMPTION AND OTHER FORMS OF TUBERCULOSIS GENERAL in London Salary £600 per annum Applicants must be registered medical practitioners with administrative experience and interest in tuberculosis Age preferably 35—55 The appointment is a whole time Applications will be received by the Chairman of the Association 45 Charlotte Square Edinburgh and should be lodged on or before January 25rd

PARTNERSHIPS

WANTED—PARTNER FOR PRIVATE AND Panel Practice near Belfast Suit husband and wife with medical qualification —Apply BRITISH MEDICAL BUREAU, 72 High Street Belfast.

WANTED IN HARROGATE PARTNERSHIP by experienced general practitioner with capital available Value of share not less than £2,500 p.a. Private advertiser replies treated in strictest confidence — Address No 807 B.M.A. House Tavistock Square W.C.1

DOCTOR WITH SMALL PRACTICE AND long lease Consulting Room Well situated West-end joint general practitioner PARTNERSHIP Experienced age 38 single Scot Or would consider purchasing lock-up or small practice reasonable distance West End—Address No 830 B.M.A. House Tavistock Sq W.C.1

HOME COUNTIES (25 MILES FROM London) PARTNERSHIP after preliminary assistantship in old established country practice Receipts average £1,900 Appointment £400 Panel 1,600 One-third share at two years purchase increasing later Hospital experience essential—Address No 820 B.M.A. House Tavistock Sq W.C.1

MANCHESTER—ABOUT 4 MILES WEST OF the City a QUARTER SHARE worth £600 is offered in sound easily worked panel and private PRACTICE. Good opening for keen energetic man of 30 or under—Address No 821 B.M.A. House Tavistock Sq W.C.1

PARTNERSHIP—A ONE-THIRD SHARE IS offered in old established good class general Practice with scope for surgery if desired Panels private Income over £3,000 Near University town—Address No 709 B.M.A. House Tavistock Square W.C.1

PARTNERSHIP WANTED BY CAMBRIDGE graduate aged 36 in good class General Practice 2 years house appointments and 7 years experience General Practice Nice house essential — Address No 828 B.M.A. House Tavistock Square W.C.1

TRINITY COLLEGE DUBLIN GRADUATE aged 34 married requires PARTNERSHIP in good class Practice in South of England with income of £1,000—£1,200 Good experience of Hospital and general practice Capital available—Address No 518 B.M.A. House Tavistock Square W.C.1

PRACTICES

WANTED — A PRACTICE OR PARTNERSHIP £1,000 p.a. upwards Southern England Small panel Private advertiser free now experienced G.P. and Anaesthetic Capital available Fullest detail — Address No 825 B.M.A. House Tavistock Square W.C.1

WANTED IN OCTOBER PRACTICE GOOD panel essential. Income £1,500 upward Good house and garden Capital available—Address No 809 B.M.A. House Tavistock Square W.C.1

WANTED TO PURCHASE—MIDDLE AND upper class PRACTICE with some panel Within 100 miles of London Income £1,000 to £1,500 p.a. Detached house with good garden preferred would buy Capital ready—Address 1971 FINANCIAL TURNER LTD 4 Adam Street London W.C.2

WANTED—COUNTRY PRACTICE PRODUCING £500—£600 p.a. House to rent Cotswold preferred—Address No 805 B.M.A. House Tavistock Square W.C.1

WANTED — WOMAN'S PRACTICE IN Brighton or Bournemouth Give full particulars also income for past three years Capital available—Address No 803 B.M.A. House Tavistock Square W.C.1

WANTED — PRACTICE IN BIRMINGHAM or London of £1,500 p.a. or more Would consider partnership—Address No 832 B.M.A. House Tavistock Square W.C.1

WANTED BY EXPERIENCED SCOTS graduate panel PRACTICE or PARTNERSHIP preferably South Midland Income about £1,200 or less if cheap—Address No 831 B.M.A. House Tavistock Square W.C.1

WANTED — MIXED GENERAL PRACTICE not or near Coast House to rent Panel essential—Address No 833 B.M.A. House Tavistock Square W.C.1

ABERDEENSHIRE — MEDICAL PRACTICE FOR SALE Owing to the death of Dr JOHN F SKINNER the Practice at Skene Aberdeenshire which was carried on by him for many years is for SALE The Panel is approximately 675 and there is a very considerable private practice There is a suitable house and office (garage etc) conveniently situated for the Practice about eight miles from Aberdeen on the main Aberdeen Alford road For further particulars apply to Messrs HUNTER & GOLDON Advocates 222 Union Street Aberdeen Agents for the late Dr Skinner's Executor

Note Arrangements have been made for the carrying on of the Practice by a duly qualified Locum Tenens meantime

A NUMBER OF SMALL PRACTICES AT very low premium excellent opportunities for practitioners wishing to get a practice with scope—Apply PEACOCK & HADLEY LTD 67/68 Chandos Street Strand W.C.2

BUCKS — WELL-ESTABLISHED COUNTRY PRACTICE Receipts average over £900 p.a. good panel increasing Small but nice house rent £1 per week Premium 1½ years purchase—Apply PEACOCK & HADLEY LTD 67/68 Chandos Street Strand W.C.2

EXPERIENCED GLASGOW DOCTOR WISHES to purchase a PRACTICE with large panel in or near Palmers Green but any nice London suburb considered Ample capital Strict confidence—Address No 708 B.M.A. House Tavistock Square W.C.1

FOR SALE — *OLD ESTABLISHED* MIXED PRACTICE in residential resort and holiday centre in West Midlands Average receipts £1,200 panel 1,000 Excellent house containing surgery waiting room 2 reception rooms 3 bedrooms 3 attic bedrooms and usual office Garage and good garden To rent at £65 p.a. Practice two years purchase—Address No 839 B.M.A. House Tavistock Square W.C.1

FOR SALE OR WOULD CONSIDER PARTnership good old established PRACTICE in East Residential part of a town in South Yorkshire Excellent modern house plenty of scope —Address No 808 B.M.A. House Tavistock Square W.C.1

FOR SALE — WOMAN'S PRACTICE IN London Average income for past two years £1,750 (books audited) Panel about 2,000 Sale price not less than three years purchase—Address No 804 B.M.A. House Tavistock Square W.C.1

FRCS(ENG) AGED 37 ENGLISH EXPERIenced in general and operative surgery and general practice desires PRACTICE or PARTNERSHIP Private Advertiser—Address No 822 B.M.A. House Tavistock Square W.C.1

FOR SALE PRIVATELY PRACTICE AND HOUSE £4,000 Panel 1,250 Average receipts (audited) over £1,300 W. Riding City in good district House large room every convenience side entrance garage Retiring —No 715 B.M.A. House Tavistock Sq W.C.1

FOR SALE — PRACTICE ON NORTH-WEST Coast Seaside Resort Gross income £5,500 Small panel Premium £1,000 House to let £75 p.a. Great scope for increase as town rapidly increasing Population—Address No 837 B.M.A. House Tavistock Square W.C.1

IRELAND—PRACTICE HELD BY VENDOR 16 years Receipts average over £950 No urgents done Great scope Will introduce Good house garage garden rent low Future Premium £650 — Address No 813 B.M.A. House Tavistock Square W.C.1

LONDON SUBURB E—OLD ESTABLISHED PRACTICE held 11½ years by Vendor who now wants a change Present area £2,000 p.a. panel 2,250 Rent and rates £2 per week Good introducer easily given Premium £4,500—Apply PEACOCK & HADLEY LTD 67/68 Chandos Street Strand W.C.2

MIDLANDS BASE 20 SINCE TIVE years Nursing GP three years Hospital experience own furniture desires PRACTICE PARTNERSHIP or ASSISTANTSHIP with view Purchase South Coast or outskirts of London—Apply No 811 B.M.A. House Tavistock Square W.C.1

NEAR CROYDON — OLD ESTABLISHED PRACTICE for sale Average takings £1,400 Panel 800 2 years purchase Good corner house detached freehold garage garden for sale—Address No 510 B.M.A. House Tavistock Square W.C.1

NUCLEUS IN NORTH LONDON — ESTABlished four months Income over £200 Thickly populated area Wonderful Position main road Lease at low rental Furniture Sunray Lamp and drugs Price £200 — No 836 B.M.A. House Tavistock Sq W.C.1

WELL-ESTABLISHED MIXED NUCLEUS suitable man to continue and fully develop North-West London practice immediate sale owing to ill-health 200 Panel £400 or near offer Main road freehold house and garage Address No 920 B.M.A. House Tavistock Square W.C.1

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WANTED BY WOMAN DOCTOR PART TIME CONSULTING ROOMS in Harley Street with the usual attendance light and heating for 2 or 3 afternoons per week Plate essential—Address No 802 B.M.A. House Tavistock Square W.C.1

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MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST

Wanted an ASSISTANT MEDICAL OFFICER (male) for the CROSSLEY SANATORIUM DELAMERE FOREST CHESHIRE (113 pulmonary cases) Salary £200 per annum with board apartment and laundry Candidates must be duly registered Medical Practitioners The appointment is for six months with the possibility of re-election The appointment offers an opportunity for gaining experience in modern methods of treating pulmonary tuberculosis

Application stating age experience and with copies of three testimonials must be received by January 15th and should be addressed to the Secretary Hardman Street Manchester 3

PRINCESS ALICE HOSPITAL EASTBOURNE
(Voluntary General Hospital 120 Beds two House Surgeons)

RESIDENT HOUSE SURGEON (male) required on February 8th Salary at the rate of £150 per annum with board and laundry Applications from registered practitioners accompanied by copies of three recent testimonials should be delivered to the undersigned by first post on Wednesday January 20th

W RUSSELL RUDALL
January 2nd 1937 Secretary

ROYAL GWENT HOSPITAL NEWPORT MON (210 Beds)

SENIOR HOUSE SURGEON

Applications are invited from male registered Medical Practitioner for the appointment which becomes vacant on January 31st next at a salary at the rate of £250 per annum together with board quarters and laundry Applicant must have had previous resident Hospital experience The post is normally tenable for six months but in the present instance will expire on September 30th 1937

Applications stating experience and accompanied by copies of testimonials should be addressed to the undersigned immediately

S CECIL HILL Secretary Supt

ROYAL GWENT HOSPITAL NEWPORT MON (210 Beds)

HOUSE SURGEON

Applications are invited from male registered Medical Practitioners for the post of Second House Surgeon at a salary of £135 per annum together with board quarters and laundry

This appointment which is normally tenable for six months becomes vacant on February 15th next and will terminate on September 30th 1937

Applications accompanied by copies of testimonial should be addressed to the undersigned immediately

S CECIL HILL Secretary Supt

ROYAL VICTORIA AND WEST HANTS HOSPITAL BOURNEMOUTH

The Board of Management will after the expiration of one month proceed to appoint AN HONORARY ORTHOPAEDIC SURGEON [illegible] Fellow of a Royal [illegible] qualifications age and [illegible] should be sent to the undersigned by February 9th Canvassing personally or otherwise will disqualify

By Order of the Board of Management
GORDON M SAUL
January 8th 1937 Secretary

ROYAL VICTORIA AND WEST HANTS HOSPITAL BOURNEMOUTH

The [illegible] ill after the expiration [illegible] to appoint AN [illegible] SURGEON

Applicants must be a Fellow of a Royal College of Surgeons

Application stating qualifications age and experience should be sent to the undersigned by February 9th

Canvassing personally or otherwise will disqualify

By Order of the Board of Management
GORDON M SAUL
January 8th 1937 Secretary

THREE COUNTIES HOSPITAL ARLESEY BEDS

TEMPORARY ASSISTANT MEDICAL OFFICER (male) required for a minimum period of six months Remuneration at the rate of £3 7s per week together with full board lodging attendance laundry etc

Applications to be sent to the Medical Superintendent

ROYAL HALIFAX INFIRMARY (250 Beds)
Hospital recognised by the Royal College of Surgeons of England

Wanted a THIRD HOUSE SURGEON (male unmarried) Candidates must be duly qualified and registered The appointment will be for three months ending April 30th Salary including all services required in connection with Casualty Patients Ward £150 per annum with residence board and laundry The Resident Staff consists of Resident Surgical Officer and three House Surgeons The Hospital contains 250 beds including Maternity Department and Paying Patients Block There is also a Pathological Department Radiological Department Radium Clinic and a large Eye Ear Nose and Throat Department

Particulars of the duties may be obtained from the undersigned to whom application stating age nationality etc together with testimonial should be sent

A MIDGLEY
January 4th 1937 Secretary

ROYAL NORTHERN INFIRMARY INVERNESS

The Directors invite application for appointment to the post of Honorary Staff of VISITING SURGEON to the Ear Nose and Throat Department rendered vacant by the resignation of Dr F C Collin Particulars of duties may be obtained from the Honorary Secretary 20 Church Street Inverness and application accompanied by ten copies of not less than three recent testimonials should be received by the undersigned not later than January 23rd

ROBERT GILBERT Hon Sec
Royal Northern Infirmary Inverness

ROYAL SALOP INFIRMARY SHREWSBURY (150 Beds)

Applications are invited from fully qualified unmarried men for the post of RESIDENT HOUSE SURGEON vacant February 1st Salary £160 per annum with board residence etc The appointment is for six months subject to reappointment Applications stating age qualification experience and nationality accompanied by copies of three recent testimonials to be sent to the undersigned not later than January 23rd

J W NOBLE
January 7th 1937 Secretary Supt

ROYAL EYE HOSPITAL DEVENSEY ROAD EASTBOURNE

Non-resident HOUSE SURGEON required to commence duty forthwith

Salary £100 per annum and allowance in lieu of board residence £175 per annum

Application stating age qualifications and ophthalmic experience together with recent testimonials should reach the undersigned as soon as possible from whom further particulars can be obtained

HAROLD BYGRAVE Hon Secretary

THE GENERAL INFIRMARY AT LEEDS (655 Beds)

RESIDENT SURGICAL OFFICER (male) required Salary £200 per annum with board residence laundry etc Candidates must be qualified medical practitioners and registered and have held a previous Resident Surgical post

The appointment is for twelve months with eligibility for re-election

Applications together with copies of three recent testimonials should be sent to the undersigned not later than January 26th

S CLAYTON FRYERS
January 11th 1937 House Governor & Secretary

THE HOSPITAL FOR SICK CHILDREN NEWCASTLE UPON TYNE

Application are invited for the post of HOUSE PHYSICIAN and HOUSE SURGEON (male or female) for six months as from February 1st Salary at the rate of £100 per annum together with board residence and laundry Application stating age and qualification together with copies of testimonial to be sent to the Secretary Mr NEIL BRODIE 18 City Road Newcastle upon Tyne 1

January 8th 1937

THE ROYAL ALBERT INSTITUTION FOR FEEBLE MINDED LANCASTER

Wanted a RESIDENT JUNIOR ASSISTANT MEDICAL OFFICER male registered unmarried Dental experience essential and knowledge of refraction work an advantage Commencing salary £375 rising to £425 with emoluments valued at Dentistry £425 with emoluments valued at £120 a year for superannuation purposes Application accompanied by copies of three recent testimonials and with two personal references to the Medical Superintendent not later than Wednesday February 3rd

ANCOATS HOSPITAL ANCOATS MANCHESTER 4

This Hospital is recognised by the Royal College of Surgeons (England) for Surgical Practice

HOUSE SURGEON (GENERAL) required to commence duty on February 1st Appointment for six months Salary at the rate of £100 per annum with board residence and laundry

Applications stating age qualifications previous experience (if any) to be forwarded to the undersigned on or before January 20th next together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORNE
Gen Supt & Sec

ANCOATS HOSPITAL ANCOATS MANCHESTER 4

ASSISTANT SURGICAL OFFICER required to assist in the Orthopaedic Out-patient Clinic on Tuesday afternoon from 2 to 5 At honorarium of 10/6 per attendance paid

Application stating age experience qualification etc to be forwarded to the undersigned on or before January 20th next together with copies of three recent testimonials

By Order of the Board
HERBERT J DAFFORNE
Gen Supt & Sec

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W J HICKS Secretary

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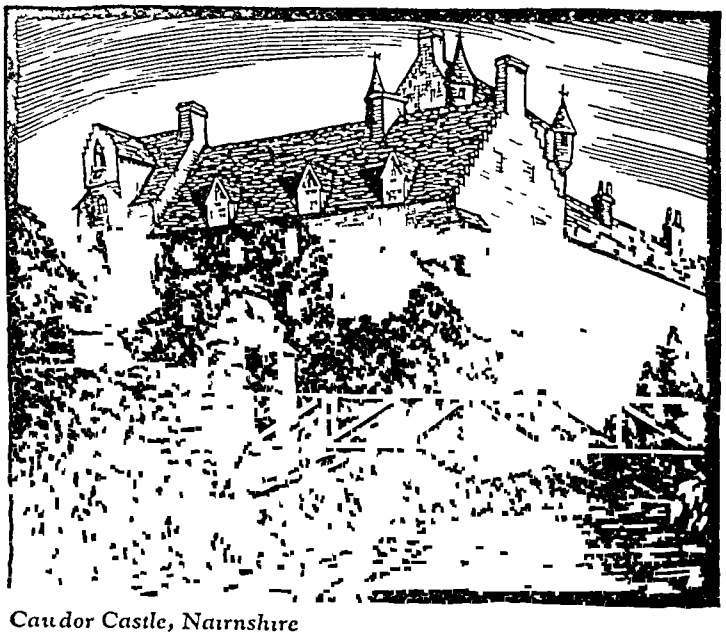
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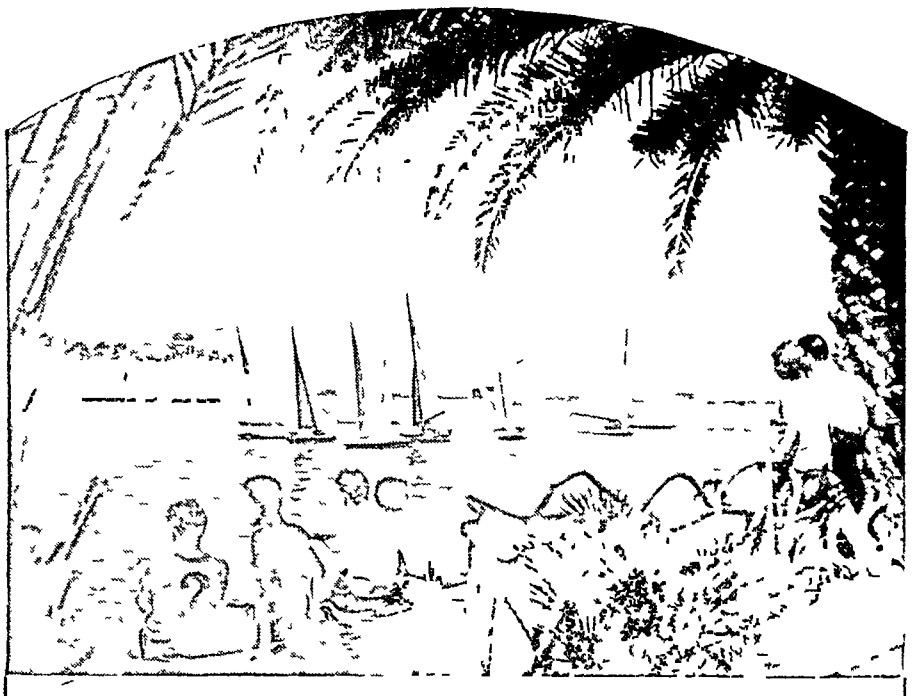
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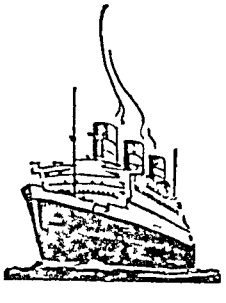
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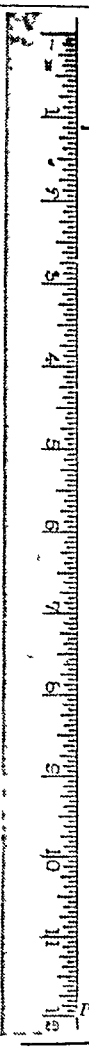
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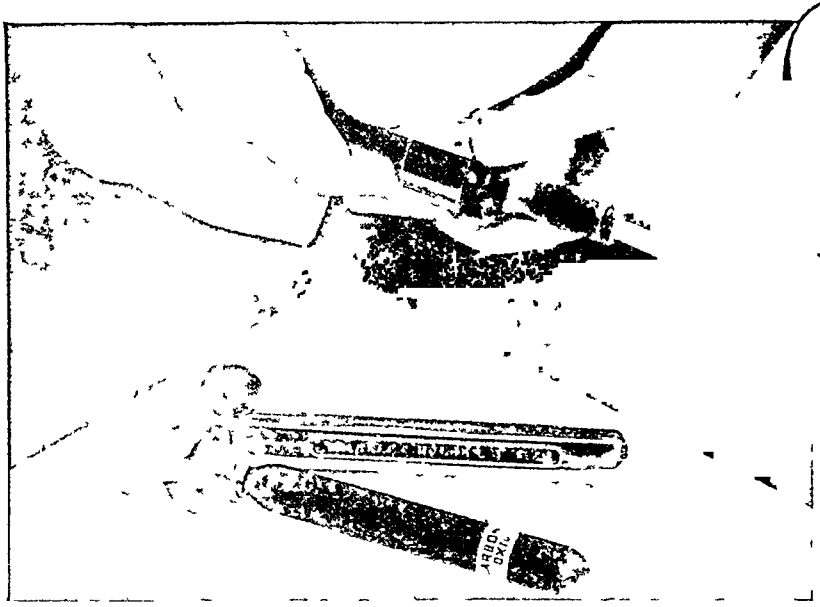
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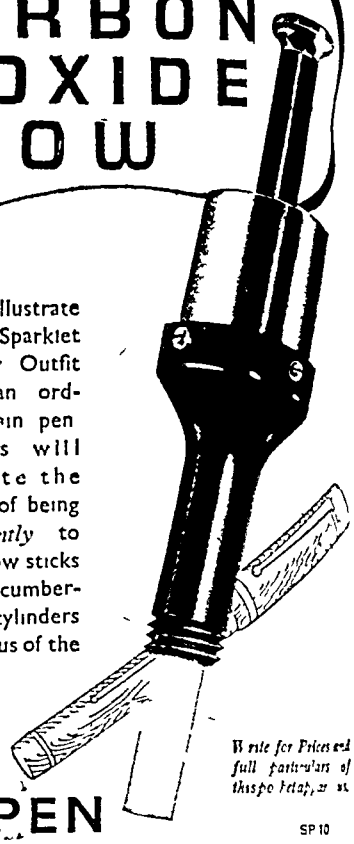
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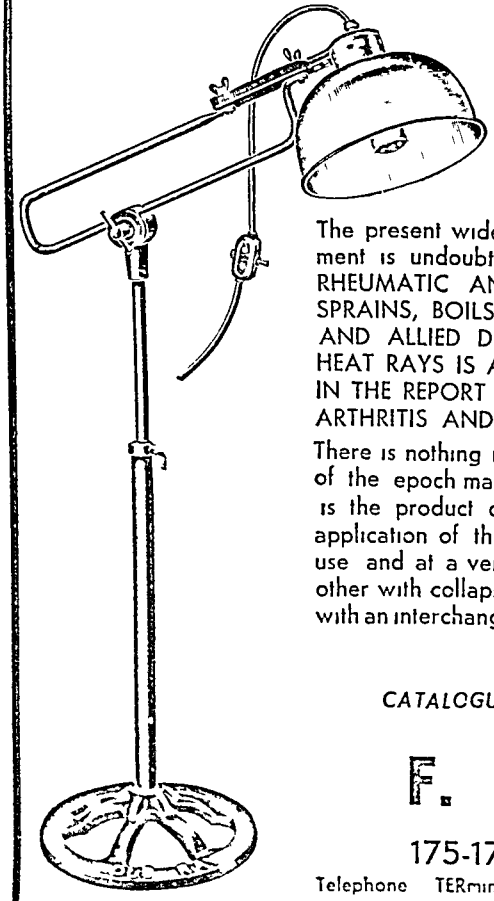
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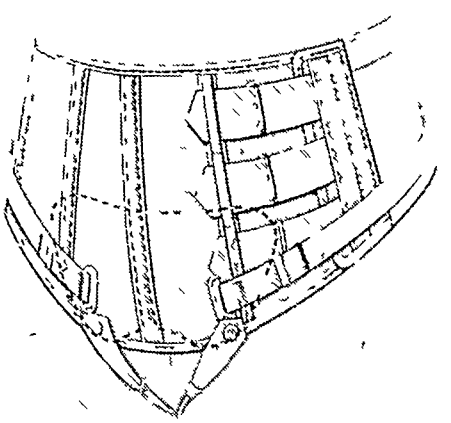
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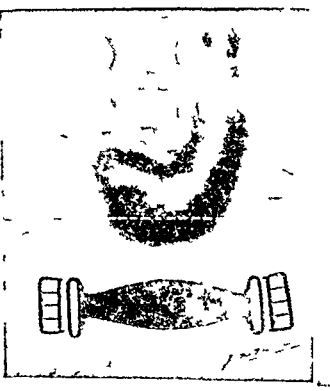
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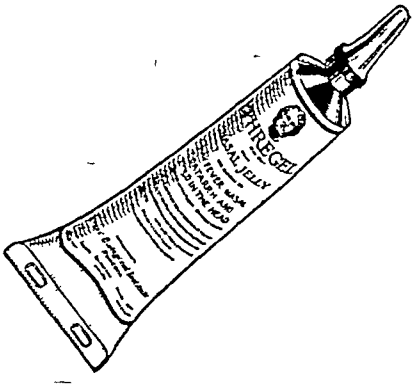
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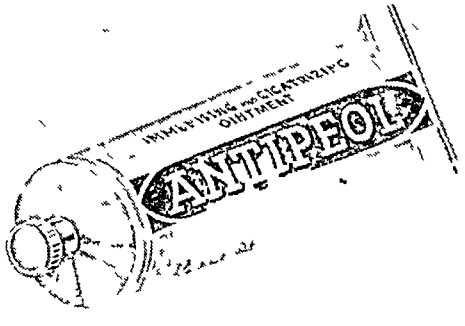
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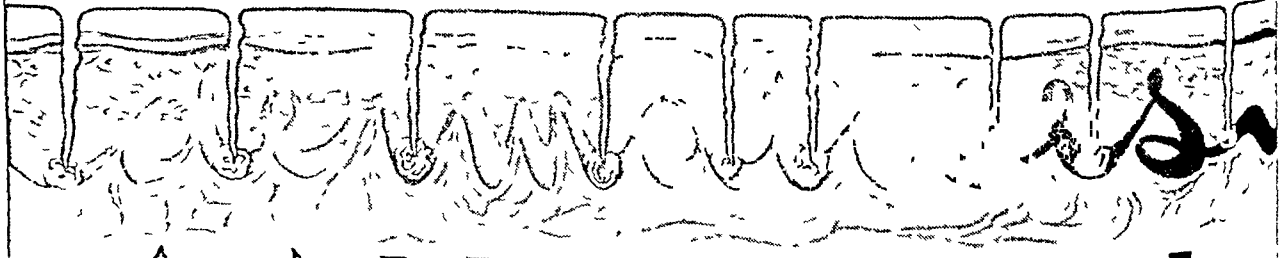
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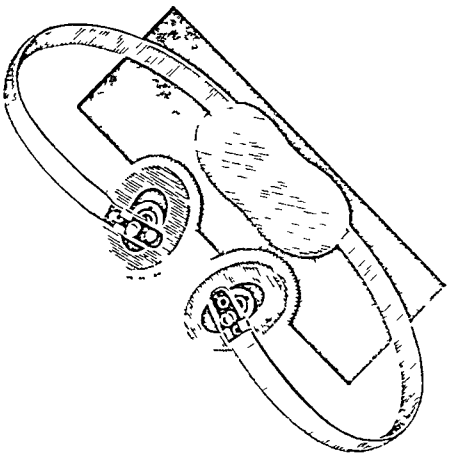
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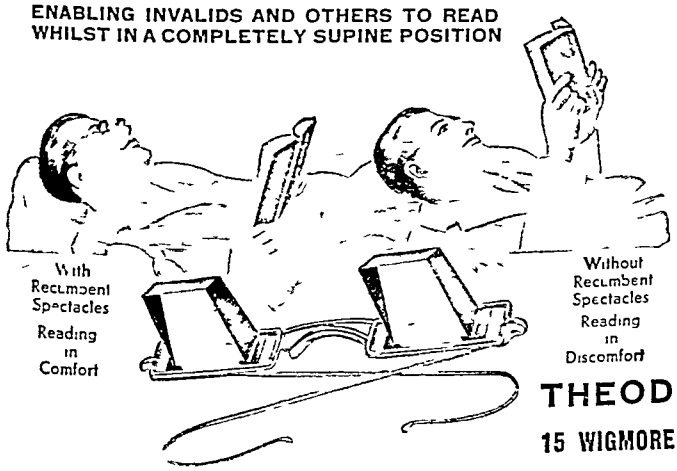
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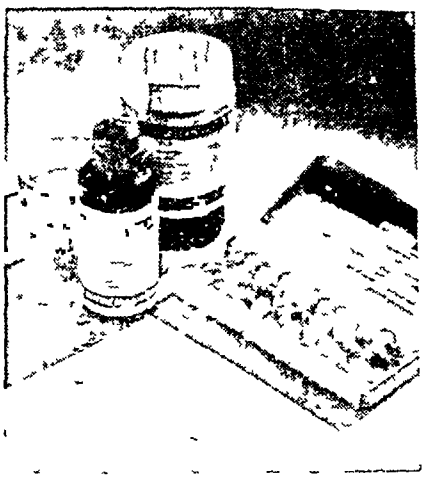
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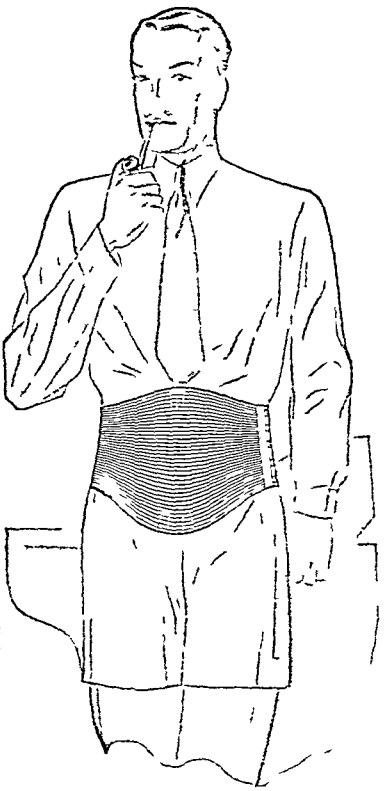
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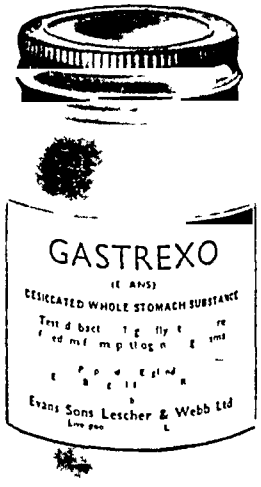
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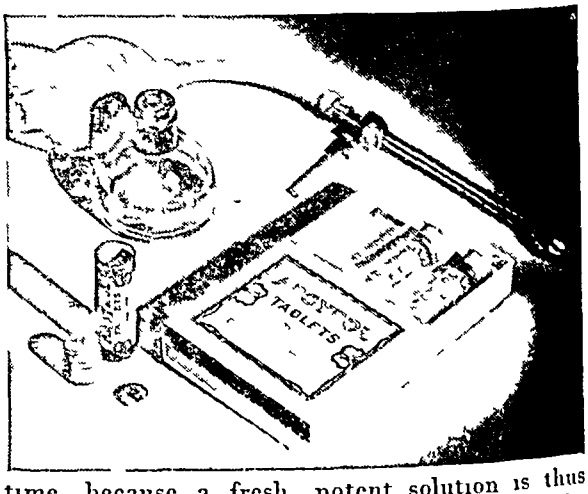
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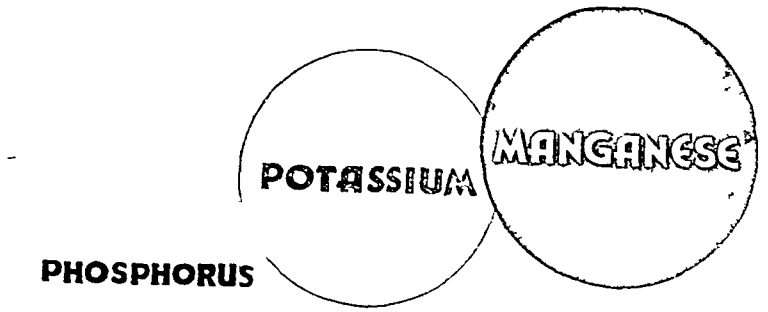
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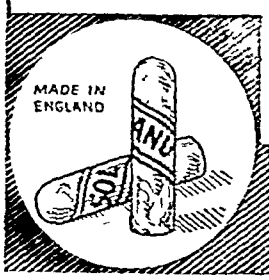
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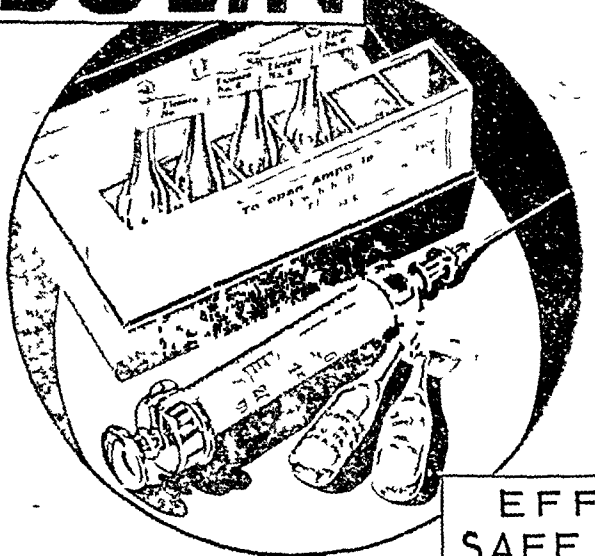
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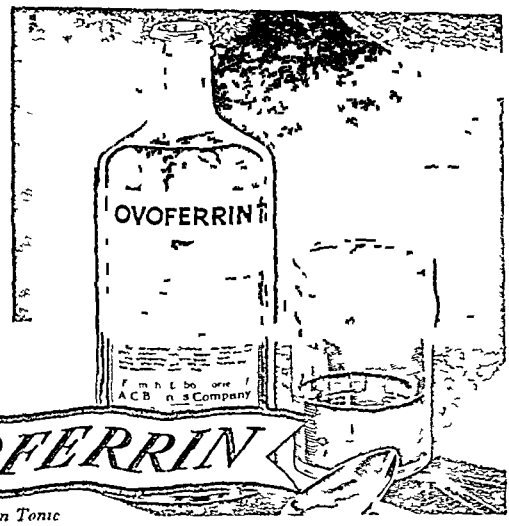
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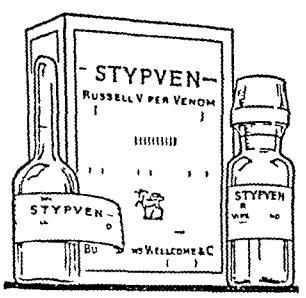
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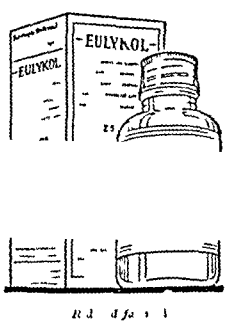
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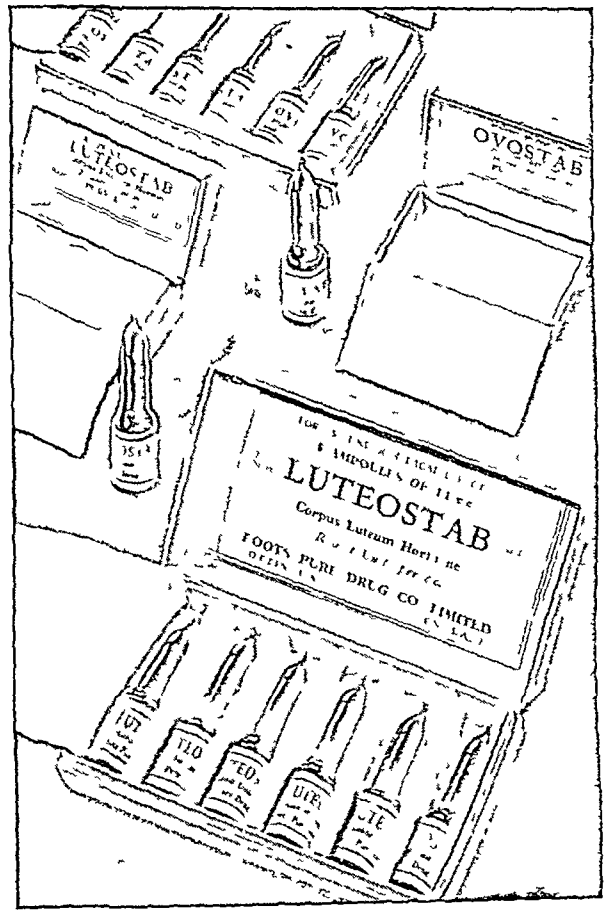
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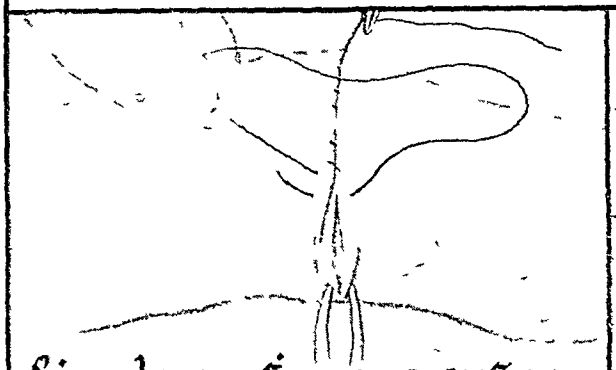
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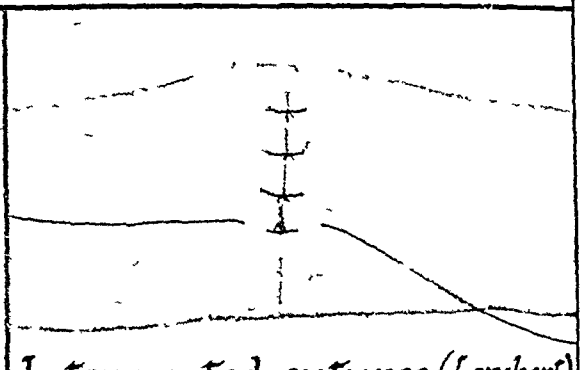
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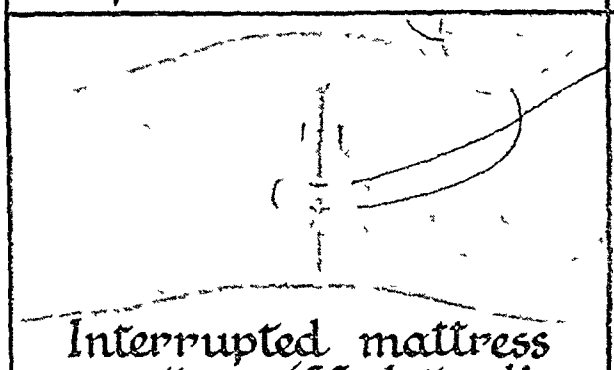
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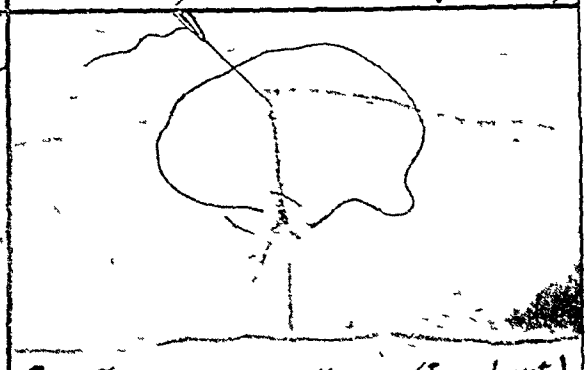
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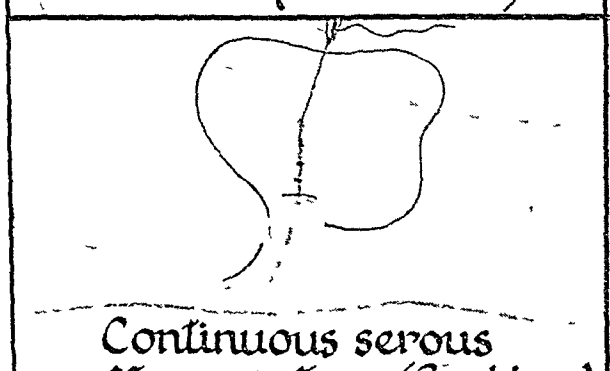
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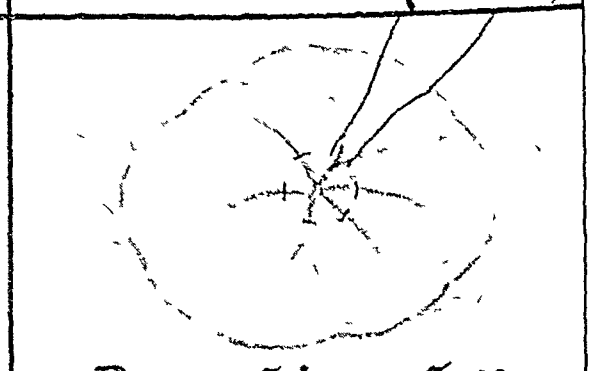
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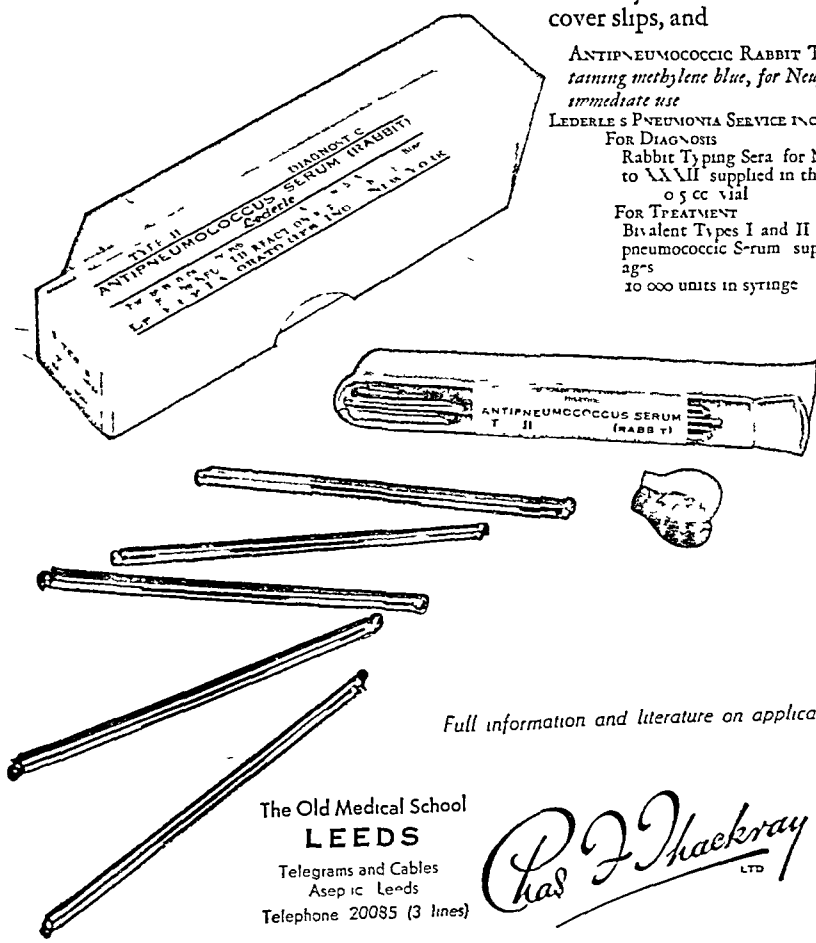
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diathermy knife was introduced for removing the breast This was a fundamental change in technique which had its day, and in fact still has its day in certain chosen cases, more especially in advanced or ulcerated cases, when local infection is a special risk

Points in Amputation of Breast

I am not going to describe the technical minutiae of amputation of the breast but I would like to emphasize certain points of importance that are sometimes overlooked

The first is the value of a routine radiological examination, especially of the spine and thorax, in order to eliminate those not very rare cases in which an unsuspected bone metastasis has already established itself During the actual operation I would lay chief stress on the importance of avoiding cooling of the large surface of the wound, and of making sure that one's assistant is not leaning too heavily upon the other side of the thorax It is important, too, that tension on the stitches should be avoided at all costs in order to prevent that aseptic sloughing of the flaps that is one of the most troublesome complications of this operation The only special point in the immediate post-operative treatment is to avoid the painful and trying method of fixing the arm at right angles to the body, which is sometimes employed in the mistaken belief that it will prevent post-operative stiffness Shock and loss of blood are, of course, to be guarded against and to be remedied, either by blood transfusion or by continuous intravenous glucose saline

It is hardly possible to say that any operation can be expected to be entirely free from mortality, but the mortality from amputation of the breast should be, and at the Royal Cancer Hospital is, almost negligible Personally I have been lucky enough to lose only one case and in this case death took place from that still mysterious disaster—pulmonary embolism

Post-operative morbidity also is extremely low Infection of the wound is rare, and the stiffness of the shoulder so greatly feared by the earlier operators is a complication that we never meet with now Indeed, it is amazing to think that so destructive and mutilating an operation should be followed by so little disability The removal of the greater portion of the pectoral muscle and the whole of the pectoralis minor as well, does not appear to prevent quite respectable performances on the golf course or the tennis court, to say nothing of a hard day's work in the house

Results of the Operation

What are the results that we may expect after such an operation as I have described undertaken by an expert operator under ideal conditions in an otherwise healthy woman? We know only too well, for the best statistics, furnished by the best surgeons in the world, show that less than half their patients will be free from any signs of the disease at the end of five years, even when the growth is in its earliest stage apparently confined to the breast itself and where no evidence of invasion of the glands can be detected on the most careful microscopical examination In cases in which the disease is more advanced—where for instance, the axillary glands are palpable on examination and found to be invaded on pathological investigation—the figure drops to something like 20 per cent And when our cases are later still and have reached the stage in which the most casual glance is enough to determine the diagnosis, then the survival rate drops to almost nothing

Do not misunderstand me for there are, of course brilliant exceptions, and quite advanced cases are sometimes operated upon so successfully that the patient come to forget that they have ever been ill But happily the converse of the picture is also true, and the earliest and apparently most favourable cases will sometimes develop recurrence within a few months We surgeons have to live a long time before we have lived long enough to have had the unhappy experience of seeing many of our best efforts and our most favourable cases disappoint us in this grim fashion But we all come to it in time, and we must face the fact that the last few years have not seen any marked improvement, or indeed any improvement at all, worthy of the name, in the results from purely surgical treatment It is natural, therefore, that we should turn to other methods in the hope of some support for our surgical attack

X Rays as an Adjunct to Operation

We have two important agents at our disposal—x rays and radium As in x rays we have an agent which is easily applied, is free—or almost free—from danger is available at a good many centres, the custom has gradually developed of giving patients subjected to surgical operation a course of x-ray therapy as well There is a good deal of controversy as to whether it should be administered before or after the operation, and there is much to be said in support of either method Those who favour prior x-ray treatment point out that the activity of the tumour may be diminished, that sparse scattered outlying cells may be destroyed, and that the danger of cell dissemination during the subsequent operation will be reduced to a minimum Against this is urged first, the delay in operative treatment that in some results from it, secondly, the possibility that the operation may be more difficult and healing more protracted (although personally I think that this objection is without much weight), and, thirdly, that the tumour may be shown by the operation not to be malignant at all

But to my mind the real objection to the use of deep therapy before operation is psychological In all conscience it is sometimes difficult enough to persuade a patient to submit to amputation of her breast it is still more difficult if it is explained that she must first undergo a course of three or four weeks' treatment before the moment for operation arrives My own feeling, therefore, is that if x-ray treatment as an adjunct to surgical operation is carried out at all, it should be done after the operation, and there seems to be no objection to starting it within a very few days of the healing of the wound

There would appear to be good ground for claiming that pre-operative or post-operative deep therapy has already effected some improvement in results, although it is too soon yet to say whether or no an intensive trial of this method is going to make a really great improvement in our ultimate statistics But its application is so rational and so safe in skilled hands, the power and scope of x-ray apparatus is improving so rapidly, and moreover, it is so urgent that something be done to better our results that I hold the view that all our cases of radical amputation should receive it

Radium Therapy

The other great adjunct to surgery is radium, and its use for cancer of the breast Handley again deserves honoured place among the pioneers Long years ago he pointed out that one of the difficulties of surgical operation was the impossibility of following the lymphatic trunks that wind through the upper intercostal spaces to reach the thorax, and he endeavoured to overcome this

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is of great assistance, and I subject them either at the time, or later, to an intensive barrage of radium needles

The Value of Radium

I must not leave you with the view that I am a pessimist about the value of radium Indeed, anyone who has worked in cancer for as long as I have can be nothing but an optimist when he compares the composite picture of cancer treatment and its results at the present time with what they were ten years ago The whole aspect of affairs has changed Tongue, mouth, pharynx, uterus, and breast have all shared in the general amelioration, some more than others, some less, and I should emphasize that it is only in so far as the treatment of early breast cancer is concerned (where our hopes were high) that radium has disappointed me But it is only a relative disappointment Radium has furnished us with the most valuable method of special treatment of cancer of the breast at our disposal, and it would be utterly impossible to do without it for our advanced cases, or for those which for any other reason are inoperable

Deep therapy is catching it up, but it has not caught up yet However, my radiological colleagues tell me that the time is coming when they will be able to provide us with an x-ray beam comparable in the shortness of its wavelength with the gamma rays of radium, but delivered with an intensity and in such a quantity as no source of radium supply is ever likely to attain, unless, of course, radium becomes available in almost unthinkable quantities When that time comes, or when *x* rays do become equivalent in power to the gamma rays of radium a new and happier chapter in the history of cancer of the breast will open, and we surgeons once again will have to pause and reconsider our position

Early Diagnosis

You will observe that I have said nothing yet as to the diagnosis of cancer of the breast, and after all, it is the most important preliminary to treatment, whatever that may be I think the most vital point about diagnosis is to remember that it is daily becoming more difficult The influence of propaganda has been so great and so much has been written in the lay and medical press as to the importance of obtaining treatment at the earliest possible moment, that our cases are coming to us at a very much earlier stage than they ever have before The diagnosis of a well-developed cancer of the breast is easy, but the diagnosis of a tiny lump no bigger than a pea is sometimes quite impossible until it has been removed One sometimes hears an argument as to whether there is any danger in cutting into a breast tumour for verification of its nature I believe there is danger, and I think that in those cases increasing as they are in number, in which it is impossible to feel confident as to the nature of a suspicious nodule, it should be completely removed, with a fairly wide margin of healthy tissue round it Then and only then, should it be bisected, when its nature will almost always be at once apparent to the naked eye

It is interesting to note that a special investigation carried out by the Imperial Cancer Research Fund, on the importance of microscopical investigation," showed that the diagnosis of cancer of the breast was less often incorrect than that of cancer in any other part of the body

It is obvious I suppose that the removal of these doubtful tumours of the breast should only be undertaken by surgeons who have had that long practical training in laboratory and operating theatre which gives them the ability to recognize the nature of the tumour they are dealing with and the capacity for coping with unexpected situations

Frozen sections are sometimes employed as an aid to diagnosis in the operating theatre, and they are of the utmost value in certain sites But I feel that when an experienced practical surgeon is in doubt about the naked eye appearance of a breast tumour the frozen section is just as likely to be as difficult of interpretation as the gross pathological picture

One other matter that I must not omit Do benign tumours of the breast ever become malignant? I think not, but it is clearly not a question capable of final proof If we see a little tumour to day and tell the patient "I think that is an adenoma, and therefore do not bother about it," and she comes back a year hence with carcinoma, that does not prove that a simple tumour has become malignant, it merely shows that we have been most unwise and have overlooked a carcinoma in its very early stage Who can say with positive certainty that a lump is simple or malignant until it has been removed I cannot, although I can generally venture a pretty shrewd guess, and I am quite often right, but I am also often wrong There can be no excuse for that pernicious practice, the results of which we still sometimes see, of telling a woman not to bother about a lump in the breast unless, or until, it gives trouble When it does give trouble it is trouble indeed

A Working Plan

In conclusion, I should like to feel in a position to give you absolutely emphatic, positive guidance as to what you ought to advise in breast cases that come to your notice, but I do not think that the position is such as especially at the present moment, as to lend itself to emphatic pronouncements I have, however, developed for myself a fairly definite working scheme, based upon a long experience and upon much thought about my own work and observation of that of others

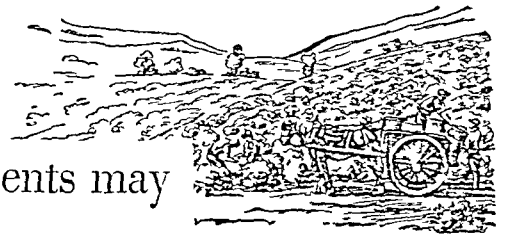
My attitude is that all operable cases of cancer of the breast should be subjected to radical amputation followed by a course of prophylactic high-voltage and short wave length x-ray therapy But, you will say, what constitutes an operable case? And here we are *on* debatable ground Let me first of all tell you of the cases that I regard as *surgically inoperable* I put first those with widespread extension of the growth, or those with secondary nodules, or indeed one nodule outside the breast area or wide ulceration or oedema of the skin, or enlargement of the supraclavicular glands, or the presence of any distant metastasis, or involvement of both breasts, or enlarged fixed glands in the axilla

But there are other factors, too, which render a case inoperable I may call them medical And among these I include pregnancy and lactation, serious intercurrent disease, extreme youth (for example, cancer occurring under the age of 25, as in my experience surgical treatment here is always hopeless), or in such extreme old age that the general expectation of life is less than the average duration of the disease

If we exclude all these, it leaves us with those patients who are not too young nor yet too old, whose tumour is confined to the breast itself and not adherent to the chest walls, in whom the axillary glands have not become grossly enlarged, and where no metastasis can be discovered

Of course old age in itself is not a bar to operation providing the general condition of the patient is satisfactory I operated upon one patient of 82, who survived

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At each subsequent visit the patient was weighed, similar clothing being worn The blood pressure was determined, the urine was examined, and any untoward symptoms were noted

Gain in Weight during a Normal Pregnancy

Our first consideration must of necessity be the average gain during a normal pregnancy During this investigation 211 patients were examined, of these, thirty-seven developed albuminuria and a further fifteen cases had toxaemia although no albuminuria occurred These fifty-two cases cannot be considered when the increase in weight during a normal pregnancy is discussed The average monthly gain in the 159 normal pregnancies was 2 8 pounds during the last three to four months The gain was similar in the seventy-seven primiparae to that of the eighty-two multiparae—namely 2 8 pounds

There are contradictory statements in the literature with regard to comparisons in the gain in weight of primiparae and multiparae Cummings states that in his series primiparae gained 0 1 pound more on the average throughout pregnancy Hannah also finds that there is a slightly greater gain in primiparae during pregnancy Others, however, state that there is no appreciable difference in the increase in weight in first pregnancies as compared with succeeding pregnancies

Although the average increase each month was only 2 8 pounds a number of patients gained considerably more than this during a particular month, one even gaining as much as 12 pounds Owing to this fact it was thought advisable to obtain in every case the *greatest* gain in any one month, in order to ascertain the average for this figure This was found to be 4 8 pounds in the primiparae and 4 4 pounds in the multiparae, the average in the 159 cases being 4 5 pounds

Gain in Weight during a Toxaemic Pregnancy

As stated previously, thirty-seven patients developed albuminuria, due to a mild or severe toxaemia, and a further fifteen had a mild toxaemia although no albuminuria occurred The average weight increase per month of these thirty seven albuminuric cases was 4 4 pounds, that of the eighteen primiparae being 5 pounds and of the nineteen multiparae 4 pounds The average *greatest* increase in any particular month was found to be 8 1 pounds the average in the primiparae being 8 4 pounds, and in the multiparae 7 9 pounds

In the fifteen cases of toxaemia which did not show albuminuria treatment such as diet and rest was instituted when the symptoms and signs were first noticed this may explain the subsequent absence of albuminuria Most of the patients had a raised blood pressure (not less than 140/85 mm Hg) headaches, eye symptoms, nausea, and oedema of the ankles were present in a varying degree The average monthly gain in these fifteen cases was found to be 4 2 pounds, whereas the average *greatest* gain in any one month was 8 pounds

This table shows that the average increase in weight during each of the last three or four months, the period when most toxaemias develop, was almost 2 pounds more in the cases which were eventually toxaemic More striking than this, however, is the sudden abnormal increase in weight in any particular month The cases in which eventually there was toxaemia had gained on the average 8 1 pounds during one month, whereas the corresponding figure in the normal cases was only 4 pounds In other words, the toxaemic cases had gained almost double the normal amount at some time previous to the appearance of the toxaemia

TABLE I

	No of Cases	Average Increase per Month	Average of Greatest Increase in any One Month
Normal cases	159	2 8 lb	4 4 lb
Toxaemic cases (no albumin)	15	4 2 lb	8 0 lb
Toxaemic cases (albuminuria)	37	4 4 lb	8 1 lb

Forty-one cases gained more than 8 pounds during a particular month, and twenty-six of these (63 per cent) became toxaemic at some later date On the other hand 107 cases did not have an abnormal increase—named, above 5 pounds during any month—and among these only one case (0 9 per cent) developed toxaemia Table II illustrates this fact

TABLE II

Greatest Increase in any One Month	No of Cases	No of Toxaemic Cases	No of Normal Cases	Per cent Toxaemic
Over 8 lb	41	26	15	63
Between 6 and 8 lb	36	17	19	47
Between 5 and 6 lb	27	8	19	29
Below 5 lb	107	1	106	0·6
	211	52	159	

If the toxaemic cases in Table II are taken separately it will be seen that fifty-one of the fifty-two cases (98 per cent) had increased over 5 pounds in weight during one of the later months of their pregnancy, 50 per cent gaining over 8 pounds, 32 6 per cent between 6 and 8 pounds, 15 per cent between 5 and 6 pounds and only 1 9 per cent below 5 pounds It should also be pointed out, however, that fifty-three (33 per cent) of the 159 cases in whom no toxaemia ensued had an increase of over 5 pounds during a particular month Therefore an abnormal increase in weight does not invariably signify that the patient will develop a toxaemia

Abnormal Increase in Weight as an Early Sign of Toxaemia

We must now consider at what time in relation to the toxaemia, this sudden increase in weight appears In thirty-seven patients who developed albuminuria thirty-five showed an abnormal gain in weight, 5 pounds or more per month, before albumin appeared One of the remaining two cases had albuminuria on the same day as the abnormal increase in weight was noted, and the other was the only case in which no abnormal gain was found The albuminuria did not appear immediately in the thirty-five cases, but was found on the average two nine days later, the longest period being ten weeks and the shortest five days

Rise of blood pressure is known to be an earlier sign than albuminuria in a toxaemia of pregnancy, it would therefore be of interest to consider when this sign appeared in relation to the abnormal gain in weight Seven of the thirty-seven patients had a raised blood pressure before the abnormal weight increase was detected, and in a further three cases the rise in blood pressure seemed to coincide with the increased gain In the remainder, if the blood pressure rose, it did so after the abnormal gain was shown In the fifteen cases in which no albuminuria occurred one patient had a rise in blood pressure one month before any abnormal increase in weight was detected An increased gain and a rise

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The majority of the toxaemias (82 per cent in this series) would, in the present state of our knowledge, be diagnosed at the earliest possible time if the weight only was taken regularly This is quite a simple procedure which the patient can perform herself, provided that similar clothes are worn and the same reliable scales are used on each occasion If an increase of more than 5 pounds occurs she should have had instructions to report to the doctor In this way a certain number of the toxaemic cases may be avoided, if not avoided, with appropriate and early treatment most of the cases would be less severe Appropriate treatment infers that the patient should be seen frequently in order that the blood pressure be estimated other signs and symptoms of toxaemia looked for, and a diet given until the abnormal increase in weight has been reduced An important dietetic measure appears to be the elimination of salt, in a few cases this alone was sufficient to reduce the weight

Conclusions

1 The average increase in weight during pregnancy is 16 to 18 pounds, and the monthly gain during the second and third trimesters is normally between 2 and 4 pounds

2 An increase of 5 pounds or more per month is suggestive of an impending toxaemia, the probability of its occurrence varying directly with the amount of the sudden increase

3 Every patient should weigh regularly throughout pregnancy, and be instructed to consult her doctor if the monthly gain is 5 pounds or more

Summary

1 The variations in weight of 211 patients, fifty-two of whom developed toxaemia, have been investigated and analysed

2 The average gain of the toxaemic patients was found to be definitely more than that of the normal patients Moreover, a sudden abnormal increase in weight was of great value in foretelling a toxaemia, 63 per cent of the cases which gained more than 8 pounds in one month became toxaemic, whereas the incidence of toxaemia in those cases with a normal monthly gain was only 0 9 per cent

3 If a patient gained more than 5 pounds in a particular month it did not invariably signify that a toxaemia would develop, but 98 per cent of the toxaemic cases showed this abnormal gain

4 This abnormal increase in weight appeared, on the average one month before the albuminuria, and was as a rule an earlier sign than a raised blood pressure

5 The type and duration of labour did not appear to be affected by increased weight of the mother Loss of weight a few days before labour was noted in only 36 per cent of the cases

6 It was concluded that systematic weighing of patients during the antenatal period is of definite value in foretelling and perhaps avoiding, the toxaemias of pregnancy

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LUPUS VULGARIS*

WITH SPECIAL REFERENCE TO ITS TREATMENT WITH THE FINSEN-LOMHOLT LAMP

BY

ROBERT AITKEN, M.D., F R C P Ed

Physician to the Skin Department, Royal Infirmary Edinburgh

Lupus vulgaris, though not a common disease, constitute a serious social and economic disability Sufferers from this disease are apt to be shunned by their fellow beings while if the disease is extensive there is difficulty in obtaining employment As a result the patient is dependent for maintenance on the public authorities, or on his family with possible hardship to them.

Lupus patients also suffer considerable hardship even in connexion with holidays If the disease is at all extensive they get admission to hotels and boarding houses with difficulty, and if they take private rooms they are looked at askance and it is made clear that they are not really welcome Because of this these patients not infrequently prefer to remain at home They have therefore not the same chance of getting their health built up, and so the disease tends to spread more rapidly

Incidence

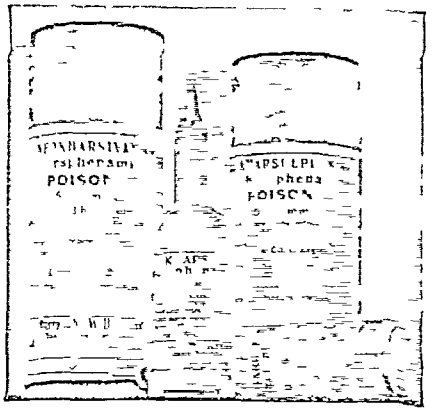
In Scotland lupus is not a common disease I am indebted to dermatological colleagues in other towns for furnishing me with statistics relating to the incidence of lupus as they see it in their clinics In Glasgow during the last few years the number of lupus cases has varied from 0 3 to 2 1 per cent of all new cases of skin disease In Dundee the number has been 0 4 per cent in Aberdeen 0 78 per cent In the Royal Infirmary of Edinburgh the incidence has varied from 0 6 to 1 per cent in the last five years, the number of new cases of skin disease being about four thousand per annum The incidence of lupus as seen in Edinburgh is definitely less than it was ten to fifteen years ago, when the percentage varied from 2 8 to 4 The tendency to decrease is seen in other Scottish towns also The reason for this decrease I shall discuss later The percentage of lupus cases seen in some clinics in England is about the same as it is in Scotland though other clinics have about double our percentage The disease shows the same tendency to diminish and I have little doubt that the same causes responsible for the decrease are found in England as in Scotland

Sex Incidence—Lupus vulgaris is more common in females than in males, the incidence being twice to three times as great in women as in men This greater incidence among women is not limited to this country, but is seen fairly constantly throughout the world

Age Incidence—Lupus usually begins in childhood or early adolescence Cases are seen where the disease begins after middle life, but these are not common In an analysis of 294 cases in the Royal Infirmary I found that the age period 6 to 10 years shows the greatest number—no fewer than seventy three cases, or almost 25 per cent, occurring during that time Before the age of 5 years forty-five cases occurred, and of these a good many began during the first year of life, several beginning about eight months and generally after some illness such as measles The age period 10 to 15 years accounts for fifty cases Thus we see that more than half the cases begin during the school life of the child

* Lecture to the Border Counties Branch of the British Medical Association, November, 1936

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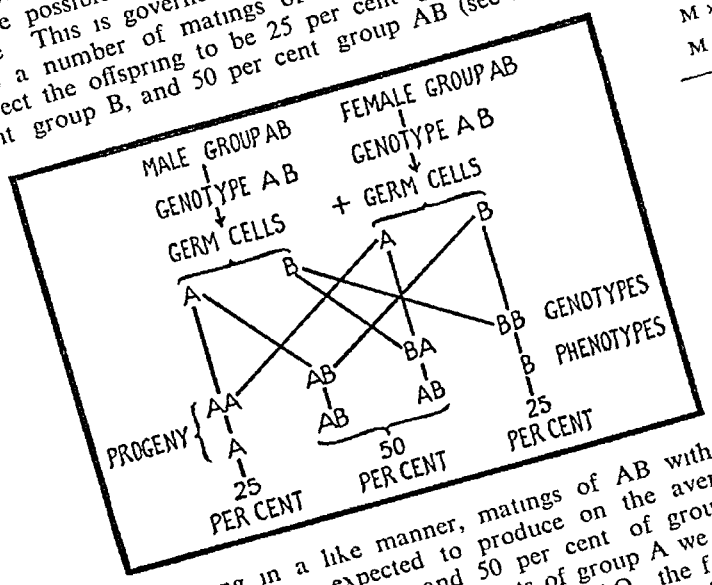
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AA and AO are indistinguishable by direct laboratory tests, so that we have only four actual blood groups or phenotypes The reason for this is that blood of group A will be produced equally well in an individual whether he has one or two genes for A in his chromosomes

Genotype	Phenotype (Group)
AB	AB
AA AO	A
BB BO	B
OO	O

Bearing in mind that when the male and female germ cells unite to form a new individual the cells of the latter contain one half-set of chromosomes, and therefore of genes, from each parent, we can forecast the manner in which the blood groups will be inherited Thus a male of group AB will produce germ cells half of which will carry the gene for A and half the gene for B, similarly a female of the same group will produce germ cells containing A or B The offspring of these two parents may be of genotype AA, BB, or AB, depending on which of the possible combinations of the parent genes takes place This is governed solely by chance, so that if we take a number of matings of AB with AB we would expect the offspring to be 25 per cent group A, 25 per cent group B, and 50 per cent group AB (see figure)



Reasoning in a like manner, matings of AB with O parents would be expected to produce on the average 50 per cent of group A and 50 per cent of group B progeny When we come to parents of group A we must allow for the two genetic forms AA and AO, the former gives rise to germ cells all containing the gene for A, while the latter produces cells half of which contain the gene for A and half that for O Similarly with group B individuals For example, the mating of a heterozygous A (genotype AO) with a heterozygous B (genotype BO) can give rise to progeny of genotypes AB, AO, BO, and OO—that is to children of all four groups

The foregoing facts concerning the mechanism of inheritance of the agglutinogens A and B can be resolved into two laws

1 The agglutinogens A and B cannot appear in the blood of a child unless present in the blood of one or both parents

2 A group O parent cannot have a group AB child and an AB parent cannot have an O child

The following list gives the children possible and children impossible from the matings of the various groups

Parents	Children Possible	Children Impossible
AB × AB	AB A, B	O
AB × A	AB A B	O
AB × B	AB A B	O
AB × O	A B	AB O
A × A	A O	AB B
A × B	AB A B O	—
A × O	A O	AB B
B × B	B O	AB A
B × O	B O	AB A
O × O	O	AB A B

The Agglutinogens M and N

In 1928 Landsteiner and Levine described in human blood corpuscles two new agglutinogens M and N, which define three types of blood—namely, type M, type N, and type MN These agglutinogens, demonstrated by means of immune rabbit sera, were found to occur independently of the agglutinogens A and B The agglutinogens M and N were shown to be inherited as Mendelian dominants dependent on a single pair of genes M and N, there being only three possible genotypes MM, NN, and MN, corresponding to the three phenotypes M, N, and MN In no instance has a blood been found to lack both M and N agglutinogens The mechanism of the inheritance of the M and N types is as follows

Parents	Children Possible	Children Impossible
M × M	M	MN N
M × MN	M MN	N
M × N	MN	M N
MN × MN	M MN N	—
MN × N	MN N	M
N × N	N	MN M

This resolves into two laws

1 The agglutinogens M and N cannot appear in the blood of a child unless present in the blood of one or both parents

2 A type M parent cannot have a type N child and an N parent cannot have an M child

These theories of the inheritance of the agglutinogens A, B, M, and N have been amply confirmed by study of their distribution in large numbers of families in various countries and by statistical tests concerning the incidence in numerous populations

Establishing Non-paternity

Since the agglutinogens A, B, M, and N are inherited in accordance with the above laws, blood group tests are applicable to medico-legal problems concerning disputed blood relationship, of which the commonest is [illegible] accusation of paternity Let us take an example A woman accuses a certain man of being the father of her illegitimate child and the paternity is denied The blood groups of the child, mother, and man are found to be A, O, and O, respectively The child thus possesses the agglutinogen A, not present in the blood of the mother so that the true father must have belonged to group A or A As this agglutinogen is not present in the blood of the accused man his non-paternity is established As however, that the accused man had been of group O All that could be said in that case would be that he might be the father, not that he is the father since another man of either group A or AB might be the father Having thus failed to reach a definite decision with the A and B tests, the M and N types of the mother, and child can be determined If these show an impossible combination the man is exonerated

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 23 1937

CANCER OF THE BREAST *

BY

CECIL ROWNTREE, F R C S

Senior Surgeon Royal Cancer Hospital London

It is natural that those of us who spend a large part of our lives in the Royal Cancer Hospital should regard cancer of the breast as a very common disease and so it is within the walls of that hospital, as will be appreciated when I say that about one hundred cases come for treatment every year

But of course we cast our net wide and in order to get a true picture of the real frequency of the disease it is necessary to think statistically for a moment and to remember that while there are over 33,500 doctors in England there would appear to be not more than 6,500 fresh cases of cancer of the breast each year Equally divided among us all this number gives only a fifth of a case apiece It follows, therefore that cancer of the breast is not really common enough to enable many of us to have enough personal experience to assess the value of different methods of treatment We are all apt to be unduly influenced by one case—often the last one seen—and all sorts of fallacies result One practitioner who has recently had one or two good results following upon operative treatment may think it is all that can be desired while another man in the next street having recently seen a case of recurrence thinks all treatment useless and the disease hardly worth treating

As is usual in so many other problems the truth lies somewhere in between and I want to show both sides of the picture On the one hand we see grounds for the greatest optimism and on the other bitter disappointments and heart-breaking failures But in spite of these variations cancer of the breast is a disease which in the aggregate does notably maintain a very steady average picture

Some Figures

Let me give you some figures Consider, for instance cases of cancer of the breast in which no active surgical or radiological treatment has been employed Of course we cannot get such figures now as all cases are treated by one or other of these methods but there are plenty of statistics worked out by an earlier generation and they show that on the average a woman with cancer of the breast lived three and a half years when no treatment of any kind was carried out

This is a very important figure for it is upon this datum line that the average success or otherwise of any method of treatment must be judged And what do we find? The statistics so carefully collated and analysed by the Ministry of Health show that operative treatment even at its very worst (for its figures only relate to patients that died of recurrence after operation) adds three years to this average so that women with cancer of the breast who come for surgical treatment may expect to live an average of six and a half years from the first onset of the disease This is the worst What is the best that can be expected?

History of Surgical Treatment

But before discussing after results let me recall the history of the surgical treatment of breast cancer It is a long story in point of time for it goes back to the dim ages at the dawn of surgical history when the cancerous breast was excised by the crude methods then available And for century after century the same primitive local excision continued to be practised until the coming of Lister put surgery on a different basis Surgeons were no longer compelled to make their operations as simple as possible owing to the certainty of infection of the wound they were now able to plan their incisions fashion their flaps, dissect out the muscles and indeed fit their operations to meet the conditions imposed by the disease Pathological anatomy began to play its part in dictating an operative scheme and surgeons ceased to be artisans and became pathologists as well

In 1894 Halsted gave us what is to all intents and purposes the modern operation for amputation of the breast His operation was based on the pathological anatomy of the cancerous breast and its extensions and upon observation of the most usual sites for secondary nodules and recurrences It at once put the outlook for these cases on a different footing but in spite of great improvement in results critical study of the after history of the cases revealed a disappointing percentage of failures

The next great step forward was Sampson Handley's enunciation of the principle of lymphatic permeation and the planning of various modifications of the Halsted operation with a view to meeting the situation indicated by his theory Very briefly the salient points were a less wide removal of the skin (which was a great blessing both to the patient and to the surgeon) and a much wider removal of the deep fascia in which the vulnerable lymphatics lay Although there are many who do not accept Handley's views in their entirety yet one notices that it is Handley's operation that is the standard technique employed in every clinic in the surgically civilized world and this operation may be said to represent the zenith of the purely surgical treatment of cancer of the breast

It has often been said of the breast as of other organs that operative treatment has reached its limit Although it is true that a limit has probably been reached as to the amount of tissue removed (for some surgeons say they remove everything but the bones) yet as to the method of its removal who can say what the future may have in store for us? We had an indication of the sort of development that may take place when the use of the

* A lecture delivered at the annual meeting of the Oxford Medical Society on November 13th 1936

supplying the rectum, cervix, and the base of the bladder In all the mammals with a bicornuate uterus the broad ligaments contain an anastomosis not only of the ovarian, uterine, vaginal, and lateral sacral arteries, but also of the branches of the external iliac artery in the neighbourhood of the internal abdominal ring The latter branches, in the pregnant rabbit, cat, or dog, are as large as the uterine and ovarian arteries In the woman these uterine branches of the external iliac arteries have been almost entirely suppressed They persist as small branches to the round ligament of the groin, but they are significant In the human genus also the ventral extension of the genital

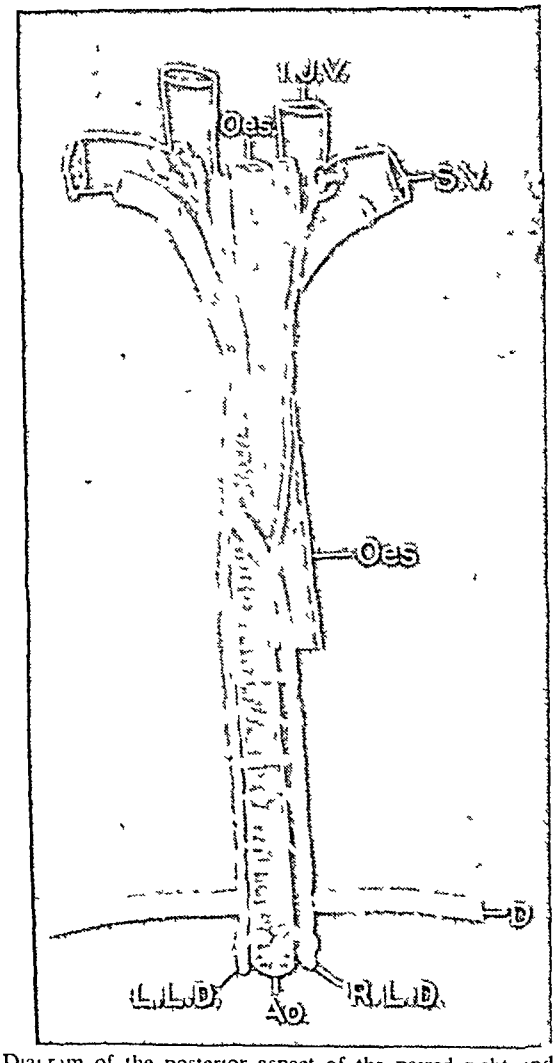


Diagram of the posterior aspect of the paired right and left lymphatic ducts in the human embryo of the third month to show the manner in which the adult thoracic duct is formed from the right duct inferiorly one of the numerous transverse anastomoses and the left duct superiorly in accord with the left sided aortic arch The superior portion of the right side persists as the right lymphatic duct of the adult Abbreviations Oes = Oesophagus IJV = Internal jugular vein SV = Subclavian vein D = Diaphragm Ao = Aorta LLD = Left lymphatic duct RLD = Right lymphatic duct

cleft accounts for the relatively large supply to the pudendum from the superficial and deep external pudendal branches of the femoral artery

As in the case of the upper and the lower limbs, the lymphatic drainage of the female genital tract is clearly portrayed by this brief history of the mammalian arterial pattern The glands involved in carcinoma of the cervix are essentially internal iliac common iliac, aortic by reason of the uterine artery aortic direct by reason of the anastomosis between the uterine and ovarian arteries, superficial and deep inguinal glands by reason of the round ligament and the large ancestral uterine branches of the external iliac arteries, internal iliac, common iliac, and aortic by reason of the internal pudendal arteries, presacral glands by reason of the lateral and middle sacral arteries, and superficial inguinal by reason of the superficial and deep external pudendal arteries from the femoral

It is probable that an attempt at a block dissection of any of these groups of glands is doomed to failure, whether it be for carcinoma of the cervix, the ovary, or the vulva Primary healing of the skin of the groin after a block dissection of the inguinal glands is rarely, if ever, seen This has its counterpart in the chronic infection of the inguinal area in the male affected by buboes The skin of the groin will stand nothing more than a linear incision if healing by primary intention is to be guaranteed

Age Changes in the Lymphatic System

The precocious development of the lymphatic ducts and valves in the early embryo is purchased at a price The senile degenerations of the lymphatic vessels probably precede those of the arterial and venous systems, so that the effective extent of the lymphatic vessels undergoes considerable shrinkage with age It is not without significance that age changes in the way of degenerations with or without calcification of the matrix, constitute a phenomenon commonly witnessed in the ligament arteries and meninges of the brain and spinal cord in the aged dissecting-room cadaver The slow rate of lymphatic involvement in post-menopausal cancer of the breast or female genital tract may be a consequence of the senile shrinkage of the lymphatic vessels draining the areas

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J P Bose and U N De (*Indian J med Research* October, 1936 p 489) have estimated by the method of Myers and Wardell the total plasma cholesterol content in one hundred normal and eighty diabetic Indians together with the blood sugar in the diabetics The normal plasma cholesterol values ranged from 102 to 178 mg per 100 c cm, 91 per cent lying between 120 and 160 which was taken as the normal range, the mean value was 147 mg per 100 c cm There was no difference between males and females In the diabetics the plasma cholesterol ranged from 100 to 410 mg per 100 c cm, and bore no relation to the degree of hyperglycaemia The cases were grouped according to their plasma cholesterol contents and observed for ten days with treatment appropriate to their clinical needs Twenty-four cases had a normal plasma cholesterol content, showed few complications, and responded satisfactorily to treatment In the other groups with hypercholesterolaemia as the range of plasma cholesterol content rose, the frequency of complications especially arteriosclerosis rose, and the response to treatment was less and less satisfactory The authors conclude that the degree of cholesterolaemia in diabetes is a more satisfactory index of the severity of the disease than is any other factor including hyperglycaemia They discuss the relation of hypercholesterolaemia to arteriosclerosis in diabetics

coming of the radical operation by implanting tubes of radium into the vulnerable intercostal spaces

Then we pass to another stage Reginud's work in establishing the value of the long continued application of small quantities of radium widely scattered through the affected area, gave a new impetus to the treatment of cancer of the breast by radium therapy A large number of advanced cases unsuitable for surgical operation were subjected to this new form of treatment The results in many cases were dramatic—so dramatic that it was apparent that a new method had evolved which was likely to have far-reaching consequences And so it had, for within a comparatively short time Keynes at St Bartholomew's Hospital began to undertake the treatment of early operable cases of cancer of the breast by interstitial radium And Keynes was soon followed by a good many other surgeons who felt sufficient dissatisfaction with purely operative methods to lead them to embark upon this new experiment It was a venture for which there was much support to be found not only in the results obtained in such sites as the lip tongue and cervix uteri but also in the highly satisfactory—though only temporary—benefits resulting from the radium treatment of even the most advanced cases of cancer of the breast The accessibility of the breast, its ease of observation, and the large number of cases available for comparison, coupled with the extreme willingness of the patients to submit to this new form of treatment all combined to give a powerful impetus to the method This resulted in a large number of cases being dealt with on these lines in London, New York, and other great centres We naturally played our part at the Royal Cancer Hospital in seeking opportunities for a test of what we may call the radical radium treatment of early cases

Radical Radium Treatment of Early Cases

Very briefly, the technique employed consisted in the implantation of radium needles of various lengths in such a way as completely to penetrate and surround the primary focus and the areas of probable lymphatic spread At the Royal Cancer Hospital we used platinum needles containing radium salt In New York they rather specialized in radon contained in gold capillary tubes, which have the great advantage that they can be obtained in almost unlimited quantity and in sections of great length

These are all matters of detail and of no fundamental importance providing the quantity of radium or radon is sufficient the duration of dosage long enough, and the placing and distribution suitably planned to meet the circumstances of the case

What are the results to date? It is early days to give carefully analysed figures of the ultimate or even interim rate of our patients, for this is a matter of years But it is fair to say that on the whole the results support the view that this method of treatment does give results which are at least comparable with those obtained by operative treatment But statistics alone, until they become so overwhelming in quantity and quality as to prove a point beyond all discussion are not always sufficient by themselves to determine current practice And it becomes pretty clear what the general feeling of most of the surgeons at the Royal Cancer Hospital is when I tell you that the proportion of radical amputations carried out there has increased in the last year or so The pendulum is swinging back, or has swung back to the operative treatment of early cases

Of course, as in all experiments that show some measure of success, one tends to be too optimistic and I think now that we were all perhaps a little too hopeful that a method had been achieved which would do as much or more for our patients than operative treatment and would at the same time spare them the distress and mutilation of amputation

Difficulties of Radical Radium Therapy

Radical radium treatment did not prove quite as simple as we had hoped In the first place, the amount of work involved in recording sketching and following up the cases enormously added to the clerical work of the hospital, and of course to the expense We were faced with the constant difficulties occasioned by stupidity on the part of patients who could not or would not understand the necessity for a careful follow up and perhaps the need for further treatment But above all, we were faced with new conditions not hitherto experienced extensive radium burns and their explanation and treatment and in particular the difficulty caused by the fact that some of the tumour masses failed to resolve in spite of intensive treatment And what, then was to be done with them? Further long exposures and the possibility of really serious burns? Or surgical removal and invalidation of the whole experiment? Some of the masses were removed, of course and found to contain living cancer cells But the fate of similar masses that had not been removed served strongly to suggest that the cancer cells in question had been reduced to a condition of inactivity although no man could say how long such inactivity might be expected to persist

Some of these difficulties are of a nature that time increased facilities, better team work and a clearer comprehension of their origin will in due course adjust for us But some of them are fundamental to the method and I see no way of getting over them I have some doubt as to whether any successful plan of campaign of this sort will ever be evolved which will give us what we scarcely have the right to ask of any method For we expect our method to deal with a disease of which the nature is unknown, its precise method of extension only suspected and its growing edge an indeterminate nebulous zone which in one case may be confined to the breast and in the next (to all appearances quite identical) may already have extended within the chest itself It is difficult to imagine any possible distribution of radium which will overcome these obstacles My view therefore is that in the present state of our knowledge all early and favourable cases should be subjected to radical operation

But what are we to do if during the course of an operation for what looks like an early favourable case we discover that the disease is more extensive than anticipated and the glands obviously and grossly invaded up to the apex of the axilla? In these cases I always remember that I am faced with the possibility not only of failing to do good but of really *doing harm* What surgeon is there who cannot recall instances when a radical operation in an advanced case of this kind has been followed by widespread local dissemination extensive cancerous infiltration of the skin and subcutaneous tissues and early onset of that most distressing complication of all—the mammoth arm? Accordingly when I am faced with this situation (and this is where I perhaps differ from some of my surgical colleagues) I am tempted to remove only the grosser part of the disease leaving a respectable margin of healthy tissue to cover over what I have had perforce to leave behind in the hope that other treatment may succeed in doing what I have failed to do with the knife In such cases I believe that radium

Reviews

ASSESSMENT OF DISABILITY

Disability Evaluation Principles of Treatment of Compensable Injuries By Earl D McBride, B S, M D, F A C S (Pp 623, 374 figures 38s net) Philadelphia and London J B Lippincott Company 1936

Dr Earl D McBride of the University of Oklahoma asserts that "the profession is making no effort to develop a scientific basis for interpreting or appraising the end-results of injury in mathematical or monetary values

As he [the doctor] has never done hard manual work he is incompetent to testify from experience as to the ability of an injured labourer to perform his duties Furthermore, the average physician is not accustomed to be definite In his practice he deals constantly with uncertainties" It cannot be claimed that this book provides a reliable table of figures from which the compensation value of any particular injury can at once be ascertained—indeed, by the nature of the human material no such precision is possible, one cannot assess the earning capacity of a man by direct measurement or simple arithmetic Nevertheless it is very necessary to attempt, as is here done, to apply rational principles and make some approach to uniformity of practice in arriving at such assessments, so as to eliminate as many as possible of the factors making for uncertainty One cannot measure fear or loss of confidence, but one can and should measure muscular wasting, deformity, and restriction of movement

Perhaps the most valuable feature of this book is the analysis of the functions of the body, considered as a machine designed to carry out certain mechanical activities The actions of muscles and joints are described in great detail and with a wealth of good diagrams, and the impairment of function which may result from injury is aptly illustrated by sketches of workmen actually using the tools of their trade It is recognized that physical handicaps may be more or less successfully overcome, and sections on "Compensatory Possibilities" explain how this may be done in many cases

The author is sceptical as to the value of physiotherapy for stiff joints, this subject being dismissed in a few lines with the observation (which will be widely endorsed) that "voluntary effort and active motion and exercise is the chief stimulant to repair and restoration of motion" Massage and other such measures are indeed useful mainly in so far as they help the patient to do things for himself References to other authorities are rather meagre throughout the book and it will come as a surprise to the English reader to find in the section devoted to a consideration of fractures (over two hundred pages in all) only one reference—and that a rather disparaging one—to the work of L Bohler

The principles of treatment of fractures are well set out but there is no mention of the proper organization of fracture clinics without which in the opinion of the B M A Fracture Committee the results of treatment can hardly be much improved Very little is said about the importance of re-education and vocational training of the physically handicapped—a subject which has received much attention in America and is beginning to interest those most concerned in this country There is a well-written chapter entitled The Industrial Back in which nearly five pages are taken up with an account of how an examination of the back ought to be carried out, and a useful table shows the differential diagnosis of pain in the back With regard to treatment it is remarked that "haphazard mechanical measures and half-hearted medicinal procedures often accomplish very little or no improvement, and create discouragement and economic loss" The victim of an injury to the back often has hardly any examination, and no more treatment than an occasional prescription for bromides and liniment

In discussing the psychological factors in disability the author passes so readily from neurosis to fraud and back again that one suspects that he hardly distinguishes one from the other After giving the admirable (and necessary) advice that "the individual examined should be shown all the tact and courtesy ordinarily extended to a private patient Confidence otherwise will be broken, so that questions and tests will be undependable," Dr McBride goes on to say that the question of whether a complaint of pain is genuine or not may be settled by giving a "dose of sodium salicylate or aspirin by rectum, sufficiently large to be certain to produce insensibility to pain Put through appropriate tests and note voluntary effort to show evidence of pain" One wonders whether the author really practises these "third degree" methods on his private patients, and if so what results of any value are so obtained It seems hardly to have occurred to him that anxiety neurosis may exist as a clinical entity, much less as a seriously disabling disease, comparable in this respect to a chronic infection, and often requiring careful and prolonged treatment There is an obvious slip on page 569 where it is stated that injury to the seventh cranial nerve may result in loss of hearing

The book is excellently printed and illustrated, and should prove a valuable work of reference to industrial medical officers and others who may be called upon to advise as to claims for compensation for personal injury

X-RAY INTERPRETATION

Roentgen Interpretation A Manual for Students and Practitioners By George W Holmes M D and Howard E Ruggles M D Fifth edition thoroughly revised (Pp 356, 243 figures 22s 6d net) London H Kimpton 1936

This book is a brief survey of the field of x-ray diagnosis, covering the essentials of the subject and giving at the end of each chapter an extensive bibliography, which forms a good and useful guide to the student who wants more detailed information The authors stress the need for constant collaboration with other branches of medicine and surgery if the full value of the x-ray examination is to be attained

The first six chapters describe all the common lesions of bones and joints, and in addition deal with the general rules which form the basis of successful x-ray interpretation The mistakes which are sometimes made on account of defective films and artefacts are pointed out, as are also anatomical variations and congenital abnormalities A useful table of the appearances of the centres of ossification and the time of their fusion is given All the common fractures and common diseases of bone are well described and illustrated by clear radiographs An excellent chapter deals with the lungs the diaphragm the heart, and great vessels The illustrations here are carefully chosen and of high quality A brief survey of the gastro-intestinal tract and of the genito urinary tract describes the normal and abnormal appearances met with The final chapter describes fluoroscopic technique and the dangers to patients and operators from electrical discharges and over-exposure

Although this book only gives a brief survey it is the outcome of many years practical experience, and is an

ten years Nor is the mere size of the primary growth of first importance, as long as the extension is outward as it were and not inward towards the chest wall

So far the indications are clear and our course is easy But what are we to do for patients not suitable for radical operation? We will consider first those whose unsuitability derives from general causes, and not from the condition of the local disease—the very young the very old the very feeble the diabetic, those with very high blood pressure, and, of course, those who absolutely refuse operative treatment Here, too, I think our course is clear Interstitial radium treatment carried out on a comprehensive scale unquestionably offers these patients their best chance of long survival

Then we come to the cases where radical operation is unsuitable owing to the extent of the primary disease or to gross involvement of the axilla or even slight involvement of the supraclavicular glands Here I believe the best course to be a strictly limited operative removal of the tumour and surrounding breast tissue followed by implantation of radium needles in the axilla and the usual lymphatic paths One cannot but feel that by removing the major portion of the disease one has put the patient's tissues in a better position to take advantage of the effects of the subsequent radiation therapy This limited amputation has also proved of great value in my hands in cases where ulceration of the tumour is imminent, or has already become established

Lastly, we come to the class in which the local condition is more widespread, and where skin nodules, peau d'orange diffuse invasion of the breast or involvement of both organs is manifest In these again, our course is quite clear They are naturally quite unsuitable for surgery and the disease is too extensive for the rather limited powers of radium—I mean of course limited in the geographical sense Deep therapy is the method of choice in such cases as these with the proviso that the voltage should be as high as possible and the beam should be delivered with all the intensity that the tissues will stand

It sounds somewhat paradoxical but it seems to me that it is in some of the most widespread and therefore by ordinary standards our most hopeless cases that the most brilliant results of x ray therapy have been obtained Their lives are not saved but they are prolonged in a high degree of comfort for very long periods It is certain that my x ray colleagues have taught me that we must never accept final defeat in these cases of advanced breast cancer until visceral metastases afford unmistakable evidence that the end is near

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The Northcote Trust which deals largely with the social supervision of the patients at St Thomas's Hospital has completed its twenty seventh year of work and its last report covers the twelve months ended October 1936 It records a real improvement in housing conditions and unemployment and illustrates the work which the almoners undertake Help is forthcoming in necessitous cases in ways such as the obtaining of employment, the provision of convalescence treatment the after care of cancer cases and nursing at home The Northcote Trust Hostel for Girls has been rebuilt and since its reopening last August has had a full complement of girls and infants Patients visited at home during the twelve months under review numbered 333 898 were assisted in other way than by the provision of convalescence facilities or surgical appliances 993 received convalescent treatment and 787 surgical instruments were supplied The income of the Trust during the year was £2,810, and there was a small credit balance at its close

VARIATIONS OF WEIGHT DURING PREGNANCY*

BY

M D ARWYN EVANS, M D, F R C S Ed

First Assistant to the Professor of Obstetrics and Gynaecology Welsh National School of Medicine Honorary Assistant Gynaecologist to Cardiff Royal Infirmary

The importance of weight taking during pregnancy and the significance of an abnormal increase has attracted very little attention in this country

In 1862 Gassner showed that there was a progressive increase in weight of the mother which was greater than that due to the foetus and the hypertrophied reproductive organs He found that during the last three months of pregnancy there was an average increase of 3 5 to 5 5 pounds Zangemeister (1916) advocated weight taking as a means of detecting incipient toxaemia and in 1925 he showed that during the few days immediately preceding labour there was a definite loss in weight Hirsch (1922) demonstrated a loss of weight a few days before labour and ascribed this decrease to the activity of the hypophysis

Davis (1923) found that the usual gain during pregnancy was 20 pounds He came to the conclusion that weight taking should be a routine practice in ante natal work since it gave information about latent dropsy In the same year Hannah found an average gain of 12 pounds during pregnancy Wieloch (1924) stated that the tendency towards insidious oedema could be detected by systematic weighing of the patient Randall (1925) found that the average gain in primiparae was 23 2 pounds and in multiparae 21 pounds He concluded that the extent of the increase in weight should aid materially in foretelling the toxaemias of later pregnancy

Slemons and Fagan (1927) found the average gain to be 16 5 pounds Toombs (1931) made comparisons between the mother's gain during pregnancy and the infant's weight but failed to establish any relation Bingham (1932) stated that abnormal weight increase was a precursor of toxaemia and that it also tended to make the labour more difficult owing to the deposit of fat in the pelvis He found that the child tended to be larger in proportion to the increase in weight of the mother

Siddall and Mack (1935) reported that the total gain during the last four months of pregnancy was 15 7 pounds and concluded that excessive weight gain appeared to be of questionable value in the early recognition of impending toxaemia Cummings (1934) found the total gain in the first trimester of pregnancy to be less than half a pound in the second trimester 13 pounds and in the third trimester 11 pounds The greatest gain occurred during the sixth and seventh months in which it was 5 pounds He stated that an abnormal gain in weight was a very early sign of the toxaemias of pregnancy During the same year Harding and Van Wyck came to the same conclusion and therefore advised the practice of weight taking in pre natal care

The present investigation was undertaken to determine the weight increase in normal and toxaemic cases in an attempt to establish standards and to ascertain what significance could be attached to an abnormal gain

Method of Investigation

Each patient was examined during the last few months of her pregnancy weekly fortnightly or monthly depending on the findings at the previous examination A history of any previous illnesses and pregnancies was taken at the first visit together with a history of the present pregnancy A general systematic and obstetrical examination was also made the patient was weighed the blood pressure taken and an examination of the urine performed

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* Investigation undertaken during the tenure of a British Medical Association Research Scholarship

function of the extrapyramidal system, as well as much of our knowledge of the physiology of sensation, still rest on clinico-pathological observations, and are differently conceived by different schools While it seems well established that lesions of the substantia nigra produce a Parkinsonian state and lesions of the corpus subthalamicus choreiform movements, and that certain lesions of the lenticular and caudate nuclei produce similar clinical pictures, we are still far from a full understanding either of the connexions or the functions of these structures, and little is gained by dogmatic statements of the teachings of one school The relation of painful sensation to the sympathetic system is another matter of controversy, most English authors holding that, although some fibres conveying impressions of pain run in the sympathetic chain, they are in all other respects similar to somatic sensory nerves The French view that there is true sympathetic pain still, however, has many adherents in this country

In spite of these failings there is so much valuable information in Dr Cossa's book that it is well worth reading by those interested in the science of neurology

HYGIENE

A Synopsis of Hygiene By W W Jameson M A M D, F R C P, D P H and G S Parkinson, D S O, M R C S, L R C P, D P H With a section on Personal Hygiene by G P Crowden, M Sc, M R C S, L R C P Fifth edition (Pp 623 21s) London J and A Churchill 1936

Rather more than two years ago we reviewed in these columns the fourth edition of Professor Jameson's *Synopsis of Hygiene* In the fifth edition, which now appears, much fresh material has been incorporated, especially in relation to the subject of public health law Among other topics including new points of practical interest are the conduct and cost of health weeks, the warming and lighting of buildings, and personal hygiene, the last of which is dealt with in considerable detail and ranges over a wide field The excellent articles on tuberculosis, venereal disease, hospital construction, and the welfare services have the merit of being at once informative and concise The recent Order on milk designations is presented, with its tuberculin-tested, accredited, and pasteurized grades and methylene-blue reduction test The consolidating Public Health Act of last year is well summarized

The fifth edition will be welcomed not only by students for the diploma but also by every medical officer who aspires to be up to date in public health affairs

Notes on Books

The main theme of *After Us* by Mr J P LOCKHART-MUMMERY is contained in the apposite subtitle *The World As It Might Be* (Stanley Paul and Co, 18s) The author traces the future evolution of modern tendencies in a logical and scientific manner which nevertheless brings him to such startling conclusions that it is not surprising to find Lord Horder's foreword written in guarded language In the chapter on Preferential Breeding a scheme of positive eugenics is set out, whereby all male children with the exception of a small number of selected strains with scientifically scrutinized pedigrees, should be sterilized soon after birth Should a woman desire a child she would be permitted, if free from hereditary taint to make her choice from a list of specified sires and receive an artificial insemination Mr Lockhart-Mummery argues that family life would be in no way outraged by this surprising arrangement The book also deals with questions of population, food, and transport, medicine and religion, indeed with all the essentials and accessories of human life In addition to visualizing conditions of the future the author skilfully dissects those of the present day His commentary on modern industry and finance is a scathing indictment This is a highly controversial book It shows evidence of a catholic range of knowledge on the part of one who has obviously devoted much thought to the problem of the betterment of the human race

In *Comrades in Adventure* (John Smith and Son Glasgow, Ltd, 3s 6d) Miss GERTRUDE RAMSAY looks at life as a pilgrimage of two companions, the ego and the body Many pages are devoted to their reactions to illness, acute and chronic The author states that good health is the result of a steady battle, an achievement which the vast majority do not sufficiently appreciate It is surprising to read in the sentence following this conclusion that "we are unutterably bored by the health statistics which show how pure food, good water, good drainage have reduced illness and lengthened life" The book is written in simple and almost conversational style, and the sentiments expressed may prove helpful to those suffering mentally or physically The author, however, is inclined to labour her points, and her theme might have been compressed into a much smaller compass

Standards are necessary for all accurate work and apparatus is required for making the requisite estimations In industry there are many problems of hygiene that can only be solved by accurate measurement of actual conditions followed by comparison with known standards The International Labour Office has now produced a hand book—*Industrial Environment and Health* (Geneva, International Labour Office 7s 6d) It describes instruments and methods, both physical and chemical, by which given situations can be compared with known standards The latter are accessible to all in the literature of the appropriate subjects but this is the first book of its kind to give handy and concise directions regarding the application of scientific analysis It should be invaluable to chemists, engineers, and designers, but it will be of great service to all engaged in industrial medicine and hygiene Few doctors will use it practically since they rarely have the specialized experience to apply the various techniques accurately If, however, they possess a copy it can be passed to the officials most likely to benefit, and the resulting data can then be analysed and reported on by the doctor This book should be in the administration library of every industrial concern and in the pockets of all who design and build factories

To say that certain truths and methods are now commonplace is by no means to detract from the tribute and acknowledgement due to those who at an early stage proclaimed and elaborated them, on the contrary, it is a statement of the success of those pioneers So, too the over-emphasis of a truth about health and a method of promoting health, with the result of establishing it as a cult, may be a real disservice by narrowing or misdirecting its application, and causing neglect of other truths and methods which are no less valid and useful It is well that in a little book compiled and arranged by A R CATON, entitled *Activity and Rest* (Philip Allan, 5s) the life and work of the late Mrs William Archer should be commemorated, and that the important truths that health means harmony, that there is such a thing as physiological and mental rhythm and balance and that periods of relaxation (in the fullest meaning of the word) are essential to fitness and valuable aids to the culture of health, should be again presented to the public Mrs Archer performed a real service by showing how relaxation of body might be most completely attained and by establishing (at King's Langley) conditions which contributed to such complete attainment This has now happily become an established feature in medical and psychotherapeutic practice

blood pressure were found at the same examination in ix cases, in a further six the blood pressure was raised on the average three weeks after the weight increase One of the remaining two patients complained of head aches and 'spots before the eyes" six weeks after the abnormal weight increase there being no rise in blood pressure the other patient developed oedema of legs hands and face three weeks later, the blood pressure being 130/80 mm Hg The following table gives the first indication of a toxaemia noticed in the fifty two cases under consideration

TABLE III

First Indication of Toxaemia	No of Cases	Percentage
Abnormal monthly increase in weight	34	65 3
Abnormal monthly increase in weight and raised B P simultaneously	9	17 3
Raised blood pressure	8	15 3
Albuminuria ,,	1	1 9

It would appear therefore, that an abnormal increase in weight during any one month is usually an earlier indication of an impending toxaemia than a rise in blood pressure

Loss of Weight before Labour

Loss of weight of the mother immediately before labour was found in only seventy-three of 207 cases a percentage of 36 In this series of cases therefore an impending labour could not have been diagnosed by the loss of weight of the mother These findings are comparable with those of Cummings (1934) and Siddall (1933), the former found that 40 per cent and the latter 24 per cent of their patients had lost weight before labour

Relation between Abnormal Weight Increase and Type of Labour

As mentioned previously Bingham found that an abnormal increase in weight predisposed to a more difficult labour In this series of cases fourteen primiparae and fourteen multiparae had an average gain of more than 5 pounds per month the remainder had an average monthly gain of less than 5 pounds, although some may have gained more than 5 pounds in a particular month.

The duration of labour and the forceps rate in these two groups are shown in Table IV

TABLE IV

	No of Cases	Average Duration of Labour	Forceps Rate
Primiparae (not overweight)	86	17 hours	24 (27 %)
Primiparae (overweight)	14	18.2 hours	4 (28%)
Multiparae (not overweight)	97	11 4 hours	9 (9%)
Multiparae (overweight)	14	11 hours	1 (7%)

The number of patients overweight is small therefore great stress cannot be laid on the result of the comparison, but it is evident that in the cases under consideration the type and duration of labour was not affected by the weight increase of the mother

Discussion

Increase in weight must obviously take place during a normal pregnancy but observers differ as to the amount In the articles quoted the figure varied from 12 to 24 pounds Many of the causes of the increase are self evident—namely the foetus 7 pounds the placenta 1½ pounds the amniotic fluid 2½ pounds and the enlargement of the uterus and its appendages 2 pounds

The general increase in the tissue of the mother including hypertrophy of the breasts must account for some gain in weight, which would vary with the type of woman concerned It is difficult to arrive at an average figure for this increase but it would probably be between 2 and 4 pounds

The increase in blood volume which takes place during pregnancy must cause a small part of the gain The blood volume is about 7 per cent of the body weight and would therefore be 8 8 pounds if the average weight of a woman of child bearing age is taken to be 9 stone The blood volume has increased at least 20 per cent at term thereby accounting for a gain of 1 6 pounds

During the first trimester it is universally agreed that there is very little variation in weight some patients losing a little and others gaining depending probably on the ease with which the body adjusts itself to the presence of the ovum The increase which occurs must therefore take place during the last six months It is suggested both on theoretical grounds and from the above results that the average monthly gain during the second and third trimesters should be between 2 and 4 pounds and the total gain 16 to 18 pounds If the gain is greater the patient should be questioned carefully, and be examined in order to find if possible the cause of the discrepancy

In the 211 cases under consideration it is clear that systematic weighing of the patient was of definite value in foretelling a toxaemia of pregnancy The average increase in weight of a potential toxaemic patient was definitely more than that of a normal patient, but it was not sufficient to be of real clinical value since the 4 3 pounds which was found to be the average monthly gain of the toxaemic patients, was as a rule gained by the normal cases during one of their later months If however, the patient has a *monthly* gain of 4 to 5 pounds in two or more consecutive months it should be regarded as abnormal dietetic errors if present should be rectified and a stricter supervision undertaken

On the other hand, a sudden marked rise in weight during one month, particularly if at least twice the normal gain is of great help in foretelling a toxaemia If the patient showed a monthly gain of 8 pounds or more there was a 63 per cent chance of her developing a toxaemia and following a 6 to 8 pound gain a 50 per cent chance It would appear therefore that it is the sudden abnormal increase in weight rather than the gradual gain which is of importance in detecting an incipient toxaemia Another fact which should be mentioned is that all cases which show this sudden gain do not develop toxaemia but almost all cases of toxaemia (98 per cent in this series) will have shown an abnormal increase at some time before the appearance of albuminuria

It has been shown that this abnormal gain is as a rule an earlier sign than a raised blood pressure but that occasionally the latter is the first indication Therefore ideal ante natal supervision should include the taking of the weight and blood pressure each month during the second trimester with more frequent observations during the last trimester If this is carried out almost all the toxaemias of pregnancy (97 per cent in this investigation) would be diagnosed before albuminuria appeared Treatment could then be given and the percentage of the maternal mortality due to the toxaemias of pregnancy should be materially reduced

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WORK IN HYGIENE AND TROPICAL MEDICINE

A year ago the London School of Hygiene and Tropical Medicine had to report a large deficit At the annual meeting of the court of governors on January 19 it was announced that the accounts for 1935–6 showed a small credit balance This turning of the financial corner is due to continued generous support from industry, the renewal of contributions from certain colonial Governments which had had to suspend them at the time of the 1931 crisis, and the exercise of economy by members of the staff Sir Austen Chamberlain, chairman of the court, has been instrumental in raising over £8,000 to finance the combined researches of the Divisions of Bacteriology and Biochemistry on the isolation of chemical fractions of immunological value from bacteria Professor W W Jameson, whose five-year appointment as dean ended in 1936, has been reappointed to hold the office of dean concurrently with his professorship of public health In his report to the governors Professor Jameson mentions that the public health course has been somewhat recast and the course in tropical medicine and hygiene substantially modified Among the benefits of the rearrangement are that clinical teaching will be extended throughout the course of study instead of being restricted to the first part The system of teaching in the Division of Epidemiology and Vital Statistics has been altered When the school opened there were no modern books covering even approximately the field of epidemiology as now defined but several such treatises have become available, and it is therefore possible to diminish the time given to didactic lectures and increase the allocation to teaching of the seminar type Professor Greenwood the director of the Division says that no reforms of practice can prevent the D P H course from being a serious undertaking, but it seems clear that future students will have a less harassing time than their predecessors The holding of a part time course in mental deficiency has been approved this is intended for students of the D P H class and for a limited number of other students, particularly school medical officers The number of students admitted to the school in the year was 211 of whom 143 took the course in tropical medicine and hygiene, and thirty-nine the course in public health Since the school started in 1924 1,633 students have followed the first of these courses, and 291 the second Next to the British Isles the largest number of students (247) has been drawn from India and Ceylon These countries have also been the destination of the largest number of students (482), followed by West Africa (180), East Africa (164), and Malaya (137)

The separate records of the Divisions and Departments give an impression of continuing work, not to be conclusively reported on in any one year In the Division of Clinical Tropical Medicine the director, Dr G Carmichael Low, reports on his round-the-world tour with the British Medical Association, and calls attention to the fine hospitals at Singapore and elsewhere in the East ideal places he says, for young men keen on clinical work and research Dealing with the work of the Division during the year, he states that a good number of cases have been available for demonstration at the Hospital for Tropical Diseases but more are required, and these can only be obtained by carefully sifting the patients who pass through the Albert Dock and Tilbury Hospitals Research on the causes of sprue has been conducted by Dr Hamilton Fairley and some valuable results have been obtained, though the aetiology of the disease still remains uncertain The Department of Entomology carries out research work both at home and overseas, at home it has been concerned with the physiology of insects and in particular the effect of climate upon biting species A substantial research grant has been placed at the disposal of the school by the Royal Society for an extended programme of research on certain aspects of the physiology of the *Anopheles* Probably this work will be begun in London and continued at a selected spot in the Tropics The Division of Bacteriology and Immunology is proceeding on a study of experimental epidemiology aided by a grant from the Medical Research Council, which recently reported on the progress of this investigation Experiments are now being initiated to test the effect on the epidemic process of varying the closeness and continuity of contact of mice at risk and it is also intended during the coming year to apply to this investigation the results that have been obtained in the study of the relation of diet to resistance Work has been carried out also on the immunizing properties of the fractions obtained from *B aertrycke* and *B enteritidis* in a series of cross immunity tests Attention is being turned to *H pertussis* in the hope that combined chemical and immunological studies may isolate an immunizing fraction from this important human pathogen The work under industrial physiology includes an investigation into the types of employment open to deaf and

Sites Affected

Lupus affects the face more frequently than any other part of the body, and is commonly found in the region of the nose In an analysis of 310 cases I found that the face was affected in 238 or 77 per cent As a rule lupus is not manifest on many parts of the body at the same time but some cases show evidence of widespread disease One patient for example, had it on the buttocks thigh, knee feet wrists, and elbows Another had as many as fifteen patches of different sizes on his body These multiple patches generally follow measles or chicken pox chiefly the former, and represent a blood stream infection

In addition to the skin the mucous membranes may be involved—in the nose lips, gums mouth or pharynx No patient with lupus in the neighbourhood of the nose should be allowed to go without examination of the mucous membrane In many cases the mucous membrane is the starting place of the disease which spreads through to the skin In some cases however the skin of the nose is involved without apparent affection of the mucous membrane

Tuberculous Glands and Lupus

The relation between tuberculous glands and lupus must be stressed In an examination of 270 to 280 cases of lupus I found that almost 50 per cent followed cervical adenitis These are minimum figures because in many cases the site of the lupus made it certain that cervical glands had preceded the skin disease As no definite mention was made on the patient's record card however these cases are not included in the 50 per cent Van Vonno of Holland in an examination of about the same number of cases, found scars of submental or cervical adenitis in 71 9 per cent of his lupus cases

During the last six years I have treated *116 cases of* tuberculous adenitis in my light department at the Royal Infirmary These cases have been sent by surgeons for treatment of the glands Of these cases thirty three had discharging sinuses when sent for light treatment Had these patients not been given general light baths I am convinced that most if not all of them would have had definite tuberculosis of the skin before the sinus ceased to discharge In addition to these cases some patients already had involvement of the skin when sent for light treatment but they were referred for the gland condition and not for treatment of the skin disease If the curative effect of ultra violet radiations in tuberculous adenitis were more widely recognized a great step forward in the fight against tuberculosis of the skin would be achieved

Lupus vulgaris is an extremely chronic disease progressing insidiously from month to month Occasionally it disappears spontaneously, sometimes it develops rapidly but at other times it appears to remain stationary It is a pity that the disease is not painful, as the want of discomfort causes the patient to neglect it and not to seek advice when that would be of most value The intractible nature of the disease leads to an accumulation of patients, and so the number of cases attending the clinics grows steadily larger In some ways it is an advantage to have some extensive cases attending at the same time as the early ones I point out to those with a small patch what they will become like if they do not attend regularly for treatment and I also show a patient who has improved greatly as the result of steady treatment In this way new patients can be induced to attend more regularly than they might otherwise do

The healing of the disease leads to scar formation and while the cosmetic result is in some cases excellent in others the scar is unsightly The contraction of the scar not infrequently leads to considerable deformity when the disease is in the neighbourhood of the natural orifices Ectropion is seen when the eyelid is involved On the nose the disease may lead to narrowing of the nostrils while the tip of the nose may become thin and pointed In other cases the nostrils may become distended while at the mouth there may be distortion or the orifice may be inconveniently narrowed When the lupus is situated in the neighbourhood of a joint the resulting contraction of the scar may lead to great restriction of movement One end result of the contraction of the scar I have not seen mentioned so far as I can recollect When the lupus is situated in front of the neck the scar tends to break down as the result of the constant movement of the head The continued movement prevents the wound healing and the constant irritation of the parts leads to the development of carcinoma I have seen several cases during the last few years where this seems to have been the sequence of events

Reasons for Diminishing Incidence

I have mentioned that the incidence of lupus is diminishing This is due chiefly, in my opinion to the fact that in many places tuberculous glands are now being treated by means of general light baths instead of surgically

I have already indicated the considerable percentage of gland cases with sinuses which I have been asked by surgeons to treat during the past few years at the Royal Infirmary, and I had the same experience in my light department at Leith Hospital This experience is not merely my own It is quite a common one among those who are accustomed to light treatment—sanatorium medical officers, for example Some years ago Dr John Comrie read a paper before the Medico Chirurgical Society of Edinburgh on The Medical Treatment of Surgical Tuberculosis He gave his experience at Rollier's clinic at Leysin and showed photographs of patients with sinuses and involvement of the skin where the skin infection and the gland mass had cleared up under light treatment If a gland mass will clear up when there is a sinus it will surely do so before a sinus has formed The large mass of glands with periadenitis where the glands are matted together and adherent to the deeper tissues is the type of case leading to sinus formation This is exactly the type of case so suitable for ultra violet irradiation and as more and more of these cases are irradiated we shall see fewer cases of the scrofulodermia type of tuberculosis of the skin This applies also to those cases of bone and joint tuberculosis which so often advance in spite of all ordinary surgical measures and form abscesses Incidentally it may be said that the amount of movement obtained in these joint cases as the result of radiation treatment is far in excess of that obtained by surgical measures Subsidiary causes for the diminished incidence of lupus are the larger amount of fruit and vegetables now eaten and the clearing away of slums while the medical inspection of school children also has its bearing

General Treatment

General treatment includes all those hygienic and dietetic measures which apply to the treatment of all forms of tuberculosis The Gerson diet has its advocates and its opponents but it is hardly a feasible proposition for a working-class household—the class in which most cases of lupus are found Even the advice that patients take plenty of good nourishing food is hardly possible in many

multiple pathological fractures of bone and four had changes in the lens Treatment must depend to a large extent upon the individual patient's various symptoms The Dublin report suggests that the fat intake should be reduced to about 50 grammes a day unless diarrhoea is severe, protein should be kept high at about 120 grammes, and the carbohydrate intake is determined by the degree of abdominal distension from intestinal fermentation In this connexion ripe bananas have been found to be as useful in adults as they are in the coeliac disease of children The not infrequent achlorhydria is treated by hydrochloric acid by the mouth, and vitamin D and calcium must also be given Iron is presented in large doses for hypochromic anaemia, and injection of liver extract has been found useful in the hyperchromic types Along these lines the results are stated to have been gratifying, and eight out of the ten patients are reported as now leading practically normal lives

TYPHUS AND TYPHUS-LIKE INFECTIONS

Drs Yves Biraud and S Deutschman have made an exhaustive study[1] of the important subject of the geographical description and epidemiology of typhus and typhus-like rickettsia infections to which a remarkably full bibliography of recent literature is appended A survey is given of these diseases as they occur (1) in Europe and the Mediterranean basin, including Northern Africa, (2) in tropical and Southern Africa, (3) in North and South America, (4) in Asia, and (5) in Australia The increase of louse-borne typhus during the past five years, not only in Eastern Europe but also in Northern and Southern Africa, South America, and Mexico, is attributed partly to the disappearance of the population immunized during the war and post-war pandemic and partly to the effect of the lasting economic depression in rural areas During the last fifteen years typhus in Europe has occurred in three distinct regions—Central and Eastern Europe to the east of a line from the Gulf of Finland to the Adriatic, the Iberian Peninsula, and the British Isles The first region is the most important, while in the other two there is merely a winter or spring recurrence of small and sharply limited outbreaks Besides classical typhus two other forms of exanthematous diseases have recently been affecting Mediterranean countries—namely boutonneuse fever and murine typhus In Africa the distribution of typhus and typhus-like diseases is as follows louse-borne typhus is still endemo sporadic in North Africa, it is endemo-epidemic in Egypt among the Bantu population of Basutoland and the Union of South Africa and South-West Africa it has also recently appeared in South-West Uganda and Urundi Murine typhus has been found in the ports and inland towns of North, West, and South Africa among rats and human beings Tick borne typhus-like diseases are to be found throughout North Africa and in the form of boutonneuse fever and also in Central (Kenya) and South Africa as tick bite fever Turning to America we learn that Canada is practically free from all forms of typhus In the United States louse-borne typhus, though repeatedly imported from Europe and Mexico, has proved incapable of taking root in recent years The benign form of typhus known as Brill's disease still prevails in New York, Massachusetts, and Connecticut but the cases are few It is distinguished from classical typhus by its lack of communicability, peculiar autumnal incidence, and its mildness (mortality below 1 per cent) Murine typhus occurs in the Eastern and South-Eastern States, where it has become increasingly prevalent, and has a fatality of about 5 per cent In Mexico louse-borne typhus under the name of "tabardillo" has been endemic for centuries, with a fatality rate of 40 per cent in Mexico and slightly lower in other cities In Guatemala the disease is practically confined to the higher regions In South America louse-borne typhus is by far the most important form in respect of the number of cases reported and the area of its distribution, but murine typhus is also found in Northern Chile, on the coast of Peru and in the Argentine In Asia the form which is the most widespread and causes the greatest number of cases is louse-borne typhus, which is prevalent in the northern half of the continent and extends southwards to the mountainous parts of Iran, Afghanistan British India, Northern Indo-China, and South-Western China In addition to epidemic typhus three main forms of sporadic typhus exist in India, the first of which is clinically and serologically identical with the tropical scrub typhus of Malaya the second, which is more severe and sometimes fatal, prevails in some southern districts (Deccan and Poona) from July to December while the third type, found among the natives of South India, is closely allied to benign murine flea-borne typhus In Malaya, where tropical typhus was first described by Fletcher and Lesslar in 1925 three types of typhus-like diseases are recognized—namely, (1) "scrub" or rural typhus, which is the commonest and most severe, (2) "shop" or urban typhus, and (3) Japanese river fever or tsutsugamushi In Australia louse-borne typhus disappeared in 1869, since when two distinct forms have existed One on the eastern coast of tropical Queensland is known as coastal fever, pseudo-typhus, or sugar-cane typhus while a similar but distinct form occurs in the non-tropical part of Queensland

[1] *Rev. d'Hyg. Section League of Nat.* 1936 15 1-16,

WORKING-CLASS DIETARIES

The medical officer of health and the City Health Department of Newcastle-upon-Tyne[1] are to be congratulated on their dietary survey of sixty-nine families during a period of one week This method of estimating the nutritional standards of a community is becoming increasingly popular all over the world Though not infallible it is of value in that to a limited extent it consists of facts Facts about nutrition are badly needed in a field where opinions are so often quoted depending more often on political or social prejudice than upon accurate observation and range from the view that there is no nutritional problem in

[1] *A Study of the Diets of Sixty-nine Working-class Families in Newcastle-upon-Tyne* City Health Department, Town Hall, Newcastle upon Tyne (1s)

It will be readily apparent then that blood group tests may offer conclusive evidence that a certain man could not be the father of a particular child but can *never* prove that he *is* the father The only possible exception to this is where it can be established that one of two men must be the father Wiener cites an interesting example of such a case A woman wished to know whether her husband or her lover was the father of her child Tests showed that husband lover and child were all of group A so that no decision could be given by the A and B tests On determining the M and N types it was found that the mother, child and husband were of type M while the lover was of type N thus proving that the lover could not be the father It was established therefore that the husband was the father of the child

It is of interest to compute the chances if we determine the groups of the mother child and accused man of finding one of the impossible combinations and thus proving the man's non paternity This chance varies with the group of the accused and is influenced by the incidence of his group in the general population

Probabilities of Establishing Non paternity with the A and B Tests (After Wiener)

Group of Falsely Accused Man	Probability (Approximately)
AB	2/5
A	1/13
B	1/7
O	1/4
Unknown	1/6

Probabilities of Establishing Non paternity with the M and N Tests (After Wiener)

Type of Falsely Accused Man	Probability (Approximately)
M	1/3
N	2/5
MN	0
Unknown	1/6

The new M and N tests have doubled the chances of proving non paternity and in conjunction with the A and B tests afford expectation of evidence of non paternity in one case in three on the average The probability is highest (2/3) in accused men of type ABN and lowest (1/13) in type AMN Lauer, cited by Wiener reports that since the discovery of the M and N factors many old cases have been reopened in Germany by men who were supporting children under a decree of court because the tests for A and B did not exclude them in the hope that the M and N tests might establish their innocence

Other problems in which blood group tests may be of value include false maternity and the interchange of infants

Practical Application

An examination of the literature reveals that the foregoing theories of the inheritance of the agglutinogen substances of the human blood corpuscles have been amply confirmed by the study of the blood groups in large numbers of families by many independent investigators throughout the world As these records grew it became apparent that blood group tests might be applied to cases of disputed paternity Though the chances of success were limited when only the older Landsteiner group tests were available it will be seen below that a considerable use was made of the tests on the Continent After 1928 when the M and N blood types were discovered the value of blood tests was enhanced owing to the greater chance of coming to a definite decision and perhaps in a few years we may have X and Y types to enhance still further the value of the tests The legal history of the tests is as follows

1910 Von Dungern and Hirszfeld indicated the possible value of blood group tests in disputed paternity cases

1924 The evidence of blood tests was first employed in the German courts

1929 Up to this time the tests had been used in over 5 000 cases of disputed paternity in Europe alone

To day although accurate figures are not available the number of times the tests have been employed must be of the order of tens of thousands for they are in use in Austria Belgium Czechoslovakia Denmark Italy Japan Lithuania Norway Sweden Switzerland and have been used in the Irish Free State In the United States of America the tests are employed more particularly in the States of New York and Wisconsin and it is believed that steps have been taken in these States in connexion with special legislation to make the tests more readily available

In this country it has to be put on record that except for one or two isolated occasions no use has been made of the blood group tests and it may be of moment to examine the reasons for this

The first is that most litigants and even lawyers are unaware of the test and its possibilities The second is perhaps a certain distrust of scientific method among the lay magistrates a conservatism which is to a large extent part of the national character This attitude is an admirable one to adopt when dealing with any new test that has not been established beyond all reasonable doubt, but the blood group test has gone far beyond the experimental stage and its reliability is fully established Thirdly owing to a misunderstanding which appears to exist in some legal minds it is suggested that a failure of the test to make a decision of non paternity available may create an impression in the minds of those who have to make the final decision that the accused man is in fact the father When the rationale of the test is better understood such an argument will be found to be without foundation Fourthly the use of the test in these cases must always be demanded by the alleged father as it is he who sets out to prove his innocence and it is he only who can benefit by it Even if the accused man knew of the tests and desired to submit to them the court would have no power to compel the woman applying for the affiliation order to submit to the examination and might not be justified in drawing any inference from her refusal Fifthly, at the present time the test is somewhat costly and beyond the pockets of the poorer class of defendants but this would soon be remedied if sufficient cases were forthcoming

While we do not pretend to have any legal knowledge and are subject to correction on this point we believe that an essential difference in the legal practice largely accounts for the extensive use of the test in other countries Power we understand, is given in many countries in Europe to the court to order the performance of the tests—that is scientific evidence is in general obtained at the instruction of the court so that no onus in this respect is placed on the litigants This practice has many points in its favour as the scientific witness is a court witness and is not a party witness *It is believed* that the new legislation in America is designed to meet this difficulty so that the court may be in possession of this evidence

Conclusion

In conclusion attention may perhaps be called to the fact that cases of this type unfortunately common before courts of summary jurisdiction and occasionally featuring elsewhere—for example the Russell case—are amongst the most difficult in which magistrates have to exercise their judicial powers and tragic miscarriages of justice are not unknown In the recent report of the Departmental Committee on *Imprisonment by Courts of Sum-*

sanitary precautions, the water supply was bad, and the food was contaminated by dust and flies Typhoid broke out at Beechworth in 1856 and occurred year after year until the doctors learned of the part played by "carriers" and discovered some in a family which had for years supplied the town with food One of the most difficult problems was an influx of dozens of Orientals, who knew neither English nor sanitation and suffered from leprosy, hookworm, filaria, and other Eastern diseases Small-pox and typhus were controlled by quarantine and never obtained a footing Many of the doctors on the diggings seem to have been extraordinarily efficient, self-reliant, dependable, and helpful to their widely scattered patients Every long-settled district has traditions showing the esteem in which some of the old doctors were held

"HUMAN BITE" INFECTIONS OF THE HAND

Infections of the hand are being better treated to-day than they were but ten years ago This improvement is largely the result of a fuller knowledge of the surgical anatomy of the fascial spaces and tendon sheaths, their mode of infection, and the best methods of dealing with infected areas In this connexion the work of investigators such as Kanavel of Chicago has been all-important, and serves to show that human anatomy is by no means a science that is "worked out," as some would claim At the Annual Meeting of the British Medical Association in Bournemouth in 1934 one of the chief points in a debate on the treatment of infections of the hand was the necessity for regarding these lesions as of major surgical importance and of admitting such cases to the hospital wards In a recent paper[1] Claude E Welch of the Surgical Service of the Massachusetts General Hospital draws attention to an aspect of hand infections that has hitherto received only scant consideration—namely, "human bite infections" Only eighteen cases were discovered in a search of the records of the Massachusetts General Hospital which covered a period of eleven years but undoubtedly many patients sustain small lacerations and mild infections from bites and do not attend hospital Welch estimates that bite infections constitute about 1 per cent of the cases of infection of the hand admitted to the hospital wards for treatment These infections usually arise as a result of one person striking another in the mouth The impact of a tooth produces a lacerated wound over the knuckle of the index or middle finger The wound is usually tiny but deep, and may penetrate the expansion of the extensor tendon and enter the metacarpo phalangeal joint For from six to twelve hours there may be little discomfort but then the back of the hand becomes swollen and dusky movements at the joint are painful, and malaise and pyrexia develop When pus escapes it is malodorous, and has been compared with that from a lung abscess The essential features are the site and nature of the lesion the tendency for it to involve the joint and the character of the purulent discharge The infection is usually foul and mixed with streptococci and staphylococci diphtheroids and spirochaetes If spirochaetes and fusiform bacilli are present in abundance the prognosis is worsened and early amputation may be called for In the more severe cases of joint infection Welch believes that it is wise to incise both adjacent web spaces, divide the lateral ligaments of the metacarpo-phalangeal joint, and open the capsule widely For early cases he advises diathermy excision of the laceration He finds that amputation of the affected finger is required in one out of ten cases treated within twelve hours, if operation is delayed for from one to seven days amputation will be necessary in one out of three cases, and half of the others will retain a comparatively useless finger

[1] *New Engl J Med* 1936 215 901

THE INFLUENZA EPIDEMIC

The epidemic is proceeding on normal lines and there is no reason to expect that it will prove either as widely spread or as severe as that of 1933 It is spreading to the North, and reports all suggest that it is conforming in type to what we have been experiencing in the South-East and the Midlands The weekly number of deaths shows a steady increase, but it must not be forgotten that this number is bound to be weighted by serious cases in which the illness began either in the week preceding or even earlier The same applies to the number of cases in hospital, as the figures for each succeeding week are cumulative, inasmuch as some cases are carried forward In London the number of notifications of pneumonia was 454 in the week ending January 16, an increase of thirty-seven over the number for the previous week, but that this is not indicative of an extension of the epidemic is shown by a marked falling off in requests for admission to hospital The deaths from influenza in London were 344 for the week ending January 16, as against 311 in the previous week With the prevailing acute pressure on beds in hospitals of all types the extent of the demands received for beds for influenza cases in the London County Council hospitals is a reliable guide to the number of cases thought by private practitioners to be serious enough for hospital treatment The figures for the past three weeks are therefore of great interest they were—for the weeks ending January 2, 9, and 16, 1,377, 1 602, and 921 respectively The clinical picture shows no change, pneumonia being still exceptional and occurring comparatively rarely in the young adult age groups this is completely at variance with the experience of 1918, and gives still further justification for the opinion that, distressing and inconvenient as it admittedly is, the present epidemic is not likely to be of major public health importance

HALF-YEARLY INDEXES

The usual half-yearly indexes to the *Journal* and to the *Supplement* and *Epitome* have been printed they will however, not be issued with all copies of the *Journal* but only to those readers who ask for them Any member or subscriber who wishes to have one or all of the indexes can obtain what he wants, post free, by sending a postcard notifying his desire to the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W C 1 Those wishing to receive the indexes regularly as published should intimate this

Clinical Memoranda

Crude Cod-liver Oil in Treatment of Wounds

Having read of the cod liver oil treatment of wounds (Steel 1935) I was encouraged to make use of a crude cod liver oil dressing as a routine, and have come to the conclusion that it has marked healing and aseptic properties Besides being cheap it is applicable to all kinds of wounds I started using it first for minor injuries and indolent chronic ulcers In order to estimate the efficacy of this method half my cases were treated with recognized antiseptics such as acriflavine mercurochrome eusol etc, while the other half were dressed with crude cod liver oil Not only minor injuries did well but its application was justified in deep and extensive wounds Satisfactory results having been obtained in the out-patient department it is being used for dressing cases after operation The following cases illustrate the gratifying results

CASE REPORTS

A girl aged 10 had injured her tibia as a result of a fall a year ago She attended the hospital because she began to have pain and a slight swelling was noticed over the tibia An x-ray examination was advised but the parents preferred the treatment of an unqualified man who incised the swelling and had attempted to scrape the bone The girl again attended hospital because the wound refused to heal and was very dirty exuding foul pus in large quantities the swelling of the bone also had extended further In the hospital the usual operation for osteomyelitis was performed but the wound was badly infected and every day a large amount of pus exuded After a fair trial with acriflavine mercurochrome and brilliant green without much success the wound was dressed with crude cod liver oil Within a fortnight it was full of healthy looking granulations and there was very little pus The wound completely healed in a few weeks and the patient was discharged cured

A man was admitted for a gunshot wound of the right leg The bullet had splintered the tibia and some of the fragments of the bone had penetrated the calf muscles The wound was very dirty and to stop the bleeding the villagers had applied some substance which was mixed with road dust After taking the necessary surgical steps we started using for dressing mercurochrome acriflavine and other antiseptics but the wound would not heal and green pus continued to discharge After giving a fair trial to the above mentioned antiseptics we tried crude cod liver oil The discharge lessened there was none at all after the twelfth day and the wound was full of healthy granulations Just for a trial instead of using crude cod liver oil we used pure cod liver oil Our findings were interesting—granulations soon began to look pale and the healing slowed down considerably On resumption of crude oil for dressing the wound again started healing and within a few weeks the patient was discharged cured

We obtained equally good results in patients very badly burnt A man was brought to the hospital burnt all over the body face abdomen and extremities had third-degree burns He was admitted in a collapsed condition We started dressing straight away with the crude cod liver oil within a month he left the hospital and when we saw him after two months there was neither scarring nor pigmentation of the skin

Many other cases have given similar good results with crude cod liver oil treatment It seems that the crude cod liver oil has some healing property for skin tissues and even bones Crude oil seems to be better than pure cod-liver oil and it would be interesting to know the cause of this difference Is it that some factor in crude oil which has healing properties is removed or destroyed during the process of purification?

M B DAVER
Hyderabad Deccan Civil Surgeon Nizamabad

REFERENCE
Steel T P (1935) *Lancet* 2 290

Tubercle Bacilli in the Cerebro-spinal Fluid Recovery

The following case may be of interest A woman aged 31 years was admitted to the City Mental Hospital, Portsmouth on February 6 1936 There was a history that for a month past she had been restless and depressed Three days before admission she ran into the garden of her home and fell heavily striking the back of her head A sister of the patient stated that for some time past she had been unduly irritable and unable to concentrate, also having complained of severe headaches

On admission she was suffering from an acute confusional psychosis She was restless noisy rambling and incoherent resistive to attention constantly stripping off her clothes and exposing herself Temperature was 100·2 F pulse 90 respiration 34 Physical examination was difficult owing to her mental state *X* ray examination of the skull was negative

On February 18 because of the prolonged pyrexia headache and irritability alternating with periods of drowsiness a lumbar puncture was performed under a general anaesthetic The cerebro spinal fluid was not under increased pressure but was slightly turbid The fluid was examined bacteriologically by Dr J A D Radcliffe of the Portsmouth Royal Hospital and his report was as follows Pus cells and tubercle bacilli present, lymphocytes were increased culture of the fluid was sterile

On February 24 temperature was 99 F pulse 80 Her mental condition had improved She was quieter and less confused and there were no physical signs of meningitis On February 29 a lumbar puncture was again carried out Fluid was not under pressure it was quite clear The bacteriologist reported that globulin was present in excess sugar 0·08 per cent there were a few pus cells and increase of lymphocytes tubercle bacilli not present culture sterile

From February to June her physical condition continued to improve but her mental condition varied from week to week At times she was depressed seclusive and self absorbed refusing to speak or to answer questions at other times she was bright and cheerful and answered questions quickly correctly and intelligently From July 15 her mental condition began to show marked improvement On July 24 a lumbar puncture was again performed The report was Fluid clear no clot globulin *nil* Microscopical examination no pus cells *tubercle bacilli not found culture sterile*

On August 26 her physical condition was good *There were no physical signs of disease* and her weight had increased by 12 lb She looked and felt well Her mental condition was normal she conversed readily and rationally and occupied herself usefully Up to the present her improvement has been maintained During the day she is busy in the needle room and in the evenings entertains the patients as she is a capable pianist She is being discharged from the hospital in the near future

I am indebted to Dr T Beaton O B E medical superintendent of the hospital for permission to publish the notes of this case

JOHN P MCGUINNESS
Assistant Medical Officer Portsmouth City Mental Hospital

THE INFLUENCE OF THE ASSOCIATION ON LEGISLATION

PART I

One of the avowed objects of the British Medical Association is to maintain the honour and interests of the medical profession The performance of this task on behalf of a profession which is in close contact with almost every phase of the national life and on which social legislation imposes numerous duties demands the existence of a powerful central organization with the authority, the experience, and the financial means to act quickly and effectively as soon as legislative proposals affecting the profession are announced, and even, when desirable, to anticipate them This collective protection benefits each individual practitioner, for statutory requirements pervade every aspect of medical practice The relations between medical men and public bodies are in many ways governed by legal enactments, and the profession is dependent upon the law to preserve some of its privileges from encroachment by practitioners who are medically unqualified The amount of work which the British Medical Association as the representative professional organization, is called upon to perform in connexion with Parliamentary proceedings is enormous, and its value to the profession and to the public is incalculable In this article it is proposed to illustrate by means of a few of the more outstanding instances how the course of legislation has actually been affected by the Association's efforts

Various methods are adopted by the Association in this part of its work The scrutiny of Bills affecting the profession is part of its office routine and any proposal which is likely to react adversely on the practice of medicine or on medical practitioners is at once discussed with the proper authorities Government Departments, which recognize the Association as the organization representative of the profession as a whole, are usually willing to give sympathetic consideration to any amendments it may propose to a Government Bill, and they often give it the opportunity of commenting on their legislative proposals before a Bill is introduced into Parliament Close co-operation is maintained also with the Parliamentary Medical Committee, most of the members of which can be relied upon to support the Association's policy in Parliament and there are a number of individual lay members who have given valuable help from time to time Another way in which the Association has exerted pressure on Parliament is by the submission of its views to Parliamentary Committees which often ask it to provide evidence At the present time measures designed to strengthen the Association's political influence are under consideration

National Health Insurance

The *causa celebre* of the Association's Parliamentary work is perhaps the fight over the National Health Insurance Bill in 1911 Although the history of this conflict is well known at least in its main outlines its influence on the future of the profession was so vital and profound that it is well to reflect occasionally upon the full significance of the Association's success, and upon the degree of concerted action among medical practitioners that it was necessary for the Association to secure in order that the profession might achieve its victory

It will be remembered that the Government did not consult the medical profession during the early stages of the preparation of the scheme that the original proposals placed the control of medical benefit including the appointment of doctors, in the hands of approved societies and that no provision was made for the representation of the profession on any of the bodies entrusted with the administration of the system Immediately after the introduction of the Bill the Association formulated its policy in its "Six Cardinal Points," which included free choice of doctor and patient, the administration of medical and maternity benefits by Insurance Committees and the investment of medical committees with the control of professional discipline The Association then began an intensive campaign to awaken the profession to the danger that threatened its independence The response was immediate and whole-hearted and the Association supported by the signatures of 26,000 practitioners to a pledge to refuse service under the national health insurance scheme except on terms which accorded with its declared policy, and by the formal resignations of 33 000 doctors holding contract appointments with friendly societies gained most of its points during the protracted negotiations with the Government

The Association's achievement was of the highest importance to its own status and to the future of the profession During the fight its authority was undisputed, and its firm refusal to allow any lay body to take part in the arrangement of professional terms of service has ensured to the profession direct access to Government authorities whenever negotiations on medical matters are needed Medical practitioners themselves were saved from subservience to the approved societies, and the intrusion into insurance practice of the evils of the old forms of contract practice was prevented These results have been very far-reaching in their influence for national health insurance practice not only affects a large proportion of the population but also sets the standard for other forms of contract practice

Unqualified Encroachments

Of scarcely less importance to the profession than the preservation of its freedom from lay control is the prevention of encroachment upon its sphere of practice by persons who are medically unqualified There are several groups of such persons who claim to be capable of diagnosing or treating conditions which demand the services of a fully trained medical practitioner A number of Bills proposing the statutory registration of such groups have been introduced but so far the Association has successfully opposed them The recent defeat of the Bill for the Registration and Regulation of Osteopaths is still fresh in the minds of practitioners This result was primarily due to the Association's organization of the evidence submitted on behalf of the profession to the Select Committee appointed by the House of Lords to consider the claims to recognition made by the promoters of the Bill The Association not only prepared its own Memorandum of Evidence, retained eminent counsel to attend all the meetings of the committee, and nominated distinguished practitioners to give evidence on its behalf but it also co ordinated the evidence submitted by the medical faculties of the universities and other medical bodies and by individual medical practitioners The cumulative effect of the medical evidence was overwhelming and it was not very long before the representatives of the osteopaths asked leave to withdraw their Bill Here again the Association was accepted without question as the recognized mouthpiece of the profession and here also was an illustration of the essential need to the profession of a watchful central organization, prepared for emergencies and equipped with the means to undertake an expensive defence of medical practice

ideal textbook for the beginner It is beautifully printed and well illustrated The authors are to be congratulated on the accurate presentation in simple form of the essentials of roentgen interpretation

TOPLEY AND WILSON'S BACTERIOLOGY

The Principles of Bacteriology and Immunity By W W C Topley M A M D M Sc F R C P F R S and G S Wilson M D F R C P D P H Second edition (Pp 1 645 276 figures 50s net) London E Arnold and Co 1936

It only seems a short time ago that we had the pleasure of reviewing Topley and Wilson's *Bacteriology* yet seven years have elapsed since it first appeared And during those years the science of bacteriology has been advancing with rapid strides—so much so that the preparation of the second edition of this textbook must have entailed an enormous amount of work How well the authors have achieved this task is soon apparent, for turn where one will, the information is right up to date and presented with a clarity and balance that makes both instructive and stimulating reading As in the original edition the book is divided into four parts general bacteriology systematic bacteriology infection and resistance, and bacteriology as applied to medicine and hygiene but instead of being in two volumes the new edition is bound as one And since the book has increased by 300 pages this single volume is in truth a ponderous tome No doubt there are solid arguments in favour of combining the two volumes in one but this makes it almost impossible to carry the book about, and since it is so good that the reader will want to refer to it both in the laboratory and at home in the evening the only solution to the difficulty will be to possess two copies!

The lay out of Part I has not undergone any radical change but there is a new and valuable chapter on antigenic structure originally this subject formed part of the account of serum reactions Part II has mainly undergone amendment in detail though the chapter devoted to the methods of obtaining pure cultures and their identification which appeared in Part I of the first edition, is now made the opening chapter of Part II, a much more logical arrangement There is also a new chapter on the micro organisms of bovine pleura pneumonia and agalactia of sheep and goats which the authors very rightly separate from the filterable viruses The general account of the filterable viruses is now illustrated by some of Barnard's excellent photomicrographs which have reproduced here quite well The aspect of Part III has changed a good deal It starts with an admirable account of the types of immunity, and this is followed by a consideration of the measurement of immunity in the living animal and the assessment of significance—a most instructive chapter Then there is a new chapter in this section on immunity to virus diseases and it is interesting to note that the authors conclude that no essential difference exists between viral and bacterial immunity a view to which virus workers in this country at any rate would subscribe Each chapter in this section of the book ends with a most useful summary

Part IV remains much as it was in broad outline but each chapter has been brought up to date and in some instances this has entailed their being rewritten Filterable virus diseases now receive four chapters in place of one these diseases being grouped—not classified for that as yet is impossible—according to the situation or type of the essential lesion of the skin the central nervous system catarrhal or generalized infections and those giving rise to the formation of tumours This grouping no doubt finds its sanction in expediency and is as good as any at the moment, but it results in zoster appearing in the first group—those characterized by lesions of the skin—whereas its essential lesion is in the central nervous system Perhaps it would be better too, if the term herpes zoster were dropped and the disease called simply zoster, since this virus has no relation to that of herpes And small pox and varicella are placed in the group characterized by skin lesions and thus separated from measles though all three probably have their primary lesion in the respiratory mucosa generalization resulting in the secondary cutaneous lesions the exanthem

In their preface to the new edition the authors invite criticism, but it is difficult to find anything but praise for this excellent book When it appeared seven years ago it soon claimed many admirers this revised edition cannot fail to enhance its reputation

FUNDAMENTALS OF NEUROLOGY

A Preface to Nervous Disease By Stanley Cobb A B M D (Pp 170 13 figures 15s 6d) London Baillière Tindall and Cox 1936

Physiopathologie du Système Nerveux Du Mécanisme au Diagnostic By Paul Cossa (Pp 690 193 figures broché 65 fr cartonné toile 75 fr) Paris Masson et Cie 1936

Neurology has been studied as a science for longer than any other branch of medicine But its scope and complexity are such that few have attempted in any comprehensive manner to formulate the scientific data on which it is based Attempts to do this are made by Dr Stanley Cobb and by Dr Paul Cossa Both books cover in greater or less detail the whole field of nervous integration and disintegration from the simplest spinal reflex to the highly complex processes of speech and thought To achieve great success in such a task is probably beyond the powers of any one man and neither of the present books is wholly satisfactory Dr Cobb's is evidently intended for undergraduate students It is unpretentious simple in style and errs where error is made in over simplification of complex facts For greater conciseness some facts are stated in semi diagrammatic summary but the information given is accurate and up to date and as a students introduction to the study of nervous diseases it achieves its purpose well enough

Dr Cossa's survey is more elaborate filling nearly 700 closely printed pages While most attention is paid to disturbances of nervous function each part of the nervous system is examined in detail so that eventually a fairly complete system of nervous semeiology is presented to the reader The histological constitution of the nervous system and its alteration in disease are dealt with summarily most space being devoted to the clinical evidences of disease or degeneration in the nervous system Where this book fails is not so much in its scope and manner of presentation as in the many errors and misstatements which it contains Most of the recent developments in the physiology of the nervous system have been attained by the work of English and American physiologists and many of these have not received due recognition in France or if recognized have not yet displaced older and less well-founded views It is indeed to remedy this ignorance among his fellow countrymen that Dr Cossa has written this book and as a remarkably full survey of the subject it is undoubtedly valuable If the space allotted to ground less speculation and preconceived theory had been used for a clear and full statement of the more fundamental of the established facts its value would have been still greater Undoubtedly many aspects of the physiology of the nervous system, such as the mode of integration and

Hypodermic Needles

An Insurance Committee has considered a communication received by the Local Medical and Panel Committee from the Medical Advisory Committee of the Diabetic Association stating that several complaints have been received by them relating to the poor quality of the hypodermic needles supplied to insured persons It was suggested that the needles are usable only for a short time and are consequently more expensive ultimately than a better-class needle would be Hypodermic needles may be supplied to insured persons as part of their medical benefit only if they are required for the self-administration of insulin and the price allowed for the needles which at present is 2 8d each (2s 9 6d per dozen) is determined by the Minister of Health The observations of the Pharmaceutical Committee in connexion with the quality of the needles at present supplied have been obtained and the Insurance Committee has decided to refer the question to the National Association of Insurance Committees for consideration as to whether representations should be made to the Minister of Health to make provision for a better-class needle to be supplied

Ophthalmic Treatment

A practitioner has raised the question as to the necessity for submitting form G P 45 in respect of ophthalmic services rendered to insured persons on his list as an additional benefit and paid for as such by the approved society The ophthalmic treatment as provided by him includes testing vision with cards, examination with ophthalmoscope retinoscopy subjective test with lenses, and prescription for glasses required and it would appear that these services might be taken as outside the range of medical benefit

The practitioner deals with sixty or seventy cases annually in this category and a much larger number in respect of insured persons not included in his list where no question arises in connexion with form G P 45

It appeared to the practitioner that the submission of form G P 45 to the committee was unnecessary, and he asked the Insurance Committee for a ruling on the matter The committee has referred the question to the Ministry, and has been advised that the fact that a fee may be paid by an approved society instead of by the insured person does not affect the practitioner's obligations to comply with the requirements of the Terms of Service that form G P 45 must be submitted in all cases

PHYSICAL MEDICINE

REPORT OF ANNUAL CONFERENCE

A meeting of the Group of Practitioners of Physical Medicine was held under the chairmanship of Dr C W Buckley at B M A House on January 8 Twenty members were present

Scope of Activity

The first matter before the meeting was the relation of the Physical Medicine Group to the newly formed Radiologists Group and to the Spa Practitioners Group Dr Buckley pointed out that the Physical Medicine Group was the first group of the Association to bear a child Although a number of members had been transferred from the Physical Medicine Group to the Radiologists Group he did not think that the formation of the latter could be detrimental to the interests of practitioners of physical medicine They must, however, decide what were to be the respective spheres of the two groups The new group would probably confine itself to x rays and x-ray therapy and to the use of radium Some members suggested that if this were so the term "rontgenologist would be more accurate than "radiologist, which had a much wider connotation After discussion it was decided to ask the Group Committee to obtain from the Radiologists Group a definition of the scope of its work

The Chairman informed the Conference that a suggestion had been received for the amalgamation of the Spa Practitioners Group and the Physical Medicine Group on the ground that hydrotherapy was a part of physical medicine The suggestion was opposed by several speakers including Dr Geoffrey Holmes who was one of those responsible for the formation of the Spa Practitioners Group Dr Holmes said that although it was true that hydrology was a branch of physical medicine, it had its own problems, and the majority of practitioners of physical medicine were not actively interested in hydrotherapy as practised at the spas Moreover it was necessary that there should be in existence a central medico political body which could speak on behalf of spa practitioners during negotiations with the British Spa Federation or when spa facilities for insured persons were under consideration When a vote was taken the proposal for amalgamation was defeated with one dissentient

The Conference then proceeded to appoint the Group Committee for 1936 7, and the voting resulted in the election of the following members Dr C W Buckley Dr R King Brown Dr C B Heald, Dr Harman Taylor Dr J B Mennell and Dr M B Ray It was suggested that it would be an advantage if the president for the time being of the Section of Physical Therapy of the Royal Society of Medicine were a member of the committee in addition to the six members permitted by the rules and the committee was instructed to seek from the Council of the Association standing permission to co opt the president

Status of Physical Medicine

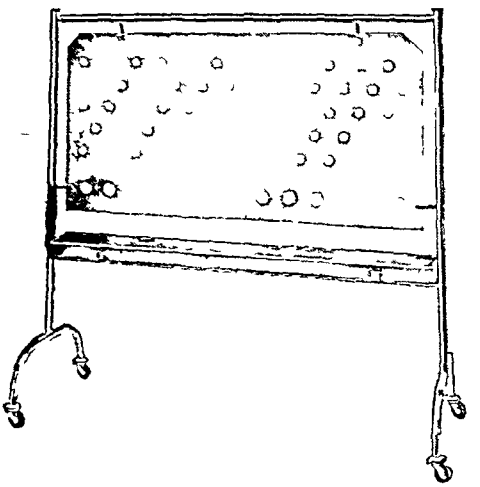
The Assistant Medical Secretary read a letter from Dr W Kerr Russell who after apologizing for his inability to attend owing to illness submitted several matters which he thought might usefully be discussed by the Conference They included the question of terminology the status of physical medicine in relation to other branches of medicine the control of the sale and advertisement of electro medical apparatus and the charging of fees at hospitals and clinics Dr Heald agreed that all these were important questions particularly the improvement of the status of physical medicine but before they could hope for any substantial improvement they must have a name Various terms were at present in use to describe a practitioner of physical medicine but they were all cumbersome During a general discussion on the place of physical medicine in the diagnosis and treatment of disease several speakers gave their experience of the attitude of other branches of medicine to physical medicine Although the origin of physical medicine lay in orthopaedic surgery, and it was possible to call a practitioner of physical medicine an orthopaedic physician physical medicine had now become a separate entity and hospital departments of physical medicine now received cases not only from the orthopaedic department but from many other departments as well Yet it was still often regarded as inferior in status to the other main departments Dr Harman Taylor the head of the department of physical therapy of the Royal Southern Hospital Liverpool was able to tell a different story He said that his department had already reached the level of the teaching hospital class

Preparations and Appliances

SWAB COUNTING BOARD

Mr CHARLES E KINDERSLEY F R C S (Bath), writes

The illustration below depicts a swab counting board which has been in use at the Royal United Hospital Bath for some years past. It consists of a sheet of stainless steel with holes to hold the swabs These holes can be cut to any required size shape and number according to the swabs used Round



holes are best. The main advantage is the ease of cleaning as compared with hook patterns which are a definite danger to the nursing staff It can be made either as a wall fitting on hooks from which it is easily removed the hooks projecting six inches from the wall a drip tray being fitted below or it can be made on a movable stand

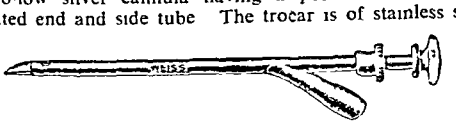
The board is made by Messrs Allen and Hanburys Ltd

AN INTRAVENOUS TROCAR AND CANNULA

Mr REGINALD A KING F R C S (of the Surgical Unit St. Mary s Hospital London) writes

This design of trocar and cannula has been used by me for the past two years for the withdrawal of blood for transfusion and in certain cases for the administration of fluids by the intravenous route where continuous infusion is required

Transfusion Trocar and Cannula—The instrument consists of a hollow silver cannula having a polished lumen with fenestrated end and side tube The trocar is of stainless steel



and fits the cannula accurately When in the lumen of a vein the trocar is withdrawn to its full extent blood flowing via the side tube fitted with a convenient length of rubber tubing to a suitable container I have found the instrument simple to introduce into donors veins after the intradermal injection of 1 or 2 minims of weak novocain solution Having been introduced into a vein no further damage occurs to the intima when the trocar point has been withdrawn If clotting should occur in the cannula the obstruction can be overcome by one stroke of the trocar All the parts of the instrument are gold plated

Intravenous Trocar and Cannula—This instrument is of similar design but of finer bore and is used where fluids are given by the intravenous drip method for many hours or days The advantages of this design are that it is seldom necessary to cut down on a vein for its introduction no further damage occurs to the intima after the trocar is withdrawn and thrombosis is less likely to occur owing to the absence of ligatures Adhesive strapping fixes the cannula to the skin and absolute immobility of the limb is not essential

These instruments have been made by Messrs Weiss Oxford Street W 1

AN EMULSION OF IODIZED OIL FOR X-RAY EXAMINATION OF EMPYEMA CAVITIES

Mr WILFRID TRILLWOOD Ph C pharmacist to the City of London Hospital for Diseases of the Heart and Lungs writes

The application of emulsions of iodized oil for the x ray examination of empyema cavities was described by Mr Denis Browne in the *British Medical Journal* of November 3 1934 It appears however that no formula or details of preparation of such an emulsion have been published The clinical requirements indicated by Mr Denis Browne call for a cheap sterile stable and very fluid emulsion which furthermore must be of the type that will wet evenly the sides of the cavity without breaking into globules The oil then must be in the disperse phase and in this condition the emulsion may be diluted with water indefinitely without separation of the oil

Gum acacia is the obvious emulsifying agent for producing an emulsion of the oil in water type required It has however the serious disadvantage of being liable to heavy contamination with micro organisms and must therefore be sterilized before use Preliminary clinical trials were made with emulsions containing 5 10 and 20 per cent of the iodized oil representing iodine contents of 2 4 and 8 per cent respectively From a comparison of the skiagrams obtained the 20 per cent emulsion was found to give the most satisfactory results

FORMULA

Neo hydriol (May and Baker)	20 c cm
Sterile mucilage of acacia	30
Ti tree oil	1
Sterile distilled water sufficient to produce	100

The mucilage of acacia is prepared in accordance with the *B P* except that distilled water is used in place of chloroform water It is sterilized by heating in an autoclave for one hour at 110 C Considerable frothing occurs during the process and for this reason a securely plugged capacious flask must be employed Treated thus it appears that the emulsifying power of the mucilage is somewhat impaired and in consequence an inelegant product results unless an efficient homogenizer is used For the purpose a small hand homogenizer which may be autoclaved before use may be obtained for a few shillings The ti tree oil is mixed with the neo hydriol and successive portions of the mixed oils are added to the mucilage contained in a sterile mortar triturating well before each further addition The cream thus obtained is homogenized thoroughly a little sterile water being added to thin the cream if necessary The remainder of the sterile water is then added The product is a thin milky white emulsion which shows no sign of creaming or separation Chemical tests show that after keeping for four months in a white glass corked bottle exposed to light and frequently uncorked to allow access of air there is no trace of free iodine A sample similarly treated was found to be sterile on examination in the pathological laboratory

Emulsions prepared in a similar manner with neo hydriol viscous and *lipiodol descendant* give equally satisfactory clinical results but a downward creaming or separation occurs in a few hours which requires considerable agitation to *rediffuse* This tendency may be overcome by increasing the proportion of mucilage Alternatively the iodized oil may be diluted with a sterile fixed oil of low specific gravity and a correspondingly increased amount of mucilage used In either case a very much more viscous emulsion would result, and in the latter would produce a very viscous cream this would necessitate dilution with sterile water resulting in a final product containing less than the optimum 20 per cent. of iodized oil.

logists own fault Boards of management were usually ready to listen to suggestions put forward by the staff, and he thought that harm might be done if the boards found that their radiologist staff had approached the British Medical Association without first asking them to consider their proposals Other speakers agreed that the views of radiologists should have some means of expression in the management of hospitals and the committee was asked to consider the principle that in all hospitals the honorary staff should constitute a medical board to which all matters affecting any of the medical staff should be referred

Another matter affecting the status of radiologists which was referred to the committee for consideration was the principle that a copy of any memorandum referred to the secretary of a hospital should be given to the radiologist or other member of the staff concerned and that that member should always be given an opportunity of discussing the points raised Dr Cochrane Shanks asked if he might submit for the consideration of the committee a letter he had received concerning the charges to local authorities for the x-ray examination of cases for their orthopaedic services The meeting concluded with a vote of thanks to the chairman

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following courses gynaecology at Chelsea Hospital, February 8 to 20 medicine surgery, and gynaecology at Royal Waterloo Hospital, February 22 to March 6 children's diseases at Princess Elizabeth of York Hospital, February 20 and 21 Surgical tutorial classes especially intended for F R C S candidates are now being held at the National Temperance Hospital on Tuesdays and Thursdays at 8 30 p m Forthcoming classes are as follows January 26 Mr R C Brock Thorax January 28 Mr Hamilton Bailey, Testicle and Prostate February 2 Mr T Holmes Sellors Kidney and Bladder February 4, Mr A M Boyd Tongue Each class is self contained and separate lectures may be attended A course on anatomy and physiology in preparation for the Primary F R C S examination will be given at 5 15 p m on Mondays Wednesdays and Fridays at the Infants Hospital from February 22 to May 24 M R C P courses will be given as follows clinical and pathological National Temperance Hospital on Tuesdays and Thursdays at 8 p m February 16 to March 4 chest diseases at Brompton Hospital two evenings weekly at 5 p m February 22 to March 20 heart and lung diseases at Royal Chest Hospital Mondays Wednesdays and Fridays at 8 p m March 1 to 20 neurology at the West End Hospital for Nervous Diseases afternoons March 8 to 20

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W—*Daily* 10 a m to 4 p m Medical Clinics Surgical Clinics and Operations Obstetrical and Gynaecological Clinics and Operations *Mon* 2 30 p m Dr H Maclean Nephritis and Allied Conditions *Tues* 2 p m Dr J Gray, Pathology of the Liver *Wed* 12 noon Clinical and Pathological Conference (Medical) 2 30 p m Clinical and Pathological Conference (Surgical) 4 30 p m Dr A S Parkes Experimental Endocrinology *Thurs* 12 noon Clinical and Pathological Conference (Obstetrics and Gynaecology) 2 30 p m Dr Duncan White Radiological Demonstration 3 30 p m Dr A A Moncrieff Hygiene of the Foetus and the Newborn Child *Fri* 2 p m Operative Obstetrics 2 30 p m Mr W B Gabriel, Surgical Diseases of the Rectum 3 p m Department of Gynaecology, Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W—*St John's Hospital* Leicester Square W C Afternoon Course in Dermatology (open to non members) *National Temperance Hospital* Hampstead Road N W Surgical Tutorial Classes—Tues 8 30 p m Mr R C Brock Thorax Thurs 8 30 p m Mr Hamilton Bailey Testicle and Prostate St Peter's Hospital Henrietta Street W C All day Advanced Course in Urology *Brompton Hospital* S W All day Course in Chest Diseases

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C—*Fri* 4 p m Mr A Lowndes Yates Treatment of Early States of Deafness

HOSPITAL FOR EPILEPSY AND PARALYSIS Maida Vale, W—*Thurs* 3 p m, Clinical Demonstration by Prof F Golla

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C—*Thurs* 2 p m Clinical Lecture Dr B L Schlesinger, Glandular Therapy, 3 p m Clinico Pathological Lecture Dr A Stern The Use of Vaccines and Sera Out patient Clinics mornings 10 a m to 12 noon Ward Visits afternoons, 2 p m to 3 30 p m

INSTITUTE OF MEDICAL PSYCHOLOGY Malet Place W C—*Mon* 5 15 p m Dr Jane Suttie Dreams Unconscious Fantasy Hysterical Symptoms *Wed* 6 p m, Dr F C Roles The Practical Significance of Posture 7 p m Dr F C Roles Case Histories *Thurs* 5 15 p m Dr I W Mitchell The Latency Period

LONDON SCHOOL OF DERMATOLOGY 5 Lisle Street W C—*Tues* 5 p m Dr I Forman Sycosis *Thurs* 5 p m Dr W K Sibley Electrotherapeutics

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE Keppel Street W C—*Mon* and *Thurs* 5 30 p m, Heath Clark Lectures by Prof William Bulloch F R S The Development of Bacteriology with an Account of Some of the Pioneers who Made it a Science

NATIONAL HOSPITAL Queen Square W C—*Mon* to *Fri* 2 p m Out patient Clinics *Mon* 3 30 p m Mr Elmquist Demonstration of Re education al Methods *Tues* 3 30 p m Dr Denny Brown The Nervous Control of the Sphincters *Wed* 3 30 p m Dr Kinnier Wilson Clinical Demonstration *Thurs* 3 30 p m Mr Jefferson Head Injuries *Fri* 3 30 p m, Dr Walshe Disseminated Sclerosis

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S W—*Fri* 4 30 p m Dr H J Taylor Physical Basis of Methods of Treatment in Rheumatic Diseases

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W—*Daily* 2 p m Operations Medical and Surgical Clinics *Mon* 10 a m Skin Clinic 11 a m Surgical Wards 2 p m Surgical and Gynaecological Wards Eye and Gynaecological Clinics 4 15 p m Mr Green Armytage The Unexpected in Normal Labour *Tues* 10 a m Medical Wards 11 a m Surgical Wards 2 p m Throat Clinic 4 15 p m, Dr R W Ironside The Complications of Anæsthesia *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Eye Clinic Gynæcological Operations 4 15 p m, Mr Gibb Demonstration of Eye Cases *Thurs* 10 a m Neurological and Gynæcological Clinics 12 noon Fracture Clinic 2 p m Eye and Genito Urinary Clinics 4 15 p m Dr W S C Copeman Chorea and Still's Disease *Fri* 10 a m Medical Wards Skin Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic 4 15 p m Mr Grant Batchelor Surgical Lecture *Sat* Children's and Surgical Clinics 11 a m Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

GLASGOW POST GRADUATE MEDICAL ASSOCIATION—At Eye Infirmary *Wed* 4 15 p m, Mr W B Inglis Pollock Glaucoma

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS—At Leeds General Infirmary *Tues* 3 30 p m Dr F E Hellier, Diagnosis of Eczema in Relation to Treatment

MANCHESTER ST MARY'S HOSPITALS—At Whitworth Street West Hospital *Thurs* 4 15 p m Dr C P Lapage Diseases of the Newborn

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND Lincoln's Inn Fields W C—*Mon* 5 p m Prof S Zuckerman Tissue Specificity in Relation to Sex Hormones *Wed* 5 p m Prof Zuckerman Interrelation of Endocrine and Neurovascular Factors in the Menstrual Cycle *Fri* 5 p m Prof Cecil P G Wakeley Surgery of the Parapituitary Region

ROYAL SOCIETY OF MEDICINE

Section of Odontology—Mon 8 p m Paper by Mr E Vaughan Tomey Therapeutics of Daily Practice Film by Dr Victor Goldman Vinyl Ether as a Dental Anæsthetic

Section of Medicine—Tues, 5 p m Discussion The Course and Management of Congenital Heart Disease *Opener* Prof Bruce Perry Followed by Dr Terence East Dr C Muir and Dr J W Brown

Section of Comparative Medicine—Wed 5 p m Discussion Purpuric Conditions in Man and Animals *Openers* Prof L S P Davidson, Major C Davenport Major D S Rabagliati

Section of Urology—Thurs 8 30 p m Short Papers Mr W D Doherty, The Urological Complications of Diverticulitis Mr W E Underwood, Recent Observations on the Pathology of Hydronephrosis

MEDICAL SOCIETY OF LONDON, 11, Chandos Street W—*Mon* 8 30 p m Discussion Value of Experimental and Laboratory Training in Medical Education To be introduced by Prof John Beattie and Prof John Ryle

SOCIETY OF MEDICAL OFFICERS OF HEALTH FEVER HOSPITAL MEDICAL SERVICES GROUP 1 Thornhaugh Street, Russell Square W C—*Fri* 4 p m Discussion Acute Enteritis To be opened by Dr J Anderson Dr R Cruickshank and Dr M Mitman

partly deaf persons and under industrial psychology a study of misfits in industry The report of the Ross Institute of Tropical Hygiene is incorporated in the school record, and gives an account of advice and assistance rendered to industrial and business undertakings in many parts of the world It is stated that the Institute is a centre to which industry over-seas looks increasingly for help on matters connected with the health of European staffs and labour forces in the Tropics and subtropics Finally, a list is given of over eighty papers or reports published during the year by members of the staff of the school

INHALATIONAL THERAPY FOR RESPIRATORY DISEASES

The popularity of operations on the nose and throat in the treatment of asthma has declined in recent years but there is still much enthusiasm for treatment aimed at correcting the morbid state of the respiratory tract The Dowling pack, the Proetz method of sinus drainage, and the inhalation of carbon dioxide all have their advocates as methods of relieving nasal congestion and infection The inhalation of adrenaline and essential oils, by means of a simple hand spray or with mechanical aids such as an oxygen cylinder or an electric motor is often successful in the paroxysms of asthma and in status asthmaticus and very good results are reported with the use of concentrated solutions of adrenaline from 1 to 10 per cent As attacks are often precipitated by protein particles such as moulds fungi, and animal and vegetable dusts in the atmosphere efforts have been made to filter and condition the inspired air, of which the most elaborate have been the allergen free cubicles of van Leeuwen

The Duke-Fingard treatment for diseases of the respiratory passages which has recently had a good deal of publicity in this country appears to be a combination of air-conditioning with the inhalation of medicated vapours in a hermetically sealed chamber[1] Courses of treatment are graduated, and starting with three hours, the patient may increase his stay in the chamber up to sixteen hours daily Considerable importance appears to be attached to Mr Fingard's formula, which consists in general terms of "phenol in combination with a carefully blended mixture of the essential oils aromatic substances iodine, creosote, and other coal tar derivatives" Any experiments which determined this particular blend of a great many variables are not described in the paper to which reference has been made The treatment is believed to remove catarrhal conditions and clear up infection of the bronchi, and successes are reported not only in asthma but also in tuberculosis and other respiratory diseases Voluntary financial contributions are now being sought to establish a grid system or network of clinics with Duke-Fingard chambers throughout the country

Any treatment which brings relief to the numerous sufferers from asthma and its distressing symptoms will have the support of the medical profession and we would not wish to damn this method with faint praise The reacquisition of confidence when the vital rhythm of respiration has been restored is of immense value in asthma, as shown by the successes of psychotherapy and respiratory exercises and if the sequence of attacks can be broken the patient is often well on the way to recovery It seems premature, however, to decide that the results obtained with the Duke Fingard treatment "appear to be permanent" or that the treatment is in any sense a cure The history of asthma and tuberculosis is a long record of premature publication and over optimism, and it is a pity that a treatment of this kind could not have been submitted for trial to the Asthma Research Council or the Therapeutic Trials Committee of the Medical Research Council with precise details of the formula before an appeal was made for public subscriptions

[1] Fawcus, H Greene A C, and Houston J W *Practitioner* 1936 137 740

THE GEE-THAYSEN DISEASE

When Samuel Gee described a special form of chronic indigestion under the title of coeliac affection ' nearly fifty years ago he mentioned that it might be met with in persons of all ages Subsequent authors until recent years have stressed the occurrence of the disease in children but the late Dr H Thaysen of Copenhagen was insistent in his writings since 1929 that non tropical steatorrhoea in adults was essentially the same malady as coeliac disease in children A group of workers[1] in Dublin have recently reported in some detail ten cases of idiopathic steatorrhoea in patients between the ages of 19 and 63 and they suggest that the term "Gee Thaysen disease" should be used for this particular syndrome The characteristic voluminous pale fatty stools anaemias of various types tetany hypocalcaemia osteomalacia wasting and dwarfing abdominal distension changes in the skin and the lens and fractures are part of the complicated clinical picture in adults Certain diagnostic criteria set out by the Dublin workers include a low fasting blood sugar some increase in the basal metabolic rate evidence of abnormal calcium metabolism anaemia which may be hyperchromic or hypochromic gastro intestinal disturbances and increase of fat in the stools with normal fat splitting Of the ten cases reported three presented

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EAST HAM MEMORIAL HOSPITAL Shrewsbury Road, L—H P (male) Salary £150 p a

EASTBOURNE ROYAL EYE HOSPITAL—H S (non resident) Salary £100 p a

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N W—Assistant Radiologist (female) Honorarium £100 p a

FOLKESTONE ROYAL VICTORIA HOSPITAL—J R M O Salary £120 p a

GENERAL LYING IN HOSPITAL York Road, S L—J R M O and Anæsthetist Salary £100 p a

GLASGOW WESTERN INFIRMARY—(1) Assistant Radiologist (2) Assistant Radium Therapist Full time posts Salaries £400 p a and £300 p a respectively

GLOUCESTER BARNWOOD HOUSE REGISTERED MENTAL HOSPITAL—Medical Superintendent (male) Salary £1,500 p a

GLOUCESTER COUNTY—County M O H and School M O Salary £1,200 p a

GRIMSBY AND DISTRICT HOSPITAL—Orthopædic S and S in Charge of Fracture Clinic Honorarium £350 p a

GUILDFORD ROYAL SURREY COUNTY HOSPITAL—H S (male) Salary £150 p a

HOSPITAL OF ST JOHN AND ST ELIZABETH Grove End Road N W—Clinical Assistant to the X Ray Department Honorarium £75 p a

KEIGHLEY BOROUGH—Deputy M O H and Assistant School M O (female) Salary £500 £25 £700 p a

KENDAL WESTMORELAND COUNTY HOSPITAL—H S Salary £200 p a

KENT COUNTY COUNCIL—Whole time R A M O for the Farnborough Public Assistance Hospital Salary £250 p a

KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—H P Salary £125 p a

LANCASTER ROYAL ALBERT INSTITUTION FOR FEEBLE MINDED—R J A M O (male unmarried) Salary £375

LEEDS PUBLIC DISPENSARY AND HOSPITAL—R M O (male) Salary £200 p a

LEEDS VOLUNTARY HOSPITALS COUNCIL—Hon Aural S to the General Infirmary at Leeds

LIVERPOOL CITY—R A M O s for (*a*) Walton Hospital, (*b*) Smithdown Road Hospital and (*c*) Mill Road Infirmary Salaries £200 p a each

LONDON COUNTY COUNCIL—(1) A M O s (Grade I) for (*a*) Bethnal Green Hospital E (two positions) (*b*) Lambeth Hospital S E (*c*) Lewisham Hospital S E, (*d*) Mile End Hospital E (*e*) St Alfege's Hospital S E, (*f*) St Mary Abbots Hospital W, (*g*) St Peter's Hospital L Males unmarried (2) A M O (Grade I, unmarried) to St Charles Hospital, W Salaries £350 £25 £425 p a each

LONDON JEWISH HOSPITAL Stepney Green, E—Hon S

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MAIDSTONE KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL—H S (male unmarried) for the Ear Nose, and Throat Department Salary £250 p a

MAIDSTONE WEST KENT GENERAL HOSPITAL—H S (male) Salary £175 p a

MANCHESTER ROYAL INFIRMARY—Non resident Chief Assistant to the Surgical Unit Salary £250 p a

MARIE CURIE HOSPITAL Fitzjohn's Avenue, N W—Assistant Director

METROPOLITAN HOSPITAL E—Psychiatrist

MIDDLESEX HOSPITAL W—R M O Salary £400 £50 £500 p a

NEWCASTLE UPON TYNE CITY AND COUNTY—Resident Medical Assistant at the Barnisdale Sanatorium Salary £250 p a

NEWCASTLE UPON TYNE HOSPITAL FOR SICK CHILDREN—(1) Senior R M O (male) (2) H P and H S Salaries £250 p a and £100 p a respectively

NEWPORT COUNTY BOROUGH—Assistant M O H (female) Salary £500 £25 £700 p a

NORFOLK COUNTY COUNCIL—(1) Temporary A M O Salary £500 p a (2) Dental S Salary £500 £25 £575 p a

NOTTINGHAM GENERAL HOSPITAL—H S (male) for Fracture and Orthopædic Departments Salary £300 p a

OXFORD WINGFIELD MORRIS ORTHOPÆDIC HOSPITAL Headington—R H S Salary £100 p a

PENDLEBURY ROYAL MANCHESTER CHILDREN'S HOSPITAL—Non resident A M O for the Out patient Department Salary £150 p a

PEPPARD COMMON BERKS AND BUCKS JOINT SANATORIUM—H P Salary £250

PRESTON COUNTY BOROUGH—J A R M O (female) for Sharoe Green Hospital Salary £100 p a

PRESTON LANCASHIRE MENTAL HOSPITALS BOARD—Whole time Medical Superintendent for Calderstones Certified Institution for Mental Defectives Whalley near Blackburn Salary £950 £100 £1,350 p a

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shadwell, E—Assistant S

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road E—C O Salary £100 p a

ROYAL CHEST HOSPITAL City Road E C—Two Clinical Assistants

ROYAL FREE HOSPITAL Gray's Inn Road, W C—Hon Assistant P

ST ALBANS AND MID HERTS HOSPITAL—R H S Salary £150 p a

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S W—(*1*) Hon Consultant S (2) Clinical Assistant to the Orthopædic Surgeon

SHEFFIELD ROYAL INFIRMARY—Clinical Assistant to the Surgical Department Salary £300 p a

STAFFORDSHIRE COUNTY COUNCIL—Assistant County M O H and M O H for the Brierley Hill Urban District (male) Salary £800 p a

STOKE ON TRENT BURSLEM HAYWOOD AND TUNSTALL WAR MEMORIAL HOSPITAL—R H S Salary £175 p a

SURREY COUNTY COUNCIL—A M O (female) Salary £600 £20 £700 p a

SWANSEA COUNTY BOROUGH—R M O (male unmarried) for Hill House Infectious Diseases Hospital Salary £450 p a

WALSALL GENERAL HOSPITAL—H S Salary £150 p a

WEST HARTLEPOOL CAMERON HOSPITAL—H S Salary £150 p a

WESTMINSTER HOSPITAL Broad Sanctuary S W—Clinical Assistant to the Gynæcological Department

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL Shooters Hill, S E—R M O (male) Salary £175 p a

CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced Auchtermuchty (Fife) Uffculme (Devon) Louth (Lincs) Stanhope (Durham) Applications to the Chief Inspector of Factories Home Office Whitehall S W 1 by February 2

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 47 48 49 50 51 and 54 of our advertisement columns and advertisements as to partnerships assistantships and locumtenancies at pages 52 and 54

APPOINTMENTS

HARRIS Sarah B, M B B Ch B A O, Deputy Medical Officer of Health Maidstone

KING E F F R C S, Honorary Ophthalmic Surgeon Putney Hospital

KIRKPATRICK E R G M B Ch M F R C S, Honorary Surgeon County and City of Perth Royal Infirmary

REICH Eleanor M M D, B S, D P H Divisional Police Surgeon Metropolitan Police

WHYTE, A H M S F R C S Consulting Surgeon to the Richard Murray Hospital Blackhill, Co Durham

WILSON Edna M B B Ch Anæsthetist Chelsea Hospital for Women Arthur Street S W

LONDON COUNTY COUNCIL—The following appointments have been made at the hospitals and districts indicated in parentheses *Principal Medical Officer* H W Bruce, M D B S, F R C S (Central Medical Staff) *Assistant Medical Officers Grade I* G O Briggs M B, B Ch M R C P (Grove Park) J V Hurford M D (Colindale) *Assistant Medical Officers Grade II* F R Glover M R C S L R C P (Grove Park), T J O Sullivan M D (Colindale) Marjorie K Hall M R C S, L R C P (South Western) A M R Cann M R C S, L R C P (Brook) *Temporary Assistant Medical Officer Grade II* R Hardy M B Ch B (South Eastern) *House-Physicians* Beryl J Lawrence, M B, Ch B (Downs) Nora O'Leary, M B, B Ch (High Wood) C L E L Sheppard M B Ch B (Downs), Mabel J Cooke M R C S L R C P (North Western) G E Godber B M, B Ch (North Western) *Temporary District Medical Officer* A P McEldowney M R C S L R C P, (Area VII, District N Wandsworth and Putney)

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

DEATH

RONALD—On January 10 at Royal Hospital for Sick Children Edinburgh, John Michael Charles infant son of Dr and Mrs A Ronald 191 Abbey Road, Barrow-in Furness

this country to the equally fallacious view that all the ills of the community spring from malnutrition To the unbiased observer it is apparent that the health of the people could be greatly enhanced by an improved dietary The Newcastle report emphasizes again that two factors are responsible for deficient family dietaries among the less privileged classes—namely the economic factor and the lack of knowledge of what are the most valuable foodstuffs and how small means can best be expended The factor of ignorance is apparent in the extreme variations in the number of calories and amounts of protein and minerals consumed per man value —variations so great that as the report points out average figures for the groups have very little significance The low milk consumption per man value is another proof of the need for social education The economic factor might at first glance seem to be of less importance in that the difference between the employed and unemployed groups is not very striking but it is not apparent whether the employed group was in fact economically well provided for But looking closer into the difference between the employed and the unemployed groups we find that it applies to the more important foodstuffs, especially first class protein and calcium Moreover the report concludes that ' since the frequency distribution and the averages showed the unemployed diets to be consistently lower in every particular irrespective of housing conditions it is very probable that the diets of the unemployed as a whole were inferior to those of the employed " However hard may be the task of improving the economic circumstances of the general mass of the people there is little doubt that much can be done by social education to improve their dietary and to enable them to expend limited resources on the more valuable classes of food stuff The difficulties of influencing food habits have been well discussed by Aykroyd in his book *Vitamins and other Dietary Essentials* but that it can be done is clear from the many examples given by him and from the virtual disappearance of rickets from this country

A PORTRAIT OF SIR HENRY THOMPSON

Somewhere about 1870 the celebrated artist and beautiful woman Mrs Jopling painted a portrait of Sir Henry Thompson Sir John Millais portrait of the lady hangs in the Tate Gallery She lived to a great age 90 and Mr Lindsay M Jopling found the portrait in his mother s studio and generously sent it to the Royal College of Surgeons of England and they accepted it On hearing however that the picture would be welcomed in Sir Henry Thompson s old school University College Hospital Medical School the president Sir Cuthbert Wallace and his council graciously sanctioned its removal there on permanent loan The portrait, cleaned and repaired at the expense of Sir Buckston Browne now hangs in the staff-room at the end of the refectory of University College Medical School in University Street Gower Street Last week a little party welcomed the picture It included the Lady Palmer Dame Georgiana Buller Sir Herbert Thompson (son) Sir Thomas and Miss Barlow Sir Cuthbert Wallace and the dean of the school Mr Gwynne Williams The last named will be very happy if any wishing to see the portrait will call and ask the hall porter the way to the staff-room It is hardly necessary to remind our readers that Sir Henry Thompson (1820–1904) has two claims to remembrance He was professor of clinical surgery at University College London a pioneer in the surgery of the bladder and an ardent advocate for cremation in place of burial

MEDICINE IN THE GOLDFIELDS

Medical men never show to better advantage than when they are called on to practise their art under primitive and difficult conditions Medical practice can hardly have been more difficult or the opportunities for brilliant improvisation more numerous than during the Roaring Fifties the gold rush days in Victoria between 1850 and 1860 Gold was found in marvellous quantities in Bendigo and Ballarat all sorts and conditions of people British and foreign flocked to these remote places and the social commercial and political life of Victoria itself quite a recent growth was turned upside down Medical practitioners were among the earliest and most energetic pioneers Dr E A Mackay[1] gives a vivid and detailed account of how they practised their profession in the chaos which existed round the newly found seams Medical men he said were perhaps better able than other persons to accommodate themselves to the new conditions If a doctor s patients went to the diggings the doctor often followed All he needed was a horse and tent a leather case with a few instruments and some straightforward drugs such as laudanum and calomel he already had the nucleus of a practice and in his spare time he could do a little prospecting on his own account Naturally there was a great inrush of quacks who were a sore trial to the genuine practitioners Dr Mackay quotes from a book by a Mr William Kelly who visited Victoria twice in the 'fifties and had some amusing yarns to tell about what he saw some of which were reprinted in the *Lancet* of 1860 Delirium tremens was one of the conditions a knowledge of which a doctor found most useful Kelly stayed at a boarding house where the visitor could get a bad imitation of any drink he liked to order A doctor was practising in a space six feet by three feet canvassed off the public room it was his surgery laboratory and dormitory He slept on a central shelf and a narrow shelf above and the floor below were crowded with drugs bottles and appliances Prohibition was enacted fairly early in the days of the diggings with the result that every boarding house and shanty became a sly grog shop and the stock-in trade comprised some strange mixtures Though the really lucky diggers were supposed to order nothing but the best champagne no spree was regarded as complete until the trembling stage was reached The morning consultation would be crowded with battered looking men and women from the lock ups of the previous night demanding leeches and diachylon plaster Surgery was limited to unavoidable operations and the treatment of accidents Dysentery known as English cholera took a heavy toll because there were no

[1] *Med J Austral* September 26 1936

ichthyosis by small doses of thyroid taken regularly In others it is less successful, but the remedy is worth persevering with Claims have also been made for thyroid extract in psoriasis, but the evidence of a beneficial action here is not so clear In other skin conditions indications for thyroid extract are less definite

The improved cerebration of the myxoedematous patient under treatment has led to the employment of thyroid in certain mental disorders, especially those associated with dullness or depression, and good results are often obtained in such cases

Another interesting and little-known use for thyroid extract is in the chronic oedemas of renal disease Some diuresis is commonly observed in myxoedema and other cases under treatment with thyroid extract, which has been strongly recommended for the persistent oedema of the nephrotic syndrome, and it may be of definite assistance It is interesting to note that this class of patient can tolerate relatively large doses of the drug without inconvenience

Formerly the extract was employed in diseases of the thyroid gland itself, but such treatment is especially dangerous, for overaction may be very easily induced When subthyroidism develops in a case of goitre, thyroid extract is of course indicated Other uses are less easily explained and may be entirely empirical It has been prescribed in those chronic disorders in which potassium iodide is given—arteriosclerosis, fibrositis, chronic rheumatism, etc—probably with the idea of stimulating local metabolic changes and increasing the removal of waste products Thyroid extract has been put forward as a means of preventing the development of eclampsia, and in the fully developed case enormous doses have been taken The list of diseases for which it has been recommended might be indefinitely extended, but this would serve no useful purpose

Method of Administration

The secretion of the thyroid gland is a very powerful agent, and serious harm may result if its action is not carefully controlled In no circumstances should the drug be left to a patient to take freely Treatment must be closely supervised by the medical attendant, and the patient should be seen at least once a week The dangers are the development of hyperthyroidism and in particular cardiac symptoms, and the risk is increased by the fact that these may appear slowly A point of great importance is that the full effects of the drug are not seen for several days after it has been begun or the dose has been increased This fact is in keeping with other metabolic phenomena For example, an increase or reduction of protein or of carbohydrate in the diet does not exert its full effect on metabolism for about four days The results of administering thyroid extract can be readily followed in an obese patient who is weighed daily The influence on the weight is seldom noticed before the third or fourth day and the maximum increase in pulse rate does not occur for some time longer The full increase in the basal metabolic rate is also slow in developing For this reason it is a good rule not to order an increase in the amount of the drug at intervals of less than a week Further, it is impossible to foretell exactly how much thyroid an individual will require or how much he will be able to tolerate In all cases, therefore the initial dosage should be small Obese subjects are especially intolerant of the drug, and for them the initial dose should not exceed half a grain twice or three times a day Other patients may begin with double this amount Owing to the very slow development of the action there is no reason why the daily quantity prescribed should not be given in a single dose, but the practice of taking medicine three times a day is firmly established in the lay mind If the drug is to be taken for a prolonged period it is often advised that it be discontinued for a few days each month so as to lessen the possibility of overaction developing

Small doses are often adequate for certain purposes, but in other cases it is often desirable to push the drug to the limit of tolerance in order to get its maximum effect In these circumstances signs of overaction must be constantly looked for The earliest evidences of intoxication vary in different patients Some complain of palpitation tremor nervousness or headache when taking only small amounts Patients with fatty hearts are particularly prone to develop cardiac symptoms and the possibility of auricular fibrillation must be kept in mind The drug must be reduced or discontinued at once if any symptoms appear The physician's best guide for controlling cases under thyroid treatment is the rate of the pulse It is usually perfectly safe to continue administration so long as the pulse rate remains under 100 beats per minute Obese patients who are otherwise in good health will often tolerate 6 to 9 grains of thyroid (*B P*) daily, and I have given for a time as much as 18 grains to a woman of 30 who weighed 28 st Patients with the nephrotic syndrome are especially tolerant to thyroid, and can continue relatively large doses with impunity

The doses mentioned above are in terms of thyroid *B P* (thyroid extract) and this is probably the best preparation for general use Thyroxine has no special advantage except that it can be given intravenously and may come into action more rapidly, There are also on the market other preparations of thyroid substance for which special claims are made such is being less liable to upset the heart than the official preparation With these as with the standard drug the most suitable dose has to be determined by the method of trial and error

BRITISH EMPIRE CANCER CAMPAIGN

In the absence of Viscount Hailsham Sir Cuthbert Wallace, President of the Royal College of Surgeons of England, presided at the sixty-first quarterly meeting of the Grand Council of the British Empire Cancer Campaign held at 12, Grosvenor Crescent on January 11

The Council was informed that Viscount Hailsham had sent a letter to the King tendering loyal and humble thanks for the services which His Majesty had rendered the cause of cancer research as the president of the Campaign since 1924 to the time of his accession to the throne A message in reply from His Majesty was read

The Council tendered its sympathy to Lady Bland Sutton in her recent bereavement The late Sir John Bland Sutton was one of the founders of the Campaign and was vice chairman of the Grand Council for ten years Mr Stanford Cade F R C S of the Westminster Hospital, was invited to become a member of the Grand Council, and Sir Harold Mackintosh, Bt, and Mr B T Clegg were also invited to become members to represent the Yorkshire Council in addition to the Earl of Harewood

The following grants in addition to those totalling £28,995 which were made at the annual meeting in November were approved on the recommendation of the Scientific Advisory Committee £200 to cover the cost of special physical investigations being carried out under the direction of Dr F G Spear at the Strangeways Research Laboratory, Cambridge £500 for one year to Dr H J Phelps, whilst carrying out experiments in connexion with Dr Lumsden's anti cancer serum under the supervision of Dr Gye and Professor McIntosh, and £440 for one year to Miss C F Fischmann, working in the Bernhard Baron Institute of Pathology at the London Hospital

SUPPLEMENT TO THE
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NOTES OF THE WEEK

Hospital Co operation

Liverpool and Newcastle are following Manchester and Oxford in the establishment of permanent machinery for the purpose of co operation between the voluntary and municipal hospitals In May 1936 an Associated Voluntary Hospitals Board was formed in Liverpool to represent the voluntary hospitals in the area and to consult with the Hospitals Committee of the Liverpool City Council Conferences between the two bodies led to the appointment of a small committee representing both the municipal and the voluntary hospitals and this committee is now to be replaced by the new permanent Joint Committee The Joint Committee is to consist of sixteen members of whom six will be appointed by the Port Sanitary and Hospitals Committee of the City of Liverpool six by the associated voluntary hospitals and three by the University of Liverpool The medical officer of health will also be a member The function of the Joint Committee will be to promote the best possible utilization of all available hospital facilities with a view to the development of an efficient unified service for the whole area Its business will include the provision and extension of accommodation and equipment medical and surgical staffing medical education and research financial questions and any other matters of common interest to voluntary and municipal hospitals

The Newcastle upon Tyne City Council has just approved a scheme for a Joint Hospitals Advisory Board The scheme is the result of a review of general hospital accommodation in the area prepared by the Health Committee for submission to the Royal Commission on Tyneside Local Government Further consideration has convinced the committee that the hospital needs of the city and surrounding areas cannot be met either adequately or economically without a greater measure of co operation and co ordination than exists at present The new Joint Board will be representative of the municipal hospitals the voluntary hospitals and the College of Medicine and its functions will be to consider the relation between hospital needs and the existing provision and to promote co operation and co ordination between the voluntary and municipal hospitals

Rehabilitation Centres

Industrial Welfare publishes an account of the New Rehabilitation Centres organized by the Imperial Chemical Company which employs about 60 [illegible] factories in seven counties [illegible] addition to an ambulance room [illegible] central surgeries which are staffed by State registered male nurses and are equipped to deal with all emergencies As an experiment simple electrotherapeutic apparatus has been installed at one of these central surgeries and a male nurse who is qualified to give massage and electrical treatment has been added to the staff The centre is now able to give intensive courses of treatment for fracture strains and other injuries shortening the period of disablement and its value has already been demonstrated by the fact that although previously the accident severity rate of this centre's area exceeded the rate in the other surgery areas it is now below it The centre co operates closely with the local doctors who are usually willing to send patients to the centre or to allow them to be visited by the nurse in charge

Gloucestershire Infirmary

The Gloucestershire Royal Infirmary has adopted the income limit recommended by the British Medical Association Free treatment will in future be available only to persons with incomes below the following limits

Single persons widows and widowers without children	£200
Married persons without children or persons with one dependant	£2 0
Married persons with a child or children under 16 or persons with more than one dependant	£ 0

Persons whose incomes are above the limit of £500 will be able to obtain treatment in the [illegible] of the Infirmary

Lieut Colonel J C Davie M D J P T D has been elected chairman of the Denbighshire Insurance Committee for 1937

Dr J Braithwaite has retired after thirty years practice in Boston, Lincolnshire

the year, providing experience which will be useful when larger mass units become available The follow-up of patients is efficient, with less than 1 per cent of cases untraced

Of the two Glasgow centres that at the Western Infirmary shows a close liaison between the x-ray and radium departments, and a common basis for dosage measurements in roentgens has been found possible At the Glasgow Royal Infirmary a new deep x-ray set has been provided Despite the large area served by this centre, there is no waiting list among cancer patients, follow-up measures are organized so successfully that no case remained untraced The Leeds centre has a one gramme unit working twenty-four hours per day in three shifts of eight hours There is at present no provision of "pay-beds" in the Infirmary, but it is expected that these will be available when the building of the new hospital is completed in some three years' time At the Liverpool centre further developments await the proposed reorganization of hospital services in the city The Manchester centre continues to discharge the admirable function of training radium therapists and radium officers, who in due course disseminate modern methods elsewhere Pending the provision of a radium beam experience is being gained in the employment of special "radium collars The radium collar is also in use at the Mount Vernon Hospital, London, which, like Manchester, fulfils the role of a school of radiotherapy At the Newcastle centre, where for various reasons difficulties have been encountered in the past, the number of patients receiving radiation treatment is increasing There is a waiting list among cancer patients on account of scarcity of beds Treatment under the auspices of the Sheffield centre is carried out in five different hospitals, an arrangement tending to produce administrative difficulties Some merging of hospital activities in the city is predicted in the near future, a step which should facilitate the work of the centre

Reports follow describing progress in the regional radium centres at Lincoln, Norwich, Plymouth, Southampton, and Stoke-on-Trent, and in the "recognized" hospitals at Bradford, Burnley, Leicester, and Wolverhampton

Radium Beam Therapy

The value of radium in large units for the treatment of certain classes of cancer is a question to which the Commission has devoted much attention The Commission has been unable to provide for the setting up of a unit larger than one gramme in any of the centres Apart from the restricted stock of radium at its disposal the employment of mass radium demands specially trained personnel and special equipment The Radium Beam Therapy Research has, however, been employing three five-gramme units in an investigation of the value of beam therapy in cancer of the mouth, pharynx, and larynx It is hoped that the results of this investigation will provide useful data for the guidance of the Commission in its future policy

Several factors point to the need for increasing the available supply of radium An extension of the work of the present centres is envisaged, and the establishment of new centres is also desirable Further, there is an increasing tendency to replace the interstitial and intracavitary use of small quantities of radium by the external application of large quantities at a distance The number of patients who can be treated by a mass unit in the course of a year is comparatively small, an increase in the number of mass units is therefore required

A Statistical Survey

The Report concludes with an appendix of more than forty pages "a Statistical Report of the Results of Radium Therapy in the Treatment of Cancer of Certain Sites at Hospitals associated with the Commission" In this appendix separate chapters are devoted to carcinoma of the breast, the cervix uteri, the lip, the tongue, and the floor of the mouth The survey is based upon an analysis of the records of more than 5,600 patients, drawn from hospitals distributed throughout the whole country The assessment of the value of different methods of treatment by the use of survival rates is a matter of the greatest difficulty on account of the large number of different therapeutic combinations employed In treatment of carcinoma of the breast eighty six such combinations were distinguished Among the inferences drawn from the survey, which covers the whole of the years 1930, 1931, 1932, the following may be cited Patients suffering from carcinoma of the lip, tongue, and cervix uteri showed an increasing tendency to come early for radium treatment Patients with the highest survival rate in each stage of the disease were those for whom a histological diagnosis was made In treatment of carcinoma of the cervix the employment of deep x ray therapy increased, while the practice of interstitial needling of the cervix diminished, in carcinoma of the breast surface irradiation was more extensively used Patients with carcinoma of the cervix of the age of 50 years or over showed a higher survival rate than those under 50, this difference being especially marked in the more advanced stages of the disease

RESEARCH IN LUNACY AND MENTAL DEFICIENCY

The second part of the twenty-second annual report of the Board of Control, covering the year 1935, comprises a summary of clinical and scientific investigations completed and in progress in mental hospitals and kindred institutions in England and Wales entries recorded by commissioners at these establishments, and lists of approved hospitals and nursing homes where persons suffering from mental disorders and deficiencies can be accommodated It opens with a supplement on research and other scientific work in the year under review, and notes are incorporated on the various researches at different centres Some idea is thus given of the various directions of clinical and experimental study at present, and references are also made to publications by members of the staffs in professional journals during 1935 The following notes illustrate the wide field in which research is continuing

The Brain and Mental Disorder

At Stoke Park Colony, Stapleton Bristol an examination was undertaken of the brains of fifty-five deceased defectives and the findings were compared with those in twenty-eight normal cases In this series the proportion of brain size of defectives to normals was 76 to 100 suggesting that most defectives were so because their brains were too small The fact that this estimate includes defective brains pathologically enlarged by hydrocephalus, tuberous sclerosis, excessive gliosis, and similar conditions heightens the probability that in the great bulk of defectives the brain is only two thirds the normal size It is pointed out that the size of the brain can be deduced from that of the head, and that therefore a scientific separation can be made between the "educable" and "ineducable" defectives with a corresponding diversion of labour into the more profitable channels In none of the defective brains was the general appearance normal structural peculiarities noted included microgyria frequently and porencephaly twice, exposed insula in many, absence of the corpus callosum once, hydrocephalus three times imperfect development of the opercula, abnormal presence of the anthropoid lunate sulcus, divided central sulcus (an extremely rare developmental error), tuberous sclerosis lobar sclerosis, and in most cases a gross irregularity of the cerebral sulci and convolutions Whereas in normal brains the relative proportions of precentral (effector) and post central (receptor) areas was 38 7 to 100 in the defectives it was only 37 5 to 100, and it is believed that this phenomenon

National Eye Service

Another occasion when the authority of the Association was sufficient to disappoint the claims of applicants for official recognition was the promotion of the Optical Practitioners Registration Bill in 1927. This Bill was submitted for consideration to a Departmental Committee to which the Association was asked to give evidence. The committee did not completely reject the opticians' claims but it decided to leave the matter open after the Association's witnesses had given an undertaking that within a reasonable time the medical profession would show that it could itself provide an adequate ophthalmic service with moderate charges for insured persons and persons of similar economic status. The Association accepted the challenge and the result is the National Eye Service which provided that it receives the continuous support of general practitioners should offer a sufficient reply to any future demands of sight testing opticians for official recognition.

(To be concluded)

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

The Coroner and Coroners' Inquests

The Coroners Act of 1887 requires that where there is reasonable cause to suspect that a person has died either a violent or unnatural death or has died a sudden death of which the cause is unknown an inquest must be held. When a medical practitioner becomes aware of such a death he should notify the coroner without delay and in addition give a certificate to the registrar of births and deaths. He is not directly under a legal duty to do this but the better the relations which subsist between the practitioners of a district and the coroner the happier for all concerned.

Cases of sudden death sometimes occur which leave the practitioner in doubt whether he can or cannot properly certify the causes of death. For example he may know that the deceased was subject to some disease likely to cause sudden death, say aortic regurgitation or thoracic aneurysm, but he may not have seen the deceased for perhaps weeks or months before the fatal event. The duty of the practitioner in these or other circumstances where a doubt exists is to give a medical certificate of the cause of death to the best of his knowledge and belief and to report the case to the coroner. In the end it always rests with the coroner to say whether the case is one in which an inquest is necessary. If the coroner wishes for further information before deciding to hold an inquest he may send his officer to question the practitioner. There is no obligation upon the practitioner to answer these questions and if he chooses he is quite within his right in refusing to give information until he is on oath in the witness box.

When a coroner proposes to hold an inquest he may summon the practitioner as a witness. If the deceased was not attended by a practitioner the coroner can summon any practitioner in practice near by to give evidence as to how the deceased came to his death. He can also either in his summons or at any later time until the inquest direct the practitioner to make a post mortem examination. Similarly if the coroner thinks that a post mortem examination might make an inquest unnecessary he can direct any practitioner whom he could summon as a medical witness to make such examination and report in writing. The practitioner must obey the summons. Moreover, at any time after he has decided to hold an inquest the coroner may request any practitioner to make a post mortem examination or do a special analysis or test or make any other examination which the coroner thinks ought to be made. The practitioner need not comply with the request but if he does and is summoned as a witness he may be asked his opinion on any matter arising out of the examination and on the cause of death. If the coroner thinks that a necropsy will make an inquest unnecessary he may request any practitioner whom he could *not* summon as a witness to carry it out and the doctor may consent or not as he pleases.

The general practitioner will do well not to forget that he may at any moment find himself called upon to perform a necropsy and make a report. If he is new to the work he should read what Taylor and other well known writers on medical jurisprudence have to say about it. He will of course use the greatest care in performing the examination and in writing his report, bearing in mind the possibility that he may have to undergo cross-examination at the inquest by counsel instructed to support some contradictory view on the cause of death. He should use clear simple language and write nothing which he is not prepared to stand by in public. The coroner calls witnesses by written summons but in practice this is often dispensed with and the coroner's officer—who is often a policeman—merely calls on the doctor and informs him or his servant that he will be required to give evidence at a certain time and place. Though in strict law this does not constitute a summons which the practitioner need obey he should treat it as a legal summons for the sake of maintaining a proper relationship with the coroner and so with the public interest. The system is inherently bad and always very imperfect and—especially where the coroner is not medical—occasions of friction often arise. The practitioner should therefore exercise great tact in all his dealings with the coroner and if he gets into difficulties consult the secretary of his Division or the Central Office of the Association.

INSURANCE MEDICAL SERVICE WEEK BY WEEK

Physical Examination of a Patient

A doctor must in the first instance be the judge as to the extent to which a physical examination of a patient is necessary, especially on the first occasion, and the patient is not entitled to be in possession of such information as to the condition of the patient as the patient himself possesses (in the form of symptoms with which the patient is himself familiar). It would be unreasonable to expect a doctor to make a physical examination of every patient who enters his surgery unless he is given some indication that such an examination is either desirable or necessary, particularly in a case in which a patient gives no indication of symptoms which in the doctor's opinion render a physical examination necessary.

This view finds expression in the report of a Medical Service Subcommittee which also points out that before making a complaint of negligence against a practitioner there is an onus on an insured person or his relative to give that practitioner a fair opportunity of making an examination before they obtain the services of another doctor. There may be cases in which, despite the absence of a specific request for an examination, a patient may be justified in seeking other advice. The report proceeds:

In the present case there seems to have been nothing which would have prevented the practitioner being made acquainted as was the second doctor with the true condition of the patient and of the consequent necessity for a physical examination.

TREATMENT OF CARDIAC ISCHAEMIA

COLLEGE OF SURGEONS LECTURE ON FIRST RESULTS OF CARDIO-OMENTOPLAY

A special lecture was delivered at the Royal College of Surgeons of England on January 15 by Mr Laurence O'Shaughnessy on the treatment of cardiac ischaemia, in which, after first dealing with experimental methods of initiating and supplementing reparative processes in *coronary thrombosis and coronary sclerosis* by the provision of an additional blood supply to the heart through grafts of living tissue, he described the operative technique and the case records of the first patients to be treated by cardio-omentopexy Sir Cuthbert Wallace presided, and the large audience included most of the members of the Council of the College

Viscount Dawson's Address

VISCOUNT DAWSON who gave a short introductory address, said that it so happened that he was the head of a small cardiovascular clinic established at Lambeth Hospital by the London County Council on the advice of Sir Frederick Menzies The clinic had been equipped under the direction of the hospital superintendent, Dr P J Watkin, and had the services of Dr H E Mansell of Lambeth Hospital, Dr Daniel Davies of the Royal Free, and himself, and the staff had co-operated with Mr O'Shaughnessy in the excellent surgical work he was doing in the field of cardiovascular disease It was only natural to suppose that a muscle which was unceasingly active from birth to death should need a big supply of blood if it was to be equal to the large amount of energy demanded, moreover, provision must be made for great changes in the requirements of blood and sensitiveness to deficiencies thereof The anatomists calculated that during exercise the coronary arteries put out 1·4 litres per minute, representing a volume three times the size of the heart itself As for quality, a fall of 50 per cent in oxygen saturation of the blood would require the coronary flow to be increased fourfold by way of compensation The findings of pathology accorded with these conclusions Absence of nourishment of the heart, whether the result of a diminution in quantity on account of arteriosclerosis of the coronary tree, or of a diminution in quality by reason of lessened oxygen content, gave precisely the expected changes in the myocardium Where occlusion was not immediately destructive of life the problem was to secure an adequate compensatory circulation The difficulty was not in the anastomosis, but arose from the great vascular needs of the active heart It was known that pericardial adhesions formed a most effective collateral circulation Lord Dawson mentioned the work of experimentalists and clinicians on this and cognate points In one reported case it was shown at necropsy that there had been complete occlusion of each *coronary* artery for a considerable time, and yet there had been no clinical history of any attack of coronary thrombosis, the pericardial adhesions had actually been supplying the heart Such a compensatory circulation through the pericardium might sometimes form by itself, but if it did not, then surgical measures to establish it constituted a reasonable procedure The prospect should be good in selected cases provided the capillary bed itself was not too degenerate to profit by the new arterial supply Mr O'Shaughnessy had acquired a high degree of skill in this field of constructive surgery

Experimental Cardiac Grafting

Mr O'SHAUGHNESSY, after referring to the ingenious methods employed by various workers to produce cardiac ischaemia in the heart of the experimental animal, and in particular the results recently published by C S Beck and V L Tichy in America of an experiment in which they had fashioned grafts from the pericardium, the omentum, and the chest wall, and put them on to the heart, said that his own experiments in cardiac grafting began at the research farm at Downe in 1933 In a previous paper, published in January of last year, he had described the first results of a series of grafts in the cat and more particularly in the greyhound, showing that the presence of such a graft was compatible with the highest degree of physical exertion—in the case of the greyhound, of pursuing the electric hare with undiminished vigour The greyhound was eventually killed to demonstrate that the anastomosis got better with time, and not worse

The omentum was the only structure in the body with the specific property of vascularization The practical importance of that fact was appreciated many years ago by Rutherford Morison The operation of omentopexy had proved a good therapeutic measure in alcoholic cirrhosis, and Professor Grey Turner had given him notes of a case operated on thirty years ago, and the patient was still living Even if it was agreed that omentopexy could not cure cirrhosis, the essential theoretical basis for cardio-omentopexy remained unshaken Sir David Wilkie's early and complete experiments on the omentum gave an initial impetus to its use in surgery of the chest. Wilkie showed how in the cat the omentum could avert the diseases which normally followed ligature of all the vessels to the spleen If the omentum could compensate for acute ischaemia in its natural media, there was no reason why it should not fulfil a similar function once it was given access to the thoracic cage

The lecturer showed in successive drawings the technique of the operation whereby the omentum was brought up through an opening in the diaphragm, the myocardium opened and prepared for the reception of the graft and the graft sutured to the surface of the heart He also illustrated the results of one animal experiment which had been carried out with a view to putting a diaphragm graft on the heart The animal was killed a month or two later and the diaphragm graft could not be seen, all that could be seen was the omentum filling the left chest A small opening had been left in the diaphragm, and the omentum had come forward to close that opening which was its natural function, and had invaded the thoracic cavity

Collaboration of the Physician

The school of thoracic surgery to which the lecturer belonged had always held that major interventions in the chest were only justifiable when there was close collaboration between physician and surgeon It was not enough for the physician to refer a case, he must be in close contact with the patient in the immediate pre-operative period, and he and the surgeon must share the conduct of the post-operative period Recent developments of radiological and other special methods had done nothing to invalidate that principle, which was naturally of very special importance before operation was contemplated on the human heart Although the operation he described was devised in the College laboratory and its technique had been modified according to purely surgical contingencies, its actual performance had only taken place after the most careful consultation with the medical staff of the Lambeth clinic In addition, the suitability of each

The staff received the same amounts from the contributory scheme as the staffs of other departments and they were represented in the management of the hospital

The Chairman said that the profession should recognize the fact that every branch of medicine had some connexion with physical medicine which was playing an increasingly important part in the diagnosis and treatment of disease He believed that it was at least as important for a general practitioner to know how when and why massage or electrotherapy should be given as it was for him to be able to recognize a digitalis leaf The duty of the group was to endeavour to enable physical medicine to take its proper place in the general practice of medicine and surgery A practitioner of physical medicine should not be regarded as one whose competence was confined to the use of a faradic battery

Dr Cumberbatch believed that the only way to improve the status of physical medicine was to establish a diploma He said that 7 700 members of the Chartered Society of Massage and Medical Gymnastics were licensed to practise branches of physical medicine and there were many uncertificated persons who were also practising it and who were not subject to the same restrictions as the members of the Chartered Society It the profession wished to prevent physical medicine from falling entirely into the hands of persons without a full medical training young medical men of the right type must be attracted to the practice of physical medicine In order to achieve this the institution of a diploma seemed to Dr Cumberbatch absolutely necessary Sir Robert Stanton Woods said that the Royal College of Physicians had not shelved consideration of the question of awarding a diploma The Committee was asked to consider what further action could be taken on this subject

Control of Advertisements

Several members spoke in favour of the establishment of some form of control of the advertisement and sale of electrotherapeutic apparatus such as had been introduced in the United States by the American Council of Physical Therapy Dr Beaumont suggested that no special machinery would be necessary if practitioners of physical medicine were encouraged to use only such apparatus as was employed by teaching hospitals the Chartered Society or physicists of repute The Committee was eventually asked to consider the matter and to formulate a scheme of policy for submission to the next Conference The Conference also referred to the Committee the question of fees charged at hospitals and clinics to patients who were in a position to pay for their treatment

At the conclusion of the meeting Sir Robert Stanton Woods referred to Dr Heald's motion at the last Conference proposing that the Group should commit suicide Sir Robert said that the only way in which any branch of medicine could be rescued from obloquy was by the determination of each individual to raise his own standard of practice He hoped that the Committee would consider in all seriousness the value to the profession of the continuance of the Group

A vote of thanks to the chairman was passed and Dr Buckley in reply said that the present meeting was the best attended and most vociferous that had yet been held and a number of members who had apologized for their inability to attend had sent expressions of their views on the matters on the agenda The Conference had given the Committee a great deal of work and the coming year should demonstrate that the continuance of the Group was fully justified

RADIOLOGISTS GROUP

The newly formed Radiologists Group held its first meeting at B M A House Tavistock Square on January 15th Thirty members were present and Dr F Reynolds was elected chairman A Group Committee consisting of the following members was elected for 1936–7 Dr R Boulton Myles Dr R J Reynolds Dr C G Teall, Dr E W Twining Dr J D White Dr E R Williams

Radiologists' Reports

The Group discussed several matters which affected the status of radiologist members of hospital staffs Dr Boulton Myles referred to the procedure adopted in the preparation of reports for the purposes of legal cases and that when a legal issue arose out of a case which had been admitted to hospital in the past and had received an x-ray examination the radiologist in charge of the case usually obtained a report from the radiologist but the radiologist himself was not consulted in any way This seemed to him a wrong procedure for very often the whole case turned on the radiographs and the radiologist's report Dr Myles thought that the Group Committee might be able to obtain information on the question from a number of hospitals and do something to encourage the recognition of radiologists in the preparation of reports in legal cases for the hospitals probably did not understand the injustice they were causing Dr [illegible] said that in his hospital there was a rule [illegible] board that no hospital reports should be used for purposes of litigation the were even [illegible] hospital records The rule had removed the difficulties which Dr Myles referred Dr Teall said that so long as a patient was an in patient the resident staff might use any available information for the preparation of a report but radiographs should not be sent out of the hospital for any purpose Dr Malpas said that in his experience discharged hospital patients [illegible] hospital for x-ray examination [illegible] companies He considered that such cases should be referred to the hospitals privately and that the insurance company should pay for the examination The meeting eventually decided to ask the Group Committee to consider the whole question

Pay beds and Private Practice

Dr Brailsford read a letter from a radiologist whose private practice had been seriously affected by the radiological work performed in the recently opened paying patients block at the local hospital Payment for x-ray examinations made at the hospital was included in the weekly maintenance charge and the practitioner concerned who was a radiologist member of the staff was paid at a flat rate for each examination He now found that much work which normally would have come to him as private work was now being transferred to the hospital paying block and he asked whether something could not be done to ensure that the fee charged to paying patients could be so arranged that the radiologist would receive a fair remuneration for his work Dr D [illegible] White related his experience in connexion with work for paying patients and he said that lay boards of management assessed the maintenance charges without taking into consideration the work of the radiological and pathological departments This seemed to him to be a matter which the Group Committee might usefully discuss with the Pathologists Group Committee Dr Teall expressed the opinion that the situation was largely due to the radio

Reports of Societies

MALIGNANT BONE TUMOURS

At a meeting of the Section of Radiology of the Royal Society of Medicine on January 15, with Dr N S FINZI presiding, the subject for discussion was malignant bone tumours

Dr JAMES BRAILSFORD said that there were three lines of investigation of bone tumours—namely, the clinical, the histological, and the radiological and a case in which any one of these had been neglected had not received adequate attention In some cases only by a careful correlation of the findings of experienced observers in these three spheres would it be possible to arrive at an accurate diagnosis of the nature of the tumour In other cases positive evidence would be obtained from either the clinical history, or the histology, or the radiology, the other methods supplying negative or even conflicting evidence The positive evidence must always be allowed to dominate the ultimate conclusion Radiography was the first court of appeal after the clinical examination, for it would often supply evidence of the nature of the lesion without undue delay or discomfort to the patient Interpretation of the radiographs should not be attempted without a thorough knowledge of the clinical history of the lesion, for radiographic appearances, like clinical ones, could be similar in widely different conditions

Radiological Features

The radiographic features were influenced by the nature of the tumour cells, the reaction of the adjacent normal tissue, the rapidity of the growth, the function and immobilization of the part, the presence of infection, and the exhibition of therapeutic measures, particularly radiation Sarcomata and endotheliomata were the principal malignant tumours of bone but malignant metaplasia was seen in certain simple tumours, traumatic lesions, chronic inflammatory lesions, and such conditions as osteitis deformans The radiographic features of these tumours were simulated by carcinomatous deposits in bone, and must be distinguished from them A classification based on the histological or fully developed clinical and radiological picture would not materially assist in the early diagnosis of malignant bone tumours Such tumours in the early stage might produce either no change in the radiographic appearances of the affected bones but only perhaps some alteration in the appearance of the adjacent soft tissue, or an area of osteoporosis, or osteosclerosis with or without a periosteal reaction, or a diffuse change in the cancellous structure The recognition of these slight changes would permit a suspicion of early malignancy, and it was probably only when this early detection brought prompt surgical measures that effective treatment was secured In some cases the early radiographic features were characteristic even before the clinical findings warranted so serious a diagnosis and while the histological picture was still indefinite

Early amputation of the affected limb appeared to offer the best chance of cure Radiation therapy should certainly not be applied until a careful radiographic record had been obtained and the nature of the tumour determined, as it might mask the malignant nature of the lesion, and by staying the hand of the surgeon rob the patient of the chance of recovery Radiation might somewhat delay the development of the tumour, but it did not stop the development of distant metastases and therefore could not be said to effect a cure Even in the so-called simple tumour of bone the growth of which might be checked or abolished by radiation there remained abnormal tissue at the site in which subsequent malignant metaplasia might occur The reconsolidation of bone at the site of a localized carcinomatous metastasis following radiation therapy was probably the best palliative result of such radiation

Osteogenic Sarcoma

Mr W H OGILVIE confined his remarks to osteogenic sarcoma, by far the most important group numerically, accounting for more than 50 per cent of bone tumours reported to the American Registry Compared with malignant disease elsewhere it was appallingly fatal In microscopical appearance there was great variation, for the growth derived from cells whose function it was to form bone that function being exercised in varying degrees Thus in osteogenic sarcoma there was a destruction of bone by tumour and new bone being laid down, in part by the effort of the malignant cells and in part by the effort of the periosteum to repair the damage He was doubtful whether the division of these tumours into several subgroups, as was done by American writers, had any real pathological basis or clinical value Osteogenic sarcoma presented a reasonably clear clinical picture He discussed the cardinal diagnostic points The great majority of these tumours occurred between the ages of 5 and 20 The patient was nearly always in excellent health at the time of onset Pain was constant, early, and often the first symptom The rate of growth was steady, noticeable from month to month, but not over shorter periods, contrasting with the slow growth of benign tumours and the rapid growth of inflammatory lesions Nearly half the tumours appeared in the femur and a quarter in the tibia Definite signs of inflammation were generally against a diagnosis of osteogenic sarcoma Radiological observation was the first court of appeal but clinical observations which should be made in a doubtful case included a Wassermann test, a careful examination of the blood the taking of the rectal temperature, attention to any site of local sepsis and a trial of therapeutic irradiation which, though without curative effect, relieved pain and caused shrinkage in size The outlook was not quite so black as was sometimes supposed, he quoted from literature figures showing a five year cure rate of 10 per cent, following treatment by amputation or local resection

Classification and Nomenclature

Dr R W SCARFF pleaded for a better co ordination of nomenclature Classification and nomenclature did not of themselves constitute knowledge, but it was essential that all the workers concerned should be discussing the same entity He mentioned Ewing's tumour, on the separate existence of which some doubt had been cast There was no unanimity about it although Ewing first described it sixteen years ago The speaker thought it a distinct entity, but one which might be simulated both clinically and radiologically by other conditions Dr J DUNCAN WHITE showed radiographs of a doubtful case alike in its clinical, radiological, and histological aspect, the doubt being as between a chronic inflammatory process and a sarcoma Dr J E A LYNHAM drew attention to the spicular or palisade appearance along the bones as seen in the radiographic picture In his experience this was associated with chronic inflammatory disease, except in one case, which was a periosteal sarcoma of the tibia The question of a biopsy had been mentioned, and objection had been raised as it was thought the taking of a section might encourage metastases But the majority of patients died from metastases irrespective of whether a section had been taken or not and the early taking of a section might lead to earlier amputation, with some prospect of cure Mr HOPE CARLTON called attention to the vagueness of the whole subject, and pleaded for dogmatism even at the expense of a certain amount of accuracy Dr GEORGE SIMON asked certain questions as to classification

Dr FINZI from the chair, said that it was obvious that a satisfactory classification based on the pathology of the

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Diary of Central Meetings

JANUARY

22 Fri Journal Board 11 0 a m
27 Wed Joint Subcommittee on Provident Schemes and Payments to General Practitioners 2 30 p m
28 Thurs Insurance Acts Committee Remuneration Subcommittee 2 p m
Subcommittee re Representation in Parliament and on Local Authorities 2 0 p m

FEBRUARY

9 Tues Joint Subcommittee on Nursing Problems 2 30 p m
12 Fri Public Medical Services Subcommittee 2 p m
18 Thurs Radiologists Group Committee 2 30 p m
19 Fri Journal Board 11 30 a m
Physical Medicine Group Committee 2 30 p m

Alteration of Area of the Durham, Gateshead, Consett, and Newcastle-on-Tyne Divisions

With reference to the preliminary notice as to the above given in the *Supplement* of November 21 1936 notice is hereby given by the Council of the Association to all concerned that as from the date of this notice the civil parish of Witton Gilbert is transferred from the Gateshead Division to the Durham Division and that the civil parish of Chopwell is transferred from the Newcastle on Tyne Division to the Consett Division The areas of these Divisions are thus as follows

Durham Division M B of Durham U D of Brandon and Byshottles R D of Durham *In R D of Chester le Street* C P of Witton Gilbert

Gateshead Division C B of Gateshead U Ds of Chester le Street Felling and Washington R D of Chester le Street (*except* C P of Witton Gilbert) Dunston part of Whickham U D

Consett Division U Ds of Consett Benfieldside Leadgate Annfield Plain Stanley and Tanfield R D of Lanchester *In U D of Blaydon* C P of Chopwell

Newcastle on Tyne Division C B of Newcastle on Tyne U Ds of Weetslade Newburn Gosforth and Longbenton R D of Castle Ward *In Durham* U Ds of Blaydon (*except* C P of Chopwell) Ryton and Whickham (*except* Dunston)

CHARLES HILL,
Deputy Medical Secretary

January 23

Branch and Division Meetings to be Held

BERKS BUCKS AND OXFORD BRANCH OXFORD DIVISION—At Radcliffe Infirmary Oxford Wednesday January 27 8 30 p m Professor L J Witts Anaemia in Women

CAMBRIDGE AND HUNTINGDON BRANCH PETERBOROUGH DIVISION—At Peterborough Memorial Hospital Wednesday January 27 3 p m Consideration of adoption of resolution under the ethical rules of the Division etc

KENT BRANCH—At Royal Fountain Hotel St Margaret's Street Canterbury Wednesday January 27 2 30 p m Special meeting to consider proposed alterations in the rules of the Branch 3 p m Mr L E H Norbury Some Recent Advances in the Treatment of Certain Conditions of the Anus Rectum and Colon

KENT BRANCH EAST KENT DIVISION—At Grand Hotel Clifton ville Margate Thursday January 28 8 45 p m Dr Geoffrey Evans The Value and Limitations of Rest in the Treatment of Disease Preceded by dinner at 7 30 p m

LANCASHIRE AND CHESHIRE BRANCH HYDE DIVISION—At Town Hall Thursday January 28 8 0 p m Professor L P Jacks The Liberal Education of the Body

LANCASHIRE AND CHESHIRE BRANCH MID CHESHIRE DIVISION—At Altrincham General Hospital Friday January 29th 8 0 p m Adoption of accounts election of officers etc

LINCOLNSHIRE BRANCH LINCOLN DIVISION—At Alb[illegible] Lincoln Thursday January 28 8 0 p m Discussion Epi[illegible] Pain

METROPOLITAN COUNTIES BRANCH LEWISHAM DIVISION—At Catford Town Hall Tuesday January 26 8 45 p m Dr W [illegible] Diagnosis Drug Eruptions of the Skin

NORTH OF ENGLAND BRANCH BLYTH DIVISION—At Kitty's Hotel Blyth Wednesday January 27 8 p m Superannuation Medical practitioners and war service Midwives Acts etc

NORTH OF ENGLAND BRANCH SUNDERLAND DIVISION—At Royal Infirmary Tuesday January 26 8 p m Annual meeting Consideration of annual report election of officers etc

NORTHERN IRELAND BRANCH—At Medical College Square North Belfast The [illegible] Wing Commander E J Hodges [illegible] Air Raid Precautions Nottingham and [illegible] students invited to attend

NORTHERN IRELAND BRANCH NORTH EAST ULSTER DIVISION—At British Legion Hall Magherafelt Friday January 29 8 30 p m R J Johnstone Maternity Services in Northern Ireland

SOUTH WALES AND MONMOUTHSHIRE BRANCH SWANSEA DIVISION—Thursday January 28 Dr H R Frederick Contraception Historically Surveyed

SURREY BRANCH KINGSTON ON THAMES DIVISION—At Public Assistance Department Norbiton Friday January 29 8 30 p m Colonel G Wallace Air Raid Precautions and Anti gas Treatment

WILTSHIRE BRANCH SWINDON DIVISION—At Medical Institute Swindon Wednesday January 27 8 p m S R Cox M (Oxford) Some Effects of Faulty Nutrition

YORKSHIRE BRANCH HUDDERSFIELD DIVISION—At Clinical Laboratory Huddersfield Wednesday February 10 BMA by Dame Louise McIlroy Practical Intervention in Obstetric Practice [illegible] at 7 30 p m

YORKSHIRE BRANCH SCARBOROUGH DIVISION—At Scarborough Hospital Thursday January 28 8 30 p m Dr D C Muir (Hull) Acute Medical Emergencies

VACANCIES

All advertisements should be addressed to the Financial Secretary and Business Manager and NOT to the Editor

ACCRINGTON VICTORIA HOSPITAL—H S Salary £1 0 p a

BANGOR CAERNARVONSHIRE AND ANGLESEY INFIRMARY—Hon Gynaecologist

BATH EAR NOSE AND THROAT HOSPITAL—H [illegible] S

BATLEY AND DISTRICT HOSPITAL—R H S [illegible] Salary [illegible] p

BEDFORDSHIRE COUNTY COUNCIL—Assistant County T O H and M O H for the Biggleswade Urban and Rural Districts (male) Salary £800 £25 £900 p a

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN—H S Salary £100 p a

BLACKBURN LANCASHIRE MENTAL HOSPITALS BOARD Brookhall—A M O (unmarried) Salary £500 £25 £600 p a

BOOTLE COUNTY BOROUGH—Assistant M O H and Assistant School M O Salary £500 £25 £700 p a

BRADFORD ROYAL INFIRMARY—R S O (male unmarried) Salary £2 0 p a

BRISTOL EYE HOSPITAL—Whole time Orthoptist

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN—(1) Hon P to In patients (2) Hon P to Out patients

CARDIFF ROYAL INFIRMARY—Radium Registrar Salary [illegible] p a

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray Inn Road W C—Third P H S (male) Salary [illegible] p a

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL—H S (male) to the Ophthalmic and Ear Nose and Throat Department Salary £150 p a

COLONIAL MEDICAL SERVICE S W—Resident P for Mathari Mental Hospital Nairobi Kenya Salary £810-£9 0 p a

CROYDON COUNTY BOROUGH—Assistant M O H and Assistant School M O (male) Salary £500-£25 £700 p a

DERBY DERBYSHIRE ROYAL INFIRMARY—Gynaecological H S and Emergency Anaesthetist (male unmarried) Salary £150 p a

tried to keep them on one dose a day wherever possible When this was done the blood sugar usually rose between meals and fell again when the meal was taken, and after supper it fell and they remained sugar-free until the next morning He had spread out the carbohydrate over all the meals and still got a sugar-free night in most cases He pleaded for a stronger solution The 60 or 70 units necessary for the one-dose treatment was a very large dose for small children

Dr GEORGE GRAHAM had found the preparation helpful in the case of people who swung very quickly from a high blood sugar in the morning to an overdose in the middle of the day and high blood sugar again in the evening He agreed with Dr Payne as to the need for a stronger solution He hoped it would be possible also to produce a quicker acting insulin for the sake of the diabetics who during a prolonged life would get worse and want insulin at least three times and perhaps oftener a day

Dr T IZOD BENNETT said that he had been using protamine insulin on a series of children at Middlesex Hospital for many months and in every case he had been able not only to diminish the total amount of insulin employed, but the number of injections given though in only one case was the number brought down to one a day The other children were having two injections a day, and in the majority of cases it had been possible to abolish the glycosuria present in the morning at breakfast He had experienced difficulty with reactions but these were less violent than with ordinary insulin He agreed with Dr Payne with regard to the change of temperament in children, but that was only another way of stating that the patient who was successfully treated with protamine insulin had less frequent phases of hypoglycaemia, and in consequence was a very different person from the standpoint of general health and mental irritability Often these patients had spoken of their increased feeling of well-being when these hypoglycaemic attacks, often so slight as to be unrecognizable, had been abolished The introduction of these substances was going to make the work of the physician more difficult, and with a view to keeping practice within the bounds of reasonable facility he had never treated any patient with two different forms of insulin simultaneously There must be great potential danger to the patient who got one sort of insulin in the morning and another sort at night He could not have that for many years without accident, and that was a practical point which those employing insulin should constantly bear in mind But these slow insulins had undoubtedly come to stay, and those employing them clinically should make every endeavour in each case to employ one kind of insulin, changing over to another if necessary, but not using several different forms of insulin at the same time Another difficulty was that of assessing dosage Protamine insulin could no more be measured in terms of international units than, say, adrenaline could be measured in the terms of pituitrin The substances had different actions and so the same standard could not be applied to all of them This would create difficulty because it was open to any manufacturer to place on the market any of the new insulins and leave it to the clinician to work out what the dose should be He hoped the British manufacturer would walk a little less in the rear of his competitors in other countries Protamine insulin, zinc insulin and so-called crystalline insulin were appearing from abroad and so far the British manufacturer was watching with reverence and still turning out the excellent insulin we have been using until the last year or two That I think is to be deplored from the national point of view

Conclusion

Dr HAGEDORN said that he thought it might be possible to use a stronger solution One dose a day was the ideal and it could be carried out in hospital, but with more difficulty at home, and he thought it well to be cautious and not go too far in the one daily dose direction In fact the whole question called for caution An American had said that patients suffering from severe diabetes were sailing unknown seas, and it might be added that those responsible for their treatment were in the same boat

Mr F H CARR as a British manufacturer desired to say a word in reply to Dr Bennett's criticism The British manufacturers were working together at this moment with a view to meeting exactly the requirements of the Medical Research Council and the medical profession in respect of insulin They had been working intensively in recent months, and some practical issue might be expected before long There was, however, a patent for the manufacture of protamine insulin, and except by the kindness of Dr Hagedorn or by means of opposing that patent British manufacturers would not be free to make protamine insulin

ALCOHOL AND MOTOR ACCIDENTS

At a meeting of the Society for the Study of Inebriety held on January 12 Dr H M VERNON opened a discussion on "Alcohol and Motor Accidents" He pointed out that though road traffic accidents had, during the last two years receded a little on the maximum observed in 1934, the fatalities still averaged eighteen a day and the injuries over 600 Half of the fatalities were incurred by pedestrians and a fifth by pedal cyclists, while drivers of motor vehicles and their passengers experienced only a third to a fourth as many accidents as pedestrians The Ministry of Transport attributed considerably fewer of the fatalities to drivers than to pedestrians, but estimates made in France, Holland, and America assigned from 67 to 80 per cent of them to drivers

Of the various individual causes of fatal accidents speed appeared to be the most important The Ministry of Transport considered that of the fatalities attributed to drivers in 1935 a fourth were due directly to excessive speed, but many of the other causes tabulated were due in some degree to this cause—for example, the 117 fatalities due to "overtaking improperly," the 114 due to 'swerving,' and the 186 due to "failing to keep to near side" The Ministry's data for 1933 showed that private cars and motor cycles incurred their largest proportion of accidents when travelling at a speed of 20 to 40 miles an hour, while vans lorries, and public conveyances incurred their largest proportion at a speed of 10 to 20 miles Now it had been estimated that on an average vehicles of these latter classes travelled eight to sixteen times further than motor cycles before causing a fatal accident, and two to three times further than private cars, so there seemed to be a close relationship between speed and likelihood of accident In Berlin it was found that when in 1927 the speed limit for lorries and taxi cabs was suspended accidents of all kinds (including collisions) increased two- to three-fold, but the rules governing the speed limit of private cars were not altered, and it was found that in their case the number of accidents increased only 3 per cent Converse evidence was obtained in Rhode Island, USA for when the average speed was reduced from 37 to 31 miles per hour the fatalities were reduced 27 per cent

Alcohol and the Speed Factor

The importance of the speed factor was emphasized by Dr Vernon because of its relation to the effects of alcohol consumption on drivers The special committee of the British Medical Association on "The Relation of Alcohol to Road Accidents" reported in 1935 that moderate quantities of alcohol, such as 34 c cm, or the equivalent of three ounces of whisky had been shown by psychological tests to diminish attention and control and to reduce the rapidity and accuracy of co ordination with which movements of the eyes, hands, and legs were

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THYROID EXTRACT IN CONDITIONS OTHER THAN MYXOEDEMA

BY

D MURRAY LYON, M D, F R C P Ed

The discovery that a drug acts successfully in one disease inevitably leads to a trial of its powers in other conditions At first it will be tried in allied disorders in which it may be expected to produce some benefit, and later it will be given empirically in many other complaints Such has been the history of thyroid extract A survey of the literature will show that it has been employed in almost every department of medicine and that it has been recommended for the most unlikely conditions

The active principle of the thyroid possesses definite pharmacological actions both in the healthy body and in disease Thyroxine increases general metabolism and raises the activity of many organs and tissues in the body Among other important actions it stimulates the sympathetic nervous system it has secondary effects on the circulation and it plays some part in controlling the water content of the body The extract is probably most successful in therapeutics where some definite pharmacological action is made use of It must be remembered however, that it is not possible to isolate the different actions, and when the drug is given for one specific purpose other unwanted side actions are apt to appear

Subthyroidism and Obesity

Mild degrees of subthyroidism not sufficiently marked to warrant a diagnosis of myxoedema are probably more common than is generally thought One or more of the following symptoms may suggest such a condition dry skin and hair, mental depression or dullness forgetfulness loss of energy, a tendency to chronic constipation a predisposition to colds, and some vasomotor disturbances a useful confirmatory sign is a thinning or loss of hair from the outer third of the eyebrow Such signs will indicate the administration of small doses of thyroid and the improvement in the general health of this class of patient under such treatment is often remarkable

Thyroid has been much used in the treatment of obesity which may be caused by different factors in different individuals Some obese patients are definitely subthyroid, showing some of the signs mentioned above and often having a characteristic round moon face, in these thyroid extract is obviously indicated It is also given in cases with no signs of thyroid insufficiency and in those in which there is disturbance of the other endocrine glands Here the idea is that the thyroid extract will stimulate the general metabolism so that the patient may be able to use up some of his excessive stores of fat It must be remembered however that in obesity the basal metabolic rate is not abnormal It is usually within the normal range and since the basal metabolic rate is calculated on the area of the body surface which of course is increased in these subjects the metabolism may be actually in excess of that of a person of average proportions

Thyroid extract given to obese individuals must tend to raise the metabolism above normal but it cannot be relied on by itself as a treatment for excessive weight Given alone it is often unsuccessful for it increases the appetite, which neutralizes its action on the general metabolism As an adjunct to carefully chosen subcaloric diet (say 1 000 calories) it has a most important place in therapy Obesity in some patients particularly those who have been large eaters can be successfully reduced by dieting alone In others dieting fails to accomplish all that is desired For a time they lose weight on the low diet satisfactorily enough then the metabolism adjusts itself at a new level and loss of weight gradually ceases When this point has been reached the diet should be continued as before and thyroid treatment should be started the dose being slowly increased till a satisfactory rate of fall has been again secured In this way the patient may continue to reduce in weight for many months When thyroid is begun there is little evidence of its action on the weight for three or four days then a rapid drop takes place during the next few days apparently due to displacement of fluid from the system The fall after this is less rapid, but continues steadily for a time Under continued administration of thyroid the pulse rate will quicken and the basal metabolic rate gradually rises A value of + 20 to + 25 may be reached before cardiovascular symptoms appear The amount of thyroid which obese patients can take without trouble varies with each individual Some appear to be excessively sensitive while others can tolerate very large doses without discomfort When reduction of weight has been completed a few patients can keep their weight down without further treatment some must continue to restrict their diet and others must take small doses of thyroid extract if they are to prevent reaccumulation of fat

Use of Thyroid in Various Disorders

The thyroid gland has important interrelations with the rest of the endocrine system acting with some of the hormones and against others Thyroid extract has been employed in place of other hormones which were not available on the market but the successful commercial production of an ever-increasing number of endocrine substances will limit this use of it It is still often given in certain cases of pituitary insufficiency and in such conditions as amenorrhoea and the disturbances of the menopause It is also a common ingredient of pluriglandular compounds and in some may be the *only* active agent In most cases it is probably best to administer the thyroid separately so that the most appropriate quantity may be more accurately judged

Thyroid extract is sometimes of value in the treatment of asthma When the patient is grossly overweight and the excessive fatty covering of the chest embarrasses the breathing its use can be readily understood In cases of asthma thyroid extract may act in another way It may stimulate the adrenals and it increases the sensitivity of the sympathetic elements on which adrenaline acts Because of the stimulating action on metabolism thyroid extract cannot be freely given in the thin type of asthmatic

The striking improvement in the skin of myxoedematous patients under treatment has suggested the use of thyroid extract in dermatology It has been tried in a large variety of skin lesions but is now mostly advised in chronic conditions of a non-inflammatory nature The skin may be kept in a tolerable state in some cases of

Local News

ENGLAND AND WALES

A Veteran Medical Charity

At a meeting of the court of the directors of the Society for Relief of Widows and Orphans of Medical Men, held on January 6, with Mr V Warren Low, president, in the chair, six new members were elected and one death and one resignation were reported From the ordinary funds £1 540 was voted, and from the Brickwell Fund £541 5s for the payment of the half-yearly grants to the fifty-nine widows and nine orphans in receipt of relief A widow of a deceased member was voted an annual grant of £50 from the ordinary funds and £10 from the Brickwell Fund A sum of £640 was distributed in December as Christmas presents, each widow receiving £10 and each orphan £5, in addition to their ordinary grants In 1938 the society will celebrate the 150th anniversary of its foundation Membership is limited to registered medical men who at the time of their election are resident within a twenty-mile radius of Charing Cross After election they may remove beyond this radius, but still retain their membership The annual subscription is two, three, or four guineas according to age at the time of election Relief is only granted to the widows and orphans of deceased members Full particulars and application forms for membership may be obtained from the secretary at 11, Chandos Street Cavendish Square, W 1 He attends there, should a candidate desire an interview, on Wednesdays and Fridays between 4 and 5 p m

The Midwifery Service

The annual report of the Central Midwives Board for the year ended March 31, 1936 (H M Stationery Office, 2d) shows that on that date there were 62 064 women on the midwives roll, a net increase of 3,100 on the total for the previous year Only a little more than a quarter of the total number of qualified midwives are actually engaged in the practice of their profession—the number practising during 1935 being 16,165 Over the whole country three out of every four candidates who sat for the examination in midwifery during the year were successful, but the proportion varied in different examination centres—four out of five passed at Newcastle-upon-Tyne but only two out of three at Liverpool and Manchester The report states that during the year the Board proceeded further with the revision of the training and examination rules, and, after the close of the year, approved the final draft of the new rules which has since been submitted to the Minister of Health The report includes notes of interesting decisions given during the year on midwifery etiquette and practice and a warm tribute is paid to the services of Dr J S Fairbairn, who took an active part in the Board's deliberations throughout his membership from 1918 to 1936 and was chairman during the past five years Admiration is expressed for the immense efforts which he made to improve the status of midwives and midwifery in this country

Coming of Age of Star and Garter Home

The twenty first anniversary of the Star and Garter Home for disabled sailors and soldiers has just been celebrated In the early part of 1916, when the pressure of war casualties made it necessary to evacuate from the war hospitals paralysed patients who appeared to be incurable, a temporary hospital of sixty-five beds for their use was installed in the banqueting hall and ballroom of the Star and Garter Hotel, then derelict, overlooking the Thames at Richmond The hotel was purchased as a hospital, largely as a result of a public appeal by the Auctioneers and Estate Agents' Institute and presented to Queen Mary as the foundation of a permanent home for paralysed and disabled ex-service men The British Red Cross Society was entrusted with the duty of carrying out the scheme, and after the war the hotel buildings were pulled down and the present beautiful home erected on the site, the funds being subscribed by the women of the Empire as their war memorial In its early years the home admitted only victims of the war, but it is now open to all disabled ex-service men except those suffering from certain specified diseases At present 186 patients are being cared for and the waiting list of applicants is larger than ever before At the celebration of the coming of age a message was read from Queen Mary as patron of the home saying that she rejoiced to think that so many of the men disabled in His Majesty's service had found on Richmond Hill a happy and comfortable home, and had been spared so much suffering and distress that might otherwise have been their lot The need for continued public support was voiced by Air Marshal Sir John Salmond, president of the home and Sir Arthur Stanley, chairman of the governors The home, with its seaside branch at Sandgate costs some £48 000 a year to maintain and some of the patients can make little or no contribution to their maintenance Sir Arthur Stanley mentioned the debt of thanks owing to Sir Edward Cooper for his gratuitous work in designing the home and supervising its building

SCOTLAND

New Aberdeen Professor

As briefly recorded on another page Professor John Stirling Young has been appointed to the vacant chair of pathology in the University of Aberdeen in the place of Professor Theodore Shennan, resigned Professor Young graduated M A at Glasgow in 1919, B Sc in 1921, and M B, Ch B with honours in 1923, proceeding to the M D with honours in 1929 During his course at the University of Glasgow he gained the Brunton Memorial Prize in 1923 and the Bellahouston gold medal in 1929 After holding resident posts in the Western and Royal Infirmaries of Glasgow he became assistant to the professor of pathology and assistant pathologist at the Western Infirmary in 1924 In 1927 he was appointed reader in experimental pathology and assistant director of cancer research in the University of Leeds and in 1932 he became professor of pathology in Queen's University, Belfast a post which he still holds He has made numerous contributions to the literature of his specialty

Physical Fitness in Scotland

In an address to the Edinburgh City Business Club on January 12 Professor P S Lelean of the department of public health in the University of Edinburgh drew attention to a deplorable loss of fitness in Scotland He said that maternal mortality was the keystone of a nation's health and in Scotland the maternal mortality rate last year had been 50 per cent above that in England, while it was double that of Holland In fourteen countries of Europe the infant mortality rate was lower than it was in Scotland last year, and in England it was only 75 per cent of that in Scotland, although in 1900 the English figure had been worse than the Scottish Another fact was that out of 100 000 school children examined in 1934–5 in Glasgow, 93,000 were defective of whom 87,000 were suffering from remediable defects In order to assess the health of adolescents one might take the recruiting figures which bore upon the age of 18 Last year, out of 80,000 young men who presented themselves for recruiting, 37,000 were rejected at sight and another 17,000 on medical examination, or, in other words, two out of every three were rejected With regard to persons insured under the National Health Insurance Act, on an average each worker was off work eleven days in a year and one out of every five was incapacitated for seven

NATIONAL RADIUM REPORTS

THE RADIUM TRUST

The seventh annual reports of the National Radium Trust and the Radium Commission were published at the end of last week.[1] The report of the Trust covering the twelve months to March 31, 1936, mentions the following changes in its membership Mr Ramsay MacDonald Lord President of the Council succeeded Mr Baldwin as chairman, Sir Kingsley Wood Minister of Health succeeded Sir E Hilton Young (now Lord Kennet) Sir William Bragg President of the Royal Society succeeded Sir F Gowland Hopkins Sir Cuthbert Wallace already a co opted member succeeded Sir Holburt Waring on becoming President of the Royal College of Surgeons of England and Sir Humphry Rolleston, acting President of the British Medical Association, succeeded Dr S Watson Smith In place of Sir Comyns Berkeley and Sir Arthur Hall who had ceased to be members of the Radium Commission in accordance with the provisions for retirement in rotation Sir Cuthbert Wallace and Mr G F Stebbing both members of the Radium Commission, were appointed members of the Trust



The report states that the need for further considerable supplies of radium envisaged by the Commission, together with the trend towards the use of larger units, will, during the next few years make demands upon the Trust far beyond its present financial resources It had been hoped that a considerable increase of the national stock of radium might form part of the National Memorial to King George V but the final decision of the Memorial Committee was in favour of another charitable object An account of subsequent arrangements by which radium is being made available to the Commission during 1936–7 will be given in the report for that year A bequest amounting to about £7 000 of the late Miss Helena Day for the purchase of radium for cancer research and cure " is now under the administration of the Trust

With regard to the small quantity of radium loaned to the National Physical Laboratory for the purpose of physical research, it is stated that further investigations have been carried out concerning problems connected with gamma ray dosage and protection A parallel plate free air chamber erected during the year is believed to be the largest of its type ever constructed It has vertical electrodes 3½ metres high and affords an electrode separation of three metres such dimensions being found to be necessary in order to measure all the energy of the long-ranged secondary electrons produced by the gamma rays The question of the protection of radium workers has also received attention and a paper has been published dealing with the protection afforded by building materials This paper provides data which should be useful in designing rooms for radium beam therapy

[1] Seventh Annual Reports of the National Radium Trust and Radium Commission 1935–6 including a Statistical Report Cmd 5342 H.M Stationery Office 1s 6d

Kaye G W C Bell G E and Binks W *Brit J Radiol* 9 161 March 1936

The Radium Commission

The Report of the Radium Commission covers the twelve months to July 31 1936, during which period there were no changes in the personnel of the Commission The distribution of the various radium centres in Great Britain is shown in the accompanying map reproduced from the Report The Commission notes with approval the increasing tendency of centres to employ a physicist, whose expert knowledge is valuable in questions of dosage and protection With regard to patients attention is drawn to the unfortunate position of the middle class section of the community In several centres no system of pay beds is yet available and it is stated that the Commission would view with sympathy any practical scheme for making national radium available to this class of patient whether treated in the parent hospitals or in associated institutions Also under present conditions patients in remote country districts may have difficulty in obtaining radiation treatment Although the Commission favours the policy of concentrating the actual treatment at the various centres it warmly advocates a dependent system of outpost centres for purposes of examination, diagnosis and follow up It is desirable that the influence of every radium centre should be disseminated as widely as possible in the surrounding districts The Report stresses the importance of securing the close co operation of municipal and county authorities for it is roughly estimated that out of some 40 000 patients suffering from forms of cancer suitable for radiation treatment only 8 000 or approximately one in five, are actually thus treated

With regard to the question of treatment by large radium units it is remarked that at present many cancer patients delay in seeking assistance through fear of the treatment From this point of view surface irradiation is preferable to interstitial irradiation The Report stresses the responsibility of the larger and better equipped centres for the provision of the trained workers of the future Radium is not only valueless but dangerous in the absence of knowledge and experience

National Radium Centres

Summaries follow recording work and progress at the National Radium centres the regional centres and the recognized hospitals The Aberdeen centre is fortunate in a close collaboration between university and hospital for both the radium officer and the physicist hold full time university lectureships Much attention has been paid to the questions of protection of the staff and to the accurate measurement of dosage in roentgens Radium finders of both the electroscopic and Geiger types have been installed At the Birmingham centre the radon plant which is under the direction of the physics department of the university continues to increase its output The centre will probably use the radium at present in solution to assist in building up a large radium unit the university meanwhile making itself responsible for a new supply of radium to replace that in the radon plant About one third of the radon output is utilized by the centre and the remainder is supplied to outside bodies At the Bristol centre the position is less satisfactory It would seem that the centre during the five years of its existence has not been successful in gaining the confidence of the profession of the district which it serves Nevertheless municipal and county authorities are showing increasing interest in radiotherapy and a scheme of diagnostic and follow up clinics has been initiated in Wiltshire At the Cardiff centre the urgent and paramount need is an apparatus for deep x ray therapy necessitating the services of a whole or part time physicist The Edinburgh centre to which a full time physicist has now been appointed has effected a satisfactory fusion of the organizations dealing with deep x ray therapy and radium A one gramme unit has been in operation during

thus avoiding the need for intravenous infusion Fluids can be given in this way, either continuously or intermittently, for days if the condition of the patient demands it When the catheter is removed the wound heals normally and without the formation of a faecal fistula I have found that patients treated in this way usually make a remarkably rapid recovery and that they suffer less from intestinal distension than do those in whom appendicostomy has not been performed

I make no claim for originality in this treatment, which has, I know, been adopted by other surgeons in this country and abroad It is, however, a method which seems to be comparatively little known and which certainly does not enjoy the popularity which it deserves I feel sure that its more general adoption would save the lives of many of our most desperate cases and I hope that this note may encourage others to give it a trial —I am, etc,

HUBERT CHITTY,
Honorary Surgeon Bristol Royal Infirmary

Bristol Jan 13

Serum for Influenza

SIR,—The letter on this subject from Dr A H Douthwaite and Dr F A Knott interests me greatly, for it deals with a subject which I opened up during the pandemic in 1918

The question of specific therapy was one that could not fail to suggest itself to anyone who approached the subject with an inquiring mind, and particularly to those who appreciated the earliest cases seen in the epidemic It is in these early cases that the disease is seen to run its true and uncomplicated course, in these early cases the duration was a few days, with rapid recovery and an immunity of some indefinite duration

In a brief survey of the epidemic in Macedonia (Burnford, 1919) I stated

"Our treatment must be based on the hypothesis that the condition is one of toxaemia which leads to production of antitoxin " and again " with the growing conviction that the essential process was one of toxaemia, attention was directed to serum therapy, and we had in mind the idea that in the blood of convalescent patients would be found the antitoxin itself, and we are still of this opinion Unfortunately various difficulties presented themselves, and it was not until the end of the epidemic in the Dardanelles that we found an opportunity of putting these ideas into practice and then only in one case The patient was gravely ill, and indeed we had seen no other case of such gravity ever recover But he was given serum from several picked convalescents and slowly improved This case is put on record as suggestive and also as a proof that the use of serum was at least harmless, an essential factor in initiating further investigation on these unconventional lines "

Recognizing the much greater difficulties experienced in civil practice of carrying out such treatment I have often regretted my lost opportunities of testing out this idea on a large scale Hence I welcome the reappearance of the idea in your columns

If memory is not playing me false I think the treatment was actually carried out on a larger scale in the smaller epidemic which followed in about 1921 by observers in Australia and published at about that time Again, trusting to memory, I think the results were promising—I am etc,

JULIUS BURNFORD

London W 1 Jan 18

REFERENCE

Burnford J (1919) *Proc roy Soc Med* 12 Sect of Med, April 29 p 49

Analysis of Clinical Statistics

SIR,—Mr I A Tumarkin's letter in the *Journal* of December 12, 1936 (p 1229) may appear to have cast such doubt on my article on problems of chance in clinical work (August 1, 1936, p 221) that those readers who already look askance at statistical methods may have been confirmed in their views, while others, previously undecided may have been convinced that such methods are unsuitable for ordinary clinical material It would be unfortunate if further misconceptions were introduced where misunderstanding is already so common, especially since Mr Tumarkin's letter justifies rather than controverts the purpose and results of my article

It is regrettable that Mr Tumarkin should consider my article as a special criticism of his work (March 21, 1936, p 580) rather than as a general discussion, but for any such discussion the choice of an example from an actual investigation so as to avoid lack of reality, may suggest an *argumentum ad hominem*—a suggestion which I endeavoured so far as possible to eliminate If I had been discussing Mr Tumarkin's investigation as such I should, of course, have proceeded to the comparison of samples (cures and failures in facial paralysis) without discussing at any length the estimation of odds Mr Tumarkin's work appears to be of high practical value, and it is in the tentative stages of such work that simple and well founded tests, often used in some other comparable branches of investigation are desirable, partly because they enable one to distinguish results that could reasonably be attributed to chance, and so to follow the indications that are likely to be most profitable, thus economizing time, effort, and financial outlay

With reference to the "simple error" into which he considers I have fallen, Mr Tumarkin's letter states that "the statistician in analysing a problem of which he has no *clinical* knowledge is liable to overlook certain factors" This was fully emphasized in my article, but has no bearing on the so-called "error," for even to the eye of an anatomist, it was clear that the failures of cure in Bell's palsy in Mr Tumarkin's table were more abundant than usual, and Mr Tumarkin had reasonably explained this by supposing that more cured patients than failures had omitted to reply to his questionary Mr Tumarkin's table showed the information from the available samples, and the lines that immediately followed the table read "Stated simply it may be said that if the patient has both pain and loss of taste the chances are 2 to 1 " odds considerably at variance with those indicated in the table itself It was therefore natural to suppose that the author intended to calculate the odds from the available samples and to let his statement regarding unanswered questionaries indicate that if these had all been answered the odds in favour of cure would very likely have been greater—a very satisfactory form of argument There was surely, therefore, no need to write to the author before I made such statements as "The chances of cure in such cases, so far as they can be estimated from this sample, are eighteen out of twenty ", or before making the suggestion, for example, that "the odds of 2 to 1 seem to have been derived from a consideration of the eighteen failures " This suggestion was not of "elementary mistakes in arithmetic," but of comparing inappropriate data in the table It was surely not so uncomplimentary to suggest a technical error in the estimation of odds (a procedure not in daily use) as to suggest that an author, presenting data and ideas for the use of others, had (1) without informing the reader introduced

may have some neurological significance The conclusion is reached that mental deficiency is the result and consequence of a brain too small for its proper functions a disorderly arrangement of the cells of the cortex was also found

Histological innervation of the cerebral circulation in man was undertaken at the Manchester Royal Hospital Cheadle, Cheshire with a view to elucidating the nature of epilepsy and allied psycho neurological states It was shown that the intracranial circulation possessed a sympathetic innervation not differing materially from that in the remainder of the systemic circulation with which it was continuous Morphological support was thus afforded for the physiological and clinical hypothesis that the cerebral circulation possesses a vasomotor and a vasosensory mechanism which may well be concerned in such conditions as migraine certain forms of vascular headaches and cerebral angiospasm a syndrome simulating cerebral thrombosis Again an explanation is now forthcoming of the post operative phenomena which follow cervico dorsal sympathectomy Reference is made to the report in the *Journal of Neurology and Psychopathology* (1935) by W R Ashby and R M Stewart of the Leavesden Mental Hospital that the convolutions in the brains of defectives are a little narrower than in the normal brain that they are slightly smaller all over and that there is a strong tendency to variability

Chronic Infective Processes

A long and impressive communication from the Birmingham Mental Hospital Committee relates mainly to investigations by a team of workers who concentrated on the relation of bodily processes and especially septic foci in the skull to mental disorders from the points of view of aetiology and treatment Nasopharyngeal sepsis requiring treatment was found in 1 888 out of 2,068 cases of mental disorder tonsillar disease being present in 1 336 and infection of the nasal sinuses in 1 425 out of which latter series ethmoidal disease was present in 812 and sphenoidal disease in 573 Local treatment benefited the mental condition in a large percentage of these Clinical details are recorded of thirty eight cases to illustrate the therapeutic significance of this factor in mental disease Transmissible familial infection is submitted as a more hopeful and practical alternative to the view associated with heredity and is illustrated by notes of four families in whom mental disease occurred and was believed to be due to sepsis It is suggested that the nasal sinuses should be systematically examined during necropsies at all mental hospitals with an adequate number of corresponding examinations at general hospitals to serve as controls References to infections as an aetiological factor appear in the reports of some other hospitals For example research work has been proceeding since December 1934 at the East Sussex County Mental Hospital in respect of infections of the renal tract, injections of autogenous *B coli* vaccines were definitely valuable in two out of seven cases From the results of routine urinary examinations at the Cheshire County Hospital Macclesfield it would appear that some degree of nephritis is very prevalent among the subjects of mental disease granular renal casts being often found The causative organism in pyogenic infections of the urinary tract was always found to be *B coli* except in one case secondary to prostatic enlargement in which *B morgagni* was persistently present

Dysenteric and Typhoid Infections

Thirteen communications from mental hospitals and three from mental deficiency institutions record work in this connexion Prophylactic inoculation against dysentery has been continued for the seventh year among patients newly admitted to the Bristol City Mental Hospital where the Flexner W strain is used No case occurred in 1935 and in the seven years there were only fifteen cases compared with 157 in the previous seven years before the inoculating began The method is therefore warmly commended but the question is raised as to the duration of immunity It is concluded that, while the first inoculated patients probably still retain some degree of resistance to the infection it is advisable to re-inoculate all patients who received their injections more than five years ago This was undertaken therefore during 1936 The report includes the seventeenth post war report on asylum dysentery and allied infections from the West Riding Hospital Wakefield Nine cases of dysentery occurred in 1935 all in the chronic male wards the causative organism in eight being *B flexneri* W Research is proceeding on anti-dysenteric vaccines The great importance of the weekly examination of the faeces of carriers is emphasized and also the value of Wilson and Blair's agar medium for isolating *B typhosus* from the stools Mention is made in the Leavesden Mental Hospital communication of a typhoid carrier a man aged 62 *who ceased to excrete typhoid bacilli for three years* the gall bladder was then removed and the bile was found to contain typhoid bacilli so that the patient was still technically a carrier From Denbigh comes an account of full and elaborate investigations of an outbreak of dysentery which with the communications from North Riding Wilts Caterham and East Sussex indicate how much labour and time adequate attention to these visitations involves while that from the last named hospital shows the importance of having laboratory facilities on the spot in order to deal promptly with the material

Biochemical and Physiological Researches

Special studies are now being made of the mode of action of narcotics including their effect on the blood calcium content At the Cardiff City Mental Hospital it was found that during prolonged narcosis there was a slow fall in the serum calcium of variable extent (0 3 to 2 mg per 100 c cm) which reached its maximum in four to seven days A day or two after the cessation of this treatment the serum calcium figure rose to the original level or even exceeded it without any dietary change having been made It is concluded that somnifaine narcosis brings about this result by lowering the activity of the parathyroid glands The fall is not pathological and no contraindication to this treatment is deducible from it Work at St. Andrew's Hospital Northampton showed that the blood cholesterol figure was higher in melancholia than in mania and that there was a gradual increase with advancing years up to the age of 70 in both conditions In the same institution the feeding of rabbits with cholesterol produced arterial disease due to deposition of the lipoid in the walls of the larger vessels but the condition was not analogous to arteriosclerosis in man the cholesterol being deposited only in the vessels nearest to the heart and in the cerebral vessels Alcohol in large quantities had no effect in preventing the deposition of cholesterol *in vivo* in the rabbit In a communication from the Staffordshire Mental Hospital at Stafford it is announced that cholesterol ester is absent in the erythrocytes and its ratio to the total cholesterol in the plasma in mental defectives averages 65 per cent In several institutions the appearance in mental disease of phenyl ketonuria with the excretion of phenylpyruvic acid has been studied the condition appears to be familial and may be related to mental disorder in the involutional period of life

Therapeutics

The widespread adoption of malaria therapy in general paralysis is shown by many communications The Devon County Mental Hospital at Exminster mentions that quartan malaria has been successfully used to reinfect patients who had become resistant to benign tertian malaria but that the incubation period may in some cases exceed one month Regret is expressed that this line of therapy is not employed more often and more energetically in early cases of general paralysis since the results have been so good and the improvement often better than when vaccines physical pyrexia and electricity have been tried as remedial agencies At the Swansea Borough Mental Hospital cases of anxiety states due to stimulation of the parasympathetic system have been treated most successfully with choline preparations it appears that a vicious circle is thus broken and readjustment of the patient is made possible At the Bristol City Mental Hospital *prominal* was substituted for gardenal sodium in the treatment of epilepsy with great improvement of the mental condition and reduction in the number of fits This drug is also commended in the communication from the Norwich City Mental Hospital

Prevention of Silicosis

SIR—In reply to the letter in the *Journal* of January 9 (p 95), may I draw Dr J A Goodfellow's attention to Dr Donald Hunter's contribution to this subject of which he may not be aware[1]

Dr Hunter points out that particles of silica could not retain momentum by the time they had reached the alveoli, and wounding of the lung tissue is therefore ruled out It seems probable, he adds, that the silica acts as a chemical poison, and the addition to the mine atmosphere of a germicide, as Dr Goodfellow suggests, would hardly meet the case It seems much more logical to remove the danger at its source, and instead of iodizing the atmosphere, which would seem to be an impracticable and certainly very expensive procedure, the solution may lie along the lines suggested by Jones in 1934 as quoted by Dr Hunter—namely, the utilization of the fresh uncontaminated surface atmosphere, which is already at hand in the air-pressure pipes supplying the pneumatic drills—I am, etc,

London Hospital, E 1, Jan 13 A L CRADDOCK

*** Dr Donald Hunter's work, to which Dr Craddock draws attention, was the subject of a leading article in the *Journal* of December 5, 1936 (p 1148)

Glycosuria

SIR,—In 1932 a patient of mine aged 28 years, who was suckling her 7-months infant, complained of painful and swollen breasts and of great thirst and frequent micturition On examination I found the breasts extremely swollen and tender with a breast pump I could only get a few drops of milk away In the urine I found 3 75 per cent of sugar In ten days the swelling of the breasts had disappeared and the urine was free from sugar

This unusual case supports Dr Oliver's conclusion (*Journal*, January 16, p 105) that glycosuria is a symptom and not an entity—I am, etc,

Birmingham, Jan 17 ROBERT ANDERSON, M D

Proposed Medical Scheme for Public Schools

SIR,—As a result of the increasing interest aroused in the health and physical development of the school child and the recent proposals of the Board of Education in this connexion I wish to make a strong plea, and submit a scheme, whereby ideas of a similar nature might be incorporated in the administration of the public schools of this country

Having been engaged as an investigating medical officer of a milk nutrition survey, conducted by the Milk Marketing Board and the Ministry of Health in certain elementary schools, and maintaining an absorbing interest in the recording of anthropometric data as a valuable asset to preventive medicine, I am convinced of the need for similar work of a permanent nature in public schools I believe that it is of vital importance that the physical development and well-being of our public school youth of to-day should receive as much attention and supervision as that given to schools under the administration of the Board of Education

The scheme would entail

1 An annual medical examination with the recording of anthropometric data together with certain physiological tests for the assessment of nutritional states of all boys (aged 12 to 18 approximately)

2 Supervision or suggestions as to the diet, particularly for those showing subnormal physique

3 Control of exercise on a scientific basis suited to the needs of the individual

4 Freedom of access to the medical officer by individual boys for information on the facts of life—this to be given individually when needed, during the annual medical examination

The administration of the scheme would be carried out as follows

1 The medical service to be under the control of the Ministry of Education or the board of governors of each school, and supported financially by a Government grant on a percentage basis with an annual contribution from the school fees

2 The appointment of suitable medical officers interested in such work on a whole time basis and employing a standard method of examination necessary for subsequent statistical calculations

3 According to the number of boys at the various public schools and the time necessary for annual examinations medical officers would be appointed to a group of schools sufficient for these examinations to be completed during each year

The medical officer would in no way interfere with the position and work of the attending medical practitioner to the school, but would rather co operate by referring such cases as needed treatment to him, should any such be discovered, during the annual examination In dealing with schools of this nature the parents interest and whole hearted support should be assured, and I consider that this would be obtained when the scope of the work and the individual supervision and interest shown for each boy's physical development is realized

Valuable data on the rate of growth and development of boys (aged 12 to 18 approximately) should be obtained together with a wider knowledge of the optimum diet and amount of exercise necessary for the maximum physical development of the individual boy Finally, I submit that this supervision would prevent the development of those cases showing a subnormal physique resulting from excessive exercise combined with undernutrition or malnutrition during the rapidly growing period of life—I am, etc

London, W 1, Jan 17 R J IRVING BELL

Information Service for Research Workers in Human Genetics

SIR,—My executive committee invites your co operation in making use of the service here announced and begs you to make it as widely known as possible

One activity contemplated in setting up the Clearing House for Human Heredity is the organization of information service for research workers in the subject The value of such a plan has been demonstrated in the information service already established for workers on drosophila, etc It should be noted that apart from convenience of ascertaining easily centres at which comparable work is going on the circulation of notice by those engaged in a particular inquiry of their work is a safeguard in dating priority—a point to which it is natural to attach some importance

Workers are requested to address to the Bureau a short paragraph describing the work on which they are engaged These notices will be multiplied and circulated to all those co-operating In the first instance this bulletin will be issued every twelve months Later supplementary bulletins will be issued more frequently Those using this service are asked to subscribe 5s, or a sum equalling approxi

[1] *Lond Hosp Gaz* Clinical Supplement, Industrial Diseases, December 1935 p 51

patient for general anaesthesia had been assessed The elimination of post operative shock had been possible in a large measure as a result of experimental work, but the successful conduct of the ten days following operation had only been brought about as a result of unremitting medical care

The graft operated not only as a new blood supply brought into direct relation with the ischaemic area of the coronary tree, but the natural collaterals in the mediastinum were both reinforced and given access to the ischaemic heart This second function of the graft was more important in man than in the animal for the vessels surrounding the pericardium seemed to be in proportion much larger It was obvious that deaths during the acute stage of coronary occlusion either from general heart failure or from perforation of an acute infarct, could not be avoided by means of a graft, and it was only when the patient had survived these immediate perils that he could be considered a possible subject, and only then when the natural processes of repair were adequate In every case of coronary thrombosis the fact must be faced that a second attack was likely it might be postponed for years, but the exact time of its coming could not be predicted and a favourable outcome of the second attack was only likely if the nature of the repair and compensation after the first attack had been efficient.

The interest of the surgeon was, of course specially directed to cardiac aneurysm, one of the less common sequels of cardiac ischaemia Although aneurysm of the heart was infrequent the rarity of the condition should not be exaggerated for in one year three cases came to necropsy in Lambeth Hospital An aneurysm was the clearest evidence that the heart had suffered a grave vascular catastrophe A second occlusion would either so limit the blood supply of the remaining cardiac muscles as to make them inefficient or there might occur a local necrosis of the aneurysmal sac with fatal perforation

The First Six Cases

The indications for the operation of cardio omentopexy were not very rigid He and those associated with him had been guided in each case by two considerations In the first place, they had demanded unequivocal evidence of cardiac ischaemia, and, secondly, they had proceeded to intervention only when it seemed that the immediate risks of operation were less than the patient must in any event run if his disease were allowed to pursue its natural course He gave brief notes on six cases The first was a man aged 64 operated on at Lewisham Hospital on January 4 1936 Four others were aged 65, 72, 48, and 65, and were operated on at Lambeth The sixth (age not stated) was operated on at Newcastle on Tyne General Hospital

In none of the cases was there any immediate anxiety either during the operation or in the post operative period It was clearly essential before contemplating a major operation on the type of patient who suffered from cardiac ischaemia that the intervention should be so conducted that the disturbance of the normal physiology was as slight as possible also that the factor of post operative shock should be eliminated The first essential was secured by the use of oxygen under positive pressure and the elimination of surgical shock was due in the first place to the general anaesthesia employed and also to the application of some findings on traumatic shock by Slome and himself in the College laboratory when they had shown that the two factors connected with surgical shock were fluid loss at the site of trauma and nervous impulses generated in the traumatized area and transmitted for a considerable period In the operation of cardio omentopexy an approach was used which enabled an almost bloodless exposure of the heart, and no large vessels were divided

It was the purpose of his lecture to demonstrate that cardio omentopexy was a feasible operation attended with a low immediate mortality A detailed report would be subsequently published by the medical staff of the clinic on the after history of the patients According to the experimental evidence although vascular connexions were present and demonstrable within three weeks of operation, vascularization increased with time and did not attain its maximum until at least a year had elapsed

Immediate Results

One of the patients, seven days after the operation died from haemorrhage due to a chronic duodenal ulcer but no post operative disturbance had been shown the blood pressure was 130 mm the pulse 80 per minute and the respiration 20 per minute two hours after operation and at necropsy everything in the chest was quite in order The second patient left hospital in good condition The third was able to get about very well The fourth whose age was 72 had a period of relief from angina and was able to go home but succumbed later to an attack of uraemia At necropsy a chronic interstitial nephritis was found The graft was quite firmly adherent to the heart The fifth case was that of a patient who had been bed ridden for eighteen months, and was now able to get up and walk about The sixth patient had left hospital

No post operative complications had occurred The temporary paresis of the diaphragm began to disappear after three months and there was no case of diaphragmatic hernia among these six patients He referred finally to the alternative operation suggested by Beck in which a pedicle graft of the pectoralis major was sutured to the heart He did not feel that the factors concerning shock could be so well controlled in Beck's operation as in cardio omentopexy In the Lambeth clinic it had been demonstrated that cardio omentopexy could be performed without immediate distress even in a type of patient ill suited to most surgical operations, such as a man aged over 70 and a bed ridden woman of 65 The graft fulfilled the immediate function of supplementing the blood supply to that portion of the myocardium still capable of function and in an area so ischaemic as to have lost its active function it prevented further necrosis

Mr O Shaughnessy concluded with several acknowledgements principally to the Medical Research Council the Council of the Royal College of Surgeons Sir Arthur Keith and Dr John Beattie as well as to his colleagues at Lambeth

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O Henningsen (*Z Urol* 1936 vol 30, No 11 p 772) thinks that in prostatic hypertrophy there is in the first place an increase of the tonus of the vesical wall This increases the resistance to the flow of the urine at the ureteral papillae The back pressure is transmitted through the ureters to the kidneys The tonus of the bladder wall does not depend on the filling of the bladder but on the wall tension and consequently on the intravesical pressure The stimulation set up by chronic cystitis and by the hypertrophy of the bladder walls gives rise to an increase of tonus and to a decrease of the capacity of the bladder This condition often occurs in prostatic hypertrophy in the absence of residual urine The tension on the bladder wall can be partly relieved by a permanent catheter But a more effective relief is obtained through a suprapubic cystostomy Following this operation the kidneys may recover their function more or less completely

Sir J Y. Simpson and Chloroform

SIR,—From its very nature an abstract is apt to omit some detail and so convey a wrong impression This may be the explanation of the elliptical statement in the condensed version of Dr Douglas Miller's presidential address (*British Medical Journal*, January 9, p 87) that "after further research, in which self-experimentation played an important part, chloroform was discovered [by Simpson] on November 4, 1847" The actual antecedents of the discovery of the properties of chloroform as a general anaesthetic were assembled by me in a paper read before the British Pharmaceutical Conference in 1934, a reprint of which I enclose[1] Briefly, the relevant data are

1831-2, discovery of the chemical compound chloroform independently by Guthrie, Soubeiran, Dumas and Liebig 1833, chloric ether a spirituous solution of chloroform used internally by Dr Black of Bolton in asthma and adynamic conditions of the system 1838, chloric ether, which Mr David Waldie had brought to the notice of Dr Formby of Liverpool, prescribed by him as an anti-spasmodic 1842 Dr Mortimer Glover, a young Edinburgh graduate discovered by experiment that chloric ether was a powerful narcotic poison to animals, one of its effects being to induce in them anaesthesia and insensibility J Lyle Davidson a pharmacist in a letter to the *Pharmaceutical Journal* (January 25 1908) cites the testimony of his father that he, when a student at Newcastle-upon Tyne was for demonstration purposes put under chloroform by his teacher 1847 Flourens, the French physiologist demonstrated that the inhalation of chloroform caused in animals precisely the kind of anaesthesia induced by the inhalation of ether In the same year Sir William Lawrence and Mr Holmes Coote began to use chloric ether as a general anaesthetic at St Bartholomew's Hospital London having been made acquainted with its applicability for this purpose through an experiment on himself by an assistant in the service of Jacob Bell, one of the founders of the Pharmaceutical Society

Simpson's dramatic narrative of the after-dinner experiment in his house in Great Queen Street, Edinburgh, at least as regards his ostensible ignorance of the anaesthetic properties of chloroform, is discredited by the fact that Waldie of Liverpool had expressly suggested its use to him, and even more conclusively by the fresh evidence disclosed in the biography of Sir Robert Christison, in the passage now quoted

'One day when he, Dr Matthews Duncan—one of Simpson's colleagues—was in Dr Gregory's laboratory at the College, he got possession of every liquid in the laboratory which he imagined would breathe Four or five bottles were carried off, and chloroform was one At the time correspondence with Dr Waldie was being carried on and the suggestion by that gentleman to try chloroform had *not* been heard of by Dr Duncan He had previously experimented upon himself with various substances but found none suitable On trying chloroform he was convinced that the article sought for had been found The same or the next evening the trial was repeated by Dr Keith Sir J Y Simpson and himself This is the trial which is a matter of history but the previous trial has never been noticed

In the whole transaction Simpson shows up in an unfavourable light, especially by indefensible silence as to the lead given to him by Waldie and Matthews Duncan's experiment on himself To repeat what I wrote

'What is to his [Simpson's] everlasting credit, and forms the greenest and most lustrous leaf in his crown of bays is the intrepid and triumphant battle that he waged for the official adoption and establishment of chloroform as a general anaesthetic

—I am, etc,

London N6 Jan 11 J P GILMOUR

[1] *Quart J Pharm and Pharmacol* 1934 7 440

Medical Service in the Territorial Army

SIR,—The country has decided that the time has come to look to our defences, and great efforts are being made to encourage the young men of the country to join the Territorial Army I feel that many medical men do not realize the advantage the Territorial Army offers in the matter of comradeship and opportunities to study their profession from a rather different aspect The general practitioner can find his sphere as a regimental medical officer or as a member of a field ambulance, the consultant as a member of a general hospital staff, the laboratory worker and public health officer in a hygiene company There is no great demand on the scant leisure of the doctor, and the pleasure gained is great If any medical man in the London district is interested and will write to me I will do all I can to help find him the right billet—I am, etc,

R S TAYLOR
Captain R A M C, T A

88, Portland Place, W 1,
Jan 15

The New Journal Typography

SIR,—May I, as a brother Editor, congratulate you sincerely on your new format I think I can truthfully say that it has been only on the very rarest occasions that I have not "gone through" each weekly number since I became a member of the B M A over 40 years ago This even with holidays intervening as I have always had my numbers saved while I was away (world tour included) and have "gone through" them on my return My object has been to note, and generally to read, any article or information having reference to the department of medicine in which I practise and also to follow the political activities of the Association The new format makes this job infinitely more easy—I am, etc,

London W 1, Jan 15 COMYNS BERKELEY

The Services

QUEEN ALEXANDRA'S MILITARY HOSPITAL

The War Office announces that Professor C Hadfield M D, F R C P, department of pathology, St Bartholomew's Hospital has been appointed honorary consultant in pathology to the Queen Alexandra Military Hospital Millbank, S W, in succession to the late Professor E H Kettle

COLONEL COMMANDANT R A M C

Major General H Ensor, C B, C M G, C B E, D S O, R A M C, R P has been appointed Colonel Commandant Royal Army Medical Corps vice Major General O L Robinson, C B C M G R A M C, R P, who has attained the age limit for his appointment

DEATHS IN THE SERVICES

Lieut-Colonel JOHN ROBERTSON I S O Indian Medical Department (ret) died at East Sheen on January 11, aged 74 He entered the Subordinate, now the Indian, Medical Department in 1882 and after his course of instruction at the Calcutta Medical College joined the Service as an assistant apothecary in 1886 He rose gradually in that Service till he attained the senior rank in it, that of senior assistant surgeon and major, retiring on March 1, 1926 Just previous to his retirement, on January 1, 1926 he was granted the rank of lieutenant-colonel, a rank which had previously been bestowed on only one member of the I M D the late Lieut Colonel T H Hill who was the last medical survivor of the Mutiny Robertson was selected for civil employ early in his service, and spent most of his time at Simla and at Nagpur, the capital of the Central Provinces where he was

tumours was very greatly needed but it was to be hoped that no needless change of the terms in common use would be made The terminology wanted clarifying rather than changing Most speakers had pointed out the difficulty of histological diagnosis in these cases yet many had insisted that such diagnosis should always be made It seemed to him that in cases where the radiological picture was definite and the histological picture less certain, the radiological picture should be preferred There were cases in which the radiologist made a mistake and the pathologist put him right but he thought that statistics would show that quite as many mistakes were made by the pathologist as by the radiologist in these cases

PROTAMINE INSULIN

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine on January 12 Dr DOROTHY HARE presiding Dr H C HAGEDORN of Copenhagen delivered an address on protamine insulin

Dr Hagedorn said that the great discovery of insulin had made it possible for sufferers even in the more severe cases of diabetes to live and work almost like normal persons A small number of cases remained however in which entire success could not be obtained while difficulties were experienced in timing the effect of insulin Attempts had been made to prolong this effect in different ways At present the injection of insoluble compounds of insulin seemed to give the best results The use of the protamine insulin compound had been encouraging Dr Hagedorn entered somewhat deeply into the chemistry of the subject taking salmiridin —a monoprotamine from *Salmo irideus*—and discussing its quantitative relation with insulin and the influence of concentration *p*H and other factors Protamine insulin was stable under ordinary circumstances for many weeks and in cold storage for months Originally the name given to it was protamine insulinate to suggest that the protamine acted as base and the insulin as acid but it might be preferable not to make such an assumption and to call the material simply protamine insulin

Clinical Trials

Coming to the clinical experiences Dr Hagedorn said that before bringing protamine insulin into general use a few cases were treated over a period of a year and carefully watched for the appearance of unexpected difficulties. The statement that some patients did well on a new treatment might be very encouraging for them and for their doctors but it was far from being clinical evidence For this purpose all the conditions must be arranged as for a scientific experiment with controls He exhibited a number of graphs relating to typical cases treated with protamine insulin either alone in one or two daily doses or combined with ordinary insulin which was given in the morning, the protamine insulin being given in the afternoon Sometimes combined preparations of ordinary insulin protamine insulin and zinc protamine were used Very encouraging information was obtained from the patients or their relatives stating that they felt better and were less tired, especially in the hours when the blood sugar values were lowest or highest In the larger number of cases in which considerable oscillations in the blood sugar curve were noticeable an improvement was obtained In three cases complicated with Graves's disease not only was control of the diabetes secured, but the Graves's disease was ameliorated Dr Hagedorn concluded by saying

It has been most impressive with many patients both children and adults who used to have several periods in hospital each year being brought there either in a hypoglycaemic or semi comatose state to find them coming to hospital no longer We have had only one admission due to hypoglycaemia caused by a very big overdose being taken during alcohol intoxication! In another case coma developed during influenza, and the patient was brought to hospital with double pneumonia Having been delirious for ten days after taking an average of 240 units a day he finally recovered It appears that the dose of protamine insulin can be reduced to the extent of 15 per cent compared with ordinary insulin But we must not forget the other side It is not in every case that we succeed in keeping the blood sugar within reasonable limits and at present we are not able to say with certainty in which cases this can be done According to hitherto unexplained individual differences most likely in resorption from subcutaneous tissue some cases are found which do not react to the protamine insulin in the typical way

British Experiences

Dr OTTO LEYTON after a compliment to Dr Hagedorn who he said was one of the first to produce insulin in Europe and had conferred a further boon upon the diabetic by changing his life from one of hazard to one of comparatively even tenor described his own experiences with the preparation with which he had been supplied by Dr Hagedorn for quite a considerable time He warned those who worked with protamine insulin that perhaps chance might arrange that the first few cases in which it was tried would not yield successful results But it should be continued and eventually it would be found that between 60 and 70 per cent of cases reacted well He had been using protamine insulin in some cases in a single daily dose and when the diabetes was not severe this procedure had proved in many cases very successful Naturally the diet was altered Instead of distributing carbohydrate in the ratio of 40 per cent at the two meals which were preceded by insulin about 35 per cent of the carbohydrate was given at breakfast—that is one or one and a half hours after the injection of the insulin—50 per cent at lunch, 10 per cent at tea and 5 per cent at the evening meal No hard and fast rules could be laid down but something of that kind often succeeded when 40 units of insulin were required daily Another use of protamine insulin was in cases which were slowly improving Some patients continued to improve over a long period if the sugar content of the blood was kept low throughout the twenty four hours, and when say 12 units of insulin (6 units twice daily) were being taken one could not suddenly change the regime and give it all before breakfast but one could change to 12 units of protamine insulin and then gradually diminish and in some cases finally discard At the London Hospital some observations had been made to determine whether there was any difference according to the site at which protamine insulin was injected The difference in the few cases in which it had been tried was not sufficient to justify any real conclusion but it was thought that by injecting into a mass of fat the action might be longer and the effect had even been tried of injecting some of the precipitate intravenously when there was very considerable retardation in action The problem of why in some people protamine insulin acted very rapidly probably engaged the attention of all interested in diabetes It would be interesting to know whether in such cases some other precipitate of insulin acted rapidly also He could only confirm what Dr Hagedorn had said—that at present no one could predict definitely how the preparation would act In every patient careful observation had to be made to ascertain whether the action was rapid or long delayed In a few cases it seemed to be so long delayed as not to be recognizable at all

Use in Children

Dr W W PAYNE said that he had noticed in patients put on protamine insulin that they were less easily upset by the ordinary troubles of life Although he had found it difficult to keep children—among whom his work principally lay—completely sugar free on one or two doses of protamine insulin in practically every case there had been a marked improvement in their feeling of well being and their capacity for work and enjoyment He had

Obituary

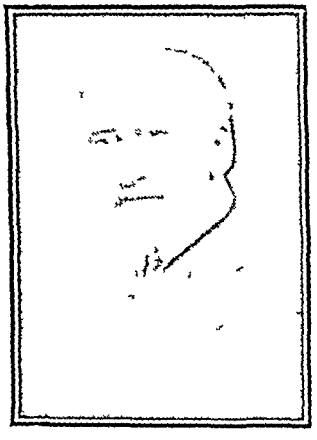
WILLIAM HUNTER, C B, M D

LL D, F R C P

Consulting Physician, Charing Cross Hospital

We much regret to announce the death in London, on January 13, of Dr William Hunter, who was a pioneer in the application of Lister's teaching to general medicine, and more than thirty-five years ago arrived at the conception of what is now a commonplace—the influence of chronic local infection on the body generally

William Hunter was the eldest son of Robert Hunter of Birkenhead He was born on June 1, 1861, and received his medical education at Edinburgh University, where he graduated M B, C M in 1883 with first-class honours taking the M R C S Eng diploma in the same year His outstanding merits as a student were recognized by the award of the Bruney prize for the highest marks gained in anatomy, surgery, and clinical surgery during the medical examinations at Edinburgh, and also the Ettles scholarship for being the most distinguished student of his final year After serving as resident house-physician in the Royal Infirmary, Edinburgh, and on the staff of the Western Dispensary, he received a grant from the British Medical Association on the recommendation of the Science Committee and went to Leipzig (1884), where he worked in the pathological laboratory On returning to Edinburgh he continued in the Physiological Laboratory as assistant to the professor His researches were embodied in a thesis for his M D, on the physiology and pathology of blood transfusion and the fate of extravasated blood (1886), for which he received a gold medal He also held a research scholarship of the Grocers' Company



Hunter took an active and distinguished part in the scientific life of Edinburgh, being a Fellow of its Royal Society and president of the Royal Medical Society After some further work in Vienna he was awarded in 1887 the John Lucas Walker Studentship at Cambridge for whole-time laboratory research in pathology He held this post until 1890, and during its tenure worked on the problems of pernicious anaemia, visiting Strasbourg in search of experimental facts In 1889–90 he delivered the Arris and Gale Lectures before the Royal College of Surgeons on transfusion of the blood On leaving Cambridge he became assistant physician to the West London Hospital and to the London Fever Hospital, and later was appointed to the staff of Charing Cross Hospital and School as assistant physician, officer in charge of the electrical department, and joint lecturer in practical medicine and pathology From 1910 to 1915 he was dean of the school, and on retirement from the active staff he was made consulting physician

Hunter's name will be associated in medical history with his investigations over a period of twenty years on pernicious anaemia These he began in 1885, and he carried out the larger portion of this experimental work, histological and chemical, whilst holding the John Lucas Walker Studentship at Cambridge, the results were recorded in various papers between the years 1888 and 1890 His early researches suggested to his mind that pernicious anaemia was not merely a special form of anaemia but a definite and, in regard to mode of onset and site of infection, a well-characterized chronic infective disease, localized to the alimentary tract, one in which long-standing sepsis, oral and gastric, played an essential and important antecedent and concurrent part The anaemia itself, in his view, was not the sole feature and the cause of all its symptoms and lesions, it was only one of the symptoms, there being at least three other groups—haemolytic, gastro-intestinal, and toxic He was the first observer to note that the alimentary and nervous system were more or less seriously affected in the disease, and he recognized the importance of the deposit of iron in the liver, which he explained as being due to haemolysis in the portal system These researches on the iron in the liver and other organs formed the basis on which the haemolytic conception of the disease was based Oral sepsis and a tender tongue, he maintained in subsequent papers and monographs, were always present He did not approve of Ehrlich's theory that the megaloblastic marrow was concerned in the disease, it was not secondary to some debilitating organic disease such as cancer, but a primary disease The excess of pigment in the liver interested him greatly Previous observers had noted it but thought that it had no special significance, since it occurred also in other diseases Hunter, however, found that in no other disease was there so much pigment and iron in the liver In the monograph of 1901 on *Pernicious Anaemia* Hunter's clinical conclusions were drawn from only a dozen cases, met with in private or hospital practice His wider experience, especially on the clinical side, was recorded in *Severest Anaemias* vol i (1909) By this time he had definitely abandoned the term "pernicious" for any form of anaemia This he did "out of regard for the patient and in the interests of clinical medicine" because in his opinion the term connoted nothing but confusion, "without its equal in the history of any disease or group of disease" He preferred the term "Addisonian anaemia" He felt strongly on the matter and especially objected to Biermer's grouping of a number of different forms of anaemias as progressive pernicious anaemia, and to Ehrlich's blood observations "and the singularly misleading aetiological and haematological traditions, which in consequence of these observations have for the past thirty or forty years gathered around the unhappy and unfortunate name of pernicious anaemia" His 1909 conception of the disease in a nutshell was that "Addison's anaemia is a very remarkable disease of a specific infective haemolytic nature, the specific infection being localized to the alimentary tract" In the seven years before publishing this work he had had seventy-five cases under his care, and glossitis had been present in every one This volume has many tables and opinions of various observers arranged in parallel columns It also has several good pathological illustrations It is a work of reference but conveying all through in no unmeasured way the certainty of its writer of the soundness of his own view The second volume, on septic anaemia, which was contemplated, never saw the light of print Knowledge of this subject has grown apace in the past twenty-five years, and pernicious anaemia is now regarded as a true deficiency disease Not all of Hunter's view of symptoms is held to-day Thus glossitis or sore tongue is not met with in every case, and oral sepsis as an aetiological factor has faded into the background Recent observations also

made The alcohol must therefore in the opinion of the committee frequently affect the driving capacity of the driver and this adverse effect generally occurs even if alcohol is taken in moderate quantities some hours before driving It was evident that the adverse effects were more likely to lead to an accident the greater the speed of driving The influence of a small error of control became magnified in direct proportion to the speed while the distance within which a car could be pulled up when a pedestrian or other possible obstruction was seen varied as the square of the speed Allowing for the reaction time it was calculated that at a speed of 50 miles per hour the stopping distance was 149 feet but careful tests showed that this reaction time was increased by at least a tenth of a second after a moderate quantity of alcohol is taken and this would mean an increase of seven feet in the stopping distance However complex reactions might be lengthened by as much as 0 37 second and this time interval corresponded to twenty-seven feet of road space in a car going 50 miles an hour Alcohol had the additional effect of causing drivers unconsciously to accelerate their speed Tests were made by the lecturer at the National Institute of Industrial Psychology by means of the motor driving apparatus set up there The apparatus consists of a dummy car with the usual form of steering wheel and foot levers In front of the driver is a screen on which is projected a moving picture of a road along which the subject of experiment can drive the car in any direction he likes Experiments were made on twenty subjects who did three driving tests before drinking the experimental dose of alcohol and three further tests at intervals of one half to two and a quarter hours after it The drink consisted of 2½ oz of whisky containing 32 c cm of alcohol or of mild beer, containing 5 c cm and it was found that in the whisky experiments as contrasted with the beer experiments the subjects drove on an average 6 per cent faster but they made 13 per cent more errors in keeping to the track In a third of the tests the reduction in the time required to drive round the track ranged from 10 to 25 per cent and an acceleration of this sort which was usually made quite unconsciously by the subjects indicated the importance of all cars being compulsorily provided with a speedometer

Clinical Symptoms in Relation to Alcohol Concentration

The data adduced by the Ministry of Transport indicated that only 1 in 80 of the fatalities attributed to the various road users were due to the persons concerned being obviously under the influence of drink or drugs, but evidence from America suggested that alcohol played a much larger part than this in motor accidents It was stated that though alcohol was directly mentioned only in 7 to 10 per cent of the fatal traffic accidents the traffic commissioners and other informed individuals believed that probably a third or a fourth of the motor accidents were partly attributable to the consumption of alcohol by the drivers Again the records of our own police courts showed that in 1934 no fewer than 2 016 drivers of motor vehicles were certified by the examining doctor to be under the influence of drink to such an extent that they were incapable of proper control of a vehicle A new and more exact method of obtaining evidence on this very difficult problem was now being investigated and was found to throw a flood of light upon it It was based on the determination of the alcohol content of small samples of the blood or urine taken from the driver soon after an accident had been incurred In Widmark's micro method of analysis only two drops of blood were required, and estimates made by several independent investigators showed a rough correspondence between alcohol concentration and clinical symptoms Of the persons having 1 part of alcohol per 1 000 in their blood from 40 to 63 per cent were found to be under the influence of those with 1 7 parts from 80 to 88 per cent were so affected and of those with 2 parts the whole were so affected With regard to the blood analyses made on persons involved in motor and train traffic accidents two Swedish investigators Hindmarsh and Linde found that thirty three out of the 113 persons tested had more than 1 part of alcohol per 1 000 in their blood Heise in America found that of 119 drivers involved in motor accidents eleven had 1 4 to 3 5 parts of alcohol per 1 000 in their blood while seventy four of them or nearly two thirds of the whole had more than 0 2 part Analyses by Jungmichel of the blood of 298 persons involved in traffic accidents in Munich showed that only 8 per cent were practically alcohol free 15 per cent had 0 04 to 1 part per 1 000 39 per cent had 1 01 to 2 parts and 37 per cent had 2 01 parts or more The frequency with which large amounts of alcohol were found in the blood was due to the fact that the police had compulsory powers to take blood samples in cases of accident but apparently they exercised these powers only when they suspected alcohol as a causative factor The numerical data quoted went to show that in the great majority of cases their suspicions were well founded

Practical Inferences from the Data

It would be noted that in the large majority of blood samples analysed in Sweden and in America the blood was found to contain less than 1 part per 1 000 of alcohol so it might be thought that the skill of most of the drivers concerned was not affected but this was by no means the case W R Miles found, as the result of tests on nine subjects that after drinking the equivalent of 3 oz of whisky in concentrated form the blood alcohol rose to a maximum of 0 4 per 1 000 and when taken in a dilute form to 0 3 part per 1 000 Again Schmidt found that when the equivalent of 3 7 oz of whisky was given to forty four students and chauffeurs their blood alcohol rose to a maximum of 0 6 part per 1 000 the maxima in individual cases ranging from 0 4 to 0 8 part Since the psychological tests previously cited indicated that 3 oz of whisky or its equivalent had adverse effects on driving capacity it followed that such effects were usually present to some extent in drivers found to have more than 0 3 part of alcohol in their blood in spite of the fact that no symptoms of being under the influence were detectable by the methods of medical examination usually employed This conclusion led logically to the view advanced by *the Times* in a leading article when it said As things stand at present there would appear to be no absolute safeguard for the motor driver but total abstinence Such abstinence should be practised for several hours before driving as well as during its course for the rate of disappearance of alcohol from the blood is very slow It is got rid of—mostly by oxidation—at the rate equivalent to only 1 oz of whisky per hour in a man weighing 11 st

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International medical post graduate courses in Berlin during 1937 include the following internal medicine from February 22 to March 6 (fee RM 75) additional training course for surgeons from April 5 to 10 (fee RM 70) additional training course in industrial diseases from April 5 to 10 (fee RM 50) special course in urology from April 12 to 17 (fee RM 60) diseases in health and disease from April 12 to 17 (fee RM 50) x ray diagnosis and treatment, from April 16 to 23 (fee RM 60) additional training course in orthopaedics from April 19 to 24 (fee RM 60) tuberculosis from May 3 to 8 (fee RM 50) and an additional training course in homoeopathy in two parts from April 5 to 30 (fee RM 75 for the whole course) These courses are given in German but special practical courses in other languages will also be held each month in all branches of medicine with clinical and laboratory work For programmes and further information application should be made to the Geschaftsstelle der Berliner Akademie fur arztliche Fortbildung Robert Koch Platz 7 Berlin N W 7

After a short period in general practice at Hampstead Thompson turned to ophthalmology, and served for some years as clinical assistant to Mr Lang In 1898 he was appointed assistant surgeon at the Western Ophthalmic Hospital, became full surgeon in 1901, and after serving as such for twenty years was made consulting surgeon, though he continued for some time after to help in the current work of the hospital To that institution he gave the best work of his life, and it is not too much to say that by his efforts and those of his then colleagues it was raised from an unimportant position to the honourable place it now holds among the ophthalmic hospitals of London Thompson himself spared neither pains nor money to help in bringing that about Accuracy marked his work as a surgeon In diagnosis he was rarely at fault, in operating careful to a degree, in treatment resourceful and always open to new methods High myopia was a subject which specially interested him While enjoying a fair private practice (on which he was not actually dependent), this allowed him time to use his pen, which indeed was rarely idle Though he never produced any book he contributed many papers and reviews to current ophthalmic literature, was joint editor of the *Ophthalmic Review* and for twelve years supplied material to the *Medical Annual* A fine piece of work on which he spent much labour, in conjunction with Mr Willoughby Cashell, is described in a paper recording the occurrence of sixteen cases of congenital optic atrophy in a pedigree of six generations

Too much devoted to his profession to require any absorbing hobby, Thompson was yet far from being a narrow specialist He enjoyed life on many sides In earlier years a skilful skater and skier, he was a keen golfer until his health began to fail A traveller, and widely read in modern literature, he professed advanced opinions on social and political questions without upsetting his more conservative friends And his genuine taste for art was shown in his support of the National Art Fund A surgeon of high attainments, he was also a cultivated gentleman That indeed was much, but Hugh Thompson was something more, for to those who knew him best he exhibited a life lived on a high plane, inspired by unselfish purpose, intent on serving his fellow men

The death occurred on January 13, at Stockport of Dr S H D GANDHI at the age of 55 years Descendant of an old Parsee family, Dr Gandhi received his early education in the State of Jodhpore, Rajputana, and later entered the Grant Medical College, Bombay, for his medical training He came to Manchester in 1902, became a student of the Victoria University, and graduated M B, Ch B in 1907 The first decade of his medical life was spent (in the words of Sir Andrew Clark) in "striving for bread" doing a few hospital appointments and numerous locumtenencies and assistantships in England and Wales In 1914 he settled at Stockport, and by dint of untiring hard work and great kindness to the poor and unfailing courtesy rapidly built up for himself a large practice, and so reached the 'bread and butter stage" of his life's work Ever ready and willing to respond to the ceaseless night and day calls in the life of a busy G P, he entered upon the third decade—" the cakes and ale stage "—which, alas! he never lived to enjoy A great student of languages and literature, he was the proud owner of a considerable library, a keen and good musician, he possessed a fine library of music, and in spite of his laborious life managed to snatch time for the pursuit of these hobbies, looking upon his beloved library as a great catalyser His health began to fail three years ago, and early in 1936 his illness forced him to take to his bed, which he practically never left His loss will be keenly felt by a large number of patients, especially the needy poor

Dr MARGARET THACKRAH died in London on January 10, aged 56 She was educated at the North London Collegiate School and University College, London, where she took her B A degree In 1903 she entered the London (Royal Free Hospital) School of Medicine for Women, qualifying M B, B S in 1909 After holding several resident appointments, including those of house surgeon to the Royal Free Hospital, medical officer at Maltings Farm Sanatorium, Nayland, and medical officer to the C E Z M F Hospital, Quetta, she obtained the M D Lond in medicine in 1914 and the M R C P in 1920 During the war she was one of the civilian physicians attached to the Military Hospital, Endell Street, and medical officer to a T N T filling factory In 1915 she was appointed assistant physician to the South London Hospital for Women, and from 1926 to her death she was senior physician to that hospital After the war she became specially interested in functional nervous disorders, and for sixteen years was psychologist to Dr Barnardo's Girls Village Home Dr Thackrah's work in psychiatry was characterized by understanding and helpful kindness, she inspired great confidence in patients from every walk of life, her one consideration being whether she could give the help needed to overcome distress of mind

Our Paris correspondent informs us of the death of Dr AMEDEE MAURAT at Chantilly, near Paris, at the age of 90 He was the honorary president and a member of the executive committee of the Sou Medical, the most important philanthropic co operative organization for self defence in the French medical profession

Medical Notes in Parliament

The House of Commons reassembled on January 19, and that day discussed Empire migration and foreign affairs

The return of visits made by the Commissioners in Lunacy for the six months ended December 31, 1936, was laid on the table of the House on January 19

Silicosis

Replying to Mr J Griffiths on January 19, Mr LLOYD said that during 1936 there were 552 applications for certificates of disablement received by the medical board under the Various Industries (Silicosis) Schemes from among coal miners in South Wales Certificates were granted in 268 cases and refused in 253 cases 311 of the applications were from anthracite miners of whom 182 were certified and 115 refused Mr GRIFFITHS asked if Mr Lloyd was not aware that these men who had been refused certificates were all disabled in consequence of having inhaled dust in their occupation He asked if the Government proposed to bring forward a measure to give elementary justice to men who had laid down their lives for their work

Mr LLOYD said that the fact that a man was not certified under this procedure did not necessarily prove that he suffered from an occupational form of respiratory disease He might be only suffering from a form of respiratory disease which might not be due to his employment The Pulmonary Diseases Subcommittee of the Council recently held a meeting and decided that in the first instance it must come to a conclusion about the essential nature of diseases other than silicosis, from which miners suffered As a result they had arranged for clinical and radiological tests on the subject

Malnutrition in Monmouthshire

Mr SHAKESPEARE informed Mr Johnston on January 19 that his attention had been called to the physical condition of children in the boys school at Blaina He could not fully accept the head master's statement that 50 per cent of his pupils were undersized and underfed, poorly clad and badly

weeks in a year, while the number of persons sick reached the huge total of 395 000 Under the Unemployment Insurance Act of 1934 there was power to arrange for and compel attendance at physical training classes for the unemployed but these powers were not being used Young men were loafing around the street corners with their hands in their pockets and they had not the instinct of physical fitness In order to create this there must be a thirst for physical fitness at an early age Some people would rather that a man should be unfit than that he should become fit with the possibility of ever being called upon for patriotic service There was a contrast with Germany where 400 000 recruits of the 1920 class were called up and 80 per cent of these had been found fit for front line service Germany with her system of physical training was therefore passing four recruits out of five as compared with the rejection of two out of three in this country Professor Lelean urged that more playing fields should be provided and suggested that national physique might be improved by making it a condition for drawing unemployment pay that young men should attend summer camps for six months

Maternity Work in Glasgow

The medical report for 1935 of the Glasgow Royal Maternity and Women's Hospital is lucid and informative reflecting credit on its compiler Dr M D Black the registrar This institution is the largest purely maternity hospital in the country Of its 175 beds seventy eight are reserved for ante natal and seventy eight for lying in patients Nineteen beds are set aside in a separate isolation block for suspect cases Each of the assistant obstetric surgeons takes charge of this block for a period of four months and during his tenure of this office he has no dealings with patients in other parts of the hospital. The same restriction applies to the special house-surgeon who works under him The hospital treats a large number of abnormal cases totalling 68 5 per cent of all admissions in the year under review This is attributed in part to the high incidence of rickets in the population served by the institution In classifying cases it is stated that the simple division into booked ' cases and emergencies as suggested by the committee of the Royal Society of Medicine is not easily applicable at this hospital The scheme has therefore been modified, and indoor patients are divided into Category A, comprising those who were under ante natal supervision at the hospital clinic and who had attended on at least two occasions shortly before admission, and Category B, including all other patients 57 7 per cent of admissions during the year belonged to the latter category It is stated that a considerable amount of research work on infections of the urinary tract puerperal fever, and the toxaemias of pregnancy is being carried out by members of the medical staff

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B Frattini (*Arch Ist biochim ital* October 1936 p 251) has studied the preventive and curative action in experimental infection of rabbits with a Type II pneumococcus of fractions of the products of autolysis of the bacterium concerned A product of prolonged autolysis from which the pyrogenic factors have been excluded by dialysis was found extremely active in experimental infections of rabbits leading to recovery in 96 6 per cent of animals which had received an injection of a culture which was otherwise lethal within twenty four to forty eight hours There was no pyrexia It would seem that the curative action of the injection was due to destruction of bacterial virulence pneumococci isolated by blood culture from the surviving animals were avirulent for others but the blood of the former contained no protective antibodies The protective fraction of the dialysate seemed to be specific one prepared from staphylococci was ineffective in treatment of pneumococcal infections

Correspondence

Nutritional Anaemia in the East End of London

SIR—I welcome the criticism by Dr Helen Mackay (January 16 p 140) of my communication on haemoglobin and red cell estimations in children not only because Dr Mackay has done so much work on the same subject herself but also because her own observations were made in children resident in the East End of London

Regarding the technique employed for obtaining the blood I may say that a sharp lancet shaped Hagedorn needle was used so that a satisfactory incision with a free flow of blood resulted It may be for this reason that I personally have never obtained the great differences between blood from ear and heel punctures recorded by Drucker and apparently also observed by Dr Mackay For the most part the differences I have observed have been within the range of experimental error Moreover if such a variation in the haemoglobin content of the ear blood as Dr Mackay suggests was a common feature, I should have expected a much wider spread of the individual estimations than is revealed in the curve A really wide spread of the estimations was only observed during the first few months of life

Dr Mackay raises the further question of the standard of normality which I have taken I venture to think that the more rational standard is the level present in the average healthy child and not the highest level to which the haemoglobin can be forced by artificial means I might say in passing that I have found it very difficult to increase the haemoglobin content of the healthy child by the administration of iron In any case it seems to me that the admission of such a principle not only implies that nature does not know how to provide for the needs of the growing infant since Dr Mackay considers the haemoglobin content even of the breast fed child unduly low but it would necessitate a reconsideration of the normal standard of other substances in the blood—for, example calcium

And finally whether or not the height of the haemoglobin is a measure of the resistance of the individual I think there can be no doubt that it is not a measure of the health of the individual I always remember that many years ago when I was studying the blood in rickets, I found that the rachitic children on the average gave definitely higher readings of both haemoglobin and red cells than were obtained in my own and my colleagues healthy and very often rosy cheeked children who were used as controls—I am etc

London W 1 Jan 16 LEONARD FINDLAY

Appendicostomy in Acute Appendicitis

SIR—For some years past when performing appendicectomy in cases where much peritonitis was present I have adopted the simple expedient of inserting a rubber catheter through the base of the amputated appendix and fixing it into the caecum by a purse string suture It does not add appreciably to the time taken for the operation and it usually enables one to dispense with a drain Any pus which subsequently forms will readily escape from the wound alongside the catheter Glucose and saline solution is administered by the slow-drip method and is rapidly absorbed from the large bowel

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL B M A House Tavistock Square W C 1

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QUERIES AND ANSWERS

Dermatitis of the Feet

"H A" writes A young healthy girl of 17, brilliant at athletics and games is incapacitated from taking part in these hobbies for long stretches because she gets attacks of acute eczema of the feet after a short run or game in rubber-soled shoes I wonder if any reader could tell me of a sports shoe with a rope or other sole not likely to bring on this annoying trouble

Income Tax

Deduction for Board etc

"J F" is entitled under his agreement of service to a gross salary of £500 from which, however, £150 is deducted for board, washing and laundry In many cases similar appointments elsewhere are held on terms that the M O is entitled to £350 salary, plus board, etc which is valued at £150 Such M O s are in effect receiving the same total consideration as 'J F" but pay tax on £350 only, whereas he is assessed on £500 Is that correct?

*** Yes The question was decided by the Court of Appeal in 1926 in the test case of Machon *v* McLoughlin The underlying consideration is that, normally, remuneration received in a form which is not convertible into money is not taxable, and consequently, where the total remuneration consists of a salary plus advantages of that nature, only the amount of the salary is taxable Consequently M O s receiving £350, plus board, etc, are in a favourable position as compared with other salaried taxpayers Unfortunately for J F ' and others similarly placed the case quoted above decided that a deduction from a gross salary for board, etc did not have any effect for income tax purposes, and he is therefore chargeable on the full £500

Assessment

"LONICERA was appointed medical superintendent at a salary of £1 200 from October, 1935, previously he had been deputy medical superintendent at a salary of £800 He has been assessed for 1936-7 at £1 200—instead of £1,000 on the basis of his 1935-6 earnings—on the ground that as from October 1935 he held a new appointment Is that correct?

*** The assessment appears to be legally justified by Section 45 (4) of the Finance Act of 1927, which provides for assessment on the current year s basis where the person first held the office or employment in the year preceding It is we think correct to say that as from October, 1935, our correspondent held a new office" and that justifies, in law the application for 1936-7 of the current year s basis We believe however that the provision is not in fact applied when the change in the nature of the appointment is comparatively small, and 'Lonicera" might write to the Board of Inland Revenue, Somerset House, W C 2, stating the facts and asking for reconsideration of the proposed charge

LETTERS, NOTES, ETC.

Drug Treatment of Influenza

Dr JOHN T MACLACHLAN (Dornoch) writes For many years I have found that 20 grains of sodium salicylate every two hours for five or six doses brought all my influenza cases to an end in twenty-four hours This treatment is similar to that employed in the early stages of rheumatic fever But that treatment is useless in pneumonia, which is often confused with influenza Indeed if the sodium salicylate treatment in the above doses does not correct the influenza the probability is the case is one of pneumonia By influenza I mean a disease that starts suddenly with a severe headache, an abrupt rise of temperature and very severe myalgic pains all over the body, particularly affecting the muscles of the back, which are extremely tender to pressure with the finger, so that the patient starts suddenly on pressing the muscles in the neighbourhood of the scapula For women the dose should be 10 to 15 grains English people in my experience are more sensitive to drugs than the Scottish so that the appropriate dose for them is 15 grains for a man and 10 grains for a woman

Too Much Zeal

An overworked medical man practising in a northern suburb of London sends us a telegram which was delivered to his house at 7 20 a m one day last week The purpose of this message signed by a firm of manufacturing chemists was to recommend strongly one of their products "for personal protection and that of patients in present flu epidemic Our correspondent remarks ' It is to be hoped that the proprietors of the article therein advertised will soon realize that a medical man at a busy time like the present is more likely to resent than to appreciate this new method of forcing their wares on his attention The same complaint reaches us from other readers

An Insulin Booklet

Boots Pure Drug Co Ltd have issued a new and revised edition of their booklet on insulin in the treatment of diabetes mellitus Part I deals with the history and properties of insulin, and a description is given of the preparation, testing, and standardization of Messrs Boots product Part II deals with the diagnosis and treatment of diabetes, and contains the line ration diet scheme Particulars are also given for carrying out urine sugar tests tests for ketones, and a glucose tolerance test The booklet concludes with references to the more recent papers and books relating to insulin therapy Copies may be had on application to the Wholesale and Export Department, Boots Pure Drug Co Ltd, Station Street, Nottingham

Dr Barell's Festschrift

With reference to our review, headed "Modern Drugs' (December 26, 1936, p 1310) of the *Festschrift* published in honour of Dr E C Barell s forty years' service to Messrs Hoffmann-La Roche we are asked to say that a few copies of this book are available for the libraries of medical schools and societies They can be obtained on application to Roche Products Ltd, 51, Bowes Road, N13, so long as the supply lasts

A Warning

We are informed that a man in London is passing himself off as a doctor, forging cheques, signing IOUs, and borrowing money from medical men, dentists and chemists Medical men are warned against this impostor, and if approached by him should communicate with the police

Corrections

The obituary notice of Sir David Semple published last week said that he was assistant professor of pathology at Netley in 1904–9 This should have been *1894–9* Sir David retired from the R A M C in 1903, and in 1904-9 was working under the Indian Government at Kasauli

On January 16, at page 145 we published a letter from Dr W H Gossip on the further progress of the patient about whom he wrote in the *Journal* of January 9 (p 69) In Dr Gossip s letter "She has had 'fits'" should have read "She has had *no* 'fits'"

a multiplication by three which alters a proportion from *18 2* to *54 2*, and (2) stated definite odds based on assumptions regarding the patients (about half of the total) who did not reply My error, therefore lay in not attributing the discrepancy to the causes (1) and (2) Mr Tumarkin gives three reasons for (1), two of which have been discussed above The remaining reason, a desire to avoid confusing the article with mathematics appears hardly valid when two lines of his letter sufficiently indicate the nature of the alteration As regards (2) however reasonable it may be to suppose that the majority of the patients who did not reply were cured it is not legitimate from all the intrinsic and extrinsic evidence to make anything more than a general statement such as given above regarding the change in odds that might be expected if all patients had replied The reason for the lack of validity of the statement of odds lies deeper therefore, than a mere technical error Unwarranted precision is often dangerous to an observer himself and more often to others, in spite of an author's warnings about tentative results Any survey of medical literature shows that this is no academic or imaginary danger

Unlike a number of readers who have written to me regarding my article Mr Tumarkin seems to have misunderstood the purpose principles methods and results of the last three quarters of it My endeavour was to show that whenever one has a sample from which odds (or a ratio or chances) can be estimated it is possible to answer the question How often would such a sample arise by chance (unbiased sampling) if the true odds were for example, 2 to 1, or any other value apparently very different from the value suggested by the sample? The answer based on common knowledge of the effects of chance helps to arm an observer against the fatal tendency of figures to speak for themselves Rule of thumb in using any tool or method is dangerous and to show the validity and meaning of the standard deviation test there was introduced the mathematics to which Mr Tumarkin is probably referring when he speaks of the most imposing methods The standard deviation test itself, which occupies about one line of foolscap can hardly be so called In this demonstration some of Mr Tumarkin's figures were used with the preliminary statement 'It will be assumed that all such detectable influences [that is, those that cause bias] have been ruled out Bias due to failure of patients to answer questionaries is so obvious that it was not specifically mentioned The results therefore cannot be justly called completely misleading figures and in whatever form Mr Tumarkin's or other data had been used they would have served equally well as a demonstration of the misleading nature of odds estimated from samples without allowance for chance

Mr Tumarkin states that the application of rigorous mathematical methods to the tentative results of an experimental science is still a subject of discussion even among mathematicians themselves Opinions applicable to biology of which medicine is a branch are not necessarily obtainable from pure mathematicians (or even from those workers in biology and medicine whose outlook is that of the pure chemist or pure physicist) but from workers who are familiar with the methods and results of using quantitative methods in biology Moreover, when criticisms are heard it is important to avoid the easy confusion between two types of mathematical procedures (1) The demonstration such as discussed above of the extent to which chance, acting alone in a certain set of conditions could account for the result found in an actual sample This procedure, when properly understood, will be seen to be indisputably valid and in such tests as the standard deviation is not rigorous, nor does it overlook the warning against over precision It ceases when it has answered the question put to it leaving the observer to decide whether for him chance could sufficiently account for the result, or whether some other factor was likely to be responsible—for example the factor under investigation or even some hitherto undetected bias in the sample (2) The argument from a given sample to the material that it represents—for example, the estimation of the healthy average blood cholesterol value and normal range from a sample of a dozen people Considerable knowledge of the type of material under investigation is necessary in such estimates and here also medical literature shows that in many cases if suitable statistical methods had been applied they would have warned against a precision which later investigations have shown to be unwarranted

Finally, Mr Tumarkin says that further cases continue to confirm his figures Presumably of course this is not stated as an argument against knowing at an early stage of an investigation how much or how little precision is warranted at that stage—I am, etc

DONALD MAINLAND

Dalhousie University Canada Dec 27 1936

Endemic Goitre

SIR—I was much interested in reading the important and valuable article which Sir Robert McCarrison wrote on the problems of Endemic Goitre in the *Journal* of January 2 I would like to draw attention to a mistake he has made in attributing the discovery that cyanides may cause goitre under certain conditions to Webster This discovery was made by Marine and his co workers (D Marine E J Baumann A W Spence and A Cipra *Proc Soc exp Biol N Y* 1932 **29**, 772) and is only one of many which have been made in his laboratory—I am etc

London W 1 Jan 18 GEORGE GRAHAM

Weight and Early Diagnosis

SIR,—At the present time when the early diagnosis of disease is being so urgently stressed may I enter a plea for regular weekly weighing as an important adjunct in discovering the beginnings of serious organic disease It is well known that some of our most deadly diseases such as cancer tuberculosis and diabetes invariably start with an insidious slight loss of weight long before other clinical symptoms have manifested themselves If free facilities throughout the country were afforded by the authorities concerned for the provision and use of weighing machines frequently supervised the public would soon become 'weight conscious Should the scales indicate an apparently symptomless loss of weight the patient could then immediately report to his doctor when steps could be taken for a full clinical or laboratory investigation It is still unhappily rare in general practice to see an internal case of cancer of less than six months duration and progressive loss of weight has often not been observed by the patient in the very early stages

The knowledge by the public that accurate scales were provided free of charge for the benefit of their health would soon lead to their regular use and help to bring to our notice early disease in its curable stage—I am etc

Sheffield Jan 11 ALFRED A MASSER M B Ch B

cent from this cause alone The ages of these sixteen patients, ten of whom were men, ranged from 39 to 65 With regard to the therapeutic lessons to be extracted from his analysis the author ventures the opinion that when a suppurative peritonitis is localized and in the early stage of abscess formation conservative treatment with opium is preferable to an immediate operation But it is difficult to define such a condition clinically When this can be done and conservative treatment is instituted, it seems probable that the mortality will be reduced

60 Intermittent Claudication

A HUSTIN (*Scalpel* Liege, November 28 1936, p 2409) describes the sudden pain and cramp which in cases of intermittent claudication of the leg arrest movement It has usually been considered that there are two causes of the condition, one permanent—namely arteritis of the main vessel of the limb—and the other transitory—namely, spasm of the arteries of the leg and foot Arteriography *shows in all cases a varying degree of occlusion* of the main vessels Hydrodynamic experiments have been carried out and investigations made under spinal anaesthesia in order to study the pathology of intermittent claudication As a result it has been ascertained that when the popliteal artery is of normal size any increase in size of the vessels of the thigh and leg leads to increase of fluid circulating in the thigh and leg This is seen in a normal subject during spinal anaesthesia If the size of the popliteal artery is reduced the same increase in size of the thigh and leg vessels brings about an increase of fluid in the thigh and a decrease in the leg This was observed during spinal anaesthesia in persons suffering from arteritis obliterans affecting the popliteal artery This disproportion is increased if there is further reduction of the calibre of the popliteal artery and also of the femoral artery It is suggested that ischaemia of the leg may occur, independently of spasm, by the simple dilatation of all the vessels of the lower limb, assuming that the arteries which feed the leg have an insufficient flow Narrowing of the popliteal artery and vasodilatation of the leg are the two conditions present in cases of intermittent claudication The patient is suffering from arteritis obliterans, and in the process of walking the size of the vessels is greatly increased and the intermittent claudication is brought about not by arterial spasm but by the dilatation of the arteries of the leg, which causes ischaemia Contraction of the muscles during walking results in dilatation of the vessels, the greater part of the blood being in the thigh, with a lessening of the quantity in the leg and a consequent pallor and loss of heat in the foot After rest the vessels resume their normal size and circulation is restored with the disappearance of symptoms It is suggested that many vascular disorders, such as angina, may be due to an irregular blood supply rather than to arterial spasm

61 Angioma of the Kidney

TREAHY and WELTON-HOGG (*N Zealand med J* October, 1936, p 294) report a case of angioma of the right kidney pyramid in a woman aged 33 years Having previously complained of lassitude and of albuminuria in her pregnancies several years previously, she was found in March, 1936, to be prostrated with severe shock following haematuria and pain of a few days' duration, and was admitted to hospital She showed evidence of internal haemorrhage, with tenderness and rigidity in the right renal area extending anteriorly to the pubis external to the rectus muscle On straight x-ray there was no evidence of calculi, but the renal outline was enlarged Cystoscopy showed a normal bladder mucosa and left ureteric orifice, the right being occluded with black clot, only 6 c cm of medium could be injected without pain There was distortion of the pelvis and ureter, only the lowest calix being filled A blood examination excluded disease of the haemopoietic system Right nephrectomy was performed and the kidney pelvis was found dilated with a large quantity of blood clot, the subepithelial tissue being engorged and oedematous At the tip of one pyramid was a cavernous angioma the size of a pea In nine of the twenty-seven cases reported mottling of the calices was described which in the opinion of Treahy and Hogg is due to the blood clot Accurate pre operative diagnosis appears to be impossible and nephrectomy seems to be the only treatment, although diathermy of the angioma was attempted in one case with success

Therapeutics

62 Malarial Splenomegaly

U DE NEGRI (*Policlinico* Sez Prat, November 30, 1936, p 2158) has employed the method introduced by Maurizio Ascoli in 1932 for the treatment of malarial splenomegaly, which consists in daily intravenous injections of very small quantities of adrenaline, the doses ranging from 1/100 mg to 1/10 mg for a period of thirty to forty days In the seven cases in which he employed the method the splenomegaly was reduced to the following extent in five cases by 3 to 4 cm and in two cases by 2 cm The method is said to possess economic and social advantages, and can well be substituted for much longer and more expensive forms of treatment

63 Autogenous Alimentary Poisoning

Reviewing the ways in which poisons are produced in the alimentary canal during normal and abnormal digestive and absorptive activities, M LOEPER (*Presse med* October 31, 1936, p 1705) draws practical therapeutic conclusions relating to the elimination of food residues in the mid intestine, the stimulation of the hepatic function, and the correction of faulty reactions of the intestinal contents He distinguishes three clinical syndromes miosis, hypotension salivation, sweating, and cramps in the calves, hypertension, mydriasis, dryness of the skin and mouth headache, and tachycardia, and a rather anomalous group of symptoms comprising miosis and salivation accompanying tachycardia, and mydriasis associated with sweating and bradycardia The chemical and bacteriological changes underlying these phenomena are discussed in detail, with especial reference to the products of protein digestion and the effects of the action of *B coli* on such products in fluid media of various degrees of acidity The author attributes more importance, however, to the effects induced by *B pyocyaneus B proteus*, and *B putrificus* and to the symptoms which can be traced to the presence in excess of histamine and tyramine He indicates the value of dietary control and of the administration of hydrochloric acid and pepsin, with which peptone may often be profitably associated Giving sugar or peptone before a meal promotes leucopedesis with anti-bacterial action, and this is intensified by the concurrent secretion of mucus The exhibition of pancreatic extracts reduces the amount of food residues incompletely digested Bacterial multiplication can be reduced by giving iodol and chloramine as well as carbon, which also fixes and neutralizes certain toxins Kaolin and paraffin diminish the permeability of the intestinal wall to some of these toxins, though not to the amino bases Sodium salicylate and hyposulphite with Vichy water and sodium sulphate aid the hepatic function Intradermal tests will indicate an undue sensitivity to histamine Desensitization measures can be taken when indicated, and in some cases alkalinization can be effected by administering sodium bicarbonate, chalk, and magnesia Loeper urges the importance of more exact determination of the aetiology of digestive disorders before treatment is instituted He recognizes the clinical significance of conditions of alimentary anaphylaxis of various kinds and suggests that further investigations in this direction would be profitable

mately one quarter of a pound sterling equivalent in the currency of their country The accepted languages are French, German English —I am, etc,

R RUGGLES GATES
Chairman Bureau of Human Heredity

115 Gower Street W C 1 Jan 14

Respiratory Poisons

SIR—May I refer to Dr J A Goodfellow's very interesting letter in your issue of January 9 (p 95) concerning the widely variant effect of silica particles in causing silicosis, (*a*) when coal dust is also present and (*b*) when coal dust is absent Supposing it a true explanation that the divergence of incidence of silicosis in the two cases is that in the case of (*a*) the incisions in the tissues made by the sharp siliceous particles remain uninfected because of the antiseptic effect of the coal particles this would seem to be a special case of the general, widely applied action of carbon particles in powerfully absorbing or adsorbing other matter in the finest state of division

I use the term respiratory poisons to cover noxious gases or fumes, biological units—for example, bacteria moving through the breathable atmosphere, any such bacteria resident in the lungs and organic or inorganic particles such as silica And the modes in which these can become incident are (1) breathing of poisonous gases or fumes together with air otherwise impure, or (2) breathing such gases or fumes or otherwise impure air, independently

It will be realized that there is a whole string or succession of such respiratory poisons at all times, varying in incidence, severity and persistence and that those not subjected to one are to some extent subjected to another be it ever so mildly and that in fact, the excellent picture which Dr Goodfellow paints is really, as it were, the last scene in the play, where two specific inhalations only—namely, coal dust and silica dust—are the chief consideration At the other end of the string or succession of variegated breathable poisons may be considered the vile poison gases which are being projected into or prepared for, human lungs in war (civil or international) or industrial strife As regards prevention, the stage here shifts from inside to outside the lungs, and we find again that just as coal (carbon) particles were a valuable internal preventive against bacterial poisoning made otherwise likely by fine silica dust particles, so carbon particles are now a valuable external preventive against poisoning made otherwise likely by still finer noxious gas particles or molecules The coincidence of action of the coal or carbon particles in the two remote cases is too striking to miss but the implications of the action of carbon particles in respect to bacterial or other respiratory poisons is by no means confined to the remote extremes of the respiratory poison precession

For in between these extreme cases—both beneficent—of the powerful action of carbon particles is a vast field contrasted with which they are relatively insignificant where they operate not only in the relatively isolated cases of sufferers from silicosis and war gases—terrible and wide as those may be—but on all members of the community without exception at all times Throughout this vast general field of respiratory poisoning the carbon particles —again the chief element—have shed their benign role and adopted the sinister one held by the silica particles in the case of silicosis This however is not because their operation is not the same—that is adsorption of other finely divided particles—but because they are adsorbing materials which are external to the lungs before carrying them there rather than material already in the lungs

The carbon particles in this central case of vast incidence are those innumerable soot particles which largely comprise atmospheric pollution and are presented to all our lungs as either fogs or dry filth dependent on humidity and temperature conditions T McLachlan[1] has insisted on the rather ignored probability of the biological and bacterial aspect of atmospheric pollution He maintains in fact that the air is a soil which is fertilized by the by products of combustion and the residue of animal and vegetable offal which are distributed throughout the air, and I myself have also considered this viewpoint

The string or succession of the above respiratory poisons can be summarized

Field of Application	Human Incidence	Nature of Carbon	Action of Carbon	Effect of Carbon
Silicosis victims	Internal to lungs	Coal particles	Adsorbent and antiseptic	Beneficial
Poison gases (peace or war)	External (excluded)	Carbon	Adsorbent and antitoxic	Beneficial
Atmospheric pollution	External (inhaled)	Soot	Adsorbent and eptic	Noxious

In view of what I thus find is the almost inescapable conclusion that the adsorptive power of carbon (coal soot, or amorphous) is not merely an important chemical and physical fact of interest in isolated fields or cases but a reaction of wide general implication and application affecting the health welfare and prosperity of all I would like to be allowed to advance the following points for serious consideration and it is hoped prolonged research

1 How many bacteria or other biological units are adsorbed nourished increased and introduced persistently as respiratory poisons by atmospheric carbon particles? Is this for example how an influenza epidemic is promoted and spread?

2 Does the adsorptive power of carbon particles for gases (*a*) take up nitrogen and oxygen in atmospheric proportions from the atmosphere thus leaving their atmospheric mixture unvaried or (*b*) does it adsorb proportionately more oxygen than nitrogen thus devitalizing the atmosphere as well as poisoning it?

3 If the carbon particles adsorbed proportionately more nitrogen atmospheric pollution would produce exhilaration as ozonized sea air does

4 Does the atmospheric pollution which robs us of roughly 50 per cent sunshine and ultra violet rays in a count where 100 per cent would not be too much also in addition to harbouring and increasing bacterial life for our inspiration prevent *per se* the destruction of even such bacteria as would be air borne if such pollution were absent due to the 50 per cent reduction of sunlight bactericidal action?

I feel sure Sir that these will be realized as questions of vital importance and of pressing concern for the whole community showing that the dread silicosis is but an intense though isolated field of the quite general respiratory poisoning which calls urgently in *all* its phases for a campaign of extermination at any cost For respiratory poisoning is perhaps the greatest reality of atmospheric pollution whether seen from the biological or the non biological angle and the possible oxygen depletion in respiratory poisoning is a most serious factor which if established would demand urgent national measures to ensure the complete cessation of atmospheric pollution—I am etc,

S C BLACKETT

Leeds Jan 9

[1] *J Soc chem Ind* January 2 1937 p 2
[2] Ibid January 9 1937 p 46

Obstetrics and Gynaecology

68 Beri-beri and Hyperemesis Gravidarum

F WIDENBAUER (*Med Welt* December 5, 1936 p 1772) describes symptoms suggestive of beri-beri in a case of hyperemesis gravidarum The patient aged 27, was three months pregnant (third pregnancy) For a month she had had hyperemesis, with nausea and anorexia Her food intake was quite insufficient and she lost weight Later she complained of nervousness, lassitude and insomnia Dyspnoea occurred on slight exertion with precordial pain and heavy sweats, there were paraesthesiæ, especially in the lower extremities For three years she had suffered from slight attacks of diarrhoea twice a year The blood pressure was 100/70, otherwise the physical examination was entirely negative The author regarded this as a case of B_1 hypovitaminosis and after an injection intramuscularly of vitamin B_1 all symptoms cleared up in twelve to twenty-four hours with the exception of the hyperemesis, which continued for a few days in a mild form Hypovitaminosis is due to several factors (1) lessened intake—in this patient the hyperemesis gave rise to loss of weight from lack of nourishment (2) impaired bowel absorption—the probability of this factor arises from a consideration of the attacks of diarrhoea in the past three years, (3) increased requirements—in pregnancy the vitamin B_1 requirements increase fourfold to fivefold, (4) disturbance of correlation with regard to other vitamins In this particular patient tests of her ability to excrete vitamin C were carried out prior to pregnancy and during it It could be shown that there existed a severe discrepancy between the increased vitamin requirements during pregnancy and the disturbed food and vitamin intake produced by the hyperemesis Widenbauer believes that the B_1 hypovitaminosis might have been accentuated by the increased intake of vitamin C during the test, due to a true disturbance of correlation between vitamins B_1 and C He points out that similar cases, which are often put down to toxicosis should be treated with vitamin B_1 in order that the therapeutic value of this vitamin in the treatment of hyperemesis gravidarum may be thoroughly tested

69 Chorion Epithelioma

A VIGNALI (*Ann Ostet Ginec* October 31, 1936, p 1351) records two fatal cases in women aged 36 and 40, the former being an example of primary ectopic chorion epithelioma of the vagina, and the latter one of uterine chorion epithelioma which had developed in the course of amenorrhoea

Pathology

70 Dissociated Antigens from Vaccinia Elementary Bodies

J CRAIGIE and F O WISHART (*J exp Med* November, 1936 p 803) have shown that thermolabile and thermostable precipitable substances dissociate *in vitro* from elementary bodies of vaccinia that have been washed free from soluble precipitable substances and then kept in suspensions The washed elementary bodies yield the dissociated antigens in varying amounts and after repeated separation become exhausted of dissociable substances but remain highly infective The titre of the dissociated L antigen is about half that of the S titre The dissociated antigens are serologically related to the soluble precipitable substances found in suspensions of fresh vaccine pulp The thermolabile antigen is inactivated at 56° to 60° C whilst the thermostable one is stable up to 100° C Dissociation is not much affected by temperature until exhaustion point is approached, and occurs best at a *p*H of 7 to 8 Ether accelerates dissociation Formalin reduces the titre of the dissociated S antigen but does not affect the dissociated L antigen The dissociated antigens stimulate production of L and S antibodies but appear to be a complex LS antigen rather than two separate antigens Their significance and their source as to whether they are adsorbed on the elementary bodies or are liberated by disintegration of less resistant forms, are discussed

71 Alcohol Concentration in the Blood

O WILLIGAND (*Med Klinik* November 27, 1936, p 1632) has investigated the alcohol concentration in the blood of 175 persons involved in motor accidents Of these, 123 cases showed an alcohol concentration of 1 to 3·8 in 1,000 in the remaining fifty two cases the alcohol concentration in the blood was only below 1 in 1,000 down to the physiological content of 0·04 in 1 000 Therefore 70 per cent of all the cases involved in the accidents could be described as definitely under the influence of drink A noticeable increase in accidents always occurred on holidays such as Easter Whitsun, etc Whereas ten tests used to be carried out in about a month,-the number of tests for a single Easter Day amounted to twelve and of these nine showed an increased concentration of alcohol in the blood The author therefore concludes that alcohol plays an important part in the causation of accidents and advises stricter police control of drunkenness among motorists

72 The Frei Test

A W GRACE and F H SUSKIND (*J Amer med Ass* October 24, 1936 p 1359) discuss the use of standardized mouse-brain antigen in the Frei test and its advantages over human pus antigen They prepared mouse brain antigen by emulsifying in sterile physiological saline the brain of a mouse killed when moribund on the seventh day after inoculation with a standardized suspension of poradenitis venerea (lymphogranuloma inguinale) virus The emulsion was then diluted so that after heating to 60° C on two successive days 0·05 to 0·1 c.cm produced in lymphogranulomatous patients a papule of not less than 7 mm diameter Ninety-five specimens of antigens so prepared and forty-one commercial specimens of the mouse-brain antigen were tested on fifty patients with poradenitis venerea (171 tests) and on 128 normal persons (241 tests) Control tests (183 in number) were carried out on both groups of subjects with normal mouse brain antigen A typical positive reaction was obtained in every test with lympogranulomatous mouse-brain antigen in lymphogranuloma patients, the papule being never less than 7 mm diameter, and in 75 per cent was 7 to 10 mm All had a surrounding erythema In the tests on normal persons and in those with normal mouse brain antigen (424 tests) the papule was never as large as 7 mm diameter, and in 88·6 per cent was 1 to 4 mm and there was only slight erythema The difference between positive and control tests was thus readily recognizable Both lymphogranulomatous and normal mouse brain antigens were suitable for use after two years keeping Standardized lymphogranulomatous mouse brain antigen appears, therefore, to be the most suitable test material for diagnostic purposes, it should be used with normal mouse brain antigen as a control

73 Tuberculosis and Schizophrenia

G KRAUS J H PANNEKOEK, and E E P MEYJES (*Nederl Tijdschr Geneesk* October 10, 1936, p 4617) review the recent literature on the connexion between tuberculosis and schizophrenia, which shows that no convincing evidence has hitherto been brought forward that tuberculosis is the cause of this psychosis This conclusion is confirmed by the investigations of the authors, who inoculated sixty-five guinea-pigs with the cerebro spinal fluid from fifteen cases of schizophrenia None of the animals showed any naked-eye or microscopical evidence of tuberculosis at necropsy

assistant to the civil surgeon and acted on several occasions as *civil surgeon of the station* Before retirement he was given the Imperial Service Order He had been assistant surgeon to four Viceroys—Lords Hardinge Chelmsford Reading and Irwin He leaves a widow a son and two daughters

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Vice Chancellor gives notice that the Professorships of Zoology and Physiology and the William Wyse Professorship of Social Anthropology will become vacant on September 30 1937

D V Davies M B B S Lond and W R M Morton M D Belf have been appointed university demonstrators in the Department of Anatomy for three years from January 1, 1937

With the object of encouraging original medical research the Grocers Company offers annually three scholarships each of £300 a year tenable for one year and renewable for a further period of one or two years Candidates must be British subjects under 35 years of age Applications must be made before April 30 Forms of application may be obtained from the Clerk of the Company Grocers Hall Princes Street London E C 2 Further particulars may be seen at the University Registry

A series of lectures on the history of science open without fee to all members of the University or of Girton or Newnham Colleges will be given in the lecture room of the Physiological Laboratory at 5 p m on January 22 29 February 5 11 19 and 26 and March 5 and 11 The lecturers are Sir W C D Dampier Dr J Needham Mr J D Bernal Sir A S Eddington Dr H H Thomas Dr D McKie Professor R C Punnett and Professor A Ferguson

The title of the degree of B Chir was conferred during the month of December 1936 on M P Shackle (Newnham) and W Y Young (Girton)

Dr H A Harris Professor of Anatomy has been elected into a professorial Fellowship at St John's College and Dr G P McCullagh University Demonstrator of Pathology to a reserved Fellowship at Queen's College

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The following candidates have been approved at the examination indicated

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UNIVERSITY OF LEEDS

Appointment of Readers in Medicine and Surgery

On the recommendation of the Board of the Faculty of Medicine the Council of the University has advertised for Readers in Medicine and Surgery Those who are appointed will have to devote all their time to the duties of the posts and the salaries are fixed at £600 per annum Without its being made an absolute condition it is mentioned as desirable that candidates for the medical and surgical posts respectively should have the Membership of the Royal College of Physicians of London or the Fellowship of the Royal College of Surgeons of England and should not be more than 35 years of age Application has been made by the University to the Board of Management of the General Infirmary that facilities should be afforded to these two officers to carry out certain of their duties within its walls and this has been readily granted In general terms it may be stated that the duties of the posts will be mainly those concerned with research in medicine and surgery under the direction of the professors of those subjects and it is hoped that the correlation of clinical and laboratory investigations will receive special attention Those who are appointed will take an important part in the teaching of the two subjects

UNIVERSITY OF ABERDEEN

The King on the recommendation of the Secretary of State for Scotland has approved the appointment of Dr John Stirling Young professor of pathology in the Queen's University Belfast to be Regius Professor of Pathology in the University of Aberdeen in the place of Profes or Theodore Shennan resigned

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College held on January 14 with Sir Cuthbert Wallace the President in the chair the death of Sir John Bland Sutton Bt was reported and a resolution of condolence was passed

Sir Cuthbert Wallace was appointed to represent the College at the Coronation ceremony Dr John Beattie on the Hunterian Memorial Lecture Committee Sir Arthur Keith on the Joint Committee of Anthropological Research and Teaching Mr Eardley Holland on the Central Midwives Board and Mr L R Braithwaite *on the Medical Advisory Committee* of the British Health Resorts Association

The Council agreed to enter into a contract for the rebuilding of the upper floors of the College as the Bernhard Baron Research Laboratories

The best thanks of the Council were given to Lord Moynihan for the gift of the instruments used by the late Lord Moynihan

A cheque for £25 was received from Mr Walter Radcliffe M R C S for the specific purpose of cancer research and the best thanks of the Council were given him for his gift

A diploma of Fellowship was granted to R G Worcester and a diploma of Membership to B J Green

The following diplomas were granted jointly with the Royal College of Physicians

DIPLOMA IN PUBLIC HEALTH—R M Campbell A B Donald P J Doody M S A Hamid Enid A Hughes Vida L Liddell C Muir K Somaskandar H E Stevens

DIPLOMA IN PSYCHOLOGICAL MEDICINE—K C Bailey B P Bhattacharjya C M Carlyle Gill L A Collins J G Dewan D S Fairweather H Gillies Lilian A Hayward B H Kirman E H Kitching A R McPherson M L Meade King T A Ratcliffe D E Sands W W Sargant A S Thorley D B Wyatt

DIPLOMA IN LARYNGOLOGY AND OTOLOGY—D L Brown C V Dixon N Dutt G A Jamieson R N Misra

The following hospital with the post specified was approved for recognition for the six months surgical practice required of candidates for the final Fellowship examination The Cheltenham General and Eye Hospitals (house surgeon at the General Hospital)

VITAL STATISTICS FOR ENGLAND AND WALES, 1936

We are indebted to the Registrar General for the following statement regarding the provisional birth rates and death rates and the rates of infantile mortality in England and Wales and in certain parts of the country during 1936 The statement is issued for the information of medical officers of health

ENGLAND AND WALES

Birth Rate Death Rate and Infant Mortality for the Year 1936 (Provisional Figures)

	Rate per 1,000 Resident Population		Death under 1 Year per 1,000 Registered Live Births
	Live Births	Deaths Crude Rates	
England and Wales	14·8	12·1	59
122 county boroughs and great towns including London	14·9	12·3	63
143 smaller towns with the latest resident populations of from 25,000 to 50,000 at the 1931 Census	15·3	11·7	55
London (administrative county)	14·7	12·5	66

NOTE—The birth and death rates for England and Wales are calculated on the estimated mid 1936 population For purposes of comparison aggregates and for London are calculated on the basis of the census of 1931

The birth rate for 1936 of 14·8 is above that for 1935 and is the lowest recorded

The crude death rate of 12·1 is above that of 1935 and is the lowest on record

The infant mortality rate of 59 is above that of 1935 which was the lowest on record and is the same as that of 1934 the previous lowest

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show that there is often a very definite family history of Addisonian or other anaemias Hunter wrote a series of articles for Allbutt and Rolleston's *System of Medicine* in the section on the liver and its function and disorders jaundice Weil's disease acute yellow atrophy phosphorus and chloroform poisoning and congestion The article on jaundice was a lengthy well arranged consideration of the various theories explaining the causation of obstructive and non obstructive varieties A good deal of his own studies on blood destruction was embodied in these articles He also wrote the articles on the treatment of anaemia and purpura in the *Index of Treatment* edited by Hutchison and Sherren

He became a member of the Royal College of Physicians in 1889 and was elected to the Fellowship seven years later He was an examiner at the College for a few years but took no other part in its activities He acted also as examiner for Cambridge and Glasgow Universities and received honorary degrees for his scientific work During the war he was in charge of a British mission to Serbia and in 1920 published an account of the epidemics of typhus and relapsing fever which occurred there He was also president from 1915 to 1917 of the Medical Advisory Committee for the Eastern Mediterranean and Mesopotamia Expeditionary Forces and later consulting physician to the Eastern Command with the temporary rank of colonel A M S For his services in the war he received the C B and a high Serbian decoration—that of Grand Officer in the Order of St Sava

Dr William Hunter joined the British Medical Association in 1887 he was honorary secretary of the Section of Pathology and Bacteriology at the Montreal Meeting in 1897 vice-president of the Section of Pathology at Exeter in 1907 and vice president of the Section of Medicine at Birmingham in 1911

Dr A W OXFORD writes

Charing Cross Hospital is lamenting the loss of its oldest consulting physician Dr William Hunter His first connexion with the hospital was before he was elected to the staff when he entered into controversy with Sir F W Mott on the subject of pernicious anaemia Mott used to assert that Hunter argued from one post-mortem on the disease, while he himself had performed three They became good friends, however soon afterwards when Hunter was elected assistant physician to Charing Cross Hospital, and each concentrated on special subjects and became famous

Hunter devoted his whole life to the hospital When he was made dean he entirely renovated the medical school which had been neglected for many years, and also classified the museum and wrote a catalogue When he was made in patient physician he carried out the same renovation in the medical wards which were dark and dingy compared with the surgical wards He also wrote a comprehensive history of the hospital and school He took a great interest in the students and was much valued by them as a clinical teacher Of his scientific work and his work during the war others can speak with far more knowledge but the love and admiration felt for him by his colleagues and old students was shown by a dinner given to him when the lapse of years compelled his retirement He always retained his interest in the hospital and until the last two months was regular at the meetings of the council He will be long remembered and regretted

[The photograph reproduced is by Vandyk 41 Buckingham Palace Road S W 1

J A MACWILLIAM M D LL D F R S

Emeritus Professor of Physiology University of Aberdeen

The death took place in an Edinburgh nursing home, on January 13, of Emeritus Professor John Alexander MacWilliam late of the chair of physiology at Aberdeen He was born in 1857 at Culmill and after a medical course at Aberdeen University graduated M B., C M in 1880, gaining the John Murray Medal In 1882 he took the M D degree with honours choosing as the subject of his thesis the cardiac muscular fibre in the various classes of the animal kingdom and the diaphragmatic fibre in various animals He studied for a time at the Universities of Edinburgh and Leipzig and at University College London where he acted as assistant to the professor of physiology For a time he was on the staff of Charing Cross Hospital Medical School London and lecturer on physiology in the London School of Medicine for Women

In 1886 MacWilliam was appointed professor of physiology at Aberdeen University in succession to Professor Stirling, and retired from that post in 1927 He had great qualities as a teacher and scientific investigator and his contributions to physiological knowledge were numerous including The Rhythm of the Mammalian Heart and The Phenomenon of Inhibition in the Mammalian Heart both published in the *Journal of Physiology* Estimation of Systolic and Diastolic Blood Pressure in *Heart* 1913 Blood Pressures in Man under Normal and Pathological Conditions in the *Physiological Review* 1925 and various other papers dealing with the action of chloroform and ether proteins muscle sound etc which appeared from time to time in the *Proceedings of the Royal Society* He was a Fellow of the Royal Society and in 1928 the University of Aberdeen conferred upon him the honorary degree of LL D He joined the British Medical Association in 1889 was vice president of the Section of Physiology at the Annual Meeting in 1898 and of the Section of Anatomy and Physiology in 1914 and president of the Section of Physiology in 1922

Professor MacWilliam's recreations were chiefly motoring and cycling and he had travelled widely in various parts of the world He was twice married and is survived by his widow

ARTHUR HUGH THOMPSON M D

Consulting Surgeon Western Ophthalmic Hospital

By the death at Hampstead on January 11 of Dr Hugh Thompson the profession has lost an accomplished ophthalmic surgeon and a man of attractive character He was born in 1859 being the youngest of the seven sons of Charles Thompson of Cardiff where his family held a good position Most of his early education was received at Grove House Tottenham whence he proceeded in 1878 to Trinity College Cambridge He had then no thought of a medical career but read history in which he took honours in 1882 A far finer achievement was his winning the senior Whewell scholarship in international law in 1880 After taking his degree he engaged in teaching and lecturing and was one of the earliest workers at Toynbee Hall under Canon Barnett It was then that he became convinced that medicine was the career in which he could best serve his generation From that conviction he never swerved For his first medical studies Thompson returned to Cambridge where he attended at Addenbrooke's Hospital and from there went on to the London Hospital He qualified as M R C S and L R C P in 1891 and the same year took the M B and B Ch degrees at Cambridge, the M D followed in 1900

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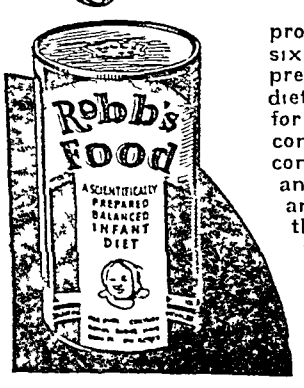
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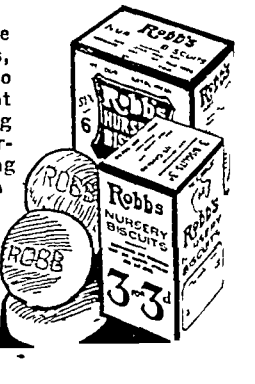


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shod He would welcome increased provision of free milk in this and other schools in Monmouthshire but this provision was restricted by the severe income scale at present in force This question had recently been discussed with representatives of the local education authority which was considering the introduction of a more generous income scale

Mr JOHNSTON asked whether if the honourable gentleman could not accept the head master's statement on the matter he was not prepared to accept the statement made by two of the medical officers of health of the county who re examined these children in January of this year and discovered that children of 15 were on an average 16 lb under weight that forty of the boys were sitting in school with damp feet and that there was poverty and despair all over the district

Mr SHAKESPEARE said that his attention had been called to that report which did not bear out the statement of the head master He understood that a fund had been raised to provide boots for the children

Juvenile Accident Rate—On January 19 Sir JOHN SIMON informed Sir Percy Harris that the Joint Committee of the Factory Department and the National Confederation of Employers Organizations on Factory Accidents among Juveniles had drawn up a list of recommendations which had been embodied in a memorandum The National Confederation had issued this to all employers organizations urging them to do everything in their power to enlist the active support and co operation of all employers in their respective industries in securing a diminution of the accident rate among juveniles

Effects of Noise—On January 19 Sir JOHN SIMON replying to Mr W Roberts said he was informed by the Medical Research Council that it had not received any further report about the effects of noise on the health of the workers from the Industrial Health Research Board but that investigations were still proceeding Great difficulty was being experienced in finding suitable opportunities or methods for detecting and measuring any effects which noise might have on the workers

Medical News

A meeting of the Medico Legal Society will be held at 26 Portland Place, W, on Thursday, January 28 at 8 30 p m when a paper will be read by Dr H E Cox on 'Some Forensic Aspects of Dermatitis

The Third Biennial Child Guidance Interclinic Conference for representatives and professional members of staffs of child guidance clinics in Great Britain has been arranged for January 29 and 30 Sessions will be held at Friends House, Euston Road, N W and at British Medical Association House Tavistock Square, W C Admission to the conference is by invitation only Membership fee 5s (to include printed report), payable to Dr D R MacCalman Secretary of the Conference Woburn House, Upper Woburn Place, London, W C 1

The Society of Public Analysts has arranged a joint meeting with the Food Group of the Society of Chemical Industry on Wednesday February 3 for a discussion on The Less known Constituents of Milk and their Examination which will be held in two sessions at the Chemical Society's Rooms, Burlington House, Piccadilly W at 5 15 and 8 15 p m

A conference to discuss the administration of the Milk (Special Designations) Order, 1936 with respect to accredited milk will be held under the auspices of the Royal Sanitary Institute at the Central Hall Westminster S W on Thursday January 28 at 2 p m, when the discussion will be opened by Dr W G Savage

Lord Horder will give the Friday evening discourse before the Royal Institution 21 Albemarle Street W, on February 26, at 9 p m His subject is Old Diseases and New

The October–December issue of the epidemiological report of the Health Section of the League of Nations is devoted to Some Recent Advances in the Biology of Trypanosomes of Sleeping Sickness by Dr H Lyndhurst Duke former director of the Human Trypanosomiasis Institute Entebbe Uganda and a Geographical Distribution of Human Trypanosomiasis in Africa by Dr S Deutschman member of the Health Section of the League of Nations

The issue of the *Wiener Klinische Wochenschrift* for January 8 is a Festschrift commemorating the fiftieth anniversary of its foundation

Dr L Haden Guest secretary of the Leverhulme Research Fellowships announces that applications are invited for fellowships or grants in aid of research They are intended for senior workers who are prevented from carrying out research by routine duties or pressure of other work Any subject which may add to human knowledge may be proposed for a fellowship but preference is given to subjects in which other provision for research is inadequate The amount granted will depend on the nature of the research and the circumstances of the applicant Forms of application returnable by March 1 at latest may be had from Dr Haden Guest Union House St Martin's le Grand E C 1

The concerted attempt to put a stop to jerry building includes the setting up of a National House Builders Registration Council This body comprises representatives of building trades employers and operatives, architects building societies surveyors a representative of the Society for the Preservation of Rural England, and a few independent members including two observers from the Ministry of Health The only medical member of the council is Dr J Greenwood Wilson medical officer of health for Cardiff who has written on jerry building in the *Medical Officer* and elsewhere

Colonel R J Blackham, C B C M G C I E D S O M D has been re elected a Common Councilman of the City of London for the twelfth year in succession Since the death of Sir William R Smith M D Colonel Blackham has been the only medical man on the Corporation of London It may be remembered that he was chairman of the committee of the Corporation which organized the reception at the Guildhall on the occasion of the Centenary of the British Medical Association

The National Committee for Mental Hygiene of the United States has awarded a sum of *40 000 dollars to be distributed* among clinics hospitals and research institutes for the study of dementia praecox

Dr Marcel Pinard senior physician to the Hospital Cochin Paris has been elected president of the Societe Française de Dermatologie et de Syphiligraphie in succession to Professor H Gougerot

Thirty women doctors have recently completed their studies in parachute flying at the Moscow regional parachute school for the purpose of conveying first aid to patients in places unsuitable for the landing of aeroplanes

Professor A Bessemans pro rector of Ghent University has been awarded the Saintone prize by the Paris Academie de Medecine for his work on clinical syphilography and the measurement of temperature within the tissues

Professor Emmanuel Leclainche has been elected president of the Academie des Sciences and Dr Milian president of the Societe Medicale des Hopitaux de Paris

During the last eleven years there have been 54 600 more deaths than births in Vienna In 1934 the decline in the birth rate was as great as its excess in 1910 In March 1936 976 children were born in Vienna while the deaths amounted to 2,219

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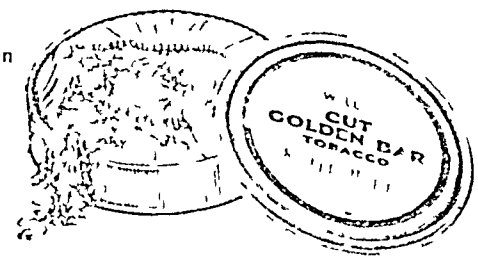
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Acceptances and Confirmed Credits	11,054,418
Engagements	7,545,855
ASSETS	
Coin, Bank Notes & Balances with Bank of England	52,941,374
Balances with, and Cheques on other Banks	22,092,096
Money at Call and Short Notice	28,687,886
Investments at or under Market Value	127,892,039
Bills Discounted	21,791,113
British Treasury Bills	52,622,885
Advances to Customers and other Accounts	189,516,488
Liabilities of Customers for Acceptances, Confirmed Credits and Engagements	18,600,273
Bank Premises at Head Office and Branches	8,891,253
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Medicine

56 Light Reflex Test for Hypovitaminosis

G FRIDERICHSEN and C EDMUND (*Hospitalstidende* October 13, 1936 p 1081) have devised a test for measuring the reflex irritability of the eye to light in children under 2 years, and they claim that by this means the vitamin A balance of the organism can be expressed in quantitative terms The test consists in flashing a light on a child's eyes after it has been in the dark for at least half an hour the minimum reflexibile (m r) being the smallest light irritation capable of provoking certain reflex movements through the child's eyes These movements may consist of shutting of the eyes, wrinkling of the forehead and an upward movement of the eyebrows when the light comes from above Or the movements may be prompted by an oculomotor reflex the eyes moving very quickly in the direction of the source of light Or there may be other movements such as rotation of the head in the direction of the light or snatching at the light The authors have determined the limits within which the m r is normal and they show how a low m r may be associated with a diet deficient in vitamin A or with a defective absorption of this vitamin They also succeeded in restoring the m r to normal by the exhibition of vitamin A preparations The absorption of vitamin A from animal sources evidently takes place rapidly, for it was found that the m r could be restored to normal in half an hour by the administration of cod liver oil and other substances rich in vitamin A By means of this test it proved possible to express the comparative values of different vitamin A preparations accurately in terms of figures, and it was noted that 100 international units of a dried spinach preparation had the same effect on the m r as about 1 000 international units of a halibut liver oil extract It was also noted that with the return of the m r to normal under vitamin A medication there was a remarkable improvement in the children's psychic reactions, flabby lassitude giving place to lively smiles

57 Trauma in Leukaemia

P EMILE WEIL and J BOUSSER (*Ann de Med* October, 1936, p 220) discuss trauma as an aetiological factor in leukaemia with special reference to medico legal issues They point out that it is difficult to assess the part that trauma plays The initial period of myelogenous leukaemia is latent and insidious The clinical period lasts two to four years and even modern treatment leaves the ultimate fatal outcome uninfluenced The terminal stage may simulate acute leukaemia which has a prodromal stage lasting from two weeks to some months and a clinical stage lasting several weeks and ending in death Thirty eight cases of leukaemia (including four of their own) in which trauma played a part were critically studied They were divided into three groups The first group included all cases in which leukaemia was discovered following a general examination after some trauma Acute leukaemias are rarely found in this group The second group included cases of leukaemia aggravated by trauma either by the leukaemic condition deteriorating or because of grave injury to the spleen abundant haemorrhage or infection occurring It is noteworthy that surgical intervention is rarely required when an enlarged leukaemic spleen undergoes trauma Operation on leukaemics is often disastrous and should be avoided if possible The third group included those cases in which trauma appeared to have been the aetiological factor In medico legal cases the following points should be borne in mind (1) The statement that the patient was perfectly well until the accident is insufficient proof that the initial stage of leukaemia was not present prior to it, but this is possible (2) The exact history of the trauma must be ascertained noting especially whether the spleen or bone marrow was actually affected Experimental evidence shows that the bone marrow is a fragile tissue and may be damaged by simple trauma and that one such lesion is sometimes sufficient in certain animals to produce a typical leukaemia Leukaemia following damage to the spleen is much more difficult to prove (3) The period of latency following the trauma must be carefully ascertained In Germany symptoms occurring up to one year are deemed to be valid evidence of causation but the authors believe that this period should be extended to two and a half years (4) All data bearing on the blood picture and post mortem reports should be in possession of the expert Only myelogenous leukaemias can be considered as having been caused by trauma In assessing damages the expert must bear in mind that whether trauma has aggravated or actually produced leukaemia the condition is fatal in any case

58 Prognosis in Diabetes

H E BUTTNER (*Dtsch med Wschr* October 9 1936 p 1668) reports from the University Hospital in Giessen his experiences since 1924 with 539 cases of diabetes classified in different periods between 1924 and the beginning of 1936 He notes that as in other parts of Germany there has been in his hospital an appreciable rise during the last few years in the number of admissions of cases of diabetes and there has of late been no decline in the number of cases admitted in diabetic coma On the other hand his figures show an increase in the expectation of life of diabetics in the period under review In this connexion it may be noted that the improvement in economic conditions and in the medical care of those diabetics who require insulin has left its mark on the expectation of life An investigation at the beginning of 1936 of the cases treated in the three year period 1932–4 showed that 27 per cent of 211 patients were already dead The causes of death were ascertained in thirty two cases and it was found that the diabetes itself and diseases of the vascular system were each responsible for 37 5 per cent the remaining deaths being due to new growths and infections including tuberculosis

Surgery

59 Mortality from Appendicitis

H JENSENIUS (*Ugeskr Laeg* November 5 1936 p 1085) has analysed the 1 933 cases of acute appendicitis admitted to a Danish hospital during the past ten years Of the 1 592 patients who came to operation as many as 109 died —a mortality of 6 85 per cent Compared with American and other statistics with mortalities ranging from 2 to 3 per cent this result is disquieting and the author has indulged in some heart searching His comparatively high mortality may however reflect to a certain extent differences in classification all his cases were acute they all came to operation all the appendices were subjected to a histological examination and when this showed no sign of acute inflammation the case was not included in the analysis There were 105 such cases without a single death among them Of the 109 deaths more than half (fifty seven) were due to general peritonitis and in all together seventy two cases the cause of death was considered to be from the appendix There were as many as seven deaths from pulmonary embolism—a mortality of about 1 per



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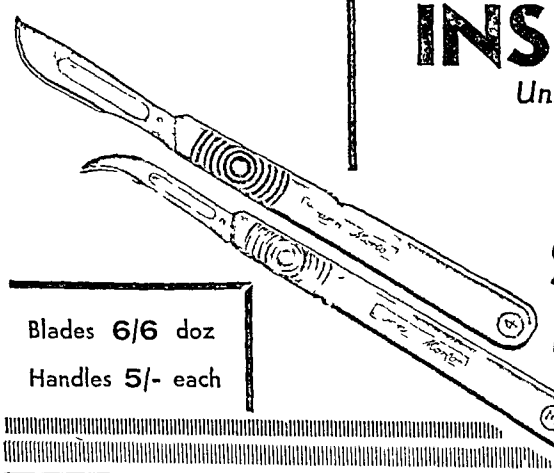
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Laryngology

64 Ear Changes in Late Congenital Syphilis

O MAYER and J S FRASER (*J Laryng* November and December 1936 pp 683 and 755) have combined their anatomical material because histologically examined cases of deafness due to late congenital syphilis are extremely rare In such cases the hearing defect comes on fairly suddenly between the ages of 10 and 20 and progresses rapidly The ocular changes and dental deformities enable one to make a diagnosis The pathological changes affect chiefly the inner ear in the form of gummatous osteomyelitis of the labyrinth capsule The osteomyelitis often reaches the endosteum especially in the region of the semicircular canals All this tissue contains giant cells with necrosed particles of bone In the internal auditory meatus the osteomyelitis may extend as far as the dura with subdural gummata Perineuritis and atrophy of the eighth cranial nerve in the internal auditory meatus are often seen Pathological changes of the membranous labyrinth include dilatation of the ductus cochlearis atrophy of the organ of Corti and miliary gummata in the spiral organ The utricle and saccule may be much dilated and the lumen of one or other semicircular canal is frequently obliterated by new bone formation These changes are due to serous labyrinthitis either active or healed The external auditory meatus showed changes in two cases out of five—namely gummata in the meatal wall with bone necrosis and sequestration of a bony fragment This may give rise to secondary cholesteatoma invading the tympanic cavity The middle ear was unaffected in three out of the five cases In two the malleus and incus were ankylosed in the third there was a fibrous exudate in the tympanic cavity with a partially calcified tympanic membrane The special points in pathology which enable one to distinguish between syphilitic and tuberculous bone lesions are also fully discussed The monograph contains many illustrations of sections and several coloured plates

65 Chronic Pharyngeal Infections

H P SCHENCK (*Arch Otolaryng* Chicago September 1936 p 299) removed small portions of pharyngeal mucosa for biopsy in 108 patients who had pharyngeal complaints and symptoms usually attributed to focal sepsis—for example arthritis fibrositis chorea cervical adenitis pericarditis and kidney disease All these patients had undergone tonsillectomy previously but their symptoms had not been cured or had recurred In such patients when other obvious foci are missing the pharyngeal mucous membrane is often abnormal Symptoms which disappear after tonsillectomy often return as the pharyngeal lymphoid follicles in turn become infected and hypertrophic Exacerbations of systemic symptoms commonly follow acute infection of the pharynx and such symptoms may disappear after sufficient destruction of abnormal lymphoid nodules in the pharynx by electrocoagulation As a control small pieces of pharyngeal mucosa were removed from twenty normal persons ten adults and ten children and submitted to histological examination In the sections from the normal pharynges the lymphoid nodules were small they had few mitotic cells and the mucous glands occurred at a considerable depth The sections from the abnormal pharynges are described and illustrated in four groups according to certain systemic manifestations—chorea chronic myalgia nephrosis and low grade fever Histologically there was no specific alteration in the pharyngeal nodules in one type of disease which would differentiate them from the nodules occurring in another type of disease Marked hyperplasia with chronic inflammatory change was the rule as shown by proliferation of fibrous tissue and concentration of polymorphonuclear leucocytes in the lumen of the crypts The lymph nodes are prone to undergo rapid proliferation and show mitosis

66 Brain Abscess

J PIQUET and J MINNE (*Ann Oto laryng* October 1936 p 993) review a series of twenty two cases of brain abscess treated during the last fifteen years They recognize two distinct clinical types the diffuse encephalitis and the localized abscess with a capsule Among the twenty two cases were sixteen cerebral and six cerebellar abscesses Of the cerebral abscesses three were caused by frontal sinus suppuration one metastatic twelve cerebral abscesses and the six cerebellar ones were complications of middle ear suppuration The bacteria isolated from each case are described the infection being usually a mixed one When the streptococcus is the cause the type of abscess is frequently diffuse The volume of brain abscesses varies within wide limits between 5 and 120 c cm sometimes more In one case discovered at necropsy the abscess cavity occupied almost the whole of one cerebral hemisphere Secondary abscesses may be found at a distance from the primary abscess separated by cerebral substance which appears normal to the naked eye but is actually necrosed brain substance as can be shown histologically In one very exceptional case a frontal lobe abscess had formed a secondary abscess in the opposite hemisphere with a communication across the corpus callosum The cerebro spinal fluid is sometimes clear sometimes turbid According to the authors this has little bearing on the prognosis Localizing signs—for example aphasia—were found in only five out of the sixteen cerebral abscesses On the other hand all the cerebellar abscesses gave the cerebellar syndrome disturbed equilibrium, nystagmus adiadokokinesis Among the sixteen cerebral abscesses twelve were operated on with seven cures and there was one patient who survived for six months The fatal cases were practically all among the diffuse abscesses while the patients with localized abscesses generally recovered Three out of the six cases of cerebellar abscess were saved by operation

67 Pathogenic Fungi

E J WHALEN (*Arch Otolaryng* Chicago October 1936 p 436) makes a survey of the literature of fungus infections of the ear nose throat and respiratory tract The direct microscopical examination of the wet unstained specimen is recommended The material is placed on a slide and treated with a few drops of an alcoholic solution of sodium sulphide This clears the specimen of pus cells fibrin and exudate A special medium which retards the growth of bacteria is used for culturing fungi The first group are due to *Monilia* which cause thrush and also certain lesser infections of the bronchopulmonary system Sporotrichosis caused by a spore bearing fungus forms the next group The disease process is granulomatous and lesions are found in the skin mucous membranes and lungs Sporotrichosis is conveyed by infected plants or vegetable matter and the lesions tend to ulcerate with a cup like depression at the apex when it has become necrotic The term blastomycosis is used to describe another group of closely allied clinical conditions the fungus being a round highly refractile body containing granules of various sizes The cutaneous lesions are ragged superficial ulcers Blastomycosis of the tongue and of the larynx has been reported by Chevalier Jackson In actinomycosis the parasites are found in the pollen or the chaff from grain stalks and the infection occurs about the head and neck in 60 per cent of the cases In aspergillosis the parasites have a special affinity for the pulmonary system and also frequently attack the canal of the ear the nasal sinuses and the conjunctiva The clinical picture of ear canal infections by *Aspergillus niger* and *Aspergillus fumigatus* and their treatment are described in detail The lung lesions in all fungus infections are difficult to distinguish from pulmonary tuberculosis It has been found that tubercle bacilli grown on special media begin to show branching filaments in the third generation The tubercle bacillus may be more closely related to the fungi than to the bacilli In all fungus infections large doses of potassium iodide appear to be almost a specific

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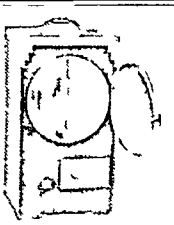
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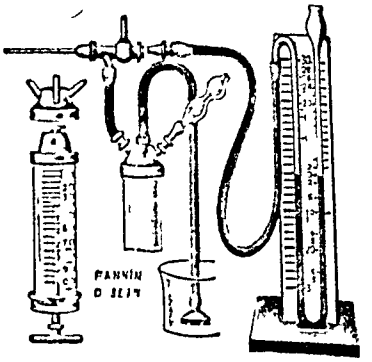
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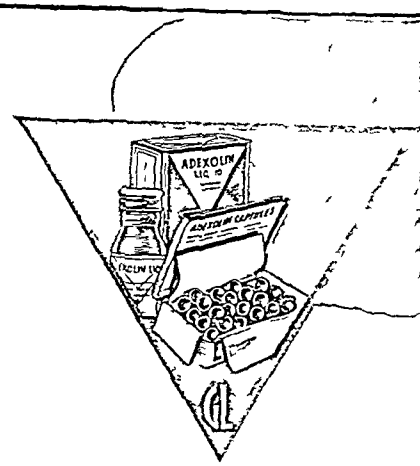
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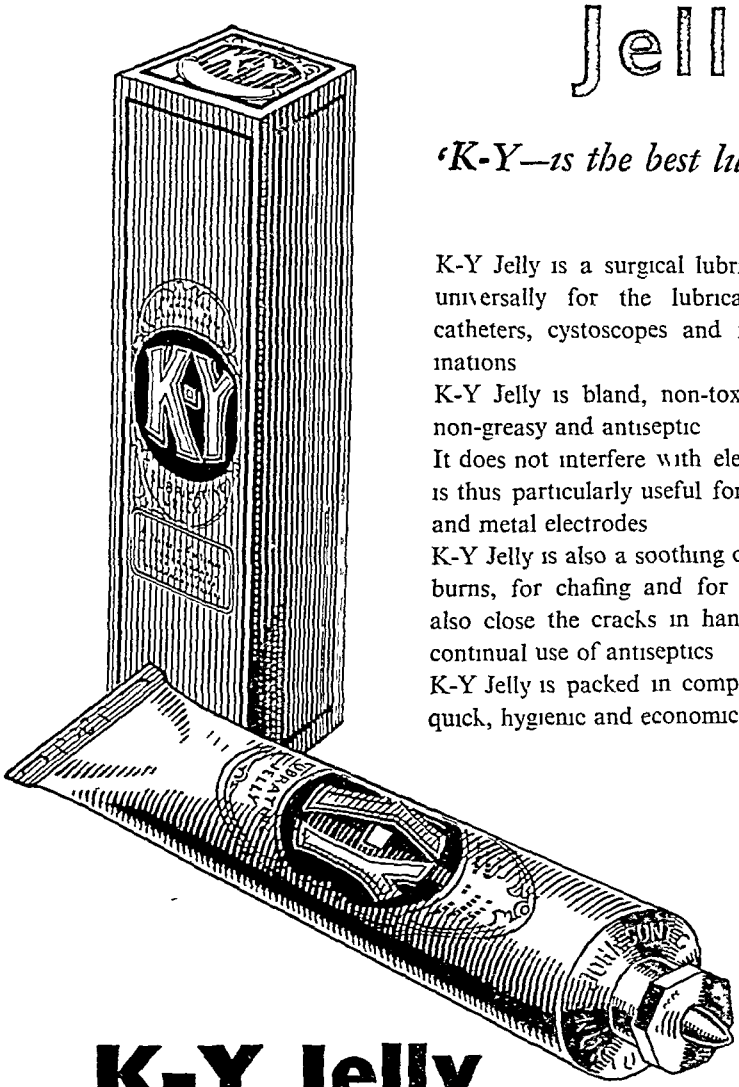
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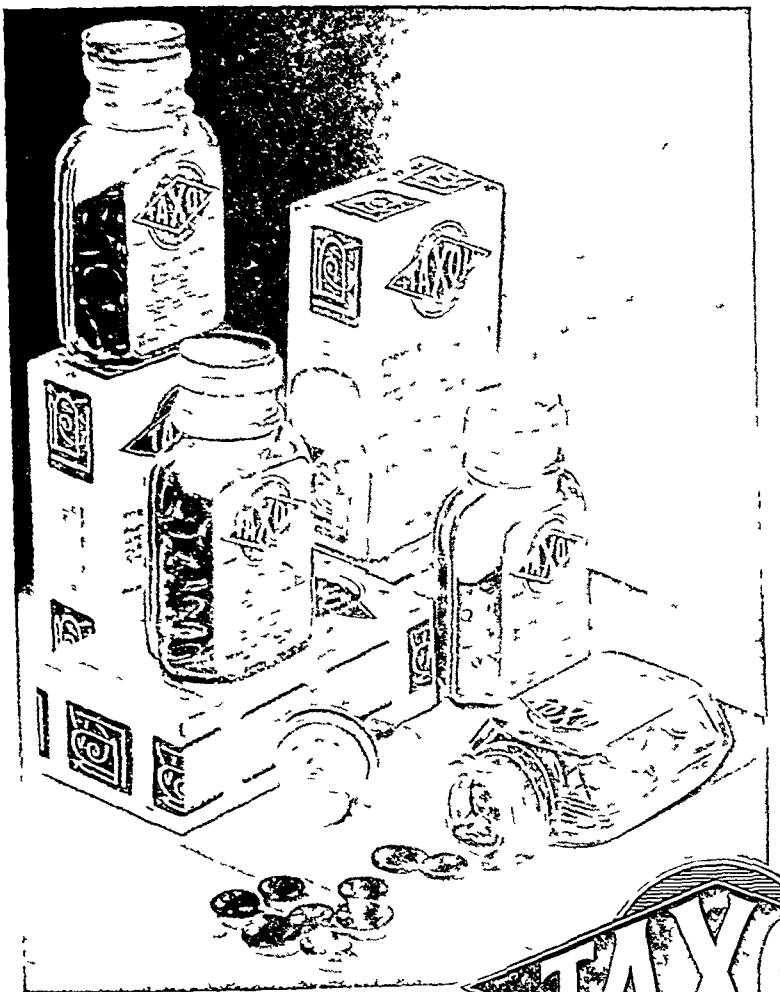
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,,	25th	Dysmenorrhoea	Mr Charles D Read, F.R.C.S., F.R.A.C.S. M.C.O.G.
Mar	4th	Malignant Neoplasms of Uterus	Professor Gilbert Strachan M.D., F.R.C.S. F.R.C.P. F.C.O.G.
,,	11th	Sterility	Mr V B Green Armytage M.D., F.R.C.P. F.C.O.G.
,,	18th	Hormone Therapy in Gynaecology	Dr P M F Bishop B.A. B.M., B.Ch. M.R.C.S. L.R.C.P.
,,	25th	Genital Prolapse	Professor Daniel Dougal, M.C., M.D., F.C.O.G.
Apr	1st	Neoplasms of the Ovary	Professor James Hendry M.B.E., M.A. B.Sc., M.B., Ch.B., F.R.I.P.S., F.C.O.G.
,,	8th	Benign Neoplasms of Uterus	Mr Clifford White M.D., F.R.C.P., F.R.C.S., F.C.O.G.
,,	15th	Irregular Uterine Haemorrhage	Mr Wilfred Shaw, M.D., F.R.C.S., F.C.O.G.
,,	22nd	Radiation Therapy in Gynaecology	Mr Malcolm Donaldson, B.A., M.B., F.R.C.S. F.C.O.G.
,,	29th	Gonorrhoea in Women	Colonel L W Harrison D.S.O. M.B., Ch.B., F.R.C.P.
May	6th	Salpingitis	Mr Aleck Bourne, M.A. F.R.C.S., F.C.O.G.
,,	13th	Birth Control	Dr Helena Wright, M.B., B.S., M.R.C.S., L.R.C.P.

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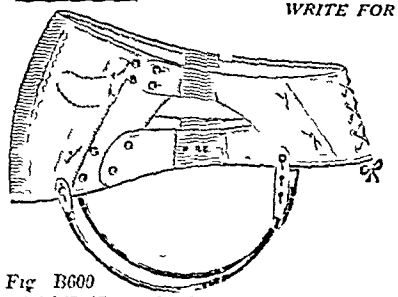


Fig B600
BELT (Bailey's Patent) FOR FLOATING KIDNEY

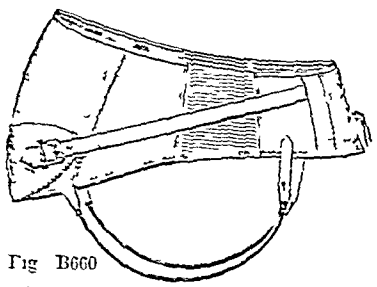


Fig B660
BELT FOR ENTEROPTOSIS

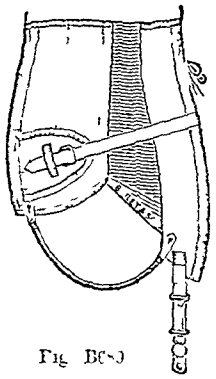


Fig B650
EXTRA DEEP BELT FOR ENTEROPTOSIS
Dispensing with corsets Supplied with understraps or suspenders as illustrated
Made in Broch pink or rev Coutille elastic side

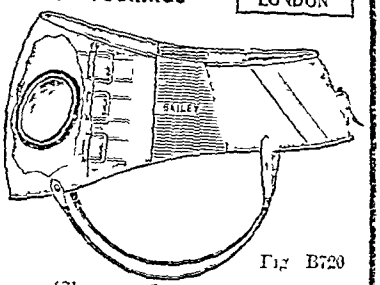


Fig B720
(Showing Interior of Cup)
SPECIAL BELT FOR AFTER COLOSTOMY

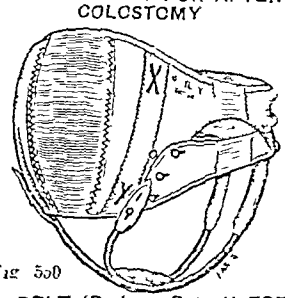
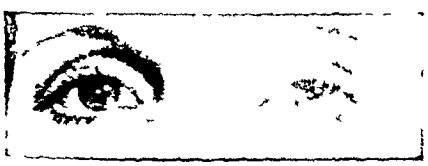


Fig 500
BELT (Bailey's Patent) FOR PROLAPSUS UTERI



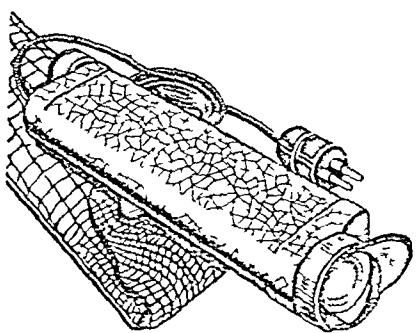
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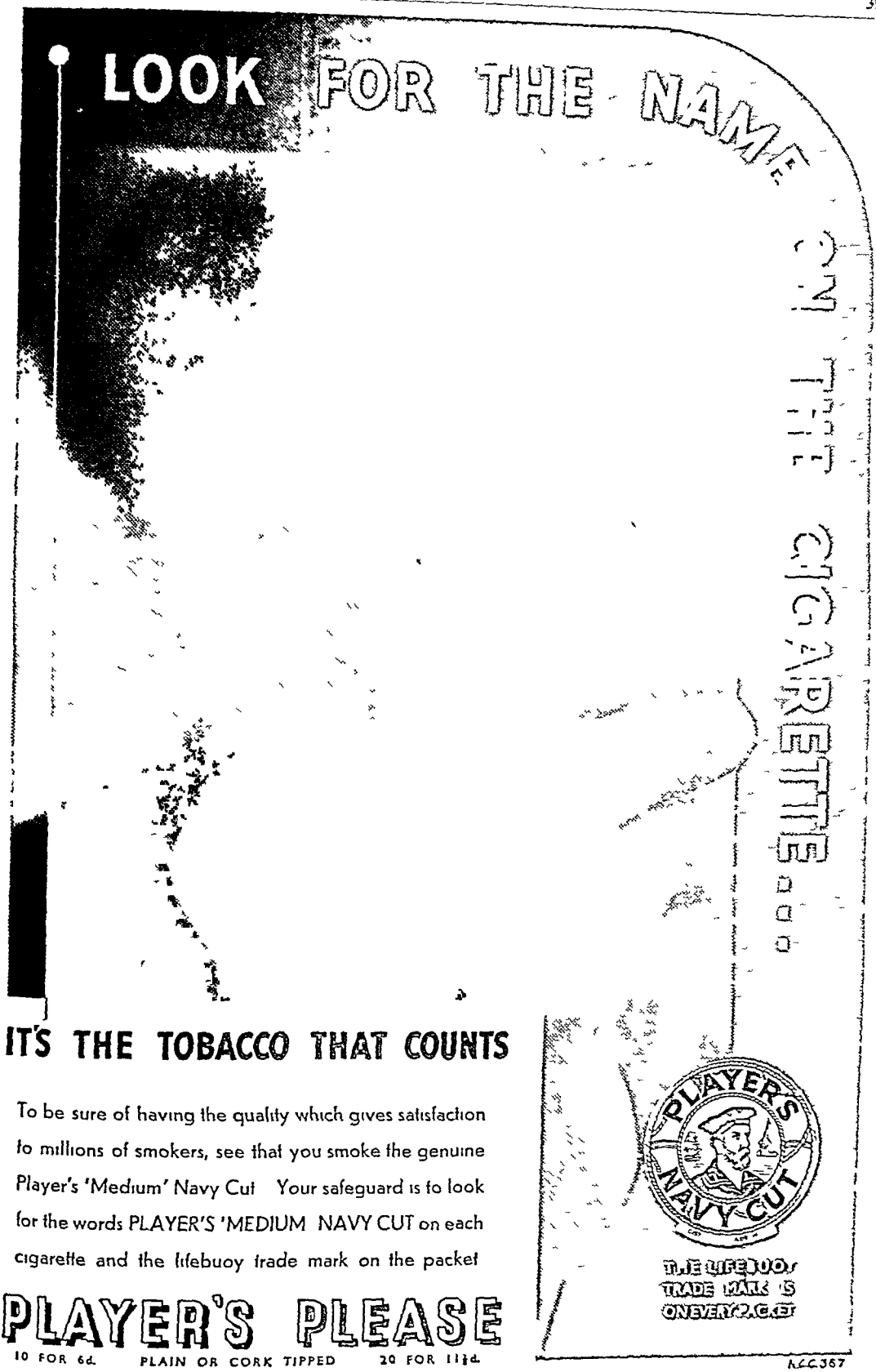
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At all the branches of the Hospital there are cricket grounds for ball and hockey grounds lawn tennis court (grass and hard court) croquet grounds golf course and bowling green Ladies and gentlemen have their own garden and facilities are provided for *agricultural* such as carpentry etc

For terms and further particulars apply to the Medical Superintendent (Telephone No 250 and 2507 Northampton) who can be seen in London by appointment

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Telegrams Stretton Haydock *Telephone* Newton le Willows 2311

For the reception and treatment of PRIVATE PATIENTS of both sexes of the UPPER AND MIDDLE CLASSES *suffering from mental and nervous disorders* either temporarily or under Certificate Patients are classified in separate buildings according to their mental condition

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All communications and enquiries referring to advertisements should be directed to

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British Medical Association House
TAVISTOCK SQUARE
LONDON, W.C.1
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All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anæmias asthma heart and kidney disease and functional and organic nervous disorders Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest Berks Telephone 181 and 182 Winkfield Row

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A Private Hospital for the Care and Treatment of those of both sexes suffering from MENTAL DISORDERS

Extensive grounds Detached Villa Chapel Garden and dairy produce from own farm Terms very moderate

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Detached Villas standing in 12 acres of ornamental ground with tennis court etc which Voluntary Temporary or Certified Patients may visit by arrangement for long or short period

Illustrated Brochure on application to the Medical Superintendent The Old Manor Salisbury Telephone 51

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Telegrams Alleviated London Telephone Rodney 2641-2642

The above House which was established in 1826 is an Institution for the care and treatment of persons suffering from mental diseases and nervous disorders Certified voluntary and temporary patients are received Separate houses for treatment and accommodation of special cases adjoin the Institution There is a seaside branch Ivycarse Court near Dover to which patients may be sent for treatment or on holiday Motor and carriage exercise is provided as required Patients can avail themselves of a course of physical drill Tennis courts Entertainments dances and indoor amusements held throughout the year Terms from £3 3s per week

Illustrated prospectus and further particulars can be obtained from the MEDICAL SUPERINTENDENT

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This REGISTERED HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis court cricket and croquet grounds and a court for badminton There are also wireless installations Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

The Hospital is nine miles from Manchester 50 minutes by rail from Liverpool and 3½ hours from London

For terms and further particulars apply to the Medical Superintendent who may be seen in MANCHESTER by APPOINTMENT

Telephone GATLEY 2231 (3 lines)

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Including Alcoholism and other Addictions

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Applications are invited for the post of Non-resident ASSISTANT MEDICAL OFFICER at the Out-patients Department Gartside Street Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months Candidates must be on the *Medical Register*

Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a m till 1 p m or until the work of the Dispensary is finished Patients attendances number about 100 000 per annum

Applications stating age and accompanied by copies of not more than three testimonials to be sent to the undersigned as soon as possible stating the date on which the candidate would be free to commence duty

Canvassing directly or indirectly may disqualify

By Order
H HEARDMAN Secretary

THE ROYAL INFIRMARY SHEFFIELD (300 Beds)

There are vacancies for the post of CLINICAL ASSISTANT to the Surgical Department at the Royal Infirmary Sheffield Salary £300 per annum The appointment to be tenable to June 30th 1938 and afterwards subject to re-election for a further period of one year from July 1st Candidates who should be Members of the Royal College of Surgeons of England are invited to apply in writing with qualifications etc and submitting testimonials to the undersigned

H KINGSLEY PEARCE
January 14th 1937 Com Supt & Sec

ROYAL SURREY COUNTY HOSPITAL GUILDFORD (216 Beds)

[illegible] HOUSE SURGEON [illegible] for [illegible] per annum with board [illegible] and [illegible] than three [illegible]

THE LEEDS VOLUNTARY HOSPITALS COUNCIL

Applications are invited from Fellows of the Royal College of Surgeons of England for the post of HONORARY AURAL SURGEON to the GENERAL INFIRMARY AT LEEDS Information relating to the post will be supplied on reference to the House Governor

Twenty five copies of applications accompanied by copies of not less than three recent testimonials, in an envelope endorsed Private —Honorary Staff, to be addressed to and received by the undersigned not later than February 22nd

S CLAYTON FRYERS
Secretary to the Council
The General Infirmary at Leeds

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL (112 Beds)

HOUSE PHYSICIAN

Applications are invited for the above post which becomes vacant on February 1st next Salary £125 per annum To have charge of Medical and Ophthalmic beds also to act as Casualty Officer and Resident Anaesthetist

The post is for six months in the first instance —offers valuable experience in both In patient and Out patient work

Applications with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH E SEARJEANT, FRCS,
House Gov & Sec

WESTERN INFIRMARY OF GLASGOW (INCORPORATED)

The Managers invite applications for a FULL TIME ASSISTANT RADIOLOGIST

The salary is £400 per annum and candidates are requested to lodge with the Subscriber on or before February 6th fifteen applications with copies of at least two recent testimonials with each application

Candidates must possess a Diploma in Radiology and previous experience is desirable

Canvassing not permitted

J MATHESON JOHNSTON
Secretary & Treasurer

87 Union Street Glasgow
December 30th 1936

WEST KENT GENERAL HOSPITAL Incorporated MAIDSTONE (120 Beds)

Applications are invited for the post of HOUSE SURGEON who must be a male of British nationality

Salary at the rate of £175 per annum, with board apartments and laundry

Candidates must possess registered qualifications

Applications stating qualifications and experience together with copies of testimonials should be sent to the undersigned on or before January 28th

The successful candidate will be required to take up residence on February 11th

EDWARD J CREGG House Gov & Sec

WALSALL GENERAL HOSPITAL

The Committee invite applications from Men or Women for the post of HOUSE SURGEON The duties include those of Casualty Officer and Orthopaedic House Surgeon Must have had previous experience in the administration of Anaesthetics Candidates who must be registered under the Medical Acts must produce three recent testimonials The appointment will be for six months Salary at the rate of £150 per annum The Hospital contains 172 beds and is equipped in all special departments

Applications to be sent at once to the undersigned

WALTER FRANCOMBE
January 16th 1937 House Governor

WESTMINSTER HOSPITAL, Broad Sanctuary S W 1

Applications are invited for the post of CLINICAL ASSISTANT to the Gynaecological Department, for attendance in the Out patient Department on Tuesday afternoons The appointment is an honorary one

Applications with copies of three testimonials should be sent to the undersigned on or before Friday February 5th

By Order of the House Committee
CHARLES M POWER Secretary

ST ALBANS AND MID HERTS HOSPITAL CHURCH CRESCENT, ST ALBANS

Applications are invited for the post of RESIDENT HOUSE SURGEON Salary £150 per annum with board residence and laundry

The post will become vacant on or about March 31st next

Applications to be sent to the Secretary St Albans and Mid Herts Hospital No 38 St Peters Street St Albans

January 20th 1937

VICTORIA HOSPITAL, ACCRINGTON

The Governing Body of this Hospital invites applications for the post of HOUSE SURGEON, vacant on February 22nd

Candidates must be duly qualified and registered Number of beds 50 Salary £150 per annum with board and lodging

Conditions of appointment and particulars of duties may be obtained from the undersigned, to whom applications with copies only of testimonials should be sent on or before the 27th instant

Victoria Hospital, J KENYON
Accrington Secretary

WESTERN INFIRMARY OF GLASGOW (INCORPORATED)

The Managers invite applications for a FULL-TIME ASSISTANT RADIUM THERAPIST

The salary is £300 per annum and candidates are requested to lodge with the Subscriber on or before February 6th fifteen applications with copies of at least two recent testimonials with each application

Canvassing not permitted

J MATHESON JOHNSTON
Secretary & Treasurer

87 Union Street Glasgow
December 30th 1936

WINCFIELD MORRIS ORTHOPAEDIC HOSPITAL HEADINGTON OXFORD

RESIDENT HOUSE SURGEON required Salary £100 per annum Duties to commence March 1st Applications with testimonials, should be sent to the Clinical Director before February 6th

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1. WITHIN 15 MILES (S.) OF LONDON.—Rapidly increasing PRACTICE in outlying suburban district. Cash receipts 1936 £2,100 including appointment and club worth over £500 p.a. and a panel of 2,400. Specially built house with 4 bedrooms, large garage and good garden for sale. Branch surgery rented at 10/- weekly. Ample scope. Premium £5,000.

2. E. COAST.—Partnership in old established middle class Practice over £3,700 p.a. in growing watering place within 75 miles of London. Good appointments and panel £50. Visits 5/- to 10/6. Well situated house (4 bedrooms) with garage and small garden for sale. Scope for increase—building proceeding. Hospital and scope for surgery, if desired. Premium one half share £4,000.

3. KENT.—Partnership (after short preliminary Assistantship) in sound old established and very lucrative Practice in a town under 50 miles from London. Good panel. Share worth £1,000/£1,500 p.a. would be sold at two years purchase to suitable man not over 30 years of age. Very good cottage hospital.

4. NORFOLK.—Very old-established Country Practice in beautiful part. Cash receipts average £854 p.a. with appointments worth about £50 and a panel of 617. Visits 5/- to 10/6, medicine extra. Suitable house available. Scope. Premium £1,500.

5. YORKSHIRE (N.R.).—Partnership (after preliminary Assistantship) in very old established Practice nearly £3,000 p.a. in old world market town. Panel 800. Visits 5/- to £2/2/-. One third share offered to suitable man at two years purchase with option to increase later up to one half.

6. SURREY.—Better class Practice in growing residential part of a town easy reach of London. Cash receipts £750. Panel 150. Nice modern detached house (8 bedrooms) in own grounds with garden and garage for sale (need not be taken over). Scope as building is going on. Reasonable offer to effect quick sale.

7. KENT COAST.—Partnership in old established PRACTICE in small growing fashionable Seaside Resort. Cash receipts average over £4,000 p.a. including valuable appointments and panel about 2,000. Visits 3/6 to £1 1s. Very little dispensing. Not much midwifery. Specially built house (4 bedrooms etc.) with garage and garden for sale. Premium one fourth share two and a quarter yrs. purchase.

8. S.W. OF ENGLAND.—Good-class non dispensing PRACTICE in first-rate Residential Town. Cash receipts over £1,600. No panel or appointments. House containing 8 bedrooms etc. with garage and small garden. Price £1,500. Excellent social and educational facilities. Scope for increase. Purchase.

9. N. DEVON.—Old-established Practice in beautiful Country District near the Coast. Cash receipts average £673 p.a. including appointments and a panel of 330. Visits 5/- upwards. Old house on main road (6 bedrooms) with garage and nice garden to rent. Hunting, shooting, fishing, golf etc. Premium one and a half years purchase.

10. DEATH VACANCY — LONDON S.E. — Old established PRACTICE. Receipts average 3 years ended April 5th 1936 £620 p.a. Panel about 700. Ten roomed house in good position on main road with separate entrance to surg. Garden no gar. Rent £130 p.a. Scope for increase.

11. ESSEX — Well established better working and middle class PRACTICE averaging £600 p.a. in outlying Suburban District. Panel 430. House on main road with small garden front and back. Rent £90 p.a. on lease. Good scope—building going on. Premium £1,200 cash.

12. AUSTRALIA.—Very old-established Practice in one of the best (chiefly Sheep Farming) Districts in Victoria. Receipts year ended June 1936 £1,690 including appointments worth £225 p.a. Eight roomed house rent £60 p.a. Premium to include furniture, contents of dispensary, etc. £800 (English currency).

13. LONDON S.E.—Partnership in old established rapidly increasing Practice of £2,250 p.a. including Panel 2,000 and appointment worth £200 p.a. Good house with garage in residential area, price £2,600. Premium one-half share £2,800. Considerable scope.

14. EASTERN COUNTIES.—Partnership (after six months Assistantship) in very old established middle class Practice averaging £3,300 p.a. in Market Town. No panel. Fees 5/- to £1 1s. Suitable house obtainable. Premium one-half share two years purchase.

15. EAST ANGLIA.—Partnership in sound old-established Practice over £6,000 p.a. in most desirable Country Town. Good appointments and panel over 3,000. Not much midwifery. Suitable house available. One sixth share at first at two years purchase.

16. S. MIDLANDS — Old established steadily increasing PRACTICE averaging £1,170 p.a. in small Country Town. Club worth £175 p.a. and panel of 745. House (5 bedrooms etc.) with garage and garden. Rent £65 p.a. Premium £2,100.

17. CO. DURHAM.—Well-established Practice about £1,100 p.a. in Residential Colliery District within easy distance of Newcastle. Appointments worth £85 p.a. and panel 840. Desirable freehold house (3 bedrooms and 2 attic rooms) with garage for sale or rent. Premium one and a half years purchase.

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F R C S (Eng),	*Primary* 1919 36	188
	Final 1919-36	183
M R C P (Lond),	1919-36	270
D P H	(Various) 1906 36 (Completed Exam)	342
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M R C S L R C P	*Final* 1919 36 (Completed Exam)	587

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CONTENTS The method and the cost of entering the Medical Profession *Particulars of all Medical Examinations* Resident Courses and Oral Courses Suggestion for the Higher Medical Examination Suggestion for the Higher Surgical Examination *Suggestions for the Special* Diploma Examination Refresher Courses Opening for Women Hints for writing these

Medical Prospectus gratis along with list of Tutorets on application to the Manager 17 *Red Lion Sq London* W C 1 (Telephone Holborn 6513)

LONDON HOSPITAL MEDICAL COLLEGE

F R C S

A COURSE OF INSTRUCTION for the FINAL FELLOWSHIP EXAMINATION will begin on Monday *February 22nd* 1937

Fees (exclusive of Operative Surgery) 25 guineas Operative Surgery 10 guineas

Further particulars may be obtained from Professor WILLIAM WRIGHT M B D Sc F R C S Dean London Hospital Medical College Turner Street London E 1

LIVERPOOL SCHOOL OF TROPICAL MEDICINE

(UNIVERSITY OF LIVERPOOL)

COURSES OF INSTRUCTION (lasting about three months) for the Diploma in Tropical Medicine commence on January 4th and September 30th 1937 and for the Diploma in Tropical Hygiene on January 7th and April 22nd 1937 (Candidates for the D T H must *possess* the D T M of this University)

For particulars apply to the Laboratory Secretary School of Tropical Medicine Pembroke Place Liverpool 3

DIPLOMA OF THE BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

The next Examination for the Diploma (D C O G) will be held on March 9th (written) and March 23rd (clinical and viva voce) Application for entrance to the Examination (on the prescribed form obtainable from the Honorary Secretary) must be made not later than Wednesday February 10th

58 *Queen Anne Street* London W 1

UNIVERSITY OF LONDON

HEATH CLARK LECTURES

A Course of Five Lectures on *The Development of Pictorial Art* (with an account of some of the Lesser who made it a Science) will be given by Prof WILLIAM PATTOCH M D F R S (Emeritus Professor of Bacteriology in the University) *at the London School* of Hygiene and Tropical Medicine (Keppel Street Gower Street W C 1) on January 25th and 28th and February 1st 4th and 8th at 5 p m At the First Lecture the Chair will be taken by Prof George H F Nuttall F R S (Emeritus Professor of Biology in the University of Cambridge)

Admission free without ticket

S J WORSLEY Academic Registrar

INSTITUTE OF CHILD PSYCHOLOGY

20 WARWICK AVENUE W 9

CHANGE OF DATE

Course of Ten Lectures open to Medical Men and Women

The three Lectures by Dr CUTHBERT DUKES on GENETICS will now be given on MONDAYS MARCH 1st 8th 15th at 5.45 p m instead of as previously announced

GUY'S HOSPITAL MEDICAL SCHOOL

DIPLOMA IN ANAESTHETICS

A Course of Instruction in preparation for the Examination for the Diploma in Anæsthetics of the Conjoint Examining Board in England will commence on April 29th 1937 The Course will cover a period of three years and will include lectures in Physiology Anatomy Pharmacology Clinical Investigation and Anæsthetics

The Course will be open to men and women graduates *The fee for the Course will be* £15 15s

Further information may be obtained from the Dean Guy's Hospital Medical School London Bridge S E 1

GUY'S HOSPITAL MEDICAL SCHOOL

London Bridge S E 1

FINAL F R C S COURSE

A Course of Instruction in preparation for the Final Examination for the Fellowship of the Royal College of Surgeons of England will commence on February *22nd* 1937

CARDIFF ROYAL INFIRMARY

NATIONAL RADIUM CENTRE

Applications are invited for the post of RADIUM REGISTRAR to the Cardiff Royal *Infirmary*

Applicant must be duly qualified Medical Practitioners

The remuneration will be at the rate of £200 per annum with board and residence

The successful applicant will in the first place be appointed for a period of three months which will normally be extended to twelve months and which may further be extended for a second year

Applicants are asked to state the earliest date on which they could commence duty

Previous clinical experience in Radium work is desirable

Intending applicants should apply to the undersigned who will furnish an application form which should be returned completed together with copies of three testimonials not later than Tuesday February 2nd

Cardiff Royal Infirmary P ARMSTRONG
January 18th 1937 Medical Supt

CITY AND COUNTY OF NEWCASTLE-UPON-TYNE

BARRASFORD SANATORIUM (100 b d)

RESIDENT MEDICAL ASSISTANT

Applications are invited *for the above* post from duly qualified and registered Medical Practitioners who have held a previous resident appointment

The sanatorium is fully equipped for the treatment of male and female cases of pulmonary tuberculosis

The salary in respect of the appointment which is tenable for one year only is £250 per annum with board lodging etc The post does not provide facilities for the taking of the D P H

Applications on the prescribed form which can be obtained on application to the Medical Officer of Health Town Hall Newcastle upon Tyne must be submitted not later than Saturday February 13th

LANCASHIRE MENTAL HOSPITALS BOARD

CALDERSTONES CERTIFIED INSTITUTION FOR MENTAL DEFECTIVES WHALLEY Nr BLACKBURN

APPOINTMENT OF MEDICAL SUPERINTENDENT

Applications are invited for the whole-time appointment of Medical Superintendent of the above Certified Institution The salary is £900 per annum rising by annual increments of £100 to a maximum of £1,200 per annum with emoluments for board purposes valued at £150 per annum Superannuation is payable

The appointment will be subject to the provisions of the Asylums and Certified Institutions (Officers Pensions) Act 1908

Applicants are required to send in their applications on a form to be obtained from the undersigned and applications received by Medical Superintendent should be sent or delivered at my office not later than 12 noon on *Saturday February 6th*

Any correspondence will be treated as strictly confidential

ETHELTON
Clerk to the Board

LANCASHIRE MENTAL HOSPITALS BOARD

BROCKHALL Certified Institution for Mental Defectives LANCHO Nr BLACKBURN

Applications are invited for the post of an ASSISTANT MEDICAL OFFICER (male or female)

Candidates must be under 35 years of age and single Commencing salary £500 per annum rising by annual increments of £25 to £600 per annum subject to a deduction of 2½ per cent under the Asylums and Certified Institutions (Officers Pensions) Act 1908 There are no emoluments The selected candidate will *be required to live in the Institution* and will be provided with board lodging and washing for which a charge of £150 per annum is made The possession of a Diploma in Psychological Medicine will entitle the holder to an additional £30 per annum The successful candidate will be required to undergo a medical examination Previous experience in Mental Defectives work *is not essential*

Applications giving full particulars together with copies of three testimonials should reach the Medical Superintendent not later than the first post on Saturday January 30th

BEDFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY *MEDICAL OFFICER* AND MEDICAL OFFICER OF HEALTH FOR THE BIGGLESWADE URBAN AND RURAL DISTRICTS

Application are invited from duly qualified and registered Medical Practitioners for the post of Assistant County Medical Officer

The successful applicant will be appointed Medical Officer of Health for the Biggleswade Urban and Rural Districts

The officer appointed must be registered in the *Medical Register* and hold *the Diploma* in Sanitary Science Public Health or State Medicine in accordance with Article 8 of the Sanitary Officers (Outside London) Regulations 1935

The salary for the joint appointment will be £800 rising by annual increments of £25 to £900 per annum together with a travelling allowance of £150 per annum

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922

Application (endorsed Assistant County Medical Officer of Health etc) stating qualifications experience etc with copies of three recent testimonials to be delivered to *the undersigned not later than February 5th*

Shire Hall J B GRAHAM
Bedford Clerk of the Council
January 20th 1937

CITY OF LIVERPOOL

RESIDENT ASSISTANT MEDICAL OFFICERS WALTON HOSPITAL (1,650 B) SMITHDOWN ROAD HOSPITAL (1,200 B d) MILL ROAD INFIRMARY (762 B)

Applications are invited for the above appointments which fall vacant on April 1

The appointments are whole-time and each at a salary of £200 per annum together with the usual residential allowances Uniform will be issued and laundry

Applications to be made on forms obtainable from the Medical Officer of Health Municipal Annexe Liverpool 2 to be returned to the undersigned not later than February 5th

THOMAS HAINES
Municipal Buildings
Dale Street Liverpool
January 1937

BRITISH MEDICAL BUREAU

(The Scholastic, Clerical and Medical Association Ltd.)

(*FOUNDED* 1880)

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TRANSFER OF PRACTICES AND PARTNERSHIPS INTRODUCTION OF RELIABLE ASSISTANTS AND LOCUM TENENS at Short Notice VALUATION and INVESTIGATION OF PRACTICES, Etc

FOR DISPOSAL

Full particulars free on request

Practices and Partnerships wanted Large list of bona-fide purchasers with ample capital available Enquiries invited from prospective vendors All information treated in strict confidence

LANCS TOWN —Very old established mixed Panel and Private PRACTICE in large town 7 miles from Manchester Cash receipts £2 300 p a Panel over 2 000 Good house 2 reception 4 bedrooms garage etc Premium—Practice—1½ years purchase Vendor retiring —No 914

DERBYSHIRE —PARTNERSHIP in old established Country Practice near to large town Cash receipts last year £3 238 Panel 1 800 Scope as district developing Attractive house specially built 2 reception 5 bedrooms garage and large garden Electric light and main drainage Rent £80 p a Premium—One third share—2 years purchase —No 854

NR MANCHESTER —PARTNERSHIP in sound old established Practice in suburban district Average cash receipts £3 080 p a Panel 2 100 Scope Excellent house 2 reception 4 bedrooms garage and large garden For sale or may be rented on lease Premium—Half share —2 years purchase —No 892

LANCS TOWN —Well established mixed class PRACTICE in large town Cash receipts £1 200 Panel 900 Scope Good house 2 reception 4 bedrooms 3 professional rooms and garage Rent £70 p a Premium—1½ years purchase —No 910

MANCHESTER —Old established middle and better working class PRACTICE in present hands 34 years Average cash receipts £1 082 p a Panel 470 Scope for energetic man Good house 2 reception 5 bedrooms garage and large garden Premium—1½ years purchase Vendor retiring —No 875

NORTH WEST COAST —Sound middle and working class PRACTICE Cash receipts last year £1 429 great scope Panel 1 272 Good house 2 reception 4 bedrooms surgery and waiting room (separate entrance) garage and small garden Price £1 100 Premium—Practice—2 years purch Vendor retiring —No 880

NEAR MANCHESTER —Old established middle and better working class PRACTICE in present hands 35 years Cash receipts last year £1 851 Panel about 800 Good house 3 reception 4 bedrooms garage and large garden Prem 1½ yrs purch Vendor retiring —No 850

NORTHUMBERLAND —Mixed class PRACTICE in beautiful country district Cash receipts last year £1 064 Panel 520 Good detached house 2 reception 4 bedrooms 3 professional rooms good garden, electric light main water and drainage Premium—Practice—and House—Let off —No 832

NEAR MANCHESTER —Old established PRACTICE conducted by Medical Man and Medical Woman in Partnership Average cash receipts £1 600 p a Panel 1 250 Scope for great increase as one of the partners is engaged in consulting work Two very good houses with private garages and gardens Premium best offer —No 889

EDFORDSHIRE —Small Country PRACTICE £400—£500 p a Cash receipts approx £1 114 Good house 2 reception 7 bedrooms garage and garden £ 0 p a Premium £300 —No 839

MANCHESTER —Well established middle and working class PRACTICE in district Cash receipts last year £1 630 Panel 1 100 Good house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garden Rent £60 p a Premium—Practice—1½ years purchase —No 913

LANCS TOWN —Very old established mixed Panel and Private PRACTICE Cash receipts approx £1 200 p a Panel about 1 400 Good house 2 reception 4 bedrooms 3 professional rooms (separate entrance) and garage Rent £81 10 p a Premium best offer —No 898

YORKSHIRE —PARTNERSHIP in sound old established middle and working class PRACTICE in Cathedral City Cash receipts over £3 500 Well built house available with garden Rent [illegible] third Year—2 years purchase —No 912

MANCHESTER —Well established PRACTICE in present hands 40 years Cash receipts last year £2 131 Panel over 600 Good house 3 reception 6/7 bedrooms, garage and garden Premium —Practice and house—£3 000 Long introduction if desired Vendor retiring —No 858

CHESHIRE BORDER —Old established better working class PRACTICE in pleasant district Cash receipts over £1 100 p a. Panel about 1 000 Excellent detached house 3 reception, 6 bedrooms etc Garage and good garden with tennis court Rent £85 p a Premium 1½ years purchase —No 917

MANCHESTER —Well established PRACTICE in industrial district offering scope Cash receipts £700 p a Panel 950 Surgery premises to rent at 13/ per week (clear) Premium best offer —No 909

MANCHESTER —PRACTICE in industrial district in present hands 40 years Cash receipts last year £840 Panel 904 Good corner house with ample accommodation to rent Vendor retiring Premium 1½ years purchase or near offer —No 855

CHESHIRE —PARTNERSHIP in unopposed Country Practice Cash receipts £1 700 p a Panel 1 012 Good house, 2 reception 4 bedrooms, garage and garden Electric light Rent £60 p a Premium—half share—2 years purchase —No 903

BIRKENHEAD —Small PRACTICE offering scope for increase Cash receipts £600 p a, with small panel Good house 2 reception 4 bedrooms garden, etc Premium best offer —No 915

YORKSHIRE (N R) — Old established Country PRACTICE in beautiful district near to Sea Cash receipts last year £1,040 Panel 600 Commodious house 3 reception, 6 bedrooms garage, and large garden with tennis court Premium—Practice—1½ years purchase Vendor retiring —No 893

NORTH WALES —Good class PRACTICE in Seaside Town offering scope Cash receipts £500 p a Excellent house 3 reception, 4 bedrooms garage and nice garden Premium 1 years purch —No 916

SPECIAL NOTICE

The Commission payable on Sale of any Practice or Partnership where the Bureau is Sole Agent is limited to FIFTY POUNDS, exclusive of house property

REVISED TERMS ON APPLICATION

MEDICAL WOMAN'S PRACTICE—DERBYSHIRE —Old established PRACTICE in beautiful district Cash receipts £448 p a Panel 378 Rent of surgery premises 18/ per week inclusive Premium 1½ years purchase —No 901

NORTH WALES —Old established PRACTICE offering scope Cash receipts last year £843 Panel 765 Good surgery Premises to rent at £52 p a Premium best offer —No 905

LANCS TOWN —Old established better working class PRACTICE with large part of work in country district Cash receipts £1 050 p a Panel 813 Scope Attractive house 2 reception 5 bedrooms garage and garden Rent £90 p a Premium £1 600 —No 859

DERBYSHIRE —Well established Country PRACTICE Cash receipts £800 p a including panel and transferable appointments £480 p a Good house 2 reception 5 bedrooms garage and garden Electricity and water Premium £1 350 —No 811

SOUTH YORKSHIRE—DEATH VACANCY — Small middle class PRACTICE offering great scope Cash receipts £463 Excellent house 2 reception 4 bedrooms and garden Premium—Best offer —No 887

NORTHERN SPA —Middle class PRACTICE Cash receipts last year £800 Panel 351 Excellent house 4 reception 7 bedrooms, garden, and garage Premium—1½ years purchase —No 897

ASSISTANTS WANTED—OUTDOOR — BIRMINGHAM Preferably married £450 p a and £50 car allowance LANCS TOWN—£400 p a English or Scottish HULL—View Partnership £450 p a and car allowance **INDOOR** —LANCS TOWN—Irish R C View Partnership £300 p a all found BLACKPOOL—£300 p a, all found living out YORKS (W R)—£300 p a all found Many other vacancies Details on request

LOCUM ENGAGEMENTS AND ASSISTANTSHIPS —Medical Men and Women are invited to register for IMMEDIATE engagements

All communications to be addressed to the Branch Manager BRITISH MEDICAL BUREAU 33 CROSS ST MANCHESTER 2

[illegible] British Medical Association at their Office Tavistock Square, in the Parish of St Pancras in the County of London.

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE

A vacancy exists for a PESIDENT PHYSICIAN at the MATHARI MENTAL HOSPITAL NAIROBI KENYA

Candidates must be British subjects of European parentage preferably under 35 years of age and must have an honours degree in Psychological Medicine and have had several years experience in a large mental hospital Salary £810 a year rising to £920 Free passages are provided and free quarters or an allowance in lieu The appointments are pensionable but the elected candidate will be required to serve for two years on probation He will be required to embark for Kenya as soon as possible

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service) 2 Richmond Terrace Whitehall London S W 1

COUNTY BOROUGH OF NEWPORT

ASSISTANT MEDICAL OFFICER OF HEALTH (FEMALE)

Applications are invited for the post of Assistant Medical Officer of Health (Female) at a commencing salary of £500 per annum rising by annual increments of £25 to a maximum of £700 per annum

Candidates must be registered medical practitioners and in addition possess a diploma in Public Health and be under 40 years of age

The appointment is a whole time one and the qualification for the post include special experience in Maternity and Child Welfare and School Medical work general Public Health including Infectious Disease and experience *in dealing with Orthopædic cases The person* appointed will be required to work under the immediate supervision of the Lady Medical Officer in charge of the Maternity and Child Welfare Department and furthermore will be expected to carry out such additional duties as may from time to time be imposed upon her by the Medical Officer of Health of the Corporation to whom he will be directly responsible She will also be required to pass a medical examination as to physical fitness and to contribute to a Superannuation Fund The appointment is terminable on two months notice on either side

Application in the candidate's own handwriting on special forms to be obtained from the office must be forwarded to the undersigned not later than the first post on February 11th and should be accompanied by copies of three recent testimonials

Town Hall O TREHARNE MORGAN
Newport Mon Town Clerk
January 19th 1937

BARNWOOD HOUSE REGISTERED MENTAL HOSPITAL NEAR GLOUCESTER

MEDICAL SUPERINTENDENT

The Committee invite applications from duly qualified and registered Medical Practitioners actually engaged in Mental Hospital practice and holding a Degree or Diploma in Psychological Medicine for the post of Medical Superintendent of the above Hospital

Candidates must be of the male sex and must not exceed 45 years of age

The commencing salary will be £1 500 per annum with furnished quarters and allowances

The Hospital has its own Pension Scheme for officers and staff which is non contributory

The person appointed will be required to devote his whole time to the duties of the position

Canvassing directly or indirectly any member of the Committee or of the Board of Governors *will be a disqualification*

The appointment may be determined by three months notice on either side

Application accompanied by copies of three recent testimonial and endorsed Medical Superintendent should be addressed to the Chairman Board of Governors and must be received by him not later than February 8th

MANCHESTER ROYAL INFIRMARY

CHIEF ASSISTANT TO A SURGICAL UNIT (Non resident)

The Board of Management invite applications for the above appointment

Candidates should be Fellow of the Royal College of Surgeon of England

The duties require attendance at the Infirmary on even half days per week The appointment is for one year renewable for a further period subject to the provision of the bye laws as to notice Salary £250 per annum

Further information may be obtained from the undersigned to whom applicants must send twelve copies of their application and testimonials by Saturday February 6th

By Order
W P TINDALE
General Supt and Secretary

NORFOLK COUNTY COUNCIL

TEMPORARY ASSISTANT MEDICAL OFFICER

Applications are invited from registered medical practitioners to fill a temporary vacancy

Experience in diseases of children with a thorough knowledge of refraction work is essential Preference will be given to applicants with a Diploma in Public Health and those who have had experience in mental deficiency

The duties will consist of

(a) School Medical Inspection (Elementary and Secondary)
(b) *Administration of general anæsthetics*
(c) Infant Welfare Work

The commencing salary will be £500 per annum If the appointment lasts for more than twelve months increments as laid down in the Walkith scale will be paid Travelling expenses will be allowed in accordance with the Council's scale

The appointment will be subject to one calendar months notice on *either side*

The officer appointed will work under the direction and control of the County Medical Officer be required to devote his whole time to the duties of the office and to reside at an approved centre in the County

Application on form to be obtained from the County Medical Officer Public Health Department 29 Thorpe Road Norwich to whom they must be returned not later than February 6th accompanied by copies of not more than three testimonial

The Shirehouse H C DAVIES
Norwich Clerk of the Council
January 18th 1937

NORFOLK COUNTY COUNCIL

DENTAL SURGEON

Applications are invited from qualified registered Dental Surgeon to fill a vacancy on the Council's Staff

At present the duties will consist of the inspection and treatment of school children but the Council may also require the officer to undertake inspection and treatment in connection *with their Maternity and Child Welfare* and Tuberculosis Scheme

The person appointed will be required to devote his whole time to the duties to work under the control and supervision of the County Medical Officer and to reside at an approved centre

The commencing salary will be £500 per annum rising by increment of £25 per annum on satisfactory service to a maximum of £575 Travelling expenses will be allowed according to the Council's scale

The appointment will be subject to the provision of the Local Government and other Officers Superannuation Act 1922 and will be terminable by three months notice on either side The successful applicant will be required to pass a medical examination

Form of application may be obtained from the County Medical Officer Public Health Department 29 Thorpe Road Norwich to whom they should be returned together with copies of not more than three testimonials by February 6th

The Shirehouse H C DAVIES
Norwich Clerk of the Council
January 18th 1937

CAERNARVONSHIRE AND ANGLESEY INFIRMARY BANGOR

The Committee of the Infirmary invite applications for the post of HONORARY CYNAECOLOGIST It is desirable that candidates should possess a degree of Master of Surgery of a University in the United kingdom or the Irish Free State or a Fellowship of a Royal College of Surgeons of the United kingdom or the Irish Free State The Committee do not bind themselves to make their final election from amongst the applications received Applications with not more than three recent testimonial should reach the Secretary by not later than January 30th

KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL MAIDSTONE (109 *Beds*)

Application are invited for the post of HOUSE SURGEON (male) to the Ear Nose and Throat Department which post will be vacant on February 14th Candidates must be duly qualified and registered Medical Practitioners single and of British birth and nationality and should have had some experience in the treatment of diseases of the Ear Nose and Throat The Hospital is recognised by the Examining Board for the D L O The appointment is for six month but may be renewed for a second six month Salary at the rate of £250 per annum with board residence and laundry

Application stating age together with copies of not more than three testimonial should be sent to the undersigned by Tuesday Feb 2nd

JOHN W STITCHLAND Secretary

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN

(Usually known as the Children's Hospital)
ST MICHAEL'S HILL

APPOINTMENT OF IN PATIENT PHYSICIAN

The Election Committee of this Institution are prepared to receive APPLICATIONS for the appointment of an HONORARY PHYSICIAN for IN PATIENTS

It is understood that the present Senior Out Patient Physician will apply for the post of In Patient Physician

Candidates must be Graduate in Medicine of a *University of Great Britain or* Ireland or possess the Diploma of a Member of the Royal College of Physicians of London

The Honorary Acting Medical Officer shall be elected for a period of five years and shall be eligible for re-election for further periods of five years

Application stating age training qualifications and experience accompanied by no fewer than three testimonial must be sent to the undersigned on or before January 30th

REGINALD C THOMAS Secretary

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN

(Usually known as the Children Hospital)
ST MICHAEL'S HILL

APPOINTMENT OF OUT PATIENT PHYSICIAN

In the event of the appointment of the Senior Out Patient Physician to the In Patient Department the Election Committee of this Institution are prepared to receive APPLICATIONS for the appointment of an HONORARY PHYSICIAN to the OUT PATIENT DEPARTMENT

Candidates must be Graduates in Medicine of a University in Great Britain or Ireland or possess the Diploma of a Member of the Royal College of Physician of London

The Honorary Acting Medical Officers shall be elected for a period of five years and shall be eligible for re-election for further periods of five years

Application stating age training qualification and experience accompanied by no fewer than three testimonial must be sent to the *undersigned on or before January 30th*

REGINALD C THOMAS Secretary

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL

(220 Surgical and Medical Bed)

HOUSE SURGEON TO OPHTHALMIC AND EAR NOSE AND THROAT DEPARTMENTS

Applications are invited from fully qualified men for the above post

The appointment is for six month

Salary at the rate of £150 per annum

Application stating age together with copies of three recent testimonials should be sent to the undersigned

C SUNNUCK
January 4th 1937 Supt & Secretary

BATH EAR NOSE AND THROAT HOSPITAL MARLBOROUGH BUILDINGS BATH

Applications are invited for the post of HONORARY ASSISTANT SURGEON

Candidates must be fellow of one of the Royal Colleges of Surgeons or master of surgery

should be sent to the Hospital not later than Saturday January 30th

C V ROGERS Hon Secretary

BRISTOL EYE HOSPITAL ORTHOPTIC CLINIC

Application are invited for the WHOLE-TIME POST of *ORTHOPTIST in the Department* shortly to be opened at this Hospital

For further information apply to the undersigned

D M BABER
Secretary and House Governor

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN

HOUSE SURGEON (man or woman) wanted for six months from April Salary to be at the rate of £100 per annum Application with full particulars and copies of testimonials to be sent not later than February 13th to HUGH C ASTON 45 Newall Street Birmingham 3

LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry

Surgical qualification required

Eligible for study prize £150 per annum after a period of

Application should be sent to the Secretary not later than

Medical Superintendent

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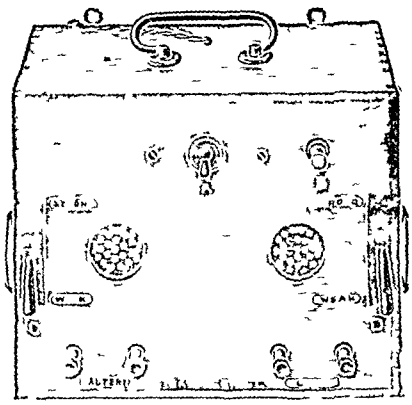
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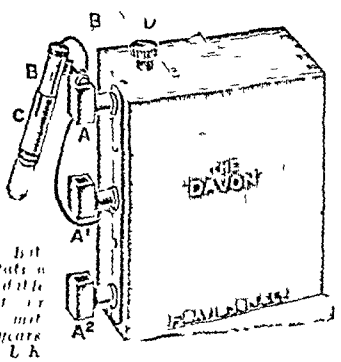
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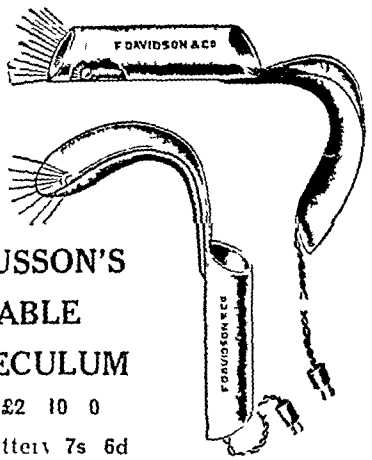
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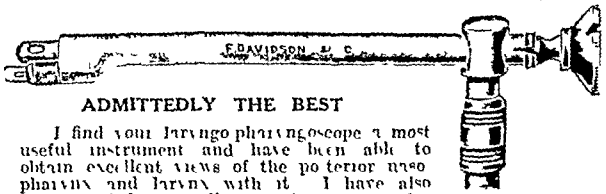
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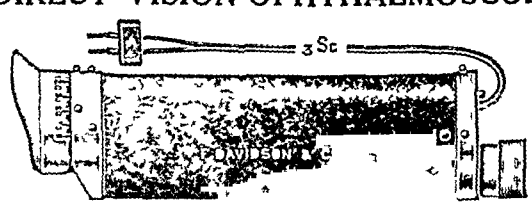


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(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
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GLANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE. *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	CORPORATION OF GLASGOW *(Child Welfare Medical Officer—Female)*
LLWYNYPIA CLYDACH VALE LLWYNCRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen Medical Scheme)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*
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Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
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January 18th 1937 Secretary Supt

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(76 Bed)

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(Appointments continued on p 54



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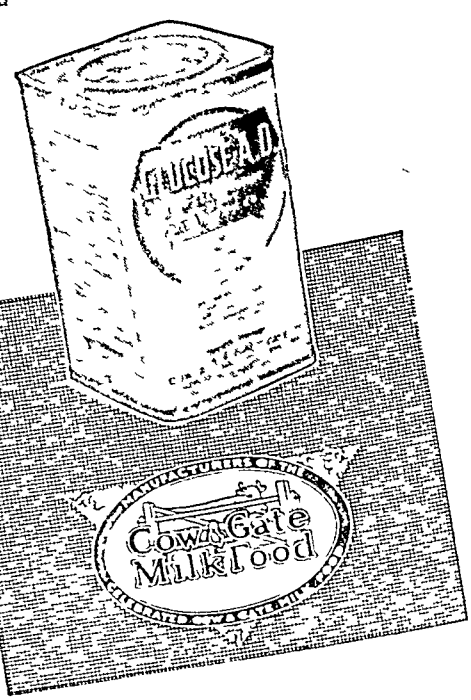
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LONDON E — Old established middle and working-class PRACTICE Shop fronted house Rent £1 per week Receipts at £120 p a Panel over £1 800 p a Panel 1 300 Equipment Premium £500 to include drugs furniture and stock in trade etc

NORTH WALES COAST—Old established PRACTICE in residential area Established over 30 years Panel 1 500 Receipts £1 500 p a Premium £1 500 Principals only treated for

Financial Assistance arranged

LANCS—Old established working-class PRACTICE in large Town Surgery on main road with flat above to be rented on lease at £60 p a Receipts £750 p a Panel 1 150 Premium £1 200 to include drug furniture fittings etc

HANTS — DEATH VACANCY —Old established panel PRACTICE House to be rented at about £70 p a Receipts over £600 p a Locum Terms in charge Premium £600

SOUTH EASTERN SUBURB—Good middle-class PRACTICE in pleasant residential area Established over 34 years ago Small modern house for sale or rental Receipts £1 p a two months £980 Panel 500 Ample opportunity Premium 1½ years purchaser or partner

Quotations upon application

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WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof) —Good mixed PRACTICE with panel of 1 000 upward and receipts of £1 500—£3 000 LIBERALLY REQUIRED CAPITAL AVAILABLE.

2 NORTH WEST MIDLANDS — Good mixed PRACTICE with substantial panel and income of from £1 500 upward IMMEDIATELY REQUIRED CAPITAL AVAILABLE

3 NEWCASTLE UPON TYNE. — Good mixed PRACTICE with receipts of from £1 500—£2 000 upwards and panel of 2 000 over PURCHASER OFFERS IMMEDIATE CASH

4 REQUIRED—Good English Scotch and Irish ASSISTANTS immediate posts to offer both Indoor and Outdoor

FOR DISPOSAL

1 MIDLANDS—Half share (new large Estate no other Doctor allowed to build or open surgery) Exceptional opportunity for young married man Should be British and well qualified Good modern house available

2 SOUTH COAST—Good mixed PRACTICE Receipts well over £1 200 p a Panel 1 300 Excellent house All service

3 NORFOLK—East Coast Town Old established private and panel PRACTICE Receipts about £1 400 p a Panel over 800 and both increasing Good house

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No 2788—Urban and Rural PRACTICE for sale in Lancs Panel 2 300 Average three years' receipts £2 197 Premium 14 years purchase Rent of house £40 on 999 years' lease Old established Vendor retiring Branch surgery at rent £50 p a

No 2787—Industrial working-class PRACTICE in Leeds Old established Panel 1 500 Private practice £100 Scope for increase Premium £1 600 to include house practice private and panel patients Vendor retiring

No 2786—DEATH VACANCY for disposal near Leeds Receipts £500 gross including private and panel patients Panel 700 Rent of house £60 p a

No 2789—Industrial PRACTICE near Dewsbury for sale practically unopposed Panel 1 400 Average three years' receipts £1 550 Rent of house and land £55 p a Premium £3 000 Good sound practice

No 2790—Old established PRACTICE in Leeds suburb for sale Vendor retiring Receipts £500 Rent of house £52 Panel patients 450

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FOR DISPOSAL

1 BUCKS—Well established Country PRACTICE Receipts average over £500 p a Small panel increasing Small but modern house, rent £1 per week Premium 1½ years purchase

2 LONDON S E (Suburb)—Well established mixed fashionable PRACTICE Receipts average just over £900 p a good panel Very nice house on rental Premium £1 800

3 35 MINUTES FROM PADDINGTON—Old established PRACTICE Receipts average £1 800 p a panel 1 700 Very nice house rent £72 p a Premium to include drug furniture fitting linoleum etc just over £5 000

4 A number of small PRACTICES at very low premium excellent opportunities for practitioners willing to get a practice with cope

5 LONDON SUBURB E — Well established mixed fashionable PRACTICE Receipts average £1 000 p a panel 1 350 increasing Nice house on lease Offers invited

6 LONDON SUBURB E — Old established PRACTICE Receipts average nearly £4 000 p a Panel nearly 3 600 Nice house on rental Vendor going abroad Premium moderate

7 NEAR BRIXTON S W — Old established PRACTICE Receipts private £200 p a and panel 620 in addition Nice semi-detached house rent 30/ per week Premium 2 years purchase

8 LONDON S W (near Clapham)—Old established PRACTICE Half many years Vendor Receipts £400 p a panel over 500 Premium for house and Practice £2 000 Good mortgage on house can be arranged

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The maximum Commission charged on the sale of any practice or share placed exclusively in our hands is £50 No Commission is charged on the sale of anything else except house property Scale of charges sent on applicat on.

FOR DISPOSAL

SURREY — COUNTRY TOWN INCREASING PRACTICE £1 200 p a Sole panel 1 000 Fees 3/6 to 10/ up Detached house 5 rooms 2 reception 4 bed large garden Rent £120 Good will

BRIGHTON — NUCLEUS £250 PANEL about 100 Provincial practice £90 p a Premium £150 Surgery and waiting room with 4 living rooms etc on lease

LONDON S W — AVERAGE £8 PANEL nearly 1 000 Vendor retiring through ill health Visits 3/6 Premium 2 years purchase House (6 bed etc) Rental £900—5

OUTER S W SUBURB—£2 100 PANEL 2 400 Club £—50 £500 p a and appointments etc garage and stabling £2 000—6

HANTS — COUNTRY PRACTICE ABOUT £1 900 p a Steadily increasing and capable Old established 1 300 Club £130 Two houses available Would suit two friends in Partnership—5

NORTH EAST ENGLAND—LUCRATIVE OLD established Town PRACTICE Over £2 000 p a Panel 2 200 Clubs and appointments about £600 Good fee Premium 2 years purchase Detached house 5 bedrooms 2 reception rooms Tool shed and lot—6

SUSSEX—£900 PATIENTS £300 Small panel Fees 5/6 10/6 Commencing modern bungalow Rent £70 p a Premium 2 years purchase—7

ESSEX SUBURB—AVERAGE £600 P A AND ample scope to young active man Panel 430 Visits 4 miles Houses on arterial road 2 reception 4 bed etc Rent £90 p a—8

NORTHERN TOWN—SHARE WORTH £1 200 p a Good panel and some appointments House in best localities to rent—9

LONDON S E — PAYABLE INCREASING PRACTICE in good position Now £900 p a Panel 500 Easily worked Premium £1 800 or near offer 8 roomed house available Price only £800—10

LONDON E.—£550 P A OR MORE. PANEL over 350 Densely populated area Good scope to increase Surgery waiting living room and 2 bed to rent Premium £550—11

LONDON N—£950/£1 000 PANEL OVER 900 Fees 5/ to 5/ Appt £66 p a 6 roomed house Rent £125 inclusive Premium 2 000 gns or near—12

SOUTH COAST RESORT — ONE THIRD share Over £1 500 p a Panel 1 300 Appt £125 Premium 2 years purchase Excellent house to rent at £75 p a—13

LONDON S E. — OLD ESTABLISHED PRACTICE Income £1 300 to £1 350 p a Panel 850 House with 4 bedroom 2 reception room surgery and waiting room with separate entrance etc—14

KENT—WITHIN 12 MILES—ABOUT £1 100 p a Panel 985 increasing Growing [illegible] cope Close of 15 — PARTNERSHIP p a Panel 1 900 2 years purchase Good house 7/8 bed. 2 acre garden etc Freehold £2 250—16

S E. COAST — AT £1 450 P A PANEL over 500 Good middle-class Part private Premium 2 years purchase Double-fronted flat available or house if required—17

MONMOUTHSHIRE—AVERAGE £1 000 P A Panel 600—700 Old established Premium 2 years purchase. Good house 3 reception 5 bedrooms Rent £50 or offer—18

BUCKS—ABOUT £600 P A INCREASING Panel 440 Visits up 1½ years purchase Suitable accommodation—19

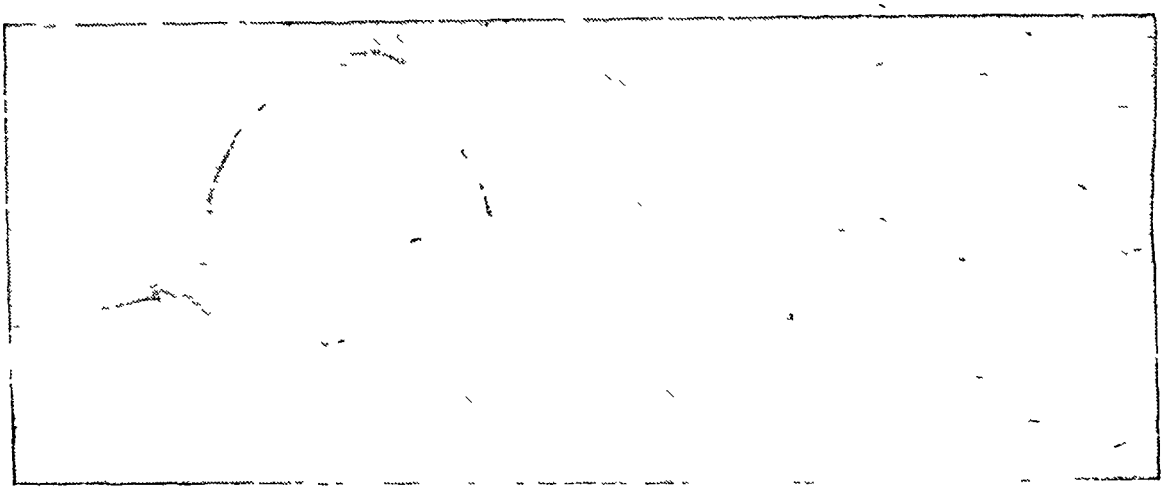
WEST END—AVERAGE £600 AND SCOPE. Oldest Vendor Panel 1 000 Fees 10/6 to 21/ Premium 2 years Good house and land—20

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Practices and Partnerships for Disposal (continued)

18. LONDON, S.E.—Working and middle class Practice (NHI), occupying commanding position near large L.C.C. Estate. Cash receipts 1936 £450 including panel of 500. Small house for sale or rent. Large income scope. Premium £1,500 or near offer.

19. SUSSEX.—Well established Practice between £600/£700 p.a. in growing Riverside District near Wind or Lane. 420. Small house to rent but others available. Scope. Premium one and a half years purchase.

20. NORTH WALES.—WATLING PLACE.—Good class non-panel PRACTICE about £500 p.a. Exceedingly nice house (4 bedrooms) in best part with garage and nice garden. Scope for panel work if desired. Premium one year's purchase.

21. EASTERN COUNTIES.—Partnership in Practice about £1,500 p.a. in progressive Market Town in Agricultural District. Panel over 1,400. Good house (7 bedrooms) with garage and garden to rent. Well equipped Hospital. Ample scope. Premium one half share two years purchase.

22. SOUTH OF ENGLAND.—Partnership (with early succession) in old established good class Practice about £1,000 p.a. in beautifully situated Watering Place. Visits up to £1 2s. No panel or midwifery. Patients are of high class and include county families. Share of about £500 p.a. at first at two and three-quarter years purchase. Cottage Hospital. Short preliminary Assistantship. Applicant should be graduate of Oxford, Cambridge or London.

23. LONDON, W.9.—Well established non dispensing PRACTICE averaging about £1,000 p.a. in good residential part. Practically no panel. Visits 10/6 to £2 2s. Accommodation comprises in addition to consulting room etc. 4 bedrooms, boxroom etc. Large garden. Rent £100 p.a. inclusive. Scope for increase. Premium one year's purchase.

24. LONDON, S.W.—Partnership in old established PRACTICE in pleasant residential suburb. Receipts about £3,000 p.a. including about £500 from panel. Visits 5s. to £1 1s. Small house (3 bedrooms) with garage and fair sized garden. Rent £55 p.a. One third share for disposal at two years purchase.

25. LONDON, N.W.—Well established Practice in desirable residential district. Receipts average £767 p.a. including panel about 240. Visits 5/6 upward. Modern semi-detached house (4 bedrooms) with garage and garden. Price of leasehold £1,600. Very good scope. Premium £1,150.

26. HOME COUNTIES.—Old established Practice of £500 p.a. in first rate town 20 miles from London. Panel over 500. Visits 5s. No midwifery. Modern nine roomed house with garage and attractive garden—about quarter of an acre. Premium freehold house and Practice £2,500.

27. LONDON, S.E.—Well established Practice in suburban district. Receipts average over £650 p.a. including appointments worth £80/£100 p.a. and a panel of 535. Semi-detached house (12 rooms) with garden for sale. Scope. Premium one and a half years purchase.

28. LONDON, S.E.—Increasing Middle class Practice in pleasant suburb. Cash receipts past twelve months £1,270. Panel 150. Visits 3/6 to 7/6. Medicine sometimes included. Detached double fronted house with ample accommodation for sale or rent. Further scope for increase. Premium £2,400.

29. MIDDLESEX.—Nucleus of Practice in rapidly developing residential district about fifteen miles from London. Receipts last year £370. Family run corner residence (4 bedrooms) with garage and garden. Premium house and Practice £—,000.

30. LONDON, W.—Practice of about £700 p.a. in residential district. Panel 500. Large corner house (7 bedrooms) with separate surgery entrance and good garden. Price of lease £1,350. Scope. Premium £1,250.

31. ESSEX.—Old established Practice in outlying suburban district run by two medical men averaging nearly £2,000 p.a. Panel 2,849. House (4 bedrooms etc.) for sale or rent. Premium two and a quarter years purchase.

32. SOUTH OF ENGLAND.—Partnership (after Preliminary Assistantship) in old established Practice of about £3,000 p.a. in an important town. Appointments £250. Suitable house available to rent. A one third share would be sold at two years purchase to a suitable man preferably one holding the M.D. or M.R.C.P.

33. LONDON, S.E.—Old established Practice of about £1,000 p.a. in outlying residential district. Panel 100. Detached house (4 bedrooms etc.) for sale. Premium two years purchase.

34. MIDLANDS.—Old established Practice of about £450 p.a. in country district. Panel 530. House (7 bedrooms etc.) for sale. Premium two years purchase.

35. SOUTH COAST.—Partnership in old established PRACTICE of about £1,650 p.a. in fashionable health resort. Panel 1,300 and appointments worth £150 p.a. Detached house with garage and garden for sale or to rent. Premium for one third share two years purchase.

36. LONDON, N.—Old established Practice in suburban district. Cash receipts 1936 (10 months) £1,450. Panel 1,240 increasing. Fees 2/6 upwards. Suitable house (9 rooms) to rent at £160 p.a. Premium £3,400.

37. HOME COUNTIES.—A small Practice about £400 p.a. in first rate town about 30 miles from London. Panel 140. Visits mostly from 5/. House with small garden to rent 25s. weekly. Excellent scope. Premium one and a half years purchase.

38. NORTH MIDLANDS.—Partnership in old established country Practice averaging over £3,000 p.a. close to county town. Panel over 1,800. Visits 3/6 to 10/6 and a few at £1/1/. Medicine extra. Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented. Scope for increase as building is going on. Premium one third share two years purchase to include share of drug etc.

39. SOUTH COAST.—Practice doing about £400 p.a. in rapidly growing seaside place. Panel 60. Detached house with 4 bedrooms, garage and good garden. rent £40 p.a. Good scope, building going on. Premium £420.

40. EAST COAST.—Partnership in well established Practice in seaport town. Receipts about £3,200 p.a. including good appointments and a Panel about 900. Corner house (3 bedrooms) for sale or rent. One fourth (possibly one third) share two years purchase.

41. WELSH COAST.—Old established country and seaside Practice. Cash receipts average £545 p.a. including appointments and Panel 272. Visits 5/ to 7/6. Not much midwifery. Suitable accommodation could be had. Bathing, boating, sailing etc. Premium £750.

42. HAMPSHIRE.—Practice averaging £830 p.a. in nice residential district, easy distance of the coast. Panel 400. No midwifery. Semi-detached house on main road with good garden for sale. Scope. Premium £1,500.

43. LONDON, S.W.—High class non dispensing PRACTICE about £1,000 p.a. in residential district close to Mayfair. Fees £3/3/ to £5/5/. Excellent accommodation for purposes of practice, rent £200 p.a. Scope for increase. Premium one and a half years purchase.

Purchasers for cash are available for Practices with Incomes of £1,250 to £2,000 p.a.
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Particulars will be forwarded on application.

A number of Assistantships can be offered to suitable applicants.

All communications to be addressed to The Manager

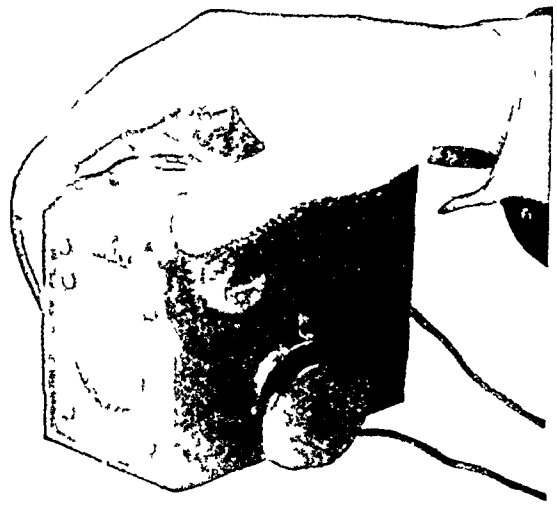
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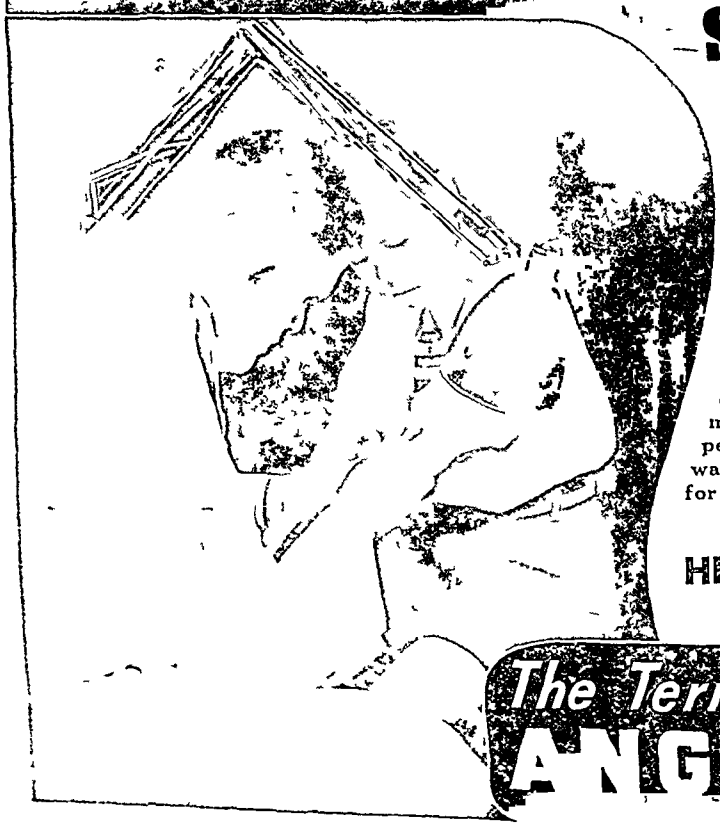


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Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency where desired at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 LONDON S E —PARTNERSHIP —A SHARE repr entin about £1 000 p a (with early increase up to about £1 500 to £2 000 p a) is offered in well-establi hed mixed-class practic having exceptional scope for expan ion as a neighbouring practic has recently been purchased Suitable flat available Rent 25/ per week Premium 2 years purchase

2. WESTERN DISTRICT —Well e tabli hed good middle-cla PRACTICE producing over £3 000 p a Panel of about 1 200 and appointments worth about £300 p a Fees 3 6 to 15/ Good hou with large gard n Garage Can be rented on leas Premium 2 years pur cha e

3. SOUTH DEVON —PARTNERSHIP AFTER PRELIMINARY ASSISTANTSHIP offered in exceptionally good and increasing mixed-class practice averaging about £5 700 p a for la t year (la t year £5 876) Pane worth over £150 p a Very good hou purcha SHARE is offered in

4 ESSEX COAST very old-e tabli hed and exceptionally fine Practice Average gro s ca h receipts for pa t 3 years £3 713 p a (la t year £3 788) Panel of about 1 500 and appointment worth over £330 p a Suitable house with 2 reception 4 bedroom small garden etc Garage Premium for share and hou e £5 500

5. MIDLANDS — COUNTRY DISTRICT —PARTNERSHIP —ONE THIRD SHARE (with prospects of increase later) is for dispo al in good middle and working-class Practice within ea y reach of three good t own Gross ca h receipts for pa 12 months £3 238 Pan l (increasing) things in over £900 p a Hou specially built for Practice contains 2 rec ption 6 b drooms etc \ quarter of an acre of garden Garage Rent £80 p a Sport of all kind Premium 2 years purcha e

6. SOUTH EASTERN DISTRICT —Mixed-cla PRACTICE producing for pa t 12 month over £1 100 Pan l of about £650 9 roomed hou with garden and garage can be rented Premium 2 year purchase payable £500 down and balance by in talment

7 NORTH W ys ca h receipts average £1 368 p newly decorated with excellent r prompt ale

8 LONDON middle-cla s increasing PRACTIC is £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as further building is in progress Good hou e in excellent condition containing 2 reception consulting room 4 to 6 bedrooms dre sing room etc Price £500 Premium £2 400

9 S E LONDON —Good mixed-cla PRACTICE averaging £1 475 p a Panel of 820 Very moderate expen es Hou e contains 2 reception 6 bedroom garden garage Free hold for sale Golf etc and good schools Premium 2 years purcha e

10 OUTLYING EASTERN SUBURB —Well e tabli hed PRACTICE produc ing £600 p a but capable of good increa e Fees 5/6 to 10/6 Panel of 430 Suitable hou e can be rented at £90 p a Premium £1 200

11 PRACTICE producing from £600 to 550 Suitable hou e available at rs purchas

12. Mixed cla s PRACTICE e tabli hed le cope Gro s ca h receip s for £500 p a Selected panel of 50 rented R a onable premium

13 LONDON S E —LOCUM PRACTICE —Recently e tablished PRAC TICE producing about £330 p a No panel or appointment Suit a e premises can be rented at 15/ per week Premium £350

14 LONDON WEST —Old e tabli hed PRACTICE producing about £700 p a including panel of 500 Well situated hou e with 2 reception 7 bedrooms etc Garden Lea hold for sale Pea onable premium

15 S E LONDON —Recently es ablished PRACTICE in advantageous po ition close to n w building e tate Exceptional scope for increase Gross cash receipts for pa t 12 months £750 Panel of 500 increasing Hou e in good repair containing 2 sitting 3 bedrooms etc Premium 2 year purcha e

16 MIDDLESEX —Recently establi hed PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable hou e with 2 reception 4 bedroom etc For sale or on rental

17 SURREY —LARGE TOWN WITHIN EASY REACH OF LONDON — Recently e tabli hed PRACTICE at pre ent producing about £250 p a includ ng panel of 180 Very good cope Fees from 3/6 Suitable hou e in good po ition containing 2 reception 3 bedrooms etc Freehold for sale Premium £300

18 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANT SHIP with view after 6/12 month in an old-establi hed general mixed practice averaging about £6 500 p a. including panel of 3 000 patients and appointments worth approx £550 p a Appli cants mu t hold the F R C S and be capable of undertaking major surgery Prote tant and accustomed to good-cla work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

19 MIDDLESEX RIVERSIDE —Middle-class PRACTICE tated to offer scope for increa e and at pre nt producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £o p a alternatively pra tice can be sorted a a loca Premium 21 years purcha e

20 WALES —Unopposed country PRACTICE producing approx £2 000 p a including panel and appointments bri ht £1 000 p a Visits and medicine 3 6 to 21 Suitable hou 2 attrac bedrooms etc good profe sional room Let on £35 p a Premium 1½ year purcha e Knowledge Welsh desir able but not e ential

21 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP —One half share is for disposal in good mixed cla s Practice in rapidly develop ing district Gro s ca h rec ipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced married and good worker

22 LONDON S E 10 —Old-e tablished mixed cla PRACTICE h ld by Vendor over 20 year Averag gro s ca h receipts £836 p a Panel of 323 One appointment worth about £26 p a Fees 2 6 to 10 6 Suitable hou e with ample accommodation on rental Offers invited

23 RIVERSIDE SUBURB —Recently e tabli hed PRACTICE producing about £200 p a and tated to offer con iderable cop Panel of 100 Fees from 2 6 Suitable hou e with 3 rece tion 3 bedrooms etc Garden Garage Rent £80 p a Premium £300

24 FAVOURITE SOUTH COAST TOWN — PARTNERSHIP —A three-te h share (with incr a e later) is offered in an old estabi hed steadily increasing good middle class Practic producing at pr sent over £3 400 p a Panel of approximately 1 800 Fe s from upward Suitable mai onette avail on rental Fr m 2 r pur h

25 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE recently establi h d and stated to offer con id rable ope f r Gross ca h r ceipts for pa t 12 month appr ximately £400 A hou can be rent d at 25 per w k Premium n ear

26 WITHIN 12 MILES OF LONDON —R cently tabli h d PRACTICE in rapidly developing re idential district pro ts in the l n th over £1 100 Panel of 367 Fees from 3 6 Suitable hou e with 2 reception 4 bedroom etc and pro e sional room Small garden Garage Price for freehold £1 450 Premium £1 600

27 FAVOURITE SOUTH COAST TOWN —PARTNERSHIP —A one third share (with increa e later) is offered in good mixed-cla s Pra tice producing for last 12 months approximately £1 600 Panel of 1 500 Fees from 5 Detached hou e with good sized garden containing 3 profe sional room dining room kitchen etc and 5 other rooms bathroom etc Rent £75 p a Premium 2 y ars purcha e

28 LONDON WEST —Old-e tabli h d good mixed cla PRACTICE aver aging for past 3 years over £2 400 p a Panel o 1 400 and good appointments worth over £200 p a Fees 3 6 to 10 6 Suitable hou e in very good position with 2 recep ion 5 bedroom etc Rent on lea e £100 p a

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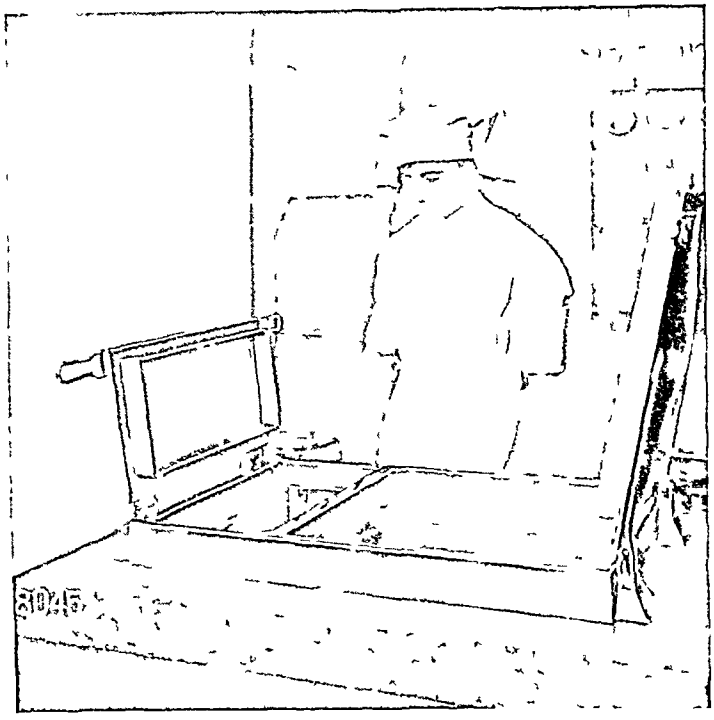


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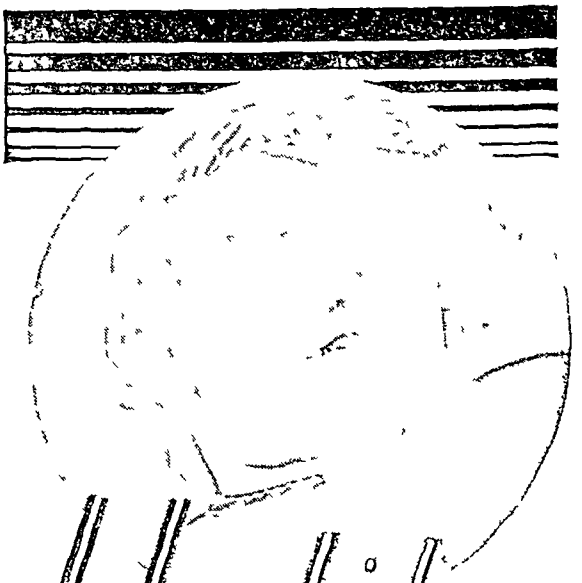
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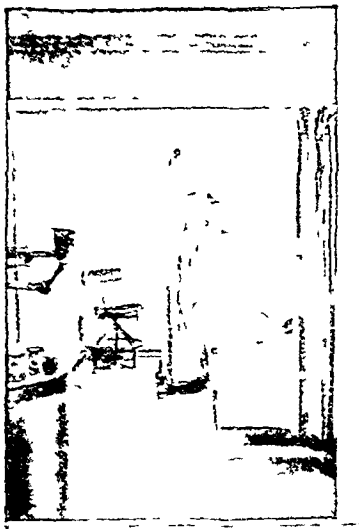
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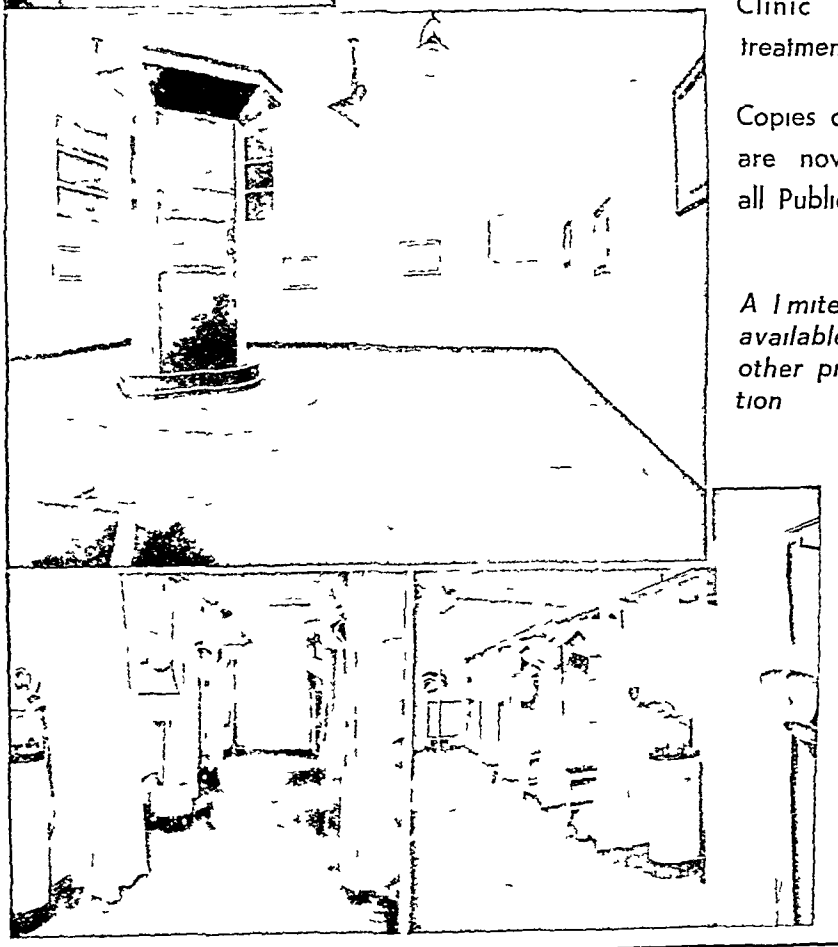
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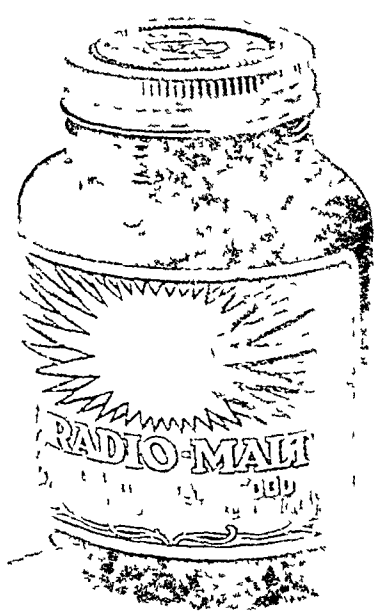
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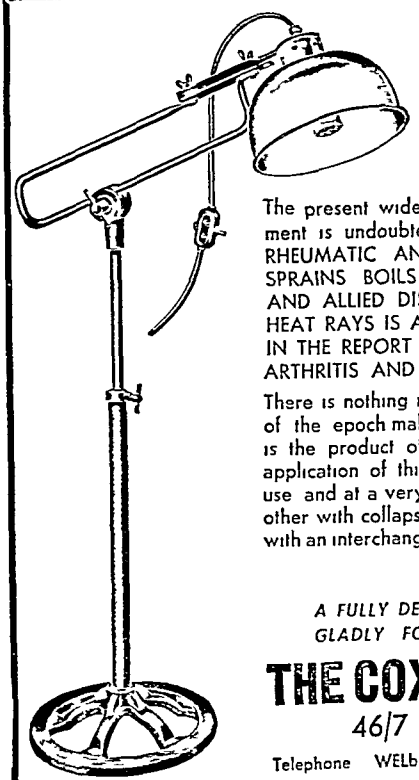


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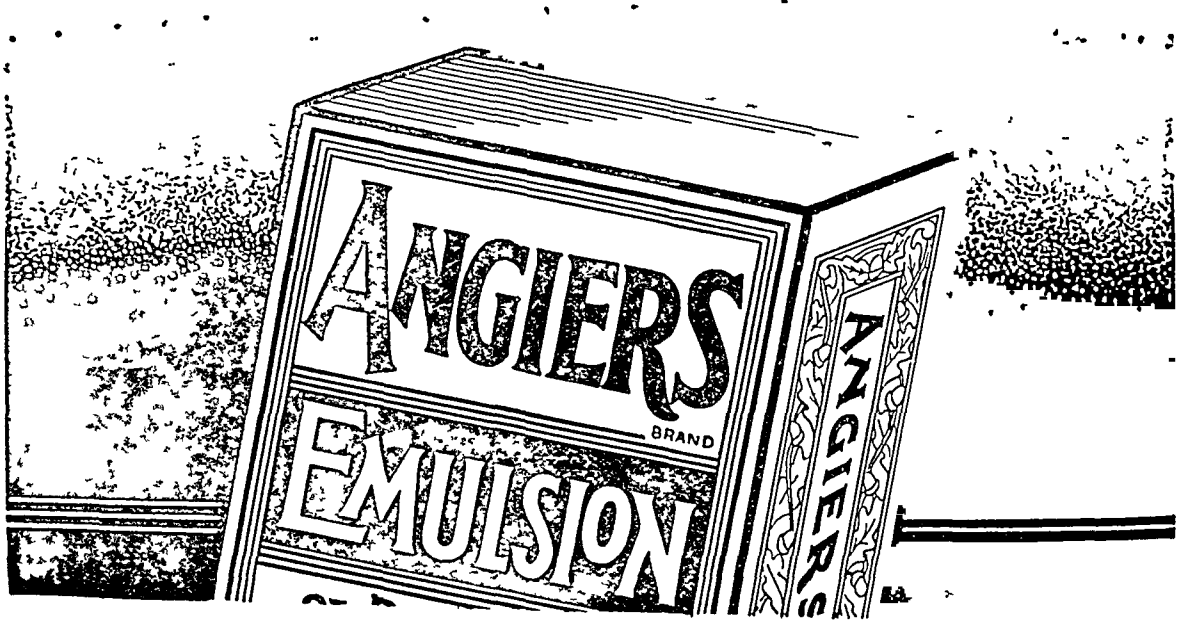
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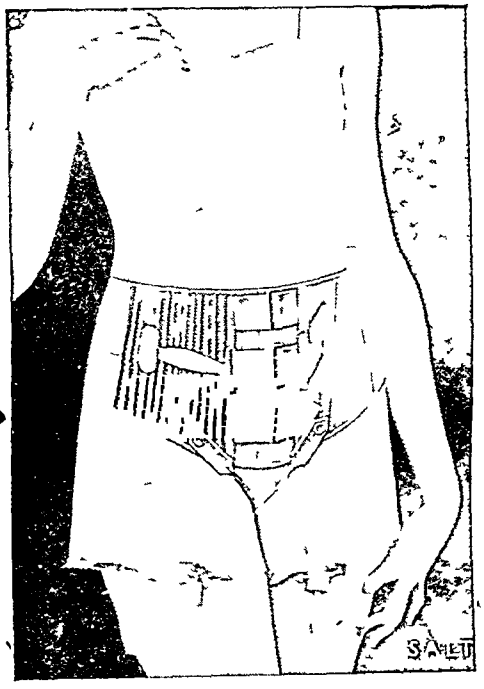
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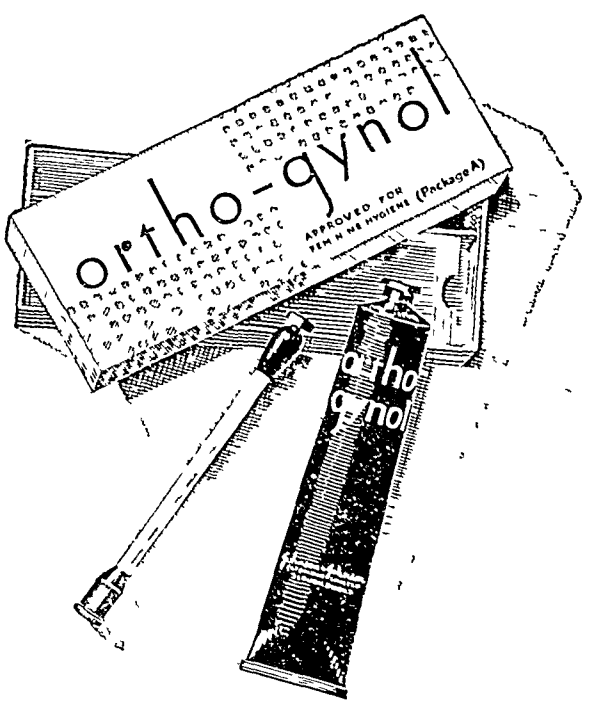
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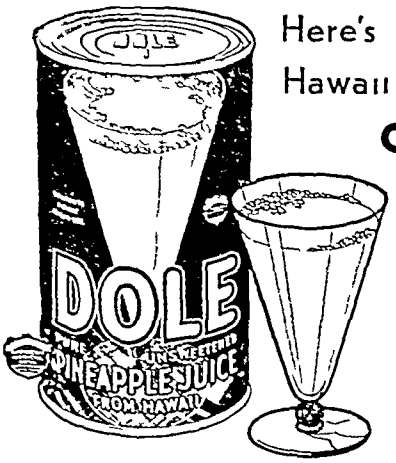
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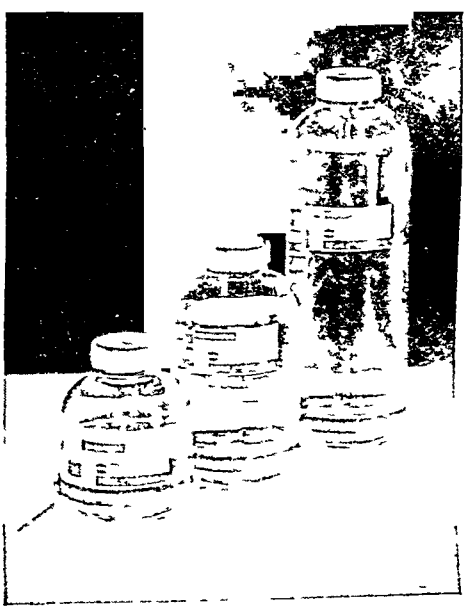
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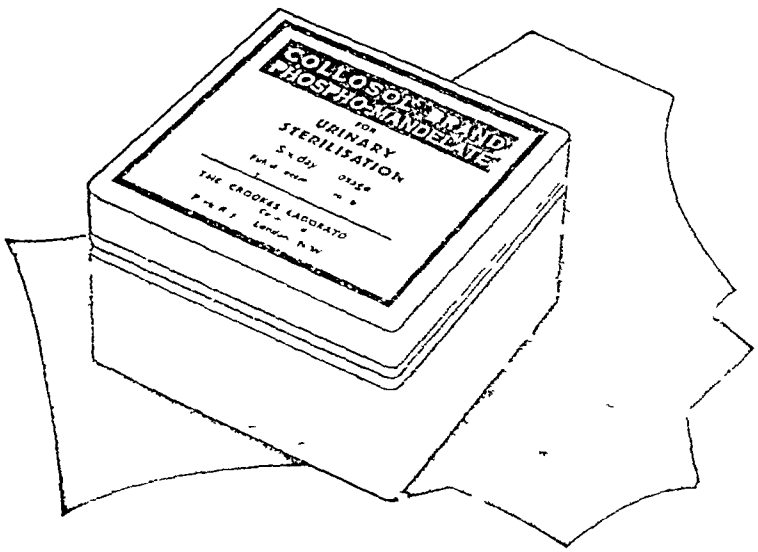


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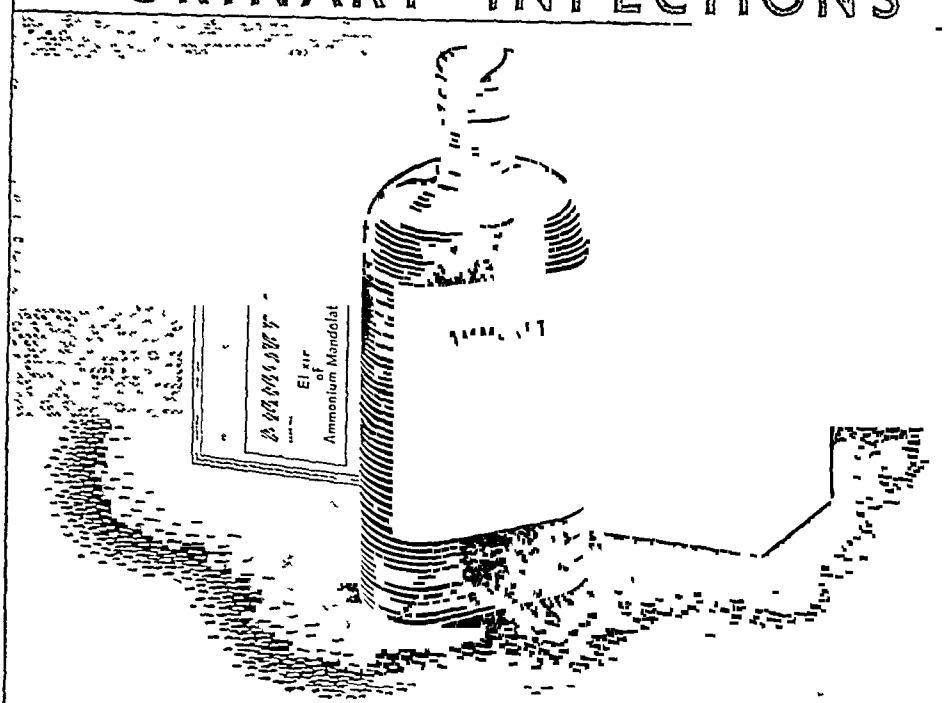
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Hypertension and subacidosis . . . .

Most of the minor ailments of mankind have no name, and therefore, receive but small attention Yet it is probably among the common malaises of which, knowing little, we are inclined to make light, that the sources of some of our most lethal diseases are to be found The realm of minor illness is indeed an unpathed and almost unexplored territory, offering great opportunity to the medical adventurer

There are two recognisable and measurable signs that characterise a good deal of this unnamed illness These are, some degree of hypoalkalinity or subacidosis, and some rise of blood pressure There seems little doubt that behind these conditions, and causatively related to them, is a deficient or sluggish elimination of the waste products resulting from protein utilisation The resulting auto-intoxication is, of course, likely to be increased by the introduction of such added poisons as alcohol, tobacco, and so on, but the main trouble would seem usually to consist of incomplete combustion and eliminatory inadequacy Many doctors have found that in these cases of subacidosis, a halfway definite improvement in the general symptoms, and a diminution of the H-ion concentration, often result from the taking of a small quantity of ENO's " Fruit Salt " in half a pint of water once or twice daily ENO s " Fruit Salt " is an effervescent granular preparation, consisting of alkalis in combination with fruit acids It is entirely free from irritating mineral purgatives, and has no added sugar or flavouring matter The granules dissolve instantly in water, forming an agreeable and refreshing drink It acts as a mild and painless laxative, this action being due to the retention of water within the alimentary canal through osmotic law with resultant slight increase of tension and of peristaltic impulse

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Simple syncope occurs under a variety of circumstances The erect posture, long hours without food, convalescence after debilitating illnesses, hot stuffy rooms, or exposure to cold and damp all play a part, but there is evidence to suggest that the emotional tone of the victim at the moment plays an important part in the precipitation of the attack A hundred onlookers may see a child run down in the street but perhaps only one will faint Received by one or other of the special senses the stimulus itself does not necessarily cause fainting, but the emotional idea—often disgust or loathing—dominant in the mind of the subject at the moment may be the main determining factor in the initiation of these circulatory reflexes, which produces a sudden change in the mechanics of cerebral blood flow A slow heart beat in itself is not harmful, as witness the rate of 28 or 34 maintained for years in cases of heart block Similarly a low blood pressure of perhaps 90 or 100 mm Hg may be entirely symptomless, but an abrupt alteration from a high to a low level in pulse rate or blood pressure seldom passes without the production of symptoms

The slow pulse and particularly the abrupt loss of vasomotor tone which form the essential features of simple syncope are in effect a transient disturbance of the reflex control of the circulation exerted by the autonomic nervous system This suggests that just as receptor organs situated at the bifurcation of the carotids are capable of receiving and transmitting afferent stimuli to the medulla with resulting cardiac depression and lowered vasomotor tone, so also through similar but unrecognized channels the medulla may be influenced from higher cerebral and other centres with a resulting disorganization of these usual circulatory reflexes constantly passing through this busy regulatory area

Carotid Sinus Syncope

More conclusive evidence of the influence of the autonomic nervous system is afforded by the recent studies of Weiss (1933) and Ferris *et al* (1935), who have revealed in a group of people liable to fainting attacks a peculiar sensitivity of the carotid sinus to mechanical pressure in the neck That it was possible, by pressing with the fingers on one or other sinus, to reproduce constantly in a matter of seconds an exactly similar train of symptoms as those for which the patient sought advice yields very good evidence of a hypersensitive state of the sinus mechanism

Fainting, it was discovered, resulted from one or more of three distinct mechanisms (*a*) a marked cardiac asystole or sudden slowing of the pulse with or without a marked fall in the arterial blood pressure, (*b*) a striking fall in the blood pressure without essential cardiac slowing, (*c*) a cerebral type associated with a striking degree of facial pallor but without alteration in the heart rate or blood pressure level The origin of the fainting and convulsions in the first two groups associated with [illegible] and hypotension is clearly attributable to a [illegible] ischæmia and is directly comparable to [illegible] recorded in simple syncope The experimental data indicate such a close parallelism between these two forms of sinus syncope and the simple vasovagal attack that they are almost certainly of a similar nature Paralysis of the parasympathetic nerve endings with atropine accelerated the cardiac, but not the peripheral vascular changes Both forms were prevented by the previous administration of adrenaline

Arteriosclerosis or hypertension was a common clinical finding but a local mechanical cause for the increased sensitivity was demonstrable in nine of the fifteen cases studied, a small tumour pressing on the sinus in three instances Furthermore, operative removal of the tumour and section of the sinus nerve supply abolished both the spontaneous and the induced attacks It is well known that tumours in this situation are often associated with syncope (Cassidy and Page, 1928), and from the studies of the Boston workers the mechanism seems clear

Cerebral Syncope of Sinus Origin

The cerebral type of carotid sinus syncope, in which fainting occurs without alteration in heart rate or blood pressure, has also been carefully investigated (Ferris *et al*, 1935) Earlier observations suggested that these seizures resulted from reflex vasoconstriction of the cerebral vessels, but further experiments designed to influence cerebral blood flow cast a doubt on the earlier explanation In spite of the previous administration of adrenaline or histamine, pressing on the sinus is readily induced attacks, and measurements of jugular blood flow failed to yield evidence of a generalized cerebral anaemia during the seizure Weiss and his co-workers tentatively suggest for the regulation of the conscious state the presence of a special area or centres in the brain closely related to the autonomic system Whether in the cerebral form of syncope the afferent reflex from the sinus travels over the same pathways as those responsible for the cardiac depression and hypotensive forms is difficult to decide —probably not At all events, cerebral syncope was not prevented by atropine, and this suggests more purely sympathetic channels

In a proportion of cases considerable benefit was obtained by stripping the coats of the carotid artery on the more sensitive side It is yet too early to judge of the permanence of the results, but a recurrence of spontaneous attacks was observed in three of ten cases operated on Fortunately hypersensitivity of the sinus mechanism is not necessarily permanent, and much good was done several patients by measures directed to the improvement of their general health Patients presenting this form of syncope apparently fall into a distinct clinical group Weiss points out that in virtue of their unstable heart rate, easy fluctuations in blood pressure, and low metabolic rate they might be vaguely classified as examples of vasomotor neurosis or instability Carotid sinus syncope is a definite entity, and when the problem of repeated syncopal attacks is encountered in practice firm pressure applied first on one side and then on the other for ten or twenty seconds will form a useful clinical test for sinus hypersensitivity Further, careful palpation of the neck may reveal a local mechanical cause for the recurring seizures

Postural Hypotension

This peculiar variety of fainting occurs but rarely and has certain characteristic features which clearly indicate a disorder, more or less permanent, of the autonomic system It is, however, uninfluenced by carotid sinus stimulation Originally described and carefully investigated by Bradbury and Eggleston (1925) little has been added to our knowledge by subsequent observers Its leading symptom is readily induced fainting on assuming the upright position There is a marked and abrupt drop in the systolic and diastolic pressures when the patient stands erect, and this is associated with actual syncope or marked weakness and giddiness The symptoms are accentuated in hot weather Two other observations serve to give a clue as to the nature of the disorder These are a local or generalized deficiency of sweating and the failure of the heart to increase markedly in rate when the patient stands erect Adrenaline, while it augments

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Case I

A lady, aged 57, seen in June, 1934, had been having "giddy turns" once a week, once a month, or at less frequent intervals for four years They occurred when out walking, when sitting quietly in a chair, and rarely when lying in bed She described the attack as a sudden feeling of "something coming over her," then fell to the ground and remained unconscious for ten minutes or more Slight twitching movements of the limbs had occasionally been observed by onlookers Her son a doctor, noticed on one occasion that her pulse rate was 30 before she had fully regained consciousness When on holiday in July, 1933, she had an attack, felt faint fell and lay in the street unconscious for nearly half an hour A consultant who saw her some days afterwards found her pulse rate 70, regular, and electrocardiograms showed normal rhythm Her blood pressure was then 150 systolic and 70 diastolic, the radial pulses were equal, and the vessel walls healthy Owing to her obesity it was not possible to determine accurately the size of the heart, but the electrocardiogram demonstrated a marked left-sided preponderance with normal conduction time A soft systolic murmur was heard in all areas As no evidence of heart-block was found at the time of examination a diagnosis of simple syncope was made

On June 4, 1934, I saw her for the first time, and at her home shortly after an attack recorded an electrocardiogram which showed conclusively the presence of complete heart-block On June 8, suspecting from the frequency of the seizures that the block would be transient, a further electrocardiogram was recorded This revealed a normal rhythm, the picture being exactly similar to that recorded the previous year (July, 1933) some days after an attack These facts were sufficient to indicate the mechanism of the production of the syncopal attacks, and justified a diagnosis of intermittent complete block with Stokes Adams seizures Adrenaline and ephedrine reduced the frequency of the attacks for a time, but she died a year or so later during an attack

A further case indicates the benefit which may result from appropriate treatment

Case II

A schoolmaster led a very active life until at the age of 61, in 1925, he had a sudden attack of unconsciousness while in church Immediately after the seizure the pulse rate was recorded at 35 a minute Attacks recurred at intervals of a few weeks, but with the passage of time they increased in frequency until by 1934 he was experiencing as many as six Stokes Adams attacks a week Life was made a misery for him He had no other cardiac symptoms Seizures occurred at any time in bed at night, moving about in the house or when working in the garden In some he fell unconscious, in others he was momentarily giddy for a few seconds He knew of no provoking cause Attacks were sometimes absent for a few days at a time On other occasions he had as many as four or five in twenty four hours Seen in May 1934 the pulse was regular at 80 a minute, the heart of normal size with no evidence of valvular disease and the blood pressure 124 mm Hg systolic and 68 diastolic There was a marked degree of generalized arteriosclerosis He was thin and under weight, and had suffered from a mild glycosuria controlled by diet without insulin since 1931 The urine was negative An x ray of the heart revealed no abnormality, and his electrocardiogram in the interval between attacks was of normal form without any evidence of heart-block He was advised to take 1/2 grain ephedrine thrice daily Under this treatment the attacks ceased and there was a great improvement in physical well being and mental alacrity In March, 1936, he had two minor attacks In August 1936 he had two attacks these were attributed to the fact that he had forgotten to take his usual dose of ephedrine Otherwise, during the past two and a half years he has had no attacks and his improvement in health is remarkable

In this case the diagnosis was made on the frequency and character of the seizures, the recognition of the slow pulse immediately after the attack, and the regular normal rhythm at other times The absence of other circulatory symptoms, such as dyspnoea, precordial pain, or oedema, would appear to be a common feature of these examples of cardiac syncope with intermittent complete block My experience indicates that there are in all probability different clinical types of intermittent block, and doubtless the mechanism responsible for the abrupt and unexpected cessation of ventricular beating varies in different cases In some, local lesions in the auriculo-ventricular bundle may be responsible, in others reflex vagal influences, or the ventricles may be limited in their range of rate

Paroxysmal Tachycardia

A diminished cerebral blood flow may result from an excessive ventricular rate when the volume output per beat is greatly diminished In these cases mild syncopal attacks or epileptiform seizures occasionally occur, and are usually preceded by a sensation of violent and rapid palpitation (Barnes, 1926, Clarke, 1907) In my experience fainting from this cause is more common in the later age groups, when sclerosis of the cerebral arteries might be expected Younger people, the subjects of paroxysmal tachycardia, seldom complain of syncopal attacks In either group the seizures are more often seen if the paroxysmal heart action begins when the subject is in the erect posture It should be remembered that digitalis is a potent cause of paroxysmal tachycardia when used to excess in unyielding cases of congestive heart failure Strangely enough in this instance palpitation is seldom noticed by the patient, but the abnormal rhythm should be suspected when there are fits or faints during the treatment of congestive failure

There are other cardiac causes for faints After coronary thrombosis the acute fall in blood pressure may sometimes be responsible, or the damage done to the muscle may account for the development of a ventricular tachycardia with epileptiform seizures at the time of development of the abnormal rhythm I have seen several examples of this cause of fainting and some wonderful recoveries under quinidine therapy Syncope occasionally accompanies angina of effort Valvular lesions are however, rarely associated with syncope I agree with Levine (1936) that of the valvular defects aortic stenosis rather than regurgitation is the commonest form associated with syncope Clinical evidence leads to the conclusion that it is not so infrequent a lesion as pathological observations might indicate

Syncope in the mind of the layman is closely associated with cardiac disease Fortunately in young people organic vascular damage is as a rule easily excluded, but the pendulum has swung too far, and in my opinion it is justifiable to assert that fainting attacks in middle aged or elderly people are a not uncommon symptom of cardiac disease, sometimes the only one Even though physical signs are lacking, yet a careful clinical history and simple observations directed to the rate of the heart may give a valuable clue to diagnosis and suggest successful treatment

Cerebral Seizures

The features of the major epileptic attack are well known Petit mal is occasionally mistaken for a simple faint—but the more gradual onset, the longer period of unconsciousness, and the slower recovery favour simple syncope Hysterical fits are now so infrequent that difficulty in diagnosis seldom arises (Bramwell, 1936) Convulsions may be seen in such a variety of conditions—Walker (1936) has listed over sixty different states in which



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AN INVESTIGATION OF INTERNAL RADON THERAPY

BY

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In this country the use of radium has been largely confined to its local action in the treatment of malignant conditions in which the objective is a destructive or deterrent effect upon the growth In America and on the continent of Europe radium and other radio-active substances have been administered internally in small doses spread over long periods as therapeutic agents in a wide field of medicine, and considerable claims have been made as to their value Apparatus capable of producing radio-active solutions for oral administration, injections containing small quantities of radium salts, and radio-active pads for external application have, however, appeared on the market here, and there is some evidence that their use is on the increase Many of these are available not only to the medical profession but also to the public

It was thought worth while at this stage, therefore, to investigate certain aspects of the subject under complete hospital routine and the present paper is an account of the results obtained during the last five years Although, as will be seen the therapeutic results have been largely of a negative character this is thought to be no reason for omitting to publish the data

The objects of this investigation were (1) to determine what physiological or biochemical changes might be induced in patients by such comparatively small doses as these generally used, (2) to assess the value if any, of such treatment upon various diseases and (3) to ascertain the effects of stronger dosages than those hitherto employed and to find when they become dangerous Before recording the results of our experiments the following brief survey of what is sometimes known as mild radium therapy and of the literature available upon the subject is given

Mild Radium Therapy

The first disintegration product of radium is the radio active gas radon From the point of view of therapy it is important to distinguish clearly between the internal uses of radium salts and of radon

The salts of radium may be given by the mouth or may be injected intravenously or subcutaneously Both methods are attended by definite risk If given by the mouth considerable damage may be done to the mucous membrane of the intestines especially if the patient undergoing treatment is constipated and the salts are held up When injected intravenously it is stated (Oloff) that 80 per cent is retained in the tissues, principally in the bone marrow, and that it disappears from these situations only very gradually indeed Thus deposits of radium are formed from which radon may be produced for a long time

There is not enough evidence to determine the exact quantity of radio active salts which constitutes a lethal dose in man, but it is obvious that the internal administration of radium is attended with the gravest risks According to Gudzent, a single dose of salt containing the equivalent of 0 5 mg of radium element can prove fatal Among the women who have lost their lives working with luminous radium paint the total amount of radium found in the body at the time of death ranged from 0 01 to 0 18 mg The death of an American citizen was caused by the self-administered and repeated use of a solution containing one-thousandth of a milligramme each of radium and mesothorium per ounce of water

The introduction of radon into the body, however, presents a totally different problem from that of radio active salts Its activity does not last long, declining to one-half in 3 85 days and diminishing to less than 1 per cent in a month When radon is taken by the mouth about 90 per cent of the gas is eliminated through the lungs within an hour or two, and no more is exhaled after five hours It remains in the urine for a longer time, but very little stays in the body to form "active deposit" (Flinn)

There is, however, another important distinction between the uses of radon and radium salts Radon is a soluble gas so that when swallowed it can be absorbed from the alimentary canal, and may, through the circulation, reach every tissue in the body In this way it may be anticipated that there will be very free action by the alpha rays, which are known to have an intense local effect not necessarily the same as that produced when radium is applied in platinum or other containers which exclude the alpha rays entirely

The unit of radon is the millicurie which is the amount of the gas in equilibrium with one milligramme of radium element This unit has often been considered much too high for the measurement of very weak concentrations, and the Mache unit has accordingly been substituted, 2,500,000 Mache units are equivalent to 1 millicurie, or

1 Mache unit (M U) $= 4 \times 10^{-7}$ millicurie

Some spa waters are radio-active and one of the strongest of these is the spring at Joachimstal which has a content of 600 M U per litre Most radio-active springs contain weaker solutions than this, that of Baden-Baden, for instance, being 104 M U per litre It will be seen, therefore that the radio-activity of natural waters is exceedingly small though perhaps not negligibly so

Artificial radio active waters can be prepared in very high concentration, but most of the work published on the subject has been done with daily dosage of from 8,000 to 30 000 M U per day, usually contained in one litre of water although some (Bickel) have worked up to

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OUT-PATIENTS

These patients were given small doses of radon, equivalent to the larger doses referred to in the literature They came to the hospital daily, and drank measured quantities of radon water The treatment was begun with one-thirtieth of a millicurie (80,000 M U) in 15 oz of water Treatment was continued daily for four to six weeks in each case There were twenty cases in this series

Clinical notes were taken, including the weight and blood pressure of each patient and also of the general reaction to treatment Blood analyses were also made In the arthritic cases the degree of limitation of movement in the joints was also noted, and in some cases x-ray photographs were taken both before and after treatment

In assessing the value of any treatment on purely clinical observation it is important to bear in mind the following pitfalls

1 *The Psychological Factor*—Sufferers from chronic disabilities such as rheumatism are extremely susceptible to suggestion Every physician who is accustomed to dealing with chronic disease is aware of the eagerness with which patients are apt to embrace any new treatment, particularly is this the case when any enthusiasm is shown on the part of the prescriber Such enthusiasm may be of considerable therapeutic value, but it may obscure the true merits of the remedy In this instance the very word radium engendered hope For this reason the patients were not for the most part told the nature of the fluid they were drinking, other steps were also taken to ensure that any effect upon the patients produced essentially by the radon in the water could be substantiated

2 *Intercurrent Factors*—All chronic conditions normally run a variable course, with a tendency to remission The story told by a patient at any given moment, say at the end of a course of treatment, does not necessarily give a fair impression of the trend of events In the case of arthritis such factors as damp, alteration of temperature, and particularly mental strain and physical fatigue have a temporary but considerable adverse effect For this reason the symptoms were not only noted during and at the termination of the treatment, but they were also seen at intervals during two years after its cessation

3 The difficulty of withholding other forms of treatment during the investigation particularly in cases where local pain is evident It is frequently impossible to satisfy a patient solely with a general measure, and in cases of increasing pain or stiffness it would be wrong to do so Such accessory treatments obscure the value of the remedy under investigation

Taking all these facts into consideration we were unable to find any change in the clinical condition of these patients as the result of ingestion of radon in doses ranging from 80,000 to 240 000 Mache units

IN-PATIENTS

These were subjected to strict hospital routine, and in them it was possible to make a more detailed investigation including various pathological tests They were given much higher dosages ranging from 1 millicurie (2 500 000 M U) to 4 millicuries (10 000 000 M U) per day in 10 oz of water Various conditions were treated, including chronic rheumatism and hyperpiesia As controls three cases were given the same diet and general conditions as the treated cases and the same investigations were undertaken, using tap water instead of radon water

In the rheumatic group male patients representing various types of the disease were selected, and these were all admitted to the same ward, so that conditions of diet, fluid intake, and exercise could be controlled to the same standard Notes were taken of the clinical condition, and general investigations, including radiographs of the joints, were made before treatment began Initial blood counts and analyses and urine analyses were also made, and these were repeated at weekly intervals during the radon treatment The following pathological investigations were undertaken

The blood The erythrocyte count and haemoglobin index, differential white counts, and, in addition the blood uric acid, urea, and calcium values were estimated *The urine* A routine examination was made, and the uric acid, urea, and creatinine contents were determined The following results were obtained

Results

In the majority of cases the blood counts of both red and white cells were uninfluenced In certain instances, however, the erythrocyte count showed a marked tendency to fall, particularly when a dosage of 2 to 3 millicuries was reached and maintained, in two of these the fall amounted to one million red cells per cubic millimetre

The differential white cell count was not appreciably altered except in the cases of gout, where there was an eosinophilia The results of the blood and urine analyses were all within normal limits, with the exception of the gouty cases (vide Table)

GOUT (THREE CASES)

In three patients the administration of radon in large doses caused a definitely increased output of uric acid in the urine, but it was impossible to correlate this with the blood uric acid levels Two of the cases (Nos 3 and 5) showed a slight increase in blood uric acid during the early stages of treatment which later returned to the original value, but Case No 5 developed a subacute attack of gout just as the treatment began, thus obscuring the value of the results The third case (No 6) showed a slight fall in blood uric acid level, later returning to the original value

CONTROL AND RHEUMATIC CASES

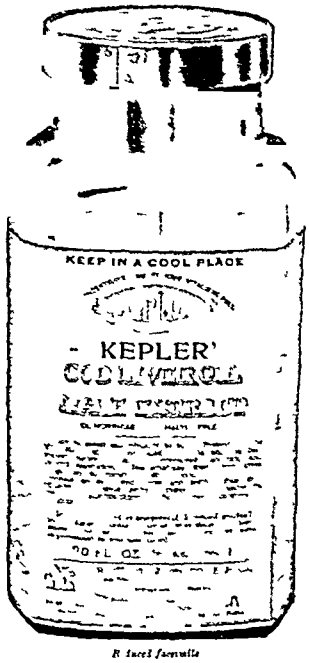
In certain of the control and rheumatic cases with the same fluid intake there was a slight increase in the uric acid output, but not, however commensurable with that seen in the gouty cases In the controls and rheumatic cases the blood uric acid fell within normal limits

All the other biochemical investigations, including the estimations of blood urea, calcium, and phosphorus, gave results within normal limits

Clinical Findings

No improvement was noted in any of the cases of chronic arthritis, whether of the atrophic or degenerative type No increase in the movement of the joints was obtained, and no relief of pain in the muscles The general condition remained unaltered In certain cases of chronic gout, however, there did appear to be an improvement in the general symptoms, and in one instance at the end of treatment there was a marked reduction in the size of the tophi

A few cases of hyperpiesia were treated In these an initial fall in the blood pressure was sometimes obtained particularly when large doses were employed but this fall



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Case 5

Date	Blood Counts			Colour Index	Polymorphonuclears		Lymphocytes		Monocytes	Eosinophils	Basophils	Hyaline	Blood Urea	Uric Acid	Calcium	Urine Output	
	R B C	Hb	W B C		Per cent	Total	Per cent	Total								Uric Acid	Creatine
22 5 36	4 420 000	90	9 700	1 02	52 5	5 400	40	4 120	2	2 5			47	1 90	11 7	0 33	1 17
29 5 36	4 690 000	93	7 600	1 00	56 5	4 300	30	3 280	7	3	1					0 49	1 16
5 6 36	3 970 000	71	10 150	0 89	79	8 000	18	1 820	3	1			46	5 05	10 2	0 97	1 14
12 6 36	4 160 000	76	11 900	0 91	64 5	7 650	27	3 210	0 5	7	1		47		10 4	0 52	1 19
19 6 36	4 490 000	76	8 550	0 85	56	4 760	39 5	3 380	1 5	2	0 5		53	5 30	10 3	0 504	1 07
26 6 36	4 160 000	74	8 650	0 89	72 5	6 280	20	1 730	4	3	0 5		57	5 60	12 1	0 48	1 25
3 7 36	3 930 000	71	9 900	0 91	62	6 120	25 5	2 530	7 5	3			55	4 25	12 1	0 40	1 02
13 7 36	4 499 000	77	10 000	0 86	64	6 400	29	2 900	6				40	4 15	12 0	0.218	1 23
25 9 36 Out patient	4 860 000	95	6 500	0 98	50	3 150	39	2 460	9	2			57	5 32	10 6		

Case 6

19 6 36	4 240 000	76	4 650	0 90	52	2 420	39	1 810	3	4	2		60	4 37			
26 6 36	4 500 000	80	5 250	0 88	49 5	2 600	39	2 100	4	5	2 5		66	4 04	11 0	0 266	1 14
4 7 36	4 420 000	79	8 000	0 89	61 5	4 900	32	2 560	3 5	2 5	0 5		58	3 40	10 9	0.290	1 11
10 7 36	4 630 000	84	9 550	0 91	55 5	5 300	34 5	3 300	3	7			48	3 44	10 8	0 425	1 18
20 7 36	4 700 000	83	9 750	0 88	69 5	6 750	21	2 040	5	4	0 5		48	3 90	10 6	0 404	1 14
29 7 36	4 790 000	84	10 300	0 88	72	7 420	24	2 480	2	2			40	4 15	11 0	0 700	1 06
25 9 36 Out patient	3 870 000	81	9 200	1 05	62	4 450	24	1 720	10	2	2		44	4 40	10 95		

and hands were rarefied, but there was no ankylosis Radon was given for two days at 2 millicuries, and for sixteen days at 4 millicuries The clinical condition remained unchanged

Case 2—In a patient aged 55, with spondylitis the pain in the back had begun eighteen years previously, with progressive stiffness On admission the nutrition was poor, but there was no obvious infective focus The arthritis was of the degenerative type, with limitation of movement in the spine right hip and right shoulder There was coincident fibrositis and right brachial neuritis The blood and urine were normal Radon was given for six days at 2 millicuries and for twenty-eight days at 3 millicuries The clinical condition remained unchanged

Case 3—A patient aged 59, had fibrositis and early osteo-arthritis On admission the nutrition was fair and there was no evidence of infection There was generalized muscular pain which was increased on movement The heart and blood pressure were normal An x ray examination revealed some lipping of the thoracic and lumbar vertebrae The blood and urine were normal Radon was given for six days at 1 millicurie and for twenty-two days at 3 millicuries The clinical condition was unchanged but eighteen months later gouty tophi were found

Case 4—In a patient aged 19, with fibrositis there had been a history of two years increasing pain in upper thoracic region On admission the nutrition was good, but there was a tendency to dorsal kyphosis with inability to flex the neck An x ray examination revealed a possibly normal spine, but there was irregularity of the ninth tenth and eleventh dorsal vertebrae The other joints were normal There was no evidence of infection or of tuberculosis, and the nervous and cardiovascular systems were normal There had been no improvement under diathermy and other physical treatments Radon was given for thirty seven days at 1 millicurie without benefit The spine was manipulated later with some improvement

Case 5—A patient aged 49 with tophaceous gout, had had the first attack nineteen years previously in the right foot Acute attacks followed at intervals of three to six months On admission large gouty tophi were seen on the knees and ears One which had been removed from the ear seven weeks before admission had left a septic focus The x ray examination showed a general rarefaction of all the bones of the hands suggestive of coincident rheumatoid arthritis The blood uric acid figure was 4 9 mg per cent and the sedimentation rate was 30 mm in the first hour The value of the pathological tests was somewhat obscured by a subacute attack occurring just before treatment Radon was given for six days at 1 millicurie for six days at 2 millicuries, and for twelve days at 3 millicuries Some improvement was noted in the general condition, and there was definite reduction in the size of the tophi

Case 6—In a patient, aged 59, with gout pain began in the left hand and left foot, and there was a four-years history Other joints had since been affected On admission there was swelling of the right wrist and left ankle The x ray examination disclosed the typical punched out gouty areas and slight rarefaction of bone The blood urea figure was 60 mg per cent, and the blood uric acid 4 37 mg per cent There was no obvious infection, and the other systems were normal Radon was given for six days at 1 millicurie, for six days at 2 millicuries for six days at 3 millicuries, and for six days at 4 millicuries On discharge the pain and swelling in the affected joints had diminished, and there was some general improvement

Conclusions

In the series of cases (out-patients) in which radon was given in small doses, such as those obtainable from apparatus in present use, no demonstrable change was found in the clinical condition Subjective improvement, due to the psychological stimulus and to other factors operating during the experiment, was neither more marked nor more frequent than in the controls Patients seen two years after treatment did not ascribe any permanent amelioration of symptoms to the treatment On the other hand the blood counts were not affected, and no injurious results were encountered

In the series of cases (in-patients) in which radon was given in very much larger doses no improvement was noted in the clinical condition except in certain cases of chronic gout The chemical analyses of the blood were unaffected again with the exception of the uric acid readings in this latter group More work remains to be

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LECTURE ON FAINTS AND FITS*

BY

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That a large and variegated assortment of clinical conditions may first become manifest by a passing loss of consciousness with or without convulsions is a well known fact. Diagnosis, particularly some time after a single attack, often presents considerable difficulty It is therefore useful to collect and correlate the results of recent investigations and advances in this particular field particularly in the hope that a simple classification may lead to a clearer understanding of the mechanisms involved, and thus facilitate accurate diagnosis and appropriate treatment In such a wide subject it is only possible to discuss certain aspects which illustrate the problem as a whole and provide a basis for the investigation of the individual clinical case

Just as there is no entirely satisfactory definition of a faint, though it is rightly attributable to peculiar circulatory maladjustments so also even greater difficulties beset the exact definition of a fit Convulsive movements in the form of facial twitchings or muscular jerkings of the limbs may be observed in the severer fainting attacks and in fits generalized or local clonic movements confined to a limb or muscle group may dominate the clinical picture Convulsive movements are common to both but it is equally justifiable to employ the term fit to designate those attacks in which muscular movements are absent and an unnatural motionlessness is the prominent feature (Wilson 1928) Similarly certain fits may occur without loss of consciousness and the convulsive movements be local or widespread For these reasons I do not attempt to define either the faint or the fit recognizing that the one merges at times almost insensibly into the other I propose to limit this discussion to attacks characterized by sudden and transient weakness loss of muscular control a greater or less degree of amnesia if not actual unconsciousness with or without convulsive movements

Clinical Groups

The recognition of cerebral ischaemia as a cause of the convulsive state led gradually to the differentiation of attacks of unconsciousness into two broad groups—the syncopal due to transient circulatory defects and the epileptiform primarily of cerebral origin (Russell 1909 , Sutherland 1927) Actually between these two somewhat artificial groups there exists a wide gulf—a gulf bridged by the autonomic nervous system Recent investigations indicate the importance of this link between the central nervous system and the viscera autonomic reflexes exercising directly and indirectly a dominant role in the control of the circulation and in the maintenance of consciousness It has long been known that pressure exerted on the carotid arteries in the neck is capable of slowing the heart and by the work of Hering (1927) Heymans (1929) and their associates it has been conclusively demonstrated that concentrated at the dilated bifurcation of the common carotid artery—the carotid sinus—a rich nervous anastomosis exists in which lie various sensory receptors reflexly regulating heart rate and blood pressure This outpost of the autonomic system transmits afferent reflexes to the medulla via the glossopharyngeal nerve the main efferent channel being over the vagus nerve to the periphery Recent studies indicate that a hypersensitive state of the carotid sinus reflexes is responsible for certain forms of syncope (Weiss and Baker 1933), and though the mechanism varies in different instances yet it is sufficient to indicate the importance of the autonomic system in the regulation of the conscious state Recognizing that cerebral and general circulatory mechanisms are closely interwoven it seems justifiable and even if not very exact at least helpful from the point of view of practical medicine to submit a classification consisting of three broad groups according to the dominant mechanism

1 Seizures resulting from a disturbance of the autonomic nervous system

2 Syncope the result of an intrinsic disturbance of the heart beat

3 Seizures more directly of cerebral origin, due to local structural or general metabolic defects

Autonomic Nervous System

A study of the common syncopal attack is sufficient to indicate a disturbance of the usual balance between heart rate and blood pressure Beginning with a sense of uneasiness muscular weakness and restlessness the symptoms gradually advance until the victim becomes aware of a vague abdominal discomfort associated with nausea which increases the feeling of insecurity Lightheadedness blurring of vision and loss of power in the limbs accompanied by a feeling of coldness and sweating are usually recognized before the final collapse Lewis (1932 1918-20) has shown that these symptoms are associated with a progressive fall in blood pressure, often a decrease in the heart rate and has suggested the term vaso vagal attack to describe the underlying mechanism cardiac inhibition sudden hypotension and diminished cerebral blood flow being the predominant features (Starr and Collins 1931) Unconsciousness may last a few minutes during which time examination reveals a striking pallor particularly of the face low blood pressure a weak or almost imperceptible pulse usually regular but slow in rate—50 40 or 30 beats a minute or less being commonly recorded Recovery is gradual slower than the onset, and in the succeeding hours leaves the victim listless and unsettled

* A British Medical Association Lecture given to the Leeds Division on October 23 1936

states which merge from a bereavement, and they take their usual forms of tachycardia, taches, facial pallor, sweatings, giddiness, tremors, etc

Diagnosis and Rheumatism

When we were students at the medical schools the emphasis of clinical teaching was on diagnosis—the identification of the disease The chief question to be answered was ' *What disease has the patient got?* " At that time we did not notice the anomalies of the answers One patient would be said to have " got " an abnormality in his structure—for example, a gastric ulcer , another an abnormality in his chemistry, such as hyperchlorhydria , another an abnormality in his rhythm, perhaps tachycardia another an abnormality in his sensation—for example, a headache , another an abnormality, which was presumed but never demonstrated, such as nerve weakness, toxaemia, or being ' run down ' One of the diseases which a patient might get was rheumatism Sometimes this term referred to demonstrable structural changes, as in the case of fibrositic thickenings, or the abnormalities of rheumatic fever , but the word was often applied to any patient who complained of pain and stiffness in the musculature in the absence of demonstrable structural or chemical changes The word rheumatism " is a label—convenient, comprehensive, scientifically vague

We were taught also to ask another question—namely, What has the patient met?" I do not know if the question was ever put in these actual words As a rule it was framed by asking " What are the aetiological factors? Inquiries into aetiology were confined to the physical factors which the patient had encountered, such as trauma heat cold and wet dietary poisons, and microorganic invasion No investigation was made into psychological factors This was unfortunate, because to limit aetiological inquiry to physical factors is to misunderstand the meaning of illness The limitation has been and still is the occasion of many unnecessary failures in orthodox *medicine* For example, when inquiries are made into psychological factors the disease labels already mentioned frequently make sense "—that is to say, they become understandable as manifestations of emotional reaction

To know what a patient has *met* is often of more practical value than to know what a patient has *got* Aetiology, which regards the individual as a whole, may be of more importance than diagnosis, which, disregarding the individual concentrates on fragments of his anatomy, pathology, physics, chemistry, sensation, and so on The questions of aetiology are concerned with the integrated individual, and include

1 What kind of person is this? That is to say, with what constitution diathesis or pattern did he enter the world and how has that been modified by his environment both physical and psychological?

2 Why of all the days and weeks of his life did he begin to take ill when he did? This is an inquiry into the environmental factors he encountered about that time which were of a potency and nature likely to cause him to react by illness

3 Why did he take ill in the manner he did? For instance why after a bereavement does one person remain well another develop asthma another disordered action of the heart another gastritis another hyperthyroidism and another rheumatism?

It must be admitted that full answers to these questions are not possible in our present state of knowledge However by framing our inquiries along these lines much light can be thrown on the illness of individuals and also of communities To illustrate the application of these questions in a simple way an example may be quoted of a patient who had got rheumatism '

The date of the examination was July 1935 A single man 22 years old who had been on the sick list since March 12 because of severe pains in the right chest labelled pleurodynia complained of weakness giddiness sweating and loss of appetite His doctor had considered that he might have tuberculosis, but the x-ray examination was negative in this respect His face was pale and worn, and his eyes had a frightened expression He had tremors of the outstretched fingers, and tachycardia There was no anaemia, the haemoglobin percentage being 100 The only structural abnormality was a scar below the right scapula which was the result of falling on a spike four years previously

Discussion of Diagnosis

The results of examination suggested that the diagnosis of pleurodynia—a change in structure—was possibly correct The result of general examination indicated that there was disturbance of the autonomic and endocrine systems of a kind that is often diagnosed as hyperthyroidism—a change in chemistry If we regard a patient not as an *individual but as a* " *case*" *which* contains fragments that can be labelled, we might say, using the jargon that here was a ' case of pleurodynia and hyperthyroidism, " and that " appropriate treatment " for these " conditions " comprised massage, sedatives and perhaps iodine Now it is curious but true that when we find ourselves using the words " case ' and " condition " it is a sign that we have ceased to think further about the problems presented by the patient Only by discarding these two terms from our vocabulary and using the terms " person " and " reaction,' can we hope to increase our understanding of illness

Discussion of Aetiology

1 *What kind of person was he?* Physically he was well built and well nourished Mentally he was intelligent, and was ambitious to get on in the world

2 *Why did he fall ill when he did—namely, in March?* After leaving school he had entered an ironmonger s shop and had remained there as a shop assistant He was not happy and felt that " there were no prospects " However he was continually on the lookout to " better himself,' and early in December 1934, he applied for a position of commission agent which he had seen advertised in the papers In January he was interviewed, and was told that he was accepted He immediately resigned his position in the shop Unfortunately, in his eagerness he had omitted to understand that he would require to provide a capital sum of money before entering on his new duties He failed to raise the necessary funds, and was informed that he could not become an " agent " without them He was unable to obtain other employment, became sleepless, went off his food, and suffered from palpitation and weakness His mother suggested that he might be " in for a decline ' At first he refused to see his doctor, but early in March he developed severe pains in the right chest, and was put on the sick list with a diagnosis of pleurodynia

3 *Why did he fall ill in the way he did?* He took ill with an anxiety state in January, and with pain in March The reason for the pain being attached to the right side of the chest was probably twofold First, he had been injured there, and this part of the body was structurally inferior Secondly, his mother had suggested that he might have tuberculosis, and this fear had directed his attention to the chest

4 *Had he any purpose in being ill?* His illness acted as an explanation of why he was not working and why he had failed to obtain work

Comment

Although this man had previously encountered trauma, and as a result his structure was inferior at a certain site, he continued working and was free from symptoms for years He developed symptoms and ceased working only when he met certain psychological factors which by frustrating his particular drive, provoked severe emotional reaction The pain which he then experienced became attached to the site which was structurally inferior

the heart rate does not restore peripheral vasomotor control, and fainting is still apt to appear after its administration The heart rate is uninfluenced by atropine As an explanation for these findings it is reasonable to postulate a decreased activity of the autonomic nervous system amounting to a virtual paralysis of the peripheral vasomotor constrictor fibres It was also observed that the amount of urine excreted varied with posture being considerably less in the erect posture a finding attributable to the decreased renal blood flow when the patient was erect The extraordinary dependence of the blood pressure upon the influence of gravity is illustrated by the findings of Chew, Allen, and Barker (1936) in one of their patients

	Recumbent	Sitting	Standing
Blood pressure	Systolic, 140 Diastolic 80	Systolic 80 Diastolic, 50	Systolic 40 Diastolic 35
Pulse rate	64	64	68

Drugs are of little value in influencing the course of the disease Ephedrine in 50 milligramme doses even as often as every two or three hours does not always prevent attacks (Chew *et al* 1936) It is difficult to determine the site of the lesion but realizing the capacity of the splanchnic area it is conceivable that destruction of the coeliac ganglion or involvement of the lumbar sympathetic roots might account in some measure for the symptoms

This brief review of recent work serves to illustrate the fact that identical symptoms can be produced in a variety of ways In each and all the activity of the autonomic nervous system is disturbed in varying degree By way of contrast it is perhaps a little surprising that syncope is so uncommon after the administration of amyl nitrite The explanation probably lies in the fact that in this instance hypotension is to some extent compensated by tachycardia The fact that slow heart action and fall in blood pressure coexist in simple syncope indicates a disturbance in the reflex control of the circulation a transient failure to stabilize pressure and heart rate A penalty of the erect posture these forms of syncope indicating a maladjustment of the autonomic system are seldom observed other than in the upright position The force of gravity constantly puts a burden upon the fine adjustment of the circulatory mechanism It is also worth noting, from a diagnostic viewpoint that the syncopal attacks just described are unassociated with a sense of rotation Giddiness is common enough as a premonitory symptom, but true vertigo is not a feature of the autonomic forms of syncope

Syncope of Cardiac Origin

Under this heading may be grouped those cases in which the major defect lies in a sudden change in the dynamics of cerebral blood flow consequent upon an intrinsic disorder of the heart beat. The outstanding example is the Stokes Adams seizure associated with certain forms of heart block Attacks may vary in severity from the mildest associated with only a transient giddiness or unsteadiness to the most critical in which during a long period of ventricular asystole lasting three or four minutes muscular twitchings with cessation of respiration and urinary incontinence may occur Under these circumstances consciousness may not be regained for several hours or days after the return of the heart beat To witness the Stokes Adams attack in all its dramatic sequence is an unforgettable event in clinical experience

The literature contains no entirely adequate definition of the term Stokes Adams syndrome Neither Adams (1827) nor Stokes (1846) defined a syndrome, nor did they offer an explanation for their clinical observations It was Huchard (1893) unaware of the earlier observations of Morgagni (1761) or Spens (1793), who made the original attempt to marshal the relevant facts and defined the triad of slow pulse with syncope and epileptiform attacks as the maladie d Adams ou de Stokes Adams It is best to confine the term Stokes Adams seizure to those forms of syncope associated with a defect transient or permanent, in the conducting mechanism of the heart beat

The recognition of this type of syncope is not difficult when attacks are witnessed or when in the intervals between them, a persisting bradycardia suggests the presence of complete heart block As a rough and ready clinical test the inhalation of amyl nitrite is of help in elucidating the nature of a bradycardia when graphic methods of recording the heart beat are unavailable (Gilchrist 1934b) As a general rule amyl nitrite does not appreciably alter the ventricular rate when the block is complete, though there are exceptions Atropine does not yield a reliable test for the presence of complete block (Gilchrist, 1933)

The great majority of sufferers from complete heart block are seldom disturbed by seizures though at the time of the total severance of the bundle of His when the ventricles are for the first time starved of the auricular leadership and momentarily hesitate in the development of their independent rhythm one or more seizures may be seen When seizures do occasionally recur they are as a rule readily controlled by ephedrine (Gilchrist, 1934a)

Ventricular Arrest with Intermittent Complete Block

On the other hand there is a group of cases in which fainting attacks due to a transient paralysis of ventricular activity are common These people do not suffer from a persisting chronic block but only from time to time does the bundle of His cease to function As a general rule perhaps for weeks or months the heart beats in normal rhythm with no impairment of auriculo ventricular conduction suddenly without warning a varying period of ventricular asystole occurs accompanied by a faint of corresponding severity This event is followed by independent ventricular beating—complete heart block—for a brief space of time minutes or hours and then almost as suddenly normal rhythm is resumed and the pulse rate rises from 25 or 30 to 70 or 80 or more a minute It is important to note that in this variety complete block is only evident for a short time after the Stokes-Adams attack and that even immediately before the seizure there is no evidence of partial block I believe that this form of heart-block which affects middle aged or elderly subjects is often mistaken for senile or arteriosclerotic epilepsy It is certainly more common than the number of recorded cases would indicate Carter and Dieuaide (1923) collected eight cases and since then only ten others have been reported During the last few years I have had under my personal observation eight cases of intermittent block with Stokes Adams seizures

The diagnosis is not difficult if the absent pulse is noted during the attack or the steady slow rate for a short time thereafter but the presence of normal rhythm in the intervals between seizures and the frequent absence of all other cardiac symptoms may lead to some confusion in making the diagnosis, as the following case indicates

with psychoneurosis who develop these complaints are usually labelled with the word "lumbago" Instances of such 'lumbago' are not uncommon in individuals whose *pride has been hurt,* as, for example, in persons who through unemployment are compelled to take up an occupation which is beneath them, also in individuals whose *rigid independence* has prevented them from applying for public assistance

Two examples of symbolic lumbago may be given

1 A shop assistant, aged 40, was labelled 'lumbago' He complained of pain right across the lumbar region, and said he felt as if he could not bend" His symptoms of pain and stiffness began in June, and he had been on the sick list for two months There was no evidence of structural change, and I could trace no 'inferiority" He showed objective signs of an anxiety state

Discussion of Aetiology

1 *What kind of man was he?* He was an upright man and an elder of the church

2 *Why did he fall ill in June?* In April he had met a commercial traveller who advised him to "put his shirt on a horse' He had never betted before, but on a sudden impulse decided to follow this advice He borrowed £10 from a moneylender The horse did not get a place, and the man was faced with a debt of £10 His wife, an ardent churchwoman, was in charge of their finances, and he always gave her most of his weekly wage He was afraid to tell his wife about his "fall"—what would she think of me?—and he saw no prospect of meeting his debt He became sleepless and weak, went off his food, and a few days later declared sick with "lumbago'

His inability to bend was a symbol which involved the two related ideas of uprightness and pride On the one hand it may be interpreted *I am an upright man and do not stoop to low pursuits such as betting*, on the other hand it signifies *I am a proud man and cannot lower myself by telling my wife* It was clear that he had to lower himself We discussed his situation, and after breaking down he was able to bend quite freely He left with the intention of confiding in his wife

Note on Breaking Down—Patients who have suffered from "rheumatism" with inability to move a joint, and who show no organic change, sometimes on telling the story of the psychological factors they have met and their reactions to them may become able almost at once to move the affected joint freely For example I saw a man in the late fifties who for one and a half years had continuously attended the out-patient department of an infirmary for fibrositis" of the back and "? adhesions of the right hip He had undergone massage, electrical treatment diathermy radiant heat, and dental extraction, and protein shock was now being considered He was calm and detached and talked about his symptoms as if he were a medical teacher describing a 'case" On investigation as to why he should have taken ill when he did it appeared that he had been in good health until after he had lost his wife, when he became sleepless and went off his food In short he developed chronic emotional reaction out of which his rheumatism had emerged about six months later He sobbed and cried as he related his feelings following his bereavement With encouragement he was able to bend his back freely Also the right thigh which previously could scarcely be moved became slack and attained very quickly its full range of movement It was not localized 'adhesions" and thickening of fibrous tissue that required "breaking down but the individual himself

2 A house painter aged 26 and labelled lumbago," who complained of dull aches in the lumbar region said he 'felt that when he was down he could not rise His symptoms of pain and stiffness began in October and he had been on the sick list for three months There was no evidence of structural change and I could trace no inferiority He showed objective signs of an anxiety state

Discussion of Aetiology

1 *What kind of man was he?* One would not be justified in describing him as either upright or proud, but rather as flexible and simple of heart Five years previously he had married on the strength of having obtained a 'permanent job with a good firm' He had limited his family to one child in order to "give the boy a better chance in life than his father' He was an enthusiastic Territorial He often worked about his house, and liked to see it nice

2 *Why did he fall ill in October?* In June a most unusual thing happened He was sent to prison for three months because in a political argument he had struck his opponent Strange to say, his imprisonment did not depress him "Everyone knew the sentence was unfair' On his release in September he called on his firm confidently expecting to resume his "permanent job but he was told that the situation was filled and that he need not apply again because "the management would not employ criminals" He attempted with great hope and energy to seek a new situation, but without success His job was gone, his "nice" house was going, and his boy was not going to get "his chance in life He became anxious and depressed, and early in October he noticed that after putting on his boots in the mornings before going out to seek for work he experienced pain and stiffness on attempting to rise, and this had persisted During our conversation he was led to discuss the interpretation of his symptoms—namely, "*Life is stiff and I am feeling sore I am down and out, try as I will, I cannot rise* After this, and with reassurance, his movements became free and he agreed he could work if he had employment available

Note—Another complaint referred to the back is "weakness,' and this is sometimes a symbol which may be interpreted *I am spineless and have no backbone, I do not stand up to things I want to lie down to them* Examples of 'back weakness' are seen in persons who are continually losing their employment because of illness which is psychoneurotic but not always recognized as such I remember one young woman who within a span of two years had been in turn domestic servant cinema attendant, shop assistant factory hand, and nursemaid and who on each occasion lost her situation because of illness which necessitated lying down in bed The labels of these illnesses were lumbago debility, fibrositis, anaemia, and rheumatism

Cervical Limitation

The neck is concerned in many expressive movements We have already noted one of these—namely, the action of pride in which the neck as well as the back is involved The proud man "holds' or "carries his head high' The upright man, like the Pharisee who considered that he was not as other men, "lifts up his eyes unto heaven' The neck is also notably concerned in movements signifying affirmation or negation To nod the head as a sign of affirmation and to shake it from side to side as a sign of negation are actions which are widespread among the human species, although according to Darwin they are not universal, and depend, apparently to some extent, on social usage

A sign of negation which is, however, "practically universal" and probably innate is the sudden throwing back of the head This action as a gesture of negation is largely blurred in adults of this country as a result of training and social habit, but it can be observed very clearly in young children When a child not yet able to talk says "No' to what is offered—whether it be food or a toy, a suggestion or a command—he signifies his refusal by violently throwing back his head, indeed he may assume the position of opisthotonos If he continues to say "No" by persisting in holding back the head we describe him as obstinate or stubborn, or, as the translators of the Authorized Version of the Bible put it, stiff-necked We may recall the New Testament phrase about the "stiff-necked generation" and the line from Isaiah "they obeyed not but made their necks stiff"

fits are of frequent occurrence—that it is not surprising that one common denominator applicable to all and sundry has not yet been found The recent work of Gibbs Davis and Lennox (1935) supports the view that the fit is accompanied by an altered conduction of the nerve impulse and increased irritability of the nerve cells, alkalosis and waterlogging being factors of importance in the initiation of the unknown mechanism of the fit (Lennox 1931, Lyon and Dunlop, 1933) Oxygen lack has its advocates but in my opinion the convulsions of the Stokes Adams seizure are not strictly comparable to the fit of idiopathic epilepsy Having personally witnessed a large number of Stokes Adams seizures of all grades of severity, my experience is that in grand mal the clonic stage lasts longer, and the sustained violence of the generalized muscular efforts sharply distinguishes it from the irregular jerking movements of the limbs commonly witnessed in the Stokes Adams attack Further the convulsions of heart block are not preceded by an aura, and the automatic behaviour common enough after an epileptic fit does not appear Incontinence of urine may occur in either condition In spite of the fact that inspection of the brain of epileptics at the initiation of an attack shows a cessation of pulsation in the pial arteries (Penfield 1936) usually widespread over the hemisphere even though the seizure involves only one part of the body the available evidence indicates that cerebral anaemia in itself is not the cause of epilepsy So far as the cerebral circulation is concerned epileptic people have a peculiar vasolability (Penfield 1936) but there is no proof that vasomotor phenomena actually cause the fit Oppenheimer and Fishberg (1928) hold that the fits of eclampsia, lead poisoning and glomerulonephritis are attributable to local vasoconstriction with high blood pressure, but the cause of the vasomotor change remains a mystery Epilepsy of symptomatic origin is probably most often the result of cerebral tumour particularly when situated in the frontal, parietal or temporal lobes (Walker 1936 Gibbs 1932) Neurosyphilis and hypertension with vascular disease are next in importance Epilepsy is not uncommon even several years after penetrating wounds of the dura and the recent careful studies of Penfield (1936) lend hope to the view that surgery will accomplish more for the subjects of traumatic epilepsy in the future The recognition of cysticercosis as a not infrequent cause of fits is of more than academic importance (Dixon and Smithers 1934) Modern methods of investigation lend increasing support to the view expressed by *Oppenheim (1911)* *We must always be on guard* when the epilepsy develops during later life

The Epileptic Borderland

In this connexion it is worth referring to the peculiar attacks designated by the terms 'narcolepsy' and 'pyknolepsy' In the former sudden short attacks of sleep occur unexpectedly and strange attacks of cataleptic paralysis brought on by emotion particularly laughter, make it an easily recognized if somewhat uncommon malady Recently Prinzmetal and Bloomberg (1935) have obtained better results in its treatment by the use of benzedrine sulphate than with ephedrine which hitherto has not proved very satisfactory Pyknolepsy is confined to children It consists of innumerable attacks unassociated with mental deterioration often indistinguishable from petit mal except perhaps in their frequency and in their resistance to all known forms of treatment Fortunately the fits invariably end spontaneously by the time puberty is reached

The syndrome originally described by Gowers (1907) who suggested the term 'vaso-vagal attack' to describe it, might perhaps be renamed in order to distinguish it from the simple syncope or vaso vagal attack of Lewis

Vaso medullary seizure may be a more apt term particularly as Ryle (1931 1934) suggests that this condition is associated with a medullary storm Its relationship to epilepsy is obscure and perhaps no more than fortuitous but in the absence of accurate records of blood pressure pulse rate and response to drugs it is not yet justifiable to include this peculiar state amongst the better known disorders of the autonomic nervous system

Arising sometimes unexpectedly but often after a period of prolonged mental strain or anxiety the attack is sudden and lasts for ten minutes or half an hour before the symptoms begin to abate The most striking urgent and dreaded of the symptoms is a sense of impending death (Ryle 1934) With this comes a sense of utter powerlessness and profound weakness a sense of unreality in the environment a sinking or floating feeling, and occasionally some precordial discomfort often distinct dyspnoea a sensation of choking or tingling in the *extremities Facial pallor cold perspiration and* an appearance of grave illness are at once evident The pulse is generally slow and of poor volume The attack is not a hysterical phenomenon though it is often vaguely labelled 'nerves' or confusedly designated a 'heart attack' In some ways particularly in its utter helplessness it resembles the milder symptoms of hypoglycaemia experienced by certain diabetics So far as I am aware these attacks alarming in themselves are never fatal and whatever the precise mechanism reassurance as regards the future combined with sedative drugs—such as small doses of luminal—does much to diminish their frequency In diagnosis a careful analysis of the patient's symptoms the fact that consciousness is *maintained the duration of the attack and the gradual* recovery without convulsions serve to distinguish the condition from either the Stokes Adams seizure or the epileptic attack I have seen several examples of this condition one man developing true idiopathic epilepsy five years after the first vaso medullary seizure This sequence is however exceptional

In such a large field I realize that I have only touched on a few aspects of a fascinating clinical problem My remarks have been based on personal experience of some of the difficulties of diagnosis—difficulties I believe which can be largely surmounted by an accurate clinical history but more particularly by the good fortune of actually witnessing the attack for accurate clinical observation and detailed but simple facts will solve most clinical problems

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peutic purposes Quinine treatment was instituted and on November 2 only a few parasites were present She had no further relapses and no more parasites were found

Case II.

A police commissioner was first seen on December 9, 1935, fourteen days after his arrival in England He had served for seventeen months in Nigeria, where he had suffered from insomnia and loss of energy, and had complained of pain in the left side, which was attributed to a renal calculus His spleen was slightly enlarged, but prolonged search revealed no malaria parasites in his blood On January 15, 1936, he complained that during the three previous weeks he had had several mild attacks of fever, they always occurred at night, and were accompanied by pain in the lumbar region The spleen was now found to be hard and large, and examination of blood films disclosed a heavy *P ovale* infection in all stages of development Atebrin treatment was begun, and on February 1 the spleen was normal again, and the blood free from parasites, and he had had no further pyrexial attacks

Case III

The wife of a company official had been two years in Stanleyville (Belgian Congo), where she had had one attack of malaria in March, 1935 She had a second attack in the following December, which lasted for five days and necessitated hospital treatment She returned to England on July 14, 1936 and eight days later had an attack of fever with rigor, which began at 6.30 p.m. and was associated with pain in the centre of the abdomen Atebrin treatment was commenced but was interrupted by the removal of the patient's appendix on July 24 Two days afterwards the pyrexia returned, the temperature reaching 103° F., she vomited, and had pain in the back The spleen was slightly enlarged, and examination of blood films showed numerous half-grown *P ovale* parasites Atebrin treatment was recommenced, and the patient made an uninterrupted recovery

Case IV

An engineer had served one and a half years in Sierra Leone during which time he had had several mild attacks of fever In September, 1935, his appendix was removed When seen first on April 3, 1936, he complained of pain over the gall bladder area and was neurasthenic The spleen was then not enlarged, and no parasites were found in the blood On May 27 he stated that he had suffered from daily attacks of fever in the evenings, with aching in the bones and lumbar region The spleen was now much enlarged, and blood films showed a fairly heavy infection with half grown and gametocyte forms of *P ovale* He reacted immediately to atebrin treatment the aches and pains disappearing on the second day On August 28 the neurasthenic symptoms had subsided the spleen was normal and the blood showed no further evidence of infection

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In view of the commonness of oligomenorrhoea or amenorrhoea in women with Graves's disease V. Jonas and E. Markalous (*Zbl. Gynäk.* October 31, 1936, p. 2614) estimated by injections into castrated mice, the folliculin content of the urine of eighteen patients with well-marked signs of thyroid hyperactivity The amount found was on the average about one-seventh of that in normal females and was less than in patients examined during a remission of the ailment Of the eighteen women six had normal menses four oligomenorrhoea, and the remainder secondary amenorrhoea

"RACHI-RESISTANCE" AND SPINAL ANAESTHESIA

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The term "rachi-resistance" has no exact counterpart in the English language It is used to describe a condition in which an intrathecal injection of an average or a greater than average dose of spinal anaesthetic fluid produces little or no effect The great majority of failures to produce adequate spinal anaesthesia are due to errors of technique, of which the commonest are inaccurate punctures and faulty postural arrangement of the patient Failure may also be due to the use of inactive solutions, or very rarely to some pathological lesion such as a cord tumour (Thompson 1934) However, we are not concerned with these cases here but only with those where there is no doubt that the anaesthetic has reached the nerve roots without the subsequent production of anaesthesia

Case Records

In a series of 657 cases of spinal anaesthesia, 300 of which have been recorded elsewhere (Walters 1932), we have encountered two cases of "rachi-resistance," particulars of which are given below

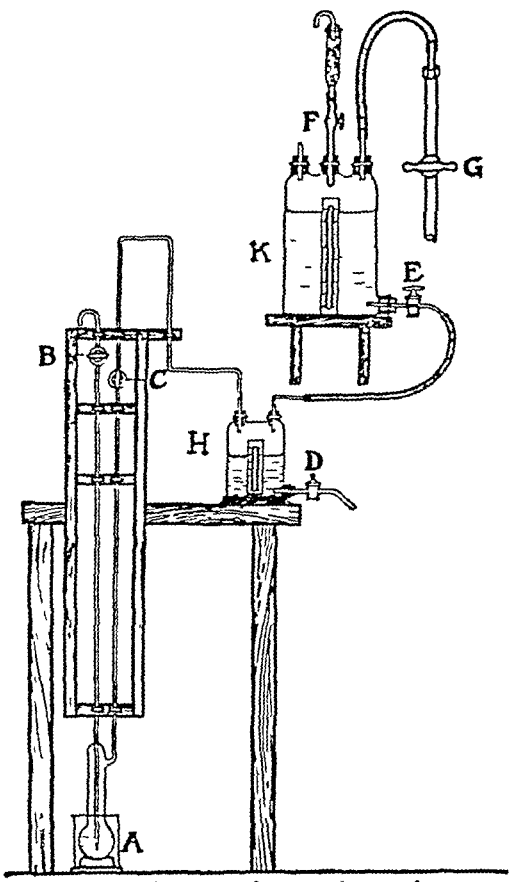
Case 1.—A woman aged 33 underwent hysterectomy for multiple uterine fibroids on June 27, 1935 In the left lateral position a smooth puncture was made between the third and fourth lumbar vertebrae and 1.5 c.cm. of decicaine was injected The patient was then placed in the ventral decubitus No anaesthesia resulted Ten minutes later another 1 c.cm. was given without effect Lastly a further 1.5 c.cm. was administered, this time between the second and third lumbar vertebrae Beyond a slight loss of tactile sensation in the perineum no anaesthesia was produced, and the operation was proceeded with under a general anaesthetic

N.B.—Decicaine is a powerful anaesthetic solution In a short series of 104 cases we have had no other failures, and have not exceeded a dose of 2.5 c.cm. even for such major procedures as abdomino-perineal excision of rectum Decicaine is manufactured by Bayer Products Ltd. and until recently was known as pantocaine, with which preparation it is identical Chemically it is *p*-butyl-amino-benzoyl-dimethyl-amino-ethanol hydrochloride its viscosity is 1.8–2, and its specific gravity 1.0009 On an average a dose of 2.5 c.cm. of this drug will give slightly over two hours anaesthesia

Case 2.—A man aged 44 was admitted to hospital with thrombo-angiitis obliterans (Buerger) As part of the investigation spinal anaesthesia was used On July 26, 1935, a smooth puncture was made between the third and fourth lumbar vertebrae, 1.5 c.cm. dicaine was injected No anaesthesia resulted Our interest now aroused we gave 2.5 c.cm. of decicaine on July 29, no anaesthesia ensued We were by this time convinced that we were dealing with a case of 'rachi-resistance' but in order to exclude all errors so far as possible we decided to try again with yet another drug On August 1 18 c.cm. of percaine solution, 1 in 1,500, was given employing the Howard Jones technique (1930) (This is a large dose Franken (1935) states Experience has proved that the dose of 18 c.cm. exceeds the limit of safety.) After ten minutes the patient complained of some tingling and numbness in both legs After fourteen minutes there was no loss of sensation but the legs felt heavy After thirty minutes there was a slight loss of epicritic sensation in the perineum There was no loss of sensibility to pain in any region, whilst thermal sensibility, tactile sensation and

100 000 M U From a search in the literature on the subject it appears by far the highest concentration which has as yet been used was in the treatment of six cases at the Radium Institute London, in one of these the daily dose was as high as 1 5 millicuries

Some experimental work has been done on animals Jansen and Schultzer (1926) using the continuous inhalation method in high concentration found that rats lost weight and died The coagulation time of the blood was increased and there was a marked leucopenia At the post mortem examinations haemorrhages were found in the lungs the spleen was enlarged, and there was glandular atrophy



Apparatus for the supply of radon solutions of varying concentration

The basis of the claim made for the administration of radon in general therapeutics is that small quantities have a stimulating effect upon cell activity In addition to this general cell stimulation it is further claimed that radon has a selective action promoting the growth of healthy cells, whilst being inimical to morbid ones, that it stimulates the production of erythrocytes lowers the blood pressure, produces diuresis and increases the excretion of uric acid ' *(Saubermann)*

From published clinical reports it appears that the most favourable results have been obtained in various forms of rheumatism, although improvement has also been reported in hyperpiesia in endocrine disturbances and over a wide field of pathological conditions Successful clinical results are undoubtedly obtained at many well-known spas, but no statistical evidence has been adduced to show that treatment at those spas in which the radium content is relatively high is accompanied by any enhanced therapeutic effect

The Present Investigation

Preparation of the Radon Water—A simple apparatus was required to provide aqueous solutions of radon having a wide range of strength the mean being about one millicurie in 10 oz of water The apparatus to be described has been found to satisfy these requirements

DESCRIPTION OF APPARATUS

The source of radon is an aqueous solution of radium bromide It is contained in the small flask A which has a volume of about 50 c cm and which is approximately half full of a solution which contains radium bromide equivalent to about 25 milligrammes of radium element The flask communicates through glass tubing with the Woulfe's bottle D which has a capacity of about 250 c cm and can be shut off by the stopcock C A second tube carrying the stopcock B enables radon to be swept out of the apparatus when the occasion arises by bubbling air through the solution The bulb A rests on a rubber pad contained in a stout glass jar which serves to retain the radium solution in the event of breakage of the bulb The jar is at floor level and the flask with its connecting tubing is supported on a wooden framework fitted through the top of the table upon which the Woulfe's bottle D rests This arrangement permits heavy screening blocks of lead to rest on the floor and surround the whole table for the protection of the personnel Further lead blocks are placed close to the jar containing the radium bulb The supply of water comes from a large Woulfe's bottle K (capacity 12 litres) which is supported on a wall bracket at about a foot above H It acts as a reservoir and is fed from the water main which can be shut off at the tap G The reservoir is open to the air through the stopcock F which is provided with a filter of cotton wool to prevent entry of dust and micro organisms The two Woulfe's bottles are provided with scales in order to be able to repeat any particular water level By varying the level in H it is possible to work with concentrations of radon ranging from 0 02 to 4 millicuries per 10 oz The actual content of radon is found by measurements on a gamma ray electroscope With the smallest concentrations the measurements are made by means of the beta ray electroscope devised and described by B A Spicer

METHOD OF OPERATION

The normal positions of the stopcocks are shown in the diagram but it is well to close C during the initial filling of the bottle H The bottle H is filled to a mark predetermined by experiment for it is the water level in this bottle which determines the concentration of radon that is obtainable Once set the water level in this part of the apparatus remains sensibly constant With the tap E shut the upper reservoir K is filled from the mains to any convenient scale mark selected as a working level With the main tap shut off the taps E and C may now be opened and the whole apparatus is left for the radon to diffuse into the vessel H a proportionate part of it diffusing throughout the water the coefficient of solubility of which is 0 at 14 C When the steady state has been attained the radon solution is drawn off into any suitable vessel (such as a bottle which can be corked) by opening the tap D The water in H is automatically replenished from the upper reservoir the water level in which is maintained by admitting water from the main

The Clinical Tests

The cases selected for our observations were mostly patients suffering from various forms of rheumatism, such as osteo-arthritis chronic rheumatoid arthritis fibrositis and neuritis although other diseases were also included in the series They were separated into the two categories out patients and in patients

the "1 c.cm of thin yellow pus" found at operation (in October, 1934) upon a subacute abscess of the first left costal cartilage. The patient's serum agglutinated *B. paratyphosus* B up to a dilution of 1 in 500. There was an indefinite history of paratyphoid fever fourteen years previously, but blood culture and Widal reactions were then negative.

Van Dyk (1933), in a symposium on enteric fever, recalled a man who had typhoid fever during the siege of Mafeking, passed the next twenty-four years as a soldier and a policeman, was kicked by a horse on the lower part of the right thigh, and straightway developed an osteomyelitis at the site. The pus gave a pure growth of *B. typhosus*.

We are indebted to Emeritus Professor Walker Hall and Dr. D. M. Stone, clinical pathologist in the Preventive Medicine Laboratories, for advice and permission to report this case; to Dr. Peters of Ham Green Isolation Hospital for the progress notes and for pointing out the rarity of such a young patient entering the carrier state; and to Mr. T. J. Shields, B.M.A. librarian, for obtaining the references for us.

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Acute Puerperal Inversion

With reference to the clinical memorandum in the *Journal* of October 17, 1936 (p. 760), it might be of interest to quote another case of acute puerperal inversion, the mechanism being the same—that is, traction on the cord.

In the spring of 1932 a Hindu patient was brought to me, having been spontaneously delivered of a living male child 8 lb. in weight. She was about 23 years of age, 4 para. In India an 8 lb. child is large, the average being 6½ lb. The native midwife pulled on the cord and delivered a large placenta by this means. When seen by me the patient was profoundly shocked and bloodless from free haemorrhage. The fundus presented at the vulva, the uterus being completely inverted with the cervix fairly high in the vagina. The uterus was not palpable from the abdomen. In view of the general sepsis of native methods and because relatives tend to remove the patient when they think nothing is being done, it was decided to try and replace the organ forthwith. Accordingly the parts were well douched with iodine after cleansing and under chloroform anaesthesia and by careful and prolonged manual pressure on the fundus in a circumferential manner the uterus was reduced gradually in about fifteen minutes and resumed its normal position. An intra-uterine iodine douche was now given, but no pituitrin was required, and I was of the opinion that any forcible contraction might reproduce the inversion. Saline infusions were given, and the patient made a good immediate recovery. In about ten days pyometra developed, which responded well to daily intra-uterine douching followed by glycerin. The whole endometrium appeared to be shed—over a period of about two weeks. The patient then developed dysentery and afterwards malignant malaria, but eventually, after about three months in hospital, went home completely recovered. In a short time menstrual function reappeared, she became pregnant, and delivered a full-time child a year after leaving hospital.

It is interesting to note that during the septic condition of the uterus there was no appreciable involvement of the parametrial tissues or adnexa.

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Reviews

ENCYCLOPAEDIA OF MEDICINE

The British Encyclopaedia of Medical Practice including Medicine, Surgery, Obstetrics and Gynaecology, and other Special Subjects. Edited by Sir Humphry Rolleston, Bt., G.C.V.O., K.C.B., M.D., D.Sc., D.C.L., LL.D. Vol. II, *Apraxia—Carriers in Infective Disease.* (Pp. 767, illustrated.) London: Butterworth and Co. 1936.

The second volume of this work maintains the uniformly high standard set in the first. The editorial team are to be congratulated on their choice of authors for the special subjects, and on the manner in which the articles are set out. By means of cross-headings a summary of the subject may be seen at a glance, and the particular information required is readily obtained. The articles are worth reading as a whole, however, and give an up-to-date statement of the present position of British medicine.

The subjects covered in this volume, AP-CAR, naturally contain much about the brain. A full discussion of regional diagnosis of brain lesions by Dr. F. M. R. Walshe precedes a very satisfactory account of brain tumour, from the medical and surgical aspects, by Dr. C. P. Symonds and Mr. Hugh Cairns, and Dr. Walshe reviews vascular disorders of the brain. The same author does birth palsies and ataxy, and these with articles by Dr. J. Purdon Martin on athetosis and Argyll Robertson pupil, and by Dr. Macdonald Critchley on apraxia, contain all the information required. This characterizes the articles as a whole, and Professor Hume's account of arrhythmia is a model of saying clearly in short space all that is known. He is guarded enough to leave open what is still in doubt, as in the discussion of the actual side involved in the distinctive electrocardiograms which are accepted as evidence of branch-bundle block, and which at present are best designated as Type I and Type II. Dr. Lakin succeeds in bringing into clear relief the difficult subject of types of peripheral arterial disease and degeneration. It is especially cases of chronic arteritis or decrescent change that are important to recognize early. In senile arteriosclerosis without increase of blood pressure or cardiac hypertrophy it is the diastolic pressure rather than the pulse pressure (the difference) that is likely to be high (p. 60). Much of the difficulty of diagnosis lies in the fact that the adaptability of other vascular areas is so great that a high degree of arteriosclerosis may be met with in some restricted area of the arterial system without any obvious influence on blood pressure. The subject of arthritis and rheumatic diseases generally is discussed from the modern point of view, and a good account is given of present-day opinions and methods. The editor has succeeded in co-ordinating his team of contributors so that the picture is complete without overlap or discrepancy. Mr. Timbrell Fisher's article on osteo-arthritis is practical and helpful, while the subject of backache and lumbago, its diagnosis and treatment by all the available methods, is fully dealt with by Dr. J. B. Mennell.

Two articles, encyclopaedic in conception and result, on the relation of arthropods to disease and on bites and stings, by Drs. Patton and Hamilton Fairley respectively, set a high standard for the sections on tropical medicine. Dr. Fairley's contribution on bilharziasis is that of an expert on the subject. Blackwater fever, beri-beri, and bartonellosis are adequately dealt with by other members of the active London School of Tropical Medicine. Dr. Arkwright's article on carriers in infective disease is sound and practical. Dr. Arthur Hurst sketches a vignette on

was not maintained and the final readings were not lower than would have been expected as a result of prolonged rest in bed

Case Histories from the Rheumatic Group

Case 1.—A patient aged 30 with spondylose rhizomélique had had ten years' history of increasing pain and stiffness in the back spreading to other joints. On admission there was general muscular atrophy and joint fixation but no focal sepsis or history of gonorrhoea. The temperature, pulse, respiration and nervous system were normal. An x-ray examination of the spine showed complete ankylosis with ligamentous calcification. In both hips and the right shoulder there was complete ankylosis; in the left shoulder and knees there was less complete ankylosis. The bones of the carpus

Case 1

Date	Daily Radon Dose	Blood Counts: R B C	Hb	W B C.	Colour Index	Polymorphonuclears: Per cent	Total	Lymphocytes: Per cent	Total	Monocytes	Eosinophils	Basophils	Hyaline	Blood Urea	Non-protein Nitrogen	Ratio	Uric Acid	Cholesterol	Chlorides	Calcium	Total Protein	Phosphorus
25 11 34		5 000 000	84	10 300	0 83	71	7 160	23	2 330	3	2	1					1 70			11 8		
2 12 34	2 mc	4 840 000	91	10 450	1 0	71	7 400	23 5	2 460	5 0	0 5						2.27		462	12 6		
4 12 34	4 mc																					
6 12 34		4 860 000	95	10 250	0 96	53 5	5 480	40 5	4 150	4 5	1 5											
16 12 34		4 340 000	92	7 550	1 0	72 5	5 480	17 5	1 320	6 5	3	0 5					1 85		440	12 0		
21 12 34		4 670 000	92	9 950	0 99	70 5	7 080	22 5	2 260	7												

Case 2

5 2 35				6,250		52	3 260	41	2 580	3	2		2	32	34 7	43	1.96	148	480	10 8	5 24	3 36
11 2 35	2 mc	4 040 000	9-	5 650	1 5	46 5	2 630	47 5	2 690	1	4		1	32	34 5	43 4	1 74	155	487	10 5	4 91	3 39
18 2 35	3 mc																					
26 2 35		4 260 000	81	10 100	0.98	67	6 750	26 5	2 680	3	1	0.5	2	30	32 4	43.2	1 58	160	495	10 1	4 97	4 07
6 3 35		4 450 000	89	11 350	1 01	70	7,940	20	2 270	8	2											
11 3 35		4 265 000	86	8 700	0 99	69	6 000	29	2 520	3	1	1	1	37	33 2	52	2 17	152	560	10 75	5 30	3 45
Radon stopped																						
22 3 35		4 460 000	85	7 500	0 96	56	4 100	37	2 700	4	1 5		1 5	33	33 7		2 36	155	398	10 6	6 26	2 84
5 4 35		4,550 000	86	6 500	0 94	48	3 120	44	2 850	2	2 0	1	1 5	31	34 5		2 34	161	545	10 7	4 98	2 97
19 4 35		3 870 000	90 5	8 900	1 17					Transit onal cells 1 5							1 84		413	10.9		

Case 4

19 3 34		6,250 000	110	7 500	0 89	67	5 020	30	2,250	2		0 5	0 5	37	36	48	3 04	150	487	11 45	6 10	3 04
26 3 34	1 mc													34	36	44	3 66	155	479	11 45	6 20	2 87
10 4 34		5 610 000	104	8 800		59 5	5,220	32 5	2 860	3	2	1	2	28	34	38 6	3 76	139	478	11 65	5 08	3 16
23 4 34		5 520 000	110	8 600	1 0	59	5 080	31	2 660	3	4	1	2	26	25	48 5	3 80	124	445	11 15	4 82	2.84
4 5 34		4 645 000	99	8 000	0.9	75	6 000	18 5	1 480	2 5		1 5	2 5	26	23	53	3 68	129	512	11 25	5 34	2 41
After two weeks camping																						
28 5 34		5 370 000	116	10 000	0 99	62	6 200	32	3 200	2	2		2	32	33	45	4 66	148	365	11 30	7 00	3 34
After six months work in office																						
26 11 34		5 190 000	105	10 500	1 02	72	7 580	23	2 420	2	1 5		1 5	31	30	48 3	3 04		495	10 80	5 94	2 96

Case 3

Date	Daily Radon Dose	Blood Counts: R B C	Hb	W B C.	Colour Index	Polymorphonuclears: Per cent	Total	Lymphocytes: Per cent	Total	Monocytes	Eosinophils	Basophils	Hyaline	Blood Urea	Non-protein Nitrogen	Uric Acid	Cholesterol	Chlorides	Calcium	Total Protein	Phosphorus
15 10 34		5 760 000	106	10 500	0 93	63	6 610	33	3 410	3		0 5	0 5	35	31 9	2 93	161 4	495	10 6	5 38	2 54
19 10 34	1 mc																				
26 10 34	2 mc																				
30 10 34		4 650 000	90	9 750	0 97	57 5	5 620	34 5	3 380	3	3	2		36	37 4	4 90	165 2	462	10 8	5 5-	2 56
5 11 34	3 mc																				
12 11 34		4 480 000	88	7 700	0 99	56	4 300	36	2 770	6	1		1	34	37	3 26	158 6	493	11 1	5 6	1 65
28 11 34		5 680 000	92	10 630	1 26	70	7 450	26 5	2,830	2	1		0 5	3	31 5	50	160 4	492	10 7	5 3	3 19
30 11 34	Radon stopped																				
3 12 34		4 000 000	84	9 780	1 05	64	6 250	0	2 930	3	2		1	32	3-	69		561	10 9	4 96	3 16
5 12 34		4 490 000	76	9 550	0 84	58	5 520	2	3 050	6	2										
14 12 34		4 490 000	78		0 87									28	28	40	171	555	11 7	5 9	
15 6		4 300 000	88	12 200	1 0-	65	7,9-0	29	3 5 0	4	1	1									

it is inadequately standardized, it "measures" no "trait," and its interpretation is largely subjective Yet the Rorshach is perhaps the most valuable weapon we have in the clinical approach to personality problems Certainly it is of far greater use than the many question-and-answer methods which Dr Cattell has listed so completely, the direct questionary approach to psychological patients is rarely useful and often dangerous, what physician would submit to a psychoneurotic a list of twenty leading questions dealing with his possible symptoms?

Plainly the gulf between the statistician and the clinician is a wide one, and nowhere wider than in the field of dynamic psychology Equally plainly there will come with increasing knowledge a narrowing of that gulf Meanwhile the clinician may be grateful to Dr Cattell for his statement of an opposing case, and may feel that in stating it he has added to the common store of knowledge, and in doing so has helped to bridge the gulf

THE THYROID

The Thyroid Surgery Syndromes Treatment By E P Sloan, M D (Pp 476, 99 figures 45s) London Baillière, Tindall and Cox 1936

The prevalence of goitre in the Middle Western States of North America is indicated by the figures of the Sloan Clinic at Bloomington, Illinois, which has dealt with 20 000 cases in seventeen years, 15,000 patients were submitted to operation in this period, and the experience gleaned from their treatment has been recorded by Dr E P Sloan in his book The reader is warned that certain of the views expressed about the principles underlying thyroid surgery differ in many respects from the commonly accepted teaching, and we must say at once that the book cannot be recommended to students Those who are already familiar with the physiology and pathology of the thyroid gland may find in it much to provoke thought and even to challenge the beliefs upon which their practice is founded, but the less experienced may be bewildered by the vague circumlocutions which abound throughout the work

Dr Sloan's hypothesis to explain hyperthyroidism is that the thyroid normally secretes iodized colloid and a body which he has named "thyrom," the existence of which he infers from the fact that thyrotoxin contains 65 per cent of iodine 'The other 35 per cent" is thyrom, and since in toxic goitres the iodine content of the gland is diminished he supposes that there must be a proportionate increase in the secretion of thyrom, which produces the signs and symptoms of hyperthyroidism It is significant that Harrington's name is not mentioned, and we must be pardoned for doubting the authenticity of the author's biochemistry His suggestion that degenerated tissue in the thyroid may also produce a toxic substance shows how profoundly his ideas differ from those of most pathologists

On the clinical side also a number of rather confusing syndromes are described and attributed to different toxic agents so that in all departments Dr Sloan is out of harmony with the present-day efforts to unify rather than to multiply the causes and symptoms of thyroid dysfunction and he has not considered Dunhill's more acceptable explanation of the relation between the clinical features and the pathological changes in the thyroid gland In a book which is intended to be a comprehensive review of thyroid disease more attention should have been paid to the work of distinguished workers abroad

The technical details of thyroid surgery are well described but it is most disappointing that we should be told nothing whatever about the results of the enormous number of operations performed at the clinic The remarks on malignant disease of the thyroid gland are meagre and inaccurate, and the parathyroid glands are incorrectly described and illustrated This is a big book on a special subject, and we are left wondering how it is possible to write so much without making any substantial contribution to knowledge

Notes on Books

F LE GROS CLARK and L NOEL BRINTON, in their little work *Men, Medicine and Food in the U S S R* (Lawrence and Wishart, 5s net), give an instructive survey based on their personal observations in Soviet Russia and their conversations with the health authorities of the active campaign against disease, especially typhus, typhoid, plague, cholera, and malaria, provision for sickness, the food problem in all its aspects, including inspection and laboratory work, and the physical condition of the people The interest taken by the Soviet Government in the healthy development of the children is indicated by the fact that the number of infant welfare centres in the Union rose from under 1,000 in 1927 to over 2,500 in 1932 In 1922 a State Scientific Institute for Maternal and Infant Welfare was founded in Moscow and in the course of the next ten years most of the regions of the U S S R had their own centres According to the authors the Soviet policy has always allotted the best available food to children, at least in industrial areas, in spite of food often being very scarce Moreover, the child from an early age is given instruction in hygiene and nutrition A bibliography of recent literature is appended

In *Notions de Médecine Aéronautique* Dr JEAN LEDUC has produced an excellent and useful book, and it is to be hoped that an English translation will be forthcoming in the near future The book is written primarily for nurses engaged in air-ambulance work It is divided into two parts The first deals with such subjects as the effects of altitude, air sickness, intoxication by fumes, and indeed the whole field of the pathology of aviation and the special therapeutic measures applicable Instructions follow for the appropriate arrangements indicated in the air transport of sufferers from various maladies The second part covers such topics as the medical supervision of aerodromes, aircraft, and flying personnel, organization of air ambulance services, medical consultations by wireless, and the epidemiological role of the aeroplane This admirable book is practical, concise, and informative, and it should prove acceptable to all who are concerned in the medical aspect of aviation It is published by the author, 8, Rue de la Cannebière, Paris, at 20 francs

The seventh edition of *Public Social Services* (National Council of Social Service, 26, Bedford Square, W C 1, 2s post free) incorporates the latest Acts of Parliament and Regulations dealing with this subject, including those concerning unemployment assistance which came into force on November 16, 1936 This concise handbook should be a boon to the busy practitioner, providing a ready guide to those branches of legislation which have a direct or indirect bearing on his work The book deals with public health, national health and pensions insurance, old age pensions, and the Poor Law, chapters are also devoted to education, industry and employment, administration of justice, and war pensions Where procedure differs in England and in Scotland the differences are pointed out In addition to the information on the above services, which are administered under the Government, there is a short reference to industrial assurance, a subject of much importance to the wage-earning community The book not only describes the various enactments and their methods of administration, but also gives the names and addresses of authorities to whom inquiries and appeals may be submitted The whole arrangement is practical and concise, while a very complete index renders every item readily accessible

done to determine exactly what value radon has in the treatment of gout

The erythrocyte count however showed a tendency to fall when large doses were employed in certain instances to a serious degree It appears therefore that with large dosage the administration of radon is attended by definite risk, and it should be administered with great caution

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PSYCHOLOGICAL FACTORS IN RHEUMATISM

A PRELIMINARY STUDY

BY

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PART I

Psychological factors play an important part in initiating and maintaining illness especially those forms of illness which are grouped under the heading of general medicine This is widely accepted but is vaguely understood This paper is therefore prefaced with a brief account of the ideas underlying the term 'psychological factors' as related to illness

Psychological Factors

An individual enters the world with a particular structure, a particular chemical and physical make up and a particular mode of behaviour This idea is sometimes put in another way by saying that he inherits a certain constitution (which refers especially to structure) a certain diathesis (which refers especially to chemistry and physics), and a certain pattern (which refers especially to behaviour) Among the patterns which he inherits from his ancestors his race and his species are those which drive him to behave as a human being These patterns of behaviour are often called instincts They include the deep seated instincts common to all animals—namely, those of self-preservation—with the drives to eat, to drink, to fight, and to escape, and those of sex—with the drives in the earlier years to love the mother, and later to mate and to succour the offspring The more distinctively human tendencies include the drives to create and to construct in the physical world of things or in the mental world of ideas

As an individual grows in time he meets things forces, and happenings to which we give the name environment As he meets new factors in his environment he reacts to them and sometimes he reacts in such a way that he is described as ill Illness is not an external object which a person catches, but is a reaction on the part of the individual to factors of his environment The environmental factors which provoke a reaction of illness belong to two groups First, there are those which the individual meets by direct contact of his body tissues These include the physical agents of mass (which causes trauma), of light heat, wet and cold chemical agents such as drugs poisons and foodstuffs and biological agents such as micro organisms Secondly there are the factors which frustrate or threaten to frustrate the instincts and drives of the individual as, for example the death of a loved person being jilted financial loss or unsuitable occupation The individual does not encounter such factors by direct bodily contact but through his mind and because of this they may be called psychological to distinguish them from physical factors The study of how the individual reacts by illness to psychological factors is called psychopathology This science is still in its infancy and is complicated However from the standpoint of general medicine it is convenient to consider the problem in simple terms and we can increase our understanding of illness enormously if we realize that when the instincts are frustrated emotion is manifested

Emotional Reaction

The bodily mechanism of emotion consists of the triad of the primitive brain the autonomic nervous system and the endocrine glands By means of this mechanism psychological factors may affect an individual profoundly bringing about changes in chemistry rhythm secretion, and even structure in the whole of the body or in any part of it This may be illustrated by considering the emotion of grief which is the response to the loss of a person or object that has been loved

The acute phase of grief may last for days or for weeks and is spasmodic or paroxysmal in its effects The symptoms are numerous and vary from person to person They may involve every vegetative system of the body The classical symptoms include tears sobs choking sensations twitching of the lips and hands pulling down of the corners of the mouth obliquity of the eyebrows a general sense of coldness distaste for food (especially flesh foods and milk) with a feeling of the food sticking in the gullet and the heart turning to stone or breaking This last is a feeling as if some foreign body like a lump of rock or iron lay heavily under the left chest wall and with each movement or even with each respiration dull jags are experienced as if the heart were a stone with broken edges Also and this is a point of importance to the subject-matter of this paper the sufferer between the paroxysms of grief feels sore and stiff as if he had been thrashed

With the passage of time these bodily disturbances may subside on the other hand one or more of them may be maintained in the original or in a modified form For example in the respiratory system the chokings and sobs may merge into asthma in the cardiovascular system the pain of the broken heart into angina and palpitation and the coldness into vasomotor disturbances of the extremities in the alimentary system the loss of appetite and the sticking of the food may merge into anorexia regurgitation vomiting and in the locomotor system the soreness and the stiffness may merge into rheumatism I have seen examples of all these among insured patients who had never suffered from any of those disorders until they had encountered a bereavement and reacted with the emotion of grief

In such instances the patient's attention was no longer focused on his bereavement but was dominated by his symptoms which he interpreted as evidence that he was diseased in the part of the body affected It may be added that it is doubtful if grief ever occurs in pure form It is almost always accompanied by anxiety which is associated with other emotions such as fear (for example concerning the future) resentment (for example against a person an institution or even a mental concept such as justice or the idea of God) and a sense of guilt Regarding the last Charles Darwin (1872) wrote Under the sudden loss of a beloved person one of the first and commonest thoughts which occurs is that something might have been done to save the lost one— It was my fault and I should never have left him Similarly also Groddeck (1929) a German physician who was one of the first medical men to take an interest in psychological factors in organic disease wrote In our civilized society everyone whose mother has died believes that he or she is guilty of her death believes it even when the mother has died in a place far removed The bodily effects of anxiety are not infrequently found in psychoneurotic

BRITISH MEDICAL JOURNAL

LONDON

SATURDAY JANUARY 30 1937

THE WELLCOME TRUST

Many years ago a book was published in America under the title *Inspired Millionaires* Instead of denouncing those who had accumulated enormous wealth an endeavour said the author, should be made to inspire them The process of inspiration has certainly had some success, especially in the country of Rockefeller and Carnegie The British public has scarcely recovered its breath after the Nuffield benefaction to Oxford before another great philanthropic endowment, of a different character but directed to similar ends, is announced in the shape of the Wellcome bequests A letter in our correspondence columns from the five trustees appointed under the will of Sir Henry Wellcome, who died in July last, explains that after some personal provisions have been made, including a memorial in Minnesota to the testator s parents, the whole of the divisible profits in Wellcome Foundation Limited will be utilized in two categories—namely, a "Research Undertaking Charity" for the advancement of medical and scientific research, and a "Museum and Library Charity" for the establishment or endowment of research museums and libraries The Wellcome Foundation was established in 1924 by Sir Henry Wellcome to take over the business of Burroughs Wellcome and Company, manufacturing chemists, with their subsidiary companies in other parts of the world, together with the Wellcome Research Institution, which includes the physiological and chemical research laboratories and the museums of medical history and medical science in London bearing Wellcome s name, as well as laboratories elsewhere Although for convenience Sir Henry Wellcome registered the Foundation as a limited company he was its sole possessor

Unlike most other great legacies, the Wellcome gift cannot be estimated in actual figures A statement appeared in the Press that it represented the income from one million pounds of industrialized capital or probably substantially more—a figure no doubt suggested by the fact that the company was registered with a capital of one million one pound shares No information is really available, outside the directorate of the Foundation, on which an estimate can be based The point is, however, that here we have dedicated to research, not a fixed sum in trustee securities, but the profits and goodwill of one of the best-known businesses in the country, enjoying a high reputation, with interests more or less all over the world It will be run in future, not for private nor even for co-operative profit, but for the endowment of medical and allied scientific research and the upkeep of scientific institutions Bequests, even on the grand scale, are not infrequent, but businesses dedicated in perpetuity are rare One instance of which we have been reminded is to be seen at Copenhagen in the Carlsberg Foundation Here the founder and proprietor of a brewery originally started research laboratories for the benefit of his business, and at his death left a large part of the earnings of his very successful brewery to trustees with such wide discretion that the Foundation has been a fairy godmother to sciences and arts having little connexion with the actual business of brewing In the Wellcome bequest, however, the machinery whereby the revenues are earned is in character with the purposes to which they will be devoted, although the purposes, of course, spread out over a much wider field It may be reasonably pointed out that commercial undertakings, however well established, have usually a short life as compared, for example, with ecclesiastical and university institutions, but those who in future turn expectantly to the largesse which the Wellcome trustees may be able to distribute will not be depressed—and will have no reason to be—by doleful predictions based on the insecurity of commercial and industrial affairs

By the terms of the will the Foundation remains under a board of directors, the managing director at the time of Sir Henry Wellcome's death, Mr George E Pearson, becoming governing director The function of the five trustees appointed is not to concern themselves with the detailed conduct of the business, which calls for expert direction, but to act as the equivalent of a body of shareholders, holding the property on behalf of those whom the testator intended to benefit and distributing the dividends according to his directions The will directs that two of the trustees shall always be men of standing and authority in medical and allied scientific research No more fitting choice could have been made than Sir Henry Dale, director of the National Institute of Medical Research, who for ten years, from 1904 to 1914 was associated with Sir Henry Wellcome as director of the Wellcome Physiological Research Laboratories, and Professor T R Elliott (in place of the late Sir Walter Fletcher, who was first nominated) of University College Hospital Sir Henry Wellcome was concerned for the soundness of the research which his gift would make possible There is an italicized statement in the will, that "persons of rash and speculative tendencies should be barred"

Pain as an Expression of Inferiority

To encounter a disease or an injury includes not only the experience in the body but also the experience in the mind in the form of knowledge or fear

Knowledge and fear of morbidity are acquired in popular beliefs in attending hospitals in reading in meeting doctors who talk about conditions and slight weakness and who give labels to patients in the absence of probability and also in seeing relatives friends or fellow workers affected with certain diseases A common disease encountered mentally is kidney trouble Many persons who experience backache whether through fatigue physical exertion or anxiety become afraid that they have kidney disease Every doctor in practice knows how patients who come to consult him about pain in the back almost invariably bring with them a bottle of urine whereas it is very rare for patients with other complaints to do so

These encounters however do not bring about emotional reaction unless the patient is for some reason or other already anxious and therefore suggestible For example a workman will become ill with pains in the abdomen and be labelled gastritis after a fellow workman has told him how he had an operation for gastric ulcer and has demonstrated to him his belly slit open from here to here but he will not usually do so unless he is already harassed by domestic financial or occupational difficulties Pains associated with fears of disease not uncommonly appear especially at first when the patient is sleeping and they wake him a few hours after he has gone to bed Nocturnal onset is a characteristic of symptoms of emotional reaction not only of pain but of other bodily disturbances such as numbness cramps loss of power itching choking sensations and palpitation It may be described in psychological terms by saying that the disagreeable situation and the associated emotions are repressed by the waking mind but when conscious control is relaxed during sleep the disturbing situation is free to manifest itself in the form of dream imagery and the associated emotions in the form of bodily disturbance To sum up inferiority may be inherited or acquired Acquired inferiority may be either physical or mental in the form of knowledge and fear

Pain and Stiffness as Symbols

We have considered how a site may be chosen for pain because it was inferior either in a physical or in a mental sense There is however another way whereby a symptom may be attached to a part of the body and the mechanism involved is known as symbolization A symbol is something which stands for a mental experience it represents what a person perceives or feels or desires or thinks Words whether written or spoken are examples of symbols Thus when the word hen is uttered we understand by that sound a certain perceptual experience of shape colour sound and smell Body gestures are also symbols If a man in silence spits at a person who is walking along the street that gesture is a symbol which is readily understood It expresses his feelings towards the person—namely disgust and contempt interpreted in verbal symbols—translated into words—it means *I do not want you I am ejecting you* The use of spitting as a symbol of contempt is common to the human species independent of time place or spoken language it is valid from China to Peru and in that sense it may be described as a species or collective symbol

Bodily symptoms may also represent symbols which when correctly interpreted tell a great deal about what the patient has perceived has felt has desired or has thought For example we have already discussed how a complaint of jagging pains and dull weight in the region of the heart may mean *My heart is sore my heart is heavy my heart is broken* The symptom of pain in the absence of an organic cause may be a symbol which signifies *My feelings are hurt* For example I remember a decent working man aged 50 who had complained of generalized pains and stiffness had been labelled rheumatic but who showed no evidence of structural changes Inquiry showed that he had worked with the same firm from the age of 14 and that about three months before the onset of his illness he had been dismissed owing to cutting down of staff After relating the story of his dismissal he himself interpreted his symptoms by saying *Aye doctor, I took it ill I felt it sore* after all these years with the firm, *I thought it stiff*

Note—Such symptoms have been called body language—the person is relating his mental experiences not in verbal symbols but in terms of bodily dysfunction Thus vomiting may mean I am sick of something or somebody Coughing may mean There is something inside me and I cannot cough it up Fainting may mean I am faint hearted Frequency of micturition may mean I am in a piddling funk The list is endless and extends from the crown of the head (light headedness and giddiness meaning I am uncertain which way to take so I go round and round) to the soles of the feet (I am foot ore and weary) Interpretation of such symbols is sometimes difficult but sometimes it is surprisingly easy For instance there was the woman who complained of something sticking in her throat She was thoroughly examined by throat specialists and no structural changes were found Inquiry into psychological factors showed that her symptoms began three months previously after a neighbour had called her a prostitute The interpretation of her symptoms is I received an insult I failed to swallow it it is still sticking in my throat. Again there was the woman who had lost her voice Inquiry showed that she was a good living Churchwoman and that she had lost her voice after learning that her unmarried daughter had fallen pregnant The interpretation of this symptom is It is unspeakable I cannot talk about it no one must hear it Then there was the man who complained of continuous vomiting which dated from the imprisonment of his son who had always been a source of difficulty His vomiting signified I am sick of him I am spewing him out of my mouth because he is not my son and does not belong to me any more

Limitation of Movement as a Symbol

The gesture of spitting has been mentioned as a collective symbol of contempt and disgust It is an example of what Darwin (1872) called an expressive action He wrote The chief expressive actions exhibited by man and the lower animals are innate or inherited The young and old of different races both with men and animals express the same states of mind by the same movements Such movements cannot be said to depend on the will of the individual Limitation of such expressive movements associated with pain and spasm of the musculature may also be symbolic An interesting example is limitation of spinal movement The spine is the part of the body which holds the human individual erect and in the mind of the species—the collective unconscious as it has been called—the spine signifies ideas related to uprightness and pride A proud man wrote Darwin exhibits his sense of superiority over others by holding his back and head erect (So also does a dog I remember observing the behaviour of my fox terrier after he had killed his first rabbit He swaggered with pride His body arched earthwards with the muscles all a ripple down his back and his head was in the air) In the following description of limitation of spinal movement the lumbar region and cervical regions are considered separately although as we shall see the symbolic significance is fairly similar

Lumbar Limitation

A complaint of pain and inability to bend is in the absence of structural change or inferiority not infrequently a symbol Sometimes it signifies *I am an upright man I do not stoop to do such things they are beneath me* Sometimes it means *I am a proud man I do not bend I do not lower myself I am above these things* It will be noticed that there is little difference between the upright man and the proud man they both act in the same way and say the same things Pride in its extended sense of superiority includes not only uprightness but also independence and self-respect Patients ill

that of Dr R H Crowley at University College, London From time to time indeed the suggestion has been made that biology should be the basic or pivotal subject on which all education should be constructed or from which all other subjects should radiate This can be maintained with considerable force, and at any rate there can be few to day who would deny Professor Stopford's statement that "some knowledge of biology is a necessity for all of us," or Dr Crowley's dictum that "full physical fitness is impossible unless a sound biological foundation is first secured" Yet even now it is true that biology is only struggling—though struggling successfully—for a place in the school curriculum Professor Stopford describes it as the "Cinderella of the sciences offered at school," and Dr Crowley ascribes this to the dominance of "the examination system, which in the past had been the servant and was now the master"

It should never be forgotten, however, that the advocacy of a more prominent and more common position for biology in the schools is based primarily upon general cultural and not upon utilitarian, technical, or examinational grounds, and that much pedagogic wisdom and vigilance may be required to keep the teaching of biology upon right lines, and to prevent its deterioration, as that of chemistry and still more of physics have to a considerable extent deteriorated in many schools, into a sort of minor technological training in laboratory work or merely a fresh field for exercises in mathematical calculation As Professor Stopford says, "Biology properly taught has a profound humanizing influence" It provides a link with a large number of other subjects—history, geography social and domestic science at once come to mind It is the best introduction to the teaching of science in general, its methods of observation, of selection of patterning, of the formulation of "laws," of the control of "nature" Biology as the study of living things and as one of those sciences which are at present at any rate not "exact" has a truer educational value than others The exclusive study of the more exact sciences of physics and chemistry may lead to an undue confidence in particular procedures, to a set and rigid frame of mind, to a lack of interest in human affairs, to the manufacture of the efficient technician rather than of a really educated man or woman If Dr Crowley is right in defining the end of education as "learning to live" there can surely be no doubt as to the position which the science of life should have in the school curriculum

The position of biology in relation to the medical curriculum has never been so clearly envisaged, and yet there need be no confusion with regard to it It is not difficult to distinguish between biology—along with physics and chemistry—as an "introduction" to human anatomy and physiology and the understanding of human environment on the one hand, and its "application" to these medical scientific subjects on the other The application of the three preliminary sciences must continue throughout the curriculum just as the application of anatomy and physiology must continue throughout the three clinical years It is at least equally obvious that the general study of a subject which introduces the student to another should be undertaken before and not *pari passu* with that of the subject to which it is an introduction It remains a distinct and considerable blemish upon the medical course, as newly prescribed by the General Medical Council, that the study of general biology, wherever it may be pursued, should not in every case be made to precede the entry upon the medical curriculum proper

CONTROL OF PITUITARY SECRETION

With increasing knowledge of the hormones of the pituitary gland it has become imperative to understand the mechanisms that control the formation of these principles within the glandular elements The pituitary gland is unique in that it seems to be responsible for the control of all endocrine activity either directly or indirectly Collip has gone so far as to refer to it as "the master gland" This does not mean that the pituitary gland, while influencing endocrine activity elsewhere is not in itself influenced by the secretion of other endocrine glands—for example, the changes in the pituitary as the result of castration are profound Therefore to some extent it can be said that there is an interplay of endocrine activity which tends to preserve the normal state It has been known for many years that the pituitary gland receives a dual innervation first by nerve fibres from the hypothalamus which enter the gland along the hypophyseal stalk and, secondly, by fibres arising in the superior cervical ganglion which pass to the gland by the perivascular route (mainly along the internal carotid artery) Roussy and Mosinger[1] have drawn attention to the possible significance of this double innervation in the control of pituitary secretion It cannot be said that their paper has simplified the problem for they have not taken into consideration questions of the first importance It is possible that instead of active principles inactive precursors of these may be elaborated in the gland cells under the control of the hypothalamus or other endocrine glands These principles may not be activated and thrown into the circulation until the necessary stimulus arrives over the second nervous pathway—that is, from the superior cervical ganglion Recent work on the relations of the hypothalamus, pituitary gland, and superior cervical sympathetic ganglion in carbohydrate metabolism is capable of this interpretation, which however, may not hold good for every hormone In a recent paper on diabetes insipidus J H Biggart[2]

[1] *Presse méd* 1936 79 1521
[2] *Brain* 1935 58 86

The neck in the collective unconscious represents ideas relating not only to pride (and its correlatives uprightness independence and self respect) but also to refusal obstinacy, and self will A complaint of pain and stiffness in the neck with inability to bow the head is sometimes found to be an attitude of refusal—a symbol which signifies *I am stiff necked I cannot bow my head I resent this person and this situation I am obstinate and self willed*

Here is a point of special interest If anyone cares to adopt the attitude of refusal ' and to persist in it—that is to say, if he throws back his head and shoulders and maintains the position for several minutes he will experience dull and cramp like pains which are most marked in the region between the upper parts of the scapulae This is a not uncommon site for a complaint of aches and pains with no discoverable organic basis Inquiries into psychological factors not infrequently show that pains in this site develop in the course of an anxiety state and are an expression of pride (in its extended sense of superiority) and of refusal resentment, or obstinacy Such pains occur perhaps most typically in married women who become widowed and are faced with the prospect of living in reduced circumstances or of taking up some occupation as a means of livelihood but they are also to be found when a person for any reason gets it in the neck

Note—To get it in the neck is a slang phrase with which everyone is familiar A person is said to get it in the neck when he receives a definite shock to his happiness his comfort, or his security as a result of encountering some deprivation or misfortune Also perhaps there is a suggestion that the deprivations and misfortunes are not single but multiple I have been unable to trace how or when the phrase arose but it was certainly extensively used during the Great War Whatever its origin its aptness has been recognized and its use is now widespread The reasons for this are probably to be found not so much in any conscious associations (as for example with hanging or with the guillotine) as in unconscious associations A man who meets with a deprivation may do one of two things He may resent it or he may accept it if he resents it he throws back his head if he accepts it, he bows his head Whichever he does the neck is involved

Another slang phrase involving the use of the word neck is X gives me a pain in the neck or more commonly, X is a pain in the neck This apparently nonsensical phrase has obtained a wide currency It means that X is found to be a depressing or boring individual and is not acceptable Thus if someone in a company refers to X and another person says Oh X! He's a pain in the neck! and it can be noticed how everyone throws back his head and no one mentions X after that. In this way X is refused admittance to the company with a No symbolized both in slang and in gesture

Examples of cervical limitation and pain are included in the following serial investigation of patients with "rheumatism" involving the neck and shoulders

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[*To be concluded*]

Dame Frances Mary Ryall, widow of Sir Charles Ryall, CBE FRCS, died on October 24 1936, leaving £66 479 (net personalty £61,351) Her bequests include £5 000 to the Royal College of Surgeons of England in memory of her husband, to provide a Charles Ryall scholar or assistant in the Museum or Library or for the promotion of the study of cancer or other diseases £1 000 each to the Royal Cancer Hospital Fulham Road S W and the Royal Masonic Hospital to endow a bed in each in memory of her husband £1,000 to the Bolingbroke Hospital Wandsworth Common S W in memory of her husband and £1,000 to the Royal Medical Benevolent Fund.

PLASMODIUM OVALE INFECTION CONTRACTED IN DIFFERENT PARTS OF WEST AND CENTRAL AFRICA

BY

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Although probably *Plasmodium ovale* infections in man are widely diffused throughout Central Africa, having now been reported from a wide belt extending from Northern Nigeria to Kenya Colony yet remarkably little has been written upon the distinctive clinical manifestations which tend to differentiate it from infections with other forms of malaria parasites At the present moment *P ovale* appears to be purely an African species, and there is only one exception to this in the case reported by P Muhlens from ' Western South America N H Fairley (1933), in the record of his case appears to be the only authority who has paid special attention to the clinical aspects of the naturally acquired infection with *P ovale*

Four cases of this infection have occurred in the course of practice during the last two years two in males and two in females The infection had been contracted respectively in Uganda, Nigeria Belgian Congo and Sierra Leone The main clinical characteristics so far as could be ascertained, are the comparative mildness of the infection and the almost invariable recurrence of the rigors and fever during the course of the evening in contradistinction to the usual morning rise of temperature in other species of malaria Abdominal pain referred to the appendix area had led to a diagnosis of appendicitis being made on clinical grounds in three out of the four cases whilst in the fourth the pain was referred to the left loin and was thought to be due to a renal calculus Subsequent to operation for the appendix rigors occurred and resulted in the demonstration of typical *P ovale* parasites in the blood

This observation may be considered to be of some practical importance, although the same phenomenon of 'pseudo appendicitis has frequently been observed in *P falciparum* infections Another clinical characteristic of diagnostic value in these *P ovale* infections is the rheumatic pain in various parts of the body, especially in the lumbar region One case had actually been diagnosed as rheumatic lumbago

Report on Four Cases

Apart from these phenomena malaria due to *Plasmodium ovale* is a particularly mild disease and is very amenable to quinine or atebrin treatment. The following is a short summary of the cases

Case I

A woman from Uganda had had mild attacks of malaria there in spite of regular prophylactic doses of quinine An attack of fever on October 22 1933 had subsided without treatment. She had complained of pain in the small of the back and over the appendix region and an operation was performed on October 29 for appendicitis A rigor followed on the evening of October 31 with a temperature of 103 F When seen on the morning of November 1 the temperature was normal and the spleen was just palpable A blood film showed half grown and gametocyte forms of *P ovale* 5 c cm of the blood was sent to Colonel S P James at Horton where the parasite was recovered and was used for thera

the minimal air of the lung was replaced by the various solutions they used casts doubt upon the belief that air is entrapped by collapse of the smaller bronchi, rather is it probably associated with incomplete collapse resulting from damaged elastic fibres due to death Absence of atelectasis in the presence of twelve blocks of major bronchi and numerous blocks of smaller bronchi, many of which were of long standing, lends support to the theory of interlobular air communications Finally, the authors emphasize that repeated injections of lipiodol may be needed in suspected cases of bronchiectasis, since occasional entrapping of the air by their dye occurred, and that absence of alveolar filling may be found with dilated bronchi when the latter contain enough pus to produce occlusion

HEALTH POLICY IN PALESTINE

The annual report for 1935 of the Department of Health in the Government of Palestine contains much interesting information The general administrative policy of the Department has been one of decentralization, responsibility for medical and health affairs being vested as far as possible in the British senior medical officers in charge of the four medical divisions Under their administrative control Palestinian medical officers carry out the routine work of hospitals and clinics, and also of sanitary measures This policy has enabled the Department to concentrate its energies on the reduction of preventable diseases, the improvement of general sanitary and health conditions, and the medical supervision of school children and infant welfare work Progress is hampered, however, by lack of adequate funds, and the allocations for special purposes are far too small, while it has not yet been possible to make any provision for tuberculosis During the year under review there was an increase in the total incidence of malaria, attributable to an unusually heavy winter rainfall As an example of the extent of antimalarial measures it is recorded that 169,228 potential mosquito breeding places were registered, and over 2,800 000 inspections were made Oil was applied on 800 000 occasions 330 pumps were fitted, and 9,300 places were mosquito proofed A number of extensive drainage schemes were also undertaken *Ankylostomiasis* investigation has shown that the conditions of warmth, moisture, and soil associated with citrus cultivation are favourable to the development of the parasite In the Jaffa district measures of sanitation and treatment carried out on a large scale only resulted in a 5 per cent reduction of incidence It is considered that the lack of sanitation in the orange groves themselves may to some extent be responsible for maintaining continuous reinfection among the labourers employed There were 2,060 cases of typhoid with 204 deaths, a small increase on the figures for the previous year, 400 cases occurred in Haifa alone Overcrowding is prevalent in the larger towns and sanitary progress has been unable to keep pace with the increase in population A disquieting feature is the *continued penetration* of the disease into rural areas, formerly comparatively free as a result of cheap transport and the flow of labour into the towns from surrounding villages

BACTERIAL ENDOCARDITIS

Although pathological and clinical researches have revealed much of the natural history of bacterial endocarditis, many problems concerning this mysterious disease still await solution Dr Bruce Perry in a recent monograph[1] traces our knowledge of this malady from one of the earliest clinical descriptions in 1707 to the present day Much bacteriological work has been done on this disease, and the author has undertaken *an analysis of a composite group of 1,000 cases* Streptococci were found to be responsible for 68 per cent, while the pneumococcus and staphylococcus were approximately of equal aetiological importance, with 11 per cent and 10 per cent respectively The gonococcus and *H influenzae* were together responsible for about 7 per cent The clinical descriptions have been assembled from the author's experience, together with references to the more important series and cases from the literature While so much knowledge has been accumulating in respect of aetiology, bacteriology, and the local and constitutional effects of the disease, it is disappointing that so little can profitably be said about treatment For in spite of auto-haemotherapy and sera and vaccines and intravenous antiseptics the diagnosis of bacterial endocarditis implies the existence of a malady almost invariably fatal Dr Bruce Perry gives an up-to-date and readable survey of the subject

CENTENARY OF LEOPOLD VON SCHRÖTTER

On January 30 the centenary of Professor von Schrotter will be celebrated by the University of Vienna and the Vienna Laryngological Society Born on February 5, 1837 he was one of the pioneers of laryngology, and some of his researches and methods still hold Schrotter was the founder of the department and the first professor of laryngology in the University of Vienna, which was the first special clinic in the world to be established with a chair in a university He also took a particular interest in the modern campaign against tuberculosis At Alland, near Vienna, he founded one of the first open-air sanatoria At the celebrations at the end of this week a memorial medallion of Schrotter will be unveiled and the rector of the university (Professor Arzt), the dean of the faculty (Professor Kerl), Professor Sorgo (a former assistant) and Professor Marschik, the president of the Laryngological Society, will deliver addresses Many of the senior laryngologists of this country will remember with affection this genial professor and his remarkable command of English He last visited London during the Congress of Tuberculosis in 1901 He died in 1908 at a dramatic moment when he was presiding over the International Congress of Laryngology in Vienna

Owing to reconstruction work at the Royal College of Surgeons of England it has been found necessary to close the Museum for an indefinite period It is hoped, however, that it may be possible to reopen the Museum towards the middle of March

[1] *Bacterial Endocarditis* By C Bruce Perry, M D, M R C P Bristol J Wright and Sons (10s 6d)

deep sensation were unimpaired The patient showed no evidence of any toxic effect from the drug except for slight nausea about one hour after administration In order to complete the investigation a subcutaneous injection of novocain was given with the production of normal local anaesthesia

We concluded that this was a definite case of rachi resistance and finally performed lumbar ganglionectomy by the transperitoneal route under general anaesthesia with excellent results

Rachi resistance and Rachi sensibility

Cases which appear to be hypersensitive to spinal anaesthetics are said to be rachi sensible This condition is uncommon but not excessively rare Pathological states such as toxaemia from acute intestinal obstruction, increase in urea content of the blood and jaundice render patients more susceptible to spinal anaesthetic drugs, the physiological state of pregnancy renders women more sensitive to this form of anaesthesia

On the other hand, 'rachi-resistance' is apparently a very unusual phenomenon After a thorough search of the available literature we are unable to find a reference to it in the English language other than in a direct translation (Sebrechts 1934a) Sebrechts (1930) however has paid a good deal of attention to the subject, and the following facts emerge from a perusal of his works

He states that the cases belonging to the group rachi resistant are found to be predominantly sympathicotonic in type, whereas those grouped as rachi sensible are vagotonic in type (1932) This author has also observed that the cases of 'rachi resistance' which have come under his notice have belonged to the same family (one a father and son, the other a mother and four sons) and he is convinced that the phenomenon is of a familial distribution Elsewhere (1934b) he goes so far as to say that it may be a racial property stating that the Anglo Saxons appear to be more resistant than the Belgian population

Discussion

L J Witts (1936) in a recent contribution draws a distinction between idiosyncrasy and susceptibility He states that 'idiosyncrasy is a peculiarity of constitution whereby the individual reacts differently from the majority of mankind In some cases of idiosyncrasy a mechanism akin to anaphylaxis is present an initial dose being necessary to sensitize the patient

An idiosyncratic patient thus exhibits a reaction peculiar to himself, and which cannot be predicted unless the family is suspect For instance if one of a family is found to be rachi resistant —for example a father— and the sons resemble him in type (sympathicotonic) then one might predict that the sons will be 'rachi resistants Thus we venture to suggest that the phenomenon of 'rachi resistance' can be classed as an idiosyncrasy

On the other hand the susceptible person requires a smaller than average dose of a drug to produce the standard effect This is what obtains in those cases which are termed rachi sensible a condition sometimes produced by pathological states, as already mentioned

Is it possible to find an explanation for rachi resistance ? The production of anaesthesia by cocaine and its derivatives is attained by a local depression of nerve fibrils or nerve trunks In the case of the nerve trunks there is a permeation of the drug through the sheath in order to reach the fibrils and Sebrechts (1930) points out that this permeation is more rapid and intense in the spinal nerve roots than in the peripheral nerves on account of the less permeable nature of the sheaths of the latter If one assumes a variation in permeability of the nerve sheaths then those cases of greater permeability will obtain more intense anaesthesia than those in which permeability is present to a lesser degree Toxic products circulating in the system might conceivably increase the permeability of the nerve sheaths thus rendering the subject rachi-sensible If on the other hand an undue resistance to the permeation of cocaine peculiar to the nerve sheaths of the individual is assumed this might account for him being rachi resistant

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Clinical Memoranda

Typhoid Abscess 57 Years Later

The typhoid bacillus is well known as a pyogenic organism and one which may be long in producing this effect, in the present case the interval was fifty seven years

Clinical and Bacteriological Report

A man of 68 and a clear witness was admitted to hospital on May 30 1936 with a swelling in the left popliteal fossa which had been present for six months and with a history of some sweating at night for about two weeks before admission His only previous illness was typhoid fever at 11 years and this was fixed in his mind as it came on very soon after a Sunday school outing

There was no history of injury and x rays revealed no bony lesion The swelling was incised and drained of its yellow creamy contents Direct film of this pus showed no *B tuberculosis* or other organisms but on aerobic cultivation at 37 C for eighteen hours a pure growth of *B typhosus* was obtained The patient's blood serum agglutinated *B typhosus* to a dilution of 1 in 50 but no further—a technical positive *B paratyphosus* A and B were not agglutinated The patient's own organism was agglutinated to a dilution of 1 in 125

No pathogenic organisms were obtained from the faeces and urine at two examinations *B typhosus* was again isolated from the abscess two days later but not subsequently the wound healed slowly under antiseptic treatment

Literature

E N Wardle (1935) reported the isolation of *B typhosus* from a bone abscess at the mid length of the right tibia opened at operation in August 1934 on a man aged 54 with a history of typhoid fever ten years previously There was a remote history of trauma The man's serum agglutinated the organism to a dilution of 1 in 125 Wardle also quoted Keen as mentioning a case reported by Buschke in which the organism was obtained in pure culture from a tibial abscess seven years after the fever

Brock (1935) described a case of Post typhoid Chondritis with Abscess Formation in a medical practitioner aged 32 Here a pure growth of *B paratyphosus* B was obtained from

creasing the cardiac output, increasing metabolism, raising the blood-sugar concentration, diminishing fatigability of muscles, raising the oxygen-carrying power of the blood by increasing haemoglobin and red cells, and by diminishing the coagulation time of the blood Such reactions might aid the primitive animal in flight or combat Cannon and collaborators also showed, however, that neither the medulla nor the sympathetic nervous system was essential to life Animals deprived of them were sensitive to cold, and their rage was not associated with hyperglycaemia or erection of hair

Adrenalectomy

Since unilateral adrenalectomy, with destruction of the medulla of the remaining gland, has little or no effect on the health of the animal, a study of the results of bilateral adrenalectomy should give some indication of the function of the cortex This supposition is further supported by the fact that adrenaline injections cannot influence the fatal outcome of the latter operation, whereas cortical extract can

In some species, such as the cat and the dog, the operation is almost invariably fatal and usually within a week In others, such as the rat, accessory suprarenals may prolong survival, sometimes indefinitely With correct technique, including the removal of the perinadrenal fat, there is nevertheless a 100 per cent mortality in most strains if young rats weighing less than 100 grammes are used The results are the same for one-stage or two-stage operations, but the latter may minimize acute fatalities from surgical trauma

In the case of rats recovery from the operation may appear complete within one or two days, and superficially the operated rats may appear no different from the controls, nevertheless sudden collapse and death may take place within a few hours Where the survival period is more prolonged, either spontaneously or with minute doses of cortical extract, the more definite results of cortical insufficiency can be studied A loss of appetite and failure to gain weight adequately are early signs If control rats are given daily an amount of food equal to that eaten by their paired adrenalectomized litter mates it is seen that with the latter there is also a deficient gain of weight per gramme of food intake (Levy Simpson, Dennison, and Korenchevsky) The animals are inert and apathetic, but hyperexcitable when interfered with Their muscle tone is poor, and they are unable to climb the observer's hand when suspended The fur is ruffled dry, and lustreless Infection of the eye and eyelids may be present Diarrhoea and bloody stools occasionally occur, but are rare features except in the terminal phases In the absence of cortin there is a susceptibility to nasal and respiratory affections The rectal temperature is often subnormal, and even when normal falls very rapidly on exposure to cold, which the animals are unable to withstand At necropsy there is a striking absence of abdominal fat, a hyperplasia of the thymus and lymphatic nodes congestion of the viscera, haemorrhagic erosions of the gastro-intestinal tract, and other changes The blood is thick and coagulation time diminished In more chronic insufficiency in cats and dogs there may be a slaty-grey pigmentation of the skin and a chocolate brown coloration of subcutaneous fat

The Cortex and Carbohydrate Metabolism

The blood sugar after adrenalectomy falls acutely just before death and hypoglycaemic convulsions may occur Apart from this terminal drop it may or may not be low according to the species of animal There is, however, a profound disturbance of carbohydrate metabolism, as shown by a decrease in muscle and liver glycogen, the latter being especially severe Probably for this reason excitement, fright, or adrenaline will not produce the rise of blood sugar that occurs in normal animals The adrenalectomized animals are also unable to synthesize glucose or lactic acid into hepatic glycogen There is a high concentration of lactic acid in the blood All these changes are corrected by a cortical extract Britton and Silvette think that the regulation of carbohydrate metabolism is the most important function of the adrenal cortex

The Cortex and Sex

There is strong clinical evidence in support of an association between the cortex and sex Experimentally, hyperplasia occurs after castration in rats, during pregnancy in guinea-pigs, oestrus in frogs, and ovulation in pigeons Adrenalectomy is followed by suppression or by irregular appearance of the oestrous cycle, and by degeneration and atrophy of the testis It is not certain how far this is due to the general metabolic changes and poor condition of the animal, rather than to a specific influence If the animals are kept in a more chronic state of insufficiency there is at first a hyperplasia (? compensatory) of the interstitial cells of ovary and testis, without any degeneration, but later on a gradual atrophy follows The latter would appear to be an indirect effect through the pituitary, since adrenalectomy results in a diminished gonadotropic potency of the pituitary and a decrease in the proportion of its basophil cells Pregnancy prolongs the survival period after adrenalectomy

Injections of cortical extracts have given discordant results Atwell produced enlargement of the ovaries in hypophysectomized frogs, and Corey and Britton precocious sexual maturity in young rats The majority of experimenters have obtained negative results with an extract which was quite potent in preserving the life of adrenalectomized animals Reichstein, however, has isolated from the adrenal gland a crystalline steroid, adrenosterone, with male-hormone properties In adrenal virilism comb growth hormone may be present in excess and in adrenal feminization oestrogenic hormone may be present in excess Callow and Parkes have obtained adrenal extracts that show oestrone-like and progesterone-like activity

It is important to remember that in the adrenal of the human foetus and of some young animals there exists a large zone between the cortex and medulla which is called the androgenic zone, because of a probable relation to the gonads Thus in the mouse this zone disappears at puberty and in the male adult mouse hypertrophies after castration (Howard, Deanesly) It also involutes in the female mouse during pregnancy The presence of this zone has not been observed in the dog cat, rabbit, or cow In man it involutes rapidly after birth, and it is postulated (Grollman) that the cells of the rudimentary androgenic zone are the ones that undergo hyperplasia in virilism and pseudohermaphroditism

The Cortex and Mineral Metabolism

An important function of the adrenal cortex is the regulation of the balance and excretion of sodium and chloride Adrenalectomy results in an increased excretion of these two elements and a fall in their serum values There may be an initial diuresis and subsequent oliguria, but the water excretion is insufficient to account for the degree of haemo-concentration as manifested by a rise in total solids, haemoglobin, and plasma proteins

biliousness which will be very useful to those who are confronted almost daily by this complaint in practice Skin subjects in this volume include blastomycosis, baker's itch barber's rash, boils and carbuncles, and a very practical article on bedsores Asthma, bronchitis and bronchiectasis are fully dealt with and articles on aviation and caisson disease will interest and instruct members of the profession in the special services Dr Adolphe Abrahams takes a broad minded survey of the relation of athletics to practical medicine and athletic injuries of the limbs are reviewed by Mr W E Tucker The management of squeezing and rupture of internal organs like spleen and kidney is not mentioned, though these are not rare in the more strenuous games

RADIODIAGNOSTICS

Recent Advances in Radiology By Peter Kerley M D B Ch D M R E Second edition (Pp 322 176 figures 10s net) London J and A Churchill 1936

Dr Peter Kerley's small handbook deals exclusively with radiodiagnostics no space is given to important advances in technique, some of which would be of great use to the radiologist The chapter on x-ray therapy which appeared in the first edition has wisely been omitted and we look forward to a special volume devoted to a branch of radiology in which the recent advances are so numerous that they can only be adequately surveyed in a series such as this

The opening chapters are concerned with injuries and diseases of bones and joints and with deformities and diseases of the skull These subjects are somewhat perfunctorily handled thus there are only a few lines on epiphyses which will be of little use to the student who is reading with a view to a diploma in radiology A bibliography however at the end of each chapter will help the student in his search for further information A large part of the book deals with the chest and includes diseases of the heart aorta mediastinum lungs, pleura and the diaphragm This is in every way excellent and will prove a valuable guide to the interpretation of x ray films It gives an adequate outline of the present position of our knowledge of the various diseases associated with signs and symptoms in the chest The remaining chapters deal with the alimentary canal biliary tract, and the genito urinary tract They present in a very concise form the essential radiographic features of the normal and abnormal conditions met with, and once again a useful bibliography will direct the student to other sources of information

The illustrations are numerous and of excellent quality throughout There is a good index and the book can be recommended to those who want to get a general idea of the value of x rays in diagnosis

MICROSCOPES AND MICROSCOPY

The Microscope By Simon Henry Gage Sixteenth edition revised and enlarged by the addition of a chapter on Micro Incineration (Pp 617 313 figures 4 dollars) Ithaca New York Comstock Publishing Co 1936

The book by Dr S H Gage emeritus professor of histology and embryology at Cornell University, has now attained its sixteenth edition This fact alone testifies to its worth for it is inconceivable that a textbook which was not fulfilling its purpose and really well at that should have run through so many editions And on reading it the reason for success soon becomes evident it is the author's gift of simple and clear exposition Starting with a chapter on microscopes and their parts in which the complexities of the modern microscope are approached through a consideration of magnification obtained by hand lenses and microscopes of primitive construction the author proceeds to discuss the various forms of microscopy In succeeding chapters the use of the microscope with visible light—bright field microscopy and dry ground microscopy—the polarizing microscope the microspectroscope and the adaptation of the microscope to use with ultra violet light are described Next comes a valuable chapter on the interpretation of appearances in which is stressed the need for caution and the desirability of submitting material to as many forms of microscopical examination as possible before drawing conclusions The author is at pains to point out that one should not be satisfied with a mere examination of fixed and stained preparations Much is to be learned from a study of material in the fresh state both with transmitted white light and dark ground illumination and though this is a point of view to which everyone would subscribe it is unfortunately often ignored in practice

Other subjects covered in this book are the making of drawings of microscopical preparations and micro projection photomicrography, the reagents used in histological work, and all the technicalities entailed in the making mounting and storing of specimens There is also a chapter on micro incineration that recent addition to the histologist's armamentarium The book contains numerous illustrations, mostly line drawings and possesses an adequate index

MENTAL TESTING

A Guide to Mental Testing For Psychological Clinics Schools and Industrial Psychologists By Raymond B Cattell M A B Sc Ph D (Pp 312 64 figures 10s 6d net) London University of London Press 1936

The subject of mental testing is now much to the fore and the literature devoted to it is both voluminous and widely distributed Dr Cattell has endeavoured to provide sufficient instructions test materials and norms to aid the experimenter in assessing the principal aspects of personality so far made accessible to direct examination In this he has undoubtedly succeeded As a work of reference his book should prove invaluable All the principal tests in common use are listed together with the materials required the publisher's name and where possible, norms for English subjects As is usual in such a compilation some errors have crept into the list of tests Thus the 1919 revision of Porteous's maze test is listed instead of the improved 1933 revision and the Kent Shakow formboards are not specifically stated to be formboard tests while the industrial model is referred to as the complex instead of by its proper name These are but small drawbacks to a most valuable list

As a clinical manual the work is less satisfactory and the psychiatrist or certifying officer seeking an introduction to the thorny subject of psychometrics from a clinical point of view will find the book's usefulness limited by its author's unswerving loyalty to the tenets of the factorial school of Spearman both in his recommendation of tests and in his discussion of the psychological basis of testing The statistical psychologist is interested primarily in the trait rather than in the patient in mathematical validity rather than in clinical usefulness an attitude which is justifiable in the laboratory but not in the consulting room This is especially seen in the emotional field where the clinician is particularly at home the statistician particularly at sea Dr Cattell as a good statistician condemns for example the Rorshach test

ago It was now agreed, on the motion of Sir Crisp English, that the committee should consist of those members of the previous committee who were also members of Council, with power to co opt two outside persons A suggestion from the Federation of Societies of Teachers in Physical Education that a joint standing committee should be set up consisting of members of the British Medical Association and of the physical education profession was referred to the new committee A resolution from a meeting called by the Medical Peace Campaign asking the Council to consider instituting an inquiry similar to the nutrition inquiry, into the value of anti chemical warfare measures was received It was decided to ask the Science Committee to consider the practicability of undertaking what was suggested

Regional Medical Secretary for London

On the recommendation of the Appointments Committee the Council agreed to the appointment of Dr A Keith Gibson as Regional Medical Secretary for the London area the office to begin as from April 1 next Dr Gibson was honorary secretary of the Kensington Division from 1929 to 1932 its representative on the Representative Body for four years, a recent member of the Medico-Political Committee, and has been a member for eight years of the London Panel Committee and the council of the London Public Medical Service In welcoming Dr Gibson the Chairman pointed out that the new office was in the nature of an experiment on the part of the Council, and on its success or otherwise future policy in this respect would depend

National Health Insurance

Dr Dain who introduced the report of the Insurance Acts Committee in the absence of Dr Jonas, stated that a special subcommittee was now engaged in preparing the case for an increase in the capitation fee He also reported to the Council the decisions of the Panel Conference of January 7th unanimously rejecting the Minister's offer of a capitation fee of 7s 6d for the new class of insured persons under 16 years of age, recommending insurance practitioners to decline service at the terms offered and declaring that it was not prepared to accept for attendance on insured workers under 16 a capitation fee less than that paid for adult insured The report was approved by the Council

The Chairman stated that the New Zealand Branch Council in view of the intention of the Government there to introduce this year a national health insurance scheme, had asked if it was possible to secure the services in an advisory capacity of Sir Henry Brackenbury, whose help in influencing the Government on behalf of the profession would it was felt be extremely valuable Sir Henry Brackenbury had expressed his willingness to serve the [illegible] Council and the Association in the way suggested, [illegible] well known in New Zealand and has given [illegible] attention to the Branch there On the [illegible] proposition the Council unanimously asked [illegible] Brackenbury to act as the Association's repre- [illegible] agreed that arrangements be made for him [illegible] more direction via North America which would [illegible] opportunity for renewing the contacts made [illegible] the Association tour in 1935

Contract Practice Arrangements

Dr Bone on behalf of the Medico-Political Committee, proposed that certain recommendations be made to the Representative Body with regard to the principles which should govern contract practice arrangements The first two recommendations—namely, that it is desirable in all contract practice arrangements that the content of medical service to be provided should be that laid down by the Association in its Public Medical Service Scheme, and that wherever practicable private clubs should be replaced by Public Medical Services—were agreed to without discussion Dr Fothergill raised the question as to the relevance of the words "wherever practicable," and asked whether there were any circumstances in which private clubs should not be so replaced, to which Dr Bone replied that nothing was impossible, but he did not think it was a practicable arrangement in a country village to set up a Public Medical Service, and there might be other special areas where it would be more practicable for private clubs to continue

To the third recommendation—namely, that if and when practicable works and colliery contract arrangements should be replaced by an organization such as a Public Medical Service—some opposition was expressed Dr J B Miller moved that this recommendation be deleted For a hundred years contract appointments had provided medical attendance for miners and their dependants, in general to their satisfaction On the other hand, the Public Medical Service was of recent growth and would have a short life, as it was bound to disappear when an extension of national health insurance to cover dependants came about In the colliery arrangements deductions from wages were compulsory, in the Public Medical Service they were voluntary The expense of running a Public Medical Service would be from four to six times that of running a colliery appointment All colliery arrangements in Scotland were run by a joint committee of miners representatives and doctors Disputes on small points were settled by a joint body He agreed that in certain districts colliery fees were not what they should be, but in the whole of Scotland, in the greater part of Wales, and in general in Northumberland and Durham the rates were satisfactory the opposite was the case only in small areas in the Midlands

Dr Pooler agreed that over the greater part of the country colliery contract practice was in a fairly satisfactory position But there were districts, particularly in the North Midlands and in South Yorkshire, where remuneration was not what it should be No doubt it was true to suggest that that could be remedied by concerted action But what kind of concerted action? He spoke as a former Divisional secretary who had had to bear the heat and burden of the day in contests with miners organizations To his mind the Public Medical Service was the better form of contract practice He would not advocate any precipitate action to implement the recommendation but as a colliery practitioner and as a man who had been through fight after fight—though the fights had not been unsuccessful—he felt that there could be no possible harm in a recomemndation such as this, and that there might be a great deal of good

Dr Thomas supported the amendment for deletion There was no difficulty in colliery practice in Wales He had been engaged for fifty years in such practice, and had never had a fight at all He would not say that it was impracticable in any area to replace the arrangements by a Public Medical Service, but it was not advisable

Dr Wand said that examples of the dangers that might arise from works contract practice arrangements would be fresh in the minds of the Council A great value attached to the strength of the Public Medical Service on the matter of the capitation fee The future of contract practice under the Government, which was bound to come, would depend entirely in respect to the size of the remuneration upon the solidity of the Public Medical Service movement

Dr Bone read out some of the rates obtaining in South Yorkshire These varied greatly, but in many cases were below what they ought to be

The proposal to delete the recommendation was lost, and the recommendation was agreed to, as was a further one that in the case of adult and juvenile members of friendly societies the arrangements for medical service provided by these societies should be through a Public Medical Service or similarly constituted organization

It was also agreed to recommend that there should be no differentiation in the contract rates for medical attend-

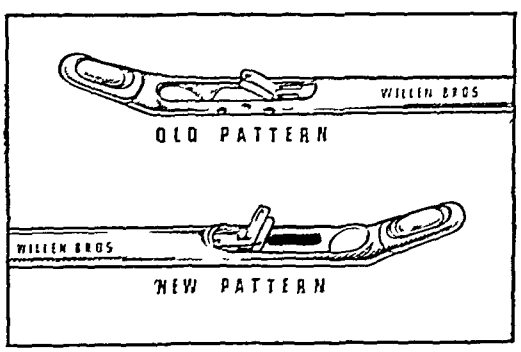
Hopes raised in anticipation were sadly deferred after reading *Cytologie de Liquide Cephalo Rachidien* by H JESSEN (Paris Masson et Cie, 40 fr) It is a critical review of our ignorance of a subject about which practically nothing is known Some estimate of the author's labour may be judged from nearly twenty pages of bibliography including references to those who have devised methods for exhibiting the cells for differentiating them and for enumerating them efforts mostly mistaken and barren of reliable results Attempts to arrive at some normal standard for the maximum and minimum limits are all unsatisfactory and open to suspicion since normal people can rarely submit to spinal puncture for the withdrawal of fluid In conclusion the author finds definitely that cells of lymphoid character are present in the cerebrospinal fluid of *presumably* healthy human beings, but their origin and relation to the cells of other tissues must remain uncertain and above all their numbers are very few He suggests that 0 to 5 per c mm should be regarded as *normal 5 to 10 per c mm as doubtfully normal* or even pathological, and that over 10 per c mm is definitely pathological Surely this rough classification can have but slight practical value especially as the enumerations are always qualified by the presence of degenerated cells and cellular debris Apart, however from his depressing results Dr Jessen has contrived to introduce a continuous interest into his subject, which from its very elusiveness should not fail to stimulate further research, and the monograph will be invaluable to all future workers

Preparations and Appliances

IMPROVED IRRIGATING CYSTOSCOPE

Mr H P WINSBURY WHITE FRCS (London W1) writes

I have now used for a good many years the cystoscope which was originally made for me by the Genito Urinary Manufacturing Company Ltd To supply an efficient inflow of fluid into the bladder without unduly increasing the calibre of the instrument the inflow is arranged between an inner and an outer sheath The fluid in the former model escaped from the instrument into the bladder through a number of



small aperture near the vesical end both on the outer and inner aspects of the sheath Although it has always proved an excellent instrument for use in the electro coagulation of bladder growths it suffered from the defect that a strong current would cause bubbles to settle over the telescope window and to obscure the view This fault has now been remedied by replacing the numerous small holes in the outer sheath by a single elongated inflow orifice This lies horizontally on the left lateral wall of the interior aspect of the sheath adjacent to the window of the telescope and measures 10 mm by 2 mm The improvement in the usefulness of the cystoscope as a result of this modification is considerable The alteration was made for me by Messrs Willen Bros., 55, New Cavendish Street London W1

OPHTHALMIC TREPHINE SCISSORS

Mr J EDWARD MARTIN (Clifton) writes I designed these scissors to facilitate the dissection of the flap before trephining and I find them very comfortable in manipulation The instrument has been made for me by Messrs John Weiss and Son The object of the design is to diminish flexion of the operator's wrist and thus avoid impairment of the finer movements of

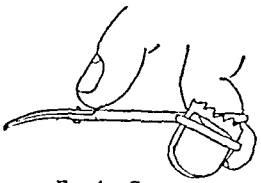


FIG 1—Cutting

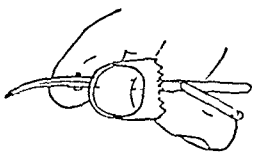


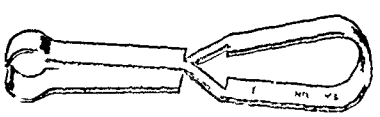
FIG 2—Blunt dissecting

the hand The details are—length 3½ inches blades curved on flat with mean radius of curvature of 1 inch points fine sharp slightly ground off joint screw bow for thumb angled at 20 degrees from the straight as shown in Fig 1 A transverse section of the joint or shanks (when closed) would be quadrilateral the flat sides assisting the grip in blunt dissection as shown in Fig 2

CIRCUMCISION CLAMP

Mr J S ROWLANDS (Rhyl) writes

There is no doubt that the time honoured much discussed and much abused operation of circumcision can be inartistically done In a large measure this is due to the instability and the smallness of the organ operated on rendering the estimation of the necessary flaps difficult In order to obviate some of these difficulties Messrs Allen and Hanburys of *Wigmore Street have kindly made to my design a circum*



cision clamp as illustrated This is applied to the mid portion of the body of the penis and is held by the anæsthetist By means of this clamp the small penis is held firm and in a position more easily dealt with Haemorrhage is practically *nil* sutures are more delicately inserted owing to the resistance of the clamp and lastly slight pressure is brought to bear on the urethra, thus removing a good deal of uneasiness and expectancy on the part of the operator I hope that this instrument will help the general practitioner in this particular type of operation

TO REMOVE PLASTER STRAPPING

Antihaesin is a non irritant non inflammable solution for the painless removal of plaster strapping It destroys the adhesive properties of the strapping and enables it to be removed smoothly and evenly The advantages of avoiding pain and shock especially to patients weakened by illness or prolonged incapacitation are obvious For this reason alone antihaesin should be of great interest to surgeons dressers and nurses It may be obtained in 4 oz and 20 oz bottles from the makers, Allen and Hanburys Ltd Bethnal Green London E 2

VERPINE DISINFECTANT

Verpine (C G Fox and Co Ltd) is an antiseptic and disinfectant fluid which contains aromatic terpenes ($C_{10}H_{16}$) and chloroxylenol (2-chloro 5 hydroxy *m* xylene) mixed with a neutral solution of soap to render them soluble in water The solution has a phenol coefficient of 3 It can be used undiluted on the hands and a 5 to 10 per cent solution is recommended for use on mucosae and wounds

The other matter concerned cases in which practitioners have accepted appointments as whole-time medical officers at salaries in accordance with the Askwith memorandum, but the local authorities concerned had been non-assenting bodies and were not applying the scale in regard to other members of their staff Professor Picken said that there was a feeling among men in the public health service that the Association was not acting as firmly in these cases as the occasion required In fairness to the Society of Medical Officers of Health, which was taking a strong line in this respect and to local authorities which were abiding fully by the terms of the memorandum, these cases should not be passed over

It was agreed that the matter should be further considered by the Ethical Committee

Co-operation with the Trades Union Congress

A letter from Sir Walter Citrine, secretary of the Trades Union Congress, was placed before the Council in which he said that the general council of his body had had under consideration for some time the possibility of a closer working link between the trade union movement and the medical profession He suggested a standing joint committee to deal with the subjects on which co-operation would be desirable, including possible differences on local medical schemes In an interview with representatives of the Association Sir Walter Citrine stated that his council had come to the conclusion that the British Medical Association was the organization most widely representative of all sections of the profession, and was recognized as such by the Government departments and other negotiating bodies

The Chairman of Council said that this was a most significant and important matter The Trades Union Congress Council evidently appreciated the value of co operation with the Association in discussing broad questions of health policy as affecting their constituents The suggestion was made that there should be a small committee, one half of which would be appointed by the Association and the other half by the trade union side, to meet alternately at the B M A House and the trade union headquarters with chairmen drawn alternately from either side

The Council approved the setting up of such a committee The members chosen to represent the Association were the Chairman of Council, Sir Henry Brackenbury, Dr Dain, Dr Bone, Professor Picken, Dr Pooler and Dr Anderson (Medical Secretary) The Chairman of Council said that a debt of gratitude was owing to the Deputy Medical Secretary (Dr Hill) for the energetic labours which had been largely effective in bringing about this co-operation

Medical Charities

Dr Henry Robinson chairman of the Charities Committee brought forward a recommendation that the amount standing to the credit of the Charities Trust Fund be distributed as to £562 to the Royal Medical Benevolent Fund and as to £281 to Epsom College, and this was agreed to Dr Robinson also mentioned a matter which had been considered at some length by the committee Dr Andrew McCarthy of Birmingham had put forward a request and reinforced it by discussion with the committee that there should be set up by the Charities Committee a foundation scholarship for the sons of deceased [illegible] Catholic medical practitioners tenable at a Roman [illegible] comparable with Epsom College Neither [illegible] Benevolent Fund nor Epsom College [illegible] religious discrimination and sons of Roman Catholic parents had frequently been admitted, both as foundationers and as paying pupils to Epsom College This however did not satisfy Dr McCarthy, who pointed out that in the event of foundation scholarships for sons of Roman Catholic parents not being set up by one of the existing medical charities it was probable that they would be set up by Roman Catholic doctors themselves, with a resulting diminution in the subscriptions of such doctors to other medical charities

The Charities Committee while appreciating Dr McCarthy's point of view, as well as the courtesy combined with firmness with which it was argued, was of opinion that if discrimination were made in favour of one Church other denominations would put forward similar requests

The Council agreed with the committee's view that, however commendable Dr McCarthy's scheme might be, it was undesirable that the Association should take any action in the matter

Organization

The principal matter on the Organization Committee's report, introduced by Dr Matthews, was a recommendation that the subscription of those who had been members of the Association for fifty or more years should be reduced to one guinea It was stated that there were 189 such members Dr Dain expressed the view that it would be a more gracious and kindly act in the case of these very old members to forgo the subscription altogether If, as they were told, some of them had difficulty in affording two guineas, they would not have much less difficulty in affording one and it did not seem to him to meet the situation to split the subscription in half

After some further discussion Dr Matthews undertook that his committee should consider the question further

The other recommendations of the committee related to changes in the articles and by-laws consequent upon recent decisions as to membership The Chairman of Council was authorized to forward suitable letters to Dr S Vatcher, who had recently relinquished the honorary secretaryship of the Barnet Division, and to Dr A A McWhan lately honorary secretary of the South-Eastern Counties Division, whose services were considered by the Council to be deserving of special recognition Dr Matthews stated that the Organization Committee had placed on record its appreciation of the very valuable services of Dr Arnold Lyndon as chairman of the Grants Subcommittee for the past eleven years

"British Medical Journal"

After dealing with certain routine matters which arose on the report of the Journal Committee and of the Board of Directors, Dr Gordon, chairman of the committee and of the board, said that the reception of the *Journal* in its new form had been most favourable, and the Editor had received a large number of congratulatory letters

The Chairman of Council said that he thought the Council would like him to express on its behalf its great appreciation of the new *Journal* and of the hard work and forethought it had entailed especially upon the Chairman of the Committee the Editor, and the Deputy Editor The improvement was so outstanding that it seemed to him to be the occasion for more than a casual expression of satisfaction, and that the Council's feeling on the subject ought to be in the form of a minute in its proceedings He moved accordingly, and this was agreed to with applause

Dr Gordon reminded the Council of the hard work of some others behind the scenes, especially Mr F A Turner, head printer on the literary side

Other Business

A conference had been held with the honorary local general secretaries of the five most recent Annual Meetings and the forthcoming meeting at Belfast to consider in particular the suggested appointment of a permanent secretary for the Annual Meetings of the Association The difficulty lies in the local character of the meeting, and no definite decision was reached on the question, but some advice was tendered to the Plymouth executive committee, which is responsible for the arrangements for the meeting of 1938

(as trustees) Other parts of the testamentary phraseology bear a certain likeness to the language employed by the Medical Research Council in the pamphlet describing its own constitution and functions The medical trustees whom the will named were persons who, in one capacity or another were concerned in the work of that body, and therefore likely to be in sympathy with the testator's ambitious projects At the time the will was made (February, 1932) Sir Walter Fletcher was secretary of the Medical Research Council, Sir Henry Dale has long been closely associated with its work, and Professor Elliott was formerly a member and known to Sir Henry Wellcome in that capacity Of the other trustees two are solicitors and one a chartered accountant The number of trustees will always be five and express provision is made in the will that two shall be men of medical eminence, two shall be men of business and administrative experience at least one of them of high standing and ability in the law and that all shall be persons in sympathy with the work of the Foundation

The trustees are given very wide powers While no doubt one of their cares will be to provide for researches to be carried on in the existing Wellcome institutions they are by no means limited to these They can use money for the support of research work in a much larger field of inquiry no matter where it may be carried on and without reference to nationality or race They can subsidize at their discretion virtually any form of medical research Their aim, to quote the words of the will, is to be "the advancement of research work bearing upon medicine, surgery, chemistry physiology, bacteriology therapeutics, materia medica, pharmacy and allied subjects, and any subject or subjects which have or at any time may develop an importance from the invention and improvements of medicinal agents and methods for the prevention and cure of diseases and control or extermination of insect or other pests" Grants can be made either to individuals or to institutions Any form of research can be subsidized independently of the laboratory in which it is undertaken Commissions of investigation can be set up Provision may be made for the publication of the results of research Special research expeditions—one of Sir Henry Wellcome's particular interests—may be fitted out The furnishing and equipment of museums, libraries research bureaux, and laboratories may be provided Perhaps it is well to add—to prevent the trustees from being overwhelmed by appeals for all manner of researches deserving or not—that for the next year or two there will be unknown demands on the realized profits of the Foundation There may well be supplemental sums to be found for death duties, and there will have to be preferential provision for the personal bequests named in the will But eventually there can be no reasonable doubt that a very large sum will be available annually for the widest purposes of research which is likely to conduce to the improvement of the physical condition of mankind

Attention is drawn in the letter which appears elsewhere to a proviso on which the medical trustees have insisted A clause in the will calls upon the trustees to enter into a covenant not to be engaged in or in any way to assist any concern carrying on business in competition with the Wellcome Foundation A form of words has been added to the covenant by order of the High Court whereby any implication incompatible with the position of the trustees as members of the medical profession and independent men of science has been removed the other three trustees, who were not affected, cooperating in these proceedings The order not only meets the case of the present two medical and scientific trustees but empowers any such trustees appointed in future to add this proviso to their covenant In taking this action Sir Henry Dale and Professor Elliott have evidently intended to make it plain that their acceptance of trusteeship is on conditions which place its scientific independence beyond question The trust has every appearance of being a big undertaking perhaps bigger in the next generation than it can be in this Upon the trustees, especially those representing medicine and the ancillary sciences, a great responsibility will rest for the worthy investment of the sums which periodically become available Even the trustees themselves cannot as yet see clearly "the shape of things to come" The acceptance of the trust could only be regarded as a public duty—a duty not only to the past, to carry out the wishes of a testator of philanthropic vision but also to the future to the various work with unimagined possibilities which may be started as a result of this inheritance In undertaking the duty which will not be an easy one the medical trustees will enjoy the confidence of all their scientific colleagues and may add another noteworthy chapter to their own eminent services to medicine

BIOLOGY IN EDUCATION

The plea for the study of biology as an essential part of a liberal education has been made now for many years, and it grows in cogency from year to year At recent educational conferences it has been reinforced very powerfully by Professor J S B Stopford's address to the Association of Science Masters at the University of Manchester and by

THE INFLUENCE OF THE ASSOCIATION ON LEGISLATION

(*Concluded from page 43*)

PART II

Legislation concerning medical services provided under authority of Act of Parliament has naturally demanded a large proportion of the British Medical Association's attention, and the Association may fairly claim a large share in the creation or development of several branches of the public health medical service The school medical service, for example, was the direct outcome of much preliminary work performed by it from 1888 onwards through its Committee on the Physical and Mental Condition of Children in Elementary Schools and through extensive investigations in collaboration with other bodies Certain local school boards adopted limited schemes of medical inspection as a result of this pioneer work and an official recognition of the principle of inspection was contained in the recommendation of an Interdepartmental Committee in 1904 that inspection of elementary school children should be carried out systematically The recommendation was very inadequate, but the Association's persistent memoranda and deputations urging the Government to take a broader view of its responsibility were eventually rewarded by the insertion in the Education (Administrative Provisions) Act of 1907 of a clause which made provision for the medical inspection of elementary school children obligatory,, and permitted arrangements for 'attending to their health and physique' By the time of the passing of the Education Act of 1918, which required local authorities to provide treatment as well as inspection and extended the principle of inspection to other educational institutions the Association's long insistence on the inclusion of the general practitioner in the system had borne fruit for the Act included a section prohibiting education authorities from establishing a general domiciliary service of treatment for school children and young persons and requiring them to consider how they could utilize the services of private medical practitioners

Maternity and Child Welfare

In the sphere of maternity and child welfare the influence of the Association is more visible in administration than in legislation but so far as the provision of midwives is concerned it has exerted a very powerful influence Between 1873 and 1902, when the first Midwives Act was passed the subject of the education and control of midwives was constantly before the Association several Bills were drafted but all failed for various reasons to reach the Statute Book The 1883 Bill, for example was actually adopted as a Government measure, but it had to be dropped owing to the pressure of Parliamentary business the 1890 Bill was withdrawn owing to the opposition of the medical profession itself, which believed that the proposals for control were inadequate In 1902 the Government introduced a Bill which, although the *British Medical Journal* characterized it in its original form as the worst of the whole series, gave the Association the opportunity in the year of its reorganization of demonstrating its strength both inside and outside Parliament for by the time the Bill became law it had been transformed largely by the Association's efforts, into a measure embodying to a great extent the Association's own policy The Act, however was not perfect and it was not until 1918 that a new Act removed some of its defects and included a provision to which the Association had always attached great importance—namely, the payment by local authorities of a fee to medical practitioners called in by midwives

Co-ordination of Medical Services

In general, the Association's policy relating to the provision of medical services by the central and the local governments has been in advance of public opinion, and as early as 1870 it expressed the view that such services should be co ordinated under the guidance of one Government Department While advocating or assisting in the development of particular services it has always been guided by its opinion that they should be regarded as parts of a co-ordinated whole, and as contributions towards a general medical service for the nation The creation of the Ministry of Health in 1919 and the passing of the Local Government Act in 1929 represented a considerable measure of official and legislative recognition of the Association's policy of co ordination The Local Government Act also facilitated the fulfilment of two other principles which the Association had advocated for a number of years By transferring the functions of the boards of guardians to the local government authorities it assisted in the abolition of the distinction between the destitute and the other classes of the community so far as medical attendance and treatment are concerned, and in the development of a unified local hospital system in which the right to treatment is based solely upon medical need and not upon the patient's financial means or lack of means

Road Traffic Act

Evidence of the frequent difficulty of securing legislation, even when there is obvious need for it is contained in the record of the Association's efforts to remedy the formerly well-founded grievance of medical practitioners that they were unable to obtain the payment of fees for first-aid treatment rendered by them to persons injured in road accidents Discussions between the Association and insurance companies on a proposal for a central pool for the purpose of providing doctors' fees were unsuccessful, and the Association therefore concentrated its efforts on securing some statutory provision The late Lord Moynihan presented the profession's views to the House of Lords during a debate on the Road Traffic (Compensation for Accidents) Bill in 1933, and his statements were reinforced by the Association's evidence to the Select Committee appointed to consider the Bill Lord Moynihan himself on a later occasion introduced a Bill specifically providing for the payment of fees for emergency treatment but both these Bills were eventually dropped It had become clear, however during the progress of Lord Moynihan's Bill that the Government was unwilling to give immediate support to a proposal which might entail a new injustice to other persons The Association thereupon approached the Board of Trade, which was understood to be reviewing the whole question of road accidents and the final result of these negotiations was the inclusion in the Road Traffic Act of 1934 of a detailed statutory procedure enabling doctors' to obtain a fee for any emergency treatment given by them in road accident cases

Mental Treatment Act

The Association's endeavours to protect medical practitioners so far as possible from the legal risks incurred by them in the course of their work may be illustrated by the Mental Treatment Act of 1930 The inadequacy of the protection afforded by the Lunacy Act of 1890 had on several occasions been demonstrated by disturbing

has drawn attention to cases of this disease in which the antidiuretic hormone was not effective when certain cellular elements in the hypothalamus were destroyed These elements were not those which are supposed to control the formation of the antidiuretic hormone Two possibilities present themselves Either the antidiuretic hormone produces its effect through a nervous pathway to the kidney which begins in the hypothalamic nerve cells or the hormone reaches the hypothalamus in an inactive form and is activated in these nerve cells The former theory is unlikely as the antidiuretic hormone can act on a kidney deprived of its nerve supply The second assumes that certain nerve cells of the hypothalamus have a function different from that of ordinary nerve cells and are not far removed from secretory cells The histological appearances of these cells tend to support this hypothesis The interest of this work lies in the suggestion that the brain may be more than a nervous mechanism and that it may contain in a certain region cells which have an "endocrine" function

THE TRAFFIC IN NARCOTIC DRUGS

There is a prospect that this year may see some progress made with the limitation of production of raw opium in accordance with resolutions passed both by the Council and the Assembly of the League of Nations The Advisory Committee on Opium and Other Dangerous Drugs is collecting information in reply to a circular issued to all Governments with a view to summoning two preliminary conferences as soon as these can be arranged One of these will be composed of representatives of countries which produce raw opium for export and the other of representatives of countries which export opium "prepared" for smoking or which have monopolies for prepared opium It is estimated that an average of 240 tons of raw opium are required annually for the legitimate manufacture of drugs and some 300 tons are deemed to be required annually for making "prepared" opium for smoking As against this 540 tons there is reason to believe that the annual world production of raw opium amounts to between 1 000 and 1 500 tons The largest producer of the opium poppy is China, the other opium growing countries are Afghanistan Bulgaria Greece, India Iran, Japan Korea Turkey Soviet Russia, and Yugoslavia As regards narcotic drugs the Supervisory Body set up by the Limitation Conference of 1931 has estimated the legitimate world requirements for the current year as follows morphine (including that used for "conversion" into other drugs) 40 976 kg heroin 965 kg codeine 25 724 kg dionine 3,199 kg and cocaine 4,976 kg These estimates of requirements are for all countries and territories of the world In the case of sixty one countries the figures were furnished by those countries and passed by the Supervisory Body In the case of nine countries from which no estimates were received these were made by the Supervisory Body Four of the nine were parties to the Limitation Convention—namely Spain Ecuador Haiti and Peru The remaining five were Argentine Bolivia Ethiopia Liberia and Paraguay The number of countries furnishing the necessary estimates has risen from forty-five in 1933 to sixty one in 1936 While the illicit trade in narcotics continues to be distressingly large seizures of contraband are said to be fewer and of less amount except in the case of cocaine and Indian hemp It is believed that addicts unable to obtain morphine and heroin are using cocaine and Indian hemp in substitution The Permanent Central Opium Board has drawn attention to the high rate of consumption of opium in Scandinavian countries in Iceland the rate per million inhabitants reached 191 30 kg in 1935 The exceptionally high rate in India 697 04 kg in 1934 per million inhabitants, is attributed to the opium eating practised in that country

THE BLOCKED PULMONARY CAVITY

Two recent papers[1] - by Salkin Cadden and McIndoe advance our knowledge in regard to the pathology and clinical picture of tuberculous lung cavities The authors carried out post-mortem bronchography in seventy cases, consisting of the injection soon after death of a solution of potassium iodide, barium sulphate and milk the dead person being seated in a specially constructed chair the back of which forms the casette holder (Various other important points in the technique are described in the articles) In thirty seven of these cases a necropsy was performed and the investigation was completed by a clinical study of living patients The authors were able to show that pulmonary cavities may exist without communication with the tracheo bronchial tree (in 14 per cent in their series) and that these may be of any size and with or without a fluid level While thus "blocked" they may still give the physical signs of a cavity and even enlarge they present the same gross and microscopical characters as cavities which do communicate with the bronchial tree The blocking of the cavity may be due to extrabronchial fibrosis to occlusion of the bronchial lumen by inflammation or by purulent plugs or to filling up of the cavity with caseous debris Thus blocking of the draining bronchus of a cavity does not cause its healing or the disappearance of the appropriate physical signs nor does failure of lipiodol to enter a cavity mean that no cavity is present The healing of a cavity is not a simple anatomical process it depends on the structure of its walls and that of the surrounding pulmonary tissue The authors conclude that the prognosis of blocked cavities does not appear to differ from that of the open variety and that collapse therapy should be given a trial except for those which filled with caseous debris become clinically inactive after inspissation and encapsulation Salkin Cadden and McIndoe also found that only a small number of all cavities had dependent drainage most efferent bronchi arose from the upper parts of the cavity wall they therefore stress the importance of change of position and the need of postural drainage in order to place the draining bronchus in a dependent site particularly for cavities showing a fluid level Among other important points brought out by the authors by means of their technique are the following The ease with which

[1] *Amer Rev Tuberc* 1936 34 634
[2] Ibid 1936 34 649

accident or death, the person or persons to whose negligence or fault the accident is attributable, and the precautions, if any, by which it might have been avoided It is of the utmost importance that doctors should realize that the verdict of the jury may attach responsibility for the death to the practitioner who has been in attendance In all cases where the circumstances give rise to a reasonable chance of responsibility for the death being attributed to the doctor he will be notified by the procurator-fiscal of the intention to hold an inquiry Any doctor receiving such notification should at once take steps to be legally represented No notification of the intention to hold a post-mortem examination is given, but if the doctor concerned should have reason to believe that one may be held he should at once apply to the procurator-fiscal for permission to be represented

PUBLIC HEALTH NOTES

Diphtheria Immunization

The earlier preparations used to produce immunity against diphtheria were toxin-antitoxin mixtures possessing a slight excess of toxin, this surplus being considered to be the effective agent When it was found that the toxin-antitoxin mixture became dissociated in the tissues neutral mixtures were employed Because of the tissue reaction to the toxin it proved necessary in order to introduce sufficient antigen into the body to give repeated doses of the toxin In an attempt to overcome this disadvantage T A F was devised this being a toxin-antitoxin compound in solid form the floccules produced by the combination of toxin antitoxin mixtures, after washing being suspended in physiological saline Although this preparation had no undesirable reactions it was found that in the case of children the requisite degree of immunity did not follow on the single injection and repeated doses were necessary Owing to the slow rate of absorption of T A F the optimum spacing of doses is longer than in the case of other preparations Anatoxin or formol toxoid is a preparation in which the toxicity is removed by treating the mixture with formalin While atoxic, its use, nevertheless, is sometimes followed by local reactions so that divided doses of this preparation, too are necessary Further efforts were made with the object of producing a depot effect by which the release of antigen into the system would be more gradual These resulted in the preparation of alum precipitated toxoid, in which flocculation was obtained by aluminium salts

The ideals of a prophylactic are that it shall be harmless [illegible] local or general reaction and be efficient [illegible] immunity which is reasonably lasting [illegible] few injections the better and it is desirable [illegible] local effects should follow as rapidly as [illegible] body response to an antigen of this [illegible] to a certain degree on the existing state [illegible] and on the extent of previous exposure to infection [illegible] preparation is likely to be the best for use [illegible] circumstances the antigen most advantageous [illegible] be case of young children in a rural community is not the antigen of choice for an adult brought up in urban surroundings Ease of administration which in this particular case is judged more by the fewness of injections than by freedom from reactions, must be a very powerful factor in deciding which material to use and in this regard the "one-shot" preparations offer a very real attraction It has been submitted that it is preferable to get a very large number of children treated by a preparation of relatively low efficiency rather than a much smaller number of children by any more efficient preparation Undoubtedly many more children would undergo inoculation if they were subjected to one injection only Probably there would be little enough gained by using preparations necessitating two as compared with three injections, but many more parents would bring their children if only one attendance was entailed If the results from the use of the "one shot" preparations were anything comparable to those of the more established agents then use would rightly become general But it cannot be said that this is the position, at least as regards some preparations and there is no way in which the efficient can be distinguished from the inefficient

Dr Guy Bousfield writing from his extensive experience as medical officer to a number of immunization clinics in and about London pleads in a recent issue of the *Medical Officer* for the immediate abandonment or control of "one-shot" treatment He points out that while some preparations of A P T are successful in 80 per cent of cases others have an efficiency as low as 37 per cent and that at present there is no guide to users as to the efficacy of any individual preparation As a remedy he suggests some amendment of the Therapeutic Substances Act which would secure that preparations ostensibly similar should be comparable in efficiency Apart from this aspect however, he deplores the fact that such preparations are used which at their best give 80 per cent of successes when there are known methods by which much nearer 100 per cent of successes can be obtained

Little guidance has been received from the Ministry of Health, its only publication being Memo 170/Med issued in 1932, which quoted findings of the conference that followed an investigation into active immunization against diphtheria carried out under the auspices of the Health Organization of the League of Nations Formol toxoid the use of which necessitates carrying out the Moloney test was the only prophylactic mentioned, it being suggested that this should be given on three occasions at fortnightly intervals Since then much work has been done in this country on immunizing children against diphtheria, different reagents being used with different time spacings and varying doses and among different sections of the community There has been little correlation of the information, however, extensive publication of the results observed in various districts being left to the manufacturers of the products used One large investigation carried out by Dr Guy Bousfield and Dr E H T Nash showed that three injections of T A M produced an immunity which was effective in 93 per cent of children at an average of 3 6 years after immunization Until investigations carried out on a comparable scale with other preparations show that similar results can be obtained, it would seem that T A M or something like it, should be the preparation of choice

Public Health Medical Service

The following changes have recently been made in the public health medical service staffs

Dr W J F Davies to be assistant medical officer at the Exminster Hospital under the Devonshire County Council

Dr Sarah B Harris to be deputy medical officer of health for Maidstone

Dr R C Holderness to be medical officer of health for Loughborough

Dr H G Hutton to be assistant school medical officer for Leeds

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

PHYSIOLOGY OF THE ADRENAL GLAND

BY

S LEVY SIMPSON, M A, M D, M R C P

The adrenal glands consist of two components an outer cortex and an inner medulla, the former being derived from the mesoblastic urogenital ridge and the latter from the neural ectoderm in common with the sympathetic neurones The main nerve supply is from the splanchnics, and the neural impulse is transmitted (somewhat paradoxically) by liberation of acetylcholine at the terminal ganglia (Feldberg and others) In the elasmobranch fishes—for example, shark—the cortex (interrenal body) and medulla (para aortic chromaffin bodies) are quite separate in reptiles they are in more intimate association, but it is only in the mammals that the cortex surrounds the enclosed medulla

From without inwards the cortex consists of three zones—glomerulosa, fasciculata, and reticulosa The inner portion of the latter is known as the pigment zone, the cells having an affinity for osmic acid This may represent the involuted androgenic zone which is concerned with sex and is very large in the foetus The cortex is rich in lipoid containing double refractile crystals It secretes a hormone, cortin, which is essential for life The cells of the medulla, as those of the para aortic chromaffin bodies, have an affinity for chromic acid The medulla secretes adrenaline but is not essential for life

Adrenaline

The essential secretory product of the medulla has the formula $C_9H_{13}O_3N$, dioxyphenylethanolmethylamine and is related to tyrosine and the intermediate product dioxyphenylalanine (dopa) It is prepared by extraction of the mixed glands with dilute acids removal of proteins by alcohol precipitation evaporation of the alcohol and precipitation of the free base by ammonia It can also be obtained from the aortic preganglion of the foetus (Elliott) and from the para-aortic accessory chromophil tissue of dogs, guinea pigs, and rats (Vincent and others) Nevertheless these tissues do not hypertrophy after adrenalectomy

Adrenaline can be assayed colorimetrically (Folin, Cannon and Denis) by its power to reduce tungstic acid to the blue oxide The following biological methods are more sensitive and more specific and are dependent upon the sympathomimetic action of adrenaline (1) inhibition of an intestinal strip suspended in saline (2) inhibition of a muscle strip of the uterus of non pregnant cat, (3) vasopressor response in a spinal animal, (4) dilatation of denervated iris, (5) acceleration of denervated heart etc The rate of secretion of adrenaline was found by Stewart and Rogoff to be 0·00025 mg per kilo of body weight per minute, using the cava pocket method veins entering the vena cava excepting the adrenal veins are clamped, so that a pocket can be formed by occluding the cava beneath the diaphragm and below the entrance of the adrenal veins To obviate the influence of general anaesthesia Satake and others produced anaesthesia by cutting the dorsal roots T9 to L3 and some months later took specimens of blood by syringe directly from the adrenal vein biological assay then showed the output to be only 0·00007 mg per kilo of body weight per minute

Adrenaline acts after section of the sympathetic nerves but not after paralysis of the terminal fibres by apocodeine or ergotoxine Its site of action is therefore the myo neural junction (Langley) Previous nerve section novocain and thyroxine augment the sympathomimetic action of adrenaline Ergotoxine paralyses vasoconstrictor fibres and after its use adrenaline has a vasodilator and vasodepressor action instead of the normal vasoconstrictor and vasopressor action Adrenaline produces acceleration and irregularity (with extrasystoles) of the heart with fatal dilatation Particularly after chloroform is there a tendency to ventricular fibrillation In moderate doses there is an increase in pulse rate, blood pressure, and cardiac output The cerebral and pulmonary arteries may be slightly constricted but the coronaries are dilated Respiration tends to become shallow and irregular, with periods of apnoea The bronchioles are dilated, especially if previously in a state of spasm The movements of the stomach are inhibited by injections of adrenaline but when given by mouth jejunal colic occurs Movements of the human pregnant uterus are inhibited (Bourne and Burn), but the cat's uterus is contracted if pregnant relaxed if not In the guinea pig dilatation of the pupil and exophthalmos may result from adrenaline but this effect is much more marked with ephedrine This is also true of the pilomotor action Sweating may be obscured by the accompanying vasoconstriction The temperature and basal metabolic rate are increased Coagulation time is diminished Adrenaline produces contraction of smooth muscle—for example, spleen—and has an important influence on haemopoietic centres or depots Thus an injection is followed by increase in the number of red cells, lymphocytes, leucocytes and platelets

Adrenaline and Carbohydrate Metabolism

Adrenaline accelerates glycogenolysis in both liver and muscle thus increasing the blood sugar and the blood lactic acid After hepatectomy only the lactic acid is increased The hyperglycaemia and glycosuria that result from puncture of the floor of the fourth ventricle (Claude Bernard) are partly due to the release of adrenaline and partly to direct nervous transmission of the impulse to the liver Denervation of the adrenals or cauterization of the medulla will diminish the severity of diabetes mellitus resulting from pancreatectomy By cross circulation experiments acceleration of the denervated heart increase of erythrocytes and leucocytes and other methods it can be proved that adrenaline is secreted during insulin hypoglycaemia That there is normally an antagonism or balance between adrenaline and insulin secretion is further suggested by Cori's observation that the adrenaline effects on carbohydrate metabolism could all be obtained if adrenaline was injected at a rate and concentration no greater than that at which it is secreted in the anaesthetized animal

Adrenaline and Cannon's Emergency Theory

Cannon has produced evidence (not undisputed) that 'afferent stimulation asphyxia and emotional excitement cause a quick and abundant secretion of adrenaline This would aid the organism in an emergency by in-

I C Macdonald to the *Nelson* F W Baskerville and J C Roberts to the *Pembroke* for Royal Naval Barracks, N M McArthur to the *Sandwich* T A Turnbull to the *Moth*, I McN A Drysdale to the *Folkestone* J L S Steele Perkins to the *Tamar* additional, F H Lamb to the *Tarantula*, W H C M Hamilton to Royal Naval Hospital, Haslar, B M O Sullivan to the *Eagle*

Surgeon Lieutenant D Ewart has been transferred to the Emergency List

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant J F Heggie to be Surgeon Lieutenant Commander

ROYAL ARMY MEDICAL CORPS

Lieut Col A H T Davis, having attained the age for retirement has been placed on retired pay

Major and Brevet Lieut-Col D C Monro to be Lieutenant Colonel

Captain F McL Richardson to be Major (Substituted for notification in the *London Gazette* of October 13 1936)

Lieutenant (on probation) J A V Nicoll has been seconded under the provisions of Article 213, Royal Warrant for Pay and Promotion, 1931

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leaders P H Perkins to R A F Station Ismailia, Egypt, A Harvey to Directorate of Medical Services Air Ministry, for Staff duties B W Cross to Aircraft Depot Hinaidi Iraq for duty as Senior Medical Officer, Iraq Levies, and Officer Commanding Levy Hospital, Hinaidi

Flight Lieutenants L S Everett to Headquarters, R A F Middle East, Cairo, Egypt F H Peterson to No 4 Flying Training School Abu Sueir, Egypt J F Ziegler to R A F Station, Cilshot

Flight Lieutenants H Bannerman and I Mackay have been granted permanent commissions in that rank

Flight Lieutenant H S Barber has been transferred to the Reserve, Class D

Flight Lieutenant M T O'Reilly has resigned his permanent commission

Flying Officer R F Wynroe to be Flight Lieutenant, with seniority December 2 1935

Flying Officer W J Mitchell has resigned his short service commission

Flying Officers R M Outfin to No 1 Armament Training Camp Catfoss D G Smith to No 3 Armament Training Camp Sutton Bridge W T Buckle D F Cameron H O B Howat, J H Lewis J D Milne S Paul E S Sidney and J C Taylor to Medical Training Depot Hilton on appointment to short service commissions

AUXILIARY AIR FORCE MEDICAL BRANCH

Flight Lieutenant H W Walter has relinquished his commission on completion of service

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Col R Jackson T D, has vacated the appointment of Honorary Colonel R A M C Units 55th West Lancashire Division, Territorial Army, on completion of tenure

Col J G Martin T D to be Honorary Colonel R A M C Units 55th West Lancashire Division Territorial Army

Lieut Col W F Mackenzie T D, has resigned his commission and retains his rank with permission to wear the prescribed uniform

Lieutenants O T Wade and J C H Speirs to be Captains

To be Lieutenants Lieutenant R Ropner, late 5th Battalion Durham Light Infantry Lieutenant G O Montgomery late Territorial Army Reserve of Officers N M Stephen

Supernumerary for Service with the O T C—A W D Leishman late Cadet Sergeant Westminster School Contingent, Junior Division O T C to be Lieutenant

INDIAN MEDICAL SERVICE

Captain G F Taylor in officiating Agency Surgeon has been confirmed as an Agency Surgeon under the Government of India in the Foreign Political Department as from December 18 1935

The services of Captain A E Kingston have been placed temporarily at the disposal of the Government of Burma as from November 11 1936

On reversion from foreign service under the Indian Research Fund Association Captain J R Dogra has been appointed as [illegible] Officer at the Haffkine Institute Bombay

[illegible] has resigned his commission

COLONIAL MEDICAL SERVICE

The following appointments are announced J H Bartlett B M B Ch Medical Officer Kenya G V Harry M B Ch B I S Purposimhe M D and T B Sinclair M D, C M Medical Officers Jamaica W C G Murray M B, B Ch Medical Officer, St Lucia J C R Buchanan M D Ch B Senior Medical Officer, Swaziland V F Critien M D and G F T Saunders M D Senior Medical Officers Gold Coast R Nixon M B Ch B D P H Assistant Director of Medical Services Tanganyika H D Jenkins M R C S L R C P Senior Pathologist Mauritius, W A Venn B M B Ch Senior Medical Officer, Tanganyika

British Medical Association

OFFICES BRITISH MEDICAL ASSOCIATION HOUSE TAVISTOCK SQUARE, W C 1

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Irish Free State Medical Union (I M A and B M A) 18, Kildare Street Dublin (Telegrams Bacillus Dublin Tel 62550 Dublin)

Diary of Central Meetings

FEBRUARY

4	Thurs	Provident Scheme Interim Committee 3 p m
9	Tues	Joint Subcommittee on Nursing Problems 2 30 p m
12	Fri	Public Medical Services Subcommittee, 2 p m Public Health Services Subcommittee 3 p m
18	Thurs	Radiologists Group Committee, 2 30 p m
19	Fri	Journal Board 11 30 a m Physical Medicine Group Committee, 2 30 p m
23	Tues	Library Subcommittee 2 30 p m
24	Wed	Police Surgeons Subcommittee 2 p m

PSYCHOLOGICAL MEDICINE

PETITION FOR FORMATION OF GROUP

The following petition for the formation of a Group of Psychological Medicine within the British Medical Association has been addressed to the Council

We the undersigned members of the British Medical Association engaged in the study and practice of Psychological Medicine, beg hereby to make petition that a Group of Psychological Medicine be established within the British Medical Association

Psychological medicine is a specialty of increasing importance It is a specialized branch of medicine, and the number of members who practise this specialty in any one Division of the Association is too small adequately to present their problems We are therefore of the opinion that the formation of a Group of those limited in their practice to psychological medicine would be an advantage not only to the specialty but to the Association

Such a Group would deal, *inter alia*, with the conditions affecting the work in this specialty, principally concerning itself in the case of those engaged in public services with the conditions and regulations of those services

With reference to paragraph 4 of the Rules for the Government of Groups, we desire to state that membership of the Group should be confined to those members of the Association who are engaged predominantly in the practice of psychological medicine, and who sign a declaration to that effect

MARION C ALEXANDER Kirkburton
E W ANDERSON Penshurst
M A ARCHDALE, Ryhope
W R ASHBY Northampton
R BAILEY, Edinburgh
C B BAMFORD Stannington
P BANBURY Ipswich
LEONARD BARBER Bristol
W J BARBOUR Derby
R MARY BARCLAY Edinburgh
G F BARHAM, Woodford Bridge
F G L BARNES, Epsom
H C BECCLE London
P W BEDFORD Dorchester
A ALLAN BELL, Murthly, Perth
GEORGE M BELL Banff
E BENJAMIN Colchester
DAVID BLAIR Edinburgh
HARRIETTE G BOGLE, Virginia Water
WILLIAM BOYD Cupar
A HELEN BOYLE, Hove
C D BRUCE Perth
NOEL H M BURKE St Albans
T E BURROWS, Hereford
HUTCHISON BURT Wakefield
KENNETH CAMERON Edinburgh
MARGARET C CAMPBELL Wakefield
ROBT B CAMPBELL Edinburgh

SUPPLEMENT TO THE

BRITISH MEDICAL JOURNAL

LONDON SATURDAY JANUARY 30 1937

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BRITISH MEDICAL ASSOCIATION

PROCEEDINGS OF COUNCIL

WEDNESDAY JANUARY 20 1937

A meeting of the Council of the Association was held at the B M A House, London on Wednesday January 20 when there were present

Dr E. Kaye Le Fleming (Chairman of Council) in the chair Mr H S Souttar (Chairman of Representative Body) Mr N Bishop Harman (Treasurer) Professor R J Johnstone (President Elect) Dr H G Dain (Deputy Chairman of Representative Body) Mr J Armstrong Professor R J A Berry Dr J W Bone Sir Henry Brackenbury Professor A H Burgess, Dr J D Comrie Mr W McAdam Eccles Sir Crisp English Dr C E S Flemming Dr E R Fothergill Mr J L Gilks Dr P L Giuseppi Dr L G Glover Dr F W Goodbody Dr R G Gordon Lieut Colonel C H H Harold Dr C O Hawthorne Dr J Hudson Dr J Hunter Mr E Lewis Lilley Dr P Macdonald Sir Ewen Maclean Dr O Marriott Dr J C Matthews Dr J B Miller Dr H J Milligan Dr L A Parry, Dr W Paterson Professor R M F Picken Dr H W Pooler Colonel A H Proctor Dr J R Prytherch Dr H Robinson Dr E H Snell Dr P B Spurgin Surgeon Rear Admiral A R Thomas Dr W E Thomas Dr G Clark Trotter Dr S Wand Mr N E Waterfield Dr W Watkins Pitchford, Dr W N West Watson Dr W G Willoughby

[illegible] were received from Sir E Farquhar [illegible] ames Barrett (Past President) Dr T [illegible] Dr H C Jonas Dr R Langdon Down Dr J C Loughridge Dr J S Manson Sir Richard Needham Mr R L Newell Dr J P Shanley Dr D Lyon Stevenson Wing Commander H M Stanley Turner Dr F T H Wood

Preliminary Business

The Chairman reported the deaths of Lieut Colonel R H Elliot a former member of Council and Dr C Courtenay Lord a former Assistant Medical Secretary and he was authorized to send letters of condolence to the families

A letter was read from the Keeper of the Privy Purse intimating that the societies which had recently been granted patronage by King Edward VIII might continue to show the Sovereign as their Patron during the present reign unless otherwise notified The Council resolved that a loyal address be presented to its Patron King George VI tendering on behalf of the members of the Association distributed throughout the Empire their congratulations upon his accession and expressing the fervent hope that the King and Queen might have many years of happiness together and that the reign might be long illustrious and blest with peace

A letter was placed before the Council from Dr W N Robertson of Brisbane conveying greetings to the Chairman and members happy recollections of the Australasian visit in 1935 and the hope that at some future date the Association might see its way to visit Queensland Dr T C Routley general secretary of the Canadian Medical Association had also sent a cordial invitation to a meeting in Toronto at the earliest convenient date The Chairman reminded the Council that the Association was to meet in South Africa in 1941 and that it had been more or less agreed that an interval of five years should separate oversea meetings But these invitations would always be in their minds

Various invitations from outside bodies to appoint delegates or representatives were considered The Council appointed Dr W H F Oxley as a representative of the Association at the seventh English speaking Conference on Maternity and Child Welfare to be held in London in June and endorsed a nomination which had been made by the Chairman of Dr F G Thomson of Bath to act as a representative on the Council of the Empire Rheumatism Campaign a body whose object is to organize research throughout the Empire into the causes and means of treatment of rheumatic disease

The Council at its previous meeting had agreed to set up again a Physical Education Committee to continue and establish as might be opportune the work of the large committee of that name which issued its report a year

Branch and Division Meetings to be Held

DUNDEE BRANCH.—At University College, Dundee, Tuesday, February 2, 8.30 p.m. Miss Agatha H. Bowley: Psychological Aspect of Child Development.

GLASGOW AND WEST OF SCOTLAND BRANCH: LANARKSHIRE DIVISION.—At County Hospital, Motherwell, Wednesday, February 3, 8.15 p.m. Film of B.M.A. World Tour, 1935.

HERTFORDSHIRE BRANCH: EAST HERTFORDSHIRE DIVISION.—At the Cherry Tree, Welwyn Garden City, Friday, February 5, 8 p.m. Annual dance.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Tuesday, February 2, 9.30 p.m. Sir Pendrill Varrier-Jones: The Papworth Settlement.

METROPOLITAN COUNTIES BRANCH: NORTH MIDDLESEX DIVISION.—Wednesday, February 3. Symposium on Nutrition.

METROPOLITAN COUNTIES BRANCH: WOOLWICH DIVISION.—At Woolwich War Memorial Hospital, Friday, February 5, 8.45 p.m. Mr. J. F. O'Malley: Chief Clinical Aspects and Treatment of Nasal Sinusitis.

NORTH OF ENGLAND BRANCH: MORPETH DIVISION.—At Grand Hotel, Ashington, Friday, February 5, 8 p.m. Mr. J. K. Stanger (North Shields): Back Injuries. Members of the Blyth Division are invited to attend.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—At Blue Bell Hotel, Belford, Wednesday, February 17, 3 p.m. Dr. Mason Bolam (Newcastle upon Tyne): Common Skin Diseases and their Treatment.

NORTH WALES BRANCH.—At Craigside Hydro, Llandudno, Friday, February 5, 3 p.m. Discussion on formation of a Public Medical Service for Llandudno and district. Address by Dr. R. W. Durrand (Assistant Medical Secretary): Public Medical Service: Its Value to the General Practitioner and the Public. All local medical practitioners are invited to attend.

NORTHERN IRELAND BRANCH.—At Whitla Medical Institute, College Square North, Belfast, Thursday, February 4, 4.30 p.m. Wing-Commander E. J. Hodsall and Major H. S. Blackmore: 'Air Raid Precautions from the Medical Aspect, with Special Reference to Gas.' Non-members and senior medical students are invited to attend.

STIRLING BRANCH.—At Falkirk Infirmary, Wednesday, February 3. Cellona film on technique of treatment of fractures.

SURREY BRANCH: KINGSTON-ON-THAMES DIVISION.—At Public Assistance Department, Norbiton, Friday, February 5, 8.30 p.m. Colonel G. Wallace: Air Raid Precautions and Anti-gas Treatment.

SUSSEX BRANCH: HASTINGS DIVISION.—At Queen's Hotel, Hastings, Tuesday, February 2, 8.30 p.m. Dr. Temple Grey: Some Medico-Legal Conundrums.

SUSSEX BRANCH: WEST SUSSEX DIVISION.—At Royal West Sussex Hospital, Chichester, Friday, February 5, 8.30 p.m. Divisional meeting.

YORKSHIRE BRANCH: HUDDERSFIELD DIVISION.—At George Hotel, Huddersfield, Wednesday, February 3, 8.45 p.m. B.M.A. Lecture by Dame Louise McIlroy: 'Indications For and Against Surgical Intervention in Obstetric Practice.' Preceded by informal dinner at 7.30 p.m.

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRACT AND CASTLEFORD DIVISION.—At Strafford Arms Hotel, Wakefield, Thursday, February 4. Mr. D. W. Currie (Leeds): Modern Methods in the Conduct of Midwifery. Preceded by dinner at 7.45 p.m.

Meetings of Branches and Divisions

NORTHERN TRANSVAAL BRANCH: EASTERN TRANSVAAL DIVISION

The annual general meeting of the Eastern Transvaal Division was held at the Hydro Hotel, Machadodorp, on November 15, 1936, when Dr. H. O. Eksteen was in the chair. The chairman in declaring the meeting open extended a hearty welcome to Dr. Morris Cohen, who had travelled from Johannesburg under adverse conditions in order to read a paper at the meeting. A letter was read from the Witbank branch of the Transvaal Mine Medical Officers' Association [illegible] of the Division to attend a special [illegible] of medical films at the Witbank Hospital. The [illegible] of income and expenditure was submitted and the annual report of the Division was read and approved. The report recorded that during the year three meetings of the Division had been held, two at Machadodorp and one at Barberton. At the Machadodorp meetings papers were read by Dr. H. S. Roseman and Dr. J. Z. H. Rousseau, both of whom the thanks of the Division were due. At the Barberton meeting Dr. J. H. Sypkens showed some interesting cases and the opinion was expressed that in the general discussion which followed the demonstration much useful knowledge was gained. The following officers were elected:

Chairman: Dr. Sypkens. *Vice-Chairman*: Dr. H. J. E. Schultz. *Honorary Secretary*: Dr. J. A. Levitt.

Dr. Cohen gave an interesting talk on 'Body Build in Relation to Mental Disorder.' The address was illustrated by means of sketches and diagrams, and held the interest of the meeting for over an hour. Mental disease was discussed in an entirely new way. On behalf of the Division the CHAIRMAN thanked Dr. Cohen for his remarks.

SOUTH WALES AND MONMOUTHSHIRE BRANCH

A clinical meeting of the South Wales and Monmouthshire Branch was held at Cardiff Royal Infirmary on December 3, 1936.

Mr. A. L. D'ABREU gave a short account of six cases of pulmonary lobectomy. He briefly indicated the scope of the operation which had been performed for bronchiectasis, neoplasms, lung abscess, and hydatid cyst. The operative mortality rate was now about 10 to 12 per cent. and was considerably less in children. Although the mortality rate was considerable in patients over 45, the lecturer demonstrated a woman of 62 who had successfully withstood lobectomy for hydatid disease of the left lower lobe.

Dr. A. G. WATKINS demonstrated cases of congenital cirrhosis of the liver in two brothers, one aged 10 years and the other 13 years. Dr. Watkins also showed a case of congenital syphilis in a girl aged 9 years who had been admitted to the hospital with a swelling of the left ulna. This was a syphilitic periosteal nodule, and she showed other classical signs of congenital syphilis.

Mr. NATHAN ROCYN JONES discussed the treatment of some deformities of the hip. Cases were shown to illustrate the value of a simple osteotomy of the upper part of the femur.

Dr. LEONARD HOWELLS made some observations on splenic anæmia and Banti's syndrome. Dr. Howells based his observations on an investigation on 100 cases seen at the London Hospital and at the Cardiff Royal Infirmary over a period of five years. Fifty-two of these patients were treated by splenectomy; twenty-eight had died, twenty of these within three years, and the operative mortality was 16 per cent. (nine cases). Twenty-two cases (42 per cent.) were considered to have benefited from treatment. Of the forty-eight patients treated medically twenty-two had died, fifteen within three years. Twenty-five cases (52 per cent.) benefited, and twenty-three cases (48 per cent.) did not benefit from treatment. Splenectomy did not seem to be worth while as a routine measure of treatment in those cases.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION

At a meeting of the South-West Wales Division, held at Carmarthen on December 16, 1936, Mr. HOWELL W. GABE (Swansea) delivered a lecture on 'Intestinal Obstruction,' in collaboration with Dr. HYWEL DAVIES (Swansea), who showed a number of x-ray films relating to the subject. Mr. Gabe dealt fully with the causes and changes due to acute, chronic, and the acute supervening on chronic types of obstruction which he illustrated freely with cases from his own practice. In diagnosis Mr. Gabe laid emphasis on the importance of auscultation of the abdomen whenever there was doubt as to the presence of perforation of the stomach or intestine. In treatment Mr. Gabe pointed out the value of anti-gas gangrene serum. He also surveyed the respective actions of acetylcholine and morphine in paralytic conditions. He expressed his complete satisfaction with acetylcholine, which he insisted must be administered in large doses.

STAFFORDSHIRE BRANCH: NORTH STAFFORDSHIRE DIVISION

A general meeting of the North Staffordshire Branch was held at the North Staffordshire Royal Infirmary on December 8, 1936, when Dr. Elizabeth H. Livingston was elected vice-chairman and Dr. A. D. BLAKELY golf secretary. The grouping of constituencies was approved. A long discussion took place on the question of clubs and it was decided to include a notice of a motion on the next agenda that a public medical service be formed. It was reported that the executive committee had had an interview with the medical officer of health for Stoke-on-Trent, at his request, to discuss the new Midwives Act. It was arranged that he should meet the whole profession of the area at the next meeting of the Division and he expressed a wish to work in harmony with the local profession as much as possible.

ance upon juveniles and adults This entailed the rescind ing of a resolution of the Annual Representative Meeting 1928 approving a lower rate for juveniles

Other medico political proposals which were agreed to concerned an increase in the remuneration of certifying factory surgeons to 7s 6d per case for a complete exam ination and for certification of young persons under the Factories Acts and to one guinea for special examination and report on forms 190 500 or 1830 subject to a reduc tion where a number of cases were reported on at the same time This substantial increase is to be pressed for in view of the impending revision of factory legislation

Liabilities of Hospital Authorities

Dr Macdonald, for the Hospitals Committee reported that a conference had been held with other interested bodies to consider the issues arising from the House of Lords judgement in the case of Lindsey County Council v Marshall which sharply brings forward the liabilities of hospital authorities and of local authorities in respect of institutions maintained by them The view of the con ference was that before any definite action was decided upon the opinion of counsel should be taken the cost to be borne in equal proportions by the participating bodies He moved that authority be given to incur the legal expenditure necessary

Professor Picken in supporting the motion pointed out that there was no clear line of demarcation between the responsibilities of the hospitals and of the medical staffs who worked in them It used to be thought that there were quite a number of judgements making it perfectly clear that the medical man had a responsibility for his own actions and that hospitals were not responsible so long as they had appointed an officer of due competence and qualification But this recent decision had altered all that The courts would now hold that a medical officer might be acting as agent for the hospital in certain circum stances but just where that responsibility began and ended no one knew

The recommendation was agreed to

Other matters on the Hospitals Committee's report in cluded the setting out of certain principles for the guidance of hospitals in the appointment and employment of junior resident medical officers a matter on which headquarters is often being consulted But this and other questions arising on this report and also on the report of the Public Health Committee have already been explained in the *Supplement*

Consultants' List for Scotland

Dr Comrie for the Consultants and Specialists Group Committee for Scotland brought forward a draft scheme for the provision of consultant and specialist services at reduced fees for persons entitled to medical benefit under the Insurance Acts and others of like economic status The scheme which had been approved at a general meeting of members of the Group followed the metropolitan system It divided the persons coming under the scheme into three classes with income limits of £200 £250 and £300 respectively and gave the right to apply for admission to the consultants list to all practitioners who satisfied the usual criteria The Consultants Board which would organize and administer the service would consist of the Group Committee for Scotland and in addition the Royal College of Physicians of Edinburgh the Royal College of Surgeons of Edinburgh and the Royal Faculty of Physicians and Surgeons of Glasgow would each be invited to nominate one direct representative on the Board It was also proposed that provision be made for consultations in the patient's house where necessary and a scale of fees increasing with mileage had been worked out Dr Comrie said that if the Council gave per mission immediate steps would be taken to get the Board constituted

Professor Burgess was disappointed to find that Scot land had followed the example of London Much [illegible] heard of the success of the London [illegible] depended on the angle from which it was far more personal touch between [illegible] general practitioners in the provinces than [illegible] the provinces had found no need for [illegible] of the economic status mentioned when [illegible] for a consultation could have such [illegible] reduced fee or often for no fee at [illegible] consultation fee in the provinces was [illegible] cept in Birmingham and Sheffield where [illegible] guineas and to reduce it to one guinea was [illegible] oppressive to young consultants

Dr Hawthorne in reporting a little later [illegible] Consultants Board for London said that no [illegible] been made of those practitioners whose name [illegible] on the list as to the extent of the use made of [illegible] 1935 Replies had been received from [illegible] practitioners concerned who stated that [illegible] number of patients seen by them during that [illegible] over 1 500 From these figures it might be concluded that the establishment of the list had meant the payment of a modified consultation fee by a number of persons who otherwise would have obtained gratuitous hospital advice

Dr J B Miller chairman of the Scottish Committee said that there were various occupational groups in Scotland which were providing services with closed panels This fact had hastened the proposal of the Group Com mittee The question of the effect upon such places as Newcastle and Carlisle had been mentioned There could be no difficulty in the case of Newcastle which was separated from the Border by sixty miles of uninhabited country As regards Carlisle there were physicians and surgeons in that city who certainly acted as consultant in some of the southern counties of Scotland but he believed that the matter was open to arrangement

The Scottish scheme was approved and the Group Committee authorized to take the necessary steps to inaugurate it Dr Miller also reported for the Health Services Committee which is at present considering the recommendations of the Departmental Committee on Scottish Health Services in their relation to the policy of the Association

Ethical Questions

The report of the Ethical Committee brought forward by Dr Waterfield referred to two matters on which some discussion arose A member of the Association had sought the advice of the General Medical Council on the propriety of the issue by him of a circular letter to his professional colleagues informing them of the facilities which he could offer in a private capacity for patho logical examinations The President of the Council had at first replied that the issue of any such announce ment would appear to be liable to give rise to complaint to the Council under one of its Warning Notices This reply was in conflict with the Association decision that a practitioner engaged in private practice as a pathologist was at liberty to notify that fact together with his pro fessional address to medical practitioners within the area of his practice Subsequently however there had been a letter from the General Medical Council somewhat modifying its former attitude Sir Henry Brackenbury pointed out that the General Medical Council had power to erase a practitioner's name from the *Medical Register* for unprofessional conduct if such conduct was of character which the general body of the profession would condemn In the unlikely event of a case of the kind mentioned in the correspondence being a subject of com plaint those representing the respondent could urge that the British Medical Association had made a distinct pro nouncement on the subject and he did not think the General Medical Council could possibly say in that event that the conduct was held to be unprofessional by the general body of the practitioner's colleagues

if a middle-aged patient was seen complaining of symptoms referable to the heart, after first eliminating hypertension, valvular lesions or the so-called cor pulmonale, there was a very large group of cases in which there was myocardial insufficiency due to coronary artery disease. He described the change which takes place in the coronary arteries through the various decades, classified the various pathologies which may result from coronary artery change and described the symptomatology resulting from coronary narrowing in those patients in whom there was no anginal pain and where congestive heart failure had not made its appearance. He mentioned the lesions and associated conditions which might precipitate symptoms in the presence of coronary atheroma—for example, gall-bladder sepsis masked hyperthyroidism, myxoedema—and finally discussed the management of the state of waning myocardial reserve. An interesting discussion followed.

BOOKS ADDED TO THE LIBRARY

The following books were added to the Library of the British Medical Association during December, 1936.

Abrahams, H. M., and Abrahams, A. Training for Health and Athletics. 1936.
Bray, G. W. Recent Advances in Allergy. Third edition. 1937.
Brockbank, E. M. Foundation of Provincial Medical Education in England and of the Manchester School in Particular. 1936.
Brook, G. B. Experimental and Clinical Studies of the Spine of the Dog. 1936.
Brown, P. American Martyrs to Science through the Roentgen Ray. 1936.
Castle, W. B., and Minot, G. R. Pathological Physiology and Clinical Description of the Anaemias. 1936.
Christopher, F. Minor Surgery. Third edition. 1936.
Dunning, W. B., and Davenport, S. L. Dictionary of Dental Science and Art. 1936.
Ewen, H. B. Principles of Treatment for Diabetic Patients. 1936.
Fritsch, E., and Schubarth, M. Einfuhrung in die Kurzwellen therapie. 1935.
George, W. H. Scientist in Action. 1936.
Heiser, V. A. Doctor's Odyssey. 1936.
Holmyard, E. J. Outlines of Organic Chemistry. Second edition. 1936.
Hornus, G. La Periodicité Saisonniere des Maladies Epidemiques et en particuliere de la Poliomyélite. 1935.
Huard, P., and Meyer-May, J. Les Abces du Foie. 1936.
Jacoby, G. W. Physician, Pastor and Patient. 1936.
Jeans, Sir J., *et al.* Scientific Progress. 1936.
Kidd, M. Happy Babies and their Mothers. 1936.
Krueger, W. W. Fundamentals of Personal Hygiene. Second edition. 1936.
Langdon-Brown, Sir W., and Hilton, R. Physiological Principles in Treatment. Seventh edition. 1936.
Lewis, Sir T. Vascular Disorders of the Limbs. 1936.
Lumière, A. La Renaissance de la Médecine Humorale. 1935.
Lumière, A. Héredo-Tuberculose. 1935.
McBride, E. D. Disability Evaluation. 1936.
McGuigan, H. A., and Brodie, E. P. Introduction to Materia Medica and Pharmacology. 1936.
Miberly, A. Commonsense and Psychology. 1936.
Miles, A., and Wilkie, D. P. D. Operative Surgery. Second edition. 1936.
Moses, B. I. Contraception as a Therapeutic Measure. 1936.
Mullen, L. A. Modern Treatment and Formulary. 1936.
Newsholme, Sir A. Last Thirty Years in Public Health. 1936.
Nobecourt, P. Clinique Medicale des Enfants. 1936.
Ohler, W. R. Truth About Bright's Disease. 1936.
Rees, J. R. Health of the Mind. Second edition. 1936.
Reutter de Rosemont, L., and de Foulschie, L. Précis de Methodes Analytiques de Chimie Vegetale et de Chimie Biologique. 1936.
Roosen, R. Theory of Cancer and Mnemotherapy. 1936.
Scott, D. H. Your Child's Health. 1936.
Stead, G. Elementary Physics. Fifth edition. 1936.
Starling, E. C. Human Physiology. Seventh edition. 1936.
Sutherland, A., and Hadfield, F. G. Practical Clinical Psychiatry. Fourth edition. 1936.
Terrien, F. Pediatrie Pratique. 1936.
Tidmarsh, C. J. Chronic Indigestion. 1936.
Vaucher, J. Les Hepatonephrites Algues. 1935.
Woodward, H. I., and Gardner, B. Obstetric Management and Nursing. 1936.
Young, P. T. Motivation of Behavior. 1936.

POST-GRADUATE COURSES AND LECTURES

FEBRUARY AND MARCH

The following post-graduate courses and lectures to be held in London during February and March, have been notified to the British Medical Association. Further particulars may be obtained direct from the hospitals concerned or, in the case of arrangements made by the Fellowship of Medicine (F.M.) from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

Subject	Date	Place of Meeting	Nature of Instruction
Chest Diseases	Feb. 1-6	City of London Hospital for Diseases of Heart and Lungs, Victoria Park, E.2	Joint Tuberculosis Council course
Dermatology (continued)	Feb. 1-27	St. John's Hospital for Diseases of the Skin, 5, Lisle Street, Leicester Square, W.C.2	F.M. course
Experimental Endocrinology	Feb. 3, 10, 17	British Post Graduate Medical School, Ducane Road, W.12	Last three lectures of course
Gynaecology	Feb. 8-20	Chelsea Hospital for Women, Arthur Street, S.W.3	F.M. course
Hygiene of the Foetus and the Newborn Child	Feb. 4, 11	British Post Graduate Medical School, Ducane Road, W.12	Last two lectures of course
Nephritis and Allied Conditions	Feb. 1, 8, 15	British Post Graduate Medical School, Ducane Road, W.12	Last three lectures of course
Neurology (continued)	Feb. 1-Mar. 19	National Hospital, Queen Sq., W.C.1	Course of lectures and demonstrations
Surgical Diseases of the Rectum	Feb. 5	British Post Graduate Medical School, Ducane Road, W.12	Last lecture of course

In addition to the above courses the following for the higher qualifications have been arranged:

Subject	Date	Place of Meeting	Degree or Diploma
F.M. Surgical Tutorial Classes (cont.)	Feb. 2, 25, Mar. 2, 4	National Temperance Hospital, Hampstead Road, N.W.1	F.R.C.S. (Final)
Anatomy and Physiology	Feb. 22-Mar. 24	Infants Hospital, Vincent Sq., S.W.1	F.R.C.S. (Primary)
F.M. Demonstrations of Clinical Cases and Pathological Specimens	Feb. 16, 18, 23, 25, Mar. 2, 4	National Temperance Hospital, Hampstead Road, N.W.1	M.R.C.P.
L.C.C. Course XX, Parts I and II, Psychological Medicine (cont.)	Feb. 1-22	Maudsley Hospital, Denmark Hill, S.E.5	D.P.M.

POST-GRADUATE NEWS

The Fellowship of Medicine announces that surgical tutorial classes, especially intended for Final F.R.C.S. candidates, will be held at National Temperance Hospital on Tuesdays and Thursdays at 8.30 p.m. as follows: February 2, Kidney and Bladder; February 4, Tongue; February 9, Infection of Bones; February 11, Disease of and Injuries to Joints, Muscles, and Tendons. A special course in preparation for the Primary F.R.C.S. examination will be given at Infants Hospital on Mondays, Wednesdays and Fridays from February 22 to May 24, physiology class at 5.15, and anatomy class at 6.30 p.m. An intensive course in gynaecology will be given at Chelsea Hospital for Women from February 8 to 20, and a general practitioners' course in medicine, surgery, and gynaecology will be held at Royal Waterloo Hospital from February 22 to March 6. A course in children's diseases will be given at Princess Elizabeth of York Hospital on February 20 and 21. M.R.C.P. courses will be given as follows: clinical and pathological course, National Temperance Hospital, Tuesdays and Thursdays at 8 p.m., February 16 to March 4; chest diseases, Brompton Hospital at 5 p.m. twice weekly, February 22 to March 20; heart and lung diseases, Royal Chest Hospital, Mondays, Wednesdays and Fridays at 8 p.m., March 1 to 20; and neurology, West End Hospital for Nervous Diseases, every afternoon from March 8 to 20.

The following lecture-demonstrations have been arranged by the South West London Post-Graduate Association at

Messrs Hempsons were reappointed solicitors of the Association for a further year

A good deal of domestic detail relating to the Association premises was brought forward in the report of the Building Committee introduced by Dr Dain

It was mentioned that gifts had been made to the Association by the Wellcome Foundation in the shape of a replica of a medal and for the Scottish House by Dr N P Fairtax of an oil painting by John Nesbitt and by Dr C O Hawthorne of books for the library

The final matter dealt with was finance Mr Bishop Harman reported that the second largest Branch in the Association Lancashire and Cheshire had followed the lead of the Metropolitan Counties Branch in asking the Head Office to keep the Branch accounts

The Council which met at 10 a m rose a little before 6 p m

NOTES OF THE WEEK

Medical Instruction in Anti gas Measures

The Home Office has recently issued to local authorities in England and Wales a circular letter describing the scheme of medical instruction in anti gas measures and inviting the authorities to co operate with the local Branches of the British Medical Association in making the scheme economical and effective The following paragraphs are of particular interest

The instructors and the necessary equipment are being provided by this Department without charge and the only cost which will fall to be met locally will be the cost (if any) of the accommodation for the local course and minor office expenses of organization This local cost should not properly fall on the funds of a voluntary organization such as the British Medical Association and it is therefore intended that a small enrolment fee should be charged to those who attend the courses This fee can never be large unless a substantial sum has to be paid for accommodation and to keep it as low as possible the Secretary of State would be grateful if in cases where free accommodation is not available in a hospital or similar premises the local authority in the area in question could assist in providing accommodation in some public building

It is suggested that the local authority's medical officer of health should keep in touch with the local Branch or Branches of the British Medical Association and so be able to keep acquainted with the progress of medical training in the locality as well as to give any assistance which it may be in his power to afford

Hospital Co operation in Liverpool

An important step towards hospital co ordination is represented by the Liverpool United Hospital Bill, which is now before Parliament It is proposed that the Liverpool Royal Infirmary, the David Lewis Northern Hospital the Liverpool Stanley Hospital, and the Royal Southern Hospital which are all general voluntary hospitals shall be amalgamated and incorporated under the name of the Liverpool United Hospital The new organization will thus form a hospital centre in Liverpool comparable with that which is being formed in Birmingham The general committee will consist of representatives of the governing body of each of the existing hospitals the medical staffs of the hospitals the University of Liverpool and the Merseyside Hospitals Council The general objects of the new hospital include the usual hospital work the conduct of medical schools in co operation with the University of Liverpool the pursuit of medical research and the education and training of nurses Among the subsidiary powers given to the hospital by the Bill are the granting of facilities to local authorities and other bodies for the use of beds and other services provided at the hospital and the authorization of members of the honorary medical and surgical staffs to charge fees to paying patients

Research in Rheumatoid Arthritis

Dr William Goldie has been appointed director of the Leeds Public Dispensary in connexion with rheumatoid arthritis The appointment is for [illegible] and it is proposed that Dr Goldie shall [illegible] extending over a period of seven years

Municipal Midwifery Service

The Sunderland Health Committee has approved a scheme for the appointment of fifteen [illegible] under the Midwives Act 1936 It is proposed that for the purpose of the midwifery service the town shall be divided into four districts each with its own [illegible] salaried midwives The patient will engage her own midwife direct and so far as possible she will have a free choice from the panel Schemes for municipal midwifery services have been prepared by the local authorities of Bath Gloucestershire Hull Leyton Manchester Northampton Southport and Stockton

The Sunderland Public Assistance Committee has decided to increase the salaries of six district medical officers by £100 a year each The decision is the result of representations made by a deputation from the local profession to the effect that the present remuneration of the district medical officers is not commensurate with the amount of work they are expected to perform

The subscription rates of the Chesterfield and District Public Medical Service have been increased It is hoped that the new rates will enable the members to secure a capitation payment which will approximate to the national health insurance *capitation fee*

The Surrey County Council proposes to build a large general hospital with 832 beds on the St Helier estate at Carshalton

Dr W B Watson has retired after twenty eight years practice in the Aber Valley

ANNUAL MEETING IN BELFAST

HOTEL AND LODGING ACCOMMODATION

The facilities for housing the members who contemplate visiting Belfast for the Annual Meeting next July has given the local committee a considerable amount of anxiety but it is anticipated that the facilities available will meet the requirements of all visitors A list of suitable hotels will be published shortly in the *Supplement* but in the meantime it may be stated that those desirous of arranging their accommodation now can do so

The booking of *hotel accommodation* has been placed exclusively in the hands of Messrs Thos Cook and Son and if applications are made at their office 27 Royal Avenue Belfast they will allocate rooms in order of application No booking fee is charged but a small deposit will be asked for on reservation being made the deposit will be credited when the account is settled or returned if it is found that the room is not required

A register of *lodgings* is in course of preparation various students hostels also are available [illegible] these will be arranged through the Local Executive Office and applications for hostel or board and lodging accommodation should be addressed to the Secretary B M A Whitla Medical Institute College Square N Belfast

A number of residents have offered *private hospitality* and this will also be available These members desirous of utilizing this should also apply to the secretary at the above address

VACANCIES AND APPOINTMENTS

GLOUCESTER BARNWOOD HOUSE REGISTERED MENTAL HOSPITAL—Medical Superintendent (male) Salary £1,500 p a

GREAT YARMOUTH GENERAL HOSPITAL—H S (male, unmarried) Salary £140 p a

GRIMSBY AND DISTRICT HOSPITAL—Orthopædic S and S in Charge of Fracture Clinic Honorarium £350 p a

GROCERS' COMPANY, Grocers Hall, E C—Three Medical Research Scholarships Value £300 p a each

GUILDFORD ROYAL SURREY COUNTY HOSPITAL—H S (male) Salary £150 p a

HEREFORD HEREFORDSHIRE GENERAL HOSPITAL—Hon P in charge of the Cardiological Department

HERTFORDSHIRE COUNTY COUNCIL—A M O (male, unmarried) at Ware Park Sanatorium Salary £300 p a

HOSPITAL OF ST JOHN AND ST ELIZABETH Grove End Road N W—Clinical Assistant to the X Ray Department Honorarium £75 p a

HUDDERSFIELD ROYAL INFIRMARY—(1) C O (2) H P and Resident Anæsthetist Males Salaries £200 p a and £150 p a respectively

ILFORD KING GEORGE HOSPITAL—Hon P to the Dermatological Department

ISLINGTON DISPENSARY Upper Street, N—A R M O (female unmarried) Salary £250 p a

KEIGHLEY BOROUGH—Deputy M O H and Assistant School M O (female) Salary £500 £25 £700 p a

LANCASTER ROYAL ALBERT INSTITUTION FOR FEBLE MINDED—R J A M O (male, unmarried) Salary £375

LEEDS PUBLIC DISPENSARY AND HOSPITAL—Anæsthetist Honorarium £26 5s p a

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART—H P Salary £100 p a

LIVERPOOL EYE EAR AND THROAT INFIRMARY—Ophthalmic H S Salary £120 p a

LIVERPOOL ROYAL SOUTHERN HOSPITAL—Hon Assistant Orthopædic S

LIVERPOOL SANATORIUM Delamere Forest—(1) Senior Assistant (2) Junior Assistant Males, unmarried Salaries £325 p a and £225 p a respectively

LIVERPOOL WATERLOO AND DISTRICT GENERAL HOSPITAL—H S Salary £100 p a

LONDON COUNTY COUNCIL—(1) A M O (Grade I) and (2) A M O (Grade II) at Queen Mary's Hospital for Children Carshalton Unmarried Salaries £350 £25 £425 p a and £250 p a respectively

LONDON HOSPITAL E—Paterson Research Scholar and Chief Assistant in the Cardiac Department Salary £400 p a

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MAIDSTONE KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL—H S (male unmarried) for the Ear, Nose, and Throat Department Salary £250 p a

MAIDSTONE WEST KENT GENERAL HOSPITAL—H P (male) Salary £175 p a

MANCHESTER CITY—R A M O (male) at Booth Hall Hospital for Children Salary £200 p a

MANCHESTER ROYAL INFIRMARY—Non resident Chief Assistant to the Surgical Unit Salary £250 p a

NEWCASTLE UPON TYNE CITY AND COUNTY—Resident Medical Assistant at the Barrasford Sanatorium Salary £250 p a

NEWCASTLE UPON-TYNE JOINT COMMITTEE OF THE COUNTY COUNCILS OF DURHAM AND NORTHUMBERLAND AND THE COUNTY BOROUGH COUNCILS OF GATESHEAD AND NEWCASTLE UPON TYNE FOR THE ADMINISTRATION OF A VENEREAL DISEASES CLINIC AT THE NEWCASTLE GENERAL HOSPITAL—Whole time M O in Charge (male) Salary £800 £50 £1 000 p a

NEWPORT COUNTY BOROUGH—Assistant M O H (female) Salary £500 £25 £700 p a

NORFOLK COUNTY COUNCIL—(1) Temporary A M O Salary £500 £25 £575 p a (2) Dental S Salary £500 £25 £575 p a

NORTHAMPTON MENTAL HOSPITAL Berrywood—Third A M O (male unmarried) Salary £450 £25 £500 p a

NORWICH NORFOLK AND NORWICH HOSPITAL—H S (male unmarried) to the Special Departments Salary £120 p a

NOTTINGHAMSHIRE COUNTY COUNCIL—Whole time M O to act as (*a*) A M O to the County Council (*b*) M O H to West Bridgford Urban District and (*c*) M O H to Bingham Rural District Salary £800 p a

NOTTINGHAM GENERAL HOSPITAL—H S (male) for Fracture and Orthopædic Departments Salary £300 p a

OXFORD WINGFIELD MORRIS ORTHOPÆDIC HOSPITAL—R H S Salary £100 p a

OXFORD UNIVERSITY—Philip Walker Studentship in Pathology

PENDLEBURY ROYAL MANCHESTER CHILDREN'S HOSPITAL—Non resident A M O for Out patient Department Salary £150 p a

PORTSMOUTH CITY Part time Eye Consultant to St Mary's Hospital Remuneration £2 12s 6d per visit

PRINCE OF WALES'S HOSPITAL Devonport—J H S Salary £100 p a

PRINCE OF WALES'S HOSPITAL Greenbank Road—[illegible] and H S to the Special Departments Salary £100 p a

PRINCE OF WALES'S HOSPITAL Lockyer Street—H S Salary £100 p a

PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN Shadwell E—Assistant S

QUEEN CHARLOTTE'S MATERNITY HOSPITAL Marylebone Road N W—R M O for the Isolation Hospital Hammersmith W Salary £100 p a

QUEEN MARY'S HOSPITAL FOR THE EAST END E—Hon Assistant P to the Department of Psychological Medicine

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E—C O Salary £100 p a

READING ROYAL BERKSHIRE HOSPITAL—Resident Anæsthetist (male) Salary £250 p a

ROTHERHAM COUNTY BOROUGH—R A M O for Alma Road Hospital Salary £350 p a

ROYAL CANCER HOSPITAL (FREE) Fulham Road S W—H S to the Radium Department Salary £100 p a

ROYAL FREE HOSPITAL, Gray's Inn Road, W C—Hon Assistant P to the Children's Department

ROYAL NORTHERN HOSPITAL Holloway, N—(1) H P (2) Obstetric H S Salaries £70 p a each

RYDE ROYAL ISLE OF WIGHT COUNTY HOSPITAL—J H S (female, unmarried) Salary £120 p a

ST JOHN'S HOSPITAL Lewisham S E—(1) H P (2) C O Males Salaries £100 p a each

ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Lisle Street, W C—Medical Registrars to (1) Out patients, and (2) In patients Honorariums £50 p a each

SHEFFIELD CITY EDUCATION COMMITTEE—Assistant School M O Salary £500 £25 £700 p a

SHEFFIELD ROYAL HOSPITAL—Two Whole time Clinical Assistants (non resident) Salaries £300 p a each

SOUTH SHIELDS INCHAM INFIRMARY—(1) Senior H S (2) J H S Males Salaries £200 p a and £150 p a respectively

SOUTHPORT GENERAL INFIRMARY—J H S (unmarried) Salary £150 p a

STOCKPORT COUNTY BOROUGH—Senior Assistant M O H and Clinical Tuberculosis Officer (male) Salary £750 £50 £937 10s p a

STOKE ON TRENT NORTH STAFFORDSHIRE ROYAL INFIRMARY—Two Hon Registrars

SUNDERLAND COUNTY BOROUGH—Consulting Ophthalmic S to the Municipal Hospital Honorarium £25 p a

SWANSEA COUNTY BOROUGH—R M O (male, unmarried) for Hill House Infectious Diseases Hospital Salary £350 p a

TUNBRIDGE WELLS KENT AND SUSSEX HOSPITAL—R S O Salary £250 p a

WALLASEY VICTORIA CENTRAL HOSPITAL—Hon Assistant Orthopædic S

WEMBLEY HOSPITAL—J R M O Salary £175 p a

WEST END HOSPITAL FOR NERVOUS DISEASES, W—Hon Medical Psychologist for the Child Guidance Department

WOLVERHAMPTON ROYAL HOSPITAL—H S (unmarried) Salary £100 p a

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL Shooters Hill S E—(1) R M O (2) H S Males Salaries £175 p a and £100 p a respectively

WORCESTER ROYAL INFIRMARY—Hon Assistant S

YORK CITY COUNCIL—Two District M O s Salaries £130 p a each

CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced Newbury (Berkshire), Fillongley (Warwickshire) Dornoch (Sutherlandshire) Applications to the Chief Inspector of Factories Home Office Whitehall, S W 1, by February 9th

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 46 47 48 49 50 51 55 and 56 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 52 53 and 54

APPOINTMENTS

GOLDIE William M B Ch B Research Worker in Rheumatoid Arthritis Leeds Public Dispensary and Hospital

HARRISON N H M R C S L R C P Certifying Factory Surgeon for the Prestegn District (Radnorshire)

ROBERTS Hilda M R C S L R C P Resident Assistant Medical Officer Booth Hall Hospital for Sick Children Manchester

ADMIRALTY SURGEONS AND AGENTS—John Adam, M B, Ch B, for the London District No 16 comprising Holloway, Upper Holloway, Regent's Park, Camden Town, Hampstead, and Kentish Town A MacQuarrie M B, Ch B, for Brightlingsea, R A Walker F R C S for Peterborough

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTH

DATE—On January 22 1937 to Muriel (née Page), wife of Dr W Adlington Date of Exeter a daughter

DEATH

MATHESON—On January 21 1937 at 191, Latymer Court W 6, Farquhar Mackenzie Matheson, B A Cantab, M R C S, L R C P, late of Pinner Road Harrow

legal actions and when the Association was invited to give evidence in 1926 to the Royal Commission on Lunacy it included in its Memorandum of Evidence on the whole question of the certification and treatment of mental illness a plea for the protection of the medical practitioner by conferring on him when certifying the status of witness. The Royal Commission did not accept the Association's recommendations completely but it is noteworthy that in consequence of later negotiations between the Association and the Ministry of Health the Mental Treatment Act of 1930 considerably strengthens the measure of protection accorded to the certifying practitioner by the Royal Commission's recommendations and in the provision for the treatment of certain cases without certification follows the lines of the British Medical Association's recommendations rather than those of the Royal Commission.

Experiments on Living Animals

On several occasions the Association has opposed Bills which have had for their object the prohibition of experiments on living animals. The Cruelty to Animals Acts already impose upon research workers in this country restrictions by which foreign workers are not hampered but attempts have often been made by certain persons to place still further impediments in their way. Especially effective action to frustrate such attempts was taken by the Association in 1927 when one of a series of Dogs Protection Bills was introduced into Parliament. A conference convened by the Association at which nearly a hundred representatives of universities medical schools and medical and scientific bodies attended passed a strong protest against the imposition of further restrictions upon experimental work on dogs and other animals. The resolutions of the conference were communicated to the Prime Minister and the Home Secretary and they formed the basis of a petition to the House of Commons which was signed by a large number of medical members of university staffs medical schools and teaching hospitals. Divisions and Branches were also asked to urge their respective Members of Parliament to vote against the Bill. Although when the time for the second reading arrived the Bill was talked out owing to the length of the speeches of the mover and seconder there is no doubt that public opinion had been stirred by the Association's action. This impression received confirmation in 1930 when a Bill to prohibit the expenditure of public money on vivisection was introduced. On this occasion the Association sent a letter to all Members of Parliament explaining the full meaning of the term vivisection and largely in consequence of this letter the Bill was refused a first reading.

These few examples of what constitutes part of the everyday work of the Association will serve to illustrate its power to influence legislation. Its work of course is not finished when the Bill concerned is passed for the administration of an Act especially of one which confers general powers calls for equally serious consideration but the frequent recognition of its ideals by Parliament may be regarded as an indication of the valuable part that the Association can play in the development of medical and social legislation.

The Council of the Association has had the pleasure of sending to the New Zealand Branch a number of surplus copies of periodicals for inclusion in the new library which the Branch is creating. A letter has just been received expressing the thanks of the Branch.

PROBLEMS IN PRACTICE

(These columns are devoted to matters of practical interest on which individual members may seek advice at the Head Office of the British Medical Association.)

Fees in Connexion with Coroners' Inquests

The scale of fees payable to a medical practitioner for giving evidence at an inquest and for making post mortem examinations is laid down in the Coroners (Amendment) Act 1926. Section 28 of the Act makes no provision at all for meeting the expenses which a witness has been put on travelling to attend the court. In country districts the amount is considerable. Certain local authorities under the powers given by the Act have authorized the payment of travelling expenses to medical witnesses at inquests. When an inquest is held on more than one body at the same time each body forms the subject of a separate inquisition and a separate fee is payable to the medical witness in respect of each inquisition.

It may happen occasionally that a practitioner is called before a coroner's court to give evidence merely of fact as an ordinary layman might, and not evidence which in any way involves the use of his professional knowledge and position. In this case it is not certain whether he can claim the fees on this scale though it is probable that they will be paid to him. In all cases where he is giving medical evidence however he is entitled to these fees.

Procedure in Scotland in Cases of Sudden Death

The Coroners Act does not apply to Scotland. Duties corresponding to those of that official are discharged by the procurator fiscal who acts also as public prosecutor. In all cases of sudden or suspicious death he must hold an inquiry which in the first instance is a private inquiry and in the course of which he may request a practitioner to make an external examination of the body and to report. If a post mortem examination is deemed necessary he will obtain a warrant authorizing this from the sheriff. Under this authority the medical men (there are usually two) named in the warrant will proceed. They must first secure identification of the body by two witnesses whose names and address must be recorded. Then all persons other than the examiners must leave the room and the examination is conducted according to certain detailed directions prescribed by the authorities. Upon application to the procurator fiscal permission for the presence of a medical practitioner to watch the interests of any accused person may be obtained but such practitioner is not allowed to take part in the examination he is present merely as a spectator. If an independent post mortem examination is desired it can be made after the Crown examination. The report is signed by both examiners unless they differ in opinion when each draws up and signs his own report.

If the procurator-fiscal is satisfied that the death was due to natural causes no further proceedings are taken and the procurator fiscal reports and certifies the cause of death to the registrar. A public inquiry however must be held before a sheriff and jury

(*a*) in the case of a fatal accident occurring in an industrial employment and

(*b*) in any case of sudden or suspicious death whenever it appears to the Lord Advocate to be expedient in the public interest.

In each case the jury is required to return a verdict setting forth so far as has been proved the cause of the

Kendall has prepared a crystalline product, and de Fremery, Laqueur, Reichstein, Spanhoff, and Nyldert have just announced the separation of very active crystals

The maintenance dose of cortical extract, as usually prepared, for different species is approximately rats 1/2 to 1 c.cm., dogs 1 to 2 c.cm., cats 2 to 3 c.cm., and monkeys 6 to 12 c.cm.

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Nova et Vetera

MEDICAL HISTORY OF LIVERPOOL[1]

The late Mr. Thomas H. Bickerton was well qualified to write the medical history of Liverpool. He had an ancestral connexion with the city and was one of its leading ophthalmic surgeons. As early as March 3, 1904, he read a paper on the Liverpool Medical Institution, and on October 7, 1909, he gave an inaugural address on Dr. John Rutter. During the rest of his life he continued to collect data for a more general medical history of Liverpool. The results were reduced to book form by Miss May McKisack, B.Litt. It is now issued after revision by Dr. R. M. B. Mackenna, who is in charge of the dermatological department of the Southern Hospital. The resulting volume[1] would have gladdened the heart of Mr. Bickerton could he have lived to see the outcome of his work—a stately quarto of 313 pages well printed on good paper, lavishly illustrated with maps, plans and portraits, and at the moderate price of twenty-one shillings.

The story begins with the building of the Infirmary in 1749 and is continued until 1920. It tells of the formation of the dispensary (1778), the Hospital for the Blind (1796), the fever hospital (1801), the Northern Hospital (1833), and the Royal Southern Hospital in 1841. A noble record of voluntary charity in a city growing in size and in wealth. At first every medical man practised every branch of his profession, but specialism crept in, eyes and ears first, then throats, skins, children, and finally x rays which seem to have attracted attention in Liverpool within a few months of their discovery.

Some Outstanding Names

Many names of the physicians and surgeons are well known. Thomas Robinson said to be an M.D. of Oxford, but of whom there is only the bare university record that he matriculated from Brasenose, at the age of 20, on May 2, 1741. Park and Manson, surgeons in advance of their time. Rutter and Bostock. the Bickersteths, T. H. Waters. Richard Caton, physician, archaeologist, and lord mayor. Mitchell Banks. Reginald Harrison and T. T. Paul, great surgeons. The Thomases, father and son, and Sir Robert Jones all added lustre in their day to the medical circles in Liverpool. From the beginning the Liverpool physicians took an active interest in furthering the interests of the profession through the British Medical Association. We read that in 1832, when the Provincial Medical and Surgical Association—the precursor of the British Medical Association—was formed, four distinguished medical men were on the Council, and no fewer than sixteen essays and cases were contributed to the first volume of *Transactions* by Liverpool practitioners. The Association itself has held four of its Annual Meetings in the city, and the names of Dr. A. T. K. Waters and Sir James Barr will long be remembered as those who did yeoman service in its interests.

Medical Education in Liverpool

The teaching of medicine has always been a strong point at Liverpool. clinical material has been abundant, because it is a seaport with a large migratory population. Long before the School of Medicine was opened in 1834 there were two Schools of Anatomy, with an attendance of about forty medical students, sculptors, and artists. Subjects appear to have been so plentiful that in October, 1826, three casks labelled 'Bitter salts" consigned to a firm in Edinburgh were found to contain eleven dead bodies partially salted and pickled. The private schools of medicine were absorbed by the School of Medicine attached to the Infirmary. This became a faculty first of University College, then of the Victoria University, and finally of the University of Liverpool. Side by side with it was the University School of Hygiene and the much needed School of Tropical Medicine which has done magnificent work in connexion with our Dominions in the Tropics.

There is an interesting chapter on the development of nursing from the time when it was proposed to secure the services of a better type of nurse at the Infirmary by raising the salary from £10 to £16 a year. The matron reported that she only had four nurses whom she could trust not to celebrate such a rise in prosperity by getting drunk on quarter day. There is, too, a terrible picture of the sanitary condition of the city even as late as 1871, when Professor Parkes of Netley and Professor J. Burdon Sanderson of University College, London, reported that every cellar dwelling should have at least a window and access to a water supply and sanitary conveniences. As lately as 1895 some 26,000 people were still living in cellars.

A Forgotten Classic

Dr. David Waldie, we read, was a native of Linlithgow, and obtained the diploma of the Royal College of Surgeons of Edinburgh in 1831. He practised for a time in Liverpool as a surgeon and apothecary, but, being interested in chemistry gave up medicine became chemist to the Liverpool Apothecaries' Hall, and later settled in India, where he established a chemical works in Calcutta, and died in 1889. His claim to remembrance is that he introduced (Sir) James Y. Simpson to chloroform as an anaesthetic, having already tried its effects upon himself and his friend Dr. Abraham. His paper is a classic, and has long been hidden, for it was read on November 19, 1847, at a meeting of the Literary and Philosophical Society of Liverpool.

The book ends with serviceable tables of names and dates, and there is a sufficient index. It may be looked upon as a valuable contribution to medical history, and so far as can be tested it is accurate.

D'A. P.

[1] *A Medical History of Liverpool from the Earliest Days to the Year 1920.* From the data collected by the late Thomas H. Bickerton, ChM., F.R.C.S. London: John Murray. (21s.)

A report of Mr. Walter Howarth's Semon lecture on "Some Tumours and Ulcers of the Palate and Fauces" appeared in our issue of November 14, 1936 (p. 988). The full text of the lecture, with illustrations (many of them reproduced in colour), is published in the January issue of the *Journal of Laryngology and Otology*.

Dr G McCloskey to be medical officer of health for Darwen

Dr R R H Mitchell to be senior assistant medical officer at Fife Asylum

Dr E N Reid to be medical officer of health for Stirlingshire

Dr M L Sutcliffe to be medical officer of health for Tewkesbury

Dr N B M Blackham has retired from the post of medical officer of health for Loughborough

INSURANCE MEDICAL SERVICE WEEK BY WEEK

The Principles of Prescribing

There lies before us the official memorandum on prescribing issued to insurance practitioners in Scotland We have noted on more than one occasion the fact that there is a much more economical range of prescribing in Scotland than in England and Wales and that notwithstanding this state of things the question of effecting further economies without sacrificing efficiency is constantly receiving the attention of the authorities in Scotland In the following extract from the memorandum attention is drawn to some of the matters of first importance

This memorandum has been prepared by a Joint Committee representative of (*a*) the Scottish Association of Insurance Committees (*b*) the Drug Accounts Committee (*c*) the Insurance Acts Subcommittee (Scotland) of the British Medical Association and (*d*) the Pharmaceutical Standing Committee of Scotland It is intended to serve as a guide to practitioners in prescribing for insured persons It is to be clearly understood that there is no intention to interfere with the doctor's discretion in the matter of the treatment which he may consider to be appropriate in any given case By his terms of service a practitioner is responsible for the provision of appropriate treatment and his first concern should be the best interests of his patient When drugs are required it is incumbent upon the doctor to secure that they are provided with due regard to cost Therapeutic efficiency should never be sacrificed for the sake of economy but the accumulated experience of the Central Checking Bureau Panel Committees and the Department of Health has proved that considerable savings may be effected in certain directions with no sacrifice of efficiency Practitioners are reminded that when information or advice is desired they should communicate in the first instance with the clerk to the Insurance Committee

Under the national health insurance drug tariff every individual item in a prescription is priced and there is also a dispensing fee Due regard must therefore be had to every item in a prescription the form in which it is prescribed and the quantity prescribed A reduction of one penny in the average cost of prescriptions in Scotland would mean an actual saving of approximately £12 000 per annum A detailed survey of many thousands of prescriptions representative of every area has ascertained that the causes of high costs which can be remedied are as follows

1 The use of prescriptions containing multiple ingredients of which some are (*a*) redundant by reason of their composition and/or effect—for example undue multiplication of expectorants (*b*) otherwise good and useful drugs which are employed in doses too small to be of any therapeutic value (*c*) drugs whose use is based upon tradition but which are superfluous or which *per se* are now known to have no pharmacological action—for example decoctions glycerophosphates hypophosphites etc

2 The routine employment of individual drugs and of prescriptions for certain common diseases without apparently having regard to the requirements of the individual case and the adaptation thereto of the medicament employed for example in bronchitis the routine use of expectorants of similar action

3 The use of certain proprietary [illegible] of the quasi scientific claims made [illegible] by equally pure effective and much less expensive medicaments

For example cf paraffin mollis [illegible] vaseline 2d per ounce and chalk mixture (50) 1s 6½d with kalzana tablets (50) 1s 3d

4 The all too frequent occurrence of prescriptions renewed before the previous supplies should be exhausted

5 The routine issue of prescriptions over [illegible] months often on the same day of the week

6 The routine use of certain drugs in tablet form for example acetylsalicylic acid phenacetin or Dover's powder especially in quantities of 48 96 etc

An increasing number of remedies have become available secret are now marketed with disclosure of a formula Such formulae are generally found to be unnecessarily complicated and expensive combinations of well known drugs which can be more efficiently selected and combined by the practitioner as the individual case may require

Proprietary Medicines

The *BP* and the *BPC* between them contain at least 99 per cent of all chemicals drugs and preparations used by practitioners in this country and afford uniform and reliable standards of composition and purity An increasing number of preparations resolve themselves into surprisingly simple medicaments when the practitioner realizes the true composition—for example dimethylaminophenyl dimethylaminodimethylisopyrazolone and amidophenazone are all the *BP* substance amidopyrine writ large It has been contended by some that equivalent preparations do not possess therapeutic value equal to that of the advertised proprietary articles This contention however is not substantiated by the medical profession generally

(For the guidance of practitioners there is appended to the memorandum the recognized equivalents of typical proprietary medicines The list is illustrative rather than exhaustive)

Frequency of Prescribing

The undue frequency with which prescriptions are repeated is one of the commonest causes of waste Before renewing a prescription the doctor should take care to see that the quantity already supplied has not been used up too quickly The varying domestic measures and the carelessness of some patients make perfect accuracy unattainable but the doctor might help considerably by giving advice as to how long a particular supply should last It has been found not infrequently that a supply which should have lasted five to seven days has been repeated every second or third day

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Captains H B Parker DSC to the *President* for Medical Department Admiralty C F O Sankey OBE and K H Hole OBE to the *President* for [illegible] G R McCowen OBE to the *Drake* for Royal Naval Barracks J C Cloughton to the *Osprey* for course C L Robertson to the *Pr[illegible]* for Staff course

Surgeon Commanders J C Souter to the *Pr[illegible]* Department Admiralty J C Brown to the *D[illegible]* Royal Naval Barracks

Surgeon Lieutenant Commander C Reader to be Surgeon Commander

Surgeon Lieutenant Commanders T W Froggatt and C H Egan to the *Pembroke* for Royal Naval Barracks D F Walsh to the *Ganges*

Surgeon Lieutenant Commander C Ommaney Davis has been placed on the retired list at his own request

Surgeon Lieutenants D D Steele Perkins D B Jack and G H C R Criuen to the *Queen Elizabeth* C J P Pearson and

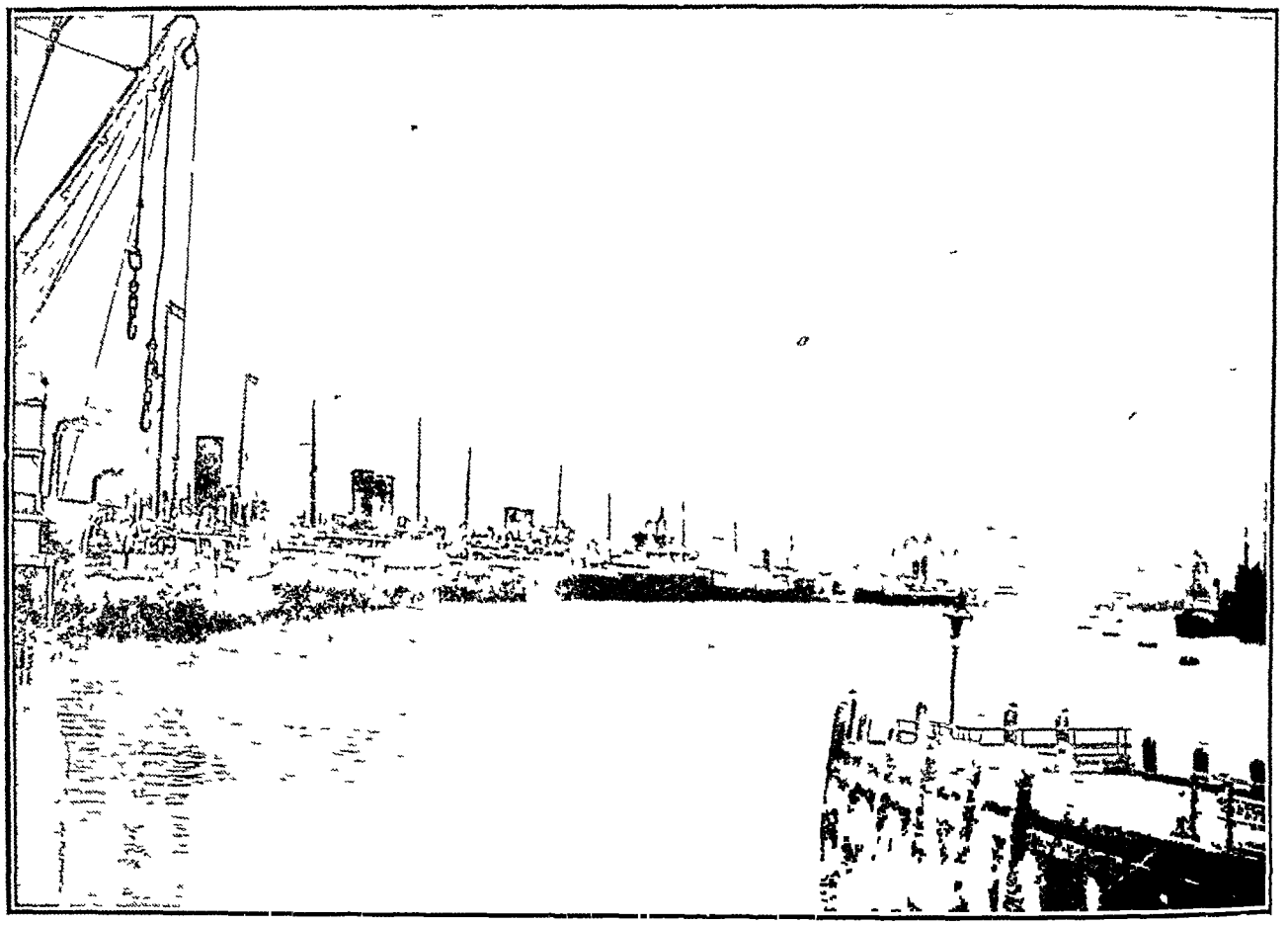


FIG 1.—Belfast Harbour. Cross Channel steamers. (*Photo Baird Belfast*)

Chichester (1603) who was given the lands of Belfast. These he accepted and retained, as he was also Governor of Carrickfergus and received a life pension of 13s. 4d. a day. It is on record that he wrote of his newly acquired lands: 'When I have them in perfection I will gladly sell the whole lands for £5 fee simple.' The rateable value of the City of Belfast to-day is just less than £3,000,000.

Determination to overcome obstacles and a shrewdness in business, combined with opportunism on the part of its citizens, account in some measure for Belfast's present industrial position. There is an absence of raw materials in the hinterland of the city, and almost all have to be imported, including flax, steel, iron, coal, tobacco, and timber. In spite of these, in part, disadvantages, shipbuilding, engineering, linen weaving, operative baking, and tobacco manufacture are all firmly established industries and are largely responsible for Belfast's position as the sixth largest port in the United Kingdom and the eighth city in the British Isles. Large areas of the city near the river are built upon silt; the harbour and docks have been excavated from the slob land at the mouth of the River Lagan. Thus it has come that a hive of industrial activity has arisen in an area which owes comparatively little to Nature but a great deal to the character of the inhabitants in making existing conditions meet the needs of the moment and anticipate the chances of the future.

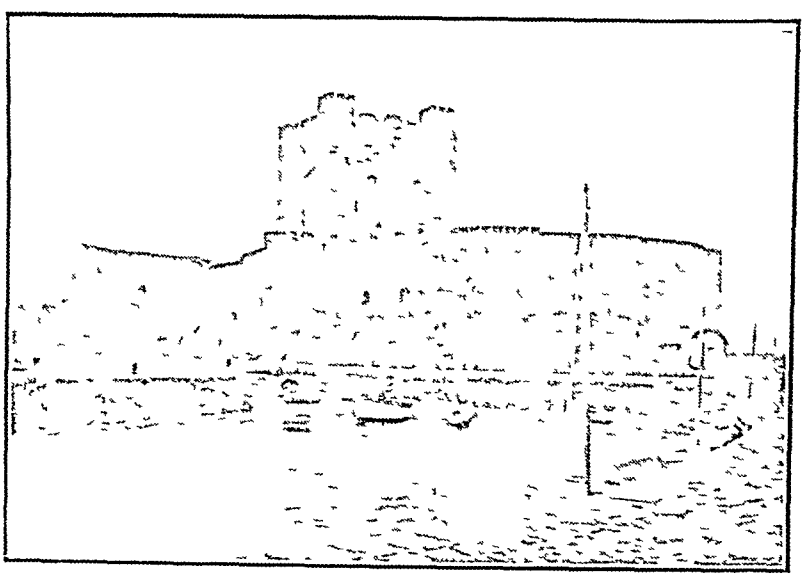


FIG 2.—Carrickfergus Castle. (*Photo Baird Belfast*)

At the restoration of the Monarchy in England in 1660 Belfast consisted of five streets and five lanes, and even when George IV ascended the Throne in 1820 the town consisted of but 2,000 houses most of which were thatched. When the British Medical Association first visited Belfast in 1884 the population was 220,000, in 1909, on the occasion of the second visit, there were 380,000 inhabitants. To-day Belfast is the capital city of Northern Ireland, the seat of Government of the Six Counties area, possesses its own Parliament buildings, Royal Courts of Justice, City Hall, Queen's University, Art Gallery, and other imposing public buildings; the city has grown to dimensions and achieved a status far in advance of anything conceived of 100 years ago. The present population is nearly half a million, and the city covers twenty-three square miles.

ELIZABETH CASSON Bristol
H J CATES Bristol
W D CHAMBERS Perth
EILEEN A CHENNELL London
M A CHOLMELEY London
J L CLEGG Sheffield
J W ASTLEY COOPER Middleton St George Co Durham
C L COPELAND Swansea
ALICE COX Exeter
R N CRAIG Exeter
CHAS A CRICHLOW Bangour W Lothian
DESMOND CURRAN London
J HARVEY CUTHBERT Goodmayes
T WISHART DAVIDSON Leicester
I JOHN DAVIES Whitchurch Glam
CHARLES DAVIES JONES Newport Isle of Wight
ALEXANDER DICK Glasgow
FREDERICK DILLON London
J FRANCIS DIXON Leicester
H G DRAKE BROCKMAN Middlesbrough
P DRUMMOND Talgarth
RICHARD EAGER Exeter
G R EAST Morpeth
W J A ERSKINE Formby
F W ELRICH Ilkley
A EDWARD EVANS London
A H FIRTH Bromsgrove
E J FITZGERALD Witham
G W T H FLEMING Hereford
W M FORD ROBERTSON Glasgow
THOS S GOOD Oxford
EDWIN GOODALL Hove
JOHN K GRANT Montrose
MARION GREAVES Penshurst
JOAN E GREENER Stone Bucks
F H GUPPY Haywards Heath
JOHN G HAMILTON Beckenham
D N HARDCASTLE London
R SYDNEY HARPER Hove
J BORRIE HARRIS Bromsgrove
W M HARROWES Polton Midlothian
T M HAUGHIE Preston
E D HAYES Northampton
FREDERICK H HEALEY Taunton
C J HENDERSON Lancaster
T J HENNELLY Whitchurch Glam
C LAMORNA HINGSTON Hove
WILFRED W HORTON Buxton
I EMSLIE HUTTON London
W BROOKS KEITH Melton Suffolk
W J T KIMBER St Albans
E HOWARD KITCHING Swansea
R M LADELL Birmingham
J K C LAING Dartford
S L LAST Northampton
E LAVAL Egham
J W LEECH Devizes
W LEGGETT Greenock
E O LEWIS London
G A LILLY Coulsdon
THOMAS LINDSAY Caterham
MADELINE R LOCKWOOD London
D R MACCALMAN London
A K MCCOWAN Chartham
P K MCCOWAN Whitchurch Glam
JAMES H MACDONALD Glasgow
R M MACFARLANE Staines
F D MACGILP Stockton on Tees
AGNES M MACGOWN Broxburn W Lothian
M J MCGRATH Wakefield
R B F MCKAIL Langho near Blackburn
STEPHEN A MACKEITH Hatton Warwicks
T C MACKENZIE Inverness
R GORDON MCLAREN Preston
ANGUS MACNIVEN Glasgow
W MCWILLIAM Inverness
D MAGRATH Latham St Annes
J J B MARTIN Bristol
MARY E MARTIN Hove
S EDGAR MARTIN Salisbury
W GORDON MASEFIELD Brentwood
R W MAXWELL Brookwood
D MENZIES Ivybridge Devon
G E MOULD Rotherham
ANNE S MULES Exeter
BERTHA M MULES Teignmouth
HELEN S E MURRAY Preston
W D NICOL Epsom
J ERNEST NICOLL Winwick Warrington
DORIS M ODLUM London
J J O'REILLY Birmingham
K C L PADDLE Caterham
D N PARFITT Hatton Warwicks
A SPENCER PATERSON London
T PATON Melton Suffolk
JOHN D W PEARCE London
LIONEL S PENROSE Colchester
D PERK Menston Yorks
A A W PETRIE Sutton
J G GORDON PHILLIPS London
ARTHUR POOL Sheffield
ANNE B PRICE Pinner
J R REES London
D MCKINLAY REID Exeter
W M REID Newmachar Aberdeens
J H O ROBERTS Denbigh
E E ROLLINS London
W F ROPER London
D RUSSELL Sale Cheshire
JOHN RUSSELL Menston near Leeds
JAMES M RUTHERFORD Bristol
FRANCIS L SCOTT Canterbury
W CLIFFORD SCOTT Pensburst
B H SHAW Stafford
C E ALAN SHEPHERD, Chartham
LESLIE H SKENE Isle of Man
E FRETSON SKINNER Sheffield
IAN SKOTTOWE Stone Bucks
J A SMALL Norwich
EDWARD SMITH Menston Yorks
R PERCY SMITH London
J M C SPEER Devizes
WILLIAM STARKEY Plymouth
PATRICK STEELE Melrose
E S STERN St Albans
R M STEWART Watford
H PULLAR STRECKER Edinburgh
ELLIS STUNGO London
GEOFFREY TALBOT Manchester
F C M TAYLOR Chartham
F HAYDEN TAYLOR London
C J THOMAS Wakefield
W G THOMSON Cheadle Cheshire
F T THORPE Sheffield
L STANLEY TORRANCE London
A F TREDGOLD London
R C TURNBULL Colchester
C E H TURNER Sheffield
F DOUGLAS TURNER Colchester
JAMES VALENTINE Perth
W J N VINCENT Sheffield
HUGH WEIR Pitcaple Aberdeens
T W H WEIR Melton Suffolk
JAMES R WHITWELL London
IRENE YATES London
D YELLOWLEES Glasgow

Scholarships and Grants in aid of Scientific Research

Scholarships

The Council of the British Medical Association is prepared to receive applications for Research Scholarships and Grants for the year 1937 as follows an Ernest Hart Memorial Scholarship of the value of £200 per annum a Walter Dixon Scholarship of the value of £200 per annum and three Research Scholarships each of the value of £150 per annum Scholarships are given to candidates who in the opinion of the Committee of the Association recommends to undertake research in any subject (including medicine) relating to the causation prevention or treatment of disease Preference will be given other things being equal to members of the medical profession The Scholarship is tenable for one year commencing on October 1 1937 A Scholar may be reappointed for not more than two additional terms A Scholar is not necessarily required to devote the whole of his or her time to the work of research but may hold a junior appointment at a university medical school, or hospital provided the duties of such appointment do not interfere with his or her work as a Scholar

Grants

The Council of the British Medical Association is also prepared to receive application for Grants for the assistance of research into the causation treatment or prevention of disease Preference will be given other things being equal to members of the medical profession and to applicants who propose as subjects of investigation problems directly related to practical medicine

Conditions of Award Applications

Applications for Scholarships and Grants must be made not later than Saturday, May 8, 1937 on the prescribed form a copy of which will be supplied on application to the Medical Secretary of the Association B M A House Tavistock Square London W C 1 Applicants are required to furnish the names of three referees who are competent to speak as to their capacity for the research contemplated

Katherine Bishop Harman Prize

The Council of the British Medical Association is prepared to consider an award of the Katherine Bishop Harman Prize of the value of £75 in the year 1938 The purpose of the prize founded in 1926 is the encouragement of study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child bearing It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present provided this falls within the scope of the prize Any medical practitioner registered in the British Empire is eligible to compete

Should the Council of the Association decide that no essay submitted is of sufficient merit the prize will not be awarded in 1938 but will be offered again in the year next following this decision and in this event the money value of the prize on the occasion in question shall be given proportion of the accumulated income as the Council shall determine The decision of the Council will be final

Each essay must be typewritten or printed in the English language it must be distinguished by a motto and accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address Essays must be forwarded so as to reach the Medical Secretary (to whom inquiries may be sent) B M A House Tavistock Square, London, W C 1, not later than December 31, 1937

Presbyterian clergymen of the district to carry their persecuted people across the Atlantic and to help found and inhabit the New America Three hundred years later Belfast is still associated with the transatlantic trade and is noted for the building of ocean liners which traverse the seven seas During the seventeenth and eighteenth centuries many ships were built, all of them, of course, of wood, but up till 1833 the largest vessel was the *Hindoo*, of 440 tons The pay-roll of the yard was but a score or so of hands, and the industry was all but moribund when Edward Harland was taken into Hickson's firm in 1858 Two years later Gustavus Wolff joined Harland and so was inaugurated the firm of Harland and Wolff by two young men, both of them under 30 years of age Together they built up the great reputation for first-class workmanship and design in ocean steamers which Belfast enjoys to this day In later years the firm was joined by W J Pirrie (later Viscount Pirrie), who contributed a business ability and perspicuity which stamped him as one of the foremost industrialists of his generation Ships have been supplied to many famous lines, the White Star, Union Castle, P & O, Royal Mail, Pacific Steam Navigation Co, amongst others, and during and since the war numerous Admiralty contracts have been fulfilled The pay-roll has risen from twenty-three to just under 20,000 on full employment, the company has supplied seventy-eight ships (sail and steam) to the White Star Line alone, of a tonnage of 1,300,000, in 1914 there was launched from its yard the largest output of any [illegible] in one year, 156,000 tons, in 1935 this one-fifth of the total ships built in the United Kingdom in that year Many famous ships are associated with Harland and Wolff's *Olympic*, *Titanic*, *Laurentic* (pre-war), *Georgic*, *Britannic*, *Reina del Pacifico*, *Asturias*, *Alcantara*, *Almanzora* (which is to be used for the special B M A cruise to Belfast this year), *Athlone Castle*, *Stirling Castle* of recent years During the war H M S *Glorious* and H M S *Vindictive* were built, and the new cruisers H M S *Penelope* and H M S *Belfast* have been delivered or are in the process of building

Tobacco Manufacture

Belfast is also proud of its tobacco industry, and it is worthy of note that the familiar roll tobacco so popular in industrial England and throughout the world was originally manufactured here and continues to be one of the important branches of the industry Modern habit has popularized the cigarette, and the machines in use in Messrs Gallaher's factory are the finest examples of mechanical ingenuity one can find in daily use, working with a delicacy and precision which is entrancing to watch and delightful to contemplate, and which is certain to appeal to all who are fortunate in being able to visit the works In 1850 there were fourteen small firms producing tobacco in various forms, but scientific specialization eliminated all but two (Murray's and Milligan's) In 1863 Thomas Gallaher made his appearance in Belfast from his native Derry, and he strode from success to success by virtue of his practical business mind and general ability In 1896 he acquired twelve acres of ground upon which is constructed the huge modern tobacco factory employing 3,000 hands Further extensions have been made recently and enormous bonded warehouses covering thirteen acres have been added As an indication of the commercial and manufacturing importance of the firm of Gallaher's it may be stated that they pay £5,000,000 annually in duty, and a stock of 50,000,000 lb of leaf tobacco is usually in bond

Rope Making

The rope making industry is comparatively modern, dating from 1876 when fifty employees of the Belfast Rope Works Company produced 500 tons of goods annually Now 3,000 workpeople handle the raw materials from many foreign countries, and the company exports 13,000 tons of goods annually to all parts of the world Every imaginable variety of cord and rope from finest twines to huge marine hawsers are to be seen in process of manufacture The finest fishing nets and the heavy trawls are produced in this factory, and the visitor will be fascinated to watch the elaborate ingenious machines which wind balls of string, plait ropes, and form bundles of binder twine to be used in the prairies of North America and the wheat farms of Australia and New Zealand

Other Industries

The distilling of whisky was known from early Christian times It is on record that Strongbow Earl of Pembroke, invaded the country in 1169 and found the local "usquebaugh" much more suited to the needs of the people than ale Pot stilling was the usual method of manufacture until the introduction of the Coffey still, by which a blander product resulted Since the war the demands of the Excise have extinguished the activities of most of the distilleries in Northern Ireland, but whisky drinkers still respect the names and still buy the products of Dunville's, Bushmills, and Comber

Engineering is an important industry, and there are several works which specialize in certain types of machinery These include exhaust fans, extractors, etc, many of which have been evolved to meet the needs of industries located in the area In the various processes connected with the flax yarns the factories are equipped with mammoth extractor plants to remove dust, which is deleterious to the health of the operatives, and these have been supplied to hundreds of factories throughout the world, most of whom know the famous Sirocco fan

Aerated waters manufactured in Belfast have a world-wide distribution The famous Cromac Springs not far from the city centre are especially suited for producing a high-grade commodity

It is interesting to note that felt was originally made by a medical man and that Belfast exports several thousand tons annually

This is a by no means complete account of the activities of the City of Belfast and the neighbouring counties, but it will serve to indicate the main industrial features The reader will appreciate the claim that the citizens have overcome many difficulties in establishing a prosperous community in modern times It is admitted that there is nothing "ancient" as history goes that learned scholars did not frequent antiquated inns, nor did distinguished alumni of an ancient university wander midst dark and narrow closes Belfast is a modern city of broad straight streets and new buildings, its citizens have a deep sense of public duty and are jealous to preserve its high place among the cities of the Empire Thus will they continue to exemplify the city motto—"Pro tanto quid retribuamus"

M Pirolli (*Policlinico* December 14, 1936, p 2253) states that while intestinal tuberculosis represents the most frequent complication of pulmonary tuberculosis, the estimate of its frequency ranges from 25 per cent according to clinical statistics to 50 and 90 per cent according to the pathological findings of Ganis and Kaufmann respectively There is no doubt that many cases escape recognition owing to the intestinal lesions not being accompanied by definite clinical symptoms Pirolli has recently investigated the behaviour of faecal catalase in all the cases of diarrhoea in subjects of pulmonary tuberculosis which have come under his observation, with the following result The amount of catalase is distinctly increased in all the cases of diarrhoea in pulmonary tuberculosis, while in the so called functional diarrhoea, due to other causes the increase of the enzyme is only very moderate Owing to the readiness and simplicity of the investigation, he recommends that a search for intestinal catalase should be made in all cases of tuberculosis before undertaking treatment by pneumoperitoneum

SURREY BRANCH KINGSTON ON THAMES DIVISION

A meeting of the Kingston on Thames Division was held at the Kingston and District Hospital on December 8 1936 with Dr A S HOLLINS in the chair A thick fog prevented a large attendance

Mr VINCENT O SULLIVAN demonstrated numerous clinical cases of obstetrical and gynaecological interest and there was much discussion on points of difficulty The CHAIRMAN proposed a vote of thanks to Mr O Sullivan not only for his interesting demonstration but also for his courage and perseverance in reaching the hospital at all under the difficult circumstances

SURREY BRANCH RICHMOND DIVISION

Lecture on Infant Feeding

At a meeting of the Richmond Division held at Richmond Royal Hospital on January 8 with Lieut Col E V HILGO in the chair Dr ERIC PRITCHARD delivered a British Medical Association Lecture on *Infant Feeding and Management*

Dr Pritchard explained that he only intended to single out for discussion a few special points in connexion with the feeding of infants which he considered to be of fundamental importance and in which he himself was especially interested The most important principles in connexion with the feeding of infants was to remember that the human machine like the mechanical engine required a very large number of different elements for maintenance and repair and in addition for growth also According to his estimate he thought that there were not fewer than forty such essential elements consisting of some twelve mineral substances about the same number of vitamins and in addition fuel elements—that is proteins carbohydrates and fats A good sample of breast milk contained all these elements but it was a great mistake to believe that it was always a perfect food or contained those requisites in sufficient amount Every sample of breast milk must have some defects unless the nursing mother herself subsisted on a diet which afforded all the raw materials out of which the total number of essential elements could be elaborated and secreted in the milk Breast milk was always deficient in iron and nearly always in vitamins C and B and it often contained toxins or foreign substances detrimental to the health of the infant who consumed it Complete absence in the food of any essential element always resulted sooner or later in the death of the individual who depended on it as the exclusive source of supply while insufficiency as regards quantity led to disturbances of health—that is deficiency symptoms or deficiency diseases The total number of symptom complexes or individual symptoms due to all the possible combinations of food deficiencies fairly staggered the imagination and explained why no two badly fed infants manifested exactly the same series of symptoms and when it was remembered that there were just as many excess symptoms as there were deficiency symptoms the total number of possible combinations was almost beyond calculation The disease commonly called rickets was itself a composite one consisting of innume able deficiencies and excesses It required a very considerable knowledge of dietetics to unravel the tangled skein of aetiological threads which made up this patchwork of symptoms and it was an insult to modern pathology to expect that a clinical condition which might be due to a hundred different dietetic defects could be cured by the correction of only one of them This explained the frequent failure to cure so called rickets by the administration of vitamin D The term rickets should properly be reserved for the comparatively limited number of symptoms which were directly due to a deficiency of vitamin D but should not be allowed to cover symptoms which were due to totally different faults in the diet

Dr Pritchard went on to say that artificial feeding offered many more opportunities for producing both excess and deficiency symptoms than did breast feeding chiefly owing to faulty methods of modifying cow's milk for the purpose of making it more digestible For the sake of reducing the excessive quantity of indigestible casein cow's milk was usually attenuated down to anything between 20 and 50 per cent of its original strength Unless corrections were made such dilutions caused deficiencies of every single element contained in the milk for before dilution it was in no respect too strong except as regards its casein content Although cow's milk dilutions were usually fortified with certain additions such as cream sugar and vitamin C no corrections were made for the vast preponderance of defects He had himself attempted to find some means of compensating for these serious faults in milk dilutions and had devised a special broth and vegetable broth which when [illegible] to dried [illegible] in sufficient quantity made [illegible] the feeds Broth made according to [illegible] quantities of most of the required [illegible] vitamins Some of the numerous dr[illegible] made some attempt to correct [illegible] dilutions but most of them especially [illegible] were serious offenders against the prin[illegible] feeding and without special correction that they provided were extremely [illegible] proceeded to explain the importance [illegible] infants not only as the only natural vehicle [illegible] fat soluble vitamins but as the only source [illegible] These facts were very often forgotten but apart [illegible] both living and dead and epithelial debris [illegible] solid matter in an infant's stool exceptine [illegible] lend substance to it and insoluble soaps could not [illegible] unless there was an unabsorbed residuum of fatty [illegible] splitting could unite with the calcium or magnesium present in the alimentary tract

In the further course of his lecture Dr [illegible] touched on a number of other matters which [illegible] interesting discussion at the conclusion On the motion of the CHAIRMAN a hearty vote of thanks was accorded Dr Pritchard for his address

SUSSEX BRANCH HASTINGS DIVISION

The annual dinner of the Hastings Division was held at Hastings on December 11 1936 when Dr F E DAUNT was in the chair and over one hundred medical men and their guests sat down The toast of The Hastings Division and its Chairman was given by the Rev ROSSLYN BONCE Dr DAUNT replied and paid tribute to the excellent organization of the honorary secretary Dr A H Grace and proposed his health Dr Grace suitably replied The proceedings were then interrupted in order that the company could listen to the radio speech from Windsor Castle The toast of The Visitors was proposed by Dr G NESBITT WOOD and the Mayor of Hastings Alderman BLACKMAN replied The speeches were marked by brevity and wit The company then indulged in dancing and bridge until 1 a m

WILTSHIRE BRANCH SWINDON DIVISION

A clinical meeting of the Swindon Division was held at the Swindon and North Wilts Victoria Hospital on December 2 1936 when there was a large attendance A good discussion followed the presentation of many interesting cases Mr O B PRATT showed a case of buphthalmo with dislocated lens Dr J LOWE demonstrated cases of tuberculous arthritis disseminated meningo vascular syphilis congenital pulmonary stenosis Holmes Adie syndrome and several cases of ataxia due to different conditions Mr J EWART SCHOFIELD showed cases of sarcoma of the sternum treated by radium Charcot's disease of the ankle joint bilateral aneurysm of external carotid arteries osteochondritis dissecans cervical rib and a case of recovery following ligature of anterior and posterior branches of middle meningeal artery Dr D A C IERON demonstrated a case of post encephalitis

WILTSHIRE BRANCH TROWBRIDGE DIVISION

The annual dinner of the Trowbridge Division was held at Calne on December 9 1936 when Dr J F W LEECH was in the chair and the medical officer of health for Wiltshire Dr C E Tangye was the guest of the evening The health of Dr Tangye was proposed by Dr C EDE and seconded by Dr G H H WAYLEN and Dr TANGYE replied

The dinner was followed by a lecture and cinematograph film demonstration by the courtesy of Evans Biological Institute on The Preparation and Standardization of Antitoxins and Prophylactics with Special Reference to Diphtheria The success of the demonstration was proved by the numerous questions asked the lecturer at the conclusion of his address for which he was accorded a hearty vote of thanks on the motion of the CHAIRMAN

YORKSHIRE BRANCH WAKEFIELD PONTEFRACT AND CASTLEFORD DIVISION

A meeting of the Wakefield Pontefract and Castleford Division was held at Wakefield on December 3 1936 when Dr R B RADCLIFFE was in the chair

Dr JOHN R H TOWERS (Leeds) gave an address on Some Aspects of the Heart of Middle Age Dr Towers said that

never came to hospital, and he supposed the cases sent to the medical ward were the really serious ones

No generalization should be made, Dr Schoemaker continued, as to the kind of operation to be undertaken The ruling principles were first, to keep the patient alive, and then to consider the possibility of curing him of his disease In cases of perforation, when the first necessity was to keep the patient alive, he performed a gastro-enterostomy, only in a case in which the patient was in unusually good condition was a gastrectomy done, although this was the ideal operation The same held good for haemorrhage Each case must be considered on its merits It might be better not to operate immediately, but to endeavour to stop the bleeding and stimulate the patient by blood transfusions, deferring operation until the patient was in a fairly good condition

Conservative Gastric Surgery

Gastro enterostomy had the lower rate of mortality, and therefore there were surgeons who preferred this operation in every case, but they were in the minority To gastro enterostomy there were many objections It did not take the ulcer away, nor stop the bleeding, nor prevent perforation, and it might give rise to fresh disturbances, causing peptic ulcer at the edge of the new exit, producing fistula, and perhaps bringing about always a certain amount of gastritis The mortality after gastro-enterostomy, however, in his clinic was 1 5 per cent, and after gastrectomy nearly 4 5 per cent, and the difference was even greater than these figures suggested, for among the patients on whom he had performed gastro-enterostomy were many who would not have survived the more radical operation He performed gastrectomy only when convinced that in the particular case the patient could stand it He was a conservative in stomach surgery It was necessary to bear in mind that the stomach was not only an organ of digestion, but had other functions—an antiseptic action, destroying micro-organisms in swallowed saliva, and playing a part also in haematopoiesis, and these functions should not be disturbed unless it was absolutely necessary In dealing with a patient who was weak, vomiting, or very stout so that the inflamed part of the stomach and duodenum was difficult to reach and there was stenosis, the best thing to do was to perform a simple gastro-enterostomy He claimed 60 per cent cure, 20 per cent minor degree of persistence, and 20 per cent recurrence or no relief These figures were not ideal, but he did not lose his patients after gastro enterostomy, and a living man after a gastro-enterostomy was better than a dead one after a gastrectomy

Problem of Recurrence

In dealing with recurrences it was difficult to determine whether there was a new ulcer or gastritis Examination of how the stomach was functioning would give some information on that point If the acid was very low it was likely to be gastritis If there was a new ulcer at the exit the best thing to do was to resect for the second time A very narrow duodenum was often found, and in that event it might be necessary to choose again between gastro enterostomy even on a resected stomach and gastrectomy In the case of simple stenosis he advised gastro enterostomy, in the case of haemorrhage and much pain resection In the secondary operations the cure rate was about 50 per cent If the case was one of gastritis operation was likely to give no benefit Relief was afforded perhaps for a few weeks but the condition recurred The great difficulty in operating in gastritis was that this was an inflammation with no distinct lines showing where it began or ended He believed that not more than 10 per cent of all cases need be described as incurable

SIR JAMES WALTON Mr GORDON-TAYLOR and Professor GREY TURNER joined in felicitations to the lecturer, but there was no discussion

HEREDITY VERSUS ENVIRONMENT
A FALSE ANTITHESIS?

The old biological ideas of heredity and environment which imply opposition or separateness between the two were challenged by Dr DAVID FORSYTH in an address to the Eugenics Society on January 19 As Dr Forsyth was absent on account of illness his paper was read by Dr C P BLACKER, the secretary of the society

Heredity Becomes Environment

Dr FORSYTH defined heredity as transmission from one generation to another, and environment as the conditions around an organism It was the general view—and one he had accepted—that both factors played an indispensable part in development, and that each operated separately from the other But if heredity and environment were indeed independent their origins should presumably be different, and it should be possible to trace the extent of the sphere of influence of each If it proved impracticable to recognize either apart from the other must not the value of these two concepts come under suspicion?

The view as to where heredity left off and environment began had not always been the same At the beginning of the present century the term "environmental" was applied to all that happened after birth, and what happened before birth was designated hereditary or congenital The birth process was a convenient but not a scientific line of demarcation At that time the words "ante-natal" and "post-natal" had not been coined Birth was only an incident in the life of an individual and by no means the most important, being little more than the traverse of a short tunnel in a long biological journey Once it was established that a healthy embryo might become diseased as a result of unfavourable conditions in the mother all pre-natal influences could no longer be regarded as hereditary, for clearly the maternal body or soma must be considered a part of environment The term "hereditary" was then restricted to the child and rather loosely to the womb around it, and presently to the embryo only To day the separation had been carried back earlier still Heredity was looked upon as a term applicable only to the germ cell and to what that cell comprised at the moment of fertilization of the female gamete by the male, and all the factors outside this fertilized ovum which might affect it were environmental

This position was not free from difficulty According to present views the newly formed fertilized ovum or zygote included within itself all the hereditary factors—if not in the chromosomes and genes alone at any rate in these and the germ plasm—and its environment was the womb, beyond that the maternal body, and beyond that again the outside world But the fertilized ovum had been made by the union of two sexual gametes, the female of which had remained in the maternal body To take for a moment the female line of ancestry—the same soma which in the earlier generation was the product of inherited factors exclusively became later an exclusively environmental factor, in other words, heredity became environment And on tracing the inherited constitution of the embryo forward one generation it too became environment But clearly the present distinction between heredity and environment could serve only in the case of a single generation, applied over two succeeding generations it became invalid and misleading Heredity in one generation was environment in the next

Inherited Environment

Dr Forsyth turned to the relation between heredity and environment in any one generation What had the outer world lying beyond the maternal soma, which included the zygote, to say about differentiation between inheritance and surroundings? These external elements were surely nothing but environment—air moisture, chemicals, nourishment heat, and light Nutriment of every kind was passing from the outer world through the intermediary

St James Hospital Ouseley Road S W on Wednesdays at 4 p m February 3 Dr W E Lloyd The Failing Heart February 10 Mr J G Yates Bell Prostatic Obstruction February 17 Mr Raimford Mowlem Some Common Cases Treated by Plastic Surgery February 24 Dr C E Lakin Demonstration of medical cases March 3 Mr C D Read Vaginal Discharge March 10 Dr C M Wilson Asthma March 17 Dr H Haldin Davis Common Skin Ailments

A vacation course (resident and non resident) on child psychology will be held from March 31 to April 9 at Berridge House Fortune Green Road N W 6 The course is designed to put before doctors and others the most recent findings in child psychology and to show how these can be applied in the day to day care or treatment of children Fees for the full course 5 guineas resident and 2 guineas non resident Further particulars can be obtained from the secretary Child Guidance Council Woburn House Upper Woburn Place W C 1

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL Ducane Road W —*Daily* 10 a m to 4 p m Medical Clinics Surgical Clinics and Operations Obstetrical and Gynaecological Clinics and Operations *Mon* 2 30 *p m Dr H Maple* Conditions *Tues* 2 p m Dr E Kine Jaundice *Wed* 12 noon Clinical and (Medical) 2 0 p m Clinical and (Surgical) 4 30 p m Dr A S Parkes logy *Thurs* 12 noon Clinical and (Obstetrics and Gynaecology) 2 30 p Radiological Demonstration 3 30 p m Dr Alan Moncrieff Feeding of the Newborn Infant (Breast and Artificial) *Fri* 2 p m Operative Obstetrics 2 30 p m Mr W B Gabriel Surgical Diseases of the Rectum 3 p m Department of Gynaecology Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1 Wimpole Street W —*St John's Hospital* 5 Lisle Street W C Afternoon Course in Dermatology *National Temperance Hospital* Hampstead Road N W Surgical Tutorial Classes—Tues 8 30 p m Mr Holmes Sellors Kidney and Bladder *Thurs* 8 30 *p m* Mr A M Boyd Tongue

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W C —*Fri* 4 p m Mr J D McLaggan Tuberculosis of the Larynx

HOSPITAL FOR SICK CHILDREN Great Ormond Street W C —*Thurs* 2 p m Clinical Lecture Mr Charles Donald Use of Encephalography and Ventriculography 3 p m Clinico Pathological Lecture Dr W G Wallis *Therapeutic Measures in Diseases of the Nervous System* Out patient Clinics mornings 10 a m to 12 noon Ward Visits afternoons 2 p m to 3 30 p m

INSTITUTE OF MEDICAL PSYCHOLOGY Malet Place W C —*Mon* 5 45 p m Dr H V Dicks Anxiety States *Wed* 6 p m Dr L J Bendit Occupational Therapy 7 p m Dr L Hutton Case Histories *Thurs* 5 45 p m Dr T W Mitchell Puberty and Adolescence

LONDON SCHOOL OF DERMATOLOGY 5 Lisle Street W C —*Tues* 5 p m Dr J E M Wigley Tuberculosis Cutis *Thurs* 5 p m Dr R T Brain Erythemato Squamous Eruptions

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE Keppel Street W C —*Mon* and *Thurs* 5 30 p m Prof William Bulloch F R S The Development of Bacteriology with an Account of Some of the Pioneers who Made it a Science

NATIONAL HOSPITAL Queen Square W C —*Mon* to *Fri* 2 p m Out patient Clinics *Mon* 3 30 p m Dr C P Symonds Cerebral Tumours *Tues* and *Fri* 3 30 p m Dr D E Denny Brown The Peripheral Mechanism of Sensation *Wed* 3 30 p m Dr S A Kinnier Wilson Clinical Demonstration *Thurs* 3 30 p m Dr Gordon Holmes F R S Neurosyphilis

ST JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S W —*Fri* 4 30 p m Sir Leonard Hill F R S Physiological Action of Methods of Treatment in Rheumatic Diseases

SOUTH WEST LONDON POST GRADUATE ASSOCIATION St James Hospital Ouseley Road S W —*Wed* 4 p m Dr W E Lloyd The Failing Heart

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith W —*Daily* 2 p m Operations Medical and Surgical Clinics *Mon* 10 a m Skin Clinic 11 a m Surgical Wards 2 p m Surgical and Gynaecological Wards Eye and Gynaecological Clinics 4 15 p m Mr Arnold Walker Uterine Inertia *Tues* 10 a m Medical Wards 11 a m Surgical Wards 2 p m Throat Clinic 4 15 p.m Dr Hugh Gordon Internal Treatment of Skin Diseases *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Eye Clinic Gynaecological *Operations* 4 15 p m Dr Grainger Stewart Subarachnoid Haemorrhage *Thurs* 10 a m Neurological and Gynaecological Clinics 12 noon Fracture Clinic 2 p.m Eye and Genito Urinary Clinics 4 15 p m Dr O Carden Sibley Anaesthesia for Oral Cases *Fri* 10 a m Medical Ward Skin Clinic 12 noon Lecture on Treatment 2 p m Throat Clinic 4 15 p m Mr Grant Batchelor Surgical Lecture *Sat* Children and Skin Clinics 11 a m Medical Ward The Lecture at 3 p m open to all medical practitioners without fee

GLASGOW POST GRADUATE MEDICAL ASSOCIATION Hospital for Sick Children *Wed* at 2 p m Mr White Haematuria in Childhood

LEEDS POST GRADUATE CLINICAL DEMONSTRATION General Infirmary *Tues* 3 30 p m Dr J Medical Cases and Short Address on Referred Pain

MANCHESTER ST MARY'S HOSPITALS —At West Hospital *Thurs* 4 15 p m Dr J W Delivery

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF SURGEONS OF ENGLAND W C —*Mon* 5 p m Prof Philip Wiles Pectoral of the Spine *Wed* 5 p m Prof Philippa Martin Eye of Radium Used for the Treatment of Malignant the Neighbourhood *Fri* 5 p.m Prof J H Sant Method of Treatment of Acute Osteitis

ROYAL SOCIETY OF MEDICINE

Section of Orthopaedics —Tues 5 p m Presidential Address by Mr B Whitchurch Howell Distraction of Joint

Section of Pathology —Tues 8 30 p m Laboratory Meeting at Inoculation Department St Mary's Hospital W Demonstrations

Section of History of Medicine —*Wed* 5 p m Dr W H S Jones The Playground of Scientists Dr Max Meyerhof Early Mention of Sleeping Sickness in Arabic Literature

Section of Surgery —Wed 8 30 p m Discussion Injuries of the Peripheral Nerves Openers Mr Harry Platt and Sir Robert Stanton Woods

Section of Otology —*Fri* 10 30 a m (Cases at 9 30 a m) Prof Laskiewicz (Poland) Diagnosis of Cerebral Abscess Progressing towards the Lateral Ventricle Mr A Tumarkin Some Observations on the Functions of the Labyrinth

Sections of Anaesthetics and Laryngology —Fri 5 p m Special Discussion Choice and Technique of Anaesthetics for Nose and Throat Operations Openers Mr H E G Boyle Dr A V Matthew and Dr J H T Challis M T B Layton Mr V Thacker Nevill and Mr D F A Nelson

Sections of Otology and United Services —Fri 8 0 p m Special Discussion Effect of Aural Conditions on Fitness for Active Service Openers Major John Hare Group Captain David Rankin and Surg Lieutenant Commander V G Horan Mr E B Waggett Mr E D D Davis and Mr Terence Cawthorne

WEST LONDON MEDICO CHIRURGICAL SOCIETY —At West London Hospital Hammersmith W *Fri* 8 p m Clinical and Pathological Meeting

VACANCIES

ALTRINCHAM St Anne's Home —R S O (male) Salary £200 p.a
BATH ROYAL UNITED HOSPITAL —(1) Two H S (2) H.P Males unmarried Salaries £150 p a each
BATLEY AND DISTRICT HOSPITAL —R H S (male) Salary £175 p a
BEDFORDSHIRE COUNTY COUNCIL —Assistant County M O H and M O H for the Biggleswade Urban and Rural Districts (male) Salary £800 £25 £900 p a
BIRMINGHAM CITY —*J R M O (female unmarried) for Little Bromwich Hospital for Infectious Diseases* Salary £300 p.a
BIRMINGHAM MATERNITY HOSPITAL —R M O and Registrar Salary £200 p a
BRADFORD ROYAL INFIRMARY —R S O (male unmarried) Salary £250 p a
BRIGHTON LADY CHICHESTER *Hospital Hove for Functional* NERVOUS DISEASES —(1) Senior H P (2) J H P Females Salaries £100 and £50 p a respectively
BRISTOL CITY AND COUNTY —*Whole time Assistant M O H (male)* Salary £500 £25 £700 p a
BRISTOL EYE HOSPITAL —Whole time Orthoptist
BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS Queen Anne Street W —Resident Librarian (male) Salary £400 p.a
CHELMSFORD AND ESSEX HOSPITAL —(1) H P (2) H S Salaries £150 p a each
CHESTER COUNTY MENTAL HOSPITAL —Deputy Medical Superintendent (male) Salary £675 £50-£825 p.a
CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL —H S (male) Salary £150 p a
CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS Victoria Park E —H P (male) Salary £100 p.a
DEWSBURY AND DISTRICT GENERAL INFIRMARY —Second H S (male) Salary £150 p.a
EAST HAM MEMORIAL HOSPITAL Shrewsbury Road E —*H P (male)* Salary £150 p a
EAST LONDON CHILD GUIDANCE CLINIC Jews Free School E —Hon Assistant Psychiatrist
ELIZABETH GARRETT ANDERSON HOSPITAL Euston Road N W —Assistant Radiologist (female) Honorarium £100 p.a

Infirmary was very high It was by far the commonest condition in the female medical wards, just as peptic ulcer was on the male side Most of the cases were sent to the surgeon, and highly successful thyroid surgery was being performed in Liverpool, but most of it without basal metabolic records Drs Pemberton and Goodyear were in the position of having worked for many years on the estimation of the basal metabolism, but the advent of the new machine had emphasized the drawbacks of these methods Metabolic estimations were not easily or accurately applicable under clinical conditions, however valuable they might be in research and in physiology Other clinical methods of measuring thyroid activity did not give consistent results in all cases Various formulae dependent on pulse rate and pulse pressure were too often vitiated by heart failure and hyperpiesis At the moment the value of this measurement did not seem primarily diagnostic, but rather, like the temperature and the sedimentation rate, to follow the progress of the illness It would be of great use in determining the optimum time for operation and in deciding whether pre-operative iodine was taking effect The work was so striking that under the aegis of a small committee physicians and surgeons in various hospitals should be enabled to measure their own patients and judge its value for themselves If confirmation was obtained the machine would be as useful as the electrocardiograph and be placed in every hospital

Treatment of Fractures of the Ankle

Mr NORMAN ROBERTS, in a paper on the treatment of fractures of the ankle, said that their intelligent treatment could only be based on a proper understanding of the mechanism of production Ashurst's classification into external rotation, abduction, adduction, and compression injuries was outlined and illustrated by radiographs of typical fractures He classified cases into major and minor injuries The differentiation depended on the stability of the astragalus in its socket and was made by a clinical test, in which a deliberate attempt was made to produce lateral movement of the astragalus If this manœuvre was painless it was evident that there was no danger of displacement on weight-bearing, and rigid fixation could be dispensed with In the major fractures in which actual or potential displacement existed a long period of careful fixation was necessary, ten weeks was suggested as a minimum period for any complete fracture-dislocation In the absence of direct injury to or comminution of the weight-bearing articular surface the prognosis depended entirely on the degree of success in obtaining anatomically perfect reduction In the adduction and compression injuries traumatic osteo-arthritis accounted for the frequent incidence of painful stiffness of the ankle It was largely unavoidable, and could be relieved by arthrodesis of the ankle

Mr BRYAN MCFARLAND picked out what he thought were the difficult fractures of the ankle Of recent fractures that in which both malleoli were broken at the same level as one another and at the same level as the upper surface of the astragalus presented difficulties in setting because it was so easy to move and could easily be over-reduced in any direction The best way was to feel the edges of the internal malleolar fracture with the thumb by pressing deep in the swelling The second difficult fracture was the anterior marginal, in which dorsiflexion displaced the fragment upwards and plantar flexion was apt to ride the astragalus forward on to it Of late fractures when malunion was established there were two main types First, the large posterior marginal with the astragalus articulating with the fragment which had joined the shaft in a displaced position leaving an anterior buttress This buttress could be removed and a fair range of painless movement obtained Secondly, the backward and outward dislocation of the ankle Up to a certain stage it was possible to reconstruct the fracture, but after anything like six months there was only one satisfactory procedure, and that was to arthrodese the ankle

Local News

FRANCE

[FROM OUR CORRESPONDENT IN PARIS]

Precautions Against Influenza

The Minister of Public Health issued in January a memorandum on the measures to be taken to prevent the spread of influenza to France from her neighbours The first warning concerns the avoidance of public meetings in confined spaces, the dangers of which are, it is pointed out, particularly great for the very young for the very old, and for the delicate Secondly, people are advised to remain at home and summon a doctor at the first appearance of symptoms Thirdly, cases of influenza complicated by pulmonary or other ailments should be notified to the public health authorities, although such notification is not legally compulsory The aim of this recommendation is to obtain early information about dangerous foci of disease Hospitals are also requested to send in returns as to the cases of influenza in their care It is hoped that this measure will favour isolation of the patients in hospitals for civilians

The Retiring Age for Doctors

The Conseil de la Federation Corporative des Medecins de la Région Parisienne has unanimously adopted a resolution which runs counter to the notion that doctors must retire from work at a given age (65) for the benefit of their younger brethren, if not for that of their patients, The gist of this resolution is that the age limit for professors who teach medicine should be 70 years, and in the case of those professors who are members of the Institute, 75 On the whole, the outcry in favour of the compulsory retirement of doctors at the age of 65 has not enjoyed a good press

Control of the Milk Supply

The Commission du Contrôle du Lait has issued a strongly worded report through Dr E Lesne, whose communication on the subject of control of milk supplies at a recent meeting of the Academy of Medicine was followed by a vote in which the conclusions of this report were adopted by the Academy It appears that hitherto the sanitary control of milk supplies, as exercised in most other countries, does not exist in France, where it is facultative, not obligatory The Commission finds that this facultative control has in practice achieved very limited results, and that what is urgently needed is compulsion under the combined supervision of doctors, veterinary surgeons, public health workers, chemists, and bacteriologists In the past doctors and veterinary surgeons have repeatedly issued warnings, to which legislators have turned a deaf ear The Academy is prepared to work out a complete scheme of sanitary control of the milk supply if given a mission to do so by the Government And as the present Government is more addicted to drastic action than to pious platitudes, it looks as if the prospects for reform in this field are quite hopeful

The Campaign Against Venereal Disease

As already reported in these columns (December 12, 1936, p 1222), M Henri Sellier, the Minister of Public Health, has issued the draft of a new and comprehensive law dealing with the white slave traffic, the control of prostitution, and the campaign against the venereal diseases This draft was presented to the Government on November 5 During December M Sellier issued a string of circular letters to the prefects throughout France, in which he has made it abundantly clear that though the penalties provided in his draft scheme cannot be applied until it has become law, there is

Evidence is in favour of an increase in the extracellular fluid of the body (and to a less extent even intracellular fluid) and the liver and muscles have been found to be hydrated In more severe adrenal insufficiency there is a rise in the serum potassium This appears to be a direct result of the abnormal loss of sodium, since the administration of this element will cause a fall of serum potassium to normal All these changes in mineral and water metabolism in the adrenalectomized animal can be prevented or remedied by the administration of adequate amounts of cortical extract Swingle and others found that sodium chloride and water cannot be regarded as an effective substitute for the cortical hormone in the bilaterally adrenalectomized dog since it was necessary to inject cortical extract in order to save the animals when they sooner or later developed severe symptoms Harrop and others however have kept adrenalectomized dogs alive for 150 days with mixtures of sodium chloride, bicarbonate lactate etc

The rise of blood urea and non protein nitrogen and the negative nitrogen balance that occurs after adrenalectomy are partly if not entirely secondary to the disturbance of electrolytic balance and diminished osmotic pressure since these changes tend to be abolished by the administration of sodium chloride in adequate dosage McCance produced similar changes in man as well as many features of Addison's disease by experimental salt deprivation but there was no rise in serum potassium A diet low in potassium will prolong the survival of adrenalectomized animals and conversely, a high potassium diet will precipitate death or necessitate a higher dosage of salt and/or cortical extract

That the disturbance of sodium balance is not the essential feature in all species is suggested by the observations of Silvette and Britton on the adrenalectomized marmot in which a fatal outcome was associated with the characteristic disturbance of carbohydrate metabolism but a serum sodium above normal level Jimenez-Diaz believes that the changes in mineral metabolism are secondary to the acidosis resulting from diminished ammonia formation by a poorly functioning kidney

Other Changes following Adrenalectomy

Apart from the relative polycythaemia (anhydraemia) there are other important changes in the blood picture—namely a considerable reduction in the percentage of polymorphonuclear cells as well as a diminution in the total leucocyte count Analogy with agranulocytosis has been suggested The blood pressure may be maintained at normal level until the terminal crisis but in some species a subnormal pressure characterizes more chronic adrenal insufficiency

The rise in blood urea and inorganic sulphate may be partly due to disturbed mineral balance and partly to circulatory disturbance but changes in the kidneys have also been recorded Banting and Gairns observed nephritic changes in dogs and Levy Simpson and Korenchevsky recorded tubular degeneration in rats killed during chronic adrenal insufficiency Marshall and Davis found a failure of renal function in cats before other symptoms occurred and postulated a suprarenal hormone regulating renal function The basal metabolism is usually normal until the terminal phase when there is an acute fall There may be an impairment of absorption of fat from the intestine The blood cholesterol may be raised in some species after adrenalectomy There is a hypersensitivity to foreign proteins (allergy) histamine narcotics and other drugs, toxins and bacterial infection Gonadotropic hormone may stimulate the sex organs and pituitary growth hormone may increase the deficient rate of growth but neither prolongs survival

Adrenal Glands and Infection

Elliott showed that the cortical lipoid vanishes with great rapidity in all acute febrile conditions Haemorrhage and necrosis of the adrenal cortex is characteristic of experimental infection especially with *B diphtheriae* Cortical extract combined with ascorbic acid is said to protect a guinea pig from what would otherwise be a fatal dose of a broth culture of *B diphtheriae* Caldarera found that the bactericidal power of the blood of the rabbit against several organisms is increased by cortical extract The medulla may play some part since there is an increased output of adrenaline during infection and a virulent culture of pneumococci can be rendered avirulent by treatment with adrenaline Adrenalectomized animals are susceptible to infection and toxins

Adrenals and Vitamin C

The adrenal gland has a high content of ascorbic acid (vitamin C) the cortex having about thrice and the medulla about twice the potency of fresh orange juice This vitamin is also present in large quantities in the pituitary gland and the liver Pure preparations of cortical extract potent in maintaining adrenalectomized animals do not contain vitamin C and conversely this hormone cannot prolong survival after adrenalectomy Some animal experiments suggest that the addition of vitamin C to cortical extract increases its protective action against *B diphtheriae* Hypertrophy and degeneration of the cortex results from experimental vitamin deficiency (A B and C) *In vitro* ascorbic acid inhibits the formation of melanoid pigment from adrenaline or dioxyphenylalanine

Preparation and Standardization of Cortical Extract

According to Swingle and Pfiffner the suprarenal glands (beef) packed in ice are received from the slaughter house within twenty four hours after the death of the animals, and the cortex dissected as free as possible from extraneous fat and medullary tissue ground and extracted with 95 per cent and 80 per cent ethyl alcohol for three or four days Extract with benzene Remove benzene *in vacuo* Then distribute between 70 per cent ethyl alcohol and petroleum ether Latter removed by distillation Wash concentrate *in vacuo* add water to desired volume Grollman uses a method based on the adsorption of the cortical hormone by charcoal from neutral aqueous solution Prepared in this latter way cortical extract is said to be active even when given by mouth As usually prepared however it is administered parenterally and loses the greater part of its activity if given orally

The following methods have been used for assay of cortical extract and are all based on its influence after adrenalectomy (1) survival of dogs cats or rats (2) growth rate of rats (3) response of rat gastrocnemius muscle to electrical stimulus (4) resistance to histamine or narcotic drugs and (5) maintenance of normal blood urea in dogs The dog unit is defined as the minimum daily dose of an extract per kilogram of body weight necessary to prevent an increase in blood urea after adrenalectomy No one method gives constant results and different methods are not strictly comparable Extracts are therefore usually labelled 20 grammes of cortex per 1 c cm of extract It is hoped that the isolation and synthesis of a crystalline product will be found possible and thus constitute a basis for standardization

Correspondence

The Wellcome Trust

SIR,—As the trustees appointed by the will of the late Sir Henry Wellcome we ask you to be good enough to publish this letter in order to clear up any misconception which may have arisen with regard to the effects of the will We are led to make this statement by the number of appeals for contributions to various research undertakings which have already reached us For reasons mentioned below the trustees will not be able to consider any such applications in the immediate future

In January, 1924, the Wellcome Foundation Limited was formed for the purpose of taking over the whole of the business activities of Burroughs Wellcome and Co and the various scientific research institutions and museums established by the late Sir Henry Wellcome, who held the whole of the share capital

By the terms of the will the shares of the Wellcome Foundation are now vested in us as trustees, and the activities of the Foundation throughout the world will be carried on, in collaboration with the trustees, by a board of directors, of whom the present governing director is Mr George E Pearson, who has been closely associated with the late Sir Henry Wellcome for more than forty years

It will be realized that owing to the magnitude of the testator's estate a very large sum has to be found for death duties Provision has also to be made for

(*a*) A welfare fund for the benefit of employees of the Wellcome Foundation Ltd and its associated companies,

(*b*) The payment of certain specified annuities to relatives and others personally connected with the testator,

(*c*) The erection and maintenance of a building in Minnesota to be dedicated as a memorial to the testator's parents

Subject to these prior charges the remainder of the divisible profits will be utilized in accordance with the testator's instructions in the following manner

1 For the maintenance of "The Research Undertaking Charity" which is a fund for the advancement of medical and scientific research work in any part of the world conducive to the improvement of the physical conditions of mankind, and in particular for the discovery, invention, and improvement of medicinal agents and methods for the prevention and cure of disorders, and the control or extermination of insect and other pests which afflict human beings and animal and plant life, and also for the organization equipment, and expense of special research expeditions and commissions

2 For the maintenance of "The Museum and Library Charity" which is a fund for the establishment or endowment of research museums or libraries in any part of the world and for the collection of information of every kind connected with the history of medicine, surgery, chemistry, bacteriology pharmacy and allied sciences which in the opinion of the trustees may be desirable

This statement of the position has been somewhat delayed by the fact that the testator imposed upon all his trustees the obligation, before undertaking the Trust, to enter into a covenant not to be engaged in or in any way to assist in any concern which carried on a business in competition with Burroughs Wellcome and Co Three of the trustees had no difficulty in entering into this covenant immediately after the testator's death, but the two medical and scientific trustees felt that certain words in the covenant might be held to restrict them unduly in the performance of their official and general duties to medical science and to imply their particular concern with the business interests of the Foundation The matter has now been considered by the High Court of Justice, which has made an Order allowing them to enter into a covenant in a form removing any such unacceptable implication and enabling effect to be given to what was known to have been the testator's intention

No trustee, director, or any other person holds for himself or in his own right any shares in the Wellcome Foundation, and all the divisible profits in each year will be devoted to the various purposes named in the will and indicated above

We believe this to be the first example in this country at least, of a testamentary decision by which the whole of the profits from a great manufacturing and trading organization, after certain personal and memorial bequests have been fulfilled, are permanently dedicated to the advancement of knowledge for the general benefit of mankind —We are, etc,

G HUDSON LYALL
H H DALE
L C BULLOCK
MARTIN PRICE
T R ELLIOTT

January 28

*** The following is the text of the proviso which, by order of the Court, may be added by a trustee to the covenant required of all the trustees under the will of Sir Henry Wellcome

> "PROVIDED that nothing in this Covenant shall be held to prevent me in the exercise of my proper function in any appointment held by me in the public service or under any publicly or privately endowed organization for the promotion of medical research or under any University in Great Britain from giving advice on scientific matters to any person or persons solely for the purpose of rendering scientific discovery available for the general use and without pecuniary reward or other personal advantage to myself'

Cancer of the Breast

SIR,—The lecture by Mr Cecil Rowntree printed in your issue of January 23 (p 153) on cancer of the breast is full of interest, and consequently of points for discussion One of these seems to me to call for particular comment Under the heading "Results of the Operation" Mr Rowntree refers to statistics showing that less than half the patients operated upon for cancer of the breast in its earliest stage (Class I of the statisticians) are free from any signs of disease at the end of five years, and that the figure drops to "something like 20 per cent" when the axillary glands have been invaded (Class II) At the end of the paragraph he says that in a later stage still (presumably Class III) "the survival rate drops almost to nothing"

I do not know, however, of any extensive statistical survey where the incidence of recurrence has been taken into account On the other hand, there is much evidence to show that the *survival rate* following the best surgery is much better than the gloomy figures quoted by Mr Rowntree It is not clear, however, whether his remarks refer to survival rate or to survival without recurrence

This uncertainty necessitates reference also to Mr Rowntree's remarks on the use of radium He mentions my work in this connexion, and gives the impression that the use of radium has been found unsatisfactory and is being gradually abandoned Presumably, therefore, the

ONE HUNDRED AND FIFTH ANNUAL MEETING
OF THE

BRITISH MEDICAL ASSOCIATION

BELFAST, 1937

THE one hundred and fifth Annual Meeting of the British Medical Association will be held in Belfast next summer under the Presidency of Professor R J Johnstone BA MB FRCS FCOG MP consulting surgeon Royal Maternity Hospital gynaecologist to the Royal Victoria Hospital and professor of gynaecology Queen's University Belfast he will deliver his address to the Association on the evening of Tuesday July 20 The Sectional Meetings for scientific and clinical work will be held on Wednesday Thursday and Friday July 21 22 and 23 the morning sessions being given up to discussions and the reading of papers The Annual Representative Meeting for the transaction of medico political business will begin on the previous Friday July 16 The names of the seventeen Scientific Sections and their Presidents were printed in the *Supplement* of December 19 1936 The full list of officers of Sections the provisional programme and time table list of hotels etc and other details of the arrangements for the Annual Meeting will appear in later issues We publish below the first of a series of articles on the City of Belfast and its University and medical institutions

BELFAST—THE GATEWAY TO ULSTER

It was at Saul near Downpatrick, that Saint Patrick first landed in Ireland (A D 432), John de Courcy came with an English army in 1171 and was created Earl of Ulster by Henry II King John visited Ulster in 1210 and in 1315 Edward Bruce invaded the country and was followed by his brother King Robert Bruce and they almost destroyed the Anglo Norman colony in Ulster William III took Ulster as his base to drive James II out of Ireland For these invaders Carrickfergus on the Antrim shore of Belfast Lough was then the usual landing place and Carrickfergus Castle the fortress of importance

To day the gateway to Ulster is through the modern city of Belfast Few cities have so attractive an approach as the voyage up Belfast Lough presents particularly in the early morning The cross channel steamer after passing the towns and villages along the coast of Down swings round at the Copeland Islands and enters Belfast Lough with the shore of Down on the port side and that of Antrim on the starboard a distance of seven miles separating them The coast lines are different but each is typical of its county—Down of the gentle grassy slopes Antrim rugged volcanic and austere As the steamer passes along this impressive waterway leaving Bangor Holywood, Whitehead and Carrickfergus behind the lough narrows the shipyards come in sight and the outlines of the city take shape There is an atmosphere of shelter and seclusion about this approach to an industrial city, somewhat suggestive of the safe anchorage so widely known to be provided to ships by Belfast Lough Presently speed is reduced the steamer gently glides alongside Donegal Quay and the visitor is free to set foot in a country full of distinctive charm famous for its wealth of natural beauty and noted for the traditional hospitality of its people

The People of Ulster

The people of Ulster are in many respects unique They have an individual character the result of the different strains which have been added to the original stock at various periods of history To the basic Irish temperament has been added the blood of the Normans in the twelfth century and in even earlier legendary times there was much intercourse with Scotland whereby Northern Ireland and Scotland easily exchanged inhabitants Elizabeth settled West countrymen here and James I in the Plantation of Ulster after the flight of the Earls gave their confiscated lands to settlers who came mainly from the Scottish lowlands The order of baronets was instituted by James and admission to this hereditary order of knighthood was paid for in hard cash the sums thus accumulated being earmarked for the expenses of the plantation Every baronet, whether of old or recent creation still bears in his coat of arms the Red Hand of Ulster The Revocation of the Edict of Nantes in 1685 drove half a million Huguenots out of France, and many thousands of them settled in and around Belfast Their descendants are to be found here to this day so that the modern Ulsterman is a mixture of many bloods—Celtic Norman Scotch French and English—and the variables in character sometimes make an attractive individual, always an industrious member of the community and at the same time a distinct type independent sturdy pushful, and above all determined Many tributes have been paid to the Ulster character by kings statesmen publicists and politicians but the late Lord Rosebery's is most often quoted I love Highlanders I love Lowlanders but when I come to the branch of our race which has been grafted on to the Ulster stem I take off my hat with veneration and with awe They are I believe without exception the most irresistible race that exists in the universe at this moment

Much of the art and craft of settlers still persists throughout the country and their speech manners and names the fine work of the linen workers is the heritage of the Huguenots and many of the old French names have survived the speech of Elizabeth and of Shakespeare is in ordinary use in the country districts and much of the Ulster dialect and pronunciation and use of words is but a retention of the Elizabethan speech Names such as Crommelin and de Lacherois are still to be found in the directories and words such as servant steal and gold have still the Elizabethan pronunciation of sarvint stale and goold in the country

The Capital City

So the visitor arrives in Belfast the capital city of Northern Ireland A glance at a map shows that it is situated in the natural junction of the necessary communications between the counties of Antrim and Down with an excellent outlet to the sea but Belfast is essentially a product of modern industrialism during the last 150 to 200 years Carrickfergus ten miles from Belfast on the Antrim shore of Belfast Lough (which used to be called Carrickfergus Bay) was for centuries the important community of North East Ulster Carrickfergus is noted for its castle built by John de Courcy in 1171 the square keep being a prominent landmark for miles around This is a very perfect example of the Norman type of military stronghold and is one of the noblest examples of that time extant in Ireland When Carrickfergus was at its zenith Belfast was but a village of a few houses at the ford of the river (bel town fearst, ford— the town of the ford) After the flight of the Earls came the English and Scottish settlers among them a Devonian Arthur

produced by individuals carrying out the perurethral method exclusively, but on the grounds of logic and common sense I feel strongly that while large adenomatous prostates can be and are treated by the perurethral method, it is by no means the best way of dealing with them

Finally, with regard to Mr Loughnane's dislike of prolonged drainage of the bladder by the in-dwelling catheter, I am aware of the difficulties of carrying this out, but by means of a technique designed to avoid complications this method can be successfully used for months at a time if necessary I am sure Mr Loughnane would agree that even a suprapubic de Pezzer catheter can cause sufficient fibrosis to render subsequent suprapubic prostatectomy a less satisfactory operation both as regards exposure and re-trigonization of the prostatic bed than if performed as a primary procedure—I am, etc,

Liverpool, Jan 18 J COSBIE ROSS

Angioneurotic Oedema

SIR—I was interested in the case of angioneurotic oedema recorded by Dr David R Hughes in the *Journal* of January 16 (p 121) because of the presence of albumin and pus in the urine Since the association of urticaria with a urinary infection was forcibly brought to my notice in the case of a doctor some years ago, I have looked for such an infection in all cases of urticaria and angioneurotic oedema where there has been no obvious cause, and I have been amazed at the frequency with which a *B coli* or other infection of the urine has been found, even though previously quite unsuspected

The connexion between the two conditions has been proved in many such cases by the disappearance of the urticarial attacks after the urinary infection has been cured—I am, etc,

Sheffield Jan 20 ROBERT PLATT, M D, F R C P

Inhalational Therapy

SIR,—Your leading article in the *Journal* of January 23 (p 175) is indeed timely Inhalational methods of medication in diseases of the respiratory tract, and, still more important, the wider methods of physical medicine, including chest remedial exercises in such diseases, have been a sadly neglected chapter in medicine In the inhalation department at the St John Clinic and Institute of Physical Medicine (under the jurisdiction of the Order of St John of Jerusalem), the only department of its kind in this country, we have observed remarkable results in many chronic respiratory disorders, including asthmatic subjects who have failed to respond to the usual methods of drug therapy alone Moreover, it is not without interest that through the influence of the British Health Resorts Association certain British spas, which are beginning to specialize in these chronic respiratory disorders, are taking up this important branch of medicine, and one of these spas is actually engaged in the construction of an inhalatorium run on similar lines to that at the St John Clinic

Countless numbers of asthmatic subjects and those suffering from chronic respiratory diseases who have had prolonged treatment without appreciable benefit come to the inhalation department from all parts of the country, and experience great benefit from this treatment in conjunction with other physical methods

Let us, however, not abuse a valuable form of treatment and run the risk of getting it into disrepute by making claims for it which it can never endure In asthma, for example the environmental, psychological, dietetic, medicinal and other factors all have their part to play, and if these are minimized at the expense of making claims for a form of treatment which has hitherto been neglected, that attitude, apart from being unscientific, serves no other purpose than to bring the type of treatment in question into disrepute, which would be unfortunate—I am, etc,

St John Clinic and Institute of Physical Medicine, Jan 22 PHILIP ELLMAN

Glycosuria

SIR,—Before drawing conclusions as to the significance of glycosuria from the case he describes in your issue of January 23 (p 194) Dr Anderson should first be sure that it was glucose and not lactose which he found in his patient's urine, this is not clear from his description

It has, of course, long been recognized that lactosuria is comparatively common among nursing mothers, particularly, I imagine, in a case such as this, when the breasts are distended, but this does not necessarily indicate any metabolic disturbance—I am, etc,

London, S W 20, Jan 24 S VATCHER, M D

Blood Transfusion

SIR,—In his letter in the *Journal* of January 2 (p 40) Dr R Vaughan Facey raised the question of the possible danger of repeated blood transfusion from the same donor I was unfortunate enough to experience an untoward result in such a case The clinical notes not being at present available to me I write from memory

The patient was a woman aged 30, suffering from aplastic anaemia (possibly of specific type as there was a comparatively recent history of luetic infection, and despite active treatment the Wassermann and Kahn reactions were positive) The anaemia, which was extremely severe, was accompanied by haemorrhagic symptoms—bleeding from the gums, purpura and retinal haemorrhages, and profuse and prolonged menstrual flow No form of treatment other than blood transfusion was found to produce any improvement

Two days after admission to Paddington L C C Hospital the patient received her first transfusion from the donor in question He was a friend, not related to the patient, and was of the same blood group (Group II Moss) In addition a direct matching test revealed no agglutination This transfusion, approximately 600 c cm of citrated blood being given, produced no untoward effects, and an immediate improvement was noted in both blood picture and haemorrhagic symptoms

Further transfusions were given at intervals of a few days until a haemoglobin level of about 75 per cent was reached This was maintained so long as transfusion was repeated at intervals of not more than about ten days A different donor was employed on each occasion, and none of the transfusions caused any undesirable symptoms

Approximately eight weeks after the first transfusion the same donor was employed again No direct matching test was done on this occasion After receiving 200 to 300 c cm the patient became pale and complained of faintness Shortly after this she vomited and the pulse became rapid and feeble There was no dyspnoea The infusion was stopped when somewhat less than 400 c cm had been given The patient continued to vomit at intervals during the next twelve hours and complained of severe headache and general weakness The most striking feature, however, was a return of the haemorrhagic symptoms the gums began to bleed again, and a menstrual period, which had ceased shortly before the transfusion, recommenced, the loss being extremely profuse In the course of a day or two the haemoglobin fell to the level of about 30 per cent and the patient's general condition, previously very good, became critical

Further transfusions were given at shorter intervals, and eventually the patient began to improve again, though uterine haemorrhage continued for over two weeks One subsequent transfusion produced a transient, generalized, urticarial erup

The Linen Industry

The linen industry has for long been one of the staple trades of Ulster but authentic history as to its origin is not easily obtainable It was probably not of much importance until encouraged by the Norman settlers but it is known that Walter de Burgo Earl of Ulster (1264) had linen for his household use which was woven in Newtownards Co Down The credit of the art and craft of fine linen manufacture however must be given to the Huguenots who fled from France after the Revocation of the Edict of Nantes (1685) as they introduced the spinning wheel and their finer methods of working had a far reaching influence upon linen manufacture Ulster's supremacy in fine linen work remains to this day and has enabled the industry to maintain itself in the past against the jealousy of the English woollen manufacturer, the mechanization of cotton looms, and the handicap to day of high tariff barriers in foreign countries Early manufacture was entirely by hand looms and various villages throughout the countryside formed communities of industrious craftsmen and women

With the introduction of steam power a revolution occurred and the first spinning mill worked by steam was built in 1828 by James Murland at Annesborough, Co Down in 1830 Messrs Mulholland set up 1,000 spindles in Francis Street Belfast and shortly afterwards a further 8 000 in York Street Belfast This last enterprise developed into the York Street Flax Spinning and Weaving Company Ltd, which now has 57,150 spindles at work and carries on all the operations incidental to the production of linen on a huge scale

The outbreak of the American Civil War interfered with the supplies of cotton throughout the world householders had to use linen and this resulted in a boom in the trade with the consolidation of the position of Belfast as the centre of the linen industry To day Northern Ireland is the seat of a highly organized industry dealing with flax in all its stages from its retting scutching spinning and weaving and when the trade is working full capacity it employs upwards of 90 000 workers Only a small proportion of the flax used is grown in Ireland because the cultivation of the crop makes a very severe drain upon the riches of the soil but intensive research is being continuously carried on by a Government department to improve the yield of flax and make it a profitable crop His late Majesty King George V was much interested in this development and grew flax on his Sandringham estates from seed specially produced in the Northern Ireland Research Institute which was eventually woven into fine linen in Belfast

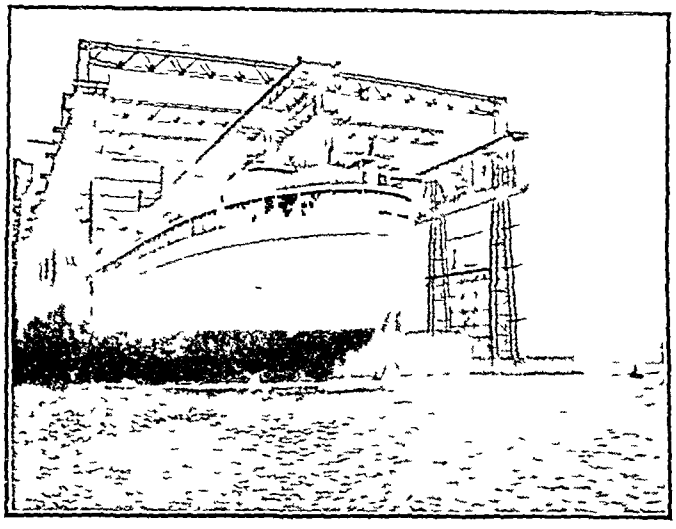


FIG 3—Launch of *Athlone Castle* Messrs Harland and Wolffs (*Photo Baird Belfast*)

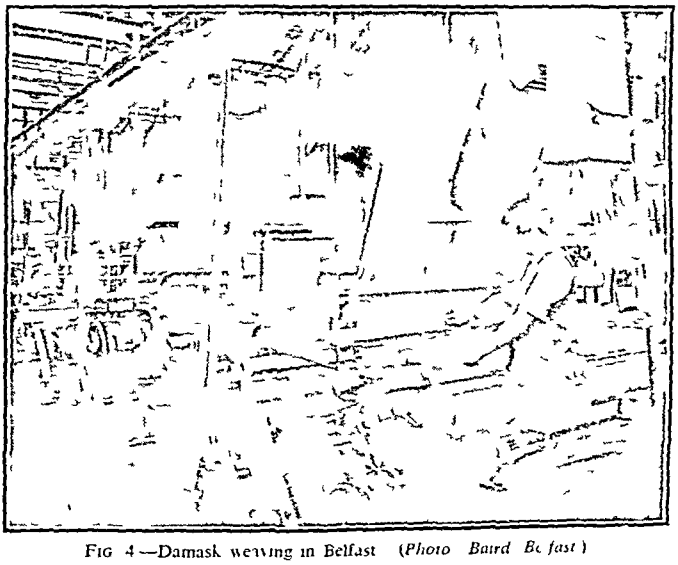


FIG 4—Damask weaving in Belfast (*Photo Baird Belfast*)

Fields of ripening flax will be seen in July looking like half grown corn but with a delicate blue flower The crop is pulled by hand (a laborious job) tied into bundles and retted in pools of still water for some days to allow the woody fibre to rot The bundles of flax are then removed and spread out to dry the flax water indicating its presence by a peculiar smell which when once recognized will not soon be forgotten The dried fibre is then taken to a scutch mill where it is subjected to a process of rough combing whereby the woody matter is removed and the flax fibre is saved This is spun into yarn in the spinning mill and passed on to the weaving factories where the beautiful products are woven into long strips of natural linen For household use the linen is bleached by sunlight in the fields —a process which demands a moist atmosphere this combination of sunshine and shower is a feature of the Ulster climate and makes it peculiarly fitted for the process None of the chemical bleaching processes can approach in their results the softness whiteness and durability of the naturally bleached fabric which is justly world famous and is universally admired and desired The natural unbleached linen finds a field of usefulness in the demands of aircraft manufacturers and during the great war the bulk of the linen used by the Allied Air Forces was produced in the factories of Northern Ireland

Shipbuilding

The history of Belfast shipbuilding starts in 1626 when the *Eagle's Wing* a vessel of 150 tons, was built for

Injection Treatment of Hernia

SIR,—The current literature on this subject, while mentioning the old, bad, unsafe methods of pre-aseptic days, does not sufficiently stress the distinction between these and the modern methods which have evolved from the last twenty years of research Originally solutions were employed which were decidedly irritating if not dangerous, such as iodine, cantharidis, turpentine, etc, and these, injected with no aseptic precautions, led inevitably to results which brought the treatment into disrepute, and this, coinciding with the advent of general anaesthetics and consequent operative procedure, caused further work on the subject to be abandoned

Recently a great deal of fresh work has been done on the subject Experiments on guinea-pigs, dogs, and monkeys have shown that with the use of mildly irritating small injections into the fascia of tannate and gallate solutions of different plant principles within a few hours there is a definite reaction largely manifested by oedema of the tissues and the production of fibroblasts, which appear later as young fibrous tissue cells At the end of two weeks the cells appear well developed, and for each injection there is a small area of firm fibrous tissue

Pina Mestre, who first described this treatment for hernia in 1927, has used it in more than 10,000 cases Almost without exception the procedure closed the canal, and eradicated the hernia, in from ten to fifteen injections

In certain cases, such as irreducible hernia, the radical operation is the only possible treatment, but where operation is contraindicated—as in old age and heart or lung disease—or when operation has failed, then the injection treatment provides a safe and satisfactory alternative

In the operation for radical cure tissues are divided, muscles anchored in situations foreign to them, and possibly weak and flabby muscles united The injection treatment is not open to any of these objections, and it not only closes the aperture but reinforces and strengthens the muscles bounding it Theoretically, then, the injection treatment compares favourably with the operation Its other advantages are undeniable (1) It can be used at any age (2) It is entirely ambulatory (3) The patient is not required to stop work (4) No hospital or nursing home expenses (5) If not completely satisfactory a few further injections will reinforce the barrier already laid down

In the last eighteen months I have used this treatment successfully in cases of indirect inguinal hernia, direct inguinal hernia, and recurrent hernia after operation, and have been most impressed by the remarkable response in cases of recurrent hernia In one instance five injections sufficed to repair the damage It would appear that the tissues, which have already been subjected to trauma and have made feeble and ineffectual attempts at repair, react more strongly to the stimulus of the proliferating fluid than those where no such attempt has been made

It is obviously necessary that the hernia should not be allowed to protrude once the treatment has been started, and certain writers have insisted on the necessity of wearing a strong steel spring truss during the day and allowing a webbing appliance at night This has obvious disadvantages, as it entails the removal of the truss by the patient twice daily Recently an appliance has been devised in America which has met with the approval of the exponents of the treatment there This is stiffer than the usual webbing appliance, and is capable of retaining the hernia during the day and can still be worn with comfort at night This enables the patient to wear it continuously during the treatment, it being removed only to give the injection I have used the appliance in this country, and find that it satisfactorily fulfils its purpose

From my own experience of the injection treatment I think that it is all that is claimed for it, but is specially valuable where operation has failed—I am, etc,

London, W 1, Jan 20 E W ARCHER

Modes of Administering Thyroid Substance

SIR,—Dr H Gardiner-Hill asserts (*Journal*, January 16, p 133) that when thyroid substance is administered in acute infections such as tonsillitis and influenza, thyro toxaemia is liable to develop This alarming statement has interested me very much because, although I have *prescribed thyroid very frequently* in the past fourteen years for many acute infections, including influenza and pneumonia, but not tonsillitis, not once have I seen this serious condition arise This discrepancy in experiences may be due perhaps to the technique I use, as it differs slightly from Dr Gardiner-Hill's, for whereas he orders thyroid in the usual tablet form and manner, my practice has been never to order it for an acute infection without combining it with a fractional dose of potassium permanganate, which is given by the mouth or bowel, according to the type of case This is a method I have learnt to respect, partly from personal observations, but chiefly through reading or listening to what other observers have had to say on the subject after using the same technique as myself

For example some seven years ago I read a report in this connexion which so convinced me that this combination method might have unexpected advantages over the older method that I have continued to study and use this newer therapy ever since It ran as follows

> 'During the last two years in Cairo sixty-nine cases were diagnosed pneumonia, sixty-four of these were treated with potassium permanganate and thyroid with four deaths, in five cases not so treated there were three deaths It is stated that the patients differ noticeably from those not so treated, the tongue is cleaner, food is taken better, and there is less toxaemia"

This passage is taken from the Report on the Health of the Army for the year 1928, vol 64, p 31—I am, etc,

Guildford, Jan 20 HERBERT W NOTT

Atypical Anthrax

SIR,—I was interested to read in the *Journal* of January 9 (p 73) of an unusual case of anthrax, described by Dr A E Hodgson, as it was my lot to encounter a case of anthrax which, although it did not present similar features, may be of interest to your readers on account of the absence of a typical cutaneous lesion Unfortunately the condition was undiagnosed and had a fatal issue

A labourer on a sewage farm was admitted to hospital with a history that a week before admission while loading manure he received a puncture wound on the dorsum of the fourth web of the right hand from a fellow worker's digging fork The wound bled a little and did not attract any further attention until the day before admission to hospital, when painless swelling of the whole hand was noticed

On admission the patient, aged 29 years, was found to be a powerful and healthy adult whose only complaint was the swelling of his right hand, the temperature was 99° F, pulse rate 90 per minute His general condition was excellent On the dorsum of the right hand between the heads of the fourth and fifth metacarpals was a healed puncture wound, which was not even tender The outstanding feature, however, was the massive oedema of the dorsum of the entire hand, and there was also some bulging on the palmar aspect On the dorsum the oedema was so gross as to give the im

Reports of Societies

INDIVIDUAL PSYCHOLOGY

At the annual dinner of the Medical Society of Individual Psychology on January 14, the chairman Dr C M BEVAN BROWN, presiding Dr J D REES director of the Institute of Medical Psychology, congratulated the society on the work it was doing to make psychological principles and methods intelligible not only to general medical practitioners but to lawyers, clergy, and others whose work depended for its efficiency on an understanding of psychology Dr BEVAN BROWN said that those responsible for the work of the society recognized the need for simplification, at any rate, in relation to the groups referred to Psychology touched all branches of medicine It was difficult to evangelize the ordinary doctor, whose daily tasks involved a highly critical faculty which made him perhaps unduly sceptical of novelty, but the real fault was in the inadequate teaching of psychology during his training

Mr CLAUD MULLINS, metropolitan police magistrate said that although without detailed knowledge of medical psychology he could testify as to its value So far he had never had anyone back before him for a second offence who had received psychotherapeutic treatment He asked medical psychologists to recognize certain essentials if their work was to be recognized The law received no scientific medical or psychological training it was necessary therefore, that the reports on such matters to which they were asked to give attention should be presented in terms of clarity, simplicity and common sense Mr Mullins also referred to the need for an alteration in routine procedure in the courts in dealing with a child, the victim of assault, who was required to give evidence in public He thought that such evidence should be heard privately, though the jury should be present and the Press should not be excluded

THE HOSPITAL STATISTICIAN

Two hospital statisticians Mr B E SPEAR and Mr C E GOULD gave to the Section of Epidemiology of the Royal Society of Medicine on January 22 some account of mechanical tabulation as carried out with hospital case records

They described in particular the system adopted by the London County Council in regard to its general hospitals since 1930 and its special hospitals since 1931 By a system of coding and of punching with some rather complicated machinery it is possible to set out in a very small space on a single card a vast amount of information relating to a patient The card has self-coding panels for age, marital condition, occupation, condition as to insurance, date of admission and discharge reason for discharge, condition on leaving, and much other information There are special cards for maternity cases, children, tuberculosis, the ambulance service and other purposes The special coding arrangements for indicating diseases are of a very complicated order Diseases are divided into thirteen main groups, with up to twenty four subdivisions in each group It was stated that nearly 300 000 cards are turned out annually by the London county hospitals The work of summarizing them is a very detailed and elaborate affair but the whole value of the machinery lies of course, in its practically unlimited scope for analysis The application of mechanical tabulation said Mr Spear placed a powerful aid in the hands of the investigator, and County Hall was supplied every year with a complete index of the principal diseases and complications treated in the hospitals controlled by the Council The purposes served by the tabulation unit included annual returns to the Ministry of Health as to hospital patients and their costs, the Council's own annual returns for the hospital services the ambulance statistics (there is a card for every street accident) quinquennial tables and special investigations Mr Spear urged that it was unreasonable to suppose that the same person was likely to be an expert in medicine and in statistics Medical training was directed to observation while the statistician had nothing to do with observation but with analysis It might even be said that a good doctor was necessarily a bad statistician Statistical investigation should precede and dictate policy

General Discussion

Surgeon Captain S F DUDLEY who presided said that while he appreciated mechanical tabulation he thought the statistician must also realize that the collection of data was the great weakness The same case for example might be described by different medical men as one of influenza, tonsillitis, or pharyngitis Therefore the statistician either himself needed to know a certain amount of medicine or else to be coached by a common sense medical officer who was keenly aware of his own mistakes Dr W A DALEY said that devices for mechanical tabulation were not new in the public health service He remembered the system fifteen years ago at the tuberculosis dispensary in Birmingham He believed the Glasgow Corporation was the next to take it up, and there it was used not only by medical officers but by sanitary inspectors London and Manchester then came into the field, and Liverpool followed He deprecated the practice of some Government departments of telling local authorities about November or December that they required a certain slight alteration in the statistical returns for the year then about to close Fourteen or fifteen months notice should be given before any alteration was made in a basic statistical table He also pointed out that it was important that a doctor before starting on a statistical research should consult an expert statistician instead of asking the statistician to approve his tables after he had been working on them for many months, for it was quite likely that he had made a wrong assumption at the start Equally when a statistician was about to undertake a research of his own he should consult a doctor because the statistician was rather apt to regard a statement on a card as a definite and indisputable fact He looked forward to the time when cards filled up after the manner now prevailing in the county hospitals would be available in respect of all patients in the voluntary hospitals and private nursing homes of London Dr LETITIA FAIRFIELD pointed out that the value of the statistical tables was no higher than the amount of knowledge and accuracy which went to the registration of each item

An exhibit of the cards and tabulators was on view at the meeting On an average each card bore thirty five punch holes

SURGERY OF GASTRO DUODENAL INFLAMMATION

Dr J SCHOEMAKER of The Hague delivered a lecture before the Hunterian Society at a meeting at the Mansion House London, on January 18 with Mr H L ATTWATER presiding

Remarking that he had supposed the Hunterian Society to be exclusively composed of surgeons Dr Schoemaker devoted himself entirely to the discussion of the surgical treatment of ulcers of the stomach and duodenum and showed a long cinematograph film illustrating the technique of operation The indications for operation he said lay rather in the territory of the physician than of the surgeon Everyone knew that an ulcer could be cured by medical treatment and an attempt must first be made to bring about healing in that way As soon as medical treatment proved unsuccessful it was the duty of the physician to send his patient to the surgeon How many cases were cured independently of surgical aid he did now know because surgeons did not see the patients who

Edinburgh, Jacobus Wynand Schaboit, South Africa, Lydia Torrance India, William Waddell, South Africa, Stanley William Wright, Newcastle, Staffs

The Council elected five committees in India (*a*) for the Provinces of Bengal, Assam, and Orissa, (*b*) for the Bombay Presidency, (*c*) for the Madras Presidency, Mysore, Travancore, and Hyderabad, (*d*) for the United and Central Provinces, and Bihar, (*e*) for the Punjab, North-West Frontier Province, and Sind The function of these committees will be to consider any matter bearing upon obstetrics and gynaecology in their respective areas, and to report to the Council of the College

Authority was given to submit a loyal address to His Majesty King George VI

Obituary

THOMAS GOODALL NASMYTH, M D, D Sc

F R C P Ed, F R C S Ed

Late Medical Officer of Health for Fife

The death took place on January 16 at his home in Edinburgh of Dr Thomas Goodall Nasmyth, who for many years had been well known in public affairs of Edinburgh and Fife He was born in 1856 at Auchterderran, Fife, and after a medical course at Edinburgh graduated M B, C M in 1876 After some years in practice he was appointed medical officer of health for Fife, Kinross, and Clackmannan, being the first medical officer to be appointed for this district under the Local Government (Scotland) Act of 1889 He had already taken the D P H of Cambridge in 1886, and the D Sc (Public Health) of Edinburgh in 1887 Later he joined the Royal College of Surgeons of Edinburgh as a Fellow in 1910, and became a Fellow of the Royal College of Physicians of Edinburgh in 1913 As medical officer of health he resided in Cupar, and his work was largely connected with the health of the mining community in the county of Fife He was a pioneer in many matters affecting public health, such as urging the formation of regional water schemes, and his work was greatly appreciated by the county council and the community which he served During the war he acted as administrative medical officer for H M Munition Factory at Gretna He held many appointments, both during his period of activity in Fife and after his retirement, when he lived in Edinburgh He was, for example, a director of the Fife Coal Company, of the Commercial Bank of Scotland, of the Highland and Agricultural Society, and of the Scottish National Housing Company Limited He took a great interest also in medical affairs, and at the time of his death he was chairman of the Royal Maternity and Simpson Memorial Hospital, convener of the Medical Committee of the Deaconess Hospital Board a member of the board of the Royal (Dick) Veterinary College and of the board of the Animal Diseases Research Association of Scotland, and president of the Scottish Branch of the Society of Medical Officers of Health He also acted as a member of various consultative committees of the Scottish Department of Health He was frequently called as a witness to give evidence before various public committees and commissions and made valuable suggestions before committees of the House of Commons on such subjects as the miners' eight hours day diseases in the mining industry, and certification of death

Dr Nasmyth after his retirement from the post of medical officer of health in Fife served from 1921 to 1929 on the Edinburgh Town Council representing Morningside Ward where he resided His wide experience of business and public health subjects rendered his advice particularly valuable in connexion with housing and other matters dealing with the welfare of the community, and his judgement carried great weight among his municipal colleagues Dr Nasmyth first joined the British Medical Association in 1888 He served on the Central Council from 1906 to 1910, and acted as representative when the Association met at Belfast in 1909 and again at Birmingham in 1911 He was a man of great physical and intellectual activity, taking a keen interest in the modern development of medical science He found time to publish *A Manual of Public Health* He also contributed frequently to current medical literature on subjects dealing with public health questions, such as "The Geographical Distribution of Cancer in Scotland," "Sewage Purification," "Milk-borne Diseases," and "Air of Coal Mines" He was a keen sportsman, his interests in this direction including hunting and later shooting, fishing, and curling He was a deputy lieutenant for the city of Edinburgh and a justice of the peace for the county of Fife

Dr C E DOUGLAS sends the following appreciation

By the death of Dr T G Nasmyth there has passed one of the strongest personalities, a man of the widest capabilities and sympathies, in the profession of medicine He returned to Fife, after local schooling here and medical training in Edinburgh, and took up practice in the mining district where his father had created the Fife Coal Company A splendidly built young man, taking to hunting and fishing along with the rough and-tumble work of mining practice of those days, he seemed to fill the niche quite perfectly But he was made of other stuff Not so much the treatment of accident and disease but their prevention became more and more his aim Research on the condition of mines took up much of his attention in particular his study of the air conditions of coal mines was one of the earliest researches on that subject In those days, when the B M A was but a small power in Scotland, there existed a Fife Medical Association In this Nasmyth took a lively interest, and in the early 'eighties a petition came up to the then ruling Government from the F M A praying for the creation by law of the office of a "medical officer of health," which should be a permanent appointment In due course of time this idea was made law, and with the D Sc of Edinburgh and the D P H of Cambridge Nasmyth left the ranks of general practice and became Fife's first medical officer of health, a post which he held until his retirement to Edinburgh, out of medicine and into the wider spheres of philanthropy, finance, and municipal politics these in the inverse order of their importance to him He became a Bailie, and might, had he so desired, have been supported for the Lord Provostship, but there were other things To his keen and balanced mind finance had an attraction, and as a director of one of the Scottish banks he devoted to this much time and activity

But if he had a great brain he had a bigger heart, and medical charities on the large scale appealed to him The Simpson Memorial Hospital was all along his special favourite, then the little but very well managed Deaconess Hospital of the Church of Scotland came very near his heart, while the Royal (Dick) Veterinary College was largely indebted to him for help in a favourite study of his—the relation of animal to human pathology All these and many helpful kindnesses of which nothing will be known fulfilled a busy life One other thing, of which perhaps he was as happy as any in its way he gave before the Royal Commission on the subject a strong

of the maternal soma so that the embryo was composed to a very considerable extent of the materials which had constituted its environment all the way through How was that which had come to it by inheritance to be distinguished from that which had been derived from its surroundings? The very ultimate conveyers of inheritance the chromosomes and genes as they grew and multiplied took in material from that by which they were surrounded

Support for the contention that any distinction between heredity and environment could only be applied to an organism at any given time and not for any sequence of time was afforded from human psychology Psychoanalysts had shown the signal importance of the earliest years of life throughout the period when the decisive power was held to emanate from the parents and many adult psychological disturbances known to have originated in childhood had come to be accepted as environmental and not inherited But how did the parental influence come to take its particular shape? Must it not have been decided in the parents own early years when their sensitive personalities were acted upon by the grandparents and must not the psychological part played by the grandparents have been determined for them by the grandparents and so back to infinity? This transmission of hereditary psychological qualities implied that the moulding of a child s nature by its parents was environmental only when its own generation was considered from the wider view of successive generations it was hereditary Dr Forsyth while disliking the coining of new phrases said that inherited environment precisely described the situation

Thus the argument pointed to the replacement of the dual idea of heredity and environment by some other concept of growth One iconoclasm led to another When there was no longer any constraint to think of organic life as being divided into these two independent aspects another well-established biological notion might be questioned In the development of all living things life itself as a phenomenon had always been regarded as comprised within each living particle, as the individual quality of each organism from amoeba to man The question was whether, having regard to the intimate association between an organism and its environment the idea of a separation could any longer be upheld and the term life still be restricted to one side of the dividing line

Life a Continuum

The body Dr Forsyth said was tunnelled by tubes and passages which reached its furthest interior recesses and were really prolongations and extensions of environment Along the alimentary canal flowed nutritives from outside currents of air, also from outside passed up and down the respiratory channel in fact the environment penetrated and permeated the organism Organism and environment overran one another spatially and structurally the frontier between them was involved The attempt to distinguish between hereditary and environmental influences having been relinquished any new conception must be based on the essential unity of an organism and its environment Life became a term to be extended to an organism s external environment, because life could no longer be conceived except as the joint attribute of environment and organism It resided in both and ceased to be the organism s exclusive possession

This suggested a further step The world teemed with organisms of each of which it was true that its life was a matter also of its environment But the individual environments such as water and air were not isolated from each other, they were continuous—an uninterrupted environment over the world s surface From this the idea was obtained of a continuum of life in which all living things were connected by means of their environment Life became a property of the chemico physical medium of water and air which was spread over the globe The term inherited environment which he had already suggested might now be extended to describe the physical environment of every living creature Were not its surroundings those of its parents and grandparents? Was not this an environment which was transmitted down the generations as truly and literally as were chromosomes and genes? Inheritance and transmission were features of environments as well as of organisms Heredity was no longer the distinctive and peculiar mark of the development of organisms but was shared by their environments and there it represented something in the nature of a persistence and repetition of chemico physical conditions

Dr Forsyth concluded an address of many interrogations with one more Can it be that what has been called inheritance and transmission in living matter is similarly an expression of a chemical and physical process which keeps on repeating and that life itself a repetitive process of this kind is as much the concern of environments as of organisms?

DETERMINATION OF THYROID ACTIVITY

At a meeting of the Liverpool Medical Institution on January 7, with the president Mr G C E Simpson in the chair Drs R T Goodyear and H S Pemberton contributed a paper on an electrical method of determining the level of thyroid activity

Dr Goodyear said that the method had been developed from the studies of Brazier who was working under a grant from the Medical Research Council It superseded oxygen metabolism work in that it required no collection from the patient and in that it appeared to be specific of the thyroid factor whereas basal metabolism was governed by factors several of them uncontrollable by the clinician The method was based on the observation that the phase angle of the body network was altered in thyrotoxicosis The measurement was made at a frequency of 9 000 cycles per second the patient having only to immerse the hands and forearms in a 1 per cent saline solution bath Within wide limits the measurement was unaffected by variations of saline strength temperature depth of immersion of the arms and by muscular movements The result was expressed numerically as the tangent of the phase angle or as Brazier termed it the impedance angle There was a marked difference of this angle in the sexes the method was also applicable to children The apparatus was portable and reasonably strong, and its cost was in the neighbourhood of £120

Dr Pemberton spoke of the results obtained in the measurement of the impedance angle in normal men and women, in states of disease other than of the thyroid gland in thyrotoxicosis in myxoedema and in patients before and after treatment for thyroid disease In thyrotoxicosis clinically definite and clinically indefinite types were described and from the former as well as from the change obtained after thyroidectomy it was claimed that the impedance angle had diagnostic significance The relations of this measurement with that of basal metabolism were discussed and standard deviations for normals were described A composite table was shown illustrating the mean values obtained from the measurement of large groups in all the categories mentioned

Mr Philip Hawe said that the most important feature of the method was the elimination of the difficulties and sources of error usually associated with the estimation of the basal metabolic rate It the results were confirmed it might be more readily possible to distinguish between cases of thyrotoxicosis and such states as neuro vascular asthenia In the speaker s experience cases of thyrotoxicosis treated by operation showed a definite change in the impedance angle in the direction of myxoedema, and it would seem from the results shown by Drs Pemberton and Goodyear that this change became even more marked as time went on

Dr Robert Kemp said that the frequency of thyrotoxicosis in the medical wards of the Liverpool Royal

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no need to wait for this before setting other features of his scheme in operation The prefects are invited promptly to co operate in an investigation into the incidence of general paralysis of the insane since the introduction of modern methods of treatment with arsenic bismuth and malaria Has the clinical picture of general paralysis been profoundly changed by this treatment and how often does general paralysis end in its classical final stage? Why has not the modern treatment of syphilis prevented the appearance of general paralysis? These are some of the pertinent questions to which M Sellier hopes to get satisfactory statistical answers by inducing medical officers of mental hospitals to send in annual reports drafted according to a unified system he has devised It seems that social welfare workers are to play a large part in the venereal disease campaign and that they are to be employed in tracking down old sources of new infections M Sellier would like to see the diagnosis of general paralysis followed by an inquiry among the patient's relatives so that any of the latter found to be syphilitic may enjoy the benefits of specific treatment before they develop G P I And pending the formal adoption of the new regulations prefects must see to it that the opening of maisons de tolerance maisons de rendezvous and all the other maisons with terminologically seductive titles is frowned on officially

ENGLAND AND WALES

National Appeal for People's League of Health

Lord Leverhulme entertained members of the Press and others at luncheon at the Savoy Hotel on January 19 with a view to announcing the first national appeal of the People's League of Health He said that the League had now been in existence for twenty years It was conceived in the mind of one person Miss Olga Netherwastage and suffering should be prevented by removing their causes The League had published a large variety of authoritative pamphlets the work of medical experts in their different fields It had promoted health weeks and instituted courses of lectures Over eighty men and women eminent in the medical world gave their expert knowledge on its medical council and it had also science and veterinary councils Through committees of experts it had investigated specific problems and the findings when these were conclusive had been impressed on the Government by deputations He referred to the Safe Milk Campaign instituted by the League in 1930 and its present inquiry into maternal mortality and morbidity which had established the important presumption that some of the ills attending pregnancy could be attributed to certain deficiencies in diet If these deficiencies could be made good it was believed that a serious diminution in the toll of maternal mortality and morbidity would result A large scheme to this end had been initiated by the League with the co operation of nine London hospitals Coming to the appeal Lord Leverhulme said that hitherto the work of the League had depended on the annual subscriptions of a comparatively small number of supporters It was desired to enlarge its scope to press on with the inquiries already initiated to tackle new problems and to give a permanence to the work The information bureau could with advantage be developed into a central almoner service for supplying to the country generally the service which almoners gave to hospitals It was hoped also to carry out an investigation into the conditions under which infants and young children were received by foster-parents Further studies were projected regarding the amount of disease and suffering caused to children by infection with the bovine variety of the tubercle bacillus The appeal would be inaugurated by a banquet at the Guildhall on April 15 over which the Lord Mayor would preside and at which support for the cause would be given by Lord Horder and other eminent speakers The thanks of the company to Lord Leverhulme for his hospitality were voiced by Dame Louise McIlroy

Guy's Hospital Medical School

An important extension is now in course of erection at the Medical School of Guy's Hospital The new building will provide for a complete pathological institute and give much more accommodation to every other department except chemistry which will not be affected by the change When the extension is completed the whole school will be centralized in one block of buildings with easy access between the various departments The new building will provide (1) A large and modern pathological department with plenty of research accommodation (2) pathology bacteriology and clinical chemistry housed under one roof (3) adequate accommodation for the medical research unit and for the pharmacological department (4) a physics department large enough to prevent the necessity of the duplicating of classes (5) an extension of the research accommodation available in the physiological department (6) an additional demonstrator's laboratory and an extension to the dissecting room and (7) a large staff common room for the members of the clinical staff and the teaching staff of the school The removal of the physics department from the existing buildings will enable better accommodation to be found in the school for operative surgery and for x ray living anatomy and human physiology

Empire Conference on Tuberculosis

Under the auspices of the Over seas League and Papworth Village Settlement an Empire conference on the care and after care of tuberculosis will be held in London, at Over seas House from May 3 to 8 The patron is H R H the Duke of Kent and the president Lord Willingdon The conference is being arranged in view of the large number of medical women and others interested in tuberculosis who will visit London from the Dominions and Colonies for the Coronation The success of the Papworth Settlement not only in arresting tuberculosis but in employing the ex patient in productive industry suggests that there is an urgent need for the study of similar methods throughout the British Empire A preliminary programme has been drawn up for the six sessions the subjects being the fight against tuberculosis the after care of the tuberculous and the native races and tuberculosis throughout the Empire The chairmen include Lord Dawson of Penn Lord Horder and Professor Lyle Cummins and the speakers Sir Kingsley Wood Sir Pendrill Varrier-Jones Dr B A Dormer Lieut Colonel G G Jolly I M S and Dr P V G Benjamin followed by representatives from the Dominions Colonies and Protectorates Application forms may be obtained by those wishing to take part in the proceedings from the secretary of the conference Sir Evelyn Wrench at Over seas House St James's S W 1

Radium Institute for Bradford

The Lord Mayor of Bradford presided over a meeting at the Town Hall on January 21 to inaugurate an appeal for £50 000 for the establishment of a radium institute in that city He explained that the proposal to make this a Coronation Year Memorial had come to him from an eminent Bradford surgeon The provision of the institute would be a purely voluntary effort controlled by a committee A site was available without cost in the grounds of the new Royal Infirmary Dr Chester Williams said that the work of the radium therapy clinic at the Royal Infirmary had doubled since its establishment about eight years ago He emphasized the importance of centralizing the use of radium Mr Peter McEwan also spoke in commendation of the appeal and the mayors of Halifax Keighley and Brighouse each promised the support of their towns

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statistical results following the use of radium have been even worse than following the operation alone I believe however that very few, if any, surgeons besides myself have over a number of years employed radium, or radium combined with very conservative surgery in the treatment of early carcinoma of the breast In my experience the results of these methods have proved to be virtually the same as those obtained from the best surgery and I have seen no reason for abandoning the use of radium I hope later to be able to publish a report of the results obtained with radium up to the end of March or April of this year

Radium technique has not stood still since it began to be developed at St Bartholomew's about twelve years ago and its value and limitations in cancer of the breast began to be fairly clear—I am, etc,

London W1 Jan 24 GEOFFREY KEYNES

The Problem of Endemic Goitre

SIR,—Dr George Graham, referring in your issue of January 23 to my article on the above subject (*British Medical Journal* January 2 p 29), draws attention to a mistake" which he considers I made in attributing the discovery that cyanides may cause goitre under certain conditions to Webster The passage in my article to which he refers is this Among those [chemical substances] capable of causing goitre in animals under experimental conditions are calcium, boron, silica, tellurium organic acids amines (Pighini, 1933) and cyanides (Webster, 1933) The references here are not to discoveries but to a convenient source—*Proc International Congress on Goitre* Berne, 1933—from which those who desire it may obtain recent information in regard to these goitrogenic substances—I am, etc,

Oxford Jan 23 R MCCARRISON

Treatment of Prostatic Obstruction

SIR,—In his letter in your issue of January 16 on prostatic obstruction Mr F McG Loughnane states that generally at least 96 per cent of prostatic patients can be successfully treated by endoscopic resection If *generally* here means all and sundry who have access to a resectoscope, a word of warning must be sounded Even in the hands of those with most experience in this method of treatment it is doubtful whether a really successful issue can be secured in this high proportion of cases and it is certain that a very great deal of experience is required before even moderately large glands can be attacked endoscopically with a reasonable chance of giving a result satisfactory to the patient In this connexion it is not sufficiently appreciated that even a small residuum of infected urine may be death dealing some time after the patient has left the hospital A completely emptying bladder must be secured A further late complication which has not received sufficient attention is the development of an intractable prostatitis in the portion of the gland inevitably left behind in an endoscopic resection this is not common, but sufficiently often met with to warrant consideration when sizing up the pros and cons for closed *versus* open operation in any particular case Finally in my experience considerably more than 4 per cent of prostatic patients have a urethra of a calibre insufficiently large to admit the commonly used 30F resectoscope No amount of preliminary dilatation will allow such small urethrae safely to accommodate the instrument The smaller gauge resectoscopes may be employed in such cases but entail a long and wearisome procedure where the gland is of considerable proportions The use of unduly large instruments has led to a not inconsiderable number of urethral strictures

I introduced the modern transurethral (endothermy loop) prostatic resection operation into this country in September, 1930 and after an experience of more than 400 cases (largely municipal hospital patients) am satisfied that the functional results are not so satisfactory as enucleation for general enlargement of the gland The transurethral type of operation may be employed in grossly enlargements where the open operation appears to carry an unnecessary operative risk but in a good risk case should not be the first choice For an eighteen month period in 1932–3 I employed the endoscopic technique in approximately 90 per cent of *prostatic obstructions in* hospital practice but after a careful follow up of my cases have reached the above conclusion The brilliant work, moreover of the late S Harry Harris has given urological surgeons a more exact method of securing haemostasis in the open surgery of the prostate and an almost certain means of preventing post operative obstruction To those who have mastered the technique of this procedure the endoscopic resection of a generalized enlargement of the *prostate in a relatively good risk* case will be seldom employed

Endoscopic resection has a very definite place in the treatment of the fibrous prostate or sclerotic bladder neck, post prostatectomy obstructions obstructing carcinomatous glands (where not unduly large) and certain bad risk cases of generalized enlargement In the remainder constituting the majority of prostatic obstructions my present view is that open surgery gives more satisfactory results

I have reviewed my series of prostatic obstructions treated during the past two years and find that I have employed endoscopic resection in 32 per cent one stage Harris prostatectomy in 40 per cent two stage prostatectomy in 21 per cent Steinach II in 3 per cent and suprapubic cystostomy alone in 4 per cent These figures of course represent only the views of an individual surgeon but my object in bringing them forward is to decry the application of a standard operative technique in cases of prostatic obstruction where the concomitant complications are so varied—I am etc

London W1 Jan 18 TERENCE MILLIN

SIR—I read with great interest Mr F McG Loughnane's letter in the *Journal* of January 16 (p 144) He raises several points with which I should like to deal

The first refers to Mr Loughnane's advocacy of posterior urethroscopy This is a most valuable procedure especially immediately *before during and after the* operation of perurethral resection of the prostate I do not however regard it as an essential diagnostic procedure to be carried out in every case A simple cystoscopic examination of the bladder neck to my mind readily indicates the type of case suitable for suprapubic prostatectomy without adding to what is already a somewhat laborious investigation It is especially when doing a perurethral resection that posterior urethroscopy is so essential and I have carried it out in almost all my resections The construction and the additional direct telescope of the von Lichtenberg Hevwal resectoscope permit an admirable view of the whole prostatic urethra so that the operator's attention may be drawn to any convexity, bar etc which may require elimination

The second point which Mr Loughnane raises touches one of the fundamental points which I attempted to emphasize Towards the beginning of my article I freely admitted that excellent series of results could be and were

Assistance for Voluntary Hospitals in Special Areas

Asked on January 21 whether the Commissioner for the Special Areas had made grants to voluntary hospitals towards the alteration or extension of their buildings Mr ERNEST BROWN said that particulars of the earlier decisions were found in the third report of the Commissioner for Special Areas (England and Wales) This covered the period to September 30, 1936 Schemes for assisting voluntary hospitals similarly approved since that date were

Hospital	Nature of Work	Location of Work	Estimated total cost
Sunderland Royal Infirmary	Construction of new out patient department ward block nurses home and staff quarters	Sunderland	£83 500
Blaina and District Hospital	Additions to surgeon's room and mortuary provision of ultra violet ray and other equipment and new motor ambulance	Blaina	£874
Rhymney Cottage Hospital	Provision of new x ray room nurses bedroom new ambulance and other equipment	Rhymney	£2 067

Thefts of Drugs from Doctors' Cars

Mr RHYS DAVIES asked on January 21 whether the Home Secretary proposed any action to prevent the recurrence of cases in which members of the medical profession had dangerous drugs stolen from their motor cars Sir JOHN SIMON said he had no grounds for thinking that these thefts were other than ordinary cases of petty larceny There was no action he could usefully take in the matter Mr DAVIES asked whether some responsibility should not be placed on the medical profession for neglecting to take care of these dangerous drugs Sir JOHN SIMON replied that the remedy was exercise of care by the individual who had such a package in his charge When he considered how many skilled doctors were moving about attending medical cases and how many had something of the sort with them he did not deem the number of thefts to be very surprising

Drunkenness as a Ground for Divorce

Consideration of the Marriage Bill was resumed in a standing committee of the House of Commons on January 21 Mr A P Herbert mentioned that the two other members who sponsored the Bill were absent because of influenza

On Clause 2—grounds of petition for divorce—the committee continued to discuss an amendment, previously moved by Mr Spens to omit from the grounds of petition for divorce the ground that the respondent

> ' (a) is an incurable habitual drunkard and has for a period of at least three years been separated from the petitioner in consequence of habitual drunkenness '

Mr SPENS said it would be difficult to get a common ' yard stick ' with which to measure the amount of drunkenness which ought to constitute a ground for final dissolution of marriage

Mr HERBERT said that if the paragraph stood with the omission of the word ' incurable ' habitual drunkenness would be ground for a petition and the term ' habitual drunkard ' was strictly defined in the interpretation clause For the purpose of separation orders the Statute Book defined ' habitual drunkard ' and used the words that the person " is at times a danger to himself and others " The words in the interpretation clause of this Bill were, ' is habitually a danger to himself and others ' Once the state of affairs had been established and in consequence a separation had followed, there would have to be a three year interval, after which the applicant for divorce must show that the same state of things still existed which would be difficult to do Under the Summary Jurisdiction Act and the Licensing Act of 1902 it was possible for a husband or wife to get a non cohabitation order or separation order on the ground of habitual drunkenness Only fifty-three such orders were made in 1934, forty-two being granted to husbands and eleven to wives Few people now attained to the degree of drunkenness which these Acts contemplated The problem of drunkenness was far less serious now than when the Royal Commission on Divorce reported

After further debate the Solicitor General, Sir TERENCE O'CONNOR, said little difference would be made whether the words under discussion were retained or deleted There was a difficulty in defining ' habitual drunkard,' and a great many cases involving the difficulty would be covered by a cruelty paragraph of the present Bill Partners of drunken brutes could go to the court and make out a case of constructive cruelty which was damaging to health The very definition of habitual drunkenness which appeared in the clause under discussion would in his opinion constitute desertion in the great majority of cases When the husband constantly came home drunk and made the home impossible to live in constructive desertion occurred as Lord Merrivale had ruled

The amendment to strike out Clause 2 (a) was carried without a division

After further amendment Clause 2 was ordered to stand part of the Bill

The sitting of the Committee on January 26 was occupied in a general discussion

Capitation Fee for Young Persons

Mr RHYS DAVIES asked on January 21 whether the Minister of Health had been able to secure agreement with the medical profession in relation to the fees to be paid in respect of young persons entering into employment for the first time Sir KINGSLEY WOOD answered that he was still in communication with representatives of the medical profession on this matter and was not yet in a position to make a statement

Local Authorities' Air Raid Protection Schemes

On January 25 Mr LLOYD informed Mr Levy that out of 174 county councils and county and metropolitan borough councils about 100 had submitted schemes to the department for advice and assistance concerning the protection of the civilian population in air raids

The only county borough which at present had intimated that it would not co operate was Barnsley At present the attitude of the Home Office was that the co operation which the office had received from local authorities throughout the country had been developing in the right direction so satisfactorily in recent months that it would prefer to rely on the development of public opinion in the areas concerned to bring the other authorities into line The Home Secretary was at present considering representations made by a deputation in regard to cost to local authorities The preparation of a scheme such as had been asked for by the Home Office did not involve much more than the time of certain local officials

Small-pox at Oldham—Sir KINGSLEY WOOD told Mr Tom GROVES on January 19 that the first case of small-pox in the recent outbreak at Oldham was notified on November 27, 1936 This patient was probably infected about twenty three days earlier, the interval including the period of incubation when there were no clinical manifestations Nine cases in all had been notified at Oldham

Doncaster Scarlet Fever Outbreak—In an answer to Mr Alfred SHORT on January 21 Sir KINGSLEY WOOD said 160 cases of scarlet fever occurred in Doncaster and the adjoining rural district in a recent outbreak, together with a considerable number of cases of sore throat The outbreak was due to infection of milk from one farm When that milk supply had been identified as the source of infection arrangements were made for pasteurization of all milk from that source He could not say more at present about steps to prevent similar outbreaks

tion without any more alarming symptoms however and with full functional effect upon the blood picture When I last saw the patient she was again in good condition though profuse menstrual loss was still troublesome In all the transfusions citrated blood was employed and was given through a small needle at the rate of 10 c.cm. per minute

These particulars are given by permission of the county medical officer of health

I am, etc.

A. T. Jacob, M.R.C.P.
Assistant Medical Officer, Paddington T.C.C. Hospital

Oslo, Jan. 11

Sclerosing Submucosal Injection of the Turbinates

SIR,—Doubtless Mr. C. A. Hutchinson's technique for reducing hypertrophied turbinates (*Journal*, January 9, p. 62) will accomplish their shrinkage and his strictures on the wrong way which seems to be the common way of using the cautery for this purpose are just. But there is a right way suggested many years ago by an American in the *Laryngoscope*. Mr. Hutchinson correctly says that the object should be shrinkage without damage to the cilia. This can be obtained by using a fine rather long cautery *point puncturing the fore end of the lower turbinate* with it and pushing it gently into the substance of the turbinate where it can be further manipulated without damage to the cilia save at the neglectable puncture. The Ouchn needle can be used to the same effect. I am, etc.,

Glasgow, Jan. 17 JAMES ADAM, M.D.

Substances Promoting Cell Growth

SIR,—The interesting paper in the *Journal* of October 10, 1936, by Dr. Joseph Needham (p. 701) on substances promoting normal and abnormal growth stimulates me to voice ideas which for some time have been forming in my mind and which have been published elsewhere.

It is evident that every living cell has an organizer or normal growth factor in its make-up. This organizer is not even destroyed by boiling, and its chemical nature belongs to the class of sterols and is closely related to carcinogenic substances such as tar, etc. Needham has shown us how hormones and vitamins can promote or delay growth according to their absence or presence. They may have a specific action on certain tissues as is the case with pituitary or ovarian hormone, even to the extent of producing mammary cancer in mice with certain hereditary factors. The question now becomes one of "What prevents cancer?" rather than "What causes cancer?" When cells took on communal life it became urgently necessary that some limitation be placed on how many of each variety would be allowed to survive, so some method had to be devised to limit their numbers to the required amount. This could only be done by depriving them of some normal growth factor they originally possessed. It had to be some mechanism common to all the cells. Cells had to be nourished and their waste products removed; in the primitive organisms this was carried out by lymph circulation. To remove the organizer or normal growth factor the cells lining the lymph channels must have possessed some selective activity on this particular substance. Sampson Handley has shown clearly that when the terminal lymph tubules become blocked by organisms or exfoliative epithelium enormous hypertrophy of the papillae drained by them takes place. This eventually in many cases becomes malignant. In a normally functioning animal the organizer is kept within bounds, but should an abnormal amount be continually applied to one spot it is not to be wondered at that the normal mechanism breaks down and uninterrupted growth takes place, as happens on the constant application of tar, etc.

From whatever angle we look at the subject we have to concentrate on the factor which is normally responsible for the extraction of the organizer present in every living cell and find out why it is failing in its job. Once a group of cells is deprived of this restraining influence it becomes equivalent to culturing living cells *in a satisfactory medium in vitro*. The commonest blockage of lymph terminals is by collections of organisms and epithelial debris, though cold can also do it, as seen in chilblains, and cold as well as heat can produce malignancy. It has been suggested that if this was so one ought to find malignancy in elephantiasis. In this condition it is the lymphatic *channels and not the terminals that are blocked*. With the blockage of the terminals strangulation of vessels ensues and destruction of the epithelial lining of the terminals takes place. With blockage of the lymphatic channels there is not necessarily any destruction of the epithelial lining of the terminals which still carry on their selective activity. Must we not then cease to look *for the cause of malignancy but concentrate on the reason why we do not all get cancer?* I am, etc.

SYDNEY PERN, M.R.C.S., L.R.C.P.

Ballarat, Australia, Dec. 4, 1936.

Pathogenesis of Cancer

SIR,—It may interest the eminent surgeon Mr. Leard (*Journal*, January 16, p. 111) to know that conditions in Egypt support his theory regarding nutrition and sex conditions as agents causative of cancer. Having practised for twenty-seven years in Cairo the absence of cancer among the fellaheen has struck me as very remarkable. They live a primitive life among their diseases and dirt, working from sunrise to sunset often in a blazing sun on starvation wages. On the other hand among those Egyptians who live in luxury and laziness at the expense of the vast majority the same cannot be said, and according to recent information with them malignant disease is becoming more common. By way of illustration some striking examples could be quoted. Of course the vitality of the sex hormones is proverbial, but the sex life in comparison with Europeans is short due to various causes, but mostly to the universal use of the so-called aphrodisiacs such as hashish, etc., now however not so easily obtainable by the worker especially. I am, etc.

Folkestone, Jan. 19 J. GERALD GARRY, M.D.

Recurrent Extrapenital Haemorrhages

SIR,—A few days after having read the interesting article by Dr. William H. Gossip (*Journal*, January 9, p. 69) on recurrent extrapenital haemorrhage I was called to see a young lady, 19 years of age, who informed me that she had had a spontaneous bleeding from the right eye. She was menstruating at the time. She and her mother, who were greatly alarmed at the haemorrhage, estimated the amount of blood lost from the eye at about one teaspoonful. This was the first occasion on which she had had any extrapenital bleeding associated with menstruation. In her case there is a distinctly raised blood pressure. During the past year it has ranged from 90 to 100 mm. Hg diastolic and from 140 to 160 mm. Hg systolic. She is of plethoric habitus and suffers from frequent headaches. There is no history of epilepsy or hysteria. I am, etc.

Edinburgh, Jan. 22 DOUGLAS ROBERTSON

On the occasion of the thirtieth anniversary of the foundation of the Luigi Mangiagalli Obstetrical and Gynaecological Clinic at Milan a special issue of the *Annali di Ostetricia e Ginecologia* has been published consisting of 956 pages, and containing twenty papers illustrating the various activities of the clinic

The issue of the *Nederlandsch Tijdschrift voor Geneeskunde*, the organ of the Dutch Medical Association, for January 16 contains a sympathetic obituary notice of Sir Grafton Elliot Smith, by Dr C Winkler

General Mazzetti has been recently nominated director-general of the Italian Army Health Service in succession to Professor Franckel

Dr Gosset, professor of clinical surgery in the Paris faculty of medicine, and surgeon to La Salpetriere, Paris, has been presented with a sword of honour by his pupils and friends on the occasion of his election to the Academie des Sciences

Sir Ernest Graham-Little, M P, has been elected a member *honoris causa* of the Polish Dermatological Society

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR BRITISH MEDICAL JOURNAL B M A HOUSE TAVISTOCK SQUARE W C 1

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QUERIES AND ANSWERS

Dermatitis of the Feet

Dr G FRANCIS SMITH writes in reply to 'H A (January 23 p 202) The soles of the feet should be dusted with the ordinary boric acid starch and oxide of zinc powder immediately before gymnastic work and the patient should wear a loofah sock procurable at any boot shop inside the rubber shoe Care should also be taken that only dye fast stockings be worn

Income Tax

Fees Earned after Retirement

RETIRED G P' has received on two occasions since his retirement £31 in all for expenses and (presumably) services in connexion with a legal dispute Is he liable to tax thereon?

*** The point can be disputed on the technical ground that it is difficult to fit such a case into the statutory division of income On the whole we think that the revenue authorities could show good cause for including in his income tax liability such portions of the total amount as fairly represent a payment for time and professional services The liability would be under Schedule D, and probably under Case VI of that schedule—' profits or gains not falling under any of the foregoing cases"

LETTERS, NOTES, ETC.

Epidemic Appendicitis

Dr J R D WEBB (Didcot, Berks) writes Seeing the abstract of an article on epidemic appendicitis (*Epitome*, December 26, 1936, para 521) reminds me of a similar occurrence on a smaller scale in rural Berkshire In the month of October, 1936, I saw in rapid succession six cases of acute appendicitis which I concluded must be of epidemic character They were directly associated with each other The first case appeared in a farm labourer aged 26, previously in perfect health He seemed clinically to be an indefinite case of gastro enteritis Suspecting a possible appendicitis I visited him three times daily I found nothing definite in his signs and symptoms at these visits On the third day the appendix perforated he was operated upon at once, but died The second case occurred in the same house in a few days The mother of the labourer developed a similar gastro intestinal attack She was at once admitted to hospital and on operation a gangrenous appendix was removed and she recovered The third case was the young labourer's fiancee She showed definite signs of an acute appendicitis She was treated by conservative measures and recovered The fourth fifth, and sixth cases followed in rapid succession all were admitted to hospital and were successfully operated on No cause could be found for these six cases of apparent epidemic appendicitis In rural England appendicitis has become a popular complaint in farm hands and domestics the signs and symptoms developing consciously or subconsciously, and some surgeons declare that of all appendices removed from such subjects only 40 per cent are found diseased I do not believe that these six cases here recorded were in this "psychological appendix group

Treatment of Peptic Ulcer

Dr H W HALLS (London W 1) writes My attention has been drawn to Dr Hort's letter published in the *Journal* of December 12 1936 (p 1228) May I be permitted to endorse his views as to the value of colonic lavage with potassium permanganate in gastric and duodenal ulcer By combining this technique with suitable, reduced vegetarian diet, and perhaps duodenal intubation and feeding, I have succeeded in obtaining results which seem to have rendered surgery and alkalis unnecessary I regard gastric and duodenal ulcers as toxic in origin and primarily dependent on intestinal toxaemia

Treatment of Pyorrhoea

Lieut Colonel H H KING C I I M S (ret) writes from Bensonsfield In looking over old papers I found I had made a note of the value of forcible irrigation in a case of pyorrhoea alveolaris in an Indian in East Africa during the war It was a most acute case that rapidly improved under repeated irrigation with dilute peroxide given forcibly from a four ounce ear syringe with the nozzle set against the teeth so that the solution squirted into the tooth sockets between the teeth and the gums—the patient meantime hanging his head out of bed over a bucket Perhaps this observation of the use of irrigation with pressure—and, as your readers are aware considerable pressure can be attained with a four-ounce syringe—is of sufficient interest to merit record

Calcium Aspirin

In our issue of January 9 (p 77) we stated in relation to calcium aspirin that The manufacturers Genatosan Ltd of Loughborough have now succeeded in preparing the drug in a stable form' The manufacturers have written to us pointing out that the work referred to was done by Myer Coplans and Green (*J Soc chem Indust* 1935 54, 805) and that Messrs Genatosan are the sole manufacturers and distributors of the product

Disclaimer

Dr A C MACIAN writes from Manchester to disclaim responsibility for notices which have appeared in the lay press with reference to his work in a local hospital

pression of apparent fluctuation There was no lymphangitis and no epitrochlear or axillary adenitis On account of the apparent fluctuation of the dorsum of the hand this was incised over the site of the puncture wound No pus was obtained and very marked congestion was observed An intramuscular injection of 20 c.cm of anti streptococcal serum was given along with a prophylactic injection of 1 000 units of anti tetanus serum The next day the patient experienced slight nausea and vomited bile stained mucus His temperature was then 100 F pulse rate 104 The whole forearm was now the seat of massive oedema and quite indurated though there was no pain The patient slept well that night The following day he was obviously ill and toxaemic By this time the whole upper arm shoulder and clavicular region on the right side was oedematous and indurated There was no crepitation despite this anti gas gangrene serum was given At 10 30 p.m the patient suddenly collapsed became cyanosed and drooled vomit He was obviously *in extremis* The usual restoratives were administered and 15 c.cm of anti streptococcal serum were given intravenously after 5 c.cm of blood had been withdrawn for blood culture The oedema of the whole upper extremity was intense the limb having the appearance of a thigh rather than an arm The patient died at 4 a.m Blood culture revealed a most profuse growth of *Bacillus anthracis*

The main points of interest in this case are (1) the nature of the injury (2) the absence of the development of the typical malignant pustule with eschar, vesicles etc (3) the massive oedema which was always a salient feature of the case (4) the sudden profound toxaemia with fatal result

Of the three types of anthrax infection the anthrax oedema I understand is the rarest and I have never heard of a similar case without the presence of a malignant pustule The case taught me a sharp lesson and has led me to wonder if a prophylactic injection of an organic arsenical would not be advisable as a routine in all wounds of a similar nature—I am etc,

Galashiels Jan 9 WALTER R BLACK, M.B Ch.B

International Good Will

SIR—I have been waiting in vain for an abler pen than mine to urge on you the necessity of keeping ever in our thoughts the most important subject of all the maintenance of peace and good will among the Nations Will you not Sir, as Editor of the most influential medical journal in the world, use all your influence to give a lead to the profession not only in this, but in all civilized countries?—I am, etc

London N Jan 24 D S BRYAN BROWN

*** There can be very few readers who do not share Dr Bryan Brown's feeling We shall continue to promote *international good will in the world of medicine* hoping that by this means the cause of peace may be served—ED *B.M.J*

The New Typography

SIR—I suppose it is useless now to protest against the new front page cover of the *Journal* but I may be permitted to ask why the constituency was allowed no voice in the matter If I were to contend that the old front page had attained to the dignity of a traditional landmark to interfere with which was almost an act of vandalism I should doubtless be told that like myself it was out of date, and that some outward and visible sign was required to mark the note of inward and spiritual progress which now characterizes the contents of the inside pages Well so be it But why in substitution for Sir Charles Hastings's picturesque and dignified head, *must we have imposed upon us the final omega like* death wriggle of an earthworm as it emerges from beneath a garden roller? Is it too late to have a plebiscite on the subject of the retention of this fantastically ugly and wholly meaningless innovation?—I am etc

London W.1 Jan 24 LEONARD WILLIAMS

*** Here Dr Leonard Williams with disarming gaiety, records his contempt for the new cover and suggests that the details of a complete typographical *reform ought to* have been submitted beforehand to 36 500 members So far his is almost the only discordant note in the chorus of approval—ED *B.M.J*

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on January 21 the degree of D.M was conferred on F W Brown and that of B.M on A H M Richards and A E Barclay M.D.Cantab was incorporated as D.M

UNIVERSITY OF CAMBRIDGE

The Appointments Committee of the Faculty of Biology will shortly appoint a University Lecturer in Anatomy Particulars of this appointment may be obtained from Dr F J W Roughton Department of Physiology Cambridge to whom applications should be addressed by February 6

At a congregation held on January 25 the following medical *degrees were conferred*

M.B B.Chir—D A S Blair J Wilson R F Jarrett R Kauntze

M.B—R B Davis A G Salaman

B.Chir—H C Maclaren A M M Payne K M Mavall K W B Rostron A M Barry H K Meller C McNeil O N Roussel *F G A Beckett*

UNIVERSITY OF LONDON

At a meeting of the Senate held on January 20 the title of Reader in Physiology in the University was conferred on *W H Newton M.D in respect of the post held by him at* University College

The degree of D.Sc in hygiene was conferred on Thomas Bedford

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B B.Ch have satisfied the examiners in the subjects indicated

HYGIENE—Lynda B Powell J Thomas

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A quarterly meeting of the Council was held in the College House 58 Queen Anne Street London on January 23 with the President Sir Ewen Maclean in the chair

The following were admitted to the Membership of the College

Gora Chand Nardi Calcutta Mangaldas Mehta Bombay (*in absentia*)

The following were elected to the Membership of the College

Geoffrey Sheddan Adam Australia Richard Farel Williamson Kinkead Allen India Doris Crystal Bates Merbeck France Arthur Bellingham Australia Edith Brown India Harold Henry Caple Canada William Clement Glasgow Duncan Leo Finlayson Birmingham William Frame Flint Gibson Plymouth Joseph Ganner Birmingham Arthur Lionel Gibney Portsmouth Uma Patt Gupta India William Hunter Newcastle-upon-Tyne Claude Wilfred Alfred Kimbell New Zealand William Alexander Liston Edinburgh John Robertson McArthur Canada William Leonard MacCormac London Barbara Martin Macewen London Margaret Martin McDowell Halifax Kelvin Alvard McGarvey Southend-on-Sea Gerald Maizels London Gladys Helen Marchant India Charles Ferdinand Marks Sheffield William Ian Clinch Morris Edinburgh Harry Stafford Morton London Bryan Charles Murle s London Dudley Clifford Raker Manchester Louis Rich Manchester Charles Bernard Edward Richards Manchester George Walter Robson Canada, John Murdie Sanderson

enlarged The following technique was used, 200 kV constant potential, filters 1 5 mm of copper plus 0 5 mm of aluminium, 40 cm focus skin distance, fields 6 by 8 cm, 1,500 to 2,200 r units administered in two to ten weeks and the course of treatment repeated when necessary The results were satisfactory in most of the cases and proved beyond doubt that *x*-ray treatment is worth trying in these conditions

Obstetrics and Gynaecology

88 Ocular Troubles in Pregnancy

G RENARD (*Gynec et Obstet*, November, 1936, p 337) distinguishes between those ocular conditions occurring in the first four months and those, more serious, in the latter part of pregnancy Among the former slight myopia and inversion of the oculo cardiac reflex are due to the sympathetic third nerve paresis and pigmentation of the lids of the thyroid and bitemporal hemianopia to the pituitary gland In the latter group an oedema of the nerve head comes from a rise in tension of the cerebrospinal fluid, neuroretinitis with haemorrhages and exudates is due to eclampsia and is a danger signal to mother and child, resulting from the general azotaemic condition of the mother Loss of vision as well as neuroretinitis indicates a still graver prognosis This retinitis should preclude further pregnancies for some time In the last stages of pregnancy sudden detachment of the retina, often bilateral, and amaurosis usually resolve, homonymous hemianopias, scotomata, and retrobulbar neuritis also occur During delivery subconjunctival haemorrhages and pulsating exophthalmos, and after delivery optic atrophy retrobulbar neuritis, and metastatic infections, may appear

89 Mild Influenza in the Puerperium

E SCHNEIDER (*Med Welt* November 28, 1936, p 1728) states that of 1,472 puerperal cases thirty-seven developed mild influenza In twenty-one the first rise of temperature was on the sixth, seventh, or eighth day The symptoms were pyrexia up to 102 2° F, considerable constitutional disturbance, injection and soreness of the pharynx and conjunctivae, and a dry cough All the symptoms disappeared in two or three days, and no complications ensued

90 Endometriosis and Primary Abdominal Pregnancy

P VARA (*Zbl Gynak* November 21, 1936, p 2770) describes a case of primary abdominal pregnancy fulfilling Veit's conditions and associated with the presence of endometriosis in the site of its implantation The embryo was 16 mm long and the ruptured ovum was attached to the peritoneal aspect of the posterior wall of the uterus, microscopical examination showed that here the gestation sac was in organic connexion with endometrial tissue—glandular spaces lined by high cylindrical and partially ciliated epithelium, together with a collagenous stroma exhibiting decidual reaction The suggestion that primary abdominal pregnancy in the pouch of Douglas might be due to the presence there of endometriosis was advanced on theoretical grounds by Maczewski in 1926 Vara points out that in such pregnancies the common sites of ovular insertion are those in which endometriosis most often occurs—the broad ligaments, the pouch of Douglas, and the posterior uterine wall He suggests that the nodules of endometriosis form an ideal site of implantation for the ectopic ovum, and that the rarity of primary abdominal pregnancy is due to its dependence on the coincident and accidental coexistence of two rarities—the presence in the abdomen of a fertilized ovum and the existence there of a decidually reacting endometrial implant A search for endometriosis in existing pathological specimens of primary abdominal pregnancy might, it is said be instructive

Pathology

91 Leucocyte Count in Peptic Ulcer

L UGELLI (*Policlinico*, December 15 1936, p 652) states that though numerous investigators have studied the behaviour of the leucocyte count in patients suffering from peptic ulcer, no one has hitherto examined the leucocyte formula after gastric resection Ugelli records his observations on seventy-three patients with gastric or duodenal ulcer in whom he studied the leucocyte count before and after gastric resection, the intervals ranging from six months to three years In 40 per cent he found lymphocytosis associated with eosinophilia, which indicated the vagotonic constitution of these patients Before the operation various factors such as infection and haemorrhage may cause in some cases a neutrophil leucocytosis, which, however, disappears after the operation

92 Alcoholism

E POPPE (*Norsk Mag Laegevidensk* December, 1936, p 1321) gives an account of his experiences of Widmark's quantitative test for alcohol in the blood of persons brought to hospital suffering from injury following an accident Altogether 162 patients were examined, and sixty-six, or 40 7 per cent, were found by the blood analysis to have consumed alcohol before the accident This percentage is almost identical with that found in Stockholm by Hindmarsh and Linde, 41 per cent of whose patients proved to be alcohol-positive The author finds the blood test for alcohol far more reliable and accurate than such a rough-and ready clinical test as smelling the patient's breath It smelt of alcohol in all but three of the blood positive cases, the concentration of alcohol in the blood in these three cases being respectively 0 27, 0 32, and 1 27 per 1,000 On the other hand the breath smelt of alcohol in cases in which the concentration of alcohol in the blood was as low as 0 33 per 1,000 The breath did not definitely smell of alcohol in any of the blood negative cases, but in as many as twenty-three of the ninety-six patients found by the blood test to be alcohol negative doubts were expressed as to the smell of alcohol in the breath As an independent test smelling of the breath therefore cannot be considered reliable, and it is helpful only when the examiner is endowed with a discriminating and keen sense of smell, and then merely as an indication for a blood examination This is particularly valuable in hospital when the patient is suffering from an injury to the head and difficulties arise in distinguishing between concussion of the brain and severe alcohol poisoning, the manifestations of the two being remarkably similar Although none of the ninety-six patients whose blood was found to be alcohol-negative were considered after a clinical examination to be "under the influence of alcohol," there were among them as many as fifteen who were suffering from injuries to the head and with regard to whom no definite clinical diagnosis could at first be ventured (See also *Journal*, January 23, p 188)

93 M ROSENBAUM, R V HERREN, and H H MERRITT (*New Eng J Med*, November 12, 1936, p 914) record their observations on 133 cases of chronic alcoholism with acute exacerbations during which lumbar puncture was performed Abnormal findings were practically confined to an increase of pressure (in 25 per cent) due chiefly to cerebral oedema and partly to dilatation of the cerebral vessels produced by alcohol, and an increase in protein (20 per cent), possibly due to an increased permeability of the choroidal and meningeal vessels to protein as the result of injury of the vessels, parenchyma, or nerve roots by alcohol Abnormality of the cerebro spinal fluid in alcoholics therefore should suggest the possibility of other causes such as subdural haematoma brain tumour, and syphilis of the nervous system for the abnormality and only when these causes are excluded should it be attributed to alcoholism

recommendation that no whisky should be released from bond less than three years old and this was adopted in *legislation to the general* advantage of humanity

One picture of him setting forth of a morning well on in the seventies for a happy day's fishing with his two young grandsons gives an idea of the real Tom Nasmyth—a strong man dominated by a kindly heart Peace be unto him

H W WILTSHIRE M D F R C P

Consulting Physician King's College Hospital

Dr Harold Waterlow Wiltshire who died on January 18 was the son of Dr Alfred Wiltshire, F R C P, and was educated at Cheltenham College and Clare College Cambridge He received his *clinical education at King's* College Hospital where his uncle the late Sir David Ferrier was a member of the honorary staff He obtained the M R C S L R C P in 1904 the M B B Ch of Cambridge and the M R C P in 1907 and the M D of Cambridge in 1910 He held the posts of house physician and house surgeon at King's College Hospital, and subsequently was appointed Sambroke medical registrar senior medical registrar, and medical tutor In 1910 he was appointed assistant physician at King's, and was promoted to full physician in 1917 In 1916 he was elected to the Fellowship of the Royal College of Physicians of London

During the great war he served with distinction in France and the Near East holding the rank of major and being mentioned three times in dispatches For his war services he was awarded the O B E and the D S O He also received the Order of St Sava of Serbia In 1919 he was appointed vice dean senior medical tutor curator of the museum and warden of the students hostel at King's and he played a prominent part in the reorganization of the teaching in the medical school For many years he was physician to the Royal Northern Hospital He was especially interested in the developments in cardiology which were then taking place and was physician in charge of the cardiological department at King's College Hospital He made contributions to the literature of many branches of medicine

Wiltshire was a keen lawn tennis player and was a *member of the team which won the Inter hospitals Junior* Tennis Cup in 1909 Unfortunately ill health overtook him, and in 1925 he was compelled to retire from the active staff On his retirement he was appointed consulting physician to the hospital and lived subsequently at Bembridge Isle of Wight He married Ellen daughter of Dr Edward Tibbits of Bradford who predeceased him *His early resignation was a great blow to King's for with* characteristic energy and thoroughness he had devoted himself after the war, in his capacity of senior medical tutor to teaching in the medical school No student ever turned to him in vain for advice or encouragement and his memory will be gratefully enshrined in the hearts of many practitioners in this country and throughout the Empire His retirement was no *less a personal blow to* his colleagues who had learned to rely on his judgement and to admire his personality and to a wide circle of patients who valued his skill and devotion

From his student days onwards Harold Wiltshire made many friends and retained them in later years He was a physician of the highest type skilled and cultured wise and understanding and a man who put *the interests of* his patients first of his students next and was only too apt to neglect his own—a fact which undoubtedly contributed to the breakdown of his health J A D

DR WILLIAM HUNTER

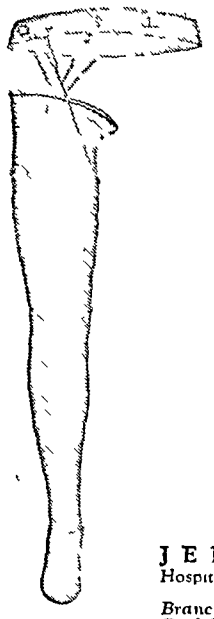
Mr WALTER G SPENCER writes In this country we are deeply indebted to Dr William Hunter who from 1900 was led to recognize that the glazed red tongue which accompanies the anaemia he described no longer directs attention away from the mouth but rather to it Pyogenic organisms towards middle life set up suppuration between the tooth and the soft parts of the gum and the bone of the alveolus and there is a continuous toxic absorption *which sets up* pyogenic gastritis More insidious still virulent haemolytic streptococci infect the periosteum of the gums and the tooth sockets and become the essential cause of ill health Advances in x ray photography now demonstrate the early disease at the apices of the teeth *Effects so widespread so multiple so frequent so grave*, a common source of blood infection were laid bare by Hunter and have since been continually added to What was previously obscure in the cases of insidious pleural renal endocardial arthritic and ocular affections—affections chronic and persisting in spite of other treatment—has been made clear after the judicious extraction of teeth relief has been obtained and health restored

PROFESSOR FRASER HARRIS

Dr WALTER R BETT *medical librarian Columbia* University writes Although separated by considerable difference in age I felt privileged to regard the late Dr David Fraser-Harris as one of my intimate friends With *his vivacious and friendly personality* he found it easy to extract a rich fund of interest variety and pleasure *out of life* His curiosity was insatiable his imagination lively and he carried his years with amazing indifference *The circumstances of his life enhanced his natural talent* for adapting himself with ease to the various types and *conditions of society* He knew how to be young in heart with the young serious with the learned and simple *with those eager for information* While never profound, his knowledge was extensive and bizarre It was as a popular lecturer that he excelled, for he was fluent, dramatic and entertaining

Dr W JENKINS OLIVER M R C P the son of Sir Thomas Oliver died in Newcastle upon Tyne after a brief illness He was educated at Winchester and Oxford where he graduated M A B M B Ch in 1911 and was a keen and exceptionally able dermatologist He had not, however practised in England for many years and much of each year was spent abroad in Norway and Denmark Dr Claude Lillingston has contributed the following outline of part of his career Oliver was a great little man Rumour had told me of a hermit Englishman who spent from May to October each year in an out of the way spot in an out of the way fjord on the west coast of Norway Some five years ago I ran him to earth in this spot in a Stanley greets Livingstone atmosphere His salmon fishing was so much of an avocation that I doubt if his average was one fish a month His vocation was quite another thing He had discovered *this spot before the great war* had mastered colloquial Norwegian almost to perfection and had become so much one of the peasant community in which he lived that few knew its inner life better To his keen personal interest in all his neighbours he added a medical interest and *when the local doctor took his annual holiday* Oliver was his locumtenent—much to the honour of the *English medical profession* His dry and kindly sense of humour had an irresistible appeal and was a wonderful vehicle for the sound advice he gave Doubtless his scientific gifts would sooner or later have spelt success had he remained in London as a dermatologist but his was not a conventional estimate of values and the happiness he gave and himself enjoyed in his summer home was surely success of the best His frail physique and a shoulder which went out of joint on the slightest provocation would have made a lame dog of most men but Oliver just laughed at these disabilities and made good

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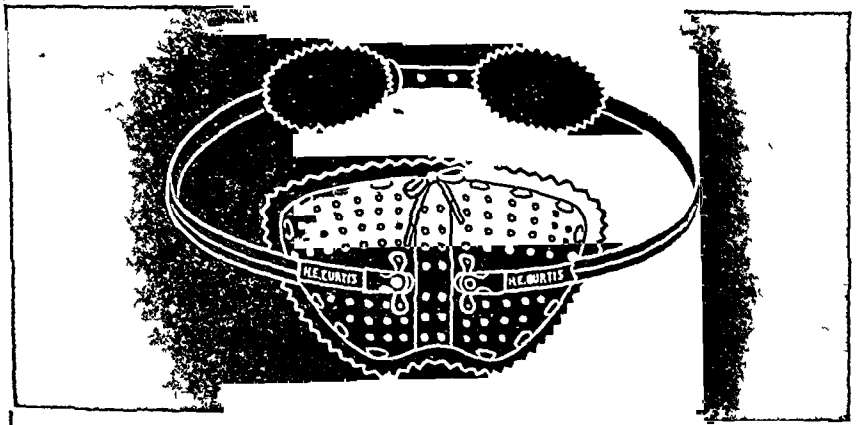
This great British organisation is solely devoted to making and fitting artificial limbs It provides a Nation wide service, and in every part of the British Isles and the Irish Free State, the Medical Profession, Hospitals and amputees have at their command the best that modern science and skill can offer

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himself to be a registered practitioner, for the patient had not alleged this in bringing the case. He reminded them that although the orthodox medical profession liked to think itself the sole repository of knowledge of the art of healing, there were undoubtedly unorthodox practitioners who rendered great public service. Professional osteopaths were an example and the same might be said of naturopaths who combined herbalism with nature treatment and the more reputable of them had formed themselves into associations which did their best to create standards. No one need consult these practitioners unless he liked; a patient who consulted one had the right to expect the average skill knowledge and efficiency of the body of naturopaths to which the practitioner belonged.

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Mr Justice Finlay gave judgement on January 11 in the King's Bench Division for £800 damages and costs against a young house surgeon in an action for negligence brought by a former patient.

The man was admitted to the Manchester Royal Infirmary last February for intravenous pyelography. The surgeon had some difficulty in finding the cubital vein and when he finally injected about 5 c.cm. of a 20 c.cm. dose of uroselectan B in the left arm the patient complained of great pain. He tried to find a vein in the other arm and at the ankle and finally returned to the left arm and made another injection which also produced pain. As his arm was inflamed he consulted his own doctor who diagnosed median nerve paralysis. An operation was performed on July 3 and the nerve was found embedded in scar tissue. Witnesses put the prospect of recovery between a year and eighteen months. For the defence it was said that the doctor was the best house surgeon the hospital had had for many years. He had done about twenty-four of these injections without trouble and observed as a consequence of injecting uroselectan B out side a vein. The patient complained of pain immediately the needle was put in and when the test for patency was satisfactory the doctor proceeded with the injection. On finding a second patency test unsatisfactory he withdrew the needle and tested the other arm but could not find a patent vein and so returned to the left arm. The drug must have entered the blood stream as the skiagram was a success. Complaints of pain were frequent at these injections and he did not think that the patient's pain was due to leakage into the tissues. If he had known that the patient might have median nerve paralysis he would have made an incision.

In his judgement reserved from the December Assizes at Manchester Mr Justice Finlay said that the leakage of the fluid into the tissues was a misfortune but the injury was not one which the doctor could reasonably have anticipated. He had committed negligence however in ignoring the patient's continual complaints of pain. It was an error of judgement to treat them merely as the expressions of a hypersensitive patient but not reprehensible negligence and the doctor was unfortunate that his error should have led to such grave consequences. The escape of fluid in such large quantities could have been avoided if the doctor had paid more attention to the complaints of pain. In conclusion the learned judge hoped that the action would not affect in any way a very promising career, as it should not.

Medical men will feel great sympathy for their colleague. Uroselectan B is a pyridine derivative containing 51½ per cent of iodine in close organic combination. It must have been used in hundreds of thousands of radiographic investigations since its introduction a few years ago and although slight and transient disturbances have occasionally been noted and sometimes ulceration and sloughing median nerve paralysis has so far as we know been quite unknown. In the present case it was caused by the constriction of the scar tissue which formed at the site of the puncture. Veins are often difficult to find and painful leakage of fluid is not uncommon. If there is any lesson to be drawn from the case it is that repeated complaint of severe and continued pain must be regarded as a serious warning. The doctor seems to have been the victim of one of those rare anomalies that happen in the use even of the safest drugs.

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The House of Lords reassembled after the Christmas recess on January 26 when the Lord Chancellor resumed his seat on the Woolsack after a long illness. On the same day a message from the King was read in both Houses which recommended Parliament to make permanent provision for exercise of the Royal Authority during any illness of the Sovereign or his absence from the Realm and also during the minority of a Sovereign. The message referred to the setting up of a Regency Council during the illness of King George V in 1928 and during his last illness in 1936. The Government arranged to introduce a Regency Bill in the House of Commons.

In the House of Commons the first place in the ballot for leave to move motions on January 20 fell to Mr Shinwell who proposed a resolution advocating provision of at least one meal a day for school children. The third place fell to Sir Francis Fremantle who desired to call attention to the neglect of the report of the Committee on Satellite Cities.

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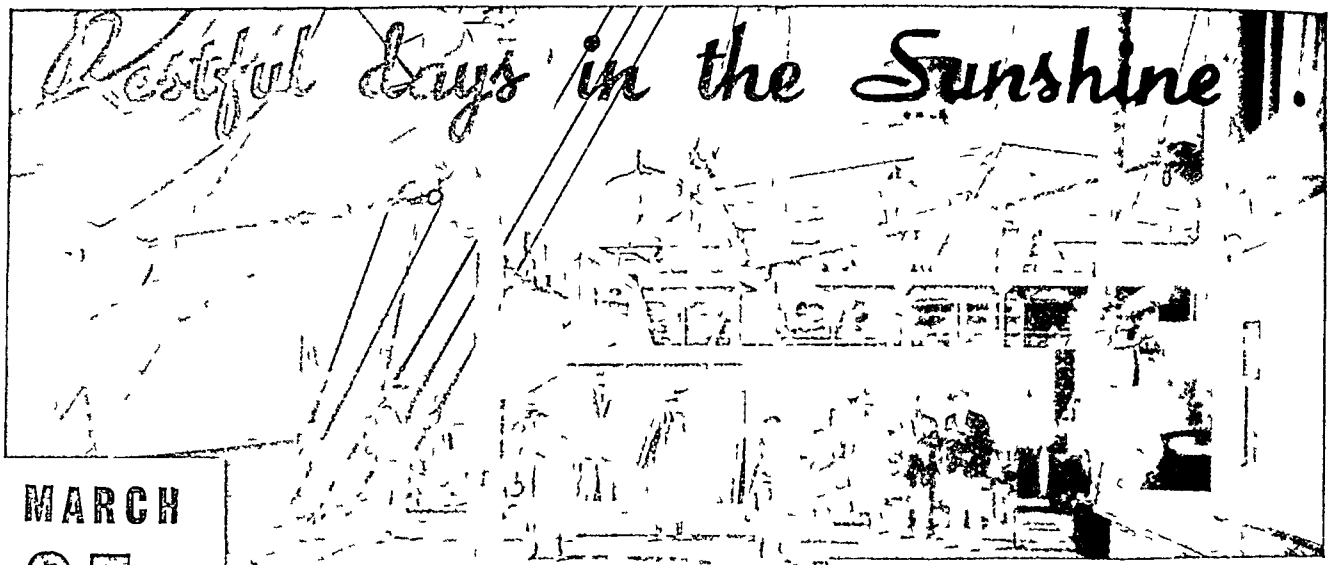
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Toxic congestion (influenza, typhoid fever, etc.)
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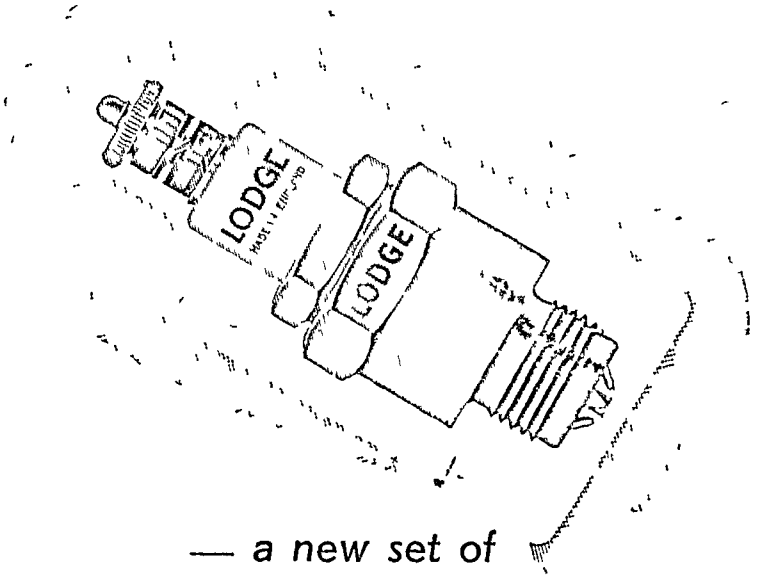
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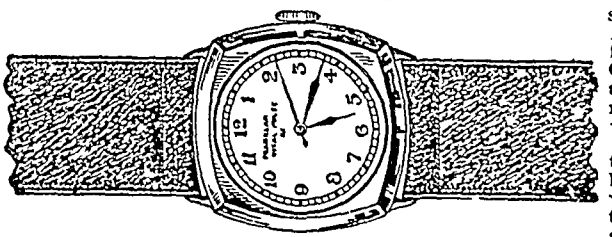
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Staff Accommodation at Ministry of Health—In a reply to Commander Fletcher on January 21 Sir KINGSLEY WOOD said he had from time to time received representations from the Departmental Whitley Council about the accommodation provided for the staff at the Ministry of Health Such representations were considered and where necessary brought to the notice of the Office of Works In general the accommodation in the Ministry was satisfactory About fifty to fifty five clerks spent a normal working day of about six hours for three months at a time in the basement courts which were large light and well ventilated rooms There was no overcrowding in any part of the Department Natural lighting in the rooms was generally good, and in only a small proportion was it necessary for any officer to resort to artificial light all day under normal weather conditions He was not aware of any outstanding complaints

Sight testing Opticians—Mr WALTER ELLIOT told Mr Henderson Stewart on January 22 that he had received certain representations from opticians regarding the new draft regulations as they affected sight testing opticians He had arranged to receive a deputation from Scottish opticians on this subject On January 26 Captain MACNAMARA asked the Minister of Health if he was aware of the anxiety among opticians of the country at the new draft regulations concerning the payment of their services for ophthalmic treatment and whether he would give an assurance that their position would be regularized in the new regulations so that there would be no doubt about the legality of their claim for service fees in the future Mr R S HUDSON replied that there had never been any intention of depriving opticians of a fee for services rendered by them in connexion with the supply of glasses to insured persons but some doubt had been expressed about the position under the proposed regulations The matter was receiving the careful consideration of the Minister of Health and of the Secretary of State for Scotland If they were satisfied that some modification of the wording of the draft regulations was required to legalize the payment of such a fee the necessary modification would be embodied in the substantive regulations

The Services

DADG ARMY MEDICAL SERVICES

Major G T Garraway R A M C has been appointed Deputy Assistant Director General Army Medical Services War Office

DEATH IN THE SERVICES

Lieut Colonel WILLIAM KEAYS R A M C (ret) died at Keynsham Somerset on January 14 aged 86 He was born on January 12, 1851 was educated at the Ledwich Medical School Dublin and took the L R C S I and L K Q C P in 1874 also subsequently the M R C P I in 1879 and the F R C S I in 1886 He entered the Army as surgeon on February 3 1878 passing first into Netley became lieutenant-colonel after twenty years service and retired on June 11 1904 While on the retired list he was employed at Weymouth from 1909 till 1912 He served in the Egyptian war of 1882 gaining the medal and the Khedive's bronze star and in the Sudan campaign of 1885 at Suakin when he received a clasp to the Egyptian medal When the war of 1914-18 began he rejoined for service and was employed at Bristol first on recruiting duties and later as chairman of the Pensions Board

Lieut Colonel RICHARD FRANCIS ELLERY R A M C (ret) died on January 7 aged 62 in Bristol Infirmary of pulmonary embolism after an operation He was born on October 7 1874 and was educated at Bart's and took the L S A in 1900 Entering the R A M C as lieutenant on June 21 1900 he became lieutenant-colonel on May 2 1918 and retired on March 1 1923 He served throughout the war of 1914-18 He was living before his last illness at Martock in Somerset He was a member of the British Medical Association for twenty years

Medical News

Deaths from influenza in London for the week ending January 23 were 273 as compared with 344 in the previous week and notifications of pneumonia 328 as compared with 449 The figures for 122 large towns in England and Wales including London are 1 135 deaths from influenza for the week ending January 23, as compared with 1,100 for the previous week

A reception will be held at the Royal Society of Medicine on Thursday February 11 at 8 30 p m when Fellows and their friends will be received in the Library by the president Sir John Parsons At 9 15 p m an illustrated address will be given by Professor T Graham Brown on Climbing in Three Continents Admission will be by ticket only and the secretary will deal with applications in strict rotation

On the afternoon of Friday February 5 the Right Hon Herbert Morrison M P Leader of the London County Council will perform the ceremony of opening the new nurses home at Friern Hospital New Southgate, N 11 (formerly until the end of 1936 known as Colney Hatch Hospital) The home has been planned on modern lines to avoid so far as possible overlooking the hospital buildings and sleeping accommodation is provided for 117 nurses The scattered quarters which nurses have hitherto occupied will be adapted to accommodate additional women patients

The tenth annual meeting of the Association of Clinical Pathologists is being held on Friday and Saturday of this week at the British Post Graduate Medical School Ducane Road, Hammersmith W The subjects for discussion are the diagnosis of gonorrhoea the diagnosis of syphilis and the present and future status of the clinical pathologist

A meeting of the Listerian Society of King's College Hospital will be held in the large lecture theatre of the hospital on Wednesday, February 10 at 8 30 p m when Dr Alan Gregg medical secretary of the Rockefeller Founoation will give an address on Psychological Research ' The chair will be taken by Dr Edward Mapother and members of other medical societies and the profession are invited to attend

A course on electrocardiography will be held by Professor Weber at Bad Nauheim from March 9 to 12

Mr Olaf F Bloch head of the research laboratory of Ilford Ltd will read a paper on Applications of Photography to Scientific and Technical Problems at the Royal Society of Arts John Street Adelphi on Wednesday February 10 at 8 15 p m The paper will be illustrated by lantern slides and cinematograph demonstrations Applications for tickets should be made to the Secretary Royal Society of Arts John Street Adelphi W C 2

At a meeting of the Association of Industrial Medical Officers at the London School of Hygiene and Tropical Medicine on January 22 Professor Millais Culpin and Dr May Smith read two interesting papers on the application of psychology to industrial problems During the dinner that followed the meeting Professor W W Jameson on behalf of the association presented a silver tray to Dr N Howard Mummery who is retiring from the chairmanship of the association His successor in the chair is Dr L P Lockhart

Dr J Matthewson Webster whole time police surgeon for Sheffield and lecturer in forensic medicine at the University of Sheffield has been appointed to take charge of the Home Office laboratory which is being established in Birmingham to serve the police forces in the West Midlands The Sheffield Watch Committee has accepted Dr Webster's resignation to take effect on March 31

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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

74 Diagnosis of Hodgkin's Disease

P EMILE-WEIL P ISCHWALL and MME S PERLES (*Presse med* October 3, 1936 p 1540) emphasize the difficulty of diagnosis in Hodgkin's disease and the fact that until recently the only certain method was the biopsy of a gland The procedure is often difficult and must be carried out in hospital, and in women the removal of a gland in the neck often leaves a visible scar In other parts of the body the removal of a gland may necessitate rest in bed or immobilization of a limb As an alternative puncture of a gland is recommended This procedure is easily carried out and gives equally reliable results, particularly as several glands can be punctured simultaneously Experience is needed to recognize the characteristics of Hodgkin's disease but this is easily acquired, and the technique of puncture presents no difficulties if care is taken that the syringe and needle are suitable In twenty cases in which glandular puncture was carried out the results were confirmed by biopsy and in every case the diagnosis was found to be correct Two outstanding characteristics were observed to be typical of the Hodgkin's gland—its cellular nature and the type of cells met with such as Sternberg and endothelioid cells Four different types of glandular enlargement can be recognized from the diagnostic puncture that which shows hyperplasia of the mononuclears, the type where there is a preponderance of eosinophils, a third type where the polynuclears predominate, and lastly, the fibrous type Cases are described which illustrate these different varieties It is pointed out that puncture of a gland besides being as valuable as biopsy for diagnosis of Hodgkin's disease and much easier to carry out is also able to show the progress of the disease so that treatment may be regulated and controlled

75 Acute Meningitis in Early Syphilis

CHESTER N FRAZIER and JUI WU MU (*Chin med J* November 1936, p 1591) report that among 1 262 cases of primary and secondary syphilis seen at the Peiping (Peking) Union Medical College during seven years acute symptomatic meningeal neurosyphilis was present in 12 8 per cent—that is in 162 cases This figure of 12 8 per cent is made up of 11 1 per cent who had had inadequate arsenical treatment and 1 7 per cent who had had no arsenical treatment. The incidence of early meningeal involvement in Peking is very much greater than in America In treated cases the ratio of mucocutaneous relapse to neuro recurrence was in Peking 8 6 to 11 1 and in an American series 12 1 to 2 9 These figures seem to suggest a greater susceptibility on the part of the Chinese patient to meningeal involvement Only one patient out of 169 cases of meningitis was a female though 13 per cent of the early syphilitics were females Basilar meningitis with cranial nerve palsies was present in 162 cases *diffuse cerebral meningitis* in twenty-two cases, acute syphilitic hydrocephalus in twenty eight cases and spinal meningitis with various degrees of myelitis in eleven cases The cranial nerves most often involved were the seventh and eighth 82 8 per cent of the patients had received from one to five arsenical injections during the primary or secondary stages of their syphilis Neuro recurrences usually developed within six months of the cessation of treatment Among twenty-four patients acute meningitis developed within one month of ceasing treatment A progressive increase in the severity of the disease occurred in patients who had a series of relapses with intervening irregular treatment A high percentage of cases showed abnormalities of the cerebro spinal fluid without clinical signs or symptoms of neurosyphilis The authors think that many of these cases would not have developed clinical signs of meningitis later if they had not been subjected to inadequate arsenical treatment Results of adequate treatment of early meningeal involvement are good with the exception of deafness due to eighth nerve lesions The necessity for full courses of arsenicals and bismuth is stressed Therapeutic shock in the treatment of early neurosyphilis is not recommended

76 Allergy in Rheumatism

A GERONNE (*Dtsch med Wschr* October 23 1936 p 1745) who is in charge of a municipal hospital in Wiesbaden finds in the leucocyte count confirmation of his belief that certain of the manifestations of rheumatism are allergic reactions During the past year one of his assistants has undertaken eosinophil counts in every case of rheumatism and has avoided confusion by excluding from the study cases of lead poisoning and worms in which the eosinophil count might conceivably be abnormally high The total of 254 well established cases of rheumatism included sixty-four of primary chronic arthritis seventy seven of secondary chronic arthritis twenty four of myalgia and forty three of neuralgia which in most cases took the form of sciatica There were several cases of acute articular rheumatism and of arthroses but only two cases of genuine gout in this material In as many as eighty six of these 254 cases *the eosinophil count* was over 4 per cent which is in the author's opinion the *upper limit of a normal eosinophil count* What impressed and surprised him was to find high eosinophil counts in practically every category, whether the patient was suffering from acute articular rheumatism myalgia neuralgia or any other manifestation of rheumatism One of the therapeutic lessons the author extracts from these findings is that the rheumatic patient requires to be very gradually and carefully desensitized, at present the injections given to induce a stimulating Reizkorpertherapie are apt to be much too heroic, the doses being too large and their spacing too short The violent reactions provoked by large doses of gold preparations for example are to be deplored the sufferer from myalgia, neuralgia, arthritis etc being in need of rest in the allergic sense, not stimulation

Surgery

77 Peripheral Neurectomy for Thrombo angiitis Obliterans

ROVIRALTA (*Paris med* November 28 *1936 p 395*) states that lumbar sympathectomy was first carried out for Buerger's disease in 1924 Later removal of the suprarenal gland was advocated for this disease both these operations carry *with them an appreciable* mortality It is suggested that resection of the nerve trunks at a level which *does not interfere* with the function of the limb itself may be a valuable procedure Several cases are reported in which this operation was carried out for ulcer of the toe or hand due to thrombo angiitis obliterans In most cases there was evidence of intermittent claudication and intense pain in the affected part. Usually the patients were between the ages of 20 and 40 and had often been bedridden for several years Sympathectomy where this had been carried out had had little or no effect on the condition In the first case which was typical of the series, resection of 4 cm of the posterior tibial nerve and

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Methods of Treatment at BATH

See Supplement, page ii

Decline and Fall of the Undescended Testis

Lancet p 999 May 2 1936 A Report on 25 treated cases

GROUP	TYPE	CASES	RESULT
I Adherent Normal Testis Normal Child	Unilateral - -	5	Failed
II Subnormal Testis Subnormal Child	Bilateral - -	6	Cured
	Bilateral & hypospadias - - -	2	
	Unilateral - -	3	
III Subnormal Testis Normal Child	Unilateral - -	3	Cured
	Bilateral - -	3	Improved

Practitioner 867-868 November 1936

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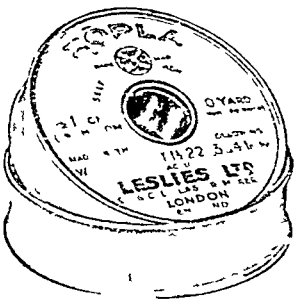
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JOINT COMMITTEE OF THE COUNTY COUNCILS OF DURHAM AND NORTHUMBERLAND AND THE COUNTY BOROUGH COUNCILS OF GATESHEAD AND NEWCASTLE UPON TYNE FOR THE ADMINISTRATION OF A VENEREAL DISEASES CLINIC AT THE NEWCASTLE GENERAL HOSPITAL

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Details of the conditions governing the appointment and special application forms can be obtained from the undersigned to whom all applications should be submitted not later than Wednesday February 17th

Town Clerk's Office A M OLIVER
Town Hall Newcastle upon Tyne 1 Town Clerk of Newcastle upon Tyne.
January 25th 1937

COUNTY BOROUGH OF STOCKPORT

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Applications endorsed Senior Assistant Medical Officer of Health should reach me not later than first post on Monday February 15th

Canvassing in any form is prohibited

Town Hall I KNOWLES
Stockport Town Clerk
January 25th 1937

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Applications are invited from fully qualified Medical Practitioners with the necessary knowledge and experience of hospital work for the appointment of a full time Resident Assistant Medical Officer at the AIMA ROAD HOSPITAL ROTHERHAM at a salary of £350 per annum, together with the usual emoluments

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Municipal Offices CHAS L DESFORGES
Rotherham Town Clerk
January 19th 1937

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The Guildhall I J SEARLE
January 19th 1937 Town Clerk

GOLDEN MOMENTS

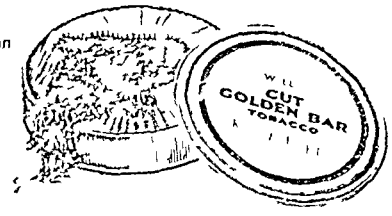
England v Wales

He s got to be good to get into his country s team —but what a Golden Moment it must be for him when he scores between the posts to give his side the victory

But even the International good as he is can t smoke a better tobacco than Cut Golden Bar at a shilling an ounce But it *must* be Wills s



2 oz vacuum tin

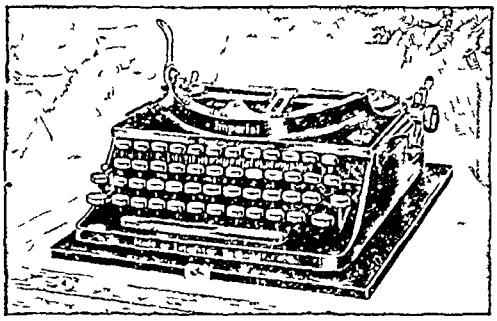


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In 2 oz Pocket Vacuum Tins and 1 oz Airtight Tins
FLAKE FORM
In 2 oz Airtight Tins and 1 oz Packets

AN 1/- OUNCE

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BY APPOINTMENT

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Special medical symbols and characters can be incorporated if required on the keyboard of the Imperial Good Companion' portable typewriter

Imperial 'Good Companion' Typewriter

If you are interested in a standard typewriter choose the Imperial Model 50 As in the case of the Good Companion special symbols can be included on the keyboard if required

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HUDDERSFIELD ROYAL INFIRMARY
(321 Beds)

Male CASUALTY OFFICER required to commence duty on February 22nd
Salary £200 per annum with board residence and laundry Appointment for six months Prospects according to qualifications experience and satisfactory service
The Hospital is officially recognised for the surgical practice required of non members before admission to the Final Fellowship Examination of the Royal College of Surgeons of England
The post of Casualty Officer is next in seniority to that of Resident Surgical Officer
Applications with copies of three recent testimonials to be addressed to the undersigned immediately
H J JOHNSON Gen Supt and Sec

HUDDERSFIELD ROYAL INFIRMARY
(321 Beds)

MALE HOUSE PHYSICIAN and RESIDENT ANAESTHETIST required to commence duty on March 1st
Salary £150 per annum with board residence and laundry Appointment for six months subject to renewal at the discretion of the Board of Management
Applications with copies of three recent testimonials to be addressed to the undersigned
H J JOHNSON Gen Supt and Sec

KENT AND SUSSEX HOSPITAL
TUNBRIDGE WELLS (204 Beds)

Applications are invited for the post of RESIDENT SURGICAL OFFICER Salary £250 per annum with board residence and laundry in the Hospital
The Hospital is approved by the University of London for the purpose of the M D and M S examinations and includes the following Departments Medical Surgical Ear Nose and Throat Ophthalmic Orthopaedic Gynaecological Radium X Ray and Electro Therapeutic Massage Pathological Venereal Diseases etc
There are three other House Surgeons and one House Physician on the resident Staff
Applications stating qualifications together with Certificate of Registration and copies of not more than three recent testimonials should be sent to the undersigned as soon as possible The appointment becomes vacant on March 1st next
TOM B HARRISON Supt Sec

NORTH STAFFORDSHIRE ROYAL INFIRMARY STOKE ON TRENT

HONORARY REGISTRARS

The Committee invite applications for the appointments of two Honorary Registrars (one Medical, one Surgical) for a period of twelve months
Applicants for the Medical Registrarship must hold the degree of M D or the M R C P and for the Surgical Registrarship the degree of M S or the F R C S
Applications to reach the undersigned by February 2nd from whom further particulars of these appointments honoraria etc may be obtained
By Order
W STEVENSON
Secretary and House Governor
January 18th 1937

HEREFORDSHIRE CENTRAL HOSPITAL
HEREFORD (150 Beds)

HONORARY PHYSICIAN IN CHARGE OF THE CARDIOLOGICAL DEPARTMENT

The Council of the Hospital invite applications for the above appointment
Candidates must have had experience in Electro Cardiography
Applications stating age and experience with six copies of application and six copies of three recent testimonials to reach the undersigned on or before February 7th
Canvassing directly or indirectly will disqualify
T W UPTON Secretary

GREAT YARMOUTH GENERAL HOSPITAL
(72 Beds)

Applications are invited for the post of HOUSE SURGEON (one of two appointments) Duties to commence February 22nd
Salary at the rate of £140 per annum with board and laundry
Applications stating age and qualifications, copies of three recent testimonials to the undersigned

ROYAL MANCHESTER CHILDREN'S HOSPITAL PENDLEBURY

Applications are invited for the post of Non resident ASSISTANT MEDICAL OFFICER at the Out patients Department Gaitside Street Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months Candidates must be on the *Medical Register*
Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a m till 1 p m or until the work of the Dispensary is finished Patients attendances number about 100 000 per annum
Applications stating age and accompanied by copies of not more than three testimonial to be sent to the undersigned as soon as possible stating the date on which the candidate would be free to commence duty
Canvassing directly or indirectly, may disqualify
By Order
H HARDMAN, Secretary

ROYAL UNITED HOSPITAL, BATH

Applications are invited from *gentlemen*, unmarried of British nationality, for the following appointments
HOUSE SURGEON general surgery, obstetrics and gynaecology, commence duties February 15th
HOUSE SURGEON general surgery and ear nose and throat commence duties February 23rd
(Both appointments are recognised by the Royal College of Surgeons of England)
HOUSE PHYSICIAN, commence duties shortly
Salary for each appointment £150 per annum with board residence and laundry
Applications with copies of three testimonials, to be addressed to the undersigned by February 5th stating the appointment for which application is made
J LAWRENCE MEARS
January 23rd 1937 Sec Supt

ROYAL SOUTHERN HOSPITAL, LIVERPOOL

Applications are invited for the post of HONORARY ASSISTANT ORTHOPAEDIC SURGEON
Applicants must be Fellows of the Royal College of Surgeons of England and must also possess special experience in Orthopaedic work The duties will be entirely confined to this branch of Surgery and will include daily attendance at the Fracture Clinic
Applications (30 copies) with three testimonials (30 copies) addressed to the Chairman of the *Election Committee* to be sent in not later than March 1st
The canvassing of any member of the Election Committee will disqualify the applicant
FRANK SOLMAN Supt and Sec

ST ANNE'S HOME ALTRINCHAM, CHESHIRE

Wanted a RESIDENT SURGICAL OFFICER (Male) for the above hospital (50 beds) Must be registered Salary £200 per annum with board apartments etc This hospital is the Ear Nose and Throat Department of the Manchester Hospital for Consumption and Diseases of the Ear Throat and Chest and duties include attendance on two mornings a week at the Out Patient Dept Manchester
Applications with copies of testimonials, to be sent not later than February 6th to W Hunt Secretary, 45 Hardman Street, Manchester 3

BIRMINGHAM MATERNITY HOSPITAL

Applications are invited for the post of RESIDENT MEDICAL OFFICER AND REGISTRAR to commence duties on April 1st Applicants must have had previous experience in Obstetrics and Gynaecology Salary £200 per annum Applications and copies of testimonials to be sent not later than February 15th to Mr HUGH C ASTON 45, Newhall Street Birmingham 3

VICTORIA CENTRAL HOSPITAL, WALLASEY

HONORARY ASSISTANT ORTHOPAEDIC SURGEON

Applications stating age qualifications and experience are invited for the above position All applications must be accompanied by copies of three recent testimonials and be

THE MENTAL HOSPITAL, BERRYWOOD, NORTHAMPTON

THIRD ASSISTANT MEDICAL OFFICER (Male) *required* Candidates must be registered Medical Practitioners and unmarried Preference will be given to candidates who already have the D P M and who have had previous Mental Hospital experience Salary £450 rising by £25 per annum to £500 per annum together with board lodging laundry and attendance valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for possession of the D P M
The Hospital has a complete New Admission Unit and a well equipped Laboratory (with trained laboratory assistant) where research work is encouraged There is an active Psychiatric Clinic attached to the Northampton General Hospital
The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909
Applications giving fullest particulars of experience etc together with copies of three recent testimonials to reach the Medical Superintendent by the first post on Monday February 15th

THE PRINCE OF WALES'S HOSPITAL
CRELLANBANK ROAD PLYMOUTH
(Formerly South Devon and East Cornwall Hospital) (264 Beds)

Applications are invited for the post of RESIDENT ANAESTHETIST and HOUSE SURGEON to the Special Departments
Salary £120 per annum with board, residence and laundry
Appointment is tenable for six months and is subject to renewal Duties to commence February 24th
The Hospital is officially recognised for the surgical practice required of non members before admission to the Final Fellowship Examinations of the Royal Colleges of Surgeons and Physicians of England
Applicants must be registered under the Medical Acts Applications stating age and qualifications, with copies of three recent testimonials to reach the undersigned by February 12th
ARTHUR R CASH
January 23rd 1937 Secretary

THE PRINCE OF WALES'S HOSPITAL
DEVONPORT PLYMOUTH (64 Beds)
(Formerly Royal Albert Hospital Devonport)

Applications are invited for the post of JUNIOR HOUSE SURGEON Salary £120 per annum with board residence and laundry
Duties to commence immediately
Appointment is tenable for six months and is subject to renewal or promotion to the Senior position when this post becomes vacant Applicants must be registered under the Medical Acts
Applications stating age and qualifications with copies of three recent testimonials must reach the undersigned forthwith
FRANK ROWE Secretary

THE PRINCE OF WALES'S HOSPITAL
LOCKYER STREET PLYMOUTH
(Formerly Central Hospital, Lockyer Street Plymouth) (50 Beds)

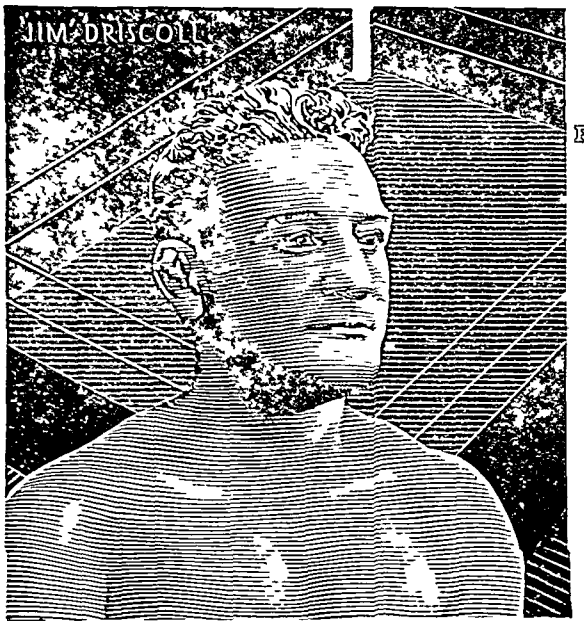
Applications are invited for the post of HOUSE SURGEON
Salary £150 per annum with board residence and laundry Duties to commence immediately Appointment is tenable for six months and is subject to renewal
Applications stating age and qualifications with copies of three recent testimonials to reach the undersigned forthwith
WM W URELL FOGG

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART

HOUSE PHYSICIAN (male or female) wanted April 1st
Facilities for writing Thesis Salary £100 per annum with board residence and laundry Applications to Miss LEWIS, Secretary, 14 Cook Street Liverpool

WATERLOO AND DISTRICT GENERAL HOSPITAL, NEAR LIVERPOOL

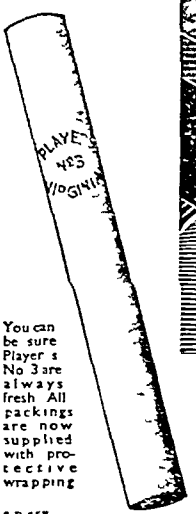
HOUSE SURGEON required as from February 15th The candidate must be fully qualified and registered Remuneration at the rate of £100 per annum, with board residence and laundry
Applications with copies of testimonials to



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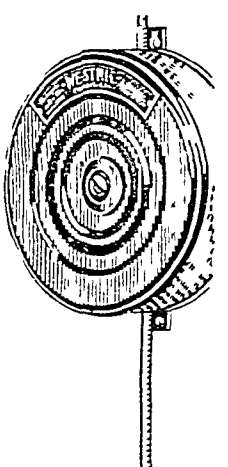
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All communications and enquiries referring to advertisements should be directed to

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BRITISH MEDICAL JOURNAL
British Medical Association House
TAVISTOCK SQUARE
LONDON, W C 1
Phone Euston 2111 (5 lines)

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TOBACCO GOOD SMOKES at a low price quality guaranteed Box of 50 for 25/ post free—Sole Manufacturers J J IRELMAN & Co LTD 90 Piccadilly London W 1

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BIZIM CIGARETTES delicious satisfying 100 post free for 6/3 Boxes of 100 and 50 s only — J J IRELMAN & Co LTD Manufacturers 90 Piccadilly London W 1

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WANTED IMMEDIATELY MALE ASSISTANT (118) for Country Practice Surgical Experience Essential Appointment for 3 months £3 3 0 all found according to qualifications Own car Car allowance £1 a week —Address No 1129 B M A House Tavistock Square W C 1

WANTED, FEBRUARY, BRITISH BORN Indoor Male ASSISTANT mixed country and industrial practice Car provided Dispenser kept £300 p a —Address No 1110, B M A House Tavistock Square W C 1

WANTED IMMEDIATELY —INDOOR AND outdoor ASSISTANTS for Town and Country Practices with and without view to Partnership Good salaries offered State full particulars —BRITISH MEDICAL BUREAU 33, Cross Street Manchester 2

WANTED IMMEDIATELY — ASSISTANT near London Initial salary £350 p a £50 car expenses Furnished rooms Surgical experience necessary — Address No 1127, B M A House Tavistock Square, W C 1

WANTED IMMEDIATELY — ASSISTANT (recently qualified or lady not objected to) for practice (3 partners) in Cheshire Town near Manchester Salary £250 all found and £50 car allowance —Address, No 1141, B M A House, Tavistock Square W C 1

WANTED IMMEDIATELY, YOUNG UNmarried male Irish R C ASSISTANT Able to drive General Practice Midland town Salary £300 p a Car provided for use in practice dispenser kept All found —Address No 1147, B M A House Tavistock Sq, W C 1

WANTED —MARRIED ASSISTANT FOR CITY panel and private Practice South West London Abstainer Panel experience essential £8 8s weekly Free house light etc —Address, No 1093 B M A House, Tavistock Sq, W C 1

WANTED MALE ASSISTANT, AGED 26 32 English for Surgeon in general practice in Midlands Salary £400 £150 State age experience and ambitions —Address, No 1136, B M A House, Tavistock Square, W C 1

WANTED OUTDOOR ASSISTANT, MALE single £300 plus car allowance all found Nice suburb of large city Good prospects State age nationality qualifications etc —Address No 1119, B M A House Tavistock Square W C 1

WANTED — ASSISTANT, SINGLE FOR February 20th, in industrial practice 20 miles from London Salary £360 at first, with rooms and attendance plus car allowance if own car Car not essential —Address No 1111 B M A House Tavistock Square W C 1

WANTED IN OLD ESTABLISHED COUNTRY Practice an ASSISTANT, with view to partnership Must be young unmarried and able to do minor surgery Golf tennis cricket badminton etc Live in Apply by letter with recent testimonials to No 1103 B M A House, Tavistock Square, W C 1

WANTED, MALE ASSISTANT SALARY £450—£500 urgently Married or bachelor prepared to take full charge of branch Partnership later if suitable — Address No 1142 B M A House Tavistock Square W C 1

WANTED —ASSISTANT FOR PRACTICE IN Northern City Salary £400 p a plus £50 allowance for own car Good prospects to suitable well qualified man State age religion, and experience —Address No 1139 B M A House Tavistock Square W C 1

WANTED—PART TIME MALE ASSISTANT or deputy for week ends and occasional surgeries—morning and evening in mixed general practice in N W London About one third time job Five in at week ends Remuneration £250 —£300 according to work done or any other arrangement mutually agreed upon Suit man reading for higher exam or a semi retired man —No 1145 B M A House Tavistock Sq, W C 1

WANTED—MALE ASSISTANT FOR PRACtice in Manchester Salary £400 p a to commence with State age height religion and experience — Address No 1140, B M A House Tavistock Square, W C 1

WANTED IMMEDIATELY —INDOOR MALE ASSISTANT English or Scottish Dispenser and Chauffeur Dept Congenial atmosphere Commencing salary £300 p a Car allowance Interview —Address, No 1146 B M A House, Tavistock Square, W C 1

ASSISTANT WANTED IN BIRMINGHAM gentleman or lady Work light practically no night work or midwifery Apply with full particulars —Address No 1116 B M A House Tavistock Square, W C 1

EX H P, B S, IRISH GRADUATE REquires outdoor ASSISTANTSHIP in London Willing take charge and live over Surgery Good experience mixed general practice Abstainer Single Own car —Address No 1126 B M A House, Tavistock Square, W C 1

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DOCTORS REQUIRING QUALIFIED Dispensers, Nurse Dispensers Secretary Dispensers or Chauffeur Dispensers are invited to write wire or 'phone Temple Bar 5858 THE DISPENSERS BUREAU 3, Lindsay House 171 Shaftesbury Avenue London W C 2

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GLOUCESTER

A REGISTERED HOSPITAL for the CARE and TREATMENT OF LADIES and GENTLEMEN suffering from NERVOUS and MENTAL DISORDERS. Within two miles of the G.W. Railway and L.M.S. Railway Station at Gloucester the Hospital is easily accessible by rail from London and all parts of the United Kingdom. It is beautifully situated at the foot of the Cotswold Hill and stands in its own ground of over 300 acres. Voluntary Patients of both sexes are also received for treatment.

Special accommodation for Lady Voluntary Patients is also provided at the MANOR HOUSE which has its own private grounds and is entirely separate from the Main Hospital.

For particulars as to terms etc apply to—
ALFRED J. TOWNSEND, M.D., Medical Supt.
Telephone No. 620 Barnwood.

HILL END HOSPITAL
FOR MENTAL AND NERVOUS DISORDERS
(20 miles from London)

Ladies suffering from all forms of MENTAL ILLNESS are received for treatment on moderate terms as Voluntary, Temporary or Certified Private Patients at the Hill End Hospital. Convalescent or mild cases can be treated in a delightful country mansion with extensive grounds known as

HIGHFIELD HALL

situate about a mile away from the Hospital. FEES TWO TO THREE GUINEAS PER WEEK.

For further particulars apply to the Medical Supt. W. J. T. KIMBER, L.R.C.P., D.P.M.

ST. ALBANS, HERTS.

STRETTON HOUSE,
Church Stretton, Shropshire

A PRIVATE HOME for the treatment of Gentlemen suffering from Mental and Nervous Illness including the allied disorders of Alcoholism and the Drug Habit. All types of early Mental and Nervous cases are received without certificates as Voluntary Patients under the provisions of the Mental Treatment Act, 1930. Bracing Hill country. See *Medical Directory* p. 2366.—Apply to Medical Superintendent. Phone 10 P.O. Church Stretton.

HOME FOR EPILEPTICS
MAGHULL (near LIVERPOOL)

Chairman Brig.-Gen. G. Blythin Taylor, C.B.E., V.D., D.L.

FARMING and OPEN AIR OCCUPATION for PATIENTS

A few vacancies in 1st and 2nd Class Houses.

FEES 1st Class (men only) from £3 p.w. upwards. 2nd Class (men and women) 32/- p.w.

For further particulars apply

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FENSTANTON,
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A Private Home for the Care and Treatment of a limited number of Ladies with Mental and Nervous Disorder. Certified Voluntary and Temporary Patients received. Large Mansion with 12 acres of grounds. (See *Medical Directory*, p. 2350.) Apply Resident Physician. *Telephone* Tulse Hill 2181.

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A PRIVATE MENTAL HOME situated in 11 acres of well-wooded grounds. For Ladies and Gentlemen suffering from Nervous or Mental Illness. Voluntary Patients, Temporary Patients and Patients under Certificate are admitted for treatment. Fees from 4 guineas a week upwards according to accommodation required. A few vacancies exist for Voluntary Patients at reduced fees on the Patient's own Physician. SMALL.

Telegrams Small 80 Norwich.

BAILBROOK HOUSE
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For sufferers from Nervous and Mental Disorder with or without certificates.

The house is gloriously situated in wooded grounds of 20 acres with magnificent views of the City and the Avon Valley. (See *Medical Directory*, page 2360.)

For terms apply A. GUIRDHAM, M.A., D.M., B.Ch., D.P.M., Resident Physician.
Telephone Batheaston 8189.

ST. ANDREW'S HOSPITAL
FOR MENTAL DISORDERS
NORTHAMPTON

FOR THE UPPER AND MIDDLE CLASSES ONLY

President THE MOST HON. THE MARQUESS OF EXETER, C.M.G., A.D.C.

Medical Superintendent DANIEL F. RAMBAUT, M.A., M.D.

The registered Hospital is situated in 120 acres of park and pleasure ground. Voluntary patients who are suffering from incipient mental disorder or who wish to prevent recurrence of mental trouble, temporary patients and certified patients of both sexes are received for treatment. Careful clinical, biochemical, bacteriological and pathological examination. Private rooms with special nurses, male or female, in the Hospital or in one of the numerous villas in the grounds of the various branches can be provided.

WANTAGE HOUSE

This is a Reception Hospital in detached grounds with a separate entrance to which patients can be admitted. It is equipped with all the apparatus for the most modern treatment of Mental and Nervous Disorder. It contains special departments for hydrotherapy by various methods including Turkish and Russian baths, the prolonged immersion bath, Vichy Douche, Scotch Douche, Electrical baths, Plombières treatment etc. There is an Operating Theatre, a Dental Surgery, X-ray room, an Ultra-Violet Apparatus and a Diathermy and High Frequency treatment. It also contains Laboratories for biochemical, bacteriological and pathological research.

MOULTON PARK

Two miles from the Main Hospital there are several branch establishments and villas situated in a park and farm of 650 acres. Milk, meat, fruit and vegetables are supplied to the Hospital from the farm, gardens and orchards of Moulton Park. Occupation Therapy is a feature of this branch and patients are given every facility for occupying themselves in farming, gardening and fruit growing.

BRYN-Y-NEUADD HALL

The Wayside house of St. Andrew's Hospital is beautifully situated in a Park of 330 acres, Llanfairfechan, amidst the finest scenery in North Wales. On the North West side of the Estate a mile of coast forms the boundary. Patients may visit this Branch for a short seaside change or for longer period. The Hospital has its own private bathing house on the shore. There is trout fishing in the park.

At all the branches of the Hospital there are cricket ground, football and hockey ground, lawn tennis court (grass and hard court), croquet grounds, golf course and bowling green. Ladies and gentlemen have their own gardens and facilities are provided for handicraft such as carpentry, etc.

For terms and further particulars apply to the Medical Superintendent (Telephone No. 2356 and 2357 Northampton) who can be seen in London by appointment.

NORTHUMBERLAND HOUSE,
GREEN LANES, FINSBURY PARK, N.4

A PRIVATE HOSPITAL for the treatment of mental and nervous illnesses. Conveniently situated and easy of access from all parts. Six acres of ground, highly situated facing Finsbury Park. Voluntary and Temporary Patients received without certification. Occupational Therapy, Psychotherapy and other modern forms of treatment.

Telephone STAMFORD HILL 2688. *Telegram* SUBSIDIARY, LONDON.

Convalescent Home, KEARSNEY COURT, DOVER. For further particulars apply to the Medical Superintendent.

THE COPPICE, NOTTINGHAM
HOSPITAL FOR MENTAL DISEASES

This Institution is exclusively for the reception of a limited number of Private Patients of both sexes of the Upper and Middle Classes at moderate rates of payment. It is beautifully situated in its own grounds on an eminence a short distance from Nottingham and from its singularly healthy position and comfortable arrangements affords every facility for the relief and cure of those mentally afflicted. Occupational Therapy. Voluntary and Temporary Patients received. *Tel.* 64117. *For terms etc apply to the Medical Superintendent.*

HAYDOCK LODGE
NEWTON-LE-WILLOWS, LANCASHIRE

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HOUSE SURGEON required for General Surgery. Duties to commence February 22nd.

The Hospital contains 300 beds includes the usual special departments and is recognised by the various Examining Bodies for a part of the requisite attendance on Medical and Surgical Practice.

Candidates must be registered under the Medical Acts and unmarried.

The appointment is for six months. Salary at the rate of £100 per annum. Board furnished rooms and laundry provided. Applications with copies of testimonials to be forwarded to the undersigned.

Wolverhampton W. H. HARPER
January 25th 1937 House Governor

THE DEWSBURY AND DISTRICT GENERAL INFIRMARY, DEWSBURY

Applications are invited for the post of SECOND HOUSE SURGEON (Male) vacant March 1st next. The duties are principally those of a House Physician and Casualty Officer. Salary £150 per annum, with board, residence and laundry.

The Infirmary is a new Voluntary Hospital of 100 beds and has the usual Special Departments with Visiting Consulting Specialists in attendance.

Applications stating age and hospital experience, *together with copies of recent testimonials* to be sent as immediately as possible to my office.

FRED SMITH Sec. Supt.

WEST KENT GENERAL HOSPITAL (Incorporated) MAIDSTONE (120 Beds)

Applications are invited for the post of HOUSE PHYSICIAN who must be a Male of British nationality.

Salary at the rate of £175 per annum with board apartments and laundry.

Candidates must possess registered qualifications and have had experience in Midwifery.

Applications stating qualifications and experience together with copies of testimonials should be sent to the undersigned not later than first post on February 12th.

The successful candidate will be required to take up residence on February 17th.

EDWARD J. CRUCE
House Governor and Secretary.

LEEDS PUBLIC DISPENSARY AND HOSPITAL NORTH STREET LEEDS 2

Applications are invited for the post of ANAESTHETIST. Honorarium 25 guineas per annum for one session weekly.

Applications with copies of testimonials must be received by the undersigned not later than February 12th.

CHARLES F. J. MAGRY
Secretary and Superintendent.

INGHAM INFIRMARY SOUTH SHIELDS

Wanted SENIOR and JUNIOR HOUSE SURGEONS (Male). Salaries £200 and £150 per annum respectively with board residence and laundry. No out visiting. Candidates must hold registered qualifications in medicine and surgery. *The appointment will be terminable by one month's notice.* Applications stating age and accompanied by copies (which will not be returned) of not more than two testimonials to be sent to the undersigned from whom further particulars may be obtained.

JOHN POTTER Secretary.

ROYAL ISLE OF WIGHT COUNTY HOSPITAL RYDE

JUNIOR HOUSE SURGEON wanted. Single unmarried. Salary at the rate of £120 yearly with board residence and laundry. Applications and testimonials enclosed to the Secretary before [illegible].

A. S. COLDON Secretary.

THE LIVERPOOL SANATORIUM, DELAMERE FOREST, RODESHAM, VIA WARRINGTON

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Applications are invited from Male Medical Practitioners with suitable qualifications for the following appointments:

SENIOR ASSISTANT at a salary of £325 per annum with board quarters and laundry.

JUNIOR ASSISTANT at a salary of £225 per annum with board quarters and laundry.

Candidates must be unmarried and preference will be given to applicants who have held resident medical appointments since qualification and have had practical institutional experience in the treatment of pulmonary tuberculosis.

The appointments are normally tenable for 12 months but may be extended.

Particulars of duties and forms of application obtainable from the Medical Superintendent should be returned with copies of three recent testimonials not later than February 9th.

WORCESTER ROYAL INFIRMARY

Applications are invited for the post of HONORARY ASSISTANT SURGEON.

Applicants must possess one of the following qualifications:

(a) A Degree in Surgery from one of the Universities of the United Kingdom or

(b) The Fellowship of one of the Royal Colleges of Surgeons of the United Kingdom.

All candidates must be registered under the Medical Act.

Further particulars concerning the post can be obtained from [illegible] at the Hospital or indirect will const[illegible]

Forty-six copies of the applications with testimonials should be forwarded to The Chairman Worcester Royal Infirmary before Saturday, February 6th.

WEST KENT CENTRAL HOSPITAL (Incorporated), MAIDSTONE (120 Beds)

Applications are invited for the post of HOUSE PHYSICIAN who must be a male of British nationality.

Salary at the rate of £175 per annum, with board apartments and laundry.

Candidates must possess registered qualifications.

Applications stating qualifications and experience together with copies of testimonials should be sent to the undersigned not later than first post on February 12th.

The successful candidate will be required to take up residence on February 17th.

EDWARD J. CRUCE,
House Governor and Sec.

ROYAL BERKSHIRE HOSPITAL, READING (338 Beds)

Applications are invited for the post of RESIDENT ANAESTHETIST (Male).

Candidates must be fully qualified and registered and have had considerable experience in the administration of anaesthetics.

A salary of £250 per annum with board residence and laundry will be paid to candidates possessing suitable qualifications for the post.

Applications stating age and experience *with copies of not more than three recent testimonials* to be sent to the undersigned, as soon as possible.

H. L. RYAN Sec. and House Governor.

THE LIVERPOOL EYE EAR AND THROAT INFIRMARY
MYRTLE STREET LIVERPOOL 7

Applications are invited for the post of OPHTHALMIC HOUSE SURGEON. Salary £150 per annum. The appointment is tenable for six months subject to renewal.

Applications with copies of testimonials stating the qualifications and previous experience to be sent not later than February 6th to JOHN LENNOX Esq. (Chairman) 9 Harrington Street Liverpool 2.

CHESTERFIELD AND NORTH DERBYSHIRE ROYAL HOSPITAL
(220 Surgical and Medical Beds)

HOUSE SURGEON

Applications are invited from fully qualified men for the above post.

The appointment is for six months. Salary at the rate of £150 per annum, with board apartments and laundry.

Applications stating age together with copies of three recent testimonials should be sent to the undersigned as soon as possible.

G. SUNNUCK
January 26th 1937 Supt. & Sec.

THE SHEFFIELD ROYAL HOSPITAL
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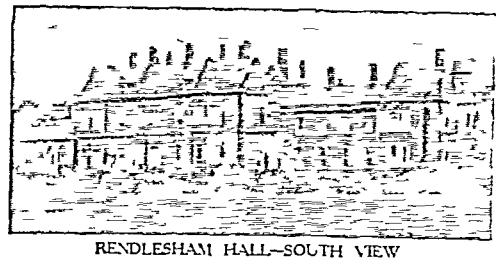
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1 SUSSEX —Partnership in old-established Practice in growing country district within easy reach of popular watering place Cash receipts average £1 650 p a including appointments and a panel of 1 400 Cottage available containing 3 bedrooms 2 attics garage and good garden Rent £52 p a Scope Premium one half share £1 250 Succession to whole Practice in 2/3 years

2 S E COAST — Partnership in old-established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope, district growing rapidly Premium one half share two years purchase

3 EASTERN COUNTIES —Partnership (with succession in 2/3 years) in old established Practice averaging £3 115 p a in market town in agricultural district Panel over 2 300 Visits from 3/6 medicine extra House to rent One third share at first Premium 2½ years purchase Preliminary Assistantship

4 MIDDLESEX —Partner required (with preliminary Assistantship) for rapidly increasing branch Practice in growing residential district Panel between 1 000/1 200 Small house (3 bedrooms) for sale or rent Scope Share worth about £1 000 p a Premium two years purchase Alternatively the whole branch would be sold

5 LONDON N — Medical Woman s Practice in populous district Receipts average £560 p a including panel 470 House (4 bedrooms) to rent at £100 p a Premium £850

6 WITHIN 15 MILES (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £500 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/- weekly Ample scope Premium £5 000

7 E COAST —Partnership in old established middle class Practice over £3 700 p a in growing watering place within 75 miles of London Good appointments and panel (50 Visits 5/- to 10 6 Well situated house (4 bedrooms) with garage and small garden for sale Scope for increase—building proceeding Hospital and scope for surgery if desired Premium one half share £4 000

8 NORFOLK —Very old established Country Practice in best part Cash receipts average £803 p a with appointments worth about £50 and a panel of 617 Visits 1/- to 10 6 medicine extra Modern house (6 bedrooms) garage and garden for sale Scope Premium £1 500

9 YORKSHIRE (N R) — Partnership (after preliminary Assistantship) in very old established Practice nearly £3 000 p a in old world market town Panel 800 Visits 5/- to £2/2/- One third share offered to suitable man at two years purchase with option to increase later up to one half

10 SURREY —Better class Practice about £500 in growing residential part of a town easy reach of London Panel 150 Nice modern detached house (8 bedrooms) in own grounds with garden and garage for sale Scope as building is going on Reasonable offer to effect quick sale

11 KENT COAST —Partnership in old-established PRACTICE in small growing fashionable Seaside Resort Cash receipts average over £4 300 p a including valuable appointments and panel about 2 000 Visits 3/6 to £1 1s Very little dispensing Not much midwifery Specially built house (4 bedrooms, etc) with garage and garden for sale or rent Prem one fourth share two and a quarter yrs pur

12 W OF ENGLAND —Good-class non dispensing PRACTICE in first rate Residential Town Cash receipts (1936) over £1 600 No panel or appointments House contains 8 bedrooms etc with garage and small garden Price £1 800 Excellent society and educational facilities Scope Premium two years purchase

13 N DEVON —Old-established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 330 Visits 5/- upwards Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting shooting fishing golf etc Premium one and a half years purchase

14 DEATH VACANCY — LONDON, S E — Old-established PRACTICE Receipts average 3 years ended April 5th 1936 £620 p a Panel about 700 Ten roomed house in good position on main road with separate entrance to surg Garden no gar Rent £130 p a Scope for increase

15 ESSEX —Well-established better working and middle class PRACTICE averaging £600 p a in outlying Suburban District Panel 430 House on main road with small garden front and back Rent £90 p a on lease Good scope—building going on Premium £1 200 cash

16 AUSTRALIA —Very old-established Practice in one of the best (chiefly Sheep Farming) Districts in Victoria Receipts year ended June 1936 £1 690 including appointments worth £225 p a Eight roomed house rent £60 p a Premium to include furniture, contents of dispensary etc, £800 (English currency)

17 EASTERN COUNTIES —Partnership (after six months Assistantship) in very old established middle class Practice averaging £3 300 p a in Market Town No panel Fees 5/- to £1 1s Suitable house obtainable Premium one-half share two years purchase

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1 SOUTH COAST —Residential Town —Good class well established PRACTICE for disposal owing to Vendor's ill health Gross cash receipts are approximately £3,600 with 1 200 panel patients Advice and medicine 3/6 to 21/ Visits same Midwifery few cases three to fifteen guineas Specially built freehold house for disposal containing professional accommodation dining room and lounge 5 bed rooms garden, and garage Freehold £2 700 Freehold branch surgery also for disposal, price £1 800 Part of this is sublet Premium 2 years purchase

2 OUTLYING NORTHERN PART OF LONDON —ASSISTANTSHIP with view at end of 12 months—when a share worth approximately £800 p a will be available at 2 years purchase Practice is at present doing about £3 500 p a gross with 1 100 to 1 200 panel patients It is stated that the receipts have practically been doubled within the last few years Premium 2 years purchase Salary to commence £450 p a including car allowance with free house and rates paid Applicants should be about 30 years old with London or Scottish hospital training Protestant and likely to be married when the partnership materialises

3 LONDON S E —PARTNERSHIP —A SHARE representing about £1 000 p a (with early increase up to about £1 500 to £2,000 p a) is offered in well established mixed class practice having exceptional scope for expansion as a neighbouring practice has recently been purchased Suitable flat available Rent 25/ per week Premium 2 years purchase

4 SOUTH DEVON —PARTNERSHIP AFTER PRELIMINARY ASSISTANTSHIP offered in exceptionally good and increasing mixed class practice averaging about £5 700 p a for past 3 years (last year £5 876) Panel of over 1 600 Appointments worth over £150 p a Very good house available Premium 2 years purchase

5 ESSEX COAST —PARTNERHIP —A ONE HALF SHARE is offered in very old established and exceptionally good better middle class Practice Average gross cash receipts for past 3 years £3 713 p a (last year £3 788) Panel of about 1 500 and appointments worth over £330 p a Suitable house with 2 reception 4 bedrooms small garden etc Garage Premium for share and house £5 500

6 MIDLANDS — COUNTRY DISTRICT —PARTNERSHIP —ONE THIRD SHARE (with prospects of increase later) is for disposal in good middle and working class Practice within easy reach of three good towns Gross cash receipts for past 12 months £3 238 Panel (increasing) brings in over £900 p a House specially built for Practice contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

7 SOUTH EASTERN DISTRICT —Mixed class PRACTICE producing for past 12 months over £1 100 Panel of about £650 9 roomed house with garden and garage can be rented Premium 2 years purchase payable £500 down and balance by instalments

8 NORTH WALES COAST —Old established chiefly better class PRACTICE in beautiful country district Gross cash receipts average £1 368 p a Fees 3/6 to 21/ Good house newly decorated, with excellent garden Reasonable premium for prompt sale

9 LONDON SOUTH EAST —Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as further building is in progress Good house in excellent condition containing 2 reception consulting room 4 to 6 bedrooms dressing room etc Price £500 Premium £2 400

10 S E LONDON —Good mixed class PRACTICE averaging £1 473 p a Panel of 820 Very moderate expenses House contains 2 reception 5 bedrooms garden garage Freehold for sale Golf etc, and good schools Premium 2 years purchase

11 OUTLYING EASTERN SUBURB —Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 10/6 Panel of 430 Suitable house can be rented at £90 p a Premium £1 200

12 LADY DOCTORS PRACTICE —Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 60 Fees 3/6 to 10/6 House can be rented Reasonable premium

13 LONDON S E —LOCK UP PRACTICE —Recently established PRACTICE producing about £330 p a No panel or appointment Suitable premises can be rented at 15/ per week Premium £350

14 LONDON WEST —Old established PRACTICE producing about £700 p a including panel of 500 Well situated house with 2 reception 3 bedrooms garden Freehold for sale Reasonable premium

15 S E LONDON —Recently established PRACTICE in advantageous position in growing building estate Exceptional scope for increase Gross cash receipts for past 12 months £750 Panel of 500 increasing Well planned house in good repair containing 2 sitting 3 bedrooms etc Premium 3 years purchase

16 MIDDLESEX —Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house with 2 reception rooms kitchen etc For sale or on rental

17 SURREY TABLE TOWN WITHIN EASY REACH OF LONDON —Well established PRACTICE at present producing about £250 Panel of about 180 Very good scope Fees from 3/6 Suitable house containing 2 reception 3 bedrooms etc Freehold Premium £300

18 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Applicants must hold the L R C S and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week, and all found

19 MIDDLESEX RIVERSIDE —Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p a Panel of 430 Small accommodation suitable for a bachelor can be rented at £52 p a alternatively practice can be worked as a lock up Premium 14 years purchase

20 WALES —Unopposed country PRACTICE producing approximately £2 000 p a including panel and appointments bringing in about £1,000 p a Visits and medicine 3/6 to 21/ Suitable house with 2 sitting 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years purchase Knowledge of Welsh desirable but not essential

21 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP —One half share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced married and good worker

22 RIVERSIDE SUBURB —Recently established PRACTICE producing about £200 p a and stated to offer considerable scope Panel of 100 Fees from 2/6 Suitable house with 3 reception, 3 bedroom etc Garden Garage Rent £80 p a Premium £300

23 FAVOURITE SOUTH COAST TOWN — PARTNERSHIP —A three-tenths share (with increase later) is offered in an old established steadily increasing good middle class Practice producing at present over £3 400 p a Panel of approximately 1 800 Fees from 5/ upwards Suitable maisonette avail on rental Prem 2 yrs purch

24 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE is recently established and stated to offer considerable scope for increase Gross cash receipts for past 12 months approximately £400 Small house can be rented at 25/ per week Premium one year's purchase

25 WITHIN 12 MILES OF LONDON —Recently established PRACTICE in rapidly developing residential district producing for last 12 months over £1,100 Panel of 367 Fees from 3/6 Suitable house with 2 reception 4 bedrooms etc and professional rooms Small garden Garage Price for freehold £1,450 Premium £1 600

26 FAVOURITE SOUTH COAST TOWN —PARTNERSHIP —A one-third share (with increase later) is offered in good mixed class Practice producing for last 12 months approximately £1 600 Panel of 1 300 Fees from 5/ Detached house with good sized garden, containing 3 professional rooms dining room kitchen etc and 5 other rooms, bathroom etc Rent £75 p a Premium 2 years purchase

27 LONDON, WEST —Old established good mixed class PRACTICE averaging for past 3 years over £2,400 p a Panel of 1 400 and good appointments worth over £200 p a Fees 3/6 to 10/6 Suitable house in very good position with 2 reception 5 bedrooms etc Rent on lease £100 p a

28 SOUTH CORNWALL —FAVOURITE COAST TOWN —Well established PRACTICE averaging over £1 100 p a, including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception, 5 bedrooms dressing room, and professional rooms Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

29 PARTNERSHIP — HOSPITAL TOWN —FAVOURITE RESIDENTIAL DISTRICT WITHIN EASY REACH OF LONDON —A SHARE producing about £1 100 p a (with increase up to about £1 500 p a within a short time) is offered in well established better class Practice producing over £3 000 p a Panel of about 1 800 Good fees Suitable house with 2 reception 6 bedrooms etc Garden Garage Can be rented on lease Ingoing partner should have good knowledge of medicine and surgery

30 WILTS —PARTNERSHIP —A one third share with view to succession later is offered in old established mixed class country town Practice stated to offer good scope for an energetic worker Average gross cash receipts for last 3 years £1 495 p a Panel of about 1 200 Fees from 3/6 Suitable house can be obtained or ingoing partner could reside with Vendor Premium 2 years purchase

31 SURREY —Recently established PRACTICE producing over £200 p a including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms consulting room Large garden Price for freehold £850 or might be rented Premium £250

32 LONDON — SOUTH EAST —Well established mixed class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house containing 2 reception 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800 or near offer

33 HOME COUNTIES —Very old established chiefly better class PRACTICE held by Vendor (who is retiring) over 10 years Average gross cash receipts for last 3 years £1 057 p a Panel of over 700 Fees 3/6 to 21/ Exceptionally nice house with 3 reception 6 bed rooms etc Very good garden Garage Excellent schools within reach and good social and sporting facilities Freehold for sale Premium 2 years purchase

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

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It is anticipated that not less than 30 vacancies for Medical Officers will occur in 1937 The majority of these will occur in Tropical Africa and in Malaya

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SALARY —Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1 0 0 and £1 200

PRIVATE PRACTICE —Private practice is not allowed as of right but in the case of some appointments it is permitted on certain conditions

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Candidates must be of pure European descent They must be British Subjects the sons of British Subjects and registered under the Medical Acts

Candidates must be under 28 years of age and will be selected after interview by a selection board without competitive examination

Hospital appointments held since qualifying will under certain conditions qualify candidates for antedate of commission up to a maximum of one year, the age on entry may, if necessary be increased by a period equal to the antedate'

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Air Ministry (D M S),
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Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments with the Scottish Medical Secretary 7, Drumsheugh Gardens Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(continued)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LOWESTOFT MEDICAL INSTITUTE *(Medical Officer)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE *(Medical Officer)*	OAKDALE MON *(Medical Officer for Medical Aid Association)*	CORPORATION OF GLASGOW *(Child Welfare Medical Officer—Female)*
LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society)* *(Workmen's Medical Scheme)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association, B M A House Tavistock Sq W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Societies' Appointment)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Sherwood House 205 St George's Terrace Perth Western Australia
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 35 Adelaide St Brisbane				

Jan 27 1937 By Order of the Council G C ANDERSON *Medical Secretary*

BRADFORD ROYAL INFIRMARY

RESIDENT SURGICAL OFFICER (male) required to supervise the work of six House Surgeons and be generally responsible for the surgical work of the hospital

Candidates must be single legally qualified have had previous hospital experience and be prepared to enter on duty at the beginning of April 1937

Salary £250 per annum with board residence and washing There are 345 beds and 10 resident officers

Application stating age qualifications and previous experience with copies of not more than three recent testimonials to be received by the undersigned not later than Monday February 15th

J J BARRON Secretary Supt

THE [illegible] HOSPITAL

SENIOR HOUSE PHYSICIAN (woman) required at the middle of February Six months appointment at £100 per annum with board and lodging

Also JUNIOR from the beginning of February at £50 per annum Valuable experience for Diploma in Psychological Medicine

Applications with testimonials to be sent to the Secretary Mr P F SPOONER 33 West Street Brighton

January 18th 1937

BATLEY AND DISTRICT HOSPITAL (General Hospital—84 Beds)

Required a duly qualified RESIDENT HOUSE SURGEON (male) Salary £175 with board residence and laundry Application with copies of testimonials should be sent at once to—

A W WESTERN
Batley Yorks. Secretary

GENERAL HOSPITAL NOTTINGHAM (386 Beds)

A HOUSE SURGEON (Male) is required for Fracture and Orthopaedic Department Salary £300 a year with board residence and laundry for twelve months The duties will be those of a House Surgeon and also in the Out Patient Department in connection with the Fracture Clinics Orthopaedic and Casualty Department

Experience in the treatment of Fractures is essential

Candidates are desired to send application stating age qualification and experience together with copies of testimonials to the undersigned not later than Thursday February 11th Duties to commence on or about March 1st

PETER M MacCOLL
House Governor and Secretary

CHELMSFORD AND ESSEX HOSPITAL (150 Beds)

ONE HOUSE PHYSICIAN and ONE HOUSE SURGEON (Male or Female) required Salary £150 per annum with board apartments and laundry Resident Staff consists of two R M O

Application stating age and qualification together with copies of three recent testimonials should be sent to the undersigned not later than February 4th

R G MOFFISH Secretary

BRISTOL EYE HOSPITAL ORTHOPTIC CLINIC

Application are invited for the WHOLE TIME POST of ORTHOPTIST in the Department shortly to be opened at this Hospital

For further information apply to the undersigned.

D M BARBER
Secretary and House Governor

GRIMSBY AND DISTRICT HOSPITAL (160 Beds)

APPOINTMENT OF ORTHOPAEDIC SURGEON AND SURGEON IN CHARGE OF FRACTURE CLINIC

Application are invited for the post of Surgeon in charge of the Orthopaedic Department and Fracture Clinic

Applicants must possess the Diploma of Fellowship of one of the Royal Colleges of Surgeons of Great Britain or Ireland and of the Degree of Master of Surgery of a British or Irish University Experience in Orthopaedic Surgery and the treatment of Fractures is essential

The elected candidate will be expected to reside in the Hospital and will be allowed to practise as a Consulting Orthopaedic Surgeon outside

The elected candidate will be appointed for five years and be paid an honorarium of £350 per annum He will be eligible for superannuation

Application together with the names of three testimonials to be sent to the undersigned on or before February 6th

H B C AMES
January 18th 1937 Secretary

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(Appointments continued on p 55)

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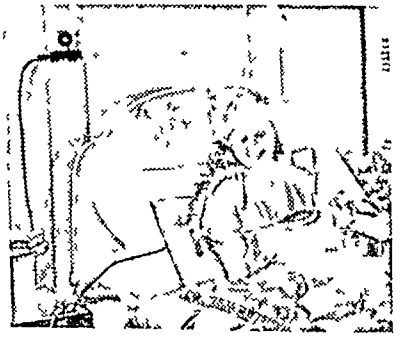
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21 LONDON S.E.—Working and middle-class PRACTICE occupying commanding position near large L.C.C. Estate. Cash receipts 1936 £950 including panel of 500. Small house for sale or rent. Enormous scope. Premium £1,500 or near offer.

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31 LONDON W.—Practice of about £700 p.a. in residential district. Panel 500. Large corner house (7 bedroom) with separate surgery entrance and good garden. Price of lease £1,350. Scope. Premium £1,250.

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37 LONDON N.—Old established Practice in suburban district. Cash receipts 1936 (10 months) £1,450. Panel 1,240 increasing. Fees 2/6 upwards. Suitable house (9 rooms) to rent at £160 p.a. Premium £3,400.

38 HOME COUNTIES.—A small Practice about £400 p.a. in first-rate town about 30 miles from London. Panel 140. Visits mostly from 5/. House with small garden to rent 25s. weekly. Excellent scope. Premium one and a half years' purchase.

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40 S. COAST.—Practice doing about £400 p.a. in rapidly growing seaside place. Panel 60. Detached house with 4 bedrooms, garage and good garden. Rent £90 p.a. Good scope building going on. Premium £450.

41 EAST COAST.—Partnership in well established Practice in export town. Receipts about £3,200 p.a. including good appointments and a Panel about 900. Commodious house (3 bedrooms) for sale or rent. One-fourth (possibly one-third) share two years' purchase.

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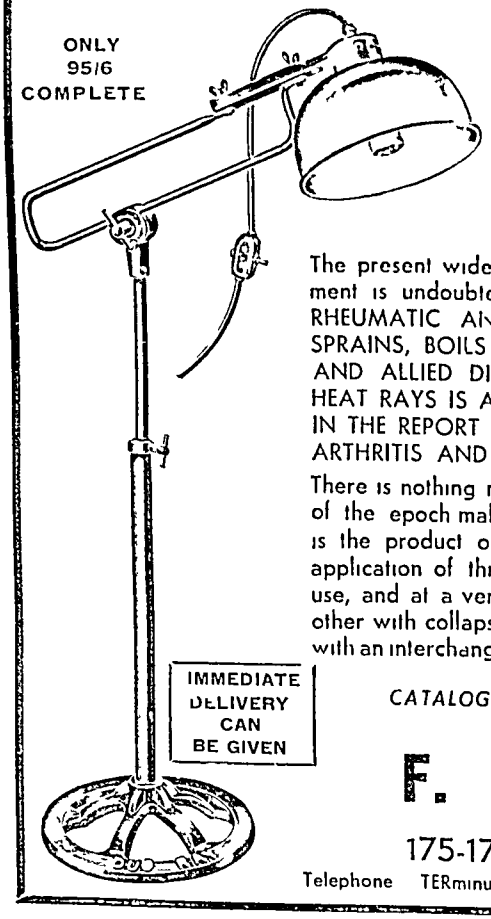
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LANCS TOWN —Very old established mixed Panel and Private PRACTICE in large town 7 miles from Manchester Cash receipts £2 300 p a Panel over 2 000 Good house 2 reception 4 bedrooms garage etc Premium—Practice—1½ years purchase Vendor retiring —No 914

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MANCHEST [illegible] -dible and better [illegible] in [illegible] present han [illegible] a-h receipts £1 [illegible] ope for energetic man Good house 2 reception 5 bedrooms, garage, and large garden Premium 1½ years purchase. Vendor retiring —No 875

DERBYSHIRE. —Well established Country PRACTICE. Cash receipts £800 p.a. including panel and transferable appointments £480 p.a. Good house 2 reception 5 bedrooms garage and garden Electricity and water Premium £1 350—No 811

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YORKSHIRE (N.R.)—Old-established Country PRACTICE in beautiful district near to Sea. Cash receipts last year £1 040 Panel 600 Commodious house 3 reception 6 bedrooms garage and large garden with tennis court Premium—Practice—1½ years purchase Vendor retiring—No 893

LANCS TOWN —Well established mixed-class PRACTICE in large town Cash receipts £1 200 Panel 900 Scope Good house 2 reception 4 bedrooms 3 professional rooms and garage Rent £70 p.a. Premium—1½ years purchase — No 910

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MANCHESTER —Middle and better class PRACTICE in present Panel 740 year Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms garage and garden Premium—Practice and house—£3 000 Long introduction if desired [illegible] retiring—No 858

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MANCHESTER —Well-[illegible] PRACTICE in industrial district offering scope Cash receipts £700 p.a. Panel 490 Surgery premises to rent at 13/ per week (clear) Premium by offer—[illegible]

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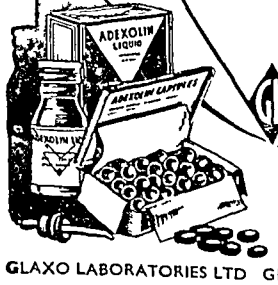
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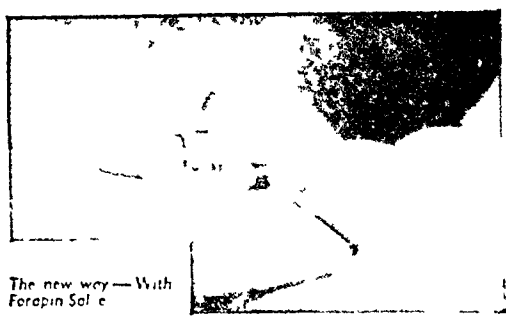
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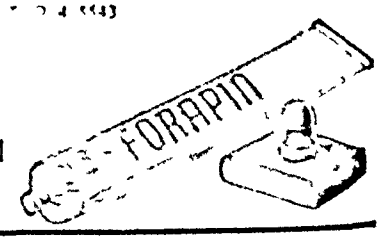
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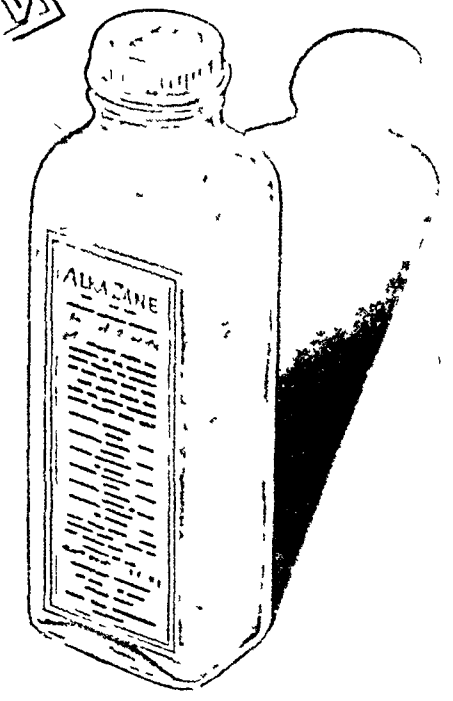
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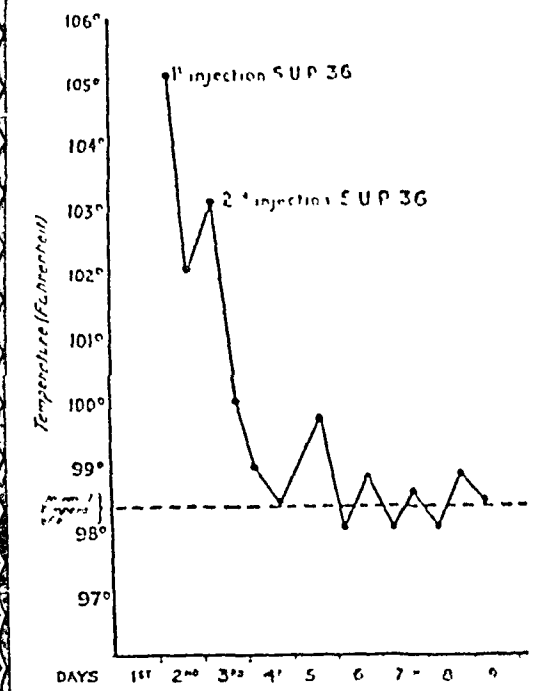
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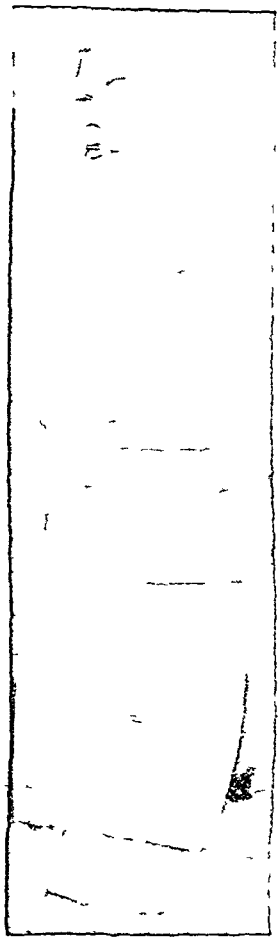
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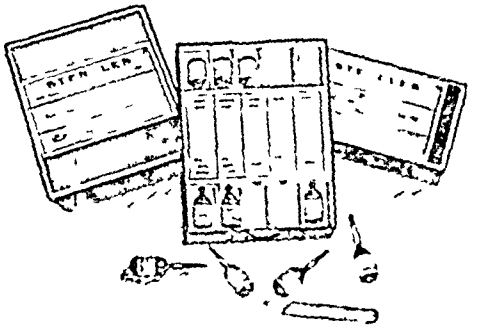
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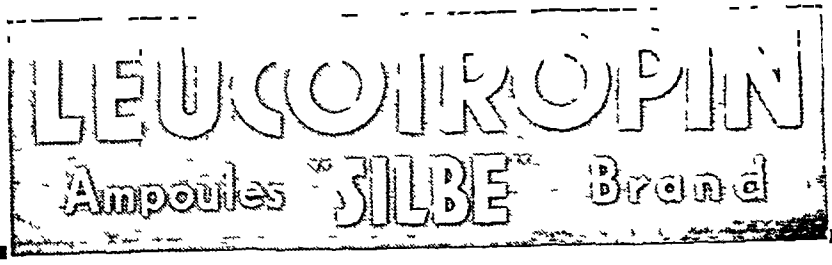
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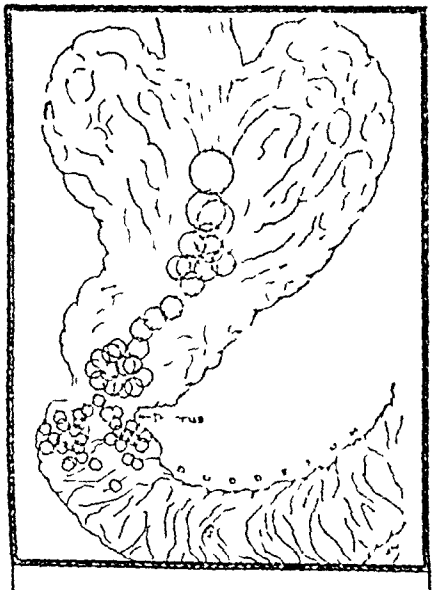
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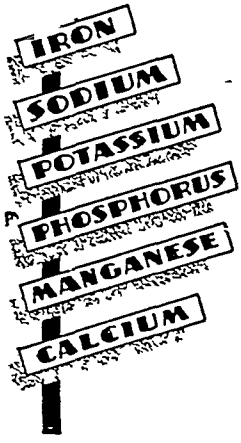
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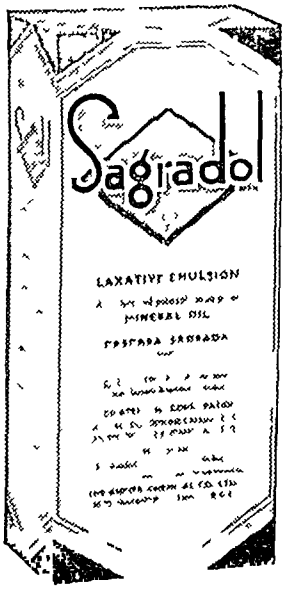
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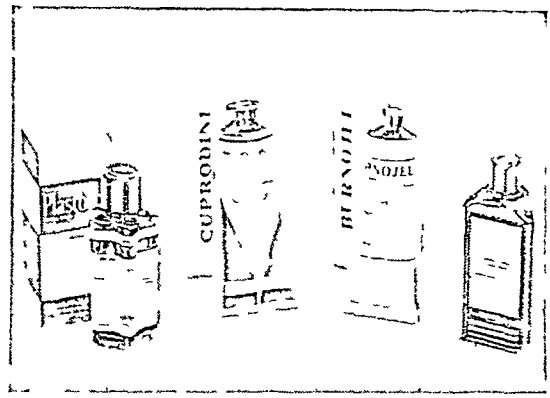
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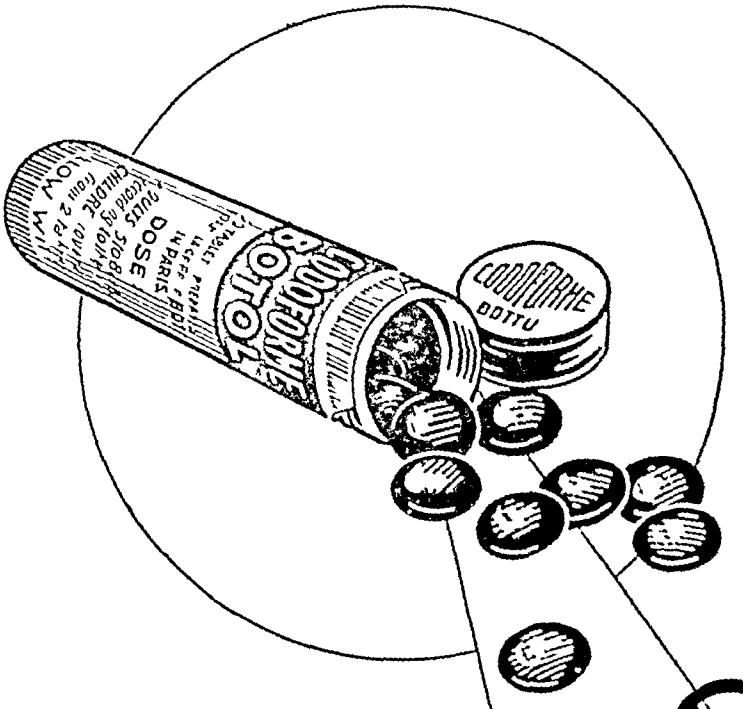
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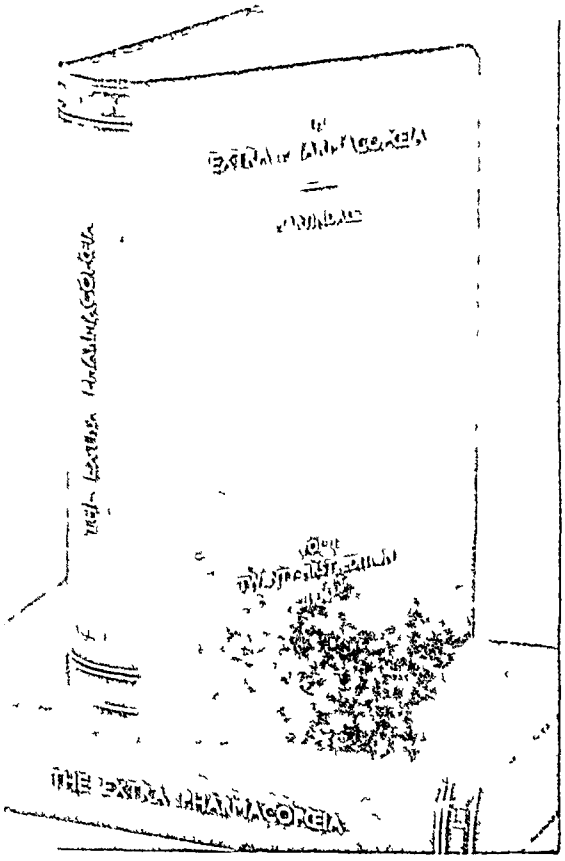
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Supplement to normal diet	Total gain in twelve weeks (ozs.)	Average gain per child per week (ozs.)
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The ease with which the constituents of Virol are assimilated, and the physiological balance existing between them afford a ready explanation of these important results

VIROL

*Full Report as published in "The Medical Officer," will be sent on application to Virol Ltd., Ealing, London, W 5

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subdural haemorrhage, and that such haemorrhage is not infrequently *bilateral* In this case there was an interval of four or five weeks before signs of paralysis appeared, but the man had never been well since his accident

The second case I want to mention occurred in a young man who crashed on a motor bicycle It was a very serious accident The pillion rider was killed and my patient lost a leg and was concussed He recovered from the amputation, but continued to suffer from headaches The accident occurred in August, and in November I was asked to see him as his headaches were still severe I could find no signs of abnormality of the nervous system, but sent him into hospital for observation

He improved very much in hospital under no particular treatment beyond rest in bed and one lumbar puncture for diagnostic purposes The cerebro spinal fluid was normal but under increased pressure (200 mm) At the end of December the severe headaches returned and he developed papilloedema first in one eye, then in the other

A diagnosis of chronic subdural haematoma was made and Professor Ross did a bilateral ventricular puncture, as there was nothing to show which side the haematoma was on No fluid could be obtained from the right lateral ventricle, the left was found easily We concluded the haematoma was on the right side, a bone flap was made, the haematoma found and evacuated, and the man made a good recovery

In this case a period of four months had elapsed between the date of the accident and the development of definite signs of compression which the appearance of bilateral papilloedema indicated In the circumstances the symptoms due to subdural haematoma might have been mistaken for those of so-called traumatic neurasthenia The cases illustrate the importance of keeping patients who complain of recurring headache after a severe or even slight concussion under close observation It is essential to examine the eye grounds regularly in order to detect the first signs of papilloedema in cases of this kind And it is important to note that several weeks may elapse before anything of the sort appears

The pathology of this condition is remarkable A membrane develops round the extravasated blood in the subdural space This membrane becomes vascularized, and a slow oozing of blood appears to occur, as a result of which the haematoma gradually increases in size and so comes to produce a slowly increasing compression of the brain

As the result there is a latent period between the date of the injury and the development of obvious signs of compression This latent period may vary in duration from a few weeks to a few months During the latent period the patient is likely to exhibit symptoms which may be mistaken for those of traumatic neurasthenia Of these symptoms headache, irritability lack of concentration, and some memory defect are the commonest

In cases where the clinical picture of haemorrhage is complicated by contusion or laceration of the brain the essential sign to watch for is that of cerebral compression

In the earlier stages, after the initial period of shock, this is characterized by headache, vomiting, a full bounding pulse, and rising blood pressure There may be signs of cerebral irritation either in the form of restlessness delirium, or excitement, or perhaps by the occurrence of convulsions As the compression increases the patient becomes unconscious (if he has previously been conscious), the pupils dilate, breathing becomes irregular or Cheyne-Stokes in character, the pulse, which was full and slow, becomes feeble and rapid, and the blood pressure, which rises in the earlier stages of compression, will fall, and if the condition is unrelieved death will follow

It is important, therefore, to keep a close watch on the pulse rate and blood pressure Lumbar puncture should be done, and the pressure of cerebro spinal fluid measured Any figure above 150 mm indicates an increased intracranial pressure and sometimes the pressure will be found to be as high as 300 mm or even more Rawling lays stress on the temperature chart, regarding a rising temperature as of serious significance

Leaking Cerebral Aneurysm

Let us next consider haemorrhage outside the cerebral substance occurring as the result of disease processes The commonest of these though fortunately none are very common is subarachnoid haemorrhage coming from a leaking aneurysm Haemorrhages may occur under other circumstances such as in the leukaemias, in purpura, and sometimes in septicaemia, but aneurysm is without doubt the commonest cause

Cerebral aneurysms occur almost entirely in the vessels which constitute the circle of Willis or its branches, and therefore lie outside the brain substance They may be the result of various morbid conditions, but the congenital aneurysm is the commonest These aneurysms arise at the bifurcation of the arteries Microscopical examination shows that the muscular coat of the artery is defective in such cases at the arterial bifurcation, which allows of the formation of the aneurysms The aneurysms so formed are usually small The name "berry aneurysm" has been given them They may be multiple Other causes of aneurysm of the cerebral arteries are arteriosclerosis and syphilis, though the latter are rare Infective endocarditis produces mycotic aneurysm as the result of embolus Trauma may also produce an arterio-venous aneurysm usually from injury to the internal carotid artery in the cavernous sinus

It is quite impossible as a rule to diagnose with certainty the presence of an aneurysm of a cerebral artery previous to its rupture or leaking from the clinical symptoms alone *X*-ray photographs will sometimes show concentric circular shadows of calcified material in the wall of the aneurysm which are known as Albi's rings Where an aneurysm is suspected the injection into the internal carotid of thorotrast, followed immediately by x-ray photography, will show this substance within the arteries, and in this way the presence of an aneurysm may be detected

Subarachnoid haemorrhage from aneurysms seems *to me* to be commoner nowadays than when I was a student and house-physician thirty years or more ago, but I suppose the true explanation is that we are now more on the look out for such cases The symptoms of a leaking cerebral aneurysm are usually dramatic The patient calls out in pain and may then fall unconscious, indeed, the diagnosis is often made on the history of a cry of "Oh! my head!" followed by unconsciousness This diagnosis will be confirmed by finding uniformly bloodstained cerebro spinal fluid if lumbar puncture is performed within a day or two of the accident after which date the fluid becomes straw-coloured If there is any doubt as to whether the blood is the result of the lumbar puncture this can be cleared up by collecting samples in two or three test tubes and comparing the tint in each On standing the supernatant fluid will be yellow-tinted in subarachnoid haemorrhage, but colourless in cases of traumatic puncture An interesting point to remember is that the urine often contains a heavy cloud of albumin for twenty four hours or so after subarachnoid haemorrhage If the patient is found unconscious this may suggest uraemia, but examination of the cerebro spinal fluid will clear up

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brain will usually have given some signs of its presence before causing a sudden exacerbation, but disseminated sclerosis is a more difficult thing to exclude It is well known that the first onset of this disease may be by the appearance of hemiplegia Serological tests will establish the diagnosis in syphilitic disease, and the proof should be obtained immediately as energetic anti specific treatment will do much to improve the condition in syphilitic thrombosis

Thrombosis is also likely when arterial disease is associated with low blood pressure It is strongly suggested when the attack occurs during sleep, or following exhaustion or in debilitating conditions generally Often there are premonitory symptoms, such as numbness, tingling and temporary loss of function, such as aphasia, monoplegia, and so on But with regard to these I must point out that they may happen when the blood pressure is unduly high and as the result of temporary angiospasm in the arteries, and so these attacks may be followed either by thrombosis or by haemorrhage They are always of serious import

Of cerebral haemorrhage it may be said that it is uncommon with low blood pressure, and that usually the pressure is high, but it may not be excessively high, that it is more likely to take place during the day than the night, or in association with effort or strain, and that it is almost invariably accompanied by vomiting

Of the three embolism is most sudden in its onset and thrombosis likely to be least Consciousness may be lost as the result of any of the processes we are considering, provided the initial lesion is severe enough It is probably true to say that it is more likely to be lost early in haemorrhage than in thrombosis, and early loss of consciousness which is prolonged almost always indicates a severe haemorrhage The cerebro-spinal fluid in a serious haemorrhage is apt to contain blood, and it is good practice to do a lumbar puncture in any case of apoplexy with loss of consciousness, as it tends to lower the intracranial pressure

Convulsions at the onset of apoplexy indicate irritation of the cortex, and are more commonly due to thrombosis than to embolism, though they may occur in the latter They are very unusual at the onset of a cerebral haemorrhage

Severity of the Lesion

The severity of the lesion can be estimated from consideration of three circumstances the depth of the coma, the degree of depression of the nervous system which has followed the apoplexy, and the condition of the respiratory centre

The depth of coma can be roughly estimated by seeing whether the patient responds to any cutaneous irritation This may also serve to show the affected side if this is in doubt The depression of the nervous system can be estimated by observing whether there is a complete flaccid paralysis of all the limbs with loss of reflex action If plantar reflexes can be obtained both are likely to be extensor at this stage It is important to remember that even where the depression of the nervous system is not extreme retention of urine is common, and that it is important to prevent over-distension of the bladder

Breathing is apt to be noisy and stertorous in proportion to the severity of the lesion and grouped respiration of the Cheyne-Stokes type is a sign of failing activity in the respiratory centre

The area of the brain supplied by the middle cerebral artery is the seat of election for all forms of apoplexy, but while it is most unusual for embolism to occur elsewhere haemorrhage occasionally does so, and thrombosis more often still

Prognosis in Apoplexy

In any case of apoplexy a prognosis will be anxiously sought by the relatives of the patient The answer must deal with the immediate question of survival and the ultimate prospects of recovery of function If the patient is deeply unconscious and clearly suffering from a cerebral haemorrhage a bad prognosis must be given Such a patient will not survive And in any patient in whom unconsciousness persists over twenty-four hours the prospects of survival are poor, and if survival occurs the chances of any useful recovery of function in the affected limbs are practically *nil*

In elderly people the condition of the lungs, the heart and the kidneys must all be considered carefully in coming to any conclusion as to their survival So too must the condition of their arteries and their blood pressure One must be very guarded in estimating the prospects of recovery of function during the early stages If recovery of useful function is going to take place it will show signs of doing so at any rate by the end of a week Quite obviously the sooner some recovery of power is noted the better the prospects Cases of syphilitic thrombosis have probably the best chance of recovery if anti specific treatment is efficiently carried out

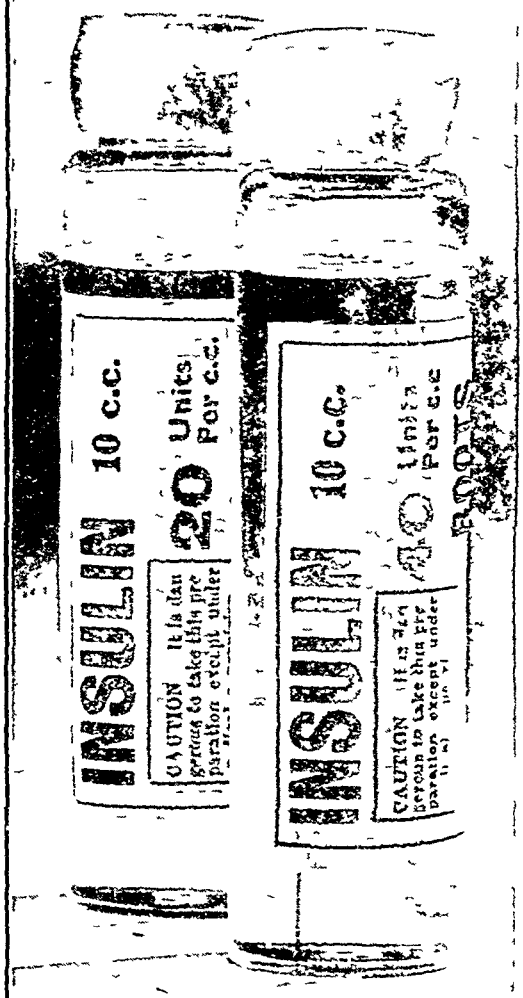
In thrombosis particularly and in embolism to a less extent, one must remember the possibility that fits affecting the paralysed side will occur These are as a rule infrequent and may cease after a time A patient whom I had under close observation for more than six years suffering from a severe thrombotic hemiplegia started to have unilateral fits affecting the paralysed limbs nine months after his apoplexy These continued at intervals of six weeks to two months for about eighteen months after which they ceased entirely

---

P Haupstein (*Dtsch med Wschr*, August 28 1936 p 1417) has conducted at the University Maternity Hospital in Freiburg i Br clinical investigations of the action on dysmenorrhoea of finely powdered potentilla anserina whose popular name in Germany is "Gansefingerkraut or Gänsekraut" Its medicinal properties were exploited in the Middle Ages, and pharmacological justification for its prescription as an antispasmodic was provided in 1933 (*Zbl Gynak*, Nr 37) by Schneider and Nevinny, who found it capable of relieving the barium cramp induced in the muscles of rabbits and rats The author gave it in the form of capsules, each of which contained 0 5 gram of the finely powdered drug From one to three capsules were given by the mouth three times a day while menstruation was painful and for two to three days before it was due Even when large quantities were taken no gastric disturbances were observed but it was found well to warn the patients against chewing the capsules on account of the disagreeable taste of their contents The complete harmlessness of the drug and its cheapness combined with the relief of pain it affords, make it, in the author's opinion, a valuable remedy Though he does not state the actual number of cases thus treated, he says that about two-thirds of his patients were under the age of 30, and that only those patients were thus treated who came to hospital complaining of severe dysmenorrhoea which, in many cases, had hitherto entailed rest in bed during menstruation The results were most satisfactory in essential dysmenorrhoea associated with anatomically normal conditions or with hypoplasia of the uterus But even when the dysmenorrhoea could be traced to chronic inflammation or displacements of the uterus the results were so encouraging that the author recommends further investigations also in this field

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performed The child, aged 4 years, was very toxic, and died in spite of the administration of 100 000 units of antitoxin The strain in this case was Type IV The other cases, due to Types I and VII respectively, were haemorrhagic and very toxic

The severe cases include seven laryngeal, of which five were due to Type I and two to Type IV Of the remaining four severe cases three had palatal paralysis and one

TABLE II—*The Distribution of Types of C diphtheriae in Relation to Clinical Severity*

Type of Case	Type I	Type VII	Total—Types I and VII	Type III	Type IV	Total—Types III and IV	Total Cases
Very mild	26	5	31 (76%)	4	6	10 (24%)	41
Mild	14	5	19 (70%)	2	6	8 (30%)	27
Moderately severe	8	0	8 (57%)	0	6	6 (43%)	14
Severe	10	1	11 (78%)	0	3	3 (22%)	14

was haemorrhagic and very toxic It is thus seen that severe toxaemia was not common There was no evidence of gravis strains being associated with more severe cases of diphtheria, but the small number of such cases rendered the figures too few for definite conclusions to be drawn

The predominant strains of *C diphtheriae* were found to be of Types I and VII (70 per cent) The majority of the cases were clinically mild These findings are in agreement with those of workers in other areas regarding the association of mitis strains with a mild type of diphtheria It is interesting to note that no strain of Type II (intermediate) was found

Discussion

In 1931 Anderson and his co-workers classified the Leeds strains of *C diphtheriae* into three groups—'gravis,' 'mitis,' and intermediate" Only a small percentage failed to fall into these groups Other workers have found aberrant strains ranging from 1 5 per cent in Manchester (Robinson and Marshall, 1934) to 31 5 per cent in Staffordshire (Menton Cooper, Duke, and Fussell 1933) The possibility therefore arises that the aberrant strains of one locality may be present in considerable numbers in another The introduction by Wright and Christison (1935) of the numerical system of typing, with its possibility of expansion adds considerably to the ease of classifying such strains Thus of 109 strains isolated from clinical cases of diphtheria in Capetown only fifty-six could be clearly classified as mitis or as gravis leaving fifty-three which would have to be classified as atypical under the scheme of the Leeds workers Under the classification of Wright and Christison twenty four of these strains could be placed in the Type IV group—the non-starch-fermenting, virulent gravis type Such forms have been found in other areas only in small numbers—for example, 3 4 per cent in Edinburgh (Wright and Christison, 1935) Of the remaining strains fourteen were placed in the newly introduced group of Type VII—mitis colony starch fermenting, and virulent

Since the introduction by Anderson and his co-workers of the three types—gravis mitis, and intermediate—the stability of their major characteristics has been questioned Cultural characteristics in broth have been found an unreliable criterion Regarding colonial form, Christison (1935) found that the three types underwent marked variation *in vitro* She stated that gravis strains fermented starch irrespective of their colony structure, whereas the intermediate and mitis and their variants failed to do so She suggested that starch fermentation was a more reliable criterion than colony form for identifying the gravis type Other workers have also maintained this position

This view seems no longer tenable, since Wright and Christison (1935) found 14 3 per cent of Edinburgh strains in Types IV and VI—that is, gravis in colony form, yet non starch-fermenting Others have included similar strains in their atypical group Anderson and his co-workers (1933) report the loss of starch fermentation by one strain of gravis type on subculture, and recently Muir (1936) has found that the ability to ferment starch is not firmly fixed in some strains It is therefore of interest to note that of the 109 strains isolated in Capetown 22 per cent have been found to be of gravis type in colony form and growth in broth yet not to ferment starch or glycogen, and 12 9 per cent of the mitis type in colony form and growth in broth, yet to produce definite fermentation of starch and glycogen

Summary

1 Of 109 strains of *C diphtheriae* from clinical cases of diphtheria admitted to the Capetown City Hospital 53 2 per cent were Type I none of Type II 6 4 per cent Type III 22 per cent Type IV, 0 9 per cent Type V none of Type VI and 4 6 per cent unclassified An additional type (Type VII) was introduced since 12 9 per cent were of mitis type in colony form and in growth in broth but fermented starch and glycogen

2 The mildness of diphtheria in Capetown was in agreement with the predominant strain being of the mitis type The sparsity of severe cases of diphtheria made the figures too few to correlate gravis strains with the severity of the disease

3 An interesting feature of the findings was the comparatively high percentage of strains of Type IV—namely the non-starch-fermenting, virulent gravis type and of Type VII, the starch-fermenting, virulent mitis type

My thanks are due to Professor W F Rhodes of the Government Laboratory Capetown for supplying me with cultures to Drs J F Wicht and C K O Malley for allowing me access to the records of the City Hospital Capetown to Dr H J Parish of the Wellcome Physiological Research Laboratories Beckenham for testing some of the strains, and to Mr Stewart and Mr Mawtham for technical assistance

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R W Huntington jun and D Wilkes-Weiss (*J Pediat*, October, 1936, p 449) record their observations on fifty four cases of influenzal meningitis admitted to the St Louis Children's Hospital from 1918 to 1935, during which period there were 160 cases of meningococcus meningitis seventy-four of streptococcus meningitis sixty two of pneumococcus meningitis, and twenty two of staphylococcus meningitis admitted to the same hospital Only sixteen were females and only twelve over 2 years of age, the oldest being 13 years and the youngest 2 months Three of those who were over 2 years of age recovered The onset was usually primary, but in ten the onset was preceded by otitis or pneumonia and in others there was a history of trauma The average duration of the disease was fourteen days Serum treatment was used in fifteen cases but only one recovered

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When the prostatic cavity had been packed owing to haemorrhage during or immediately after the operation the gauze was also removed on the second day For the first four days the bladder was irrigated by means of a catheter passed through the suprapubic opening, from the fourth to the ninth day it was washed out by Janet's hydrostatic method After the ninth day a catheter was passed per urethram daily and bladder lavage performed until natural micturition was resumed or, in septic cases, even longer

Epididymitis occurred in seventeen of the series in sixteen of these it was of a mild transient type, which reacted well to treatment, while in one patient there was abscess formation

Deaths

In this series of 158 cases there were six deaths (mortality rate 3 7 per cent), the causes of which were pneumonia, two cases, fifth day and eleventh day, uraemia, two cases, fifth day and eleventh day, paralytic ileus and cardiac failure, one case, eighth day, pyelonephritis, one case, seventh day

Commentary

The surgical treatment of prostatic enlargement is a subject which has given rise to much controversy, and it would be difficult to find another pathological condition for which the operative technique varies so much The need is for an operation that will cure the largest number of cases with the least risk, and the one which in my opinion does that is the two-stage prostatectomy through a short suprapubic incision The advantages of this method are

1 A short suprapubic incision is sufficient If a long incision is used prolapse of the bladder mucous membrane through the suprapubic fistula or hernia of the suprapubic scar may result, however careful one may be in repairing the abdominal wall after removing the prostate

2 Shock is reduced to a minimum It is in my opinion, less than in any other technique used in prostatectomy

3 There is much less haemorrhage than in the one stage "blind" operation

4 The kidneys are allowed time to resume their normal function before the actual prostatectomy

5 Sepsis is reduced When the urine is infected there is much less tendency to septic complications after prostatectomy by this method This is evidently due to the auto inoculation which results from the preliminary cystotomy

6 It is possible to cut down to a minimum the use of the catheter, which to some patients is an instrument of torture and to all a method of treatment conducive to sepsis

7 With this method there need be no fear of producing vesical neck pockets in which urine stagnates

8 The patient is left with a large vesical outlet which is very important in old men who cannot be expected to have the expulsive power present in young patients

Some of the chief criticisms levelled against the two-stage operation are the two anaesthetics and two operations the longer time in nursing home or hospital, the difficulty of enucleation of the prostate owing to fibrosis produced by the use of the suprapubic tube, and delayed healing of the suprapubic opening

I have yet to meet the patient who objects to two anaesthetics or two operations if he is given to understand that it means less shock and less danger than if the whole procedure were carried out in one stage As regards length of time in hospital when one remembers that the period of preparatory treatment before a preliminary cystotomy need not be so long as that necessary before a one stage prostatectomy, one realizes that the difference of time usually only amounts to a few days, and again my experience convinces me that patients do not in the least object to this little extra time when they learn that it means a greater degree of safety In comparing the time required for this technique with that required in prostatectomy with immediate closure of the bladder one must remember, too, the long period of preliminary catheter drainage usually employed in the latter In connexion with the criticism that enucleation is more difficult than when the operation is done in one stage, this has not been my experience I have never had any difficulty in removing the adenomatous mass at the second operation Finally, with reference to delay in healing I have not found any lengthening of the convalescence period

Some of the surgeons who advocate plastic procedures on the prostatic cavity after removal of the prostate in referring to the one-stage and two stage "blind" operations draw rather ghastly pictures of the patients who in their opinion, have had the misfortune to be subjected to such operative procedures They describe the patients as being exhausted by haemorrhage and sepsis In this series of 158 cases I have not had a single patient whose convalescence was even affected by reactionary or secondary haemorrhage, or who, much less, was exhausted by or died from loss of blood As to sepsis I should have thought it would be much more to the point to attack the post-operative treatment rather than the technique of the operation With their so called reformation of the prostatic urethra the same surgeons claim that sepsis is much reduced if not eliminated, and that post prostatectomy obstruction at the vesical neck rarely, if ever occurs Taking into consideration the long preliminary catheter drainage, the pockets which must necessarily be formed in a very large percentage, if not all of their cases the mode in which the bladder neck is sutured round the indwelling catheter which is left *in situ* for ten or more days after the operation—to say nothing of other possible or rather probable complications—I cannot think of any other technique which is more conducive to sepsis and post-operative obstruction

Summary

1 The results of prostatectomy by the two stage "blind" method are presented in a series of 158 consecutive cases

2 There were six deaths, the mortality rate being 3 7 per cent

3 A short outline of pre- and post-prostatectomy treatment is described

4 It is suggested that many of the complications which follow prostatectomy are avoidable by using this technique

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P Schmidt (*Med Welt* November 28, 1936, p 1711) maintains that an effective prophylaxis is possible not only of the common cold but also of the true infective influenza The diagnosis of influenza can be established during the first few days of the illness by the presence of the Pfeiffer bacillus of influenza and the haemolytic streptococcus or pneumococcus (on the Levinthal medium) The affected patients particularly those who show a high temperature, should be isolated immediately Spread of infection through cough should be prevented by appropriate measures (coughing in a handkerchief etc) It is particularly important to isolate the first cases of illness which appear in the autumn or early winter The responsibility for carrying out these measures should rest not only on the medical practitioners but also on the lay persons responsible for the welfare of groups of the community



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I intend in future to tackle the exostoses through the external auditory meatus provided they are not too near the drum The use of the electric dental burr is in my opinion absolutely safe if the handle is held firmly and a little dexterity is acquired in its manipulation, as, for instance, on a piece of ivory After all, only partial removal of the exostosis is necessary to relieve deafness and as a preliminary to efficient treatment in a concomitant suppurative otitis media, and there is no reason why this should not be done by way of the external meatus

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PSYCHOLOGICAL FACTORS IN RHEUMATISM

A PRELIMINARY STUDY

BY

JAMES L HALLIDAY. M D , D P H

Regional Medical Officer Department of Health for Scotland

PART II

The principles governing an understanding of psychological factors in rheumatism may be illustrated not only by taking as examples individual patients but by studying patients in series The accompanying table shows the analysis of twenty-one insured persons (referred by their societies for examination and seen during one year) who in the absence of organic disease and of any ' inferiority," complained of rheumatism " in the neck, shoulders, or arms Before the onset of the rheumatism each of these patients had encountered one or more disturbing psychological factors to which the response had been an emotional reaction which merged into a psychoneurotic anxiety state The complaint of ' rheumatism " developed as one symptom among many during the course of the illness and, when it appeared it rendered the patient sooner or later incapable of work

Serial Investigation of Rheumatism of the Neck, Shoulders, and Arms

The table is divided into five sections, indicating the topographical distribution of the rheumatism —namely, Section A—the neck—four patients , Section B—the neck, left shoulder and arm—six patients , Section C—the neck and various sites—five patients , Section D—left shoulder and arm—five patients , Section E—right shoulder and arm—one patient The findings of the table may be summarized as follows

Age Sex Marital States and Occupation—The total number of patients was small—namely, twenty one (eight males and thirteen females) Both sexes and all age groups were involved The largest number (seven patients) occurred in the age group 25 to 35 As regards marital status, patients belonged respectively to all the groups—namely single married and widowed (or separated)—and this applied to both sexes The largest number occurred in unmarried females (eight patients) The occupations were various that of domestic service providing five patients and that of shop assistant four patients

Type and Appearance of Patient—The notes under this heading are owing to the short time available for each examination necessarily inadequate As regards physical habitus eight patients were spare twelve were well covered, and one was obese The patients manner and bearing were described under the three headings of (1) anxious (showing objective signs of the anxiety state such as restlessness tremors tachycardia and taches , (2) depressed and (3) detached The detached patients were placid cheerful or smiling and their behaviour suggested hysteria rather than an anxiety state Of the spare persons seven were anxious and one detached Of the thirteen who were well covered or obese six were anxious four depressed and three detached Two of the patients notably No 9 and to a less extent No 5 were obviously unstable personalities two—namely Nos 3 and 6—were poor types who had a degree of mental deficiency The remaining patients, however were conscientious superior people with a fair degree of intelligence It may be concluded that no single type of bodily habitus is associated with rheumatism of the neck and arms There is also a suggestion that this manifestation of psychoneurosis tends to occur more frequently in self respecting independent persons

Environmental Encounters—The inventory of environmental encounters which provoked psychoneurotic illness in respect of each patient is far from exhaustive The items noted however represent happenings which were very definite and could be dated There is no easy method of classifying these but the following indicates the relative incidence of those recorded in the table (1) Domestic—(*a*) death seventeen times (namely marital partner four child four parent six brother or sister three) (*b*) illness in family six times , (*c*) misbehaviour in family one (*d*) *separation or jilting four times* (2) *thwarted occupation* eight times (3) Severe financial stress three times The predominance of bereavement is noteworthy Good examples of getting it in the neck —in the sense of multiple deprivations encountered within a short period of time—are seen in Nos 1, 5 7, and 14

Emotional Reaction—The symptoms recorded are only a selection of those which the patients volunteered They include such mental symptoms as grief worry, resentment anger depression and self reproach and such bodily symptoms as tiredness weakness palpitation sleeplessness, cessation of milk choking sensations and soreness all over It is of interest in connexion with the symbolism of the neck to note that personal pride was a prominent finding in Nos 2 15, and 17 and that resentment was very evident in 3, 4, 5, 8, 11, 13, 19, and 21

Chief Rheumatic Symptoms—The chief complaint was pain or stiffness Sometimes there also occurred numbness prickling sensations, and in one or two instances sudden attacks of loss of power (An interesting example of loss of power was No 16 a widower whose illness had developed after the death of his wife He lived alone and when he was making his bed in the morning his left arm which he raised to hold up the sheets fell dead by his side' When this happened the pain in his left arm used to radiate into the back, where it stopped at the last rib "—? Adams rib) Another symptom which sometimes emerged was *swelling of the joints* This was found in patients No 5 (left wrist) No 12 (right knee), and No 19 (fingers) In this connexion it may be noted that not infrequently rheumatoid arthritis may arise in the course of a psychoneurotic anxiety state of six patients with rheumatoid arthritis seen by me during the year of this inquiry three were examples of this

Time Incidence of Rheumatic Symptoms—The time interval which elapsed between the environmental encounter and the onset of rheumatism " in the course of the illness was very variable In four instances it occurred within a week, in seven within three months , in six within six months and in two instances the psychoneurotic symptoms had been chronic for two years before rheumatism emerged Patient No 10 gave a story which indicated that severe pain localized to the back of the neck may emerge during the acute stage of an intense emotional reaction This woman at the age of 33 while carrying her sister's baby through a field was chased by a stallion She had to run and dodge before she was able to drop the baby over the fence I didn't think of myself, I kept saying It'll not get the baby I'll be trampled to death before I let the baby get killed ' Within a few hours she had a reaction accompanied by terrific pains at the back of the neck for which she had to receive morphine These pains lasted about a week and did not recur for nearly twenty years when they came back following the death of her father It is clear that "rheumatism" as an episode in an emotional reaction may be early or late This variation in its time incidence is a feature common to other bodily disturbances of psychoneurotic illness Thus in one patient palpitation may be the first bodily symptom but later it may be replaced by headache or gastric disturbance whereas in another patient headache or gastric disturbance may be prominent in the earlier stages, to be replaced at a later date by palpitation

Diagnosis Treatment and Duration of Incapacity—With regard to diagnosis, eleven patients were labelled rheum

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CEREBRAL VASCULAR ACCIDENTS*

BY

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I have chosen this subject for discussion because the vascular accidents to which I shall refer are matters of daily occurrence are dramatic in their manifestations and not infrequently give rise to much difficulty in diagnosis Both the physician and the surgeon may be concerned in their treatment and among these cases there will be many which will test our skill and experience to the utmost if they are to be brought to a satisfactory conclusion

We can divide vascular accidents within the skull into *those due to injury and those which result from disease* processes As the result of injury to the head there may follow concussion haemorrhage contusion or laceration of the brain With any of these there may or may not be fracture of the skull

It is a matter of interest that in compensation cases which are all too common nowadays the legal mind appears to attach more importance to the fact of fracture of the skull than to what takes place inside it This is a misleading point of view for we know very well that the skull may be fractured without anything very serious happening within it while the most damaging events may have occurred where no fracture has taken place

It is seldom that haemorrhage occurs in an uncomplicated manner as the result of serious head injury Concussion at least is of common occurrence while contusion or laceration of the brain also frequently occurs These events complicate the clinical picture and make exact diagnosis difficult or impossible I propose to consider first some uncomplicated cases which will illustrate the effects of haemorrhage in two common situations as the result of injury and later the general principles which should guide us in more difficult cases

Extradural Haemorrhage

In an uncomplicated case the patient receives some injury to the head as the result of which he may suffer from a short period of concussion He recovers from this and after an interval of varying but short duration he develops symptoms of cerebral compression There follow headache vomiting slowing of the pulse which is full with a rising blood pressure perhaps paralysis then unconsciousness and if the pressure be not relieved the next stage is death The interval between the original injury and the later development of cerebral compression is the so-called lucid interval All cases of extradural haemorrhage are fortunately not so serious as our hypothetical case for the haemorrhage may cease before it causes serious compression

Some years ago I was consulted by a young man who while batting at cricket had been struck on the left temple by the ball He was knocked over and for a few minutes was dazed (period of mild concussion) He was able to continue playing for the rest of the afternoon though his head ached (lucid interval) After the game his headache became much worse and he vomited (period of slight cerebral compression)

He continued to have headache and three or four days later had a fit which only involved the right side of his face He was not unconscious in the fit but could not speak during the attack He had had several similar attacks and to my great satisfaction had one in my consulting room It was a typical Jacksonian fit affecting the right side of the face only *The man was able to walk about during the attack* obey orders and in fact do everything except talk

In his case the diagnosis of extradural haemorrhage was not difficult to make An operation was performed at the site of injury and an extradural clot found and removed The dura was opened but no bruising or haemorrhage was present beneath it The man made an uneventful recovery but six months later had two generalized epileptic attacks He was put on bromides for about eighteen months but has had no further attacks

This patient should have been put on some sedative—luminal 1 grain every night for example—immediately after his operation It is most important to remember that cases of this kind require this type of medical treatment even after a successful operation such treatment being continued for a period of six months at least

Subdural Haemorrhage

This may be diffuse or localized In the former which is usually associated with severe head injury a venous sinus may be torn when blood will diffuse rapidly through the subdural space and symptoms of compression are likely to develop quickly

The localized form of subdural haemorrhage is by no means uncommon and it is important to recognize the clinical picture to which it gives rise I will briefly describe two cases of this kind one in an elderly subject the second in a young man

In the first case a man of 65 was hurrying to catch a bus when he was knocked down by a boy on a bicycle He hit his head was not unconscious but rather dazed He was kept in bed for two or three days but did not pick up He complained of headache and was irritable This state of things continued for about a month at the end of which he began to lose power in his left leg and later in the left arm He became drowsy and confused When I saw him he had a low grade papilloedema in both eyes and a slight left hemiplegia I got Professor Rose to operate on him for what one subdural haematoma We found a large clot wrapped in the peculiar membrane which forms in such cases The underlying brain was guttered by the pressure of the clot. Next morning he was much brighter but later became comatose and died At the post mortem examination a second similar but larger clot was found over the left cortex

Lessons to be learnt from this case are that in elderly people a comparatively slight injury may cause a localized

* Part of a British Medical Association Lecture given to the Blackpool Division November 18 1936

No	Sex Marriage Age Occupation	Type of Person	Environmental Encounters with Dates (Psychological Factors)	Emotional Reactions Prior to Onset of Rheumatic Symptoms	Date and Nature of Rheumatic Symptoms	(1) Diagnosis (2) Incapacity (3) Hospital Therapy
A						
1	F widow 48 years cleaner	Respectable well covered anxious	Sudden death of husband January 1934 marriage of eldest son chief bread winner against mother's wish September 1934 learning of illegitimate pregnancy of eldest daughter September 1934	Grief anxiety about making ends meet Resentment at behaviour of son and daughter weakness palpitation sleeplessness	Pains and stiffness at back of neck and between the upper scapulae September 1934	(1) Rheumatism (2) Recurring (3) Yes
2	F married 25 years housewife	Superior (had been a lady's maid) intelligent well covered depressed	Married April 1935 confined August 1935 Her husband who had been in steady work unexpectedly lost employment September 1935	Anxiety about payment of hire purchase instalments Sleeplessness palpitation cessation of milk	Ditto September 1935	(1) Rheumatism (2) 4 weeks (3) No
3	F single 21 years domestic servant	Slovenly poor mentality well covered anxious and depressed	Irish girl Jilted May 1934 left good situation and went home June No sympathy at home and returned to Glasgow to new situation August	Tiredness weakness very upset Resentment at attitude of parents who insisted on her returning to work	Ditto July 1934	(1) Neuritis (2) 4 months (3) No
4	F single 40 years machinist	Independent conscientious hard intelligent spare and detached	Her married sister ill with cancer of breast came to reside with patient September 1935 who worked by day and nursed by night Brother in law did not come to visit his wife who died January 1936	Ill and run down October 1935 Choking sensations and tonsilitis November 1935 ? Fear of cancer Sleeplessness palpitation weakness Intense resentment at brother in law	Ditto December 1935	(1) Muscular rheumatism (2) 4 weeks (3) Yes
B						
5	M married 33 years riveter	Ex Salvation Army officer intelligence fair well covered detached and placid	In May 1935 his father died his only daughter died and he lost his employment In July his wife began to receive radium treatment for uterine disease On August 8 he injured his nose	Grief Sore all over Depression Resentment against God Temperature raised after accident in August	Pain and stiffness of neck and left shoulder July Pain and swelling of thumb and second and third fingers of left hand August 1935	(1) Rheumatism (2) 5 months (3) Yes
6	F single 26 years domestic servant	Poor mentality dirty subject to recurring bronchitis spare anxious	Sudden tragic death of mother August 1934 who had looked after patient's illegitimate child	Grief remorse self reproach felt awful' Attacks of suffocation	Pain and numbness between upper scapulae left shoulder and outside left arm August or September 1934	(1) Neuritis (2) 9 months (3) Yes
7	F single 22 years weaver	Hard working conscientious intelligent spare marked anxiety	In September 1935 elder brother killed fiance of sister died suddenly and her younger brother took ill with ulcerative endocarditis	Grief anxiety sweatings recurring temperature pains all over palpitation conviction of having contracted ulcerative endocarditis	Pain and stiffness back of neck and between upper scapulae Pain and numbness outer side left arm February 1936	(1) Influenzal rheumatism (2) 2 months (3) No
8	M single 22 years shop assistant	Superior intelligent well covered anxious resentful	Been in the same job for 7 years since leaving school sacked for taking a loan of the cash November 1934 Continuous and unsuccessful attempt to regain employment	Resentment towards employer Over anxiety re employment He prays every day for work Sense of futility and cooling off in his relations to his fiancee	Pain back of neck and between upper scapulae November 1935 Pain numbness and prickling sensations outer side left arm February 1936	(1) Neuritis (2) 2 months (3) No
9	M single 28 years shop assistant	Nervous over anxious type devoted to mother avoids female society fair intelligence spare marked anxiety	In same post for 10 years fell unemployed in October 1934 Since then he has tried all methods (selling articles in streets etc) to earn a livelihood without success	Depression Increasing performance of menial household duties Sleeplessness weakness palpitation lack of concentration	Pain at back of neck November 1935 Pain and burning left shoulder and outer side left arm March 1936	(1) Neuritis and fibrositis (2) 3 weeks ( ) Yes
10	F single 53 years domestic servant	Conscientious hard working intelligent obese marked anxiety	(See text) Death of father November 1933 death of mother, October, 1935	Anxiety nervousness giddiness palpitation sleeplessness, weakness	Pain at back of neck Transient loss of power right arm November 1933 Pain kept recurring and increased in severity after October 1935 Pain outer side left arm February, 1936	(1) Brachial neuritis (2) 6 months (3) Yes
C						
11	F married separated 34 years cleaner	Independent good living fair intelligence well covered anxious	Left her husband January 1935 four years after marriage because of his unfaithfulness Took up work as cleaner – had not worked during marriage – to support her two children	Anxiety depression resentment at having to work sleeplessness palpitation giddiness influenza February, 1935	Pains between upper scapulae and at back of neck March 1935 Lumbago April 1935	(1) Rheumatism (2) Recurring (3) Yes
12	M widower 58 years platelayer	'Easy going not very intelligent well covered depressed	Childless marriage Wife died December 1935 Lives alone	Grief sore all over depression	Dull aches between upper scapulae January 1936 Swelling right knee March 1936	(1) Rheumatism (2) 3 months (3) No
13	F widow 50 years attendant	Easy going intelligent spare anxious	Childless marriage Husband died January 1933 No relatives Had not worked during marriage In March 1933 obtained post as cloakroom attendant	Grief anxiety, irritability resentment at having to work	Pain and stiffness all over left arm Lumbago April 1933	(1) Rheumatism (2) Recurring (3) Yes
14	M married 34 years surface mine worker	Conscientious fair intelligence spare anxious	Nervous since 1928 when he was injured in the pit Since then worked above ground Only child died July 1935 Lost his employment August, 1935 and to get work returned to the pit September 1935 His mother who lived with him died January 1936	Sleepless jumpy sore all over depressed no appetite palpitation	Pain and stiffness back of neck between scapulae and outer border left arm and left thigh March 1936	(1) Rheumatism (2) Recurring (2) No
15	F single 47 years secretary	Independent conscientious very intelligent well covered anxious	For 8 years had been in charge of accountancy side of the business In December, 1934 discovered that her employer was interfering with the books In January 1935 was off duty for three months with nervous breakdown Returned to work in April but she kept looking for other employment but with no success	'Shock at employer's conduct Was torn between her independence' and the impossibility of obtaining another job at my age Sleepless sweatings sore all over	Pain at back of neck between upper scapulae and in knees, May, 1935	(1) Fibrositis (2) 5 weeks (3) Yes

the diagnosis Of course examination of the blood urea would do so too

Occasionally glycosuria may result from subarachnoid haemorrhage I remember such a case well at St Bartholomew's Hospital We were on duty and my house physician told me that he had admitted a patient in diabetic coma The patient was brought into hospital unconscious and the house-physician had found sugar and acetone in the urine in large quantity He had given intravenous glucose saline and 50 units of insulin but he reported that the patient was still semi conscious and apparently had some rigidity of the neck I told him that if he would do lumbar puncture he would almost certainly find a uniformly blood stained fluid and such proved to be the case

Rigidity of the neck, which is a very common feature of these cases, is due to irritation of the posterior roots in the cervical region by the extravasated blood and often patients complain later of pains in the legs due to a similar cause A cerebral aneurysm may produce palsies of some of the cranial nerves before rupture those most likely to be affected being the sixth and third nerves

A woman was admitted under my care at St Bartholomew's Hospital with a subarachnoid haemorrhage She made excellent progress and was due for discharge when she developed a third nerve paralysis in the right eye, and the next day had a second subarachnoid haemorrhage She ultimately recovered from this and for the last few years has been working as a cook housekeeper, but the third nerve palsy persists

Some patients have had as many as four or five haemorrhages recurring at intervals and have survived, but the condition is a very dangerous one, and the first attack may be fatal

The youngest patient I have seen with subarachnoid haemorrhage was aged 9, he made a good recovery and is leading an ordinary life Although a cerebral aneurysm may rupture at any age it is commonest between the ages of 20 and 40 Another point in connexion with aneurysm of the cerebral vessels is that some of them attain a large size and give rise to symptoms suggestive of tumour You will find it stated, I think with decreasing frequency that a bruit can be heard on auscultation where a cerebral aneurysm is present I believe this statement to be quite untrue except in the case of arterio venous aneurysms, in which the patient is himself conscious of the bruit

Accidents Due to Cardiovascular Disease

The common examples of vascular accidents in the brain which result from disease of the cardiovascular system are thrombosis haemorrhage or embolism of the cerebral vessels But there is another group of cases of great interest, though by no means so common as those just mentioned which I should like to deal with first The condition has been called by McAlpine the hypertensive attack These occur in patients suffering from high blood pressure with or without obvious renal disease I do not include among them cases of frank uraemia in which the non protein nitrogen in the blood is definitely raised though it is probable that the cerebral manifestations that occur in uraemia—such as convulsions temporary paralysis amaurosis, and coma—are due in the main to a rise of intracranial pressure associated with oedema and angiospasm, such as occurs in the cases to which I am referring

Patients with high blood pressures in this group are liable to exacerbation of this pressure with which obvious cerebral symptoms may be associated In these attacks the patient complains of severe headache, and there may be in addition vomiting drowsiness, or even coma and sometimes convulsions Transient paralysis may also occur In some of these cases examination will show papilloedema suggesting the presence of a cerebral tumour unless the picture presented by the fundus is considered very carefully and the associated blood pressure also taken into account The appearance of the disk is not really like that seen with cerebral tumour for haemorrhages form a striking part of the picture in addition to the swollen disk, and the vessels of the retina show marked nipping of the veins at the crossings and the calibre of the arteries is seen to vary very much in different parts of the same vessel due to angiospasm

McAlpine has pointed out that young patients are more likely to suffer from cerebral oedema with papilloedema than older ones and has demonstrated that the attack is associated with a very definite increase in blood pressure the subsidence of which is followed by relief of symptoms

Let us now consider some questions which always arise in connexion with embolism thrombosis, or haemorrhage of cerebral vessels

Cerebral Embolism

First as to diagnosis This is sometimes obvious but often a matter of great uncertainty As a rule embolus can be diagnosed with more certainty than the others The embolus may come from a diseased valve usually in this case the site of bacterial endocarditis In cases of mitral disease it is more likely to be a clot detached from a dilated left auricle But the presence of obvious valvular disease and the very sudden onset of symptoms usually leave no doubt as to the diagnosis It is naturally likely to occur at an earlier age than either thrombosis or haemorrhage We must not however overlook the possibility of embolism occurring from the surface of an atheromatous plaque in the aorta of older subjects Apart from valvular disease it may arise as a sequel to dilatation of the heart whatever the cause of such dilatation may be for clots may form under such circumstances in what we might describe as the backwaters of the heart This occurs sometimes in the puerperal state so that embolism has a rather higher incidence in women than in men for this reason and because of the higher incidence of mitral stenosis in women

Following embolism of a cerebral artery there may be consecutive thrombosis so that the symptoms at the onset become permanently established On the other hand if the clot be a small one it may retract and allow the blocked vessel to become patent again when great improvement in the condition will follow or if no secondary thrombosis results the symptoms are likely to improve as the oedema caused by the infarction subsides

Cerebral Thrombosis and Haemorrhage

Thrombosis and haemorrhage both result from disease of the cerebral arteries It may be easy to distinguish between them clinically but as you all know it is often impossible to do so There is a school of thought to which I cannot subscribe which maintains that all cases of cerebral haemorrhage are fatal This is a comfortable doctrine, because if you believe it the treatment for all cases becomes the treatment for cerebral thrombosis Let us consider to what extent it is possible to differentiate these cases with any degree of certainty

In a young adult hemiplegia of sudden onset is more often due to syphilitic thrombosis than to anything else provided you can exclude embolus tumour of the brain and disseminated sclerosis I am assuming that hysteria is not in question Subarachnoid haemorrhage and embolus we have already considered Tumour of the

example of this Some practitioners find it very frequently, whereas others in the same locality only discover its presence on relatively rare occasions

Knowledge of how not to injure the person—and harm can be done by word as well as by deed—requires an understanding of the three main characteristics of psychoneurotic illness These were described in a previous paper (Halliday, 1935), from which the following is a quotation

"Disturbances of the emotional self are only imperfectly appreciated and understood by the conscious self Because of this the person with psychoneurosis shows three interesting characteristics

"1 *Innocence and Rationalization*—The patient is not properly aware of the relationship of his bodily disturbances to his life's difficulties The processes at work proceed apart from the consciousness of the patient, who is unaware of what is happening and is unable to understand why he has become different His conscious attention is distracted from his life's difficulties and becomes dominated by his symptoms, which he interprets as evidence that he is physically ill Moreover, he rationalizes—that is to say, his intellect provides him with an explanation of his illness usually in terms of his physical environment, and he blames such factors as heat, cold, damp, bad air, unsuitable food, strain, injury, or overwork As a corollary the patient expects to find his salvation in physical therapeutics—for example, tonics, drugs, injections, massage, fancy diets, change of air, extraction of teeth, operation, ultraviolet rays etc This characteristic of rationalization provides two pitfalls for the practitioner First, the patient's own account of the aetiology of his illness may be entirely misleading, and, secondly, when a patient clamours for injections, ultra violet ray, massage, or operation, then we have to remember how much psychoneurotics love these things

'2 *Increased Suggestibility*—When the emotions come into play the conscious intellectual mind loses its power of judgement It accepts, without discrimination, ideas and statements As doctors we all know that when illness attacks a member of our family and we become anxious, not only our medical judgement is affected, but even our powers of accurate observation In short anxiety makes us suggestible Patients with psychoneurotic illness respond excessively to suggestion, especially unhealthy suggestion Any remark or hint by the doctor about organic disease is eagerly accepted by the patient whose subconscious mind elaborates the term to suit its purpose Any hesitancy by the doctor, any talk about conditions" or slight weakness," is interpreted as evidence of serious disease, and the symptoms of the patient increase A written certificate issued weekly giving the name of a disease has a definite Coué effect towards morbidity Week by week, the certificates speak Bronchitis, bronchitis, bronchitis —with the result that in time the conviction of organic disease and with it the symptoms, become fixed

"3 *Motive and Purpose*—Emotion has for its purpose the preservation and perpetuation of the self, this response, however, is a blind one below the intellectual level, and the patient is not conscious that his illness' may be regarded as a purposeful reaction It usually provides a way of escape from an intolerable situation—personal financial, or occupational The patient becomes the object of solicitude and attention He secures sympathy instead of derision The illness may act as an explanation, as when a man fails in an examination, or in his business or loses his employment, or fails to play games as he used to When the 'pension situation' exists—that is, when a person is paid money because and so long as he is ill, the illness provides a material advantage We have to recognize that 'many patients are not prepared to take the consequences of becoming well'' (Ross, 1929).

Certain further observations in relation to psychoneurotic rheumatism can be made under these headings

Innocence and Rationalization

Many patients who have worked for years without physical symptoms in atmospheres of heat, cold, or damp will attribute their rheumatism to one or more of these factors That these may have a cumulative effect leading to a breaking-point in the patient's resistance cannot be doubted, but not infrequently on investigating psychological factors we find that the illness is really one of emotional reaction in which pain and stiffness emerge as symptoms—not because of the direct action of these physical forces on the body tissues—but because knowledge of these forces as 'causes of rheumatism" has served to increase the fears of the patient and helped to focus his attention on the aches and pains which have arisen, naturally, in the course of an anxiety state

Concerning the desire of the psychoneurotic patient for physical therapy, mention may be made of massage This is presumably a physical method of treatment designed to effect physical changes such as the wearing down of fibrous tissue or as a method of passive exercise Among insured persons I have noted that many with structural changes who would benefit by massage do not receive it because, not being psychoneurotic, they do not clamour for it on the other hand, many persons with psychoneurotic illness are receiving massage because they clamour for it Massage administered in this unconsidered way only serves to fix the symptoms and prolong the incapacity Where massage fails such patients usually run the gamut of all the electrical appliances available in the out-patient department In such instances Roheim's (1930) description of the medicine-men of Borneo seems not inapposite

"To see a party of these doctors feigning to draw by hand an evil spirit or a malady from a person's body is very amusing At times one can find a circle of them dancing round and round and feigning to catch evil spirits The demon may lodge in a joint and then it is hard indeed to get him out!"

A word may be said about indoor hospital treatment When persons ill with psychoneurosis are admitted to hospital they often improve and remain improved for some time after dismissal, then they relapse In this connexion it should be remembered that hospital or residence at a spa—quite apart from any physical treatment received—represents a removal of the patient from the psychological factors of his everyday environment, both domestic (for example sick children, a feckless wife, the *rent book on the mantelpiece*) and occupational (such as a nagging foreman, fear of injury or disease, and uncongenial work) For such patients a hospital bed or residence at a spa may be like the Garden of Proserpine described by Swinburne

> "Here, where the world is quiet,
> Here where all trouble seems
> Dead winds and spent waves'

The Factor of Increased Suggestibility

"An important principle is not to make illness by incautious expressions There are certain words which the physician should keep under lock and key as he would strong poisons The terms 'spinal cord' (and 'spine') pierce nervous people to the marrow to such an extent that they may even produce a hysterical disturbance of gait there and then" (Kretschmer 1934) The word "rheumatism," although generally accepted by the laity as meaning pain and stiffness, may also be "poison" in the case of persons who have known or seen a relative or friend crippled with rheumatoid arthritis Patients do not voluntarily tell the doctor about the diseases they fear Sometimes this is because the fears are repressed, sometimes the patient is quite aware of his fears and is afraid to tell his doctor in case they are confirmed

However, patients will confess when they are asked in the proper way It is therefore important after making an examination in which physical signs are negative to ask the patient his views regarding the nature of his illness as well as the "diseases" he has met among his acquaintances If we omit to make such inquiries, and simply tell the patient that he is sound or almost sound his fears of disease as well as his symptoms increase because he thinks that we are merely being kind to him and that by keeping silent we are sparing his feelings

Mrs Eddy the foundress of Christian Science used to inform her pupils that the first duty of the practitioner was to begin by allaying the fears of the patient Medical

TYPES OF C DIPHTHERIAE IN CAPETOWN

BY

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Reports from different areas in England and Scotland, and also from Berlin have shown that the distribution of *C diphtheriae* types varies considerably from one locality to another It therefore seemed of interest to investigate their incidence in another country at a considerable distance from Europe Strains from all diphtheria patients admitted to the Capetown City Hospital for Infectious Diseases were accordingly received from the Government Laboratory over a period of approximately seven months and investigated as to cultural characteristics biochemical reactions, and virulence

Methods

Cultures reported as positive for *C diphtheriae* were subcultured on to Loeffler slopes incubated for eighteen hours and then plated on to McLeod's tellurite rabbit blood agar, the colonial appearance being examined after twenty four and forty eight hours Pure cultures were then obtained by subculture to Loeffler slopes, which after eighteen hours incubation were tested for virulence by the intracutaneous guinea pig method for fermentation of glucose and of saccharose for fermentation of starch (Bacto) and of glycogen (B.D H) in Hiss's serum water, and for their type of growth in nutrient beef heart infusion broth after twenty-four and forty-eight hours incubation.

Bacteriological Observations

Altogether 109 strains were isolated all fermented glucose but not saccharose and with one exception were virulent by intracutaneous guinea pig test They were classified according to the scheme introduced by H A Wright and M H Christison (1935) (Table I) An additional type (Type VII) was included This will be discussed later

TABLE I—*The Incidence of Biological Types of C diphtheriae in Capetown*

Type	Colony Form on McLeod's Medium	Fermentation of Starch	Virulence	Percentage Incidence
I	Mitis type	−	+	53.2
II	Intermediate type	−	+	0
III	Gravis type	+	+	6.4
IV	"	−	+	22.0
V	"	+	−	0.9
VI	"	−	−	0
VII	Mitis type	+	+	12.9
Unclassified				4.6

Type I—Of these 109 strains fifty eight (53.2 per cent.) were classified in this group Of these forty nine had typical black shining mitis colonies Nine other strains differed from the typical mitis form only in that their colonies were slightly matt or very faintly striated They were therefore not sufficiently different to classify as any other type In broth all these strains produced clouds growth without pellicle formation In some instances unrelated to the type of colony the growth was slightly flocculer but was very easily broken up on gentle agitation

Type II—No strain fell into this group—the intermediate group of Anderson and his co workers.

Type III—Seven (6.4 per cent.) strains only were classifiable as Type III They differed slightly in colonial appearance from the "gravis" strains described by Anderson and his co-workers in that the colonies were slightly smoother slightly darker and slightly smaller but they were not sufficiently different to classify as any other type In broth they all produced a pellicle deposit and fine granular type of growth

Type IV—Twenty four (22 per cent) strains fell into this group They could be further subdivided by their colonial appearance thus seventeen produced the same type of colony as those of Type III above three produced the typical daisy head gravis colony and four gave a mixture of these two types of colony In broth all these strains produced a pellicle deposit and a fine granular type of growth

Type V—One strain (0.9 per cent) belonged to this group It also had the slightly smoother type of gravis colony which predominated in Types III and IV In broth it produced granular growth pellicle and deposit

Type VI—No strain fell into this group

Type VII—This type has been added since fourteen strains (12.9 per cent) differed from Type I only in that definite fermentation of starch and glycogen occurred during twenty four hours incubation Eight of these strains showed typical mitis colonies and six only differed by having a slightly matt surface

Unclassified—Five (4.6 per cent) strains were not classified owing to their type of growth in broth Three were of the mitis type of colony but one was granular in broth and fermented starch and glycogen another produced a very slight pellicle and did not ferment starch or glycogen and the third gave a granular growth deposit and pellicle and fermented starch and glycogen

Two strains produced granular growth and pellicle formation in broth fermented starch and glycogen but in colony form were not clearly differentiable as gravis or as mitis

Clinical Observations

Clinical notes were obtained independently from the Capetown City Hospital and in a few instances from private practitioners The cases were grouped as severe moderately severe and mild according to the classification of Bie (1929) Owing to the mildness of diphtheria in Capetown the additional group of very mild was added to include those cases in which slight sore throat or nasal discharge and pyrexia accompanied by a positive swab were found In the severe group were included all those cases in which laryngeal involvement occurred or in which evidence of toxicity was present such as albuminuria and palatal paralysis

During the period in which the strains were collected there was no epidemic of diphtheria in the locality In the majority of the cases the disease was mild and there was little toxicity As has been previously observed in Capetown the number of patients with laryngeal involvement was high in this series being 7.3 per cent The dosage of antitoxin was on the whole less in the mild cases than in the severe being on an average 20 000 units in the moderately severe and severe cases Usually it was given later in the disease in the mild (three and a half to four days) than in the severe (two and a half to three days) cases

Clinical data were procured in ninety six cases those in which the cultures proved avirulent or the atypical being omitted from the series Of these ninety six cases sixty seven (70 per cent) were due to Types I and VII and twenty nine (30 per cent) to Types III and IV the distribution in relation to clinical severity being shown in Table II

Of the fourteen severe cases three were fatal—that is in this series there was a mortality of 3.1 per cent Of the three fatal cases one was laryngeal tracheotomy being

Eleven cases of primary sterility have been treated in this way In each the obstruction was bilateral and near to the fimbriae, and the ligatures were placed on the ampullary part of the tubes Two patients subsequently became pregnant, and were delivered of living children at term One, who conceived six months after operation, has had two abortions since the birth of her baby The other did not conceive for nearly three years, and has only recently been confined I have carried out Rubin's test on six of the remaining nine cases In only one were the tubes found to be patent

COMMENTARY

The simplicity of this method would seem to warrant its more extended trial, but I must emphasize that my experience has been limited to ligation of the ampullary portion of the tube In the light of recent findings (Haselhorst, v Mikulicz-Radecki, 1936) on the behaviour of the tube during ovulation the poor results of operations on its uterine end are more readily understood Finally I confess to some hesitation in recommending a technique which seems at first glance to be at variance with ordinary surgical principles, and, although a small series of cases has not been entirely barren of results, the method should not, I think, be regarded as established unless it is confirmed by adequate experiments on suitable animals

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Bilateral Abductor Paralysis Necessitating Tracheotomy in Labour

A patient with bilateral abductor paralysis of the larynx has only a small margin of safety, and any unusual strain, whether by exertion or the incidence of an upper respiratory infection may bring danger of fatal asphyxia In the case described below the patient was able to carry on until full-term pregnancy and the onset of labour precipitated acute obstruction

Mrs X, aged 32 had a thyroidectomy performed in a London hospital in 1933 almost immediately after the operation she had weakness of the voice and dyspnoea on exertion This continued, but she was able to carry out her normal housekeeping activities, though never with complete comfort Some months after her operation she became pregnant but aborted at six months, the laryngeal condition providing no difficulty

She was admitted to the Kent and Canterbury Hospital in September, 1936, in a state of severe collapse and asphyxia She was nine months pregnant, slight labour pains had begun the previous night, a sedative injection had been given, and the patient was discovered that morning in a state of collapse

An immediate tracheotomy was performed, the patient's condition at once improved, labour pains recommenced a few hours later and a healthy child was born twelve hours after the tracheotomy Convalescence was entirely normal

The patient is retaining her tracheostoma and leading a normal life I have advised against any plastic operation on the larynx owing to the uncertain result upon the airway and the possible damage to the voice

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Reviews

PAGET'S DISEASE OF THE NIPPLE

Paget's Disease of the Nipple and its Relation to Surface Cancers and Pre cancerous States in General By Keith Inglis, M D, Ch M (Pp 233, 237 figures 36s net) London H Milford, Oxford University Press 1936

The histogenesis of Paget's disease of the nipple is still in considerable dispute and Professor Keith Inglis, in an extensive monograph on this and kindred subjects, has put forward a further explanation for the condition He regards it as a peculiar form of surface cancer, almost limited to the breast, the only extramammary example which he accepts being the case of Paget's disease of the vulva described by Drake and Whitfield In his view the carcinoma begins in a lactiferous duct at its junction with the epidermis or just below this The growth forms no definite nodule but extends by continuity, downwards in the epithelium lining the duct to the acini and outwards in the epidermis of the nipple Both the duct and the skin lesions represent the same "primary" stage in the pathological process, but in a later stage a scirrhus carcinoma may form in the substance of the breast as an infiltration into the connective tissue from the ducts or acini, a spread is never seen from the carcinoma in the epidermis into the dermis

To explain those cases in which Paget's disease of the skin of the nipple has appeared after a scirrhus cancer has formed in the substance of the breast, he suggests that the scirrhus carcinoma is a sequel to Paget's disease of the ducts and that the duct lesion has extended later to the skin of the nipple, not as a secondary complication but as a delayed direct extension of the primary duct lesion To uphold this thesis the author describes nineteen cases of Paget's disease of the nipple, some of which were associated with a scirrhus carcinoma, and contrasts these with other forms of cancerous infiltration and eczema of the nipple, unfortunately he does not mention the incidence of Paget's disease of the nipple in his series of cases of breast cancer, nor how often he found an intraduct carcinoma without Paget change in the nipple

The essential difference between the author's view and that of Sir Robert Muir is that Professor Inglis regards the Paget's disease of the ducts as a special form of intraduct carcinoma in which the carcinoma cells spread between the normal epithelial cells of the ducts without papilliferous proliferations, and holds that the skin lesion is of the same order, whereas Sir Robert Muir does not recognize this special form, but considers all intraduct carcinomata as representing the extreme stage of Cheatle's "dysgenetic hyperplasia" and that any intraduct carcinoma may give rise either to an infiltrating carcinoma or Paget's disease of the nipple as a secondary phenomenon We do not feel that the evidence brought forward by Professor Inglis is wholly convincing, particularly in view of the many cases in which the areolar area, both of epidermis and of lactiferous ducts, is free from malignant change and yet both Paget's disease of the skin and an intraduct carcinoma are present, a normal area of epithelium intervening The therapeutic and prognostic aspects of Paget's disease are not discussed

In the second part of the book there is an account of pre-cancerous conditions and surface cancers in general The author is opposed to the view of Bowen that the pre cancerous dermatoses are related to Paget's disease Though it is true that in a typical case of Bowen's disease the appearances are quite distinct from those seen in Paget's disease, yet there are borderline conditions in

PROSTATECTOMY BY THE TWO-STAGE METHOD

A SURVEY OF 158 CASES

BY

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Fashions change in the field of prostatic surgery with almost if not quite, the same bewildering frequency as in that of dress, and the object of this paper is to outline briefly the surgical treatment and results obtained in 158 consecutive cases treated by the two stage blind operation during the past ten years. After trying at various times many different techniques I have always gone back to the simplest form of enucleation through a short incision without inspection of the cavity after removal of the adenomatous mass.

During my early years in urological practice I performed the two stage operation in about 10 per cent. of my cases, using the Thomson Walker open operation or the one stage blind method in about 90 per cent. But finding my results more satisfactory in the two stage operation, which I originally only used in the so called 'bad risk' patients I gradually did more and more by this method until at the present time I employ it in the majority of my prostatectomy cases. In fact, I now very often work on the principle that what is good for bad risk cases is also good for good risk patients. The more I see of prostatic surgery the more I am convinced that many of the complications which follow prostatectomy some of which may be fatal are avoidable by using the two stage operation. These 158 cases have not been selected for operation with a view to statistical records. On the contrary the series includes all the most unpromising on which I have operated.

Preliminary Treatment

As soon as possible after admission every patient was subjected to the urea concentration test and the quantitative estimation of the amount of urea in the blood. These two tests were applied in conjunction, and on the whole gave a trustworthy guide to the amount of reserve renal function but the results were always interpreted strictly in the light of general clinical findings. In the case of patients who did not have much residual urine the preliminary cystotomy was done two days after their admission into hospital or nursing home provided there was no contraindication. When there was obstruction enough to cause a large quantity of residual urine the bladder was gradually emptied and afterwards drained by an indwelling catheter for two or more days before the first operation.

Once the preliminary cystotomy had been done there was no urgency about the prostatectomy and the length of the interval between the two was determined by the patient's condition after the first operation the general clinical findings the state of the suprapubic wound and the results of the tests of renal efficiency. The interval between the two operations was seven days in 110 (69 per cent.) of the series fourteen days in thirty two (20 per cent.) while in the remaining cases with a few exceptions the interval varied from eight to twenty one days. Between the two operative stages a Hamilton Irving apparatus was fixed to drain away the urine except in a few long-interval cases in which a large de Pezzer tube was used. The bladder was irrigated with boric or very weak silver nitrate solution two or three times a day.

Anaesthesia

On account of earlier unfavourable experiences possibly due to errors in dosage or technique, we have as a rule used general anaesthesia in preference to spinal the latter method although advocated by some authorities has only been used where more or less active lung complications were present in a few cases amounting to about 3 per cent. of the operations performed. Also in view of the general condition of the patients and of other factors a heavy premedication or basal narcosis has not been considered advisable the routine preparation having been 1/6 or 1/4 grain of morphine with 1/100 grain of atropine. A few patients who were exceptionally apprehensive were given intravenous evipan or pernocton as a preliminary, but these amount only to about 1½ per cent. of the operations.

Originally nearly all the cases were given nitrous oxide oxygen, and ether, though only small amounts of the latter were found necessary. Later it was often found possible to dispense with ether altogether and since May, 1934 gas oxygen alone has been used in a little more than two thirds of both the first stage and second stage operations. During the past year ethylene, which has the advantages of giving slightly better relaxation and more complete oxygenation, has been substituted for nitrous oxide in the majority of cases with satisfactory results.

Dr. Clausen who gave the anaesthetics has employed Webber's modification of Boyle's apparatus and the simplest technique has been adopted throughout tracheal insufflation or intubation never having been used.

Technique

In doing the operations my aim was speed and simplicity of technique. Therefore the preliminary cystotomy or actual prostatectomy usually took only a few minutes.

The bladder was exposed through a longitudinal incision of about two and a half inches from the symphysis pubis upwards and a rubber tube an inch in diameter introduced into the vesical cavity. This tube was removed after four days and a slightly smaller one used until the subsequent enucleation of the prostatic enlargement. At the second stage the prostate was pushed forward by a finger of the left hand, on which two gloves were worn while it was enucleated with the index or middle finger of the gloved right hand. The possibility of a partition being left between the vesical and prostatic cavities was always borne in mind and if present was thoroughly divided. For a number of years I have used a clamp incisor which I designed for dividing such a shelf. With this instrument the separating wall is not only divided but thoroughly crushed on each side of the incision.

I have never found it necessary to extend the preliminary drainage opening at the actual prostatectomy. After the prostate was removed a rubber tube an inch in diameter was again introduced into the bladder. There was usually very little haemorrhage during or after the prostatectomy when this technique was used in fact the small amount of blood lost never failed to surprise visiting surgeons. But when there was the slightest anxiety in regard to bleeding I never hesitated to pack the prostatic cavity with gauze.

Post-operative Treatment

When the patient was returned to his room or ward the foot of the bed was raised but in the absence of haemorrhage it was lowered to the horizontal after about four hours and a Hamilton Irving apparatus again fixed. The suprapubic tube was taken out on the second day.

patients A study of the neuroses should come into the ordinary ward work, should be encountered everywhere by the student and woven into the ordinary teaching of clinical medicine and surgery The pressure for teaching on the neuroses is coming from below, the students are eager for it clamouring for it, and if they don't get it from one man or in one school they will go elsewhere No school can maintain its prestige for long if it persists in neglecting its opportunities in this direction '

ROLE OF THE TISSUES IN IMMUNITY

Tissue Immunity By Reuben L Kahn M S D Sc (Pp 708, illustrated 34s) London Baillière, Tindall and Cox 1936

Attempts to use antibacterial sera therapeutically have been on the whole disappointing This has led to the conviction that the tissues play a predominant part in the resistance to bacterial infection Professor Kahn has made a series of studies on the role of the tissues in immunity and now publishes these in book form Working on the lines that have led to great advances in the understanding of serological reactions, he has used relatively simple antigens and has attempted to make his studies quantitative He shows that antigens are fixed in the tissues of actively immunized animals and gradually destroyed, with this fixation of antigen inflammatory reactions appear This sensitization is evidence of immunity and when animals are desensitized by a large dose of antigen their tissue immunity is temporarily abolished The tissues of actively immunized animals differ in their power of thus localizing antigens that of the skin being the greatest Kahn considers that this progress is of primary importance in protecting animals against bacterial infections The skin of very young rabbits cannot fix antigens in this way—the localizing mechanism develops with the full development of the protective function

Evidence of sensitization of the skin appears in actively immunized animals before antibodies can be demonstrated in the serum and tissue sensitiveness can be produced by substances such as racemized proteins, which will not give rise to antibodies in the serum Also when rabbits are passively immunized with rabbit antisera the power of the different tissues to localize the corresponding antigen does not differ as in actively immunized rabbits It therefore appears that the immunization of the tissues takes place independently of the appearance of antibodies in the serum and in the actively immunized rabbit, is not due solely to the adsorption of antibodies from the serum by the tissue cells These investigations do little to elucidate the peculiar allergic conditions occurring in man, which give rise, for example to hay fever and urticaria Professor Kahn suggests that this allergic state is brought about by hyperactivity of the immunological function due possibly to over-stimulation This interpretation represents the abnormality as a quantitative difference in the reaction from that of normals not as a result of abnormal immunization with some antigen The difference between normal and allergic persons may be compared to the difference between rabbits and guinea-pigs These studies minimize the importance of serum antibodies in the resistance to bacteria That does not mean that inquiries into the mechanism of serum reactions and of the various bacterial antigens involved in such reactions are wasted The serum affords a relatively simple medium in which immunity reactions can be observed the results of such investigation will furnish the basis for study of the reactions in the cells

Professor Kahn has included in his text details of the experiments on which his conclusions are based This makes the book difficult to read

ANATOMY OF THE FASCIAE

Fasciae of the Human Body and Their Relations to the Organs They Develop By Edward Singer, M D (Pp 105 24 plates 13s 6d) Baltimore The Williams and Wilkins Co, London Baillière Tindall and Cox 1936

Dr Singer's treatise on the anatomy of the fasciae is based on special dissections, which have been skilfully drawn by Elizabeth B Cuzzort As stated in the preface, the drawings have been made in conformity with the idea expressed by the great Russian anatomist and surgeon Nicolai Ivanovitch Pirogoff—namely that ' illustrations should be for the physician what road maps are for the traveller '

Unfortunately the general excellence and accuracy of the work is marred by a number of mistakes of which it is necessary to mention two or three in order that they may be corrected in subsequent editions The legend to Fig 10 states that the section passes through the fossa glenoidalis scapulae,' whereas the drawing shows that the section has been made above the level of the glenoid fossa and through the acromio clavicular joint Fig 8 shows a section through what appears to be the superior cornu of the thyroid cartilage, it lies close to the greater cornu of the hyoid bone and submaxillary gland which appear in the same horizontal section This has been incorrectly labelled "cornu inf cart thyreoideae In the same plate a section of the common facial vein which lies in front of and outside the carotid sheath is named "v jugularis interna,' and the true internal jugular vein behind it and lying within the sheath is described as a "branch" of the internal jugular vein The dissections have on the whole been well planned but the inclusion of a few special dissections with detailed descriptions of the exact relations of the fasciae and reference to definite operative procedures or diseased conditions such as retropharyngeal or psoas abscess would have been welcomed by the surgeon and have added to the value of the book Although the use of the full Latin or Greek names as headings for paragraphs and for the definition of particular parts has advantages and is generally approved the book in our opinion would have been more readable if the ordinary English equivalents had been employed in the text Moreover, apart from the transatlantic style of spelling such words as "romboid ' "hemorrhages "pterigoideus,' "stylopharingeus ' "ischiorectalis which might shock the older classical scholars on this side of the water, there are numerous uncorrected errors in spelling such as "Scrapis fascia and ' sternodeiodo mastoideus,' which might have been avoided by careful revision The book however, has been conceived on somewhat novel lines, and we hope it will serve the purpose of drawing attention to the importance in general practice of a knowledge of the fascial compartments and septa of the human body

Notes on Books

Dr MALCOLM BURR has written *British Grasshoppers and Their Allies* (P Allan and Co 6s) with the object of stimulating interest in this somewhat neglected group of insects Although between five and six hundred species of Orthoptera are known in Europe, only thirty one occur in the British list north of a line from the mouth of the Severn to the Wash this number is reduced to eighteen Dr Burr remarks that there is great scope for field observation on the habits of these insects while many problems of geographical distribution and oecology await solution The book is written within a framework of scientific classification and a special feature is provided in the distributional maps showing at a glance in which counties various species have been observed

EXOSTOSES OF THE EXTERNAL AUDITORY MEATUS

A TECHNIQUE FOR THEIR SURGICAL REMOVAL

BY

ARTHUR MILLER, F R C S Ed., D L O

Laryngologist the French Hospital Consulting Oto laryngologist Ealing and Wimbledon Fever Hospitals Assistant Aurist L C C

Exostoses* of the auditory meatus are due either to partial hyperplasia during the stages of development and ossification or to chronic suppuration of the middle ear which causes a periostitis with subsequent new bone formation Some rare cases are caused by syphilis trauma or the irritation of prolonged and frequent immersion in salt water Exostoses are often bilateral and multiple usually sessile and of slow growth they never become malignant, and are said to occur more often in men than in women They are found anywhere in the bony meatus, and appear as rounded elevated masses with tense and somewhat blanched skin covering them They are usually of ivory hardness and consistency

An exostosis may actually press on the membrana tympani and then give rise to tinnitus and reflex cough, or it may gradually increase in size until it comes in contact with another exostosis or with the opposite wall, causing pain as a result of pressure It might completely occlude the meatus The lumen is then reduced to a minute slit like opening which may fill up with cerumen and debris or with exudation of an intermittent dermatitis, or it may fill up with muco pus in a concomitant otitis media or with the secretion of the sweat glands on a hot day or with salt water in bathing In either case complete intermittent deafness with autophony and tinnitus will result

It is generally accepted that exostoses should not be interfered with unless they cause untoward symptoms The following are the indications for their surgical removal (1) deafness and tinnitus (2) incarceration of wax which cannot be removed by syringing, (3) obstruction to the outflow of pus from concurrent middle ear disease in order to establish free drainage and an opportunity for treatment of the middle-ear cavity (4) dermatitis with secretion and (5) pressure symptoms with neuralgic pain

It is said by many otologists that the surgical removal of exostoses of the meatus is an operation which might present great difficulties and is not devoid of danger to the patient because the very great hardness causes the chisel to drive on when the last fragment of them is divided, and it would be easy to damage the facial nerve or even the cochlea Some of them are so hard that they turn the edge of all our instruments they tend to split off and carry with them quite sizable pieces of bone (Watkyn Thomas and Yates 1932) To avoid these complications I practise a different technique to deal with this contingency While no claim is made for originality I was unable on perusing the vast literature on the subject to find any mention of this technique anywhere

The Operation

The chisel and mallet are discarded altogether and instead a burr propelled by an electric dental drill is used Owing to the rapidity of motion of this machine very little pressure is necessary and the burr is therefore not likely to slip and cause any injury to the surrounding structures As the bony prominence is reduced very gradually there is no danger of splitting or fissuring the bone Another advantage is that very little bleeding takes place as the heat produces a quick coagulation of the blood

Illustrative Case

A man aged 52 had bilateral multiple exostoses which produced complete intermittent air conduction deafness on the left side One large exostosis which was attached to the anterior wall was in contact with the postero superior aspect of the meatus there were also several smaller ones on the posterior wall and on the floor Under general anaesthesia

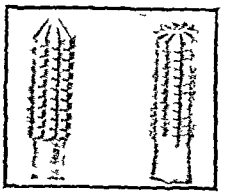


Fig 1 Fig 2

an incision was made similar to the one used for the cortical mastoid operation and the auricle was pulled forward An attempt was made to lift the membrano cartilaginous meatus out of the bony canal but this was not entirely successful I therefore opened the external meatus and removed the bone around the postero superior aspect of the osseous meatus with nibbling forceps This brought the exostosis into full view The skin over the bony prominence was then incised with a fine bladed knife and elevated During this process it was torn and fringed A cross-cut enamel burr with a pointed fissure (Fig 1) was then applied with a firm hand to the anterior exostosis This required no skill but patience since the bone was very hard and yielded to the pointed burr only slowly though steadily

As soon as a path had been made the pointed cross-cut burr was exchanged for one with a flat fissure using the cross cut surface (Fig 2) With a to and fro movement applying gentle but continuous pressure this burr did the work very quickly shaving off the exostosis with great ease There was very little bleeding. As soon as feasible a half inch plugging was pushed past the exostosis to protect the drum The process of reducing the bony prominence with the dental burr was continued until the whole tympanic membrane was clearly visible the latter appeared to be congested but otherwise normal The external wound was then completely closed and the meatus was plugged with a vaselined strip of gauze which was left *in situ* for four days. Six weeks afterwards the wound was completely covered by epithelium and the hearing had returned to normal.

In addition to this case two patients with unilateral multiple exostoses with concomitant middle ear disease of many years standing were operated upon similarly The exostoses in both cases were presumably due to a periostitis set up by the suppurative otitis media Although they did not completely occlude the meatus the drums could not be seen and there was an obvious impediment to the free outflow of the discharge the term hour-glass exostosis applied to this type is very descriptive of the condition Enough of the bony prominences was removed with the aid of a dental burr to ensure a free passage and to get a clear view of the drum In one case (a man aged 47) a polypus was found behind the exostosis emanating from the middle ear This was removed and with appropriate subsequent treatment the ear dried up within five weeks The other patient a man aged 26 had extensive attic granulations which were cauterized Later an ionization treatment was given, the discharge ceased in about seven weeks

* This term is used to include osteoma and hyperostosis

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THE WATCH ON LONDON WATER

Once on a time before the rise to power of the science of bacteriology, chemical methods ruled the field in the examination of samples of water used or intended for domestic purposes, and conclusions as to the safety of such waters were sometimes perhaps over-confidently based upon such considerations as the presence or amount of combined chlorine or nitrogen derivatives Nowadays, while chemical procedures still hold a recognized place, bacteriology has come to dominate the position and much trust is rightly reposed upon the enumeration of indicator bacteria as a guide to the character and degree of pollution present in a water and as a measure of the risk which its consumption may involve

Side by side however with the bacterial content notice had from the first been taken by experts of the minute living things other than bacteria which have their being in water such as algae and animalcules the phytoplankton and the zooplankton as they are called As bacteriology grew in importance for routine examinations the study of these little creatures tended temporarily to decline They might be of interest to the curious, but they seemed to have little significance for practical purposes Nevertheless, in more recent years they have again emerged into a position of some prominence, especially in connexion with large stored water supplies, for the very good reason that they are able by their excessive or unbalanced proliferation, to clog filters or produce changes in the character of waters which attract the notice of consumers and lead to complaints

This biological aspect of water purification has already been represented in successive annual reports on the chemical and bacteriological examination of the London waters In the last report for the time being, the thirtieth,[1] it is discussed by Colonel Harold in a lucid and informative article There are he says, for both the plant and the animal forms two periods of maximum intensity, one in spring and one in autumn The plankton life of rivers is meagre by comparison with that of lakes and impounding reservoirs The impounded water, as it deposits its silt, clarifies and gives free passage to sunlight which stirs the algae to vigorous growth So far as the algae are concerned therefore, it would be better to pass the raw Thames water into supply without impounding it at all Yet the advantages conferred by impounding far outweigh even its propensity to encourage algae It reduces the ordinarily high bacterial count of the raw water It ensures that ample reserve which has already stood London in such good stead and doubtless will again

A careful study has been made of the chlorophyll pigments produced by algae, and a photo electric cell has been devised by means of which these tints as well as the general turbidity of water can be estimated in such a manner as greatly to reduce the personal error Chloramine and cuprichloramine have given good results in the control of excessive algal proliferation but a note of warning is sounded against the too lavish use of algicides Algae, as is well known contribute to the biological film which arrests germs on the surface of sand filters It has been observed that at times when algal growth is low these filters let more bacteria through It is noted also that a deficiency of the silica normally contained in London water has led to the faulty working of base-exchange water softeners as used by some consumers It appears that these evidences of silica shortage in the water coincide with periods of special activity by diatoms, which take silica out of the water in order to build up their frustules We learn with interest though not yet with alarm, that one specimen of the Chinese mitten crab has been reported from the River Thames It is an intermediary host of the Asiatic lung fluke, infestation by which is widespread in the East and in America

All river-derived London waters are now subjected to chloramination Two sources are treated prior to filtration In all other cases the chloramine is applied to the filtered water The normal dose of chlorine for Thames and Lee filtered waters is about 0 25 part per million, for New River filtered water up to 0 2 part per million The standard of purity aimed at for water passed into supply is that *B coli* should be absent from 100 ml The appearance in service of a sample containing *B coli* in 100 ml entails an immediate telephone call to the works concerned, checking of output sampling of filter beds and a stringent inquiry into the control and dosage of chloramine

This is unsleeping vigilance it means safety for the consumer

[1] Metropolitan Water Board Thirtieth Annual Report on the results of the chemical and bacteriological examination of the London waters for the twelve months ended December 31 1935 By Lieut Colonel C H H Harold O B E, M D, Ch B D P H, Director of Water Examination Metropolitan Water Board London P S King and Son Ltd Great Smith Street, Westminster (10s 6d)

atism nine neuritis and one fibrositis Of the twenty one patients eleven have been treated at clinics or hospitals by physical therapy in the form of massage electricity heat etc. One patient No 6 had also suffered injections sinus operation and full dental extraction with no relief The duration of incapacity ranged from a few weeks to over a year and in several instances it was recurrent.

Topographical Distribution of Rheumatism—The sites of pain etc may be grouped as follows neck only four patients, neck and left arm (including two in Group C) seven patients left arm only six patients right arm only one patient The predominance of pain in the left arm as compared with the right is remarkable—namely thirteen patients to one Another point to be noted is that the pain was usually felt on the extreme left aspect of the body—namely, the top of the shoulder and the outer side of the left arm

Discussion

The foregoing demonstrates a method of analysing patients in series The psychological encounters the emotional reactions, and the date of the emergence of the rheumatism are indicated in tabular form Indeed the table may be described as epitomizing twenty one stories each of them with chapter headings which might be entitled (1) I experienced misfortune (2) I took it ill, (3) I felt it sore and stiff In the group used for illustration all ages and all types (spare or fat anxious or placid) were found The time of onset of pain or stiffness during the psychoneurotic illness varied widely between the different patients On occasion swelling of the joints also emerged during the course of the emotional reaction

The true nature of the illness in the group under survey was not recognized and attempts were made in half the patients to rub away the pain with massage, but without success Among the many questions arising out of the investigation of this small group is the following Why should these patients have developed rheumatism in the neck or shoulders or arms especially the left arm? It is not possible to give a full and satisfactory answer to this question in respect of each patient because of lack of data Each patient was seen only once and as a result psychological investigation was necessarily superficial As was previously stated, patients with inferiority (who complained of pain in these regions and who gave a history of previous injury or who had a fear of disease associated with these sites) were excluded from the series under observation Patients Nos 4 and 7, however were doubtful examples of inferiority associated with fear of disease The answer in many of the examples is probably related to the problem of unconscious symbolism Personal pride was a well marked finding in patients Nos 2 and 15, and resentment or obstinacy was very evident in Nos 1 3, 4, 5 8 11 and 13 all of whom had pain in the neck On the other hand, there was a degree of resentment in Nos 19 and 21 and these did not have pain in the neck The predominance of the left arm and shoulder over the right as a site for rheumatic pain is also probably dependent on symbolism.

The Symbolism of the Left Side

The above serial investigation suggests that the left side in the collective unconscious may be associated with ideas related to disaster and misfortune This suggestion receives support from other sources such as folklore and etymology The illustrations from folklore are numerous but only two are quoted here If we spill the salt—which is an 'unlucky thing to do—the evil omens are averted by throwing salt over the *left* shoulder If we dream of a dead person and he holds out his *left* hand to greet us this according to popular dream interpretation is a sign indicating disaster or death As regards etymology it has been observed that in most languages certainly in all Indo European languages (Schrader 1890) the word for left may mean ill omened disastrous, or *sinister* (which is Latin for left)

Note—Recent characterological investigations (Wolff 1932) indicate the association of the left side of the body with the collective (the experience of the species) whereas the right side is more related to the experience of the individual In animals and in men the right half of the face bears an individual expression while the left half—the ancestral type—reveals the expression of the species In saga and in myth the left hand means the magical and the demoniac while the right hand means the good Although certain symptoms are known to predominate in one or other side of the body attempts are not usually made to interpret the significance of such distributions An interesting example of left sided predominance the distribution of tender spots in hysteria is mentioned by Purves Stewart (1924) When not in the middle line they are generally left sided except in left handed patients where they are right sided It is probable that psychoneurotic symptoms on the left side or in the middle line are more commonly associated with the deeper (or species) levels of the mind than those on the right side which can usually be linked up with the personal experience acquired by the individual as for instance inferiority whether relating to structure to fear of disease or to moral transgression

Incidence of Psychoneurotic Rheumatism

Rheumatism is one of the chief labels given to describe the reasons for incapacity for work The morbidity statistics for the insured population of Scotland show that during each year this label is applied to 10 to 12 per cent of all persons incapacitated for work and is responsible for about 10 to 12 per cent of the total time lost from sickness During recent years it has also been noted that the incidence of rheumatism is tending to rise What proportion of cases of rheumatism can be better described as examples of persons suffering from psychoneurotic anxiety state in which such symptoms as pain and stiffness have developed as an episode? It is not possible to give an answer applicable to the general population but that the proportion may not be inconsiderable is suggested by the results found in insured persons examined by a medical referee The reasons for such reference are among others the duration of time the patient has been on the sick list The findings in such samples are not therefore applicable to the general insured population

In a previous inquiry into the incidence of psychoneurosis as a reason for incapacity in insured persons who had been examined by a medical referee (Halliday 1935) it was noted that of 145 consecutive persons labelled rheumatism (including fibrositis lumbago sciatica and neuritis) fifty seven—that is 39 3 per cent—were incapacitated because of psychoneurosis A further investigation into a series of referred insured persons was made and the findings were classified in greater detail The result of this second inquiry not yet published showed that of sixty two consecutive persons labelled rheumatism twenty three—that is 37 per cent—were regarded as being disabled because of psychoneurotic disturbance Of these five were noted to have had structural changes which had subsided but the remaining eighteen—that is 28 2 per cent—were examples of 'pure psychoneurotic rheumatism There is therefore no basis for the opinion sometimes expressed that psychoneurosis is nearly always a superstructure on a real organic illness

A Note on Rheumatoid Arthritis

In three of the patients tabulated in the serial investigation swelling of the joints emerged after the onset of pain This suggests that psychological factors and emotional reaction may have a bearing on the problems of rheumatoid arthritis

There is little literature on this subject Swelling of the joints is known to occur in hysteria Ray (1914) in his excellent book on rheumatism stresses the part played by emotional reaction in rheumatoid arthritis He also notes that among the prodromal symptoms are backward signs of weakness, general debility vague pains dead feelings in the arms and pins and needles in the fingers—symptoms similar to those illustrated in the table and typical of emotional reaction. Ellman and Mitchell (1936) in the recently published second volume of the *Reports on Chronic Rheumatic Diseases* give the results of a serial investigation on the psychological

through the veins, there must be an extensive vasoconstriction elsewhere to compensate for the dilatation of the muscle vessels Mosso demonstrated plethysmographically many years ago that in man the skin vessels constrict, and more recently Barcroft and his co-workers have shown that in the dog the exteriorized spleen shrinks and the exteriorized colon blanches at the beginning of exercise In prolonged exercise, however, although the spleen remains small, the colon flushes again[4] and the skin vessels dilate as body temperature rises, at this stage it is by no means clear whence comes all the blood for the active muscles

Until the last few years there had been no reason to doubt that the vascular adjustments which maintain the arterial pressure through the activity of the proprioceptive reflexes and which occur during muscular exercise are effected chiefly through the sympathetic vasomotor nerves The first doubt came when Cannon[5] showed that the completely sympathectomized cat had a normal blood pressure In the dog[6] the results of this operation are even more surprising, for whereas the sympathectomized cat is listless and apathetic the sympathectomized dog is bright and active, and can run and fight as well as its normal fellow In the sympathectomized dog stimulation of the carotid sinus and depressor nerves fails to produce the usual changes in blood pressure and vascular tone, and the sympathetic nerves seem to be the only vasomotor nerves which in the dog bring about co ordinated vascular adjustments It is probable, therefore, that in such animals the vascular adjustments, which we must assume take place in exercise, are the result of some chemical agent then released In this connexion the recent work of Grant[7] has received less attention than it deserves He showed that in the rabbit the vessels of the sympathectomized ear react more strongly than do normal vessels to a variety of substances such as adrenaline, histamine, pituitrin, and ergotoxine He also demonstrated that in exercise a substance is released which blanches the denervated ear, and that this substance comes neither from the adrenals nor from the pituitary gland

THE NEW YEAR HONOURS LIST

Members of the British Medical Association in all parts of the world will learn with gratification of the honour that comes this week to our Chairman of Council Dr Kaye Le Fleming The knighthood to be conferred on Dr Le Fleming is a fitting recognition of fine work for the profession and the community carried out by a man in busy general practice Long accepted as a leader by his colleagues in Dorset and Hampshire and with a growing influence at Headquarters in London, he enlarged his reputation during five years' chairmanship of the Panel Conference, and then, after three further years as Chairman of the Representative Body of the Association, was called in 1934 to the chair of the Central Council Dr Le Fleming's gift for presidency is known to all who have sat with and under him, he is an accomplished speaker, wise in counsel and resolute in action a medical statesman with a wide view of medicine's duty to the public His Highness the Maharaja of Gondal, G C I E, a medical graduate of Edinburgh, receives the additional high honour of G C S I, and Professor John Fraser, who has held the regius chair of clinical surgery at Edinburgh since 1925 and was appointed surgeon to the King in Scotland last year, is created K C V O Professor Fraser's work on the surgery of children was recognized by the award of the Dawson Williams memorial prize in 1936 The honour of knighthood is conferred also on two distinguished workers in bacteriology and pathology who have long been associated at the Lister Institute of Preventive Medicine, and wrote jointly *The Carrier Problem in Infectious Disease* Professor John Charles Grant Ledingham F R S joined the Lister Institute in 1905, became chief bacteriologist there in 1908, and has been its director since 1930 Dr Joseph Arthur Arkwright, F R S an honorary member of the staff of the Institute, has been a member of the Agricultural Research Council since 1931 Before devoting himself to science he was in general practice for eleven years The knighthood for Dr Henry Morris-Jones, M P, Junior Lord of the Treasury, is in recognition of public and political services He was a general practitioner at Colwyn Bay for twenty years until his election to Parliament in 1929, and was chairman of the Carnarvon and Anglesey Division of the British Medical Association he is now honorary treasurer of the Parliamentary Medical Committee The full list of New Year medical honours will be found at page 283

"SLUM" SCHOOLS MUST GO

A campaign having for its slogan "Abolish slum schools" will be launched at a reception to be held at 4, St James's Square, S W, the London home of Lady Astor, M P, president of the Ten-Year Plan Council on February 15 The guest of honour will be Princess Alice, Countess of Athlone, and Members of Parliament, local government representatives, doctors, and educational and religious leaders will attend The Hon Harold Nicolson, M P, is chairman of the council, and the members include Sir Henry Brackenbury, Sir Norman Angell, Lady Allen of Hurtwood, Dr Sloan Chesser Sir Ernest Graham-Little, M P, the Marquess of Lothian, Sir Arthur Salter and Mr G A Morrison M P The plan was formulated a year ago by seven experts, it called for a ten-year reconstruction scheme for education and urged the special need of improved school buildings, nursery schools, and an extended school life The new council aims by investigation deputations and platform speeches, to persuade the Government and local authorities to put the plan into

[4] Barcroft and Florey (1929) *J Physiol* 68 181
Amer J Physiol 1931 117 592
[5] Bacq Brouha and Heymans (1934) *Arch Int Pharmacodyn* 48 429
[6] *Clin Sci* 1935-6 2 1

No	Sex Marriage Age Occupation	Type of Person	Environmental Encounters with Dates (Psychological Factors)	Emotional Reactions Prior to Onset of Rheumatic Symptoms	Date and Nature of Rheumatic Symptoms	(1) Diagnosis (2) Impairment (3) Hospital Therapy
D						
16	M widower 55 years shipwright	Easy going industrious fair intelligence spare anxious	Childless marriage wife died March 1933 Lost employment July 1933 Lives alone (See text)	Never the same since wife died Influenza April 1934 Depression weakness sleeplessness no appetite	Pains and numbness outer side left arm January 1934 Has attacks of loss of power of left arm	(1) Neuritis (2) 9 months (3) No
17	F single 37 years shop assistant	Industrious conscientious fair intelligence well covered placid	Nervous since 1928 when her father died and she broke her engagement believing (erroneously) that her fiance had contracted V D Since then lived with an invalid mother In July 1934 her married sister introduced her to a man to marry but on hearing about his morals she broke off the acquaintance ship	Increasing nervousness depression sense of futility palpitation giddiness weakness		
18	M married 54 years boiler fireman	Independent conscientious keen churchman intelligent well covered depressed	In January 1936 his only brother died and also his son in law the husband of his only child He was intensely devoted to his son in law and they were inseparables He was my son	Grief depression sore all over Influenza February 1936	Pain and numbness all over left arm Attacks of loss of power January 1935	(1) Neuritis (2) 5 months (3) No
19	F single 17 years domestic servant	Superior keen on books fair intelligence well covered depressed	Of poor parents who had struggled to give her a good education including a course of shorthand and typing which she completed in December 1934 For 6 months she unsuccessfully sought employment when in June 1935 at her parents request and against her will she entered domestic service	Resentment hated the work palpitation July fear of heart disease August sore all over September	Pain and stiffness outer side left arm and left leg March 1936	(1) Rheumatism (2) 2 months (3) No
20	M married 56 years shop assistant	Easy going fair intelligence well covered detached cheerful	Wife an invalid since 1925 Only son died September 1934 On sick list January–June 1935 with neurasthenia Lost his situation August 1935	Took his son's death ill and never well since Loss of voice palpitation and pains all over October 1934 weakness sleeplessness attacks of trembling	Pain in left shoulder and outer side left arm October 1935 swelling of fingers of both hands November 1935	(1) Rheumatism (2) 2 months (3) No
E						
21	F married separated 27 years cleaner	Independent good living intelligent spare anxious ambidextrous	Left her husband June 1934 because of his infidelities Had worked during her marriage as cashier Lost her occupation December 1934 because of her ill health Had to take up work as cleaner	Anger resentment self pity dizziness weakness Sore all over September 1934	Pain left shoulder and outer left arm September 1935 Gnawing pains right shoulder and outer side right arm November 1934 Has been frequently on the sick list since with diagnoses which include rheumatism lumbago influenza fibrositis anaemia and neurasthenia	(1) Neuritis (2) 6 months (3) Yes (1) Neuritis (2) Recurring (3) Yes

aspects of forty rheumatoid and forty arthritic patients The authors approach the problem from the standpoint of the psychiatric specialist and their field of inquiry is directed mainly to the study of the personality types of the various patients They found that twenty seven of the patients with rheumatoid changes (67 per cent) showed a predominance of schizoid features with marked morbid anxiety The paper is important and emphasizes the need for fuller consideration of the mental aspects of disease processes in general and chronic diseases in particular

The cause of rheumatoid arthritis still remains obscure Much work has been done on the physical and micro organic factors of the environment but psychological factors have been largely ignored Lack of appreciation of the meaning of these is perhaps responsible for some of the quandaries of mechanistic research

For example Hench (1936) in a valuable summary of recent American researches on diseases of the joints notes the amount of speculative literature dealing with aetiology and mentions as current theories (1) infection (2) metabolic abnormality (3) circulatory deficiency (4) endocrine abnormality and (5) imbalance of the sympathetic nervous system The last two or three theories he writes may be summarized as follows an endocrine imbalance affects the sympathetics thereby impairing the articular and general circulation general and articular metabolic abnormalities are fostered and arthritis develops with or without the aggravating influence of infection

Although this theory places the primary blame on the endocrine and autonomic systems—the bodily mechanism of emotional reaction—psychological factors are not mentioned in the consideration of aetiology This blind spot is very curious When we are not in the frame of mind to which scientific medicine has accustomed us we all know for instance that a youngster who has lost his penny sheds tears has an increased heart rate and heavy respirations and we acknowledge that these manifestations are evidence of endocrine and sympathetic imbalance We also know that these disturbances usually cease when we give the youngster another penny or failing that distract his attention Further if a medical uncle were to disregard the symbolism of the symptoms (namely I have lost a beloved object) and attempt to find a cure for the boy's bodily disturbances by studying the changes which he would undoubtedly find in the blood sugar the basal metabolism and the circulation we should agree that his outlook was rationalized and could scarcely be regarded as truly scientific Moreover we should expect in virtue of our common human experience that such procedures would tend to prolong and aggravate the boy's bodily disturbances This comment is made not to disparage the inherent value of mechanistic investigations but to suggest that illness is best interpreted as the reaction of an integrated individual to his environment, which includes psychological factors and that to disregard these may cause us to miss the whole point of rheumatoid changes in certain patients

Treatment and Prevention

Treatment depends on two things on recognizing the true nature of the patient's disorder and on knowing how not to make the patient worse Recognition requires (1) the making of a thorough physical examination not only of the site complained of but of the person (2) appreciation of the part which psychological factors play in affecting the body and (3) reframing from discovering structural abnormalities which are not there Regarding the last Mennell (1935) in his useful book *Backache* writes Of this I am sure that if imagination is ready to run riot it is possible to detect abnormalities where none in fact exist. Fibrositis is an

so that it falls below that of the invading organisms Neither deficiency of vitamin A nor lowered serum calcium was considered to be a causative factor The reservoir of the fuso-spirochaetal organisms Dr Clements believes to be the mouth, the mode of transmission—expectoration 27 per cent of Manus sago-eating natives and 15 per cent of the taro eaters had infected gums, promiscuous expectoration associated with chewing is indulged in every few minutes, with soiling of the clothes, fouling of the floor, and consequent infection of wounds on the lower extremity Though he failed, as others have done, to recover the micro-organism in culture, Dr Clements succeeded in reproducing tropical ulcer in 76 per cent of twenty-one attempts, using as his experimental animal rats previously fed for some weeks on a diet low in protein and fat and deficient in vitamin B_2 At the time, the rats exhibited signs of B_2 deprivation as shown by a patchy loss of fur The inoculum consisted of a saline emulsion of ulcer scrapings instilled into these denuded areas of skin after traumatization by cautery Other sections of the paper are devoted to symptomatology, pathology, treatment, etc, the whole forming a valuable addition to our knowledge of the pathogeny of tropical ulcer

THE CAMBRIDGE M B THESIS

The Faculty Board of Medicine has issued a report in favour of abolishing the thesis for the Cambridge M B degree The case for doing so is argued on various grounds In the first place there has been a steady increase in the number of medical students at Cambridge since the war, and if the present rate of increase is maintained the number of M B theses read by the Regius Professor of Physic may soon exceed a hundred a year In addition about thirty M D theses are submitted every year The University has lately approved the establishment of a Department of Clinical Research, and the Faculty Board is convinced that if the Regius Professor is to engage effectively in research and undertake organization and supervision of a research department he should be relieved from the burden thus imposed on him It is of opinion that the requirement of a thesis before admission to the M B degree might be discontinued without detriment to the education of the medical student or loss of prestige

"The period of study required for a Cambridge medical degree is long The majority of medical candidates work for at least one and often two years in preparation for the first M B examination before they come into residence During three years' residence in the University medical students are required to study for a tripos They must be classed in Part I of the Natural Sciences Tripos or in some other tripos, and they must reach the required standard in anatomy and physiology A proportion of students take, in addition, Part II of the Natural Sciences Tripos and a few remain in residence for a fourth year After keeping three years by residence and attaining an honours standard candidates for a medical degree must spend at least three years in the study of clinical subjects at a recognized hospital The majority of students require more than three years of clinical study before they are able to pass the third or final examination At the end of this long period of study and at a time in his career when the newly qualified practitioner should be encouraged and enabled to devote all his energy to the acquirement of the clinical knowledge and experience which the holding of a resident appointment at a hospital affords Cambridge students are required to prepare and write a thesis This thesis is written as a rule at a time when the author has had little opportunity and little time to make original observations and when his general experience cannot be sufficient to enable him to make any substantial addition to knowledge On the other hand the work required for the thesis is sufficient to interfere with the performance of the important duties of a hospital resident Students of all other universities are allowed to proceed to the degree of bachelor of medicine and bachelor of surgery after they have passed the prescribed examinations without presenting theses Consequently Cambridge students who have to wait for their M B degrees until their theses have been accepted, find themselves at a disadvantage The Regius Professor therefore is unwilling to exact too high a standard, and the acceptance of a thesis is almost a foregone conclusion"

As a set-off to doing away with the M B thesis the Faculty Board considers that a higher standard should be required from candidates presenting theses for the M D degree On this matter it will report later Under the present proposals all candidates who have completed the third or final examination will be able to proceed without further test to the degrees of bachelor of medicine and bachelor of surgery, these degrees not being taken separately and their short titles reading M B B Chir Cantab To avoid any hardship, immediately after approval of these changes those who are now bachelors of surgery would be allowed to proceed to the M B upon payment to the University of a fee of £4 women who have received the title of the degree of B Chir being allowed to receive the title of M B upon the same payment While the Faculty Board has made out a fair, indeed a strong case for abolishing the M B thesis regret will no doubt be felt in some quarters that Cambridge should depart from a requirement which distinguished its M B degree from that of all other universities—this at a time when the need for better general education for the medical student is so much in mind The average M B thesis may be worth little or nothing as a contribution to knowledge, but there is something to be said for the collection and preparation of material as a piece of mental discipline Sir Clifford Allbutt, who as Regius Professor read seventy or eighty M B theses and about thirty M D theses a year, wrote "The use of thesis writing is rarely to announce discoveries usually to train the mind of the writer, or to prove that his mind has been trained"

Our *Supplement* this week contains the full list of the officers of Scientific Sections for the Annual Meeting of the British Medical Association to be held in Belfast next July, also the provisional time-table and brief details of accommodation for visitors

The Royal College of Surgeons of England will hold its biennial Hunterian Festival on Monday, February 15 In the afternoon, at 4 o'clock, Professor George E Gask will give a special lecture on "John Hunter in the Campaign in Portugal, 1762–1763" (an account derived from the Loudoun letters recently acquired by the College) In the evening a banquet will be held in the College

men quite unwittingly, may begin by increasing the fears of the patient This is done by supplying the patient with unnecessary technical terms and disease labels, or by ordering physical therapy for structural changes that do not exist A hasty, ill considered diagnosis may fix a neurosis for life (Ross 1929) To use a Biblical metaphor it may let in seven devils where there was only one before Such inadvertent expressions and acts give rise to what have been called iatrogenic diseases —the illnesses created by doctors Further, it should be remembered that conscious concentration on any part or system of the body tends to disorder the function of that part or system This is the basis of certain Yoga practices but there is no need to go to India to study the effect of meditation and concentration on bodily functions!

Motive and Purpose

Many patients with psychoneurotic rheumatism continue to be ill not so much because of the past but because of the future Their emotional reaction prevents them from looking steadily at their environment and thinking out the appropriate action to be taken in the altered circumstances Treatment must therefore be concerned in helping the patient wherever possible to find his future—in relation to finance, occupation and fears of disease So much is clearly within the scope of the doctor

Treatment may also be required in respect of the patient's deep seated emotional attitudes to life and its situations—for example pride resentment obstinacy, self-will These attitudes which must be distinguished from the patient's rationalizations and philosophy are of the kind which have been the particular concern not of medicine but of morals and religion It has been shown that these spiritual attitudes may be reflected in changes in the body's attitude such as limitation of movement and in some instances rheumatoid swellings Indeed there is a suggestion that the spiritual attitude may itself be the disease The detection of such attitudes when they play a part in initiating or maintaining illness is definitely the concern of the doctor but the treatment in our present state of knowledge may require that the patient be guided into the care of the minister or the priest

Conclusion

This paper is a preliminary study of the part played by psychological factors in bringing about such symptoms as pain stiffness and limitation of movement These symptoms in the absence of organic changes are often erroneously labelled by the word rheumatism (or fibrositis neuritis sciatica lumbago myodynia and so on) and are treated by physical therapy Frequently however the illness in which these symptoms emerge is better understood and treated by regarding the symptoms as manifestations of a chronic psychoneurotic anxiety state in which the rheumatism occurs merely as an episode The data on which these conclusions are based were obtained from observations made for the most part on insured persons The paper indicates the manner of investigation and shows how the findings can be interpreted by using the ideas contained in the terms emotional reaction "inferiority and symbolism

Over sixty years ago Charles Darwin wrote The language of the emotions is certainly of importance for the welfare of mankind The implications of this statement are not yet fully realized by the medical profession but statistical studies of patients in series are proving its validity as well as its importance to the problems of prevention Medical students in the past have not been trained to appreciate the bodily manifestations of emotional reaction nor have they been instructed to ask themselves the questions which if asked so often illuminate the meaning and significance of an illness This study is written in the hope that those practitioners who are unaware of this approach to the problems of illness will begin to investigate psychological factors and relate them to the patient's story of his symptoms and the findings of clinical examination By so doing they will discover for themselves how important is the language of the emotions for the welfare of mankind

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Clinical Memoranda

Halban's Operation in Occlusion of Fallopian Tubes

In discussing a paper on the operative treatment of sterility at the Gynaecological Congress in Innsbruck in 1922 Halban stated that he had not obtained good results from salpingostomy and that in its place he now merely divided a healthy part of the Fallopian tube between two catgut ligatures As far as I am aware he was the first to suggest tying the tubes as an aid to conception and in a personal communication dated December, 1932 he told me that the results had been satisfactory

My interest in the possibilities of such an operation had been aroused by the numbers of pregnancies which followed so called sterilization by ligature of the tubes with silk In three patients treated in this way I had performed Caesarean sections at the Coombe Hospital and noted the neat appearance of the tubal stumps the freedom from adhesions and the apparently complete absorption of the part of the tube distal to the ligature I therefore resolved to use this method in such cases of sterility due to tubal occlusion as seemed suitable

TECHNIQUE

The technique is as follows After the abdomen has been opened an assistant distends the tubes by the usual means with a cannula in the cervix The operator passes a round needle threaded with fine silk through a blood less area in the mesosalpinx about a quarter of an inch proximal to the site of obstruction The cannula is then withdrawn from the cervix and the silk is tightly tied I have not used more than one ligature on each tube and have not followed Halban's practice of cutting the tube The function of his catgut ligatures I assume to be haemostatic since his custom was to sever the diseased tube from the healthy tube If the tube be not cut at all there is no need for haemostasis and it is hoped that the silk ligature will amputate the affected portion of the tube As an additional aid to this end I have usually tied a second silk ligature round that part of the mesosalpinx which remained attached to the tube distal to the first ligature

sodium is associated with an increased excretion of sodium in the urine

Chlorine (normal 350 mg (as Cl) per 100 c cm of serum)—The chlorides may also be diminished, but to a less degree than the sodium

Urea and Non-protein Nitrogen—In crises and severe phases the urea and non-protein nitrogen are practically always high On the other hand, the blood urea may be normal, although a crisis may be imminent A high blood urea which continues to rise is of serious import

Sugar—The fasting blood sugar is frequently below normal, and there may be a further fall at a crisis It is of little use in assessing the clinical condition, as a low blood sugar may exist with a satisfactory clinical state and normal values may be present in a crisis However, very low blood sugar values—for example, below 60 mg per 100 c cm of blood—are of serious significance, and often occur as a terminal event Some authorities consider that the symptoms of a relapse are due to the hypoglycaemia

Potassium (normal 20 mg per 100 c cm of serum)—The blood potassium may be raised, especially during a relapse A high potassium value is the most reliable chemical indication of the seriousness of the patient's condition

Calcium (normal 9 to 11 mg per 100 c cm of serum)—Blood calcium is usually normal, but when it is raised it is of grave significance

Serum Proteins (normal 5·6 to 8·5 grammes per 100 c cm of serum)—These may be raised in a crisis when there is a decrease in blood volume due to dehydration In the early and chronic states when the patient is not dehydrated, they are usually normal

Basal Metabolic Rate—This is frequently normal but it is often reduced, especially in a crisis, an average figure being about −18 per cent

Gastric Juice—Analysis usually shows hypochlorhydria or achlorhydria *X*-ray examination of the suprarenals may reveal calcification in the tuberculous cases

The most important investigations to be carried out are a determination of the serum sodium serum potassium and blood urea, and an x-ray examination of the suprarenals for calcification

Diagnosis of Addison's Disease

In the diagnosis of Addison's disease other causes of pigmentation, which will not be enumerated here, must be considered Pigmentation in the mouth is a feature of diagnostic importance The abdominal pain may simulate abdominal conditions such as carcinoma, peptic ulcer, and renal disease, but tenderness in the loins in the tuberculous cases may be a differentiating point One of the most important conditions to exclude is carcinoma of the alimentary tract, an x-ray examination and an examination of the faeces for occult blood are often essential, and yet carcinoma may be present although both of these investigations are negative Pernicious anaemia and chronic nephritis with pigmentation, asthenia, and gastro-intestinal disturbances must also be excluded Occasionally toxic goitre especially the so-called apathetic type with marked asthenia mental apathy, pigmentation, low blood pressure, and little increase in basal metabolic rate may closely resemble Addison's disease Cases of Addison's disease without pigmentation may cause considerable difficulty, in these an exacerbation of symptoms may be produced by a salt-poor diet as a diagnostic procedure but caution must be observed as a crisis may be precipitated Other conditions which must not be confused with Addison's disease are neurasthenia, menopausal states essential hypotension, myasthenia gravis, and Simmonds's disease As mentioned above, early and chronic cases may show no change in the chemical composition of the blood but a low blood sodium, which may also occur in conditions in which there is an acidosis, such as diabetes mellitus high intestinal obstruction, and cholera, is a relatively constant finding

Treatment of Addison's Disease

The treatment of Addison's disease may be considered under four headings (1) general measures and the treatment of the underlying disease, (2) sodium therapy, (3) substitution therapy, and (4) treatment of dehydration

GENERAL MEASURES

Rest in bed is necessary until the patients are stabilized on a maintenance dose of salt and/or cortical extract and as they are very susceptible to cold care should be taken that they are kept warm As they have an aversion to fats, and in view of the tendency to hypoglycaemia, the diet should be rich in carbohydrates Because of damage to the suprarenal cortex, which is normally rich in vitamin C, it is as well to ensure that they obtain adequate amounts of this substance Recent work suggests that a diet poor in potassium may be of considerable benefit but details have not yet been worked out When patients are up and about they should avoid infections over-exertion and exposure to cold, as any of these may bring on a relapse

SODIUM THERAPY

In early and chronic cases it is best to start medication by the administration of salt (sodium chloride) The salt may be given in cachets or in milk in 2 to 3 gramme doses (30 to 45 grains) six times daily, the first dose being taken on waking in the morning A disadvantage of this amount of salt is its emetic action in some patients This may be overcome by giving sodium as a mixture of salts—for example, 6 grammes of sodium chloride, 4 of sodium bicarbonate, and 4 of sodium citrate, throughout the day Since there is an excessive loss not only of sodium but also of chlorine in the urine, the mixture should always contain sodium chloride to prevent chlorine deficiency The optimum therapeutic dose is variable The result of this treatment is often a considerable improvement in the patient's condition Appetite, strength, and weight are increased, nausea and abdominal pain are lost but pigmentation is little if at all changed Owing to the general metabolic improvement there may be a slight rise of blood pressure but it does not reach the normal level In some but not in all cases it is possible to restore the electrolyte balance of the blood to normal

SUBSTITUTION THERAPY

The value of sodium treatment lies in the smaller requirements of cortical extract Some patients require no extract at all, others state that they feel better when receiving extract in addition to salt, in others salt may be of no apparent value, and these will need cortical extract as well Those who are in a crisis will certainly require extract, and it is unsafe to defer its administration in favour of salt alone both should be given as soon as possible In a crisis 50 c cm of cortical extract should be injected intravenously, and for the first week it is of advantage to continue its administration by this route (providing no reactions occur), but in successively smaller doses of 30, 20, and 10 c cm The daily dose necessary must be judged by the clinical condition After the first week cortical extract may be given intramuscularly

In cases which respond nearly all the symptoms and signs disappear The pigmentation decreases, but it does not vanish entirely there may be but slight change in the blood pressure The composition of the blood tends to return to normal, with the exception of the hypoglycaemia, on which cortical extract has only a slight effect The

which it is impossible with ordinary histological methods to distinguish between an abnormal epidermic cell and an epithelial cell which has spread into the epidermis from elsewhere Professor Inglis frequently admits this in the pathological accounts of the individual cases yet he denies it in his summaries and conclusions and this weakens his thesis considerably It is curious that no mention is made of the work of Kreibich who claimed that Paget cells have the same peculiar staining properties as the Langerhans cells

The book is illustrated with numerous very fine photomicrographs and a short bibliography is included

RESPIRATORY DISEASES

Modern Treatment of Diseases of the Respiratory System By A Lisle Punch M B M R C P and F A Knott M D M R C P D P H (Pp 296 96 plates 31 figures 15s) London J and A Churchill 1936

Diseases of the respiratory system include a variety of conditions in the treatment of which important changes have occurred in recent years In this book Drs Lisle Punch and F A Knott have attempted to produce something really practical a brief therapeutic survey maintaining a just balance between the indications obtainable from clinical radiological and laboratory investigations Their discussion of the treatment of each disease is preceded by the pathological and clinical argument essential for the proper understanding of the therapeutic measures employed The methods described are up to date and have been chosen with care and the absence of numerous often obsolete alternatives avoids confusion and is to be welcomed The succinct notes of illustrative cases and the clear line diagrams and adequately reproduced skiagrams will be particularly helpful to those for whom the book is primarily intended— the busy general practitioner and the senior medical student who has reached or is reaching the house appointment stage The style is clear and to the point, and does not show the lack of smoothness that might be expected in a two author production Many useful prescriptions are included and full practical details are given when necessary

The book contains much useful advice based on common sense and experience The section on pulmonary tuberculosis however, does not always reflect the most recent and enlightened opinions on the subject The dismissal of the salt restricted diet is hardly justified in view of the good results reported from Sauerbruch's clinic and from America Again the indications for the use of sanocrysin do not accord with those of workers with large experience who would consider the dosage recommended as too small and the indications for complete cessation of its administration as too sweeping The discussion on artificial pneumothorax shows timidity in regard to indications for induction and abandonment and the arbitrary fixing of three years for its duration takes no cognizance of the type or extent of the original lesion

But it is particularly in regard to rest that we would quarrel with the authors The system advocated by them is unfortunately still very prevalent—bed till the temperature drops to normal graduated exercise in a sanatorium for at least six months which is only the first stage in the treatment and then throw the blame on the environment to which the patient returns for any unfavourable results later But the first essential of after care is a clinical cure In Holland where in recent years patients have been kept on strict bed rest for periods of from nine to eighteen months or longer until the sputum has been negative for at least six months results have been obtained vastly superior to those anywhere else Pyrexia is a poor indication of activity and rest must assume a different significance if we are to justify long periods of institutional treatment It is a pity therefore that however impracticable this policy may *appear* at first in view of the present alleged lack of accommodation this factor was not correctly stressed in a book that purports to express modern views Nevertheless the book contains much that is good and will be read with profit by medical students and general practitioners

THE TEACHING OF MEDICAL PSYCHOLOGY

The Place of Psychology in the Medical Curriculum and Other Papers By Sir Walter Langdon Brown Drs R G Macdonald Ladell Frank Gray and F G Crookshank (Pp 63 2s 6d net) London The C W Daniel Co 1936

There are a number of physicians and surgeons otherwise sensible, who believe that a knowledge of psychology comes by nature or, at least that all the psychology that a medical practitioner needs to know either comes by nature or is the product of undirected experience They hold as a corollary that it is a waste of time and energy to give psychology any definite place in the medical curriculum Such teachers view with slight amusement and speak with mild irony about the now prescribed inclusion of the subject in both the pre-clinical and the clinical years of the medical course and they are not a little astonished at the importance attached to such inclusion by the British Medical Association's Committee on Medical Education and by the conference of representatives of various universities and examining bodies They are unlikely to modify their views by reading a brief but within its scope admirable article by Sir Walter Langdon Brown on The Place of Medical Psychology in the Medical Curriculum recently published in a pamphlet on behalf of the Medical Society of Individual Psychology This pronouncement will however be welcomed by the majority of teachers of clinical medicine and surgery and by that large body of general practitioners who having been led to recognize what was lacking in their own medical training as related to the needs of practice are anxious that these deficiencies should be made good for the next generation of students It is true that some persons have a remarkably intuitive sympathy with and insight into, the psychology of others including that of patients and that there are considerable difficulties in the teaching of medical psychology to undergraduates and even dangers in such teaching if given in the wrong way An instruction which is too academic or formal may easily induce boredom rather than interest and the facts that clinical demonstrations of the psychoneuroses have to be given on patients who must be dealt with in quiet surroundings and who are easily alarmed and given to students who have had but little experience of life and its social difficulties present formidable obstacles to the teacher Sir Walter Langdon Brown in his article presents the matter in a true perspective and indicates methods by which these disadvantages may be overcome He supports too the all important statements that such instruction is imperative and that it is welcome

Although such things as compulsional and obsessional neuroses require prolonged specialist treatment the vast majority of neuroses are capable of much alleviation by simpler means The general practitioner who sees the patient in his home environment must, in the long run be responsible for much of this treatment. It is rather pathetic that after all the careful training in scientific method the final outcome should be that so many doctors should be so often inventing diseases because they have not been taught how to recognize and treat neuroses nor how to speak to neurotic

Advantages and Disadvantages of Temporary Treatment

While this analysis is open to criticism in that a much larger number of patients are being dealt with than strictly belong to the class to which the temporary clause applies it may help to demonstrate to those who are unwilling to accept such a class that the latter can be handled without too great administrative difficulties

The disadvantages of temporary treatment chiefly affect hospital administration, and can only be gauged after actual experience For example (1) Regrading of patient has often to take place after a few weeks, twenty-eight days is the time limit stated in the Act after the patient recovers volition (2) If the patient is made voluntary he will often not stay long enough to effect a complete recovery (3) If the patient has to be certified the relatives frequently object and the onus falls on the hospital doctor (4) If extension of temporary treatment is indicated the application has to be sent to the Board of Control within a stated time in order to obtain its consent— not more than one month nor less than fourteen days before the expiration of the current period of treatment" The relative often delays or fails to sign the application, and one has to resort to certification

Two great advantages are gained by temporary treatment (1) certification is avoided by substituting two medical recommendations and (2) the stigma and the inconvenience associated with certification of procuring a justice is avoided and therefore temporary treatment is preferred by the relatives Another advantage is that the mental state of the patient is more closely observed with regard to his future prospects His case is constantly cropping up for discussion pending reclassification, and the question of extension of treatment at the end of six months and nine months calls for close observation

"Good" and "Bad" Types of Temporary Patients

The large number of temporary patients admitted annually (Table I) cover a wide range of conditions Depending on the response to treatment and the progress they make they can be grouped into 'good" and 'bad" types from the point of view of hospital classification In the former category one includes those who become quite clear mentally after a varying period and make an uninterrupted recovery They are fit to be discharged within twenty eight days after regaining volition or preferably continue treatment a little longer as voluntary patients A large number of cases conform to this type, and a few examples illustrating a variety of conditions, are recorded from the admissions during the last year

Case 1—Male single aged 32 was admitted on September 7 1936 suffering from acute alcoholic confusion He was disorientated rambling in his talk and hallucinated—saw golf-balls giving off poison gas and frothing when they reached water Two days later he was quite rational in his talk and behaviour and took his discharge on October 14—five weeks after admission

Case 2—Male single aged 19 was admitted on February 20 1936 in a state of stupor He was mute rigid negativistic, in poor physical condition and had to be fed with all meals He remained in this state for three months but had improved sufficiently to be made a voluntary patient on July 24 Thereafter he had parole worked in the garden, and put on 2 st in weight before taking his discharge on September 22

Case 3—Female married, aged 20 was admitted on December 10 1935 as a case of puerperal insanity Child born on November 5 1935 Confusion with depression Rapid recovery and patient discharged on January 17, 1936

Case 4—Female, married aged 29 was admitted on August 30 1936 suffering from puerperal insanity Child born on August 19 Confusion with great excitement After six weeks—October 16—patient was sufficiently well to go home on trial

Case 5—Female married aged 32 was admitted on November 24 1935 in a confused dazed state with physical and mental signs suggestive of organic brain disease—speech, gait and conduct being affected Laboratory findings were negative and symptoms cleared up rapidly permitting her to be discharged recovered in seven weeks time—January 4 1936

Case 6—Female married, aged 40, was admitted on January 21 1936, in a very toxic state She was delirious extremely restless and hallucinated Temperature 100·6 F pulse 120 Her condition was critical for some days but she improved gradually and was fit for discharge on April 17

Case 7—Female married aged 61 was admitted on February 6 1936, suffering from severe depression She was agitated at times and quite unable to discuss her affairs She improved sufficiently after four months to become a voluntary patient, and took her discharge one week later—June 15

The designation "bad type" can be applied to those who recover fairly well but are not fit for discharge and are subject to relapse Regrading is often troublesome in these cases, and one has to be guided by the history, nature of illness, and home circumstances whether to recommend voluntary treatment or decide on certification It is advisable to have a good knowledge of the patient's attitude and his willingness to continue treatment, for if this is not done before making him voluntary he may demand his discharge in a few days when he is far from well In some of these cases certification is often difficult because the mental symptoms may have improved considerably or are difficult to elicit and the certifying doctor who is seeing the patient for the first time can only submit a weak certificate on 'the facts observed by himself at the time of examination"

The following tables record all the patients discharged and regraded at different periods during five years

TABLE II—*Showing how Temporary Patients were dealt with during the Years 1931 to 1935*

	1931	1932	1933	1934	1935	Totals
Recovered	13	10	16	7	19	65
Relieved or not improved	5	5	5	1	5	21
To voluntary class	4	4	16	26	33	83
To certified class	2	10	1	7	10	30
Died	5	4	10	7	14	40
Transferred	0	1	1	4	1	7
Totals	29	34	49	52	82	246

TABLE III—*Showing Changes in Temporary Patients during the Quarters of the Year*

	Within 3 Months	Within 6 Months	Within 9 Months	Within 12 Months
Recovered	14	42	5	4
Relieved or not improved	7	10	2	2
To voluntary class	10	40	12	21
To certified class	1	4	3	22
Died	35	5	0	0

General Considerations

As a general rule, after the patient has recovered volition one is inclined to give him a chance unless certification is unavoidable Consequently many are made voluntary (Table II) and many leave before their recovery is complete Table III shows the large number of patients discharged within six months Some of these undoubtedly return to hospital, but this need not condemn the system We claim that our hospitals are becoming more like general hospitals, and there the patients do not remain until the physician is absolutely assured of their recovery Many have to complete their convalescence at home or attend the out-patient department, and now patients suffering from mental illness have that advantage as the result of the numerous clinics being established at various infirmaries

It is agreed that Section 5 dealing with temporary patients, is difficult and complicated, but it undoubtedly serves a useful purpose in transient mental illness Con

In *An Ethiopian Diary* (Hodder and Stoughton 5s) Dr J W S Macfie gives a vivid and impartial account of the formation and the work of the British Ambulance Service in Ethiopia The unit was originally intended for the Ogaden front where the author's experience of tropical diseases would have been of much value The Abyssinian authorities however decided eventually to employ its services on the northern front and after a considerable delay entailed by the necessary reorganization and the difficulties of transport an advance was made as far as Lake Ashanghi Dr Macfie writes with admiration of the stoical resignation with which the Abyssinian patients endured pain and discomfort Nevertheless he was disillusioned to discover that despite their courage and brave independence they were not a united people He found them proud intractable and in most cases painfully lacking in gratitude The excellent work which the unit was carrying on was reduced to negligible proportions by one morning's aerial bombardment when much of the equipment was wrecked and the middle of the forty foot square Red Cross ground flag formed the site of a bomb crater Dr Macfie describes the arduous retreat to Addis Ababa whence he was invalided home a few days before the lamentable death of his leader Dr Melly This unpretentious little book illustrated by a series of interesting photographs is one of the best that have been written on the Abyssinian War

A second edition of Dr Bethel Solomons's *Epitome of Obstetrical Diagnosis and Treatment in General Practice* in two volumes (Bale Sons and Danielsson 2s 6d each volume) proves despite what might have been anticipated that these little books have been appreciated It is easy to understand that the Pocket Monographs on Practical Medicine in which series these volumes are included are of value to the practitioner when dealing with subjects concerning which he only needs a rudimentary knowledge but it is not easy to understand how they can be of much service to a man who proposes to practise midwifery The description of the B M A standard (p 107) is inaccurate and in any case it is impossible for the temperature and pulse to rise to 100 F It is not clear whether Dr Solomons advocates the application of the forceps through the incompletely dilated cervix when the cord has prolapsed Further it is difficult to understand why so much space is devoted to the operation of pubiotomy We are of the opinion that Dr Solomons has attempted the impossible but nobody could have done better

The Collected Papers of the Middlesex Hospital Medical School 1935–6 some fifty-two in number have been issued by the Cancer and General Research Committee of the hospital The volume may be consulted in the Library of the British Medical Association

Preparations and Appliances

KNEE RETRACTORS

Mr H Jackson Burrows (London W 1) writes

More often than not the presence of a flange or lip on a retractor to go inside the knee joint is an embarrassment I do not refer to the retraction of the edges of the incision but to the holding aside of extra synovial fat pads projecting within the knee during the examination of the cartilages and other structures To accomplish this adequately in the central part of the joint requires a wide blade whereas only a narrow one can be inserted peripherally for what may be considered an adequate distance In the inspection of a semilunar cartilage or the removal of the marginal part of a torn one it is an advantage to have the narrower blade curved to suit the margin of the tibial condyle An unskilled assistant tends to let the handle of the retractor fall into the coronal plane so that the blade comes to lie in the sagittal plane where it is not only ineffective but obstructive This difficulty may be overcome by setting the blade at an angle of about 45 degrees with the shaft so that when the assistant retracts in approximately the coronal plane the blade lies in the position required The handles of retractors are often too small for the comfortable maintenance of grip with the gloved hand With these thoughts in mind I experimented with various modifications of Nystrom's retractors a sample of which I had seen Mr S L Higgs use in a knee and finally evolved the pair of instruments shown in Fig 1 That with the narrow curved blade (A) is used for the periphery that with the broad straight blade (B) is used for the central part of the joint and for retracting the ligamentum mucosum during inspection of the front of the compartment opposite to that directly opened I have to thank the Genito Urinary Manufacturing Company for their ready help in all the stages of experimental instruments and for the production of the final model

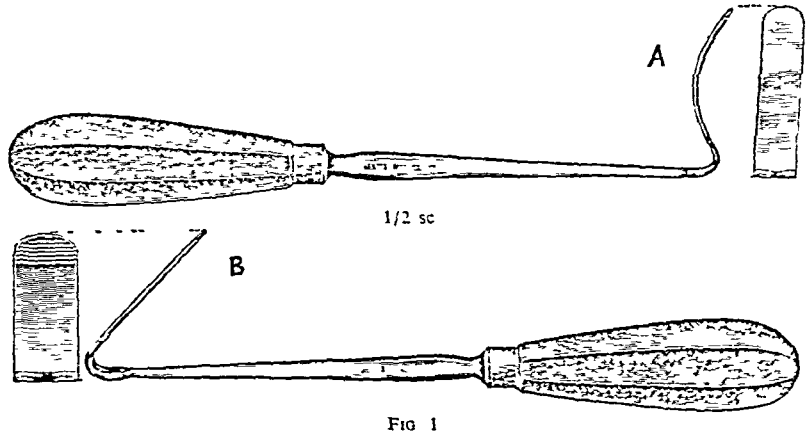


Fig 1

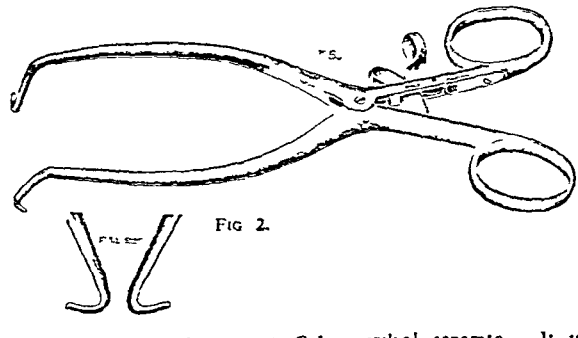


Fig 2

For the superficial part of knee and other orthopaedic operations I have found useful the self retaining retractor shown in Fig 2 a modification of Gelpi's vulsel separato It is preferable to Traverse's or Weislander's retractor usually adopted because the single blunt prongs can be more precisely inserted in the correct layer and the cam action allows smoother and more accurate adjustment This instrument has been made for me by Messrs Down Bros

CHILD GUIDANCE INTER-CLINIC CONFERENCE

Under the auspices of the Child Guidance Council the third biennial inter-clinic conference of representatives and professional members of stafis of child guidance clinics was held in London on January 29 and 30 Nearly forty clinics were represented, and useful sectional discussions took place on such subjects as the clinic is a social and educational centre in the community, the problems of remedial teaching, the physiotherapy of the difficult child, and the organization of research into common child guidance problems

General Meeting

Presiding over a general meeting in the Great Hall of the British Medical Association House, Dr C S MYERS, principal of the National Institute of Medical Psychology, said that "child guidance clinic" was loosely defined, but he thought it could be taken that when only one doctor in a hospital looked after nervous disturbances of children he was not qualified to call his work a clinic, the word should be used in the American sense of a team, and in addition to those who treated the cases directly a social worker was necessary for visiting the homes and finding out the difficulties Ideally in a properly equipped clinic there should be at least two persons treating the young patient—namely, the medically qualified expert in mental disorders, and the psychologist, who was generally not medically qualified A clinic by no means confined its work to children of low intelligence, many of the children were indeed above the average They might be divided into three categories first, the cases exemplified by disorders of movement, night terrors, incontinence, obsessions, conditions of severe depression or excitability, secondly, cases exhibiting insubordination, truancy, inattention, and backwardness, and thirdly, cases with moral defect habits of destructiveness, untruthfulness, and theft Dr Myers also referred to the lack of training of the average general practitioner for dealing with cases in which there was an element of mental disorder In his own student days there was no teaching on functional maladies of this kind, hysteria was looked upon as a disease of the imagination, and, as one of his own teachers said, "Imaginary diseases require imaginary remedies" The General Medical Council now ordained a certain amount of psychiatry in the curriculum, but only enough to enable the student to learn how little he knew

Mr GEOFFREY SHAKESPEARE, M P, Parliamentary Secretary to the Board of Education, brought the good wishes of the Board for the success of the child guidance movement Local education authorities could run their own clinics and apply to the Board for a 50 per cent grant, or they could contribute to a voluntary clinic, or pay the fees of council school children attending But this was not a service to be imposed from Whitehall, no "mass production" methods could be applied, and it was of all services the most individual

Selection of Cases for Treatment

Of the sectional discussions the most largely attended was one presided over by Dr R G GORDON of Bath on selection of cases for treatment After Dr MILDRED CREAK and others had introduced the subject, Dr GORDON in suggesting the lines of general discussion said that one of the difficulties from which child guidance clinics suffered was that a great deal of time was taken up in sorting out the cases and in the preliminary advisory work Could nothing be done to enable that sorting out to take place before the child was actually brought to the psychiatrist? It was a question whether in large towns, where more than one clinic was available it might be useful for one of the clinics to specialize in sorting out and advisory treatment, and the other in intensive psychological treatment The latter could not be given in a busy environment with a pressure of miscellaneous cases The question of intensive psychological treatment raised the point as to how far it was possible to change the child's personality A child was very much more suggestible and plastic than an adult On the other hand, if the immediate symptoms were removed, these generally being expressions of emotional conflict, this very plasticity enabled adjustment to take place, and often there was no further trouble Dr Gordon added that the intensive treatment of psychosis in the adult was disappointing and sometimes harmful, because the psychotic was suffering from a biological deviation, not simply emotional conflict, and by the time adult life was reached that deviation had proceeded far and was difficult to reverse In the young however, it might be possible to give treatment with the object of correcting the deviation He also referred to the tendency to treat preferentially the intelligent child who was more interesting and co operative, while possibly it was the backward child who was the more important From the recent report of Sir Arthur MacNalty it was made plain that the Board of Education did not wish children to be sent to special schools unless this course was absolutely necessary Once a child was sent to a special school it was marked for life

Child Guidance Work and the General Hospital

Another session was concerned with the relation of child guidance work to the general hospital Dr HILDA STOEBSIGER said that only in the hospital was there really adequate provision for examination of physical function The physical examination at an isolated clinic was likely to be scrappy and inadequate owing to poor equipment for such work In treatment there were many cases in which very close co operation between those treating the physical and psychological aspects of the case was essential as for example, in cases exhibiting behaviour disturbance accompanied by chronic disease such as diabetes mellitus Beds were also a valuable adjunct for it was only when the psychiatrist was able to treat selected cases in hospital that he could form an opinion as to the child's reaction to home environment

Dr T A A HUNTER of Plymouth, while alive to certain advantages of the hospital clinic one being that it would promote a child guidance outlook among the medical staff stressed certain disadvantages It would be a great pity if as a result of hospital association the child referred to a child guidance clinic should be regarded as a sick child Children should be referred not as sick persons but as those showing a certain abnormality in development which could be put right The clinic should have its preventive aspect chiefly emphasized, whereas too close a connexion with hospital practice would give it a curative outlook This speaker did not think it would be possible to staff child guidance clinics permanently on a voluntary basis, although the voluntary system obtained in the hospital The development of child guidance should be on the basis of educational rather than of hospital service

After discussion in the several sessions the directors and representatives of clinics met to receive the various resolutions and to deal with questions arising therefrom

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K Oxenius (*Munch med Wschr* December 18, 1936, p 2082) states that during an epidemic of influenza at Chemnitz in November, 1936, whole families were attacked Under suitable treatment recovery took place in two or three days About 10 per cent of the children had a relapse two or three days after recovery from the first attack, most of them being young infants Oxenius attributes this occurrence to the fact that owing to the mild primary attack relatively few antibodies were formed especially as the patients were infants, and a fresh infection readily took place in a few days

PROBLEMS OF CARDIOVASCULAR REGULATION

The chief function of the circulation is to supply blood to the tissues according to their varying needs but if we turn to the textbooks of physiology to find out how this is achieved we are apt to be disappointed It is refreshing therefore, to find the subject of cardiovascular regulation dealt with in two recent addresses Professor Anrep in his Lane Lectures to Stanford University,[1] considers exhaustively four questions to which he has himself contributed largely—namely, the proprioceptive mechanisms regulating cardiovascular function the relation between respiration and heart rate, the coronary circulation, and the muscular circulation Professor McDowall's presidential address to the Section of Physiology of the British Association *in 1936 dealt chiefly with the circulatory changes* during exercise As he remarks, the factors in cardiovascular regulation are complex, so complex that the main issues tend to become obscure Nevertheless the researches of the last two decades have done much to clarify conceptions on certain points and to reveal the depths of ignorance on others For knowledge of the part played by the heart in cardiovascular regulation we are greatly indebted to Starling He and his co workers showed that the output of the heart is determined, within wide limits, by the rate of inflow of blood from the veins, which in turn depends on the relationship between a relatively constant factor the blood volume, and a more variable factor the capacity of the circulation Ordinarily, therefore changes in the output of the heart are determined by changes in the capacity of the circulation—that is to say, by changes in tone of the blood vessels generally and in the size of the spleen Since the proportion of the cardiac output that is distributed to any organ depends on the tone of its vessels relative to that of other vessels in the body it is evident that the circulation is to a great extent regulated by changes in the vessels the heart as a well disciplined servant dutifully ejecting blood into the aorta as fast as it receives it from the veins

There are two chief problems in vascular regulation How does the functional activity of an organ produce vasodilatation locally? And how is general vascular tone altered in order to adjust the output of the heart to the varying needs of rest and activity of the individual organs? It has long been recognized that dilatation of the vessels supplying an active organ is probably due to the action of chemical substances released during functional activity The first clear demonstration of this is, however quite recent Anrep and his co workers have shown that blood collected from the contracting gastrocnemius produces vasodilatation in that muscle when perfused through it again Surprisingly enough, for muscles contain relatively little, the active agent appears to be histamine or something very like it It has also been shown that something resembling histamine is released into the coronary blood stream of the contracting heart and that the greater the heart's work the greater the amount of the substance released To what extent the other vasodilator substances found in tissues contribute to the local vasodilatation accompanying functional activity is still uncertain The part played by the nerves is also obscure The effect of the local vasodilatation accompanying activity should be to reduce arterial pressure and to diminish the cardiac output owing to the increased capacity of the circulation Actually the arterial pressure does not fall and the cardiac output increases, because adjustments occur in the vessels elsewhere in the body These adjustments probably take place through the activity of reflexes arising from sensory organs which are located in the vascular system itself in the arch of the aorta and the carotid sinus as the origin of the internal carotid artery is termed A rise of blood pressure in either of these sensitive areas induces reflexly a slowing of the heart and generalized vasodilatation whereas a fall of blood pressure produces quickening of the heart and generalized vasoconstriction, the reflex effects thus tend to antagonize any change in arterial pressure and to maintain this at a steady level These reflexes are in constant activity, as has been shown by recording the impulses ascending the carotid sinus and depressor nerves and by the persistent tachycardia and rise of blood pressure which follow section of these nerves With the recognition of their importance in regulating the arterial pressure came the hope that high blood pressure in man might be due to a suppressed activity of these reflexes This hope has however, not been fulfilled for recent work[2 3] indicates that at least the carotid sinus mechanism remains active in essential and nephritic hypertension

The most profound circulatory changes occur in muscular exercise As Krogh so clearly showed the number of open capillaries in an active muscle may be twenty or more times as great as in a resting muscle In spite of the enormous increase in the capacity of the circulation which this must produce, the cardiac output may rise in man from 5 to 30 litres a minute and the arterial pressure also rises Although part of the increase in cardiac output is due to the pumping effect of muscular contractions on the flow of blood

[1] Studies in Cardiovascular Regulation Oxford University Press

[2] Gammon (1936) *J clin Invest* 15 153

[3] Pickering Kissin and Rothschild (1936) *Clin Sci* 2 195

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DERMATOLOGY

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MEDICAL SOCIOLOGY

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Honorary Secretaries JAMES BOYD M D F R C P I D P H, 18, Cadogan Park, Belfast (*Additional secretary to be appointed*)

early effect and to inform the general public of the benefits that such reconstruction would bring to the children of the country Special attention will be given in view of the new physical fitness campaign to a national campaign for the improvement of unsatisfactory school buildings for the abolition of 'slum' schools for better nutrition of school children and for the provision of more nursery schools A special committee will devote itself to urging the need for school canteens to tackle the problem of securing the adequate nutrition of all school children Mr R D Denman M P is chairman of a subcommitteee to deal with the interests of young people between 15 and 18 and Dame Rachel Crowdy of a nursery schools subcommittee The council holds the view that right environment is the only effective way to health More than a million teachers students, doctors and education and social welfare experts are represented on associations which are to co operate in putting the plan before the public and the governing authorities The offices of the Ten Year Plan Council are at 40 Palace Street S W 1

DIABETIC RETINITIS

The introduction of insulin has added little to the elucidation of diabetic retinitis and nothing at all to its treatment there is hardly an aspect of the problem on which any positive agreement has been reached The incidence of retinitis in diabetics has been estimated as low as 2 per cent by Poulard and as high as 50 per cent by Kirby Writers who report large series of cases agree to an incidence of 10 to 15 per cent but the criteria for diagnosis vary with different observers Some diagnose diabetic retinitis on the presence of a few punctate haemorrhages in a patient with diabetes others disregard such findings as diabetic and consider them to be signs of vascular degeneration occurring in diabetics—this, in fact is the general view and some hold that there is no such entity as diabetic retinitis It is difficult to correlate the degree of fundus changes with the severity of the disease Indeed there is good evidence to support those who hold that retinal complications are more apt to occur in the milder forms of diabetes The contention that retinitis only develops after some years is also questioned Thus R Braun [1] in a series of 111 cases of diabetic retinitis found that the duration of the diabetes in thirty four of his patients was less than five years The old view that diabetic retinitis occurs only in elderly patients cannot be accepted as a general rule for of late years an increasing number of cases have been reported in young patients Even on sex incidence there is no agreement Leber thought the condition to be commoner in men but Hirschberg gave a ratio of 7 to 3 in favour of women Attempts to simplify the problem by differentiating special forms of diabetic retinitis each with its characteristic appearance have not led to the desired simplification They have only raised a well justified controversy as to the validity of these subdivisions Extensive and elaborate work on the biochemical aspect of diabetes has also thrown little light on the problem It is clear that there is no correlation between fundus changes and glycosuria and blood-sugar concentration Less conclusive is the relation to ketone bodies and acidosis a direct relation can indeed be excluded but what is not clear is whether intermediate substances may not play a part Rather similar is the position with regard to the products of lipoid metabolism Blood calcium which at one time attracted much attention, seems to be a factor of no significance Most clinicians attach much importance to changes in the retinal blood vessels as factors in the production of diabetic retinitis but here too we find no agreement There is to begin with the larger problem of the significance of vascular degeneration in diabetes and the question of the evaluation of minor vascular changes in the retina The view held at one time that vascular hypertension is an important factor has not been substantiated for many patients with diabetic retinitis do not suffer from high blood pressure Still more disputed is the relation to kidney lesions The mass of literature on the subject of diabetic retinitis is thus highly inconclusive The field is however gradually being narrowed by the elimination of untenable hypotheses Yet whether the truth is contained in this narrowed field is a matter of doubt The key to the problem may well lie in the local metabolism of the retina itself but our ignorance of this is profound

[1] *Graefes Arch Ophthal* 1936 136 256

TROPICAL ULCER

Tropical ulcer under a multitude of local synonyms has long been recognized by medical men practising *in warm countries as a disease causing much invalidity among natives* of the tropical belt and as one therefore of considerable economic importance Although in the last few years the causal relation between a spirochaete and a fusiform bacillus and the ulcer has been generally accepted many gaps in our knowledge still remain and it had been suggested that other factors probably play a part in the aetiology of the condition including trauma debility and dietetic deficiency or imbalance An interesting contribution to the subject has recently been made by F W Clements [1] based on observations made in Manus the largest island of the Admiralty Group and on experimental work carried out at the School of Public Health and Tropical Medicine Sydney As the result of field observations he concludes that age sex and race play no essential part but that there is a seasonal incidence associated with the monsoon Debility due to co existing infections as a predisposing factor is not proved On the other hand trauma is aetiologically significant The distribution of the disease was found to be correlated with native dietary Two groups of peoples were distinguished the one subsisted largely on sago the other upon taro (*Colocasia antiquorum*) The mean percentage incidence of tropical ulcer among the two groups was 5 3 and 2 5 respectively The higher incidence among the sago eaters is believed to be due to their *diet being rich in carbohydrates low in* fat poor in protein and deficient in vitamin B$_2$ which acts by lowering the reduction potential of the tissues

[1] *Med J Austral* 1936 2 615

NOTES OF THE WEEK

Joint Committee of the B M A and the T U C

An important development was reported in the Proceedings of Council, which appeared in the *Supplement* of January 30 (p 49) The Council of the Association has agreed with the General Council of the Trades Union Congress to set up a joint committee on medical questions Its terms of reference will be as wide as possible, each side being free to bring forward for the consideration of the committee (which will be purely advisory in character) any relevant question upon which it desires its advice The autonomy of the Association and of the General Council of the T U C will be in no way impaired, though each will naturally seek the views of the joint committee on questions of mutual interest It is likely to consider such general questions as the provision of a general medical service, contractual arrangements between doctors and workmen, the development of industrial medicine, and specific questions as they arise The joint committee will further provide, either directly or through a sub committee arbitration machinery in industrial disputes It will consist of seven representatives from each side and the first meeting will take place on Thursday February 25, at B M A House It is believed that a ready interchange of views between the medical profession and trade unionists can only result in mutual good in the public interest

Clearing House for London Voluntary Hospital Cases

The Voluntary Hospitals Committee of the County of London is considering a proposal for the establishment of a central office to facilitate the admission to voluntary hospitals of emergency and acute cases The office would be able immediately to tell a practitioner who is in urgent need of a bed for a patient where to send his patient, and to warn the hospital of the arrival of the patient Of the ninety four hospitals which have replied to a circular inviting opinions on the scheme sixty one have expressed their willingness to co operate if the scheme should be established and three have expressed their dissent

Investigation of Proprietary Preparations

At a recent meeting of the conference of representatives of the Science Committee of the Association and representatives of the Pharmaceutical Society further consideration was given to the possibility of setting up machinery for the investigation of those proprietary preparations which are advertised to the medical profession The conference received an interim report on two trial investigations—of the ovarian extracts and of local anaesthetics—which it instituted some months ago The feasibility of investigating the whole class of proprietary remedies under consideration and of publishing a list of approved products for the guidance of the doctor and of the pharmacist is still uncertain, but it is hoped that when the present experiments have been completed it will be possible to devise a practicable scheme

Public Medical Service in West Norfolk

At a meeting of medical practitioners recently convened at King's Lynn by the West Norfolk Division of the Association it was unanimously decided to establish a public medical service for the area of the Division

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Dr Leonard Kidd has resigned from the post of medical superintendent of the Fermanagh County Hospital which he has held for forty years

THE MEDICAL SECRETARY'S VISIT TO INDIA

The following notes, dated January 11 and 18, have been received by air mail from Madras and Calcutta In them Dr G C Anderson gives a brief account of part of his visit to India, 1936–7

These few notes of my experiences since leaving England on November 26 may be of interest to those members who are aware of the fact that the Council of the Association has sent me on a mission of inquiry to India After an uneventful sea trip from Marseilles to Bombay my wife and I arrived at the Gateway to India some hours late on the morning of Friday, December 11 Although the boat arrived at the early hour of 6 45 a m, representatives of the Council of the Bombay Branch headed by Major S K Engineer, president of the Branch, Dr B B Yodh, honorary secretary, and Mr V L Parmar representative at the Annual Meeting at Oxford, welcomed us outside our cabin door From that moment until the present I have had little respite I have travelled thousands of miles, addressed numerous meetings talked with Governors, Commissioners, and Administrators, as well as medical men and women in all branches of medical work I have visited hospitals, medical schools welfare centres, and other places of medical interest, and I have taken every opportunity afforded me to become acquainted with the problems of medical practice and organization in this vast country Everywhere I have met with the greatest cordiality and kindness, and every effort has been made to enable me to study the problem which the Council instructed me to investigate

In Bombay and Delhi

In Bombay I was shown the more important medical institutions the J J Hospital by Lieut Colonel S S Vazifdar I M S , Bai Motlibai Hospital, by Lieut-Colonel W C Spackman, I M S , the Grant Medical College by Lieut-Colonel S L Bhatia, I M S Nowrosji Wadia Maternity Hospital by Sir Mangaldas V Mehta K E M Hospital and Seth G S M College, by Dr Jivraj N Mehta Jerbai Wadia Hospital for Children, by Dr R N Cooper E G Hospital, by the Surgeon-General of Bombay, Major General E W C Bradfield At a number of these institutions an opportunity was afforded me to discuss many problems with the medical men associated with them I addressed the profession of Bombay in the Grant Medical College on the purport of my visit, and was entertained to lunch by the Council of the Bombay Branch and, on another occasion, by the Bombay Medical Association North, with the president, Dr M S Bathiwalla, in the chair The numerous interviews I had with medical men while I was in Bombay were of the greatest interest and value to me

We left Bombay on the evening of Tuesday, December 15, for Delhi, which we reached next day at 10 30 p m Delhi, the town of many dynasties, to which so much stormy history is attached, can boast a new and up to date hospital with a modern air-conditioning plant This institution—the Irwin Hospital—is administered by Lieut Colonel W C Paton, I M S, who was my "guide, philosopher, and friend" during our short stay in Delhi I addressed a representative gathering of the medical profession and called upon a number of medical men practising in the city, as I was anxious to see for myself the conditions under which the independent medical practitioners carried on their work I visited a municipal dispensary in the city, where an enormous number of patients are seen daily Through the kindness of Lieut-Colonel P J Ryan,

ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

ADDISON'S DISEASE AND SUPRARENAL INSUFFICIENCY

BY

A. W. SPENCE, M.D., M.R.C.P.

Addison's Disease

Since Addison described in 1855 the syndrome which is due to destruction of the suprarenal glands little has been added to knowledge of the essential pathology of the condition. The cortex, but not the medulla of the suprarenals is necessary for life and the fundamental cause of death is deficiency of cortical secretion. Lack of cortex is responsible for most of the clinical findings, but it is probable that deficiency of medullary secretion also plays a part in the production of features such as pigmentation, hypotension, and hypoglycaemia.

Aetiology

Addison's disease may occur at almost any age, but it is very rare in children, its incidence is most frequent between the ages of 30 and 50. It is said to be more common in men than in women. In most cases the condition is caused by tuberculosis of both suprarenals usually associated with tuberculosis elsewhere (for example in the lungs) although this is often clinically latent. According to different reports tuberculosis accounts for 70 to 90 per cent. of cases of Addison's disease the bulk of the remainder being due to simple atrophy of the glands. In this country however atrophy is probably as common a cause as tuberculosis and is more likely to be responsible for the disease in women aged 35 to 45 and at the climacteric. Other but rare causal conditions are syphilitic fibrosis, amyloid disease, and very rarely, malignant disease.

Clinical Features

Some authors describe three stages: (1) the early or latent phase which clinically cannot be recognized as Addison's disease and may be diagnosed as influenza, (2) the classical syndrome, and (3) the terminal phase which presents the features of collapse. The symptoms which may arise during the second stage are manifold. Among them may be mentioned asthenia, faintness, insomnia, restlessness, anorexia (especially aversion to fat), nausea, vomiting, intermittent diarrhoea associated with intervals of constipation, epigastric discomfort, abdominal pain and tenderness in the loins, yawning, hiccups, pigmentation, conjunctivitis, psychological changes (especially depression), loss of weight, scanty menstruation or amenorrhoea, loss of libido and impotence.

Early symptoms may be anorexia, nausea, vomiting, and epigastric discomfort or depression, asthenia, insomnia and loss of weight or pigmentation only, which in very chronic cases may persist for many months before any other manifestations present themselves. In children gastro-intestinal disturbances are prominent.

The pigmentation appears chiefly in those parts of the skin which are continuously exposed to sunlight, in those subjected to more or less continuous pressure by articles of clothing, and in those normally more heavily pigmented than the rest of the body—for example, the axillae, the areola of the nipples, the linea alba, and the genital and anal regions. It also occurs characteristically in the mucous membrane of the mouth where it has a bluish tinge—especially at the inner aspect of the cheeks, tongue, palate and gums—and in the skin of the labia but not in the rectum or vagina. It is often seen round the edges of scars but not in the scar tissue itself, and is often associated with dark brown or black pigmented spots or freckles and occasionally with leucoderma. In acute cases pigmentation is frequently absent.

These patients have a marked sensitivity to cold and drugs, a poor resistance to operations and shock, and a susceptibility to infection. The body temperature is usually subnormal. The heart may be diminished in size, the sounds faint and distant, and the pulse of poor volume. The systolic and diastolic blood pressures are almost always low, the systolic being below 90 in the early stages; however, the blood pressure may be normal. The urine may contain a slight amount of albumin and occasionally casts.

In the chronic cases remissions and relapses occur. During a remission, which may last for weeks, months or even years, the blood pressure commonly remains low, although the other features of the disease improve considerably. Patients are very liable to crises which are heralded by increasing weakness, psychical disturbances, nausea, vomiting, deepening of the pigmentation and fall of temperature and blood pressure. In a severe crisis the asthenia and vomiting are extreme, there is marked loss of weight, the systolic blood pressure may be below 70 and there may be suppression of urine; in other words the patient is suffering from collapse and dehydration which some observers consider responsible for the symptoms. Death usually takes place in one of these crises. They may be precipitated by undue exertion, exposure to cold, a slight operation or an infection, or they may come on for no apparent reason, in which case they may be due to further damage to the suprarenal cortex. The duration of life is longer and severe crises are less frequent in those with marked pigmentation, little asthenia and few gastro-intestinal symptoms. The most important single prognostic index is body weight: those who eat and gain in weight do well.

Laboratory Findings

Addison's disease well illustrates the maxim that the clinician should not rely on the laboratory findings for his diagnosis or prognosis. In the early stages of the disease and in chronic cases the composition of the blood may be quite normal, and a threatening relapse may be forecast more from the clinical condition of the patient than from a detailed analysis of the constituents of the blood. The laboratory findings however are of interest and often of use in confirming the diagnosis and the clinical concept of the degree of suprarenal insufficiency.

Blood Cells.—There is often an anaemia but this may be masked by the increased concentration of the blood as a result of the dehydration brought about by vomiting, diarrhoea and failure of cortical function. There may be a moderate eosinophilia and a relative lymphocytosis.

Sodium (normal 25 mg. per 100 c.cm. of serum).—Blood sodium is usually low particularly in the acute cases and in crises but it may occasionally be normal especially in the early and chronic cases. The clinical condition is roughly parallel to the level of the blood sodium. The low blood

rescue homes, and clinics, and to see weaving and carpet making Indian ladies have welcomed her to their homes, and she has had many informative conversations with them There is not much chance of any idle time, because a surprising amount of correspondence has to be dealt with at every place, and this usually occupies every spare minute One thing I may mention we have received almost constant attention from mosquitos, evidently they are able to spot newcomers

G C A

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

Professional Secrecy Examination and Consent

The general principle which should guide a medical practitioner is that he should not without his patient's consent, voluntarily disclose information that he has obtained from the patient in the exercise of his professional duties It is essential that for the proper rendering of professional services there should be established a relationship of complete confidence between one who receives and one who renders the service

Gossip by practitioners respecting the cases under their care should rigorously be avoided 'A medical practitioner must not discuss the ailments of his patient with a third party without the patient's consent and he must keep silent concerning anything that he has seen or heard which it would be improper to divulge If a third party requests information as to the nature of a patient's illness the inquirer should be referred to the patient's friends

It has been urged from time to time that doctors should volunteer information which would lead to the discovery of a crime such as the procuring of abortion Any such suggestion should be strenuously resisted in the belief that nothing should be done to prevent anyone who is ill from consulting a doctor in the fullest confidence that his secret, even if it be that he has been concerned in the commission of a crime will not be reported to the authorities If the doctor suspects that a crime has been committed—for example if he suspects that a husband is being poisoned by his wife or vice versa—he should either insist upon a consultation with another practitioner at the bedside, get the patient as soon as possible removed to a hospital, or confidentially state his suspicions to some professional friend, preferably one holding some official position in the neighbourhood or to the Medical Secretary of the British Medical Association in order that the responsibility for any divulgement may be shared Important facts in such cases can often be learned by chemical examination of vomit, urine, and faeces, and such examination should never be omitted Cases of this sort are of course, very rare but if and when they do arise the practitioner will be well advised to follow suggestions given here

The maintenance of professional confidence is essential in the public interest but it is when the evidence which a doctor may be called upon to give in a court of law is considered that difficulties are encountered There is no privilege allowed in English courts of law respecting the communications made by a patient to his medical attendant such for example as that conceded to those from client to solicitor but a medical practitioner should always preserve the secrets which have been entrusted to him in his professional capacity, and should, except with his patient's consent answer questions only at the express direction of the judge Unless his patient agrees the doctor should not answer questions put to him, before his appearance in a court of law, by policeman, solicitor, or other person (or in Scotland in "precognition"), and even when he has his patient's consent he should take care to see that his patient understands what may be the effect of the information he is asked to give

A medical man may be asked when in the witness box to reveal matters which he has learned in the course of his attendance upon a patient, and which he rightly regards as professional secrets The court will not allow him to plead this reason for refusing to answer, and his proper course should be to object to tell his patient's secrets and to appeal to the judge The judge will not direct him to answer unless he believes it necessary in the interests of justice If a judge directs that the doctor must tell what he knows, and if the doctor refuses, he is liable to be found guilty of contempt of court and punished accordingly A refusal to obey the order of the judge in this connexion can be justified only in very exceptional circumstances, and as a general rule a medical witness would be well advised to obey the order of the judge It must of course be realized that there may be circumstances in which a medical witness would be acting in accordance with the highest principles of medical ethics by refusing to obey the judge and taking the consequences but this serious step should only be taken after consultation with those who are competent to advise

INSURANCE MEDICAL SERVICE WEEK BY WEEK

"Pregnancy" Following Confinement

It would seem unnecessary to point out that it is misleading and improper to enter "pregnancy" as the incapacitating condition on a certificate covering incapacity after confinement, but there are recorded cases where this has been done, surprising though this may appear What perhaps is a little more surprising is that arguments have been seriously put forward before a Medical Service Subcommittee to the effect that confinement and post-confinement conditions were a sequel to pregnancy and that this was a correct description of the disabling condition In the following extract from the minutes of the Medical Service Subcommittee for a county area the practitioner did not seek to justify the action of his assistant, and the subcommittee was content to find that the assistant had shown carelessness in certification and had committed a breach of the medical certification rules

> The subcommittee considered a complaint by an approved society that one of its members had informed the society sick visitor that she went to Dr E to get a bottle of medicine and that his assistant Dr W, gave her an intermediate certificate on Form M D 40, certifying that he had examined her on August 5 1936 and that in his opinion she remained incapable of work up to and including that day by reason of pregnancy The member was confined on June 30 1936 The society's view of the matter was that the certificate was given without examination The respondent Dr E who did not attend before the subcommittee wrote stating this happened while he was on holiday He admitted that the member was confined on June 30 a fact which was known to them as she received attention in the maternity home while resident there She came to the surgery on August 5, and appeared to Dr W to be

basal metabolic rate is raised only if it was previously low Results begin to be apparent in from two to four days With improvement in the patient's health and strength the extract may be gradually reduced until the maintenance dose is reached This varies from 1 to 5 c.cm. twice daily In time it may be possible to stop the administration of cortical extract for some months but this should not be attempted until the patient is gaining in weight Treatment with sodium should not be discontinued Progressive tuberculous lesions and secondary infections will call for increased dosage of extract

If a crisis be protracted and in the chronic or stationary period of the disease cortical hormone exerts no striking clinical effect and one's enthusiasm should not allow one to overlook the fact that patients have died in spite of large doses of cortical extract Salt and cortical extract are not panaceas in the treatment of this condition

TREATMENT OF DEHYDRATION

It is considered by many that the symptoms of a crisis are due largely to dehydration and by others to hypoglycaemia Energetic measures should be taken to combat these conditions In a crisis 500 c.cm. of a 5 per cent solution of glucose in 5 or 10 per cent saline should be injected as soon as possible intravenously and repeated if necessary during the next few days The solution should be given slowly by the drip method as patients in a crisis not infrequently have a rigor if it be injected more rapidly It is essential that cortical extract be given intravenously before or during the administration of the saline as without extract an intravenous saline is not maintained in the circulation and subcutaneous and intraperitoneal salines are not absorbed When the vomiting is relieved fluid should be taken in large quantities by mouth

Suprarenal Insufficiency

Acute suprarenal insufficiency is caused by acute infections, thrombosis of the suprarenal vessels and bilateral haemorrhage into the suprarenals Suprarenal haemorrhage may occur in the newborn as a result of eclampsia trauma during birth, asphyxia neonatorum, and superinvolution of the cortex in older people as the result of severe infections extensive burns syphilis, and as a manifestation of a haemorrhagic diathesis

In the newborn the clinical picture resembles pneumonia with fever dyspnoea and cyanosis but there are no pulmonary signs In older children and adults the onset is one of acute abdominal pain, vomiting diarrhoea, and fever In both groups other features are extreme asthenia and prostration, purpuric eruptions dehydration low blood pressure, convulsions, and coma In the cases of haemorrhage there are in addition the general symptoms and signs of shock, with local signs consisting of abdominal distension and a palpable swelling in one or both renal regions The condition is not easy to diagnose and is rapidly fatal Therapeutic measures consist in the treatment of shock and the administration of cortical extract and of intravenous glucose salines

Chronic suprarenal insufficiency is not well defined Patients with debility, emaciation hypotension, impotence or a low basal metabolic rate are sometimes thought to be suffering from chronic suprarenal insufficiency Some of these cases may be incomplete forms of Addison's disease others due to hypoadrenalism, but in the majority it is doubtful whether the suprarenals can be held responsible No beneficial effect is obtained with cortical extract in the absence of an adrenal lesion

[A bibliography will be given at the foot of the next article]

TEMPORARY TREATMENT IN MENTAL HOSPITAL PRACTICE

BY

W. J. BARBOUR, M.D., D.P.M.

Deputy Medical Superintendent Borough Mental Hospital Derby

The Mental Treatment Act of 1930 Section 5 permitting treatment of patients on a temporary basis has now been in operation for six years It has therefore had time to be fully investigated, and as medical officer at an institution where temporary patients constitute the largest proportion of annual admissions to any hospital in England and Wales I thought it would be of interest to survey the results and discuss the numerous difficulties

Whether the large percentage of temporary patients is a matter for approval or not is a debatable point Actually the number admitted to this hospital is much in excess of the general estimated figure according to even a liberal interpretation of the Act In a memorandum published in the Board of Control Report 1934 (Appendix p. 88), *it is pointed out that the type of patient who can* be dealt with by this section of the Act is strictly limited although it is regretted that the procedure is not being utilized in the case of rate aided patients to anything like its full possibilities

In Derby however the procedure is very much in favour due to certain definite advantages that accrue from this method and are enumerated later The proximity of the hospital to the town and the fact that the public assistance authorities—officers and doctors—are familiar with the provisions of this section are also *contributory factors to the large percentage of admissions* on a temporary basis It will be noted from Table I that the percentage has risen annually and therefore it must be a useful and desirable way of gaining admission to hospital

TABLE I—*Showing the Annual Number of Admissions during the Past Six Years by the Three Channels of Entry and also the Percentage Number of Direct Temporary Admissions*

Year	Voluntary	Temporary	Certified	Total	Percentage Direct Temporary Admissions
1931	8	29	78	115	26
1932	12	34	55	101	34
1933	15	49	57	121	42
1934	27	52	56	135	39
1935	29	82	47	158	52
1936 to Nov. 30	17	58	38	113	51

The statistics published by the Board of Control show that temporary treatment is much more frequently adopted with private than with rate aided patients and that one law for the rich and one for the poor exists to some extent though Parliament endeavoured to remedy this by the Mental Treatment Act 1930 At the present time many non-volitional cases are not receiving the benefit of the provisions to which they are entitled due largely to a tendency to adhere to the familiar and simpler procedure of certification There is no doubt that the stigma attached to certification is very strong in the public mind and that as more up to date accommodation is made available treatment by voluntary or temporary methods will be demanded by them and granted if it is at all applicable It has been estimated that only one fifth of the total number of temporary patients in England and Wales have ultimately to be certified which indicates that this procedure is serving a useful purpose

6 50 she called again at the surgery and waited about an hour without success Mrs Z suggested that she might come again on Sunday morning but she did not wish to do so, and instead called again on Monday morning at 9 o clock On this occasion the doctor made no examination, but gave her a certificate The following day (Tuesday, February 25) she called on the doctor and received a final certificate

Miss B said that on the evening of Sunday January 26 she telephoned to the doctor s surgery giving the message that her aunt had expected the doctor all day She was told that the doctor was out and possibly on his way to visit Miss G but if not he would be told when he came in

Mrs B told us she lives in the flat above her sister On the evening of Sunday January 26 the doctor called upon her sister but she herself was not present at the interview On the evening of the following Tuesday she went to the doctor s surgery with a message to the effect that Miss G s throat was not improving and that she was worried about the spots The doctor gave her a prescription for medicine and gargle and said that if Miss G was not able to come to him at the end of the week he would visit On the evening of Thursday in the following week (February 6) she went to the doctor and told him that her sister was choking The doctor visited the same evening Next morning she prepared hot water etc in the belief that the doctor was coming to lance Miss G s throat Mrs A G said she lives next door About 12 45 p m on Friday February 7 she telephoned for the doctor and was told that he was not at home, but would call as soon as he came in

PRACTITIONER S EVIDENCE

Dr Z gave evidence to the following effect On the evening of Friday January 24 he saw Miss G at his surgery and examined her Her temperature was 100° F and there was some congestion of the pharynx He advised her to go to bed and said he would call and see her on the following Sunday On Sunday evening he accordingly visited Miss G and did so without being aware that a telephone message had been sent him He chose the evening for his visit for the specific purpose of ascertaining the evening temperature which is his regular custom in all cases of mild illness with pyrexia He found the temperature normal and the throat considerably better He advised Miss G to stay in bed till Tuesday and go to see him on Thursday On the evening of Tuesday January 28 a messenger called at his surgery from Miss G and he gave prescriptions for medicine and gargle On Saturday February 1 Miss G herself called to see him at the surgery He was not prepared to speak from memory as to the extent of his examination but he certainly got the impression that the patient was practically all right and needed only a little more time for convalescence He did not know she had been in bed all the week and indeed if he had been so informed he would have taken her severely to task for coming out so soon after leaving her bed On the following Thursday (February 6) he was asked to visit the patient and he did so Her temperature was just under 101 and there was slight peritonsillar swelling He did not think there was any need for operative intervention Even in the case of large quinsies he did not believe in operative measures unless the swelling is causing distress in breathing etc and he saw no such danger then He promised to visit next day but did not promise to lance the throat nor did he promise definitely to call at 9 a m but said he would try to look in on his way to the surgery On the Friday however he was engaged at the police court all the morning and on returning home about midday he found that a telephone message had been received and he at once went to Miss G s home He found her in much the same condition as on the previous evening and still did not think it necessary to suggest lancing Miss G however insisted that lancing was necessary and as he could not agree he thought it best in all the circumstances to advise her going to hospital Regarding Miss G s visits to his surgery on Saturday February 22 when she failed to see him he had no recollection now of the reason for his absence He is of course detained occasionally by outside work as all doctors are liable to be but he has had no complaint from other patients on this score

FINDINGS OF PERSONS APPOINTED TO HEAR APPEAL

On the evidence we are unable to accept the view of the Insurance Committee that Dr Z had failed in his duty to give medical attention to Miss G It appears to us that both on Friday January 24 and Sunday January 26 Dr Z regarded Miss G s illness as very slight and that on Sunday he considered that she was better It is not suggested that he undertook to visit again Regarding Mrs B s visit to the doctor s surgery on the evening of Tuesday January 28 it is far from clear that the doctor was made to understand that Miss G was in any way worse Certainly he was not asked to visit her Further we had before us certain prescriptions issued by Dr Z and the fact that in the prescription given to Mrs B on the Tuesday the mixture that had previously been ordered for pyrexia was changed to one of a tonic nature suggests that Dr Z understood his patient to be recovering except for a degree of sore throat It is difficult to believe that a patient seriously ill would remain throughout a whole week without making any request for a visit, and would then leave her bed and go to the doctor We can only conclude that whatever misunderstanding regarding instructions there may have been between Dr Z and his patient on the evening of Sunday, January 26, there is not sufficient evidence in respect of the first week of Miss G s illness to support a contention of negligence on the doctor s part

Coming now to the following week Dr Z had seen his patient on Saturday February 1 when she herself admits that she was better in herself although her throat was still sore She apparently made no suggestion to the doctor that she was too ill to be out He heard no more from his patient until the evening of Thursday February 6 when he was asked to visit and did so and he visited again the following day when by agreement, Miss G was taken to hospital Regarding the contention that on no occasion did he visit Miss G at her home until a specific request was made, we have Dr Z s definite statement that in respect both of the visit on Sunday January 26 and of that on Friday February 7 he visited in accordance with his own previously stated intention and irrespective of the fact that messages had been sent There is nothing in the evidence to make us doubt the truth of this statement Accordingly we do not think it has been established that at any time throughout the illness Dr Z was guilty of negligence in his treatment of Miss G

We would now comment on the contention of the Insurance Committee that Dr Z had failed to make adequate arrangements for dealing with patients who called at his residence Occasions undoubtedly occur in the experience of every practitioner when he himself is prevented by outside work from getting to his surgery at his appointed hour It is of course his duty to take all reasonable steps to secure that necessary treatment is made available for his patients during his absence but we think it would be unreasonable to expect that on every occasion of delay on reaching home for surgery hours a practitioner should provide a substitute In the present instance there is no evidence to suggest that had Miss G been in need of urgent medical attention steps would not have been taken by Mrs Z to make proper arrangements As however Miss G received a final certificate on the following Tuesday it seems clear that on the Saturday she could neither have been nor looked in need of urgent medical treatment indeed it appeared to us that the sole purpose of her visits that day was to obtain a medical certificate Any inconvenience suffered by Miss G is to be regretted but we cannot find on this ground that Dr Z was guilty of neglect or committed a breach of the terms of service

(*Signed*) H GUY DAIN
R PATTESON
A P ARNOLD

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders G S Rutherford to Royal Naval Hospital Great Yarmouth M S Moore to the *St Vincent* F St B Wickham O B E to the *Victory* for Royal Naval Barracks

Surgeon Lieutenant Commander R B McVicker to be Surgeon Commander

Surgeon Lieutenant Commanders E R P Williams and D F Walsh to the *President* for course

Surgeon Lieutenants J M Reese and S K Foster to be Surgeon Lieutenant Commanders

Surgeon Lieutenants B M Goldsworthy to the *St Vincent* E J Littledale to the *President* for course

ROYAL ARMY MEDICAL CORPS

Captains E H Hall G A Walmsley A Sachs R T P Tweedy T E Moles W R C Spicer, G T L Archer, and M R Burke to be Majors

Lieutenant (on probation) A F H Keatinge has been restored to the establishment

ROYAL AIR FORCE MEDICAL SERVICE

Wing Commanders W J G Walker to R A F Station Halton for duty as Senior Medical Officer I D Leahy M C to Headquarters Fighter Command Stanmore for duty as Medical Officer

siderable controversy has ranged round the words in the Act incapable of expressing himself as willing or unwilling to receive such treatment but generally speaking cases following childbirth the various types of stupor and all cases where confusion is marked have the right to receive treatment on a temporary basis The public are now well aware that such facilities exist judging from the number of inquiries and interviews with patients friends, and when any question of certification arises it is not well received as a rule

Unfortunately, though the terms voluntary and "certified are easily understood, difficulty always arises with temporary classification The relatives generally think that the latter term indicates treatment for six months only and much explanation is needed to give them a fuller knowledge of the Act

Conclusion

It will be seen that temporary treatment does confer some benefit to the patient and his friends, while certain difficulties—not insurmountable however—are added to hospital administration It is possible that by widening the scope of the section or simplifying the necessary provisions the difficulties would be much lessened and it is interesting to note that in the latest enactment (Rhodesia) temporary treatment is extended to resistive as well as non volitional cases

I have to thank Dr J Bain medical superintendent for permission to use the hospital records

NEW YEAR HONOURS

A supplement to the *London Gazette* of January 29 contained the first list of honours conferred by King George VI The names of the following members of the medical profession are included in the list

G C S I

Gondal Maharaja of His Highness Maharaja Shri Sir BHAGWATSINHJI SAGRAMJI G C I E M D F R C P Ed LL D (Hon)

K C I O

JOHN FRASER *M C* M D F R C S Ed F A C S (Hon) F R A C S (Hon) Surgeon to H M the King in Scotland Regius Professor of Clinical Surgery, University of Edinburgh

Knights Bachelor

JOSEPH ARTHUR ARMWRIGHT M D F R C P F R S Member of the Agricultural Research Council

JOHN HENRY MORRIS JONES *M C* L R C P and S Ed L R F P S Glas J P M P for Denbigh Lord Commissioner of H M Treasury (unpaid) since 1935

JOHN CHARLES GRANT LEDINGHAM C M G D Sc LL D F R C P F R S Director of Lister Institute London Professor of Bacteriology University of London

E. KAYE LE FLEMING M A M D (Hon) M B B Chir Chairman of the Council of the British Medical Association *Direct Representative on the General Medical Council.*

C B (Military)

THOMAS SEYMOUR COATES O B E M B B S Major General late R.A M C Honorary Physician to the King Deputy Director of Medical Services, Aldershot Command

ALEXANDER WILLIAM MONTGOMERY HARVEY M B Ch B Major General Indian Medical Service Honorary Surgeon to the King Deputy Director of Medical Services Northern Command India

C M G

WILLIAM HENRY KAUNTZE M B E M D D P H Colonial Medical Service Director of Medical Services Uganda Protectorate

C I E

RICHARD EDWARD FLOWERDEW M B Ch B D T M and H Lieutenant Colonel Indian Medical Service Inspector General of Prisons Bengal

GRAHAM COLVILLE RAMSAY O B E M D D T M and H Deputy Director of the Ross Institute of Tropical Hygiene London School of Hygiene and Tropical Medicine

C B E (Military)

WILLIAM JAMES CARR B Chir, M.R C S L R C P Surgeon Captain Royal Australian Navy

C B E (Civil)

PERCIVAL ALFRED DINGLE M R C S L R C P Principal Medical Officer to the Government of North Borneo

O B E (Military)

GEORGE BOYLE HANNA L R C P and S Ed L R F P S Glas Lieutenant Colonel Indian Medical Service Officer Commanding Indian Military Hospital Quetta

O B E (Civil)

BERNARD HART L M S S A Honorary Consulting Radiologist Doncaster Royal Infirmary

WILLIAM STEWART EMPEY M B B Ch Lieutenant Indian Medical Service Recently leader of British Ambulance Unit No 1 in Ethiopia

GEORGE MONCRIEFF BARRON M B Ch M F R A C S Member of Council New South Wales Branch of the British Medical Association For social welfare services in the State of New South Wales

SYDNEY LETTS DAWKINS M B Ch B For services in connexion with the St John Ambulance Brigade in the State of South Australia

VICTOR WILLIAM TIGHE McGUSTY M B B Ch D T M Colonial Administrative Service Secretary for Indian Affairs and Inspecting Medical Officer Fiji

WILLIAM EGBERT THOMPSON M B Ch B Surgeon Specialist Palestine

M B E (Military)

EUGENE DUCKWORTH 1st Class Assistant Surgeon Indian Medical Department.

M B E (Civil)

MANIKKAM DURAI RAJ DAVID M B C M Madras F R C S Ed Third Surgeon General Hospital Rangoon and Police Surgeon Rangoon Burma

HENRY CECIL PHILLIPS Major Indian Medical Department Superintendent of the Punjab Vaccine Institute Lahore Punjab

BADRI PRASAD Sub Assistant Surgeon Nyasaland Protectorate

Bar to Kaisar i Hind Medal (First Class)

Miss LOUISA HELENA HART M D Medical Missionary Madanapalle Chittoor District Madras

Kaisar i Hind Medal (First Class)

GEORGE McGREGOR MILLAR O B E M B B Ch Lieutenant Colonel I M S (retired) Director Medical Services Jammu and Kashmir State

RESEARCH IN BLOOD DISEASES

GRANTS AND SCHOLARSHIPS

The trustees of the Lady Tata Memorial Fund invite applications for grants and scholarships for research in diseases of the blood with special reference to leukaemia in the academic year *beginning on October 1* 1937 Grants of variable amount are made for research expenses or *to provide* scientific assistants to senior workers Scholarships are awarded as personal remuneration and they ordinarily have the value of £400 per annum for whole time research with proportionate adjustment for work on a part time basis where this is approved The grants and scholarships are *open to* workers of any nationality

Applications must be submitted before March 31 1937 and the awards will be made by the trustees in June Further particulars and forms of application may be obtained by writing to the secretary of the Scientific Advisory Committee, 138, Bedford Court Mansions London W C 1

LIVERPOOL EYE EAR AND THROAT INFIRMARY—Ophthalmic H S Salary £120 p a

LIVERPOOL MATERNITY HOSPITAL—H S Salary £90 p a

LIVERPOOL ROYAL SOUTHERN HOSPITAL—Hon Assistant Orthopædic S

LIVERPOOL SANATORIUM Delamere Forest—(1) Senior Assistant (2) Junior Assistant Males, unmarried Salaries £325 p a and £225 p a respectively

LONDON COUNTY COUNCIL—(1) A M O (Grade I) and (2) A M O (Grade II) at Queen Mary's Hospital for Children Carshalton Unmarried Salaries £350 £25 £425 p a and £250 p a respectively (3) Social Worker (female) for St Pancras Institution N W Salary £235 £12 10s £310 p a (4) A M O s (Grade II) for (*a*) Bethnal Green Hospital, E (two positions), (*b*) Lambeth Hospital S E (*c*) Norwood Hospital for Children, S E (*d*) Queen Mary's Hospital Sidcup (two positions) (*e*) St Andrew's Hospital E, (*f*) St Giles Hospital S E, (*g*) St James Hospital S W (*h*) St Mary Islington Hospital, N (*i*) St Peter's Hospital E Salaries £250 p a each (*a*), (*b*) (*d*), (*h*), and (*i*) are male appointments only (*c*) female appointment only

LONDON HOSPITAL, E—(1) Surgical First Assistant and Registrar Salary £300 p a (2) First Assistant to the Ophthalmic Department

LONDON UNIVERSITY W C—Studentship in Physiology Value £100

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MAIDENHEAD HOSPITAL—Hon S

MAIDSTONE WEST KENT GENERAL HOSPITAL—H P (male) Salary £175 p a

MANCHESTER ANCOATS HOSPITAL—Orthopædic H S Salary £100 p a

MANCHESTER CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE—Whole time Assistant Director of the Radium Institute Salary £1,000 p a

MANCHESTER CITY—R A M O for Crumpsall Hospital Salary £200 p a

MIDDLESBROUGH NORTH ORMESBY HOSPITAL—H S (male unmarried) Salary £135 p a

MIDDLESEX HOSPITAL AND MEDICAL SCHOOL W—Junior Medical Registrar Salary £300 p a

MILLWALL (ISLE OF DOGS) SCHOOL TREATMENT CENTRE E—Ophthalmic S Salary £80 p a

NEWCASTLE UPON TYNE JOINT COMMITTEE OF THE COUNTY COUNCILS OF DURHAM AND NORTHUMBERLAND AND THE COUNTY BOROUGH COUNCILS OF GATESHEAD AND NEWCASTLE UPON TYNE FOR THE ADMINISTRATION OF A VENEREAL DISEASES CLINIC AT THE NEWCASTLE GENERAL HOSPITAL—Whole time M O in Charge (male) Salary £800 £50 £1 000 p a

NEWNHAM WEST GLOUCESTERSHIRE UNITED DISTRICTS COMMITTEE—M O H for the Rural Districts of East Dean, West Dean, and Lydney Salary £800 p a

NORTHAMPTON MENTAL HOSPITAL Berrywood—Third A M O (male unmarried) Salary £450 £25 £500 p a

NORWICH NORFOLK AND NORWICH HOSPITAL—H S (male, unmarried) to the Special Departments Salary £120 p a

NOTTINGHAMSHIRE COUNTY COUNCIL—Whole time M O to act as (*a*) A M O to the County Council (*b*) M O H to West Bridgford Urban District, and (*c*) M O H to Bingham Rural District Salary £900 p a

NOTTINGHAM GENERAL HOSPITAL—H S (male) for Fracture and Orthopædic Departments Salary £300 p a

OXFORD RADCLIFFE INFIRMARY—Full time Assistant Clinical Pathologist Salary £600 p a

OXFORD WINCHELD MORRIS ORTHOPÆDIC HOSPITAL Headington—R H S (male) Salary £100 p a

PETERBOROUGH AND DISTRICT MEMORIAL HOSPITAL—Senior R H S (male) Salary £175 £200 p a

PORTSMOUTH ROYAL PORTSMOUTH HOSPITAL—(1) C O (2) H P Males Salaries £150 p a each

PLYMOUTH PRINCE OF WALES'S HOSPITAL Devonport—(1) Senior H S (2) J H S Salaries £130 p a and £120 p a respectively

PLYMOUTH PRINCE OF WALES'S HOSPITAL Greenbank Road—Resident Anæsthetist and H S to the Special Departments Salary £150 p a

PLYMOUTH PRINCE OF WALES'S HOSPITAL Lockyer Street—H S Salary £150 p a

[illegible] ROYAL KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue W H P (male) Salary £120 £150 p a

QUEEN CHARLOTTE'S MATERNITY HOSPITAL Marylebone Road N W (1) Resident Anæsthetist (2) Resident Anæsthetist and District R M O (3) V R M O (male) Salaries £100 p a £90 p a and £80 p a respectively

QUEEN MARY'S HOSPITAL FOR THE EAST END E—Hon Assistant P to the Department of Psychological Medicine

READING ROYAL BERKSHIRE HOSPITAL—Resident Anæsthetist (male) Salary £250 p a

REDHILL EAST SURREY HOSPITAL—J H S Salary £100 p a

ROCHDALE COUNTY BOROUGH—J R M O (male unmarried) for Birch Hill Hospital Salary £225 p a

ROCHDALE INFIRMARY AND DISPENSARY—(1) Senior H S Salary £250 p a (2) H P (3) Second H S Salaries £150 p a each Males

ROTHERHAM HOSPITAL—Casualty H S (male) Salary £150 p a

ROYAL CANCER HOSPITAL (FREE) Fulham Road S W—H S to the Radium Department Salary £100 p a

RYDE ROYAL ISLE OF WIGHT COUNTY HOSPITAL—J H S (female unmarried) Salary £120 p a

ST BARTHOLOMEW'S HOSPITAL L C—(1) Dental H S (non resident) Salary £80 p a (2) [illegible] P (3) Assistant S to the Orthopædic Department (4) Assistant Dental S (5) Chief Assistant to the Dental Department (6) Neurologist

ST GEORGE'S HOSPITAL S W—R M O (male) for the Hospital's Convalescent Branch Wimbledon Salary £300 p a

ST JOHN'S HOSPITAL Lewisham S E—(1) H P (2) C O Males Salaries £100 p a each

SOUTH LONDON HOSPITAL FOR WOMEN Clapham Common, S W—H P (female) Salary £100 p a

STOCKPORT COUNTY BOROUGH—Senior Assistant M O H and Clinical Tuberculosis Officer (male) Salary £750 £50 £937 10s p a

STOCKTON ON TEES STOCKTON AND THORNABY HOSPITAL—J R M O (male unmarried) Salary £150 p a

TRURO ROYAL CORNWALL INFIRMARY—H S (male) Salary £170 p a

WALLASEY COUNTY BOROUGH—Assistant M O H and School M O (female) Salary £400 £25 £600 p a

WEST HARTLEPOOL CAMERON HOSPITAL—H S Salary £150 p a

WOLVERHAMPTON ROYAL HOSPITAL—H S (unmarried) Salary £100 p a

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL Shooters Hill S E—(1) R M O (2) H S Males Salaries £175 p a and £100 p a respectively

CERTIFYING FACTORY SURGEON—The appointment at Ely (Cambridgeshire) is vacant Applications to the Chief Inspector of Factories, Home Office, Whitehall, S W 1, by February 16

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 55 56 57 58 59 60 61 and 64 of our advertisement columns and advertisements as to partnerships, assistantships and locumtenancies at pages 62 and 63

APPOINTMENTS

DAWSON W S M A M D Oxon F R C P Lond Professor of Psychiatry University of Sydney

HOGBEN G Hamilton M R C S, L R C P, D P H, Medical Officer of Health Borough of Tottenham

RATHS F G M B Vict I R C S Ed H M Coroner, County of Lancaster

TENNENT Thomas M D, D P H D P M Assistant Physician in Psychological Medicine King's College Hospital

ADMIRALTY SURGEONS AND AGENTS—J Ashforth M B, Ch B D P H for Doncaster, A Eckford M D for Boston

CERTIFYING FACTORY SURGEONS—A P Brown L R C P and S I for the Ebbw Vale District (Monmouthshire) G D G Cameron M R C S L R C P for the Grassington District (Yorkshire West Riding) J Irving M B Ch B, for the Brigstock District (Northamptonshire)

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

BIRTH

MCGREGOR—On January 27, to Mary (née Gates) wife of Dr H G McGregor of 136 Heene Road, Worthing a daughter

DEATH

OSBORN—On January 23, Henry Alexander Osborn, D M, M A Oxon, D P H, aged 43

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
LONDON SATURDAY FEBRUARY 6 1937

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BRITISH MEDICAL ASSOCIATION

ONE HUNDRED AND FIFTH ANNUAL MEETING, BELFAST, JULY, 1937

Patron HIS MAJESTY THE KING

President SIR E FARQUHAR BUZZARD, Bt KCVO, LLD DM FRCP Physician in Ordinary to H M the King Regius Professor of Medicine University of Oxford

President Elect R J JOHNSTONE, FRCS FCOG Professor of Gynaecology Queen's University Belfast Member of Northern Ireland Parliament

Chairman of Representative Body H S SOUTTAR CBE MD MCh FRCS

Chairman of Council SIR KAYE LE FLEMING MA MD

Treasurer N BISHOP HARMAN LLD FRCS

PROVISIONAL PROGRAMME

The Annual Representative Meeting will begin at the Assembly Hall on Friday, July 16 at 9.30 a.m., and be continued on the following three weekdays

The statutory Annual General Meeting will be held at the Assembly Hall on Tuesday, July 20, at 12.30 p.m. and the adjourned meeting at 8 p.m.

The Annual Dinner of the Association will take place at the King's Hall on Thursday July 22, at 7 p.m. The Popular Lecture will be given at the Assembly Hall on Friday July 23 at 8 p.m.

The Conference of Honorary Secretaries and the Overseas Conference will be held in the Assembly Hall on Wednesday July 21 at 2.30 p.m. and 4.30 p.m. respectively.

A Combined Religious Service will be held in Fisherwick Presbyterian Church on Tuesday July 20 at 4.30 p.m. High Mass will be celebrated 'Coram Pontifice' at St. Patrick's Church, Donegall Street, on Thursday July 22 at 9 a.m.

The Reception Room for registration at Ulster Hall will be opened at 2 p.m. on Monday July 19. Ladies Club will be at Assembly College.

The Annual Exhibition of Surgical Appliances, Foods, Drugs and Books will be held in the Ulster Hall. The official opening will take place on Tuesday July 20 at 9 a.m. It will remain open on July 21, 22 and 23 from 9 a.m. to 6 p.m.

The Pathological Museum, Physics Laboratories, Queen's University will be opened on Tuesday July 20 at 11 a.m. and will remain open on the three following days from 9 a.m.

The clinical and scientific work will be divided among *seventeen Sections meeting at the Queen's University on* Wednesday, Thursday and Friday July 21, 22 and 23. We publish below the names of the Sections and the officers appointed to each.

The following Sections will meet on Three Days

MEDICINE

President Professor W. W. D. THOMSON MD FRCP (Belfast)

Vice Presidents FOSTER COATES MD (Belfast) F. G. HOBSON DSO DM FRCP (Oxford) W. McLORINAN LRCP and SI (Belfast) Professor J. W. McNEE DSO MD FRCP (Glasgow)

Honorary Secretaries S. J. TURKINGTON MD 41 University Road Belfast EDWARD R. CULLINAN MD FRCP 10 Park Square West N.W.1

SURGERY

President Professor P. T. CYMMER MB FRCS Belfast)

Vice Presidents Professor L. R. BRAITHWAITE MB FRCS (Leeds) ADAMS A. McCONNELL MB FRCSI (Dublin) HOWARD STEVENSON MB FRCSI (Belfast) REGINALD M. VICK OBE MChir FRCS (London)

Honorary Secretaries H. P. MALCOLM MC MB MCh 27 College Gardens Belfast HAROLD C. EDWARDS MB, MS FRCS 37 Queen Anne Street W.1

Solid food was held up at the intrathoracic sphincter and afterwards proceeded slowly down the oesophagus, not under the influence of gravity but by peristalsis It passed down much more slowly than did liquid food, and when it reached the cardia passed straight through with the wave of peristaltic relaxation Semi-solid food which was too thick to flow easily and yet was still liquid behaved in the same way

Filling of the Stomach

The food, entering through the comparatively narrow cardiac orifice, first made its way into the upper passive part of the stomach, which comprised most of the fundus and was bounded below by a weak sphincter, which separated it from the more active lower part No peristaltic contraction was seen, the organ merely dilating under the normal muscular tone as more food entered it When the pressure reached a certain height the sphincter relaxed and the food fell into the second portion, moving along the greater and not the lesser curvature As soon as the second part was distended with food peristalsis was set up and the food was forced along to the third or pyloric part The contraction of the muscle during peristalsis caused a rise in pressure in the second part and the food was momentarily regurgitated into the first part The remainder was carried along to the third part, the general contraction of which forced it into the duodenum This process took place very rapidly in a stomach which had good tone In one of the films the emulsion went through the duodenum within twenty minutes of being swallowed, and could be seen passing into the jejunum while the rest of it was still entering the stomach or proceeding from the first to the second part

The normal stomach might be broadly divided into two main types—the tonic and the hypotonic The first type was vigorous in its action, was usually associated with hyperchlorhydria and lay high in the abdomen The second type was sluggish in its action, was often associated with hypochlorhydria and anaemia, and lay low in the pelvis The first part of the stomach acted only as a reservoir The second starting at the sphincter, merged into the third or pyloric part Peristaltic movement began as soon as it was distended with food and carried the food into the third part, where a general contraction took place in all directions and forced the meal through the narrow pylorus into the duodenal tract In the hypotonic stomach these three stages were not so well shown, but the passivity of the first part and the generalized contraction of the third seemed to be invariable Whether the second part underwent peristalsis was not so clear The fact that in a tonic stomach the food passed direct into the duodenum might be connected not only with the more vigorous movement but also with the acid-alkali balance between the stomach and the duodenum Possibly the change in character of the movement depended on the different arrangements of the muscular coats of the different parts of the stomach In the first there were many oblique fibres and few circular In the second the circular fibres were more numerous and it was here that peristalsis started In the third the circular coat was very thick, and some of the longitudinal fibres were interlaced with it This would allow a generalized contraction

The passage of food through the duodenum did not synchronize with the time of its escape from the stomach This might be because the circular muscle fibres of the stomach were not continuous with those of the duodenum, and only a few longitudinal fibres, which were not so concerned with peristalsis, passed between the two organs When a tonic stomach was distended with food very little mixing with the gastric juice or digestion or absorption of any kind could occur Moreover, the food was hurried so rapidly through the duodenum that it could be little mixed or digested there The films, however, showed an insoluble and unappetizing emulsion of barium and not congenial ordinary food

Reaction of the Stomach to a Meal

Both tonic and hypotonic stomachs contracted vigorously when they were suddenly distended with a large quantity of food This happened, presumably, because the muscle fibres were stretched and reacted by contracting After a short time the fibres lengthened and the organ became adapted to the bulk of food As the fibres were no longer stretched the stimulus to contraction was no longer present The second part of the hypotonic stomach became quiescent early in digestion As the food remained longer in the stomach it could be better mixed with the gastric juice In a tonic stomach food would still be rapidly passing through the duodenum twenty minutes after it had been taken This mechanism would help to account for the digestive trouble caused by taking meals hurriedly the stomach musculature having no time to adapt itself to the bulk responded by forcing the food out through the pylorus before it was sufficiently mixed with gastric juice The part of both types of stomach that remained active longest was the pyloric end, but finally it did not allow enough barium through the pylorus to cast a shadow

The relaxation of the abdominal wall allowed the coils of jejunum and ileum to come forward and settle down in the pelvis They could then no longer support the stomach and it fell, except the extreme pyloric portion, which was kept in position by its attachment to the duodenum Gastroptosis by kinking the stomach and forming a deep pool in which food might collect, could delay and prevent proper gastric digestion Moreover, the blood supply might be hindered by pressure on the vessels In the intestine the emulsion became diluted and spread out, and it was difficult to get clear pictures of the coils It moved rapidly round by peristalsis

MEINICKE'S REACTION

H Saethre and A Bretteville-Jensen (*Nord med Tidsk* August 8 1936 p 1259) report from the psychiatric department of the Ullevaal Hospital in Oslo the results of comparative studies of Meinicke's (M K R II = Meinicke's Klarungs-Reaktion II) and Wassermann's reactions carried out on 700 consecutive patients between February 1 and November 1 1935 In all the fifty-six cases in which the Wassermann was positive, M K R II was also positive There were altogether 109 cases (15 5 per cent) in which this latter reaction was positive whereas the incidence of positive Wassermanns was only 7 58 per cent In as many as forty-five of the fifty-three patients showing a positive M K R II and a negative Wassermann there was either a definite history of syphilis or some reliable sign of it In all the fifty-three cases in which the evidence of the two reactions clashed new samples of sera were submitted to a second Wassermann test which was undertaken by persons knowing that the M K R II was positive In spite of this inducement to reverse the Wassermann verdict, it was as negative as before except in two cases In one the reaction was faintly positive, in the other it was strongly so As for the eight cases in which M K R II was positive but the Wassermann and the clinical evidence were negative some may perhaps be considered as definitely non syphilitic and the frequency with which M K R II gives misleading evidence of syphilis with a non specific positive reaction may be put at between 0 5 and 1 per cent In the authors material were twenty-five patients who though they had suffered from syphilis, gave negative reactions to both tests On account of the simplicity cheapness, and comparative sensitiveness of M K R II the authors warmly recommend it, particularly for provincial hospitals and asylums not equipped for the Wassermann test Though their comparison of the two reactions is [illegible] Wassermann's, they see no likelihood of [illegible] in the near future in view of the solidity of the international basis on which it rests

NUTRITION

President Sir ROBERT MCCARRISON C I E L L D M D F R C P (Oxford)

Vice Presidents Professor STUART J COWELL M B F R C P (London) J A SMYTH M D (Belfast) LUCY WILLS M B (London)

Honorary Secretaries Professor DOUGLAS C HARRISON D Sc Ph D Department of Biochemistry Queen's University Belfast J F BROCK D M M R C P Department of Medicine The University Cambridge

PROVISIONAL TIME-TABLE

Friday July 16

9 0 a m —Annual Representative Meeting Assembly Hall
9 0 a m —Ladies Club open Assembly College
9 0 a m —Excursions for Ladies
11 0 a m —Civic Welcome to Representative Body by the Lord Mayor
1 0 p m —Lunch to Overseas Representatives
3 30 p m —Reception to Ladies accompanying Representatives by Ladies Executive Committee
7 30 p m —Representatives Dinner Grand Central Hotel
7 30 p m —Dinner to Ladies accompanying Representatives Students Union
9 30 p m —Concert

Saturday July 17

9 30 a m —Annual Representative Meeting Assembly Hall
9 30 a m —Ladies Club open Assembly College
10 30 a m —Excursions for Ladies
1 0 p m —Photograph of Representative Body
3 0 p m —Excursions for Ladies
8 30 p m —Reception to Members of the Representative Body and their Ladies by the Ulster Medical Society

Sunday July 18

9 30 a m —Representatives Excursion (all day) to Giant's Causeway
9 0 p m —Sunday Concert Whitla Medical Institute

Monday July 19

9 0 a m —Council Meeting Assembly Hall
9 30 a m —Ladies Club open Assembly College
10 0 a m —Annual Representative Meeting Assembly Hall
10 0 a m —Excursions for Ladies
2 0 p m —Reception Room open Ulster Hall
4 0 p m —Garden Party to Ladies by Mrs Leathem Mount Norris
8 45 p m —Theatre Performance

Tuesday July 20

9 0 a m —Official Opening of Exhibition Ulster Hall
9 30 a m —Annual Representative Meeting Assembly Hall
9 30 a m —Ladies Club open Assembly College
10 0 a m —Visits to Works etc
11 0 a m —Pathological Museum open Physics Laboratories Queen's University
12 30 p m —Annual General Meeting Assembly Hall
3 0 p m —Visit to Belfast Hospitals and Reception by Chairman of the Board of Management
3 0 p m —Visit to Works etc
*4 30 p m —Combined Religious Service Fisherwick Presbyterian Church
*8 0 p m —Adjourned Annual General Meeting and President's Address Assembly Hall
*9 30 p m —President's Reception Queen's University

Wednesday July 21

9 0 a m —Council Meeting Queen's University
9 0 a m —Reception Room open Ulster Hall
9 0 a m —Exhibition open, Ulster Hall
9 0 a m —Pathological Museum open Physics Laboratories Queen's University
9 30 a m —Ladies Club open Assembly College
10 0 a m —Scientific Sections Queen's University
10 0 a m —Notts Ladies Golf Cup Competition Royal Belfast Golf Club
10 0 a m —Visits to Works etc
10 30 a m —Short Tours
1 0 p m —Irish Medical Schools and Graduates Association Lunch
2 30 p m —Secretaries Conference Assembly Hall
2 30 p m —Demonstrations at City Hospitals
2 30 p m —Visits to Works
4 30 p m —Overseas Conference Assembly Hall
*4 30 p m —University Reception at Lennoxvale
7 0 p m —Secretaries Dinner
*8 30 p m —Civic Reception City Hall
8 30 p m —Dance on R M S *Almenora*

Thursday July 22

8 0 a m —Annual Medical Breakfast of National Temperance League
9 0 a m —High Mass Coram Populo St Peter Church Donegall Street
9 0 a m —Reception Room open Ulster Hall
9 0 a m —Exhibition open Ulster Hall
9 0 a m —Pathological Museum open Physics Laboratories Queen's University
9 30 a m —Ladies Club open Assembly College
10 0 a m —Scientific Sections Queen's University
10 0 a m —Golf Competition for Ladies and Gentlemen's Cups Malone Golf Club
10 0 a m —Visits to Works etc
11 0 a m —Reception by Countess of Clanwilliam at Montalto
10 30 a m —Short Tours
1 0 p m —Lunch to Women Members of Medical Profession Whitla Medical Institute
2 30 p m —Demonstrations at Hospital
2 30 p m —Visits to Works
*3 0 p m —Conferment of Honorary Degree
*4 30 p m —Garden Party and Reception by Government of Northern Ireland at Stormont
7 0 p m —Annual Dinner and Dance at King's Hall

Friday July 23

8 30 p m —Missionary Breakfast of Medical Prayer Union
9 0 a m —Reception Room open Ulster Hall
9 0 a m —Exhibition open Ulster Hall
9 0 a m —Pathological Museum open Physics Laboratories Queen's University
9 30 a m —Ladies Club open Assembly College
9 30 a m —All day Excursion to Giant's Causeway and Antrim Coast Road
10 0 a m —Scientific Sections Queen's University
10 0 a m —Visits to Works etc
2 0 p m —Treasurer's Cup Golf Competition at Belvoir Golf Club
2 30 p m —Garden Parties
2 30 p m —Visits to Works
8 0 p m —Popular Lecture Assembly Hall
9 0 p m —Branch and Division Reception at Floral Hall Hazlewood and Zoological Gardens

Saturday July 24

10 0 a m —Excursion to Silent Valley and Mourne Mountains

* Academic dress will be worn at these functions

HOTEL ACCOMMODATION

Hotel	Rooms available: Single	Double (1 bed)	Double (twin)	Tariff: Bed and Breakfast	Dinner Bed and Breakfast	Dinner Bed Breakfast and Lunch	Hot Bath
BELFAST							
Grand Central Royal Avenue			20	13 6	1 6	21 6	1/-
Midland Station Great Victoria Road	10		20	1/- 11 6	1/6 1/6	2/- 21/-	1/6d
Royal Avenue Royal Avenue	8	15		11 6	1/6	21/-	1/6
Imperial Donegall Place	20	10		11 6	17	18/-	6d extra
Queen's Victoria Street	11	—		8 6	1/-	15	1/6d
Kensington College Sq East	30	20		9 6	1 6	16/-	
Eglinton and Winton High St	14	15		9 6	1 6	16 6	
Union Donegall Sq South	6	5	6	9 6	14 6	17 6	1/-
LARNE (24 miles) Laharna (L M S Hotel)	20	33	—	8 6	1 6	1/-	1/- extra
LARNE HARBOUR Olderfleet	8	5		9 6	14 6		1/-
NEWCASTLE (31 miles) Slieve Donard	15	15	15	1/-	1 6	6/-	
DONAGHADEE 1 mile Mount Royal				6/-			
BANGOR 12 miles Regent Palace				6/- 6/6	12/- 10/-	15/- 13/-	
Royal	10		10	15/-	15/-	21/-	1/6

Minimum 7/6 a day

All these Hotels are licensed.
All bedrooms will probably have telephones.
† Allocation of rooms not stated but will probably be 10 per cent.

philosophical appraisement of the experimental method itself, an insufficient attempt to bring home to the student the essential unities of physiology and pathology Experiments were staged, tools were set, and the result was expected even if not always achieved but there was no real effort to encourage the experimental or observational attitude of mind

Among students there were various types There was the naturalist type, the inquisitive, observing boy, who might survive this kind of education, but he was a rare type on the whole, and the majority were unobservant, any observing power which they had had as small children having been eliminated by the set teaching of the schools Another type who succeeded he could best picture as a Scotsman, a man of common sense, who, however much or little of science he had picked up, understood the lights and shades of a clinical problem, and had good judgement, logic, and humanity in handling his patient He, too, in spite of his education, would be a success but he was *not the commonest type in the medical school* A third type was the distinguished student, first-class in his pre clinical work, but often quite a failure in the ward, slow in the development of clinical sense clumsy or irrational in his therapeutic suggestions, having looked too long through microscopes or relied too much on calorimetric standards or chemical reactions, and finding it difficult to believe that conclusions could be drawn by the crude methods, as he thought them, of clinical assay He had difficulty in accepting anything not measurable by millimetres, with the result that a discontent with clinical medicine was engendered But these types did not make up the majority and the average student muddled through his pre-clinical course entered the wards and there gradually obtained a reorientation of his mind and acquired the clinical knack

The Study of Human Biology

Laboratory education started so early and continued so long (said Professor Ryle) that it postponed observational discipline It tended to create an unduly specialistic mind in the laboratory-minded *student, with boredom or* bewilderment in face of clinical problems He had dipped recently into the *Collected Papers of Hughlings Jackson* and found him insisting in one of his lectures that every case presented was a fact or an experiment of nature and the experiments could be carried backwards to their beginning or forwards to their conclusion Whatever branch of medicine ultimately claimed the student he was a student of human biology The biology of man in health and disease in every aspect was the student's subject and it was the business of the teacher by every means to stimulate his interest in it He thought all were agreed that far too heavy a demand was made on the student in the matter of memorizing anatomy and there was probably too great a local or personal bias in the teaching of physiology

As for the suggestion that there should be a double curriculum to meet the needs of the practitioner on the one hand and the medical scientist on the other, the question was whether the present curriculum included less than the practitioner required or less than the scientist required In the courses for the Oxford Cambridge and London degrees he believed the provision was adequate for the scientist but the bulk of the subjects in the framework could be reduced Why not greater choice of subjects some selection of subjects within the general framework of physiology and anatomy which would, of course necessitate more frequent alternative questions at examination? But how did a man know what his destiny would be until he had been through the wards for a year or two? That was the strongest argument against a double curriculum He could not feel that the time had come for such dichotomy No specialization in any branch of human biology *should be permitted* without a full pre-clinical and clinical graduate training Finally the speaker stressed the need for more intimate co operation between the pre-clinical and clinical teachers

The Grammar of Scientific Method

Professor G. GREY TURNER emphasized the importance of teaching the principles of the experimental method from the earliest period of the student's career What was so necessary was the inculcation of the grammar of the scientific method, not so much what was to be learned from the application of such methods as the application of them, so that when at a later stage, the medical student came into contact with actual clinical problems he would know better how to approach them From the earliest stage the student ought to be made to understand that research was not necessarily the finding out of something new, but the finding out of something for himself He had supposed that in that discussion a good deal would be heard about the importance of animal experiment Valuable as that method was, and more important as it was becoming, it must be remembered that a great many of the advances in medicine (using the word in its widest sense) had come from observations made on human beings He deprecated the tendency to educate the medical student in watertight compartments It was the co ordination of subjects that was so extremely important He felt strongly that the experimental method should become more ordinary in medicine, more a routine and everyday event, and then when something had to be settled in connexion with a natural problem in the management of disease the problem could be solved there and then by appealing to the laboratory He used to think there were types of students, as Professor Ryle suggested, more suited to one thing than to another, but he believed now that the supposed differences were largely a response to environment and could be modified

Dr R A YOUNG said that medical education was really only one aspect of general education, which was rather in the melting pot at the present time He had always wondered why a child who asked questions began with 'Why," whereas a student began with "What,' and after he had been taught a few things asked "How ' What he had tried to do in teaching was to inculcate not a sceptical but an inquiring attitude of mind A student *should be told that because he was taught a certain thing* and because it had a certain authority behind it, it was not necessarily true All great advances had been made by questioning what had previously been accepted It would be a *good thing for medicine* if "Research" with the capital R' could be deleted from the vocabulary and replaced by "investigation" Every doctor who investigated a difficult case was doing valuable research Medicine as a science was a branch of biology and therefore all biological science was of interest and value to the student of medicine Science could ascend to the transcendental, but it had in its relation to humanity to be applied, and medicine in practice was an applied science and therefore an art He endorsed the importance of taking the student to the bedside as soon as possible There he would realize the value of the methods he had learned in the laboratory Another thing from which they suffered at the present time was over-specialization It could not be helped, the public demanded it, but it was desirable to have a certain number of people in the teaching schools who were capable of a general conspectus of the whole curriculum and of teaching the student the relative value of the different specialties

A False Antithesis

Dr C M WILSON said that at the medical schools an endeavour was made to turn out men with a *certain* habit of thought which was called the scientific mind If they could all agree on that it would not be difficult to make out a case for the laboratory, but a false antithesis had grown up between the clinician and the man of science A man of science was not one who used certain instruments in certain places, it was not the instrument (which merely sharpened observation) *but the man's* mental processes that made him the scientist Such a man was committed by the way he was made and by his training to a critical scrutiny of facts He was cautious

R A M C, I saw the British Military Hospital at the Cantonment situated a few miles outside Delhi, thus seeing another aspect of medical life in India

Peshawar and Lahore

We left Delhi on Saturday, December 19 for Rawalpindi where we were met by Lieut Colonel Puri I M S civil surgeon who had arranged a tea party so that I might have an opportunity of meeting a number of medical men in Governmental service chief of whom was Colonel W H Hamilton I M S the D D M S of the Northern Command The same evening I addressed the medical practitioners of Rawalpindi and as this was followed by a discussion I had a most interesting and instructive evening We entrained again at 11 15 the same night and reached Peshawar at 6 a m next (a very cold and frosty) morning Our stay in Peshawar was short—barely two days—but during that time I established contact with all branches of medical work there I visited the Indian Military Hospital and met many of the R A M C and I M S an unusual number of whom were present in the district because of frontier trouble Brevet Colonel H Hay Thorburn I M S Inspector General of Civil Hospitals had been good enough to arrange a meeting of the practitioners of Peshawar at which I explained the purpose of my visit There was a most useful discussion after this meeting and finally a decision was taken to form in the future a North West Frontier Branch of the B M A The civil surgeon Major Ledger I M S motored us up to the Khyber Pass and from the top we looked into Afghanistan

Our visit to Peshawar ended on Tuesday evening at 6 p m and we arrived at Lahore at 8 a m the following morning where we were met by Dr J Cairns president of the Punjab Branch and Dr N R Dharmarvir the honorary secretary We spent the next six days in Lahore except for a brief visit to Amritsar which is about one hour's journey by rail My time was very fully occupied and every opportunity was afforded me of discussing medical affairs with representatives of all classes of practitioners Dr Gopal Singh Chawla an independent medical practitioner, Dr Dharmarvir and Dr Cairns kept me busy I addressed the members of the profession and a discussion followed I visited hospitals public and private, and I interviewed practitioners at their rooms and in Dr Cairns's house where my wife and I were guests during our stay in Lahore Dr Cairns is chief medical officer of a large district and consequently I was able to learn a good deal about the service for which he is responsible Notwithstanding the fact that I was in Lahore during Christmas my time there was fully occupied The evening before we left Lieut Colonel P B Barucha I M S principal King Edward Medical College arranged a dinner in our honour in the College Hall A member of the Association in Amritsar Dr Sohan Singh was my guide in that town where I visited the Medical School, the Golden Temple and other places of interest Here again I met a number of the local profession and learnt more of their difficulties On the way to Agra I visited Ludhiana and through the courtesy of Dame Edith Brown was shown over the Women's Christian Medical College and Hospital where women medical students are trained

Conference of Licentiates at Agra

On arrival at Agra on Wednesday December 30 we were met at the station by Dr T S Shukla and Dr D D Bhargava, who conveyed an invitation for me to attend the opening session of the All India Licentiates Medical Association which was being held that day in the Medical School at Agra I was privileged to listen to an address given by Dr S L Sharma the chairman of the Reception Committee of the twenty eighth conference Thus at first hand I was able to ascertain what I believe to be the collective view of the medical profession in India After the meeting I had the good fortune to meet some of the practitioners of Agra and learned in greater detail about many of the problems to which reference had been made in Dr Sharma's speech Later in the evening there was a full moon my wife and I visited Taj Mahal having been advised that this was the ideal time at which to see it To other places of historic importance we were able to pay only a fleeting visit

The following day we entrained again our next stopping place being Nagpur which we reached on January 1 Major R F W K Allen the civil surgeon in Nagpur was my guide in that city and he arranged a meeting of the medical profession in order that I might hear their point of view I had various discussions with the representatives present and altogether spent a most useful time in the only place in the Central Provinces which I was to have an opportunity of visiting I saw the hospital and medical school there and talked with a number of medical men On Monday January 3 we arrived at Hyderabad where I was met on the station platform by Dr C F Chenoy the president of the Branch Dr K V Nayak the honorary secretary and Lieut Colonel R F D MacGregor the residency surgeon and other members of the Branch Council Conditions are not quite the same in Hyderabad which is a State as in other places I had visited but I spent a most instructive pleasant and busy six days in learning about the problems which confront the medical profession and community here and also in Secunderabad I visited the following hospitals the British Military under the command of Lieut Colonel H L Howell R A M C (and in going round was happy to meet Captain W M Oxley R A M C the son of that good friend to the Association Dr W H F Oxley of Poplar) the Indian Military Hospital under the command of Lieut Colonel E A Penny I M S the King Edward Memorial Hospital under the care of Lieut Colonel R F D MacGregor the Osmania Hospital in charge of Colonel J Norman Walker I M S (ret) director of public health services in Hyderabad In this way I met the majority of medical men on the staffs of the various hospitals and saw the conditions under which they worked I had personal interviews with Government officers in the State service and with independent medical practitioners and I think I may safely say that my time was most usefully spent in that city I received great kindness from everyone not only from members of the medical profession but also from the Government itself through the Finance Minister Sir Akbar Hydari I was shown the great improvements which had been effected in the housing conditions in that city and was fortunate in being shown these by the prime mover Sir Nizamat Jung During the time we were in Hyderabad the Indian Science Congress was in session and I was privileged to attend a few of the functions We left Hyderabad on Sunday the 10th and arrived in Madras on the evening of the following day

There is very little time for sightseeing as there are social functions to be attended such as luncheons dinners and garden parties where I can meet medical men and discuss their problems Visitors to India are overwhelmed with invitations of all kinds My wife tells me she is learning something every day She has been taken to hospitals Zenana hospitals schools welfare centres

ability Patients with the tetralogy of Fallot sometimes lived long, one of his patients was now 49, but lived a restricted life, while another had survived an attack of lobar pneumonia and was now getting married at the age of 33 Two others had died of pulmonary tuberculosis as young adults There was no doubt that any cyanotic case must lead a very restricted life, which was not likely to be long, though the long-lived exceptions offered grounds for hope The period of active growth at puberty was naturally a critical time and a lesion that might be tolerated in the body of a child might well be impossible for the adult

Of the acyanotic lesions patency of the interventricular septum seemed to be the commonest In one of his cases the murmur had disappeared at about the age of 4, and it might be presumed that the hole had closed or the flow of blood through it had ceased He imagined that the smallest hole made the most noise and that probably a very large hole made no murmur He had noted a small series of fifteen cases, all in females, with a systolic murmur in the pulmonary area, usually, but not always, accompanied by a thrill The pulmonary second sound was loud and the closure of the valves palpable Examination with x rays showed that the pulmonary artery was enlarged, there were no other abnormalities The ages ranged from 7 to 52, and seven were over 35 Their lives were not affected, so the lesion could not be important, and there was no need to restrict them In children the murmur was said to be confined to systole, but he doubted whether this was so in adults

Valvular Lesions

Bicuspid aortic valves were of no importance in themselves but their liability to infection made them significant later on In the more advanced years of life cases of aortic stenosis with fused calcareous aortic valves were found, and Dr East wondered whether some of these started as congenital abnormalities When the stenosis developed there was of course, a strain on the left ventricle and the patient must be protected from overexertion Coarctation seemed to be as well tolerated as any congenital defect One day the patient would probably die as the result of it and therefore some limitation of activity seemed to be indicated, in adults at any rate, especially as years went on and other defects were likely to appear As all patients with congenital lesions of the heart were liable to infections, it seemed wise to try to control septic foci Unfortunately the infection crept in insidiously, possibly starting as an apparently trivial bout of influenza Special care was needed for these patients in any mild febrile attack The question of pregnancy might sometimes arise There did not seem to be any contraindication in patent ductus A patient with a patent septum would probably be safe, provided there was no enlargement of the heart If there were, some risk of a right-left shunt in the later stages might be encountered He imagined that a cyanotic case should not run the risk of pregnancy

Persons with congenital heart lesions were occasionally proposed for life assurance An acyanotic case, patent septum or patent ductus, might be accepted if the lesion were perfectly tolerated A heavy load should be imposed to cover the risk of infection and acceptance only recommended for a limited term of years, not exceeding say, forty The acyanotic lesions were evidently well borne in youth but so were acquired lesions very often In the adult body the defect was apt to cause more trouble In any large group of children with heart lesions the congenital variety turned up fairly often In adults one got the impression that they were seen far less frequently and by the age of 40 they were rare In his view special care was needed in any case of congenital heart disease to protect the patient from infection As regards activity, acyanotic cases could usually do a good deal but should be guarded from the extreme forms of exertion

Observations on School Children

Dr C MUIR mentioned observations on school children, including some below and some above school age In the very young—that is, pre school age—it was extremely difficult, if not impossible, to make out any anatomical defect or even to say whether an infant who was quite non cyanotic might not later pass into a definite cyanotic condition He and his colleagues thought they had been able to confirm the disappearance of physical signs on two occasions In one case a systolic thrill and bruit which had been observed over a period of seven years had gradually disappeared entirely Infective endocarditis seemed to be more common with patent ductus than in Roger's disease The activity of one case of patent ductus was greatly restricted by severe pain, characteristically anginal in production and distribution The absence of symptoms in the presence of well-marked signs was a feature of cases of subaortic stenosis In his series of children there had been four deaths, one of these was from pulmonary tuberculosis and two from infective endocarditis, the fourth death took place suddenly during cycling

Dr J W BROWN said that in a total group of 291 congenital heart cases there were fifty-seven (19 per cent) with cyanosis He felt that not all the cases in this group were seen at the clinic, for a certain number were kept permanently from school or were inmates of other institutions His impression was that the cyanotic child was at least equal in intelligence to his normal fellow, and it was a great mistake to place the children in special schools with the mentally defective and backward The children should be encouraged to go to ordinary schools, even if only part-time Clinical experience suggested a revision of ideas of prognosis in this group The cases might survive much longer than was generally supposed, and the degree of cyanosis presented remained strikingly constant The infectious diseases of childhood such as measles and whooping cough, figured largely in the history of these children, and scarlet fever appeared to be a specially dangerous complication Tuberculosis had also occurred in several members of the group Examination had always included regular weighing and measuring, and only a small percentage were below the average height and weight Pregnancy had occurred in one member of the group—a woman with the tetralogy of Fallot Labour was induced She had had two pregnancies since and suffered no harm Supervision of an effective and friendly nature was the most desirable factor in the management of these cases He thought the work of the clinics had done something to dispel the air of fatality which surrounded this group, and many of the child patients had been much happier since they had been allowed to take some part, small though it might be, in school activities

Dr EVAN BEDFORD said the question might be raised as to what it was from which the majority of these patients died It was extremely rare to see congestive failure in congenital heart disease In his experience the patients died either from intercurrent disease or added infective endocarditis, or sometimes from coarctation or rupture In one group of cases, those with patent interauricular septum the patients had no symptoms at birth and were scarcely ever diagnosed as having heart trouble until they reached puberty The radiological picture was rather characteristic It was one of the few congenital lesions in which the heart reached very large dimensions In the tetralogy of Fallot one rarely saw a heart wider than the normal Auricular fibrillation was not common, and these patients died frequently of congestive heart failure Dr GIBSON raised the question whether boys in the acyanotic group should be allowed to take part in competitive athletics Dr LEONARD FINDLAY spoke of the difficulty of recognizing congenital heart disease Numbers of children had a basal systolic murmur which disappeared as they got older, he looked upon these cases as functional

incapable of work as she was suffering from haemorrhoids and constipation and general debility following her confinement Dr W examined her and gave her a certificate Unfortunately he had referred to her record card and evidently had this in mind when he wrote the word pregnancy in the certificate He (Dr E) could offer no excuse except that he was away at the time and Dr W was consequently very busy Obviously the society's sick visitor would know that it was a mistake and if the society had drawn his or Dr W's attention to the mistake it would have been rectified The secretary of the society attended before the subcommittee and said the sick visitor reported the matter on August 21 and that the certificate complained of was the first certificate received after the confinement

As the principal is responsible for the acts and omissions of his assistant the Medical Service Subcommittee found it was unable to do other than recommend that the respondent practitioner should be censured and warned against any future similar breach of his Terms of Service

Absence from Practice

An Insurance Committee was informed on October 12 1936 by the assistant in a practice that his principal had been absent from practice about four weeks that he had an operation on October 6 and that it would be approximately a further three weeks before he could resume practice The assistant stated that he was carrying on the practice A communication was sent to the principal that as his list was beyond the limit allowed to a practitioner carrying on practice single handed he should engage a locumtenent at once No reply was received from him and the matter was referred to the Panel Committee

The secretary of the Panel Committee reported that his committee had considered this matter, and was of opinion that the practitioner should be informed at once that he should engage a locumtenent or assistant during his absence and that failing such an appointment within a very short time he should be notified that his list must be reduced It was not necessary in this case to take any further action as the doctor had engaged a locumtenent and had since resumed practice The case is worth noting because a practitioner does not always realize that in such circumstances if he (or the assistant) is absent a locumtenent must be appointed Committees of course do not expect this requirement to be unreasonably observed—in London for instance cases arising during the holiday period from May to September are exempted

Medical Services in Connexion with Teeth Extraction

A report of a decision of the Minister on appeal recently appeared in these notes under the heading A Decision which Decides Nothing It may be remembered that a doctor was called up late at night to arrest haemorrhage of the gums following extraction of teeth the dentist not being available The appeal was allowed on a technical point of procedure the Minister indicating that no decision was in fact being given on the actual question which was raised as to whether the service fell within the practitioner's insurance contract In a report of the case presented to the London Insurance Committee on January 28 the representations which were made in the course of the appeal are set out at length The following extracts from the representations made by the practitioner are reproduced as giving some indication of his grounds of appeal

In the report of the Medical Service Subcommittee as adopted by the London Insurance Committee the committee states that its function is to administer the Terms of Service as they are and not as they are thought to be or as the practitioner would wish them to be It is on this assumption that the committee as stated in the report took the step to find against me It is the object of [illegible] out definitely what the Terms of Service are in dental work and to remove an ambiguity [illegible] existed for over twenty years Finally [illegible] failed to take note of the practical [illegible] apparently involved cases should be dealt with in a way to the now well established routine adopted [illegible] cases occurring on other doctors lists [illegible] unanimous desire amongst the body of insurance practitioners for an equitable solution of these difficulties would thus desire to see the Terms of Service [illegible] more clearly laid down

The Insurance Committee has decided that [illegible] shall now be referred under the formal procedure to the Local Medical Committee

Appeal Against Decision of London Insurance Committee

The following is a copy of the report made to the Minister of Health by persons appointed to hear the appeal of Dr Z against a decision of the London Insurance Committee that in respect of the attendance and treatment given by him to Miss G an insured person on his list there was a breach of the terms of service of insurance practitioners

Mr Gilbert clerk to the Insurance Committee presented the case on the committee's behalf and Dr Z was represented by counsel (Mr Murphy instructed by Messrs Le Brasseur and Oakley) On behalf of the Insurance Committee evidence was given by Miss G herself Miss B (niece) Mrs B (sister) and Mrs A G (sister in law) For the appellant Dr Z himself was the sole witness

EVIDENCE FOR THE INSURANCE COMMITTEE

Miss G told us that on Friday January 24 1936 while at work she began to suffer from sore throat She saw the works nurse who advised her to see her doctor She accordingly left work and went home about midday and in the evening visited the doctor at his surgery He examined her throat told her to go to bed and said he would visit her on the following Sunday On Sunday her throat was worse and as the doctor had not yet called she between 5 and 6 p.m. sent her niece to telephone for him The doctor called at 9 o'clock took her temperature and examined her throat He said that there were three nasty spots and told her to keep to her bed for a week and then report to him Thereafter her throat continued to get worse and on the evening of Tuesday January 28 she told her sister to call upon the doctor and tell him she was no better Her sister brought back a mixture and a gargle By Thursday January 30 although the throat was still bad she was a bit better in her ch On the following day (Friday) she got out of bed about midday in preparation for a visit to the doctor on the Saturday On Saturday morning (February 1) she visited the doctor and told him her throat was still bad He did not examine her throat but gave her medicine and a certificate The same evening she went back to bed as she did not feel so well The following day (Sunday) she was unable to take any breakfast as she could not swallow and she kept to bed where she remained till the following Thursday (February 6) On that day her throat was so painful that she could not swallow even milk or water and in the evening she sent to the doctor who came at 7.30 and told her that there was an abscess but that it was not yet ready to lance and he would come and lance it at 9 o'clock next morning Next day (Friday) as the doctor had not arrived by 12.45 p.m. she asked her sister in law to telephone him and he came at 1.45 He suggested that he should go to [illegible] to the M[illegible] Hospital but she preferred to go to [illegible] H[illegible] Hospital and the doctor [illegible] She went to the hospital where he was given [illegible] and the abscess burst the same night She remained [illegible] till the following Thursday February [illegible] was advised to see her doctor in a few days A however she already had a hospital certificate to give to her approved society she did not think it necessary to visit Dr Z until Saturday of the following week (February 22) She arrived at the surgery about 12.30 p.m. and waited till 2.15 without seeing the doctor Neither Mrs Z nor the maid could say when the doctor would return The same evening about

the puerperium and the well known likelihood of a recurrence of this condition She was admitted to hospital for treatment, but was fairly well except for occasional headache, slight rise in blood pressure (150/80), and a little oedema She received treatment with urinary antiseptics, and was kept on a low protein diet, but the albuminuria and pyuria persisted to some extent until the onset of labour On March 14, 1936, labour commenced, after twelve hours the cervix was three fingers dilated and drawn up, and the membranes had ruptured the presenting head lying above a very obvious cystic swelling The patient's temperature then suddenly rose to 100 6° F and her pulse rate became rapid (118) Dr A A Gemmell saw the patient at this time and agreed that Caesarean section must be performed A lower segment operation was performed under spinal anaesthesia However, instead of opening the uterus before exploring the pelvis, as on the first occasion, a hand was passed down to the left of the head and a very obvious retroperitoneal tumour was discovered, about the size of a Jaffa orange A living male child (6 lb 2 oz) was delivered by the usual technique, and, having sutured the uterus, the operator proceeded to investigate the tumour more fully To his surprise, once again it had disappeared However, on very careful palpation an indefinite soft mass partly fluctuant, was discovered running down beside the pelvic colon He realized the risk of haemorrhage in attempting to deal with pelvic tumours at the time of Caesarean section, but in view of the temperature decided that in this case a further exploration was necessary There was no true broad ligament on the left side, but the peritoneum was incised and dissection was made by finger only The tumour was easily separated from its connexions, but it burst just before its removal and very offensive yellowish fluid escaped Care was taken to avoid clamping or cutting, since it was obvious the ureter must be very close At one stage a strand of tissue appeared and, in view of the possibility of its being the ureter it was examined closely between two fingers during this process it broke, and the surgeon became quite certain that it could not be the ureter, which is usually resistant At no time was a single vessel of any size seen nor was any bleeding point tied The tumour having been removed there was now a cavity extending retro-peritoneally down to within two inches of the perineum This repeatedly filled with blood which oozed from all sides No attempt to find bleeding points was made, but the cavity was at once packed with ten yards of 12 inch gauze The abdomen was closed with tube drainage and the patient left the theatre in good condition Convalescence was a little stormy, and the patient suffered some distension The chief difficulty was the removal of the gauze which had two knots in its con-tinuity It was gradually removed in the course of forty-eight hours gas and air analgesia being used for the removal of each portion The wound broke down partly, but the lochia remained inoffensive The temperature was never higher than 101 5° F and by the eighteenth day the wound was practically healed the temperature and pulse normal, and the patient feeling well She was discharged from hospital on the fortieth day

Before opening the tumour it was fixed in formalin It was examined carefully forty-eight hours after opera-tion and was surprisingly found to be a kidney All renal tissue had been destroyed and it had been converted into a pyonephrosis, but its shape and histological appear-ance made the diagnosis certain The strand of tissue which broke was in reality, an atrophied ureter In view of the diagnosis a self-retaining catheter was kept in the bladder for one week, but there was never any discharge of urine from the abdominal wound The solution of the mystery was now clear This true pelvic kidney was sufficiently small to allow spontaneous par-turition until it became hydronephrotic At the time of the first Caesarean section the hydronephrosis collapsed during the delivery of the foetal head, and the cyst therefore seemed to disappear By the time of the second Caesarean section a pyonephrosis had formed, even then it had partly collapsed during delivery of the head and but for the fact that the tumour had been investigated before incision of the uterus it might have escaped notice a second time

Professor H BRIGGS (Liverpool) thought that an inter esting feature of the case was the association of pelvic kidney and unicornuate uterus, the pelvic kidney being on the side of the missing horn Professor MILES PHILLIPS (Sheffield) had encountered two similar cases In one the hydronephrotic kidney had been pushed up, and labour had been completed by natural forces The other had been treated by Caesarean section

CONGENITAL CYSTIC DISEASE OF THE LUNG

At a meeting of the Liverpool Medical Institution on January 21, with the president, Mr G C E SIMPSON in the chair Dr A ADAMS read a paper on congenital cystic disease of the lungs

Dr Adams said that before 1935 few cases had been reported, but since then a considerable number There was no evidence of increased incidence, and it was more probable that improved radiological technique and inter pretation and greater interest in chest surgery had led to the recognition of more cases Two patients had recently been admitted to the Liverpool Sanatorium and diagnosed as suffering from congenital cystic disease of the lung One was a boy of 6 on whom a lobectomy was performed by Mr John T Morrison with satisfactory results Radiographs showing the condition of the lung at the ages of 3½ 5 and again at 6 years (immediately before operation) were compared, and attention was drawn to the absence of progressive changes such as would be expected in infective conditions, the gross specimen, with photographs and photomicrographs, was also demon strated The other patient, a man of 38, had a collapsed right lower lobe—or, more probably, accessory right lower lobe—which showed well a multiple cystic condition occu pying the whole lobe, the other lobes were normal After a brief survey of the subject Dr Adams concluded that the condition would be better called "telangiectatic bronchiectasis", that it was more common than the literature suggested, that it was due to intra uterine mal formation or infection, or to early extra-uterine infection, that the gross macroscopic changes were greatly in excess of those suggested by the radiographs, that progress was slow and radiographs taken over long periods revealed little advance, that symptoms, where not caused by mechanical interference were due to secondary infections of the cysts, and that surgery offered the best prospect of cure

Mr F RONALD EDWARDS said that one must go further back than the extra-uterine infection theory in considering the aetiology of congenital cystic disease of the lung The most simple explanation was that it was a purely congenital condition due to lack of complete haustration of certain bronchi or bronchioles One could compare it with the haustration which occurred during the develop ment of other organs—for example, the oesophagus—where the development might be incomplete, resulting in complete lack of opening or, as one saw on occasion, cyst formation in the area that should have become the organ If these cysts were isolated then the condition was one of congenital cystic disease of the lungs, if the cysts communicated with bronchi, as they might if a further stage of development was presupposed, the con dition was one of congenital bronchiectasis A further interesting clinical type was the non-tuberculous pul monary abscess which did not clear up on drainage Section of the wall usually disclosed columnar or cubical epithelial cells and these cases were usually ones of unsuspected congenital cysts of the lung in which suppura tion had brought their presence to light

The Harris Operation for Prostatectomy

A film by Mr CHARLES WELLS illustrating Harris's technique of prostatectomy with immediate closure of the bladder was shown and a short paper by him was read by the PRESIDENT Mr Wells being absent through illness

Squadron Leaders L I Hyder to R A F Station Heliopolis Egypt for duty as Medical Officer F L White to Headquarters Bomber Command Uxbridge for duty as Medical Officer

Flight Lieutenants D A Wilson to R A F Hospital Cranwell E Donovan to R A F Station Hemswell

Flying Officers E W R Farley to No 4 Armament Training Camp, Wet Freugh R H Pritt to R A F Station Odiham E J Moynahan to R A F Station Tangmere

AUXILIARY AIR FORCE RESERVE OF OFFICERS MEDICAL BRANCH

H W Walter has been granted a commission as Flight Lieutenant in Class D

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieut Colonel E L Sandiland T D has vacated the appointment of Officer Commanding 170th (Cavalry) Field Ambulance on completion of tenure and has been promoted to Brevet Colonel

Major D Stewart T D to be Lieutenant Colonel and to command 170th (Cavalry) Field Ambulance

Lieutenant H Weir to be Captain with seniority July 2 1936

To be Lieutenants J McG Rogan late Cadet Lance Corporal Royal High School Contingent Junior Division O T C J C Lindsay

TERRITORIAL ARMY RESERVE OF OFFICERS ROYAL ARMY MEDICAL CORPS

Captain J B Fulton from active list to be Captain

TESTIMONIAL TO DR GUY DAIN

The objects of the Fund are to honour Dr Dain for his valuable services to the medical profession during the past twenty years and to give effect to Dr Dain's wish that the amount subscribed shall be utilized for the purpose of assisting the education of sons and daughters of medical practitioners who are in need of such help

THIRD LIST OF CONTRIBUTIONS

	£	s	d
Leicestershire Local Medical and Panel Committee	5	5	0
Coventry Panel Committee	65	0	0
Hertfordshire Panel Committee	10	10	0
Dr C Moore Smith (London S E 18)		10	6
Drs Kathleen Shelton and Winifred Proctor (London S E 24)	1	1	0
Dr J A Henry (London S E 10)		10	0
Dr C T Bishop (London W C 1)		10	0
Derby Local Medical and Panel Committee	5	0	0
Lanarkshire Local Medical and Panel Committee	50	0	0
Dr Meta Jackson (London S E 6)		10	0
Carlisle Panel Committee	5	5	0
Dr S P Hopewell (London S W)		10	0
Carnarvonshire Panel Committee	5	5	0
Dr C E Douglas (St Andrews Fife)	1	1	0
Dr J Livingstone Loudon (Hamilton)	2	2	0
Manchester Panel Committee	100	0	0
Dr A L Gregg (London W 2)	1	1	0
Dr Ernest A Miller (London S W 15)		10	0
Dr H J Ritchie (Belfast)	2	0	0
Darlington Panel Committee	20	0	0
Dr H C Jonas (Barnstaple)	10	10	0
Sir Ewen Maclean (Cardiff)	2	2	0
Aberdeenshire Panel Committee	5	5	0
Dr James Caldwell (Paisley)	1	1	0
Derbyshire Panel Committee	50	0	0
Reading Panel Committee	10	10	0
Dr C E Evans (London E 5)		10	0
Dr William Clark (London S W 8)		10	0
Glasgow Panel Committee	50	0	0
Dr D G Newton (Newcastle upon Tyne)	1	0	0
Aberdeen Burgh Panel Committee	52	10	0
Carmarthenshire Panel Committee		5	0
Dr L Bernard (London W C 1)		10	0

The total amount received up to January 30 1937 is £1 357 13s 5d

The following promises of contributions have been received

	£	s	d
Derby Local Medical and Panel Committee	10	0	0
Dorset Panel Committee	100	0	0

Cheques should be made payable to the Dain Testimonial Fund and forwarded to the Honorary Treasurer Dr G C Anderson B M A House, Tavistock Square London, W C 1

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Diary of Central Meetings

FEBRUARY

9	Tues	Joint Subcommittee on Nursing Problem 2 30 p m
12	Fri	Public Medical Services Subcommittee 2 p m
17	Wed	Health Services Committee 2 p m
18	Thurs	Radiologists Group Committee 2 30 p m
19	Fri	Journal Board 11 30 a m
		Physical Medicine Group Committee 2 30 p m
20	Sat	Pathologists Group Committee 9 30 a m
23	Tues	Library Subcommittee 2 0 p m
24	Wed	Police Surgeons Subcommittee 2 p m

TABLE OF OFFICIAL DATES

March 20 Sat — Nomination Papers available (on application at Head Office) for election of (i) 22 Members of Council by Grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 2 representatives of Public Health Service in Representative Body

April 7 Wed — Council

April 24 Sat — *Publication of Annual Report of Council in B M J Supplement*

Last day for receipt at Head Office of Nominations (i) by a Division of not less than Members for election of 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) for election of 2 Public Health Service Members of Council and 2 representatives of Public Health Service in Representative Body

May 8 Sat — Publication in *B M J Supplement* of list of Nominations for Election of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 2 representatives of Public Health Service in Representative Body

Voting Papers posed from Head Office where there are contest in above elections

Application for B M A Research Scholarships and Grants must be received at Head Office by this date

May 10 Mon — Motions by Divisions and Branches for A R M Agenda on matters of which two months notice must be given must be received at Head Office by this date

May 15 Sat — Publication in *B M J Supplement* of Motions and Amendments by Divisions and Branches for A R M on matter of which two months notice must be given

Representatives and Deputy Representatives must be elected by this date

Last day for receipt at Head Office of Voting Paper for election where there are contests of (i) 22 Members of Council by grouped Branches in Great Britain and Northern Ireland (ii) 2 Public Health Service Members of Council and 2 representatives of Public Health Service in Representative Body

May 29 Sat — Publication in *B M J Supplement* of result of election of Members of Council and representatives of above elections

Nomination Papers available (on application at Head Office) for election of 11 Members of Council by grouped Representatives

June 2 Wed — Council

INTRACAPSULAR FRACTURES OF FEMUR

At a meeting of the Ulster Medical Society at the Whitla Medical Institute, Belfast, on January 14 Mr S T IRWIN, with the aid of a series of fifty lantern slides, sketched the development of the modern operative treatment of fracture of the neck of the femur He began by indicating that of the three types of this fracture that in the middle of the neck was the one most suitable for operative treatment The subcapital fracture and the fracture at the base of the neck were frequently followed by spontaneous cure, and in any case the subcapital one was not suitable for operative treatment because of the shortness of the proximal fragment The old idea that fractures of the neck in contrast with fractures of the great trochanter, only occurred in old age was shown to be false In Smith-Petersen's original list of twenty-four fractures fifteen occurred in patients under the age of 60, an age incidence also recorded by Noordenbos from Holland

Ever since the introduction of modern surgery tentative methods had been suggested for dealing with a fracture in which failure of union occurred in approximately 50 per cent of cases dealt with conservatively Many of these methods failed because the conditions necessary for success were absent For success the following conditions, applicable to fractures in general, should be fulfilled (1) complete reduction of the fracture, (2) accurate apposition of the fragments, and (3) maintenance of apposition until bone formation had become firmly established Nails, wires, screws, ivory and ox-bone pegs and autogenous bone grafts were the materials used It was only when the triradiate nail was discovered by Smith-Petersen that all the foregoing essentials became relatively easily attained Its advantages were that it held the fragments firmly together prevented rotation and, when made of stainless steel it did not lead to necrosis of bony substance, upon which union subsequently depended Noordenbos of Amsterdam was the only prominent authority on this subject who still used fibular grafts in preference to the Smith-Petersen nail Since 1931, when Smith-Petersen's original paper was published, the use of the nail had been almost universal, modifications centring round the technique of its introduction The main object in its variation had been to introduce the nail without the necessity for the relatively big operation suggested by Smith Petersen and in this way to widen the age limits to include the older patients The use of a guide wire of the Kirschner gauge was suggested simultaneously in 1932 by Johanssen of Oslo and King of Melbourne Both these operators by using x ray films introduced one or several wires to determine beforehand the correct alignment of the nail, they then with a special hollow nail following the course of the guide wire drove the nail into position and impacted the fragments Reports of the occurrence of accidental bending of the wires and other complications led to the adoption of wires of a heavier calibre This alteration was first suggested by Watson Jones, who however reverted to an open type of operation Recently Hey Groves had devised an ingenious instrument for introducing the guide This did away with the necessity for an x ray film in the lateral plane and had shortened the duration of the operation to quite reasonable limits Mr Irwin's first slides illustrated the treatment of this fracture by tibial bone grafts and by grafts derived from the great trochanter and shaft of femur as suggested by Ellis Jones In the main, however the cases shown were treated by the use of the triradiate nail introduced by the Johanssen or King technique The recent cases were examples of the method and apparatus of Hey Groves

Treatment of Squint

DR BEATRICE LYNN read a paper on "Recent Advances in the Treatment of Squint," the purpose of the communication being to advocate the establishment of a squint centre, where amblyopic eyes could be trained to see, the fusion faculty be developed, and normal muscle balance be restored by muscle training alone or combined with operation The centre would be supplied with clinical material by the eye departments of the general hospitals, the training being carried out by skilled technicians working under the oculists Four classes of squint were described, three of these were amenable to treatment, the fourth consisting of cases of ocular lesions or cases resisting a fair trial A case was considered as cured when there was good sight in each eye, when the visual axes were parallel, and single binocular vision was obtained The average period of training was from three to six months, and judging from the figures provided by established centres an optimistic view might be taken, 75 per cent of favourable cases ending in complete cure

Local News

ENGLAND AND WALES

Maternal Mortality in London

During 1936 the deaths registered from puerperal sepsis and other accidents and diseases of childbirth in the county of London numbered 115, or 1 76 per 1,000, registered live births as against 139, or 2 21, respectively in 1935 This is the crude death rate, based on the registration figures divided by the estimated population The corrected death rate, in which the deaths of non-Londoners are excluded and which will not be known for some months, should not exceed 2 08 per 1,000 live births, as compared with a corrected rate of 2 58 for 1935 The crude maternal mortality rate given above is the lowest crude rate recorded in London The crude birth rate in 1936 was 15 8 as against 14 9 in 1935, the crude death rate 12 4 as compared with 11 2, and the infant mortality 57 per 1,000 births as against 51 in 1935 There were 541 deaths from street accidents in London in 1936 as compared with 631 in 1935, but the figure represents a large reduction on that for the years 1931–4

Additional General Hospital for South London

The appropriation of the hospitals of the London County Council as municipal hospitals, the importance and modernization so far effected, and the wider public knowledge of the municipal hospital service has led to a steadily increasing demand for treatment During the last five years the annual admissions at the eight acute hospitals south of the Thames have risen from 51,149 to 60 600 Births in the general hospitals as a whole have increased from 9,508 in 1931 to 15 375 in 1935 The accommodation at all the acute general hospitals south of the Thames has for prolonged periods and for several years past been subject to extreme pressure These big periods of pressure occur during the winter months, mainly in the first quarter of each year, and accommodation must be available to meet these maximum needs, notwithstanding that at other times the call for beds may be considerably less A new ward block of 129 beds at St Nicholas's Hospital, Plumstead, has lately been erected, and it is proposed to erect a new ward block of seventy beds at Lambeth Hospital, while additional provision for the chronic sick will result from conversion and improvement works at other institutions If, however, the demand for admissions in the Council's general hospitals continues to increase as expected further accommodation beyond that at present contemplated will be required In South London the problem is urgent in view of the period that must elapse between the inception and the completion of any scheme for dealing with it The extent of the need, to meet which preliminary steps should be taken, is difficult to assess with precision Large numbers of the com

PREVENTION OF ROAD ACCIDENTS

The campaign of the recently formed Road Accidents Emergency Council was launched at a delegate conference held in Westminster on January 23 Mr A M WALL secretary of the London Trades Council who presided said that the conference comprised religious industrial and philanthropic organizations widely diverse in character but representing in the aggregate several millions of citizens united in their demand that the appalling tragedy of the roads should not be allowed to continue The BISHOP OF WINCHESTER chairman of the council said that there was a time when the horrors of accidents in the factories of the country were regarded as inevitable But that was found to be simply wicked nonsense and it was wicked nonsense to say that nothing could be done to reduce appreciably the losses on the roads There were practical remedies When drivers found guilty of callous and reckless driving were let off with a trifling penalty it was a scandal There should be sterner and more general enforcement of the law But these reforms would not be got unless public opinion was thoroughly aroused The four point programme of the council—namely special courts for driving offences the adaptation of the roads to modern use the effective control of speed and fairer compensation for victims—was expounded by Mr A CREECH JONES M P and Mr F C WATKINS M P members of the executive council Sir ERNEST GRAHAM LITTLE M P chairman of the Road Accidents Parliamentary Group urged the testing of drivers with a view to discovering those that were accident prone the education of those whose faults could be corrected and the exclusion of those who could not be made into safe drivers Lord ELTON stressed the point that the appeal of the council was a citizen s one as distinct from a road user s one Dr ALFRED SALTER M P and other speakers emphasized the danger of alcohol as a factor in road accidents and an additional resolution asking the Government to make effective the Highway Code on that point was carried

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S Lomholt (*Hospitalstidende* December 22 1936 p 44) has given injections of antileprol in various forms of skin disease at the Finsen Institute in Copenhagen and has achieved remarkable results in certain cases Large ulcers in several cases of nodular leprosy healed rapidly and considerable improvement was observed in many cases of Boeck s sarcoid both with regard to the rash and the general condition Permanent freedom from symptoms occurred in some cases and in those which relapsed renewal of the treatment was followed by improvement The action of antileprol on cases of lupus erythematosus was often but not invariably rapidly followed by a recurrence of the disease The benefits in certain tuberculous lesions of the skin were not so marked as to warrant much enthusiasm Among eight cases of mycosis fungoides there was one in which a permanent cure was effected In nearly all the other cases there was a change in the character of this disease large and widely distributed swellings giving place to desquamating slightly infiltrated patches of skin The results were encouraging in pemphigus The author confesses to complete ignorance of the mode of action of antileprol the marked eosinophilia observed when this treatment was first introduced may well have been due to small pulmonary emboli resulting from the intravenous injection of undiluted oil or a too coarse emulsion of it This complication has disappeared since fine emulsions have been injected The intravenous route seems to be preferable to the intramuscular and when the emulsion injected was so fine that the globules of oil were no larger than red corpuscles the potency of the drug seemed to be enormously enhanced In some cases there was a focal reaction the patients experiencing a sensation of stabbing and pricking in their lesions directly after an injection

MOVEMENTS OF THE DIGESTIVE TRACT

CINE-RADIOGRAPHIC RECORDS

Dr J RUSSELL REYNOLDS in a Hunterian Lecture delivered at the Royal College of Surgeons on January 20 described some of the results which he has obtained by taking cinematograph pictures of an x ray screen while a liquid barium meal was passing through the oesophagus stomach and small intestine of a patient

His apparatus consisted of a 16 mm cinematograph camera with a special Zeiss lens and an ordinary diagnostic x ray outfit with special screen The current in the tube is cut off by a synchronizing switch Radiologists have always recognized that a good cinematographic record of x ray appearances would be invaluable but the problem has only recently been solved for practical purposes by this combination of apparatus In physiological investigations explained Dr Reynolds it is rarely necessary to expose more than a few feet of film to obtain several consecutive cycles of movement in a given organ Positive prints are taken and the ends are joined to make an endless band which can be run through the projector indefinitely until the picture has been thoroughly studied Much more can be learnt from this record than from a screen examination

The oesophagus he pointed out appeared to be narrowed in three places where it was constricted by the inferior constrictor muscle of the pharynx where it was crossed by the left bronchus and where it passed through the diaphragm Liquid food was projected to the back of the mouth by means of an upward and backward movement of the tongue The stimulus from this sensitive area caused the suprahyoid and associated muscles to draw up the hyoid and the rest of the pharynx which was attached to it The hyoid was rotated about a lateral axis and the food was jerked probably by the back of the tongue into the pharynx which was waiting to receive it The larynx was closed by the epiglottis The liquid then passed rapidly down clinging to the sides of the oesophagus which seemed to be dilated to receive it It descended under the influence of gravity and not by means of a peristaltic wave At the thoracic inlet the food was held up either by a constriction caused by the crossing of the left bronchus or by a weak sphincter formed where the voluntary musculature joined the involuntary The food collected here in the form of a cone until it was allowed to enter the lower part of the oesophagus

When the barium meal reached the intrathoracic sphincter it might act in one of three ways Under the influence of gravity it might descend continuously in a thin stream and be held up at the cardiac sphincter The oesophagus then filled up like a test tube until the pressure of food was sufficient to open the cardia when all the food entered the stomach at once through the narrowed orifice in the diaphragm The barium passed down the posterior wall and had a horizontal upper level The food might also progress in this way with the addition at intervals of gushes of fluid which passing rapidly down by gravity entered the stomach directly without any delay at the cardia This must be due to the intrathoracic sphincter s giving way at intervals and allowing all the collected fluid to escape in a rush which would more probably happen if the constriction were due to a weak sphincter The third way in which the liquid might behave was to pass into the stomach in a constant thin stream under the influence of gravity The constriction at the thoracic inlet must then be allowing it to escape at a constant rate—a more likely occurrence if the constriction were purely mechanical as that due to the crossing of the left bronchus There was no delay at the cardiac orifice and the liquid went direct into the stomach It appeared to pass mainly down the posterior wall of the oesophagus

as fat, bread, or oatmeal All the available evidence, the speaker continued, indicated that deficiency diseases like rickets would disappear, and that infant mortality rates would be reduced to less than one-half of what they were at present if every family in the country enjoyed a diet on such standards Public health departments were doing much to improve the diet of the poor by providing free or cheap meals in necessitous cases, and this helped to prevent the grossest forms of malnutrition A further step in the right direction was the milk-in schools scheme, which provided a third of a pint of milk for one halfpenny, but the amount required by the children was a pint and a half daily National schemes concerning food had unfortunately been dominated by economic interests and this was largely due to ignorance of the extent to which the health of the nation could be improved by better feeding The Government could not move in advance of public opinion, and what was most needed at the present time was further enlightenment of the public The country had now dealt with education, and there was a national scheme designed to provide a decent house for every family, but the next great social reform should be a national food policy to make a diet adequate for health available to every family Increased production in this country of foodstuffs needed to bring diets up to the required standard would bring prosperity to agriculture and the retail food trade as well as furnish the permanent national asset of improved health and physique

Consultant Physician for Highlands and Islands

The Public Health Committee of the Ross-shire County Council at a meeting on January 26 discussed the proposal to appoint a consultant physician at the Royal Northern Infirmary, Inverness, for the benefit of the Highland communities It is proposed that such a consultant should be appointed to have charge of twenty beds in the Royal Northern Infirmary Inverness and should be allowed to carry on private consulting practice It was stated that there are four or five expert physicians in Inverness whose services could be obtained, but the present suggestion is that the various county councils should contribute to the salary of a consultant on the basis of the number of patients from the respective counties who had been treated in the Infirmary during the past five years The Ross shire Public Health Committee had been sympathetic towards the proposal but it withdrew from the scheme because the Island of Lewis was not to be included, and this amounted to cutting off a large part of Ross shire It was ultimately agreed that if Lewis was included in the scheme the Ross shire Public Health Committee would reconsider its attitude, which at present was one of disapproval

Edinburgh Royal Infirmary

At the annual meeting of the Court of Contributors to the Royal Infirmary of Edinburgh Sir Thomas Whitson, referring to the annual report of the institution (summarized in the *Journal* of January 9), said that it was expected that arrangements would be made to have fee-paying patients in a particular ward Meantime the Board was taking all the facts into consideration and it wanted to find out how contributory schemes worked in England A subcommittee had been appointed to go into the question but he could not as yet give any idea of what the Board's final decision would be The recently opened new department for venereal and dermatological diseases had set free certain other wards, of which one would be used to provide beds for accidents and emergencies, while another after reconstruction would be used for orthopaedic cases Another ward would be set free for less urgent cases such as hernia, haemorrhoids, etc which constituted a large proportion of the waiting list while still another ward would be reconstructed for neurological surgical cases The managers were tackling the question of bringing the radiological department up to date The school of dietetics had now completed its second year with great success

Correspondence

Cancer of the Breast

SIR,—We owe to Mr Geoffrey Keynes the first prolonged experiment in the treatment of breast cancer by radium alone, but his letter (*Journal*, January 30, p 242) makes claims for the hospital he adorns which are too large to be defensible He says "Radium technique has not stood still since it began to be developed at St Bartholomew's about twelve years ago and its value and limitations in cancer of the breast began to be fairly clear"

It is now thirty years since I worked out in detail the mode of spread of breast cancer by evidence which has never been controverted No pathologist since has had the patience to adopt those "microscopical methods on a macroscopic scale" which are necessary for such work The operation based on my findings has met with an acceptance which is world wide, as Mr Cecil Rowntree (January 23, p 153) generously recognizes, and has almost abolished local and abdominal recurrence I soon found, however, that frequent late thoracic recurrence cannot be prevented by any operation, however rational and complete I was able to prove that the internal mammary glands, which are in practice inaccessible to operation, are invaded at about the same time as the axillary glands Enlarged axillary glands, which are present at the time of operation in a large percentage of cases, indicate infection of the internal mammary glands It followed that in very many cases the disease is already, at the time of operation, an intrathoracic disease

It appeared to me logical to deal with the extrathoracic disease by operation, and to employ radiation from radium tubes introduced at the time of operation to deal with the intrathoracic extensions in the internal mammary glands This has been my routine practice for sixteen years, and is still It has abolished the recurrences at the inner end of the upper intercostal spaces which are still frequent in the practice of some surgeons, as they were formerly in my own It has raised my non recurrence rate at the end of three years from 47 to 57 per cent No more could be expected in view of the tragic delays to which women with lumps in the breast still subject themselves

How, then, does Mr Keynes maintain that radium technique "began to be developed at St Bartholomew's twelve years ago"? Four years earlier I had assigned to radium its own special place as a routine adjunct to operation to deal with deposits beyond the reach of the knife That place it unassailably holds but Mr Keynes's gallant attempt to make it do all the work must, I think, be held to have failed, even though, in the distribution of his tubes, he has had the advantage of Middlesex Hospital pathological work to guide him Even in his practised hands radium has given no better results than surgery, as he admits, and his letter rather suggests that he is abandoning the use of radium alone for a combination of radium with "very conservative" surgery

I do not wish to decry "radium alone" It is very useful for inoperable cases and for growths at the periphery of the breast These are valuable extensions of the role I had assigned to radium in breast cancer sixteen years ago It may be offered as a slightly speculative alternative to the radical operation with intrathoracic radium, which in my view still represents the gilt edged investment in breast-cancer therapy "Radium alone" is

Reports of Societies

EXPERIMENTAL AND LABORATORY TRAINING IN MEDICAL EDUCATION

The value of experimental and laboratory training in medical education was debated at a meeting of the Medical Society of London on January 25 Sir WILLIAM WILLCOX presiding

Dr JOHN BEATTIE defined the aim of experimental training as the inculcation of the experimental method whereas laboratory training was a training in technique and use of methods The vocational value to the medical student of a training in the experimental method altogether apart from the factual content of the sciences using the method had been the subject of various comment John Hunter wrote to Jenner Don t think try Astley Cooper paraphrased it First observe then think Claude Bernard expanded it further Think observe try and think Huxley described the scientific method as trained common sense Laboratory training on the other hand was directed to enabling the worker to use methods which ensured accuracy under known conditions A distinction must be drawn between the intrinsic value of the subject matter of a science and the educational value of that science No one would challenge the intrinsic value of Greek literature and philosophy and its influence on modern civilization and modern methods of thought but the value of a classical education to the average schoolboy was quite a different thing Too often were a dozen schoolboys sacrificed on the altar of classical education which was of real educational value to only one of them

It was only by inculcating at an early age the true scientific method that education by things and not by books could be obtained Medical education now began—unfortunately he thought—in the secondary and public schools where the preliminary sciences were taught with great damage often to the experimental outlook of the students Training in the experimental sciences was much more than an acquisition of facts It was infinitely better that a student should arrive at a natural law such as Boyle s law by the use of direct experiment in the laboratory than by the teaching of the law by lecture or textbook When the student went to the medical school there were five chances to one that he did not know how to learn and certainly ten chances to one that he did not know how to think Yet during his first two years in the school he was presented with a cold douche of facts to chill his enthusiasm make him doubt his ability to learn and leave him scarcely time to think He had only too often seen a student when told to make a drawing of a microscope slide proceed to put in the drawing structures which definitely were not in the slide but which his textbook had told him ought to be there

In the anatomy school for example too often the students were lectured to in such a way that their curiosity and inquiry into the facts of anatomy were stifled and their interest instead of being directed forwards so that their training was a real training in observation and not only a memorizing of facts was directed backwards retarding the development of the scientific method of thought which was so satisfying a part of a man s mental equipment With the wealth of material in anatomical laboratories it should certainly be possible to lead the student away from considering his final examination the ultimate object of his course and to train him in manipulative technique accurate observation and logical deduction which the average student so badly needed

Scientific Education of the Doctor

On the value of the experimental method (Dr Beattie continued) there had been a great deal of confused thinking Oliver Wendell Holmes in 1867 at Harvard said that if a man had got plenty of common sense the more science he had the worse for his patients But what he really meant was surely to commend the scientific doctor (*vide* Huxley s definition above quoted) and to condemn the man whose factual knowledge which Holmes confused with science was extensive while his outlook was unscientific The successful education of the doctor depended on the emphasis laid on the method and spirit of science rather than on the subject of the science itself The principle do it yourself was the real method of training

The methods of the diagnostician were essentially those employed in procuring all scientific data—namely accurate observation with experiment if necessary and consequent logical deduction Clinicians often remarked that what was needed more than anything else in the education of the medical student was experience implying some mysterious added sense Experience was only obtained by continuous training in accurate observation and deduction which furnished the ability to reach a conclusion by a short cut not immediately apparent to a beginner Valuable experience could only be obtained by the careful painstaking methods of the scientific observer the personal acquisition of knowledge not by the second hand method of books and lectures In teaching medical students it was important for them to obtain their knowledge for themselves instead of having their path smoothed by an increased number of lectures demonstrations and clinics The supervision of the student by telling him what to do to a certain extent how to do it but not what to find was the best procedure It had been said that it was a disgrace to a university to appoint a man as a professor because he was a good teacher it was only investigators who could give university instruction

Dr Beattie concluded by comparing British and American methods of medical education on the whole to the advantage of the former and added that there seemed to be no historic or modern reason why the scientific method in the approach to medicine should be called in question If the purpose of the medical schools was to turn out efficient practitioners that was only another way of saying that they must be expert scientific investigators

A Dual Curriculum?

Professor J A RYLE said that no one despised the importance of experimental and laboratory training but the relative merits of laboratory and bedside teaching might reasonably be reviewed Was the training which was suitable for the intending practitioner equally suitable for the intending medical scientist (the pathologist physiologist biochemist and so forth)? A friend of his a pathologist had said that there might have to be devised two curricula to meet these (in a measure) conflicting requirements It had now become customary for students to do their preliminary scientific work at school with the result that they were to some extent compelled to become specialists from the age of 16 The education was often cramming rather than training They were given a certain number of facts to learn they had to follow a syllabus and get up those facts in order to get through the examination but that was not providing them with a proper introduction to the experimental or observational method

After this came three or more years devoted to anatomy physiology histology and introductions to biochemistry and pathology so that for four years the life of the medical student was devoted to laboratory studies before there was any contact with a patient or a clinical problem

There were certain advantages in this training—an insistence on the importance of accuracy a training in the use of tools such as the microscope an introduction to the scientific attitude But this introduction had largely to do with books and classes lectures and set demonstrations and as a rule little time was given to actual experiment, little encouragement to any sort of

Prevention of Silicosis

SIR,—We have read with much interest Dr G P Crowden's article on "Preventive Medicine in Industry" in the *Journal* of December 5, 1936 (p 1155), and the letters of Drs Goodfellow, Craddock, and Blacklin which followed it Dr Blacklin referred to air contamination, and suggested that such agencies might be concerned in silicosis We can, perhaps, go further than this One of us (A E B), in co-operation with colleagues, is at present engaged in investigating the subject of broncho-moniliasis in coal miners, and has already collected some important experimental data The other (R F) has examined radiologically the chests of a large number of haematite iron-ore miners in the Furness and South-West Cumberland areas In their youth many of these miners were farm workers, and R F recently published a paper (*Brit J Radiol* 1936, N S, March and June, 1936) that dealt with, *inter alia* broncho-mycosis in such farm workers The similarity between the radiographs of the chests of these cases of broncho-mycosis and those of some of the miners was quite definite R F accordingly made some investigations among the workers and in the mines He isolated from the sputum of miners, collected with all due precautions and *before* they went down "on shift" fungi of the same type as those which he found in the air of the mine the timber, and the ore with which these men were working The radiographs of the chests of these 'healthy' miners showed ill-defined but definite departures from the normal of the type that had been seen in the farm workers

As a result of our findings to date we feel that there must be at work some predisposing factor or factors which influence the incidence of silicosis In a letter such as this it is not possible to go into detail, but we hope in the near future to be able to publish both clinical and experimental findings supporting the hypothesis that dust diseases are in reality secondary to some primary condition probably infective in character, which impairs the normal extremely effective excretory action of the cilia of the respiratory tract—We are, etc

A E BARCLAY (Oxford)
February 1 RICHARD FAWCITT (Ulverston)

SIR,—I am obliged to Dr A L Craddock for directing my attention to the valuable work of Dr Donald Hunter on industrial diseases, including silicosis (*Journal*, January 23rd, p 194) In trying to visualize the manner in which the silica crystals damage the lining of the alveoli I have never pictured a violent impact like a dart from a pea-shooter It is highly probable that long before the particles reach their journey's end they have lost all their momentum Nevertheless it is still possible that the sharp points of the crystals may contribute to the resulting damage If the crystals are passive the lung itself certainly is not and its movement against jagged edges or rough surfaces may produce an abrasive action For my suggested experiment however, it is immaterial whether the damage to the alveoli is due to the physical properties of silica or to its chemical and poisonous nature Most authorities are agreed that the fatal termination of the disease is due to secondary infection and that the invading germ is usually, but not always the tubercle bacillus If that is the correct view it follows that if we could prevent the silica wound however caused from becoming infected life would at least be prolonged Hence my suggestion that breathing iodine vapour in an attenuated form should be tried

Dr Craddock says the provision of an iodized atmosphere would be both impracticable and expensive Therein he is wrong it is quite easy All you have to do is to put some solid crystalline iodine in a stoneware container, having all or part of its surface left unglazed The opening is sealed and the iodine vapour then escapes through the porous walls over a long period The rate of diffusion depends on the area of unglazed surface, the degree of porosity, and the temperature I have ample evidence that an iodized atmosphere produced in this way is effective Over two years ago, when I first visited the Clay Cross Company's Grade A milk farm, the manager, Captain Cartwright, called my attention to a number of heifers that were being fattened for the butcher because of their sterility There were eighteen in all, and for months they had been having an iodized mineral mixture The pens and sheds were iodized by the stoneware method I have indicated at a cost of about 10s, and in a very short time fourteen of these heifers were in calf No further sterility trouble has since occurred This is by no means an isolated example I am now making arrangements to test the same method in the case of barren mares It is rather startling to be told that all over England and Wales on an average only about 50 per cent of the mares are fertile after service

Last summer, in my experimental poultry pens, I reared in an iodized atmosphere twelve chickens whose droppings showed that they were affected with coccidiosis, but apparently without suffering any inconvenience Two were removed to a non-iodized cage for a week Both showed blood in the droppings and stopped growing When returned to the iodized atmosphere they quickly recovered and grew normally These experiments will be repeated and multiplied this summer At present I am carrying out a big experiment with calves It is my intention to have reared from birth in an iodized atmosphere 200 calves on Derbyshire farms without any extra expense to the farmers The experiment will be continued until they grow to maturity and have had two or three calves of their own They will be tuberculin tested annually I hope in this way to prove that calves so reared will resist tuberculosis

If these and other experiments come up to expectation it is obvious that in the provision of an iodized atmosphere we have a new weapon with which to fight germ invasion and an improved means of perfecting our physiological development particularly in relation to reproduction It was the success that has already been attained by the use of this method that led me to suggest in your columns that it might be tried in silicosis—I am, etc,

Chesterfield, Jan 28 J A GOODFELLOW

Exanthema Subitum

SIR—I have recently seen several cases of exanthema subitum in and around London, and I am writing to inquire whether small epidemics of this nature are also occurring in other parts of England

The complaint, which is chiefly confined to children under 2 years, is perhaps not well recognized in this country The three days fever, subsiding suddenly with the advent of a rash, may prove puzzling and has no doubt sometimes led to the mistaken diagnosis of measles In that event measles occurring later in the same child may be thought to be a second attack Very little is known about the cause but cases have been reported when there is an epidemic of influenza as at the moment The cases I have seen have run a favourable course as is usual in this disease but caused considerable alarm during the height of the fever—I am, etc,

London W 1 Feb 1 BERNARD SCHLESINGER

and guarded having put aside prejudices and preconceptions and this was the attitude of mind which it was the first duty of the medical school to foster Laboratory training helped to this end because it was primarily the place where tentative hypotheses were put to the test A man working in a laboratory was initiated into the nature of evidence and there was nothing else in the practice of his calling that was quite so important to him But this was not the only educational value of a laboratory training Long ago Priestley put his finger on the essence of science teaching when he said that in this manner the interest and curiosity and surprise of youth were kindled The two main functions of a medical school were to sharpen the student's powers of observation and to train them to gather the results together as a general conclusion or diagnosis—in a word to teach them the habit of inductive reasoning—and a laboratory was an admirable school for both Any youthful intelligence that was alert was fascinated by experimental inquiry which in Bertrand Russell's phrase is perhaps the most godlike thing men do

Colonel A H PROCTOR expressed the view that the medical student got very little of the experimental method *in his education to-day He saw a lot of experiments* made a lot of observations but the experimental method as he understood it was left out of the bill It was a method whereby on a certain phenomenon being observed a certain experiment under controlled conditions was made in order to test a hypothetical explanation The student was usually told the explanation long before he had made the experiment A good deal more might be done for the medical student in his earlier years in *encouraging him to observe certain phenomena and devise* experiments to explain them

General Discussion

Dr JOHN FREEMAN said that the trouble with the medical schools was that everybody who taught was a specialist and it was assumed that every student was going to be a specialist too He had remarked to a student What you want is to get a general view of this Don't bother about the permutations of the micro organisms and at once more than one man said But that would have lost us our last examination Men were being crammed with stuff they could not possibly want in general practice *Dr GORDON W GOODHART said that the idea of a second* curriculum was new to him There were not two distinct kinds of workers in medicine but he thought there were bound to be two different kinds of people or people with two different attitudes of mind On the one hand there were people whose primary aim was the study of disease and on the other those who like the great clinicians of the past and present were not engaged in the study of disease but of the patient He could not agree *to the suggested dichotomy and he illustrated his* contention by a reference to pathology When he himself as a student went into a pathological laboratory he was told by his chief that if he wanted to do any good in pathology he must give up any interest in clinical medicine an attitude of mind which he thought wholly wrong

Dr LIONEL WHITBY said that the doctor must have a fundamental basis of fact before he could attempt to be an experimentalist It was of no use presenting the student with a complicated experiment and asking him to interpret the result unless he had some fundamental facts on which to base his experiment The student must not be expected to run before he could walk He was not really fit to be a true experimenter until he had passed through the basic part of medicine The curriculum as designed at present was fundamentally sound but the student had to be trained in the same way as an army marched accommodated *to the slowest pace*

Sir WILLIAM WILLCOX commented upon the interest of the discussion a particularly important one at the present time when the revision of the curriculum was still under consideration

COURSE AND MANAGEMENT OF CONGENITAL HEART DISEASE

At a meeting of the Section of Medicine of the Royal Society of Medicine on January 26 Sir CHARLTON BRISCOE presiding a discussion was held on the course and management of congenital heart disease

Professor BRUCE PERRY limiting his remarks to types of congenital cardiac defect which were compatible with life and recognizable clinically said that two great difficulties were encountered in prognosis and treatment In many cases it was impossible from the physical signs and symptoms to diagnose accurately the actual anatomical defects present even when assisted by radiology and electrocardiography Again the influence of cardiac abnormality on the patient's life varied widely according to the defect present and therefore some general classification based on symptoms was necessary Maude Abbott's classification into cyanotic and acyanotic was acceptable on a clinical basis The acyanotic cases needed no restriction on activity and lived normal lives but ran the danger of an engrafted endocarditis It was important therefore to eliminate any possible source of infection sepsis in the mouth and upper respiratory tract was a potent cause Again if the position was not clearly explained *to the parents the child might be so pampered* and coddled as to develop a cardiac neurosis Cases with an arterial venous shunt needed the same management and had the same outlook as the truly acyanotic cases with the exception that pulmonary disease or infection might be rendered more serious than it would otherwise be by the reversal of the shunt and the development of a severe cyanosis In cyanotic cases the amount of restriction required was determined by the degree of cyanosis and symptoms Cases which showed cyanosis at or soon after birth rarely survived beyond five years If the cyanosis was delayed until the child started a more active life at the age of 5 the child was likely to reach puberty A moderate cyanosis developing at or after puberty as might happen in a case of the so called Eisenmenger complex was not incompatible with a comparatively long even though restricted life

Was there any relationship between congenital heart disease and pulmonary tuberculosis? School children with a patent interventricular septum led active lives and physical signs might disappear suggesting the obliteration of the opening He mentioned two cases which developed acute rheumatism The other acyanotic types commonly found in school children—subaortic stenosis pulmonary *stenosis and patent ductus arteriosus—produced no symp*toms except that children with the last condition might be easily fatigued possibly owing to an associated hypoplasia His general conclusion was that cases of cyanotic heart disease should lead restricted lives the degree of restriction depending on the severity of the cyanosis and other symptoms

Possibility of Survival

Dr TERENCE EAST said that from a general point of view the division of the cases into cyanotic and acyanotic was of considerable practical value The presence of cyanosis depended upon two fundamentally important causes—*namely the hindrance* of access of the blood to the lungs and the presence of a right-left shunt allowing the unoxygenated blood to return into circulation The grade of cyanosis was a fair indication of the importance of the part that either or both of these factors were playing Atresia of the pulmonary artery was *the extreme* example of the first of these factors In some cases the blood reached the lungs through a patent ductus In a case in which he did the necropsy the ductus was closed and the blood reached the lungs by very large bronchial arteries there was a large hole in the septum of the ventricles In this patient who died at the age of 33 no murmur was heard He quoted this and another case as instances of the possibility of survival with gross dis-

typing the samples of blood received for the Wassermann tests each week, and to preserve sera and corpuscles from week to week so that adequate supplies would always be available This would, however, be a rather laborious method of preparation for a few tests

Another difficulty is that of maintaining a supply of the sera M and N These must be specially prepared, and their preparation for occasional tests would be quite impracticable The sera used in Berlin are prepared by the Behringwerke and supplies can be obtained in this country through Bayer Products Ltd These cannot be kept in stock as they deteriorate rapidly, and are useless in from one to two weeks after receipt They must therefore be obtained from time to time as required, and only in sufficient quantities for immediate use I have used these sera and have found them satisfactory By their use I have been able to show that the order of the occurrence of the M and N groups in Yorkshire is the same as that given by Schiff for Germany and Thomsen for Denmark—namely, MN, M, N

I believe that so long as the demand for these tests remains small their performance could be simplified and made practicable if suitable sera could be issued from a central laboratory recognized for the purpose of preparing all kinds of sera used in medico-legal work The difficulties mentioned would naturally disappear as the number of tests increased, as would be the case if legislation were introduced, but even then it would still remain advisable to use only M and N sera issued by a specially recognized laboratory Should a demand for the tests become frequent pathologists should come to some arrangement among themselves as to the technique to apply, and as to the minimum age of the infant before which the test should not be undertaken On the latter point particularly there seems to be considerable variation in opinion—I am, etc,

Public Health Laboratory, Wakefield, Jan 26 P L SUTHERLAND

Faints and Fits

SIR—Dr A Rae Gilchrist, in his lecture on faints and fits in the *Journal* of January 30 (p 203), refers to seizures resulting from a disturbance of the autonomic nervous system, and describes symptoms very similar to those recorded by Zondek (1935) as resulting from what he calls hyperinsulinism

I have recently seen several patients giving a similar history, who have been found on blood examination to have a low blood sugar, and in each case these patients have consulted me on account of pyorrhoea alveolaris Now I view pyorrhoea not as a disease entity but as a symptom of a general disturbance based upon vegetative imbalance, a disturbance of sympathetic-vagal tone in the direction of vagus plus, associated—according to Kraus and Zondek—with an increase in OH over H ions in the body fluids (alkalosis), of potassium ions over the calcium ions in the body cell, of thyro-adrenal deficiency, and with hydration of the blood colloids

McDonagh, whose work on the blood colloids deserves greater appreciation, points out that with colloid hydration there comes about an increase in the adsorption of the blood constituents—of which sugar is one—so that they tend to pass from the plasma into the "colloid complex," and are therefore not available for analysis To this circumstance he attributes such conditions as hypoglycaemia and believes that the normal action of insulin is to hydrate the colloids while that of the thyroid and adrenal secretions as also that of glucose, is one of dehydration In this manner we get an association of pyorrhoea hypoglycaemia (hyperinsulinism) and a tendency to fainting, but none of these conditions become entities, each and all being parts of one syndrome This conception is strengthened by the fact that psychic stimuli may precipitate a fainting attack, but only in those subjects with definite stigmata of the particular syndrome All are patients with slow pulses and low blood pressures, many present allergic manifestations—dermographia is an almost constant sign—and all are, I believe, potential allergics

I treat pyorrhoea with subcutaneous injections of oxygen, and contramine intramuscularly, the patient's anticipation of the introduction of the needle is in the first instance at times enough to bring about a typical attack of faintness, which, however, never occurs at subsequent treatments, oxygen and contramine acting as dehydrators of the blood colloids more permanently than adrenaline The rationale of the effect of the psychic (fear) stimulus is, of course, a collapse of the already inefficient thyro adrenal system on the addition of an extra strain (Cannon and Crile)

I submit that in the search for disease entities, through differentiation of signs and symptoms, scientific medicine suffers a disservice, and mysteries are created unnecessarily If in its place an attempt were made to correlate rather than to differentiate it would be found that medicine is a much more simple practice than at present appears, the number of essential entities being reduced enormously, and treatment thereby simplified, the search for specific treatments would be abandoned and simple rational methods would become more obvious

In the same issue of the *Journal* you publish a paper by Dr James L Halliday (p 213) on the psychological factors in rheumatism, thus giving two approaches to the study of disease as different from each other as it would be possible to conceive, and which can only be associated by some such visualization as I suggest Dr Halliday's paper, in effect, shows that rheumatism is a symptom and not an entity, that it is produced through an environmental strain upon a certain diathesis, similar in every way to Dr Gilchrist's cases of fainting, even to the diathesis being a result of vegetative inefficiency, which must be the fundamental cause of all biochemical and biophysical change

As the dermatologist is beginning to realize that urticaria and seborrhoea are not essentially diseases of the skin, as the gynaecologist is beginning to appreciate that dysmenorrhoea, menorrhagia, and amenorrhoea are not exclusively diseases of the uterus and the ovaries, as the orthopaedist is beginning to understand that arthritis is not primarily a disease of the joints, as the internist now understands that gastric and duodenal ulcer and diabetes are not, fundamentally diseases of the stomach or the pancreas, the neurologist must see that migraine, epilepsy, and melancholia do not depend entirely upon brain dysfunction, the laryngologist that enlarged tonsils and adenoid overgrowth and nasal catarrh are not diseases of the nose and throat, the ophthalmologist that glaucoma and cataract are not primarily diseases of the eye so must the dentist come to understand that dental caries and pyorrhoea are not diseases of the teeth

All these conditions are but symptoms of some generalized disturbance based upon diathesis, which means when sufficiently dissected vegetative imbalance, plus some environmental strain, or else they are end points of disease the consequence of long-continued malfunction dependent upon the same circumstance This conception is in accord with the excellent leader in your issue of January 9 (p 78) on "Tendencies of Contemporary Medicine," and with Dr Robert Hutchison's Gilchrist Lecture published in the same issue—I am, etc,

Bournemouth, Feb 1 F W BRODRICK

RUPTURE OF THE UTERUS

A meeting of the North of England Obstetrical and Gynæcological Society was held in the University, Liverpool, on December 11, 1936, with the president, Dr RUTH NICHOLSON, in the chair. Dr D. C. RAPER (Manchester) read a short paper on ruptured uterus, including notes on three cases treated recently in St. Mary's Hospital, Manchester.

In all three cases the technique carried out had been the same—namely, supravaginal hysterectomy, combined with blood transfusion and gum-saline infusion by the continuous drip method. One patient had been in the hospital since just before labour began. Diagnosis was made immediately after rupture and he had at once opened the abdomen and performed a supravaginal hysterectomy. In the two other cases the uterus had ruptured before admission, and one patient was almost moribund on arrival after a long journey. In no case had there been previous Cæsarean section, but all had had difficult deliveries before. Two patients recovered completely after a rather stormy convalescence; the third, who had been so ill on admission, died eight hours after operation. The anæsthetic employed was nitrous oxide and oxygen in one case, morphine and local (novutox) in another, and ether in the third.

Dr. RICKER drew attention to the fact that the incidence of rupture of the uterus was not decreasing, but rather increasing, in comparison with thirty years previously. This could not be attributed to the increased frequency of Cæsarean section, since the figures for rupture through an apparently normal uterus were not diminishing. The aetiology of the condition was briefly surveyed, with special stress on the various causes of rupture through an apparently normal uterus. The speaker thought that in these cases there had probably been some previous trauma to the uterus, even a partial or incomplete tear which had passed unnoticed. He therefore emphasized the importance of a thorough intrauterine examination following all difficult instrumental or manipulative deliveries. In regard to treatment he felt sure that the method of choice in all cases, with the possible exception of small incomplete tears, was a supravaginal hysterectomy. In old Cæsarean scar ruptures from the point of view of the patient's condition it might be better to quickly suture the torn edges; this however should be followed later by sterilization. He felt very strongly that no patient who had had a ruptured uterus should be allowed to become pregnant again. Dr. Ricker thought that treatment per vaginam had no place apart from small incomplete tears. Intrauterine tamponage had always given extremely poor results. Extraction of the child if the presenting part was low, followed by operation, although tempting, should be resisted. It might increase the hæmorrhage very alarmingly, bring intestine or other viscera down with it, enlarge the tear and greatly lengthen the time before operative treatment could be instituted. Figures from the literature were quoted to show how the mortality following ruptured uterus suddenly decreased in about 1900 with the introduction of hysterectomy as a method of treatment before this nearly all cases were fatal. At the present time the mortality was still alarmingly high—about 25 to 40 per cent. in various clinics. The prognosis depended chiefly on two factors: first the interval between the accident and operation, early diagnosis and prompt treatment being the keynotes of success; and secondly the amount of bleeding, whether the placental site had suffered or a large vessel had been torn. In a large number of cases provided that there had been no vaginal manipulations the bleeding might be surprisingly little, even where the fœtus was lying free in the abdominal cavity. The third most important factor was probably sepsis; this might be immediate or remote and ranged from peritonitis and pelvic abscess to thrombosis and emboli, subphrenic abscess and empyema. Most patients had a somewhat stormy convalescence, but with suitable treatment they should be discharged in a healthy condition.

Mr. A. A. GEMMELL (Liverpool) gave details of a case which he had attended recently. The patient was admitted to hospital after failed forceps. It was found necessary to perform Cæsarean section, and after removal of the child a vertical tear was seen in the posterior wall of the uterus. This was sutured, and after a somewhat stormy convalescence the patient recovered. Dr. RHODA ADAMSON (Leeds) thought that trauma at a previous confinement was not necessarily as an ætiological factor. She recalled a case of an 8-para who had had easy confinements previously but who, during the first stage of labour, had ruptured the uterus as a result of turning suddenly from her back on to her side. She died within ten minutes, and at post-mortem examination a large uterine tear was found. Dr. BRIDE (Manchester) recalled a case of rupture where the uterus was infantile in type. Dr. GERRARD (Manchester) supported Dr. Ricker's contention that previous trauma was an important ætiological factor. He pointed out that spontaneous rupture in a primigravida was a rarity.

Labour Obstructed by Pelvic Kidney

Mr. T. N. A. JEFFCOATE (Liverpool) reported an unusual case of obstructed labour.

The patient, aged 26, was first seen at the thirty-sixth week of her sixth pregnancy. She had had one previous abortion and four previous labours, of these 1 of the first three had been normal, but the fourth in 1932 had been difficult and necessitated forceps delivery. When first seen her general health appeared excellent, but on routine antenatal examination a cystic swelling was found behind and slightly to the left of the uterus. The exact limits and size of this swelling were difficult to define, but there seemed to be no doubt that it was an ovarian cyst which was below the presenting head and was almost certain to obstruct labour. The previous history of labours increasing in difficulty supported the diagnosis. She was admitted to hospital and allowed to go into labour spontaneously on June 30, 1936. After being in labour eight hours the cervix was two fingers dilated, the membranes had ruptured, and the head was high above the cystic swelling. Lower segment Cæsarean section was performed under general anæsthesia, and a living female child weighing 7 lb. 4 oz. was delivered. The uterus having been sutured, the pelvis and abdomen were explored, and the operator was horrified to find no tumour. The uterus was unicornuate, and there was no appendage on the left side. A little thickening beside the pelvic colon was noted, but nothing to account for the obstructed labour. The placenta had been situated rather low down on the left wall of the uterus, and it was concluded that the sensation of a cystic swelling must have been produced either by the placenta or by a sacculation of the malformed uterus. The puerperium was uneventful except for mild pyelitis associated with a slight rise of temperature on the fourth to ninth days. This responded quickly to treatment with alkalis. Careful bimanual examination one month after operation revealed no abnormal physical signs, and Mr. Jeffcoate failed to excuse himself on any grounds for what he thought to be a gross error in diagnosis.

The patient was next seen in October, 1935, when she was pregnant again, the last menstrual period being possibly May 19. On examination the uterus was found to be enlarged to the size of an eighteen weeks pregnancy, and no unusual physical signs could be detected on vaginal examination. However she was observed closely and with great interest and examined repeatedly. At the thirtieth to thirty-second week of pregnancy the tumour again made its appearance and became more obvious as pregnancy advanced. The case was discussed with a number of colleagues, all agreed that the correct treatment was to institute trial labour again, but they were unable to suggest the pathological nature of the condition. At the thirty-fifth week the presenting head was high, and pus and albumin appeared in the urine. This onset of urinary infection was not surprising in view of her previous attack of pyelitis in

there was only a small puncture wound in the left leg Prophylactic serum was given as in Case I The wounds were excised and both legs put up with a weight extension to a Kirschner wire through each os calcis The following morning the x ray films showed gas in the tissues of the left leg and by evening there was definite crackling Amputation through the upper third of the thigh was performed Serum was continued as in Case I The man is still in hospital, as sepsis supervened and the amputation stump has been remodelled, the gas-gangrene infection has, however, been overcome

Case III—This was also due to a street accident on December 16 1936 There was a compound fracture of the right tibia and fibula with very severe damage Amputation was carried out on the following morning The amputation was through the upper third of the tibia Prophylactic serum was given as in Cases I and II The following morning there was discoloration and swelling of the stump flaps, and later gas could be felt and was seen in the x-ray plate Amputation through the upper third of the thigh was performed The patient is still in hospital and there is some sepsis in the stump, but the gas-gangrene infection has been successfully overcome and the man is well

In each case the wound was only loosely sutured and packed with hydrogen peroxide gauze after amputation Although the onset of gas gangrene was very rapid in one case the spread appears to have been slow, presumably due to the prophylactic serum given In one case x-rays definitely revealed the gas some hours before it could be felt clinically The satisfactory results in these three cases seem to be attributable to the combined action of the serum, which, although it did not prevent the onset of the disease, made the spread slower, and the timely intervention of surgery—I am, etc,

W D PARK, M B, B S,
House Surgeon

Bute Hospital, Luton, Jan 21

Professional Secrecy A Medical Privilege Bill

SIR—Having won an early place in the ballot for Bills, I have been allotted a time on Friday next, February 5, to introduce a Bill, and I am taking this opportunity of presenting a measure to secure privilege under certain conditions from disclosure of communications made to medical practitioners by their patients under the seal of confidence I append the text of the Bill as it is printed and as I propose to present it I may say that some of the clauses especially those relating to the prevention of crime or fraud have been drafted for me by Lord Atkin, who has publicly stated his opinion that some measure of professional protection should be afforded to medical practitioners as it is to solicitors, for example

In November, 1927, I obtained under the "Ten Minutes Rule a first reading for a Bill in essentially the same terms as my present Bill with the exception that in the earlier Bill I was advised by legal members in the House to limit the operation of the Bill to cases of venereal disease that limitation being suggested by the fact that patients attending venereal clinics under the aegis of the Ministry of Health are assured upon coming to the clinics by leaflet and personal promises that their confidences will be respected This protection was found to be illusory some short time before I brought forward the early Bill, and several legal members of the House assured me at the time that they agreed with the Bill as it then stood indeed a number of eminent lawyers gave the support of their names on the back of my Bill These were Sir Walter Greaves-Lord K C, Mr (now Sir) F Boyd Merriman K C, Mr Hopkin-Morris Mr Goodman Roberts and Mr Storry Deans K C I did not proceed further with the early Bill, as inquiries convinced me that even if the Bill passed the Commons, the Lords, led by Lord Birkenhead, would reject it

I believe there will be less opposition now from legal members of both Houses, and this belief, as well as another consideration, has weighed with me in making my new Bill of wider application The drawback of limiting the Bill to venereal diseases is obvious in that any person pleading its protection in a court of law would by implication be liable to the imputation that he was suffering from venereal disease

At the ninth International Congress of Dermatology held in Budapest in 1935, when I was president of one of the six committees appointed by the congress, the purpose of my committee being the consideration of medical problems affecting public interests, I chose as one of the subjects of my committee the discussion of the degree of protection awarded to the "professional secret" in those countries represented upon the committee, which included members from nearly every State in Europe and from the United States It became obvious that the protection given to the "professional secret" abroad was much more efficient than in our own courts, and no miscarriage of justice from this protection was recorded by the various speakers That widely distributed experience should dispel any fears entertained by the lawyers in our country that the protection afforded by my Bill, safeguarded as it is from improper use, would be followed by untoward results—I am, etc,

E GRAHAM LITTLE

House of Commons, Feb 1

*** The text of the Bill and its preamble is as follows

A BILL to provide that certain communications between medical practitioners and their patients shall be privileged from disclosure in evidence in courts of law

Be it enacted by the King's most Excellent Majesty by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows —

1 Any information obtained by a duly registered medical practitioner in the course of treatment of any patient shall be regarded as confidential, and shall be privileged from disclosure in a court of law

Provided that the information obtained shall have been obtained for the purpose of a cure, or assisting in a cure, of a patient so treated, and provided also that this privilege (*a*) shall not extend to any communication made with the object of committing, or aiding in committing, any fraud or crime, and (*b*) shall not extend to any disclosure in any court of law in any case founded on a criminal charge or charge of fraud against such patient

2 For the purpose of this Act 'duly registered medical practitioner' shall mean a person whose name is on the *Medical Register*

3 This Act may be cited as the Medical Practitioners' Communications (Privilege) Act, 1937

Analysis of Clinical Statistics

SIR—In Dr Mainland's original article on the analysis of clinical statistics (*Journal* August 1, 1936, p 221) he utilized some figures from my work on Bell's palsy to demonstrate his points No criticism was thereby implied of my work as a whole which Dr Mainland has kindly stated seems to be of high practical value (January 23, p 192) Unfortunately the casual reader of the article might have received a contrary impression and it was to make that quite clear that I was impelled to write a somewhat spirited reply In doing so I seem to have turned the tables and quite unwittingly to have given the impression—at any rate to a casual reader—that the methods of analysis which Dr Mainland advocates "are unsuitable for ordinary clinical material" It is only right that I should remove this misconception by assuring Dr Mainland that I was much impressed by his article, which I have studied carefully and accept fully I shall certainly utilize the principles he advocates should the occasion arise in the future

Mr Wells said that he had so far as he knew been the first in this country to record a short series of cases operated upon by the Harris technique He had in the meantime been giving an extended trial to a different type of operation—namely suprapubic diathermy resection of the prostate—but in the past eleven months had returned to the Harris operation he was satisfied that of all the methods so far described it offered the patient the shortest and most comfortable convalescence with the smallest post operative risk For the small fibrous type of gland he preferred the transurethral technique of McCarthy but when in this type there was a large diverticulum it was best to do an open operation remove the diverticulum and then resect the prostate from above by diathermy As was made clear in the film Mr Wells advocated spinal anaesthesia given in the lateral position and carefully controlled by adjusting the level of the spine by means of the kidney bridge In poor risks he favoured an under dose rather than an over-dose and suggested that supplementary anaesthesia with gas and oxygen should be administered A full general without a spinal anaesthetic was contraindicated since the Harris technique prolonged the operation very considerably The film also showed bilateral vaso ligation and by means of the special lighting adopted it had been possible to illustrate quite adequately all the steps by which the prostatic bed was repaired Mr Wells said he now liked to use a transverse incision that it was his practice to test the adequacy of the sutures in the bladder before closing the abdominal wall and that he had recently reverted to the drainage of the space of Retzius

Mr A KIRK WILSON noticed that in the film the haemostatic sutures in the rim of the prostatic cavity were cut short immediately they had been tied He had found that oozing points between the sutures could be controlled if the ends were left long and tied together as described by Harris Mr Wilson favoured a rather longer incision, which would allow the surgeon's hand to pass between the recti muscles and make enucleation possible without contaminating the left hand at the rectum The bimanual enucleation appeared to be a retrograde step from the Thomson Walker operation In his most recent cases he had discontinued complete closure of the bladder A small tube acted as a safety valve and in uncomplicated cases there was no contamination of the wound with urine The tube could be removed on the fourth day and the average time of confinement to bed was not prolonged more than a few days Dr W B BENNETT remarked that the improved technique and shorter convalescence would encourage any sufferer to submit to operation with less apprehension than in comparatively recent years

Mr COSBIE ROSS considered that the secret of success in prostatic surgery lay in the accurate selection of cases for the various procedures available He quoted a recent personal series of 110 cases

Suprapubic prostatectomy	40
Transurethral resection	35
Suprapubic resection	2
Death before operation	6
Conservative measures	16
Refused operation	2
Prostatic enlargement associated with some more serious condition	7

By conservative measures he meant the regulation of fluid intake and output double micturition controlled by occasional examination and estimation of the residual urine and possibly, in some cases the operation of Stemach II Mr Ross disagreed with primary closure of the bladder at the time of the operation Harris himself in his several communications had stated that he regarded the retrigonization of the prostatic cavity as the essential feature of his operation although the primary closure had invariably been the focus of interest He emphasized the dangers of the serious complication known as clot retention when a thick adherent clot spread over the base of the bladder and might occur in spite of the most stringent post operative precautions When it was necessary the same day or the day following the operation to reopen the bladder in order to remove this clot the patient's chances were considerably lessened Mr Ross had the greatest admiration for the retrigonization of the prostatic cavity advocated by Harris, he practised this procedure himself but considered that suction drainage with a water suction pump was a reliable and infinitely safer method of conducting the post operative treatment With this method the abdominal wound was kept relatively dry until healing was far enough advanced for the fistula to be closed by strapping over the wound with elastoplast Another objection to the primary closure of the bladder was the large size of the indwelling catheter required as this was an occasional cause of meatal stricture

THE KIDNEY IN STARVATION

At a pathological meeting of the Liverpool Medical Institution on January 14 with the president Mr G C E SIMPSON in the chair Dr JOHN DUNCAN HAY read a paper on the kidney in starvation

Recent work had proved that fatty changes in livers and hearts were largely, perhaps entirely, the result of infiltration of fat There had been no evidence of phanerosis In view of these findings a series of experiments had been performed upon rabbits in which the effect of starvation upon the kidneys had been investigated The rabbits had been starved for seven days and then killed The kidneys had been examined histologically for fat, and a chemical estimation had also been made of the percentage of fat in them and of its iodine value The kidneys of a control series of unstarved rabbits had been similarly investigated The histological examination in the starved series had demonstrated large amounts of fat in the kidneys mainly in Henle's tubules The fat had been isotropic The chemical percentage of fat had been raised The close relationship between this and the amount of fat seen in the sections proved that the fatty changes were largely due to infiltration An estimation of the degree of adiposity of the animals had been made by weighing the intra abdominal fat deposits The close relationship between the amounts of fat in the kidneys estimated chemically and visually and the degree of adiposity of the animals proved that the amount of fatty change in the kidney in starvation depended on the amount of fat available in the rest of the body for mobilization and transport to the kidneys The results of the iodine value estimations were inconclusive They did not support the conclusions drawn from the other findings, but were not considered seriously to invalidate them

Dr R T CHADWICK remarked that in reference to the observation that fatty infiltration took place in starvation rabbits only when the animals were originally well supplied with fat stores he had noted that the post-mortem examination of the liver and kidneys of children dying from unrelieved pyloric stenosis showed that no trace of fatty infiltration could be found whereas fatty infiltration was very marked in the same places in children dying from unrelieved intestinal obstruction The child in this instance was usually very well nourished

Dr HEWER said that the views about the origin of the fat which appeared in the tissues in fatty change were in accord with necropsy findings in many cases He had recently examined the bodies of two persons dying from uncontrolled haemorrhage one was an obese woman who had had ante partum haemorrhage for four days and the other an emaciated man who had lost blood from a gastric ulcer The organs in the case of the woman (who had abundant fat deposits) were heavily infiltrated with fat while those of the man showed only a trace There was no doubt that at least a high proportion of the visible fat in fatty change was derived by mobilization from the fat deposits

appreciate the value of his opinions He enriched the hospital services of Liverpool as only a sound clinical pathologist could, and it will be as difficult to replace him in the laboratories as in the regard and affection of those who were fortunate enough to be his colleagues and friends

S H HARRIS, F R A C S
Sydney, New South Wales

The announcement of the death of Harry Harris of Sydney, New South Wales, at the early age of 56 will be received with genuine regret by all his friends in Great Britain His name will always be associated with the operation which has revolutionized the results of prostatectomy The first description of his technique appeared in a paper read by him at the Australasian Medical Congress held in Dunedin, New Zealand, on March 26, 1927, but it is only within the last two years that the majority of surgeons have realized the importance of the various steps to overcome the complications and sequelae of prostatectomy which he so strongly advocated Harris's first visit to Europe and this country in 1935 was in the nature of a crusade He was determined to demonstrate the advantages of his technique as often as he was given facilities to do so With tireless energy he travelled from one surgical centre to another, undoubtedly with detriment to his health, although on arrival in England he told me he needed a complete holiday As an operator Harris was a brilliant craftsman, being quick, neat and complete master of his instruments He was also a good speaker His friends will extend their heartfelt sympathy to his widow, his only son, and other members of his family on the irreparable loss which they have sustained With the death of Harris British urology has lost an outstanding personality

CLIFFORD MORSON

W JENKINS OLIVER, B M

An obituary notice of Dr William Jenkins Oliver, who died on January 11, appeared in last week's issue We have received from "J S" the following further note After being educated at Winchester and Oriel College Oxford Oliver proceeded to the London Hospital, where he was in turn clinical assistant in the medical out-patient department and skin and light department and house-physician In the great war he joined the R A M C, and was appointed skin specialist to the troops at Rouen, later being transferred to Germany as adviser in dermatology to the British Army of the Rhine Among other appointments he held were physician to the skin department of the Evelina Children's Hospital the Victoria Hospital for Children, and the Prince of Wales's General Hospital, Tottenham He also studied at Copenhagen and Oslo He relinquished all these appointments in 1929, and then spent more or less half of the year in Norway and Denmark He had a very sound knowledge of skin conditions without being particularly brilliant In London he was a "character" in the best sense of the word He was shy and inclined to be self-conscious, and consequently was never at his best with the adult private patient With children, on the other hand, he was wonderful They adored him and he them I think that one of the happiest times of his life was during his appointment as house-physician at the London Hospital Whenever he entered the children's ward he was received with royal acclamation If you wanted to find "Jinks" you could tell where he was by the din in these wards The illest child would pull itself up in the cot to greet him and in return receive some word of encouragement or joke His care for children and their welfare was the breath of life to him and he soon gained the confidence of the most nervous child Their visits to his clinics was something to which they could look forward, for where he was there could be no fear or need for apprehension, And so this went on all through his life His children's Christmas parties to the pantomime were well known In Norway and Denmark it was the same tale He must have been godfather a dozen times I have seen him there, marching down the road like the Pied Piper of Hamelin followed by scores of children Only this Christmas he had a card from a little Norwegian boy addressed "Dear Olva" His father states it was the same in Cologne Parties of children would wait for his coming and going at the hospital, and run to take him by the hand and joke with him Oliver was an amusing raconteur, read a lot, was fond of pictures, and a keen fisherman Although a fourteen foot salmon rod may have looked unwieldy in his hands, he threw a fly with dexterity and precision And so ends a useful life, far too early it seems (he was 50), and in many homes there will be a blank which can never be filled

Mr ARTHUR WALBANK F R C S Ed, died at Clifton after a brief illness on January 28 at the early age of 38 He was educated at Leeds, where he obtained the M B and Ch B degrees, and after holding resident posts there went to Bristol as house-surgeon to the Bristol Eye Hospital, which appointment he held from 1927 to 1930 After a further period of study he obtained the D O M S of the English Conjoint Board and was admitted a Fellow of the Royal College of Surgeons of Edinburgh and on returning to Bristol he was elected to the honorary staff of the Eye Hospital in 1931 During these few short years as honorary surgeon his whole-hearted co operation in the work of the hospital had endeared him to his colleagues and patients alike He was also secretary to the South Western Ophthalmological Society, and it was mainly due to his unflagging energy that these meetings were always valuable in discussion and cases His keenness and efficiency in his work had already shown him to be an ophthalmic surgeon of great promise and Bristol and the Bristol Eye Hospital are very much the poorer for the loss of Arthur Walbank at such an early stage in his career He leaves a widow and one small son

We regret to announce the death on January 27 of Dr DAVID MCASKIE, one of the most respected and accomplished practitioners in Portsmouth, where he had worked for the past twenty years Previously he had been in practice in London, when he was clinical assistant to the Western Skin Hospital and the x-ray department of the Tottenham Hospital He was at work until a week before his death, but had been in failing health for the past five years Dr H H Warren writes I knew Dr McAskie not only as a successful practitioner but also as an enthusiastic member of the British Medical Association He was a representative of the Portsmouth Division for seven consecutive years, and will be well remembered by many of the present members of the Representative Body, he also took a great interest in the Local Panel Committee and served as honorary secretary to it for many years Dr McAskie was the official medical officer to the Portsmouth Football Club, and his passing is a sad blow to the directors and players, all of whom always affectionately referred to him as "Dr Mac" He had the reputation of patching up in a surprisingly short time those who were occasionally injured and timing them up so that they took the club into the First Division, kept it there, and carried it to the Cup Final at Wembley in 1929 and 1934 During this time they had many injuries and few reserve players so it speaks volumes for the tremendous interest he took in the work Although he had many interests outside his profession, Dr McAskie had a great sense of duty and the care and treatment of his patients always came first [illegible] his obscured a very kindly and tall figure will be sadly missed, especially among the more humble members of the community His helpfulness to his fellow practitioners was exceptional, although in busy

munity who never sought admission to hospital in the past will undoubtedly turn to the Council's hospitals in the future The removal of the repressive taint of the Poor Law and the policy of progressive improvement in every direction in the Council's hospitals have raised the status of the municipal hospitals service so that there is a steadily increasing demand for admission Moreover the constant advance of medical science has necessitated the concentration of expensive equipment in large hospitals because that is the only method of placing adequate means of diagnosis and treatment at the disposal of patients The Hospitals and Medical Service Committee is of opinion that provision should be made in a new scheme for a possible 500 beds The site in South London on which a new hospital could be provided—namely on vacant land within the curtilage of St Benedict's Hospital Tooting—is in the Council's possession It is in the area covered by the metropolitan boroughs of Wandsworth and Battersea at present served by St James's Hospital the section of South London in which there is the most urgent need for additional beds The site would offer adequate grounds for exercise and other amenities In view of the urgency of the matter and the fact that several years must elapse before the premises can be ready for occupation it is considered that immediate steps should be taken to prepare details and estimates of costs

Public Health Notes on Milk

The desirability of instructing health visitors and members of the local health committee has led Dr C M Smith deputy county medical officer for Durham to compile a short memorandum on milk The difference between clean and safe milk is clearly defined and the importance of both these attributes in a public milk supply is duly stressed The danger of drinking raw milk is illustrated by the fact that of 531 cows examined in the county during 1936 no fewer than 44·25 per cent reacted positively to the tuberculin test This incidence of tuberculous infection was reflected in the frequency of tubercle bacilli in the milk supply Of 313 samples of ordinary raw milk exposed for sale during 1935, 4·8 per cent, and of 405 samples of 'accredited' milk examined presumably during 1936 3 per cent were found to contain tubercle bacilli The Durham County education authority recommends that the order of selection of milk supplied under the milk-in schools scheme should be (1) tuberculin tested milk, (2) pasteurized milk having a pre-pasteurization standard of cleanliness equivalent to the accredited standard (3) accredited milk The wisdom of preferring tuberculin tested to pasteurized milk is perhaps open to question

Queen Charlotte's Maternity Hospital

The clinical report of Queen Charlotte's Maternity Hospital for 1935 states that 2 487 patients were treated in the wards this number comprising 2 277 booked cases and 210 emergencies The rates of maternal morbidity were 4·4 and 14·7 per cent respectively the rate for the whole hospital being 5·4 per cent The total number of maternal deaths was nine six of which occurred in emergency cases A short summary is given of the history of each case Of the booked cases one patient died from obstetric shock following manual removal of the placenta and one from acute heart failure following normal delivery in a third case refusal of a post mortem precluded an exact diagnosis, and death was attributed to either mesenteric thrombosis or the perforation of a hollow viscus Summaries are also given of six special cases, including one of hydatidiform degeneration in the placenta and one of double uterus with fibroids causing obstruction There were forty one foetal abnormalities One foetus had webbed fingers and toes another an accessory nipple the mother in this case had eight accessory nipples The list also includes several cases of anencephaly hydrocephalus and spina bifida Of multiple births fifty six cases of twins are recorded and none of triplets One mother aged 41, produced twins weighing respectively 7 lb 7 oz and 8 lb 6 oz. The infant mortality in this series of multiple births was 14·5 per cent

Nomenclature of Mental Hospitals

What used to be known as lunatic asylums have since the passing of the Mental Treatment Act 1930 been officially styled mental hospitals For the purpose of correspondence with the public and for everyday use the Mental Hospitals Committee of the London County Council thinks it expedient that the word mental should cease to be used obtrusively and this omission is therefore proposed from the ordinary designation of the institutions which are still mental hospitals for all statutory purposes The establishment on the Horton estate at Epsom which used to be known as the Ewell Colony and since 1931 has been called Ewell Mental Hospital is in process of being enlarged in such a way as to fit it particularly for the treatment of recoverable cases of mental disorder many of them as voluntary patients A new name is thought desirable for this institution and it is proposed that its ordinary designation should be St Ebba's Hospital

SCOTLAND

New Students' Union at Edinburgh

At a meeting of Edinburgh University Court on January 25 an offer was received from the University Grants Committee of a non recurrent capital grant of £15 000 towards the cost of a students union at the King's Building of the University The new union will be for the use of men and women students attending the science classes and laboratories which are held at the King's Building in West Mains Road and will not affect the present students union in Park Place The total cost of the building exclusive of furnishings is estimated at £20 000, and it will include a refectory and a gymnasium The Court accepted the Grants Committee's offer, which involves the raising from other sources within two years of a sum amounting to at least £7 000 while a further sum for endowment will probably be necessary

At the same meeting various external examiners for degrees were appointed Dr James M Webster lecturer in forensic medicine at Sheffield University was appointed examiner in forensic medicine Dr Webster has also been appointed to take charge of a new forensic science laboratory designed to serve the police forces in the West Midlands of England which is being established in Birmingham by the Home Office Dr Webster who is a native of Perthshire graduated M B Ch B at St Andrews University in 1923 and took the F R C S Ed in 1926 He was previously lecturer in anatomy at the National University of Wales Cardiff

National Scottish Food Policy

Sir John Boyd Orr director of the Rowett Institute for Research in Animal Nutrition at Aberdeen speaking at a meeting in Glasgow on January 26 said that the average health and physique to-day was much better than it was before the war, but it might still be improved if a diet adequate for health was enjoyed by every family There had been much discussion as to what constituted a diet adequate for health In 1935 the League of Nations had appointed an International Committee of Physiologists to define the kind of diet which would contain everything required for health The committee recommended that the diet for a child from 5 to 7 years of age should include one and three quarter pints of milk one egg one ounce of fish meat or cheese four ounces of green vegetables, 8 ounces of potato and other root vegetables and some raw fruit or vegetable This supplied one half of the total amount of food needed daily, and contained all the vitamins minerals and protein that were necessary the other half could be made up from cheaper foods such

among Adults in England—in the Past and in the Future" on February 18 and 23, Dr D E Denny-Brown the Goulstonian Lectures on The Nervous Control of Micturition and its Disorders on February 25, March 2 and 4, Dr Crighton Bramwell the Lumleian Lectures on "The Arterial Pulse in Health and Disease" on March 9 and 11, Dr H Gardiner-Hill the Oliver Sharpey Lectures on Growth and Development and Dr Edwin Bramwell the Croonian Lectures on "Clinical Reflections upon Muscles, Movements, and the Motor Path" on May 25 27 and June 1 All the lectures will be delivered at the College, Pall Mall East, S W, at 5 p m

Membership

The following candidates, having satisfied the Censors' Board were admitted Members of the College

Frank Longstaff Apperly M D Oxf, Bidyn Pati Bhattacharyya, M B Patna, Bernard Roy Bramwell, M D Manch, Francis Staples Brien M B Toronto, John Alfred Brocklebank, M B Lond, George Horace Brookman L R C P, James William Douglas Bull M B Camb, Renfrey Gershon Burnard, M B Adelaide, Archibald Malcolm Gordon Campbell, M B Oxf, Winston Stephen Charters, M B New Zeal, Stephen Thomas Falla, M D Lond, John Ronald Forbes M B Lond, Dorothy Jane Healey, M D Lond, Norman Higgings M D Lond, Norman George Hulbert, M B Camb, Maurice Jacoby, M B Lond, Alan Robert Kelsall, B Chir, Peter James Kerley, M D Dubl, Frederick Basil Kiernander M B Lond, Mary Muriel Lockett M D Lond, William Neville Mann M B Lond, Harry Blight May, M B Camb, Edward Laurence Oliver Murphy, M B N U Irel, Richard Alan Pallister M D Durh, James Alan Price, M D Belf, Alan Boynton Raper M B Leeds, John Clifford Richardson M D Toronto, Leon Eric Rothstadt M D Melb, Chitu Chandra Saha Saha, M B Calcutta, Dominic Victor Sheil M B Melb, Henry James Sinn M B Melb, Alan Herbert Thompson M D Dubl, Aly Fahmy Zanaty M B Cairo

Licences and Diplomas

Licences to practise physic were conferred upon the following 178 candidates (including twenty two women) who had passed the Final Examination in Medicine Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by laws

K D G Abbott E M Abelson J C Adams A S Aldis, C F S Alken J H Armstrong Mary Barker H M Barnett, I H Blum A M Beemer B Bell A J Beinfield Lily Black, L H Blakelock G W Boden E Bolton E R Bowes Audrey I M Briggs L K Brownrigg J B Bunting G L Burgess, Margaret M Burton M A Carpenter R W Clarke C L Clinton Thomas P R K Coe S M Cornes, H D Croswell, J Dalziel G H Darke P M Davies, H N Davy P C Dhanda W R S Doll I A Donaldson R C Droop G H H, Dunkerton J A Dunlop R W Dunn H J Eistes C H, Edwards B H Ellis J S Ellis J E Ennis L C de R Epps, M M Ernst Mildred G Ernst R G G Evans G R Faber, Mary N Fawcett J G Fife F D M Flowerdew, L Foster, R A Fowler Gwenda M Francis D G Freshwater A R Garner, M N Genena S Gnessen D Graham Brown P H K Gray, W M Gray B J Green T A Hale Monro E H Hambly R P, Harbord W Hargrave Wilson D H Harrison M W Harvey, G Herbert Irene K Hazlet C A St C Hiley Constance M Hill, Emily C Hill W Hobson Margaret J Honeywill C W Horn, castle J Horowitz A M Howard H N G Hudson Gertrude L E Hughes D A Ireland I Isaacs G C A Jackson H, Jackson E M Japha O L Jones A Jordan H S Kandel, Mary Kane S Kaye J G Kee C Kenton J Ketcher C C, Kirby, L M Klusky F D W Knight G S A Knowles D W, Lacey Iris M Lamey R L Lamming J D Laycock J Leiper, J W M Leslie B G A Lilwall C J Longland M Lubran, A D McDonald H A McDonald, W H McDonald N R, McEvoy R McGladdery H McD Mackey Norma M MacLeod, K J Mann G S Midgley, A E Miller Eleanor M Mills, A D, Milne J G Mitchell R H B Mole K W Monks E R, Mountjoy M A H Munshi W M Owen A C D Parsons, H A Pearce G L Pett C Porter K J Powell T C Probyn, S Pruss D P Puri A N Redfern J E Rees H S Resnik, Nancy E G Richardson R B K Rickford A C Ricks, Elizabeth J Rooke H L M Roualle P B L Saltman, A A, Shein A Simpkin G Singh Jandu J Smallpeice C P Smith, E R Smith J A Smith Katharine D Smith G R Steed W A, Steel R Y Stevenson Ethel M Strong R B Taylor R Y, Taylor W H A Thorne H L Thornton G C Tresidder F D, A J N Tsan A G Turner D P van Meurs Daisy C Wallace, Trunx N Warrack G R Waterman Joan M Wenn M H G, White D I Williams G M Woddis R C Wofinden N P, Woodgate Jones M R Woods G Wynn Williams G E Yardley, I H Yates A L Young S S Yudkin

Diplomas in Public Health Psychological Medicine and Laryngology and Otology were conferred jointly with the Royal College of Surgeons The names of the successful candidates were printed in the report of the meeting of the Council of the Royal College of Surgeons published in our issue of January 23 (p 197)

The following diplomas were granted, jointly with the Royal College of Surgeons

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE—R M Abraham, E E Birnett, H B F Dixon, I K El Lamu, W J Pinto, G B Smit, P W Vilam

DIPLOMA IN ANÆSTHETICS—R H Blazeby, C H Catlin G Edwards Eva M Gray Elizabeth M Handfield Jones T A B Harris, T H Hobbes, G H W Kentes Rosalind M P Miln Joyce Morgan, L O Mountford, A H Pirie, J W Redgate J E C Rouse, H B C Sandiford R L Soper, Edith J Thompson, F A H Wilkinson, R F Woolmer

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated

SURGERY—A Bagon, E E Bullock, F J H D De Marigny, P A Gardiner, F W McKenna, J Meynell, A P Mittra, F L Skinner

MEDICINE—J E R Palmer, W W Willson

FORENSIC MEDICINE—J E R Palmer, W W Willson

MIDWIFERY—A A Beazeley, I W Chapman, R M Coplans, J Meynell, C F Nihill, W G Tillman

The diploma of the Society has been granted to F J H D De Marigny and A P Mittra

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations have been admitted L R C P Ed, L R C S Ed, L R F P and S Glas

K Aaron, A M Allison, A Blanshaft, A E R Chalmers, S F Cranston, Hester J Davies (*in absentia*) J Drake, A A Esser Philippe Evrenades, E W Finkle (*in absentia*) D G Hanton L B Hardman (*in absentia*) I L Jacobs, W Jones, L Kroll D Lederfeind, M E Lee Abbott Z Leitner (*in absentia*) W J Low, J McGibbon, J MacW MacGregor, M Manelli M Meyer, W B Meyer L Michaelis D B Milne, M N Mitra, K F Nagelschmidt, R Naftalin, H O'Hara, E A Perera, H J Phin, F O Piorkowski, J E Price, K M Regensburger M W Rosenthal A Rumelt M Scholtz, H Sharp, F F Trunx D Varveressos Lena Walker B A MacG Williamson (*in absentia*), H A J Wolff, H Zeller

Medical Notes in Parliament

A memorandum explaining the Government's proposals for the development and extension of the facilities available for physical training was laid on the table of the House of Commons on January 29

Sir John Simon presented, on January 29, the Factories Bill "to consolidate, with amendments, the Factory and Workshop Acts, 1901 to 1929, and other enactments relating to factories and for purposes connected with the purposes aforesaid" The Bill is supported by Mr Elliot

In the House of Commons on February 1 the Unemployment Assistance (Temporary Provisions) (Amendment) Bill was read the third time

The text of the Factories Bill was issued on February 2

On February 2 the Regency Bill and the Public Works Loans Bill were read a second time The Empire Settlement Bill passed through committee

In the House of Lords on the same day the Public Records (Scotland) Bill and the Architects Registration Bill were read a second time The Firearms Bill was read the third time and passed

The Parliamentary Medical Committee met at the House of Commons on February 1 and agreed to accept a recent reply of the Ministry of Health which suggested that representations about ophthalmic and optical benefits as affected by Draft Statutory Rules and Orders, 1926 (National Health Insurance), should be left to the committee to be set up under the new regulations During the discussion an assertion was made that the British Medical Association scheme for sight-testing surgeons would not suffice, as enough surgeons were not available in all parts of the country The Medical Committee also discussed Sir Ernest Graham-Little's Medical Practitioners

followed by a trying period of uncertainty and perhaps after all by an operation Whereas recurrence after radium alone is often an early local recurrence obvious to the patient herself and a cause of pain and disability recurrence after the radical operation plus radium is rarely local It is generally late and the patient lives an ordinary life and is free from pain and from the consciousness of disease until within a short period of the end—I am etc,

London W 1 Feb 1 W SAMPSON HANDLEY

SIR—I have read Mr Cecil Rowntree's excellent paper (*Journal* January 23 p 153) on the treatment of cancer of the breast with considerable interest It is full of common sense and it sums up the present position of therapy in this disease with remarkable judgement It has stimulated me to put forward the following questions

1 Is there any reasonable ground for expecting a cure or any increase of control of cancer if *x* rays of the same wave length as radium are obtainable? Are the results of radium therapy sufficiently satisfactory to justify this assumption?

2 The principle of the short wave therapy— deep x rays —is the delivery of a maximum dose at a predetermined depth Is the method therefore applicable in prophylactic treatment? It must be assumed that malignant cells can be present in any tissue from the skin downwards Deep therapy is not the best form of radiation for treating superficial recurrences The success of low voltage methods such as that devised by Chaoul is proof of this

3 Is the psychological objection to pre operative treatment a really serious one except in the case of a few highly temperamental patients? The possibility of reducing the size and activity of a growth before surgical intervention is surely a matter of the utmost importance

4 Why is it that the importance of preventing the formation of metastases is but seldom mentioned in articles on cancer? In carcinoma of the breast the primary growth but rarely destroys the patient—metastases do all the killing

5 Have we any evidence that suggests that secondary deposits are less frequent after the destruction of the primary growth by x rays or radium than after the removal by operation?

In cancer I consider radium and x rays should be looked upon as palliative agents rather than as a means of cure Too much stress is laid upon the possibility of 'cure'—how can we know what is a cure when the disease may recur after twenty years?—and too little upon relief of symptoms and prolongation of useful life—I am, etc

London W 1, Jan 28 S GILBERT SCOTT

SIR—If anything stated in my lecture on cancer of the breast (*Journal* January 23, p 153) gave the impression that I have found the use of radium unsatisfactory in the treatment of breast cancer I am grateful to Mr Geoffrey Keynes for affording me the opportunity of emphasizing the fact that my disappointment with radium as the method of choice for early carcinoma of the breast is purely relative

One hoped that interstitial radium had provided us with a method of avoiding operation altogether and I shall await with the greatest interest Mr Keynes's promised figures in the hope that his combination of radium and conservative surgery may show improvement in the period of survival without recurrence as compared with the results of radical operation—I am etc,

London W 1 Feb 1 CECIL ROWNTREE

"Rachi-resistance" and Spinal Anaesthesia

SIR—In their article Rachi resistance and Spinal Anaesthesia Dr W R Black and Mr G A Bagot Walters naïvely record that the term rachi resistance has no exact counterpart in the English language, and 'after a thorough search of the available literature we are unable to find a reference to it in the English language

I can assure them that this state of affairs is not due to any lack of knowledge of the ideas put forward many years ago by Sebrechts so that the obvious implication is that the majority of spinal anaesthetists in this country are not convinced that such a condition as he described exists

In the sense in which Sebrechts and the present authors use the term it means a peculiar idiosyncrasy which renders the nerve roots of certain individuals insensitive or resistant to the action of anaesthetic solutions the conception definitely excludes any anatomical or pathological variations which might prevent the solution from reaching the roots in sufficient concentration to produce anaesthesia Everyone has had failures with spinal anaesthesia and as Black and Walters point out, the great majority of these are due to some technical error They fail to realize however that even with a perfect technique there are yet other sources of failure than the assumed idiosyncrasy A few fine adhesions in the arachnoid an unusual arrangement of the dentate ligament the dilated lower end of the theca in cases of spina bifida occulta etc may all nullify the efforts of the anaesthetist without assuming any rachi resistance The conditions I have mentioned all come within my personal experience, there are probably many others to be excluded before we are justified in dragging in an idiosyncrasy as an explanation In my experience of nearly 4 000 spinal anaesthetics I have never felt the need of rachi resistance to explain the very rare failures

The subject is interesting and one might feel tempted to exceed the legitimate length of a letter in argument but I should like to offer some brief criticisms which seem pertinent to me of the cases quoted by Black and Walters

In one of their cases two injections of decicaine produced no anaesthesia and a further injection of percaine had but a minimal effect I should regard this as proof that the failure was due to some anatomical or pathological peculiarity in the theca and not to any idiosyncrasy for it is very unlikely that an individual would exhibit such idiosyncrasy to two anaesthetics as different in their chemical constitution as decicaine and percaine Further a subcutaneous injection of novocain (one would have thought that local percaine or decicaine would have been better suited to their purpose) produced normal local anaesthesia thus proving that in the case of novocain at least the nerve fibres themselves displayed no idiosyncrasy In the other case after an initial failure with 1·5 c.cm of decicaine two further injections were immediately made without effect but once the first injection had for various reasons failed the evidence of the two subsequent injections is of little value for it is common experience that secondary injections are subject to uncertainty if given immediately After the lapse of a day or two another injection will take effect showing that the initial failure cannot be attributed to rachi resistance

I will not occupy space with a discussion of the probable causes of these secondary failures it is clear to my mind that they are not to be explained by any reference to a hypothetical condition of insensitivity or rachi-resistance the existence of which I do not think has been established—I am &c,

London W 1 Jan 30 NORMAN C LAKE

Tuberculosis Deaths

SIR KINGSLEY WOOD on January 28, furnished Mr Rowson with the following tabular statement of deaths from tuberculosis (England and Wales) registered in each of the years 1926 to 1935 inclusive

	Pulmonary	Non-pulmonary
1926	30,108	7,422
1927	31 066	7,114
1928	29,799	6 833
1929	31 425	6 576
1930	29,414	6,336
1931	29,658	6 060
1932	27 627	6 031
1933	27,854	5 405
1934	25,682	5,200
1935	24,603	4 596

On the same date Mr ROWSON asked the Minister of Health to state the total number of deaths from tuberculosis and other causes at Papworth Sanatorium Cambridgeshire, and also in Papworth Village Settlement, during the past seven years SIR KINGSLEY WOOD answered that the authorities of the Cambridgeshire Tuberculosis Colony, Papworth, informed him that the total number of deaths which have occurred in the Colony s hospital during the last seven years was 359, of which twenty eight were deaths of persons transferred from the Village Settlement, and that the number of deaths actually occurring in the Village Settlement during the same period was thirteen He could not state the precise proportion of these deaths which were due to tuberculosis but was making inquiries The Colony received patients in all stages of tuberculosis including advanced cases He was inquiring into an allegation that persons suffering seriously from tuberculosis were employed in factories at Papworth and in some cases so employed until a few days before death

On February 1 Mr ELLIOT, replying to Mr Rowson circulated the following table giving the number of deaths from tuberculosis in Scotland during 1927 to 1936

Year	Pulmonary	Other Forms	Total
1927	3 466	1 402	4 868
1928	3 318	1 404	4 722
1929	3 388	1 292	4 680
1930	3 024	1 262	4 286
1931	3 004	1 201	4 205
1932	2 991	1 132	4 123
1933	2 930	980	3 910
1934	2 794	908	3 702
1935	2 812	834	3 646
1936	2 752	911	3 663
	30 397	11 326	41 705

The Law and Unqualified Practice

On February 1 Sir ERNEST GRAHAM LITTLE asked the Minister of Health whether in view of the claim that an Act (34 and 35 Henry VIII) dealing with herbalists gave to this section of unregistered practitioners the right to engage in medical practice without compliance with the Medical Act 1858 thus defeating the purpose of this Act to enable the public to distinguish between qualified and unqualified practice he would make provision to secure the repeal of this legislation of 400 years ago SIR KINGSLEY WOOD I am advised that the Act of 34 and 35 Henry VIII enabled the persons named therein to treat certain medical conditions without incurring penalties under an earlier Act of the same reign which had given a monopoly of practice to physicians and surgeons approved thereunder by the Bishop, and that it does not give to these persons the rights which are secured by registration under the Medical Act, 1858 The latter Act, however does not prohibit practice by unregistered persons There appears therefore to be no conflict between the two Acts and I do not feel called on to take action in the direction suggested in the question

Advertisements in Books of Stamps

On February 2 Sir NICHOLAS GRATTAN DOYLE asked whether the Postmaster General had received representations from the British Medical Association respecting certain classes of advertisements appearing in the books of stamps issued by the Post Office, and whether he proposed to take action in the matter Sir WALTER WOMERSLEY replied that representations were received from the British Medical Association a few years ago The Postmaster-General recently reviewed the matter in connexion with a question asked by Mr Cary on December 7, 1936, and found no reason for altering the present policy, which was to exclude advertisements and medicines purporting to cure certain diseases specified in paragraph 58 of the report of the Select Committee on Patent Medicines, 1914, but to accept other advertisements whose wording was not objectionable and whose bona fides was not suspect

Midwives Act • Administration

MISS RATHBONE on February 2 asked the Minister of Health if he had taken or would take steps to ensure that all the schemes submitted by local authorities in connexion with the Midwives Act, 1936, should, before being finally adopted, provide for the inclusion of a reasonable number of women members, whether elected or co opted, on the committee or other body entrusted with the detailed administration of the Act Mr R S HUDSON said that local authorities were under a statutory obligation to secure that an adequate service of certified midwives should be available in their areas It was anticipated that the majority of these authorities would entrust the administration of this service to their maternity and child welfare committee There was a statutory requirement that that committee should contain at least two women members

Distribution of Gas Masks—On January 25 Mr LEVY asked the Home Secretary if he could make any statement on the plans for the distribution of gas masks in the event of air attack or threat of such an attack Mr LLOYD said that it was intended, as the accumulation of stocks proceeded, to store the respirators at depots and sub depots throughout the country and distribution to the public will take place from the sub depots in accordance with arrangements which were now under consideration

Registered Blind Persons—On January 25 Mr R S HUDSON replying to Mr Messer, said that on March 31, 1936, there were 67,534 registered blind persons in England and Wales Of these, 22,415 between the ages of 50 and 70 received an old age pension on account of blindness, while 54,675 over the age of 16 were classified as unemployable He had no information on the number of blind persons in receipt of financial assistance from the local authorities

Safety in Mines—On January 26 Captain CROOKSHANK informed Miss Ward that last November there were about forty mines or groups of mines where special safety officers had been appointed additional to the manager and other safety officers required by the law He did not know how many of these safety officers held managers' certificates The arrangements between the owners and the workmen for meeting the cost of the safety helmets now widely used varied He did not know how many companies issued free safety helmets to their men

Free Meals and Milk in Monmouthshire—Mr OLIVER STANLEY in a series of answers to Major Herbert on January 28 said the income scale adopted by the Monmouthshire local education authority for free meals and/or milk was an allowance of 10s for each parent and 5s for each child up to a maximum of £1 Where the family income did not exceed the figures obtained on this basis meals or milk were given free No deduction was made for rent before calculating the income This scale is considerably less liberal than those normally adopted by other authorities On October 1, 1936, the percentages of children on the registers of public elementary schools in the rural and the urban districts of the administrative county of Monmouth for purposes of elementary education who received milk under the milk in schools scheme were twenty six and thirty-six respectively In addition, 9 per cent of the children in the rural districts and 3 per cent of the children in the urban districts received milk (mainly preparations of dried milk) outside the scheme

Metabolic Factor in Rheumatism

SIR—I was interested to read the article by Dr R G Gordon in the *Journal* of December 19 1936 I have always held the view that in rheumatism there is a chronic disturbance of metabolism with incomplete or partial oxidation resulting from alteration in the character and quantity of the blood supply or from nerve exhaustion or strain of any kind These conditions give rise to (*a*) persistent subnormal temperature (*b*) accumulation of acid, (*c*) faulty elimination We have now arrived at what might be called the 'rheumatic state and it can be seen that these metabolic disturbances can arise from both external and internal influences In the former we have chill exposure climatic conditions, and infective factors, and in the latter endocrine and autonomic imbalance, etc These may all coexist or not, they all react on each other, and the final consequences largely depend upon the powers of resistance of the individual

It is not to be assumed from this that rheumatism can be cured by attacking only either or both of these indirect sources and that the matter ends there Far from it It only goes to show in a small way how very much involved the whole subject becomes and closer study convinces one that rheumatism must be regarded as a *symptom* of a disease or group of diseases, the causative factors of which can only be arrived at by a process of exclusion. Treatment must be directed both towards the removal of any discoverable cause and towards the alleviation of its local manifestations the diagnosis and classification of which are complicated It is in the treatment and management of local manifestations that most difficulty arises It is generally admitted that hydrotherapy and physiotherapy are the treatments *par excellence* especially in fibrositis but they can be applied to all forms with beneficial results But how are these to be obtained? It is easy for the comparatively few who live within reasonable distance of spas municipal clinics and other institutions, where these facilities can be had, but what about those who reside far away in towns or countries where these do not exist and who for economic social, and disablement reasons cannot travel and are thus debarred from availing themselves of them? Their fate does not bear thinking about, and their practitioner is not to be envied He is driven to trying every remedy he has heard of He has no place to send his patient

We are told that one sixth of the population is disabled by rheumatism I think the fact that this number has not decreased is due more to lack of specialization and treatment facilities than to lack of knowledge of the essentials of the disease The treatment and management of rheumatism is necessarily a whole time job and should therefore be left to the specialist when he is available It is not enough for him to diagnose and prescribe He should have his own clinic, visiting and residential with his particular choice of treatments concentrated in one centre He can then, with the assistance of nurses, masseuses etc carry on and personally supervise his treatments This has the advantage of being less arduous for the patient and is incidentally, attended with much better results A fortnight or three weeks intensive treatment is the usual period and surely this is better than a jag from the rubber capped bottle once a week for one, two and even three years

As a substitute for the baths used in the various spas there are pyretic and zotofoam baths and these are very easily installed in any private house Pyretic baths are particularly efficacious in all forms of rheumatism and especially in fibrositis It is greatly to be regretted that this treatment has not been better supported by the medical profession for, apart from completing the equipment of the specialist, it is rational in its principle—I am, etc,

Belfast, N I Jan 22 MEA FRAZER.

Angioneurotic Oedema

SIR—Dr David R Hughes's article on this condition and Dr Robert Platt's letter tempt me to say something on this rare condition because the symptoms may be sudden and alarming and, attacking the larynx, may be fatal

This condition interests me because it is related to allergy and, curiously enough I have recently been studying both urticaria and angioneurotic oedema in some aberrant forms of tuberculosis which have been mistaken for rheumatic conditions The truth is that these lesions which may suggest a form of allergy do occur in forms of tuberculosis which can only be recognized as such by the methods which are just beginning to be recognized—the specific tests discovered by Koch himself and used by me ever since Koch's epoch making discovery in 1891—I am etc,

London W 1 Jan 30 W CAMAC WILKINSON M D F R C P

Blood Group Tests in Disputed Paternity

SIR—I read with considerable interest the article by Dr David Harley and Dr G Roche Lynch on the above subject (*Journal* January 23 p 163) as I recently had the privilege of seeing these tests carried out by Dr Hallermann in the Medico Legal Institute of the University of Berlin I am sure that as a result of the increasing publicity given to the subject requests for such tests will sooner or later be made and will tend to become more frequent. While I agree with Dr Harley and Dr Roche Lynch that the fullest encouragement should be given to the use of blood group tests, until statutory powers are obtained to compel submission as a necessary preliminary to any court procedure the number of tests required will probably remain small When the tests are in small numbers and especially when made at infrequent intervals certain difficulties arise

In order to carry out the Berlin method one must have at hand at least two samples of serum from each of the blood groups A and B and similarly two samples of corpuscles from the groups A and B This is necessary as the tests are made by two methods using two different test sera and corpuscles in each—namely, by the test tube method of Schiff and by the drop method on a porcelain tile the surface of which is divided into suitable compartments In the case of the infant blood is collected in a capillary tube and in addition two drops of blood are placed at each end of two microscope slides and allowed to dry When the serum from the infant is insufficient in amount the test is made by the slide method of Lattes using the drops of blood on the slides When large numbers of tests are made each week as in Berlin the constant provision of completely tested sera and corpuscles presents no difficulties sera and corpuscles from each batch of tests are preserved and used as test sera and corpuscles for identifying the classical groups in the following batch Sera for the groups M and N are prepared in Germany for the purpose

When the test is made only infrequently suitable sera and corpuscles may not be readily available When such is the case one may have recourse to members of the staff for the necessary materials presuming, of course that some belong to the blood group B which may not be the case unless the staff is large as the group B is relatively infrequent A more satisfactory method would perhaps be to make a practice of

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Income Tax

Appointment Cost of Books etc

"CUNCTATOR" holds an appointment in connexion with which he does some teaching which is specially remunerated He has claimed the expense of purchasing books and journals necessary to keep himself abreast of developments but the claim has been refused on the strength of the dicta in the case of Simpson v Tate

*** The stringency of this judicial decision was specifically commented on by the Income Tax Codification Committee which reported a few months ago It seems to us that the inspector is legally correct in refusing 'Cunctator's" claim, but it is obviously a hard case and as the committee in question recommended that 'the extreme rigour of the existing law might be relaxed to meet cases of special hardship, we suggest that our correspondent might write to the Board of Inland Revenue (Somerset House, W C 2) putting the facts to them and asking for special consideration

Sale of Book Debts

"A M S" says A is selling his practice to B, including the book debts Is income tax payable on these debts (1) by B as and when they are paid to him or (2) by A as having received them in the lump sum paid by B to him?

*** They are not assessable on A he has paid tax on his income from the practice, and the amount of the unpaid debts reaches him as capital So far as B is concerned the point will turn on whether or not the gross income of the practice is in future to be measured by 'cash receipts' or by bookings less an estimated amount for loss by bad debts In the former case *all* the cash receipts must be brought in, including those for A's professional services, otherwise the gross earnings of the practice will not be fully shown in the latter case only post-purchase bookings will be brought in and the question will not arise

LETTERS, NOTES, ETC.

Leopold von Schrotter

SIR STCLAIR THOMSON writes In last week's *Journal* the paragraph anent the centenary of this distinguished laryngologist and a revered teacher of mine in Vienna makes mention of his excellent command of English and of his last visit to London in 1901 to attend the Congress of Tuberculosis This reminds me of an amusing little slip he made in his speech at the opening ceremony in the old St James's Hall in Piccadilly It also shows the risks we all run when using a foreign language As delegate of the Austrian Empire Schrotter concluded a fluent address, in remarkably good English, by warmly expressing the hope that the work of the Congress of Tuberculosis "would come up to all our expectorations!"

An Unfortunate Inversion

The minutes of the previous meeting do not often produce humour but one of the principal medical societies in London had its gravity seriously upset the other evening when the honorary secretary produced his minute book The previous meeting had been a pathological one but instead of reading The following showed pathological specimens' he read by an unhappy mischance 'The following pathological specimens were shown," followed by the mere names of a dozen leading physicians and surgeons!

A Medical Paper in Basic English

The article on Hookworm Anaemia by Lieut Colonel Clayton Lane in the *Tropical Diseases Bulletin* for January has the following footnote "The framework of this paper is in Basic English But for some special medical words, most of which are judged by the writer to be international, no words are used other than the 850 words of the everyday Basic List and the hundred words of the General Science List" Readers who would like to know more of the system introduced by Mr C K Ogden director of the Orthological Institute at Cambridge will find what they want in two Psyche Miniature books published by Kegan Paul, Trench, Trubner and Co Ltd, at 2s 6d *The A B C of Basic English* and *Basic English A General Introduction with Rules and Grammar* In brief, the 850 primary words of Basic English have been chosen on scientific principles to form an international auxiliary language—that is, a second language (in science, commerce, and travel)—for all who do not already speak English

Crude Cod-liver Oil

Dr N PINES (London E 1) writes Crude cod liver oil has attracted some attention in the profession lately I have been injecting intramuscularly for the last few years 1 to 2 c.cm at a time, with very beneficial effect If some local anaesthetic is added it is well tolerated and helps to increase the general resistance of the body

Margarine with Vitamins

The technical staff of Unilever Ltd have prepared a pamphlet entitled 'What is Margarine?" describing in it the methods of adding vitamins so as to make margarine of comparable food value to butter Copies of the pamphlet may be obtained from Van den Berghs and Jurgens Ltd, Unilever House, Blackfriars, E C 4

A Guide to the B P Addendum

When the *British Pharmacopoeia* was issued in 1932 British Drug Houses Ltd published a guide drawing attention to many important innovations This firm has now prepared a pamphlet of twelve pages entitled *The B D H Guide to the Addendum 1936 to the B P 1932* Copies of this will be sent to any members of the medical profession who apply to British Drug Houses Ltd, Graham Street, City Road N 1

Disclaimers

Dr J S HORSLEY (Dorset Mental Hospital, Dorchester) writes I should appreciate the courtesy of your columns to disclaim any responsibility for the undesirable publicity which has been given to my work on the use of intravenous barbiturates for narco analysis

We are asked to insert the following disclaimer in connexion with the mention of a member's name in the last issue This member had occasion to order an oxygen tent to be sent by air to Switzerland No communication was made to the Press, either directly or indirectly Presumably the address on the instrument was read by a journalist at Croydon and their foreign correspondent added further information The name of the patient happily was incorrect

Intraperitoneal Haemorrhage from a Graafian Follicle

SIR,—A patient was recently admitted to the Southport Infirmary under my care as a case of appendicitis.

She had a history of acute pain in the abdomen of sudden onset with collapse and vomiting. She was unmarried aged 27 and had only menstruated three times very slightly. She presented symptoms and signs suggestive of haemorrhage rather than of peritonitis and a pre-operative diagnosis of pelvic haemorrhage was made. On opening the abdomen it was found that she was bleeding steadily from the left ovary apparently from a ruptured Graafian follicle. There were calcified glands all over the abdomen the uterus was infantile the tubes and ovaries were normally formed and the appendix was kinked but not inflamed. The left ovary and appendix were removed. On section the ovary showed a normal Graafian follicle with no suggestion of decidual cells or anything suggestive of an ovarian pregnancy. Convalescence has been smooth.

I have ventured to report this case as I imagine that rupture of a normal Graafian follicle is an unusual cause of symptoms suggesting an acute abdomen.—I am, etc.,

R. R. M. PORTER
Surgeon Southport Infirmary

Southport Jan. 28

Thyroid Extract for the Itching of Jaundice

SIR,—With reference to Professor Murray Lyon's article on Thyroid Extract in Conditions Other than Myxoedema in the *British Medical Journal* of January 23, may I add that Sir Walter Langdon Brown found the use of thyroid extract useful in the treatment of jaundice with pruritus. The administration of thyroid extract diminished the output of bile and relieved the itching.—I am, etc.,

P. N. BARDHAN

London, W.10 Jan. 25

*** We have referred this letter to Sir Walter Langdon-Brown who writes: Gilbert and Herscher had observed the benefit of thyroid extract for the itching of jaundice, and stated that it did diminish the formation of bile salts. I proceeded to investigate both in patients and in animals the output of bile salts both before and after giving thyroid and confirmed the observation that the output of bile salts was actually diminished. I then used it clinically, with decided success in some cases.

Acquired Haemophilia

SIR,—Can such a condition as acquired haemophilia be recognized? If not, what is the explanation of the unusual case which is here briefly described?

An Englishman aged 41, an architect by profession, had been under the care of Dr. W. Wilkinson for some years. His appendix had been removed in 1927 for chronic appendicitis.

Since 1932 he had complained of headaches, indigestion and abdominal discomfort. In 1935 he received treatment with emetine and colonic lavage on account of an enlarged liver and chronic colitis. This was followed by a course of an autogenous mixed coliform vaccine, vatren tablets and stovarsol. *In February 1936 he noticed a return of the* abdominal pain and flatulence. Sigmoidoscopy showed the large bowel to be inflamed and tender, no ulcers were present. He was given colonic lavage and vatren enemata. His tonsils at this time were enlarged and inflamed. After treatment he felt better for some months but in November he again complained of sore throats and lassitude.

Tonsillectomy was considered advisable to remove a cause of chronic septic absorption and he was referred to me for an opinion. I found the tonsils enlarged with crypts containing the usual septic detritus. I performed tonsillectomy at 12 noon on December 5, 1936, under endotracheal anaesthesia by Dr. J. A. Carman using a Boyle-Davis gag. The tonsils were not unduly adherent and the patient left the theatre with dry tonsillar fossae. It was apparently a perfectly straightforward case. A little later the ward sister found that he was vomiting and coughing up a considerable amount of blood. From then onwards the sequence of events was as follows. At 3 p.m. the tonsillar fossae were cleared out and packed with adrenaline gauze. At 5 p.m. an anaesthetic was administered by Dr. G. Drury through a Boyle-Davis gag and the fossae were cleared of very friable clot. General oozing was found to be taking place on both sides but no definite bleeding points were visible. Gauze packs were placed in the fossae and the pillars of the fauces were sutured together with three stitches on each side.

From then onwards the patient was given in succession morphine (repeated) intravenous calcium chloride intramuscular haemoplastin and foreign whole blood into the buttocks. At 11 p.m. one and a half pints of normal compatible blood were transfused from a healthy subject. Nothing however was of any avail the bleeding continued and the patient died at 4.30 a.m. Meanwhile the incision in the arm where the blood transfusion had been given also oozed without ceasing.

What is the explanation of this case? There was no family or person history of haemophilia (operation performed without untoward effect in 1927). Was it due to lack of blood platelets, and if so, why? Would any further treatment have been of any avail—for example ligature of the carotids or cauterization of the fossae? I should be grateful for comments.—I am, etc.,

C. VINEY BRAIMBRIDGE, F.R.C.S.Ed.,
Surgical Specialist Colonial Medical Service

European Hospital, Nairobi Jan. 4

Glycosuria

SIR,—In reply to Dr. Vatcher's criticism (January 30, p. 244) of my letter in your issue of January 23 I would explain that I used the word in the sense of sugar in urine. Lactosuria is described under the heading puerperal glycosuria in the *Encyclopaedia of Medicine* published by Green and Sons (1907).

My first impression of the case I mentioned was that it was a case of diabetes and that the breast trouble was secondary but as the sugar disappeared as soon as the breast condition cleared up I came to the conclusion that the breast condition was primary and the glycosuria secondary.—I am, etc.,

R. ANDERSON

Birmingham, Feb. 1

Gas Gangrene

SIR,—The three following cases of gas gangrene appear worthy of report in view of the uncommonness of the condition and the usual grave prognosis.

Case I.—This was a case of compound fracture of the right tibia and fibula following a street accident admitted on June 8, 1936, the wound was small. The damaged tissues were excised and anti-tetanus serum, *1,000 units* and anti-gas gangrene serum 10,000 units were given the same evening, and the following evening anti-gas serum alone. Three days later the skin showed bluish mottling and the limb was swollen and had a curious odour. Later in the day crackling could be felt, and x-rays showed gas. Amputation through the upper third of the thigh was performed. Further doses of serum were given for four days and although there was a little sepsis the man was discharged fit and well on July 22, 1936.

Case II.—This was a compound fracture of both tibia and fibula following a street accident on December 3, 1936, but

patients coming more or less directly into contact with cattle Of the eight patients not occupied in farming, only one had a family history of tuberculosis An examination of the herds with which the twenty-five patients had been more or less in direct contact showed that tuberculosis was demonstrable in four of them, and in certain other herds all the cattle were not above suspicion Practically all the patients had drunk raw milk, but there was only one among the thirty-three found to be suffering from tuberculosis of the intestines In this case the intestinal disease was secondary to the pulmonary disease The clinical picture did not differ in any essential point from that presented by pulmonary disease caused by the human type of tubercle bacillus Nor did it seem that the prognosis was affected by the type of the bacillus

Surgery

98 Splenectomy for Haemolytic Jaundice

R GREGOIRE (*Presse méd* December 2, 1936, p 1953) considers that neither medical treatment nor radiotherapy is of any lasting value in cases of haemolytic jaundice, and that surgery offers the only hope of permanent cure, splenectomy being the operation of choice The disease is primarily one of youth, and is often seen in quite young children It is suggested that it may be overlooked in the case of children, and that many minor disorders may really be early signs of the disease, which only shows definite symptoms with adolescence These may consist of cardiac disorders, ocular lesions, retardation of growth, and genital development, in view of these conditions operation is advised as soon as a diagnosis has been made There do not appear to be any contraindications to splenectomy, which has given remarkably good results, especially in young children In the case of older patients medical treatment in mild cases will not cure the disease but will render life quite possible, and operation is not indicated in these cases Jaundice alone is not sufficient indication for operation, but progressive anaemia is a dangerous symptom and stones in the urinary bladder or gall-bladder often make surgical intervention a necessity This should not be carried out until medical treatment and blood transfusion have increased the red corpuscles to at least 2,500 000 Blood transfusion must be carried out with care in these cases In seventeen personal cases the results of splenectomy have been entirely satisfactory, with no mortality Emphasis is laid on the advantage of early intervention before other complications have developed The operative risks are slight

99 End-results of Phrenicectomy

R COURTOIS and J LECLERCQ (*Scalpel* Liége, December 5 1936 p 2441) give the results seen in a series of 129 cases in which phrenicectomy had been carried out Two different series are given—immediate results after operation and end results after a period of from one to six years In every case there was evidence of active tuberculous disease, and phrenicectomy was not carried out until artificial pneumothorax had proved unsuccessful In some cases phrenicectomy was complementary to oleothorax drainage, costectomy, or pneumothorax, but in the majority of cases it was the only procedure The most satisfactory immediate results were obtained in those cases in which the disease was of recent and slow development and limited to one side only When the lesion was bilateral and with rapid extension phrenicectomy was disappointing and often only caused some amelioration of symptoms It was seen when comparing the immediate with the late results, that those cases which did well after operation usually continued satisfactorily several years after while those patients who were only improved often showed continued recovery and at the worst were able to withstand any increase in the disease Those patients who derived no immediate benefit from operation did not improve later In certain rare instances, of which two cases are described, recovery took place some time after operation, although the immediate results had not appeared to be favourable Attention is drawn to the disappointing end-results often seen in cases treated by a combined pneumothorax and phrenicectomy It is urged that sanatorium treatment is very necessary as an adjunct to operation, and it is of particular importance in those cases which are liable to recurrence

100 Osteoporosis Circumscripta Cranii

C VAN DER HEIDE (*Nederl Tijdschr Geneesk*, December 12, 1936, p 5555) records a case of this complaint, otherwise known as Schuller's disease in a woman aged 48, suffering from a paranoid hallucinatory condition of an organic character Apart from the skull changes no skeletal abnormalities were found except in the right ilium, which showed an irregular and coarse structure resembling Paget's disease, with which Schuller's disease is probably connected This condition must be distinguished from Schuller-Christian's disease and von Recklinghausen's osteitis fibrosa cystica

101 Gonococcal Bursitis

L STROMINGER (*J Urol Méd Chir*, October, 1936, p 341) states that lesions of the peri-articular serous bursae are relatively common during an attack of gonorrhoea They may be associated with gonococcal arthritis or peri-arthritis, and are usually localized round the joints or at the site of some injury They have been called peri-articular hygromas, and are most commonly found in the flexor or extensor surfaces of the wrist or foot or round the hip-joint near the trochanter The bursae which give most trouble are those found in the sole, and they often make walking painful and may turn the patient into a complete invalid Diagnosis is usually easy, although the condition has sometimes been mistaken for tuberculosis, syphilis, or traumatic arthritis This type of bursitis is resistant to treatment and liable to recurrence Radiology is of little use in diagnosis except in cases of involvement of the os calcis when there is evidence of atypical exostosis Involvement of these bursae in the sole only occurs in acute cases, usually in men, and never in women or children, and it is thought that trauma in the course of work may be a contributory cause Treatment must be of a medical nature and must aim at curing the discharge and its genital complications unless suppuration is present, when operation will be necessary

Therapeutics

102 Veronal Poisoning

G SACK (*Dtsch med Wschr*, December 18 1936, p 2082) reports from the University Hospital in Freiburg observations on the treatment of poisoning by the veronal group of drugs He distinguishes between slight and severe cases, the treatment of which differs in certain important principles In a mild case stimulants such as caffeine may be used, whereas in a severe case there is a limit beyond which the pushing of a stimulant defeats its own object Even large intravenous injections of a stimulant in a severe case of veronal poisoning may prove futile and it is now necessary not only to combat failure of the respiratory and cardiovascular systems, but also that of the renal system In the experience of the author the third day in a severe case of veronal poisoning is usually the turning point, the fate of the patient hanging on the behaviour of the kidneys During the first two days there is as a rule some excretion of urine, and it is only on the third day that anuria is apt to set in This is the more significant as about 70 to 90 per cent of the drug is excreted by the urine, a comparative small quantity being decomposed in the body The dilution of the urine

I trust all differences between us are now removed and I am sure Dr Mainland will not object to my saying that the very simplicity of the standard deviation test may constitute a danger in that clinicians unversed in statistical methods may easily misapply it The danger is possibly that valuable clinical work might be discarded rather than the converse It is unfortunate that so many questions in biology can only be approached from the statistical point of view May I quote Hogben

Instead of relying on a statistical estimate about where a correct measurement *may* lie the scientist proceeds to devise a more accurate method which will enable him to define narrower limits within which it *must* lie

The surgeon can rarely devise these crucial experiments nevertheless by following the hints given by statistics he proceeds to collect cases in which Nature has experimented Pathology thus supplies the extra support on which he builds his working hypothesis This is the procedure adopted in my own work and I take it, is what Dr Mainland is referring to when he says

the standard deviation test discusses the extent to which chance acting alone in a certain set of conditions could account for the result found in an actual sample It ceases when it has answered the question put to it leaving the observer to decide whether for him chance could sufficiently account for the result or whether some other factor was likely to be responsible

—I am etc

Liverpool Jan 27 ALEX TUMARKIN

*** This correspondence is now closed—ED, *B M J*

"A Medical History of Liverpool"

SIR—Whilst I am extremely grateful to you for your review of this book a review which is generous not only in its praise but also in its length, I would like to draw attention to an omission which is of considerable importance The book has been edited by Mr H R Bickerton and myself and unfortunately the impression is created by your reviewer that I am the sole editor

In order that no injustice may be done I should like it to be known that Mr H R Bickerton has borne more than his share of the editorial work He devoted more time to the preparation of the book than I did and it is he who is chiefly responsible for the publication of the work—I am etc,

Liverpool Jan 30 R M B MACKENNA

*** We much regret the inadvertent omission of Mr H Richard Bickerton's name as joint editor with Dr MacKenna—ED, *B M J*

An article on the relation of industry and education in the February issue of the *Human Factor*, issued by the National Institute of Industrial Psychology (Aldwych House, W C 2) says that the good general education of the past which was sufficient for instance to enable a boy or girl to enter an office is now generally inadequate On their side business men and their personnel managers have frequently installed selection tests and they frequently make wider use of psychological methods than do the educationists themselves Industrial psychology is now busy on both sides of the gap that separates education and industry at the recruiting stage The Vocational Guidance Section of the National Institute of Industrial Psychology is assisting in an important research and scheme of training in Birmingham the scope of which is now being widened to include the testing of all new entrants into junior technical and commercial schools'

Obituary

H A OSBORN D M

Group Pathologist Liverpool City Council Hospitals

Dr Henry Alexander Osborn died on January 23 His untimely death from septicaemia at the age of 43 has cut short a career of great value to the medical profession and importance to the city of Liverpool where he was engaged as pathologist to a group of city hospitals

Born at Ladysmith in August 1893 Osborn had a brilliant career at Natal University College Following upon Army service in the East African campaign he entered New College Oxford, in 1917 with a Rhodes Scholarship From there in 1919 he gained an open entrance scholarship in pathology and pharmacology to King's College Medical School In 1921 he qualified M R C S, L R C P and graduated B M, B Ch in 1922 going on to the D P H in the following year In 1935 he obtained the D M of Oxford having submitted a thesis on pemphigus neonatorum After graduation Dr Osborn acted for a time as second casualty officer at King's College Hospital In 1923–4 he was resident assistant clinical pathologist there, and during this period on account of his great reliability, won the esteem of all with whom he came in contact Thereafter for some years he was engaged in private consultant practice and later acted as pathologist to the Wembley and Ealing Hospitals In 1931 he was appointed group pathologist to the Liverpool city council hospitals a post which he held at the time of his death He established a pathological service at Mill Road Infirmary Alder Hey Hospital and Smithdown Road Hospital and these group laboratories undertook the work provided by 3 000 hospital beds As a result of his work at the Mill Road Infirmary he wrote jointly with Dr H Carter a paper on neo-natal dermatitis which attracted considerable attention when it was published in the *British Medical Journal* of March 7 1936 He had been a member of the British Medical Association for some ten years and was a Fellow of the Royal Society of Medicine and of the Liverpool Medical Institute In July 1924 he married Dr Muriel M Harris, who had been a student at King's Possessed of an almost untiring energy and of an infinite capacity for patient research, his death will be a great loss to the hospital services of Liverpool and a personal one to all his colleagues

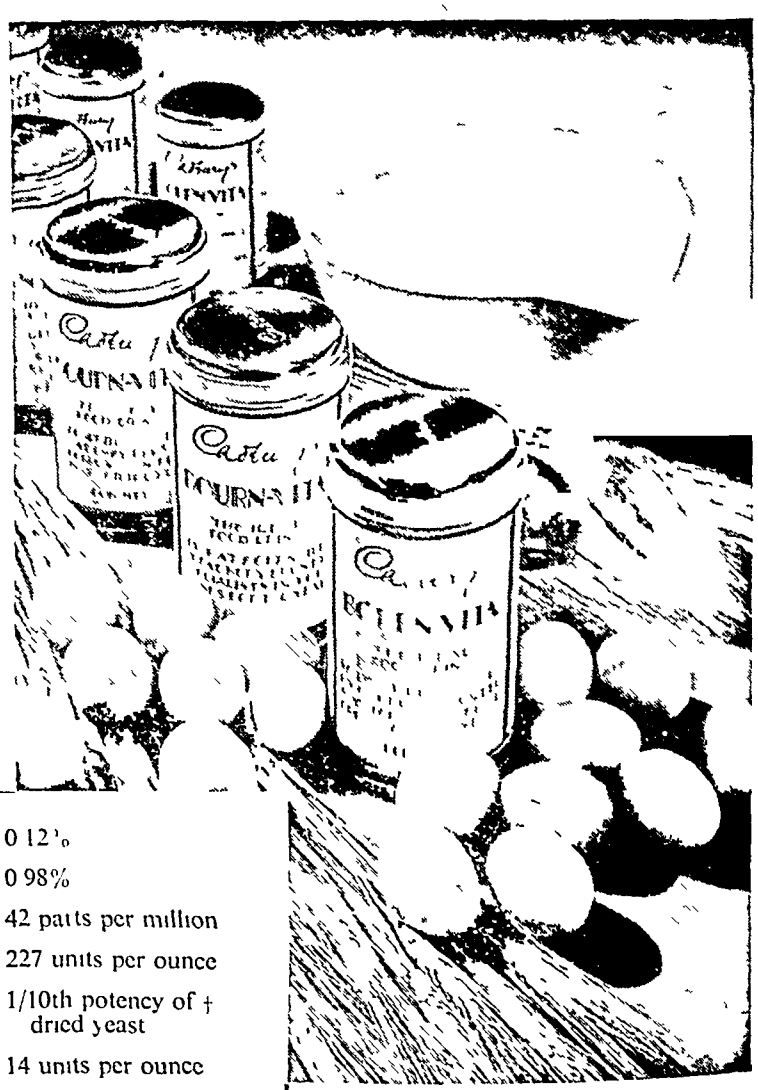
A colleague writes

Dr Osborn's early death brings a brilliant career to an end Liverpool was fortunate when in 1932 he was appointed to establish pathological departments at three city hospitals and the efficiency of the present pathological service is the best index of his ability enthusiasm and industry Despite the heavy pressure of routine work he spent his leisure in research and made several contributions to medical literature He recently published important papers on Neo natal Dermatitis and The Age Factor in Lobar Pneumonia For a considerable time he had been interested in the causes of stillbirths and neo natal deaths and had collected a great deal of evidence relating to these and allied subjects Dr Osborn was quiet kind and unassuming He was a man of few words and preferred silence to small talk but his judgement was so sound that his colleagues always took their prob'ems to him It was never his practice to hand out fulsome praise and he preferred the more difficult and helpful task of offering educative criticism To know him well was to

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practice himself he was never too busy to lend a hand to a colleague without thought of fee or reward His passing will be keenly felt by a large circle of friends and patients and the sympathy of all is extended to his widow, son, and two daughters

We regret to record the death of Dr THOMAS EDWARD WHITE of Streatham S.W. on January 18 at the age of 79. Dr White qualified in 1876 as L.R.C.S.I. and in the following year he was admitted L.R.C.P.I. He then held the posts of clinical clerk at the Richmond Whitworth and Hardwicke Hospitals Dublin physician to the Dublin Small-pox Hospital and house surgeon to the Huddersfield Infirmary. In 1894 he obtained the D.P.H. of the English Conjoint Board and in 1896 the degree of M.D. at the University of Durham. Before his retirement he was surgeon to the P. Division of the Metropolitan Police and a divisional surgeon of the Metropolitan Water Board. He was a lecturer and examiner in ambulance and nursing work for the London County Council lecturer and examiner for the British Red Cross Society and medical officer of the Forest Hill Provident Dispensary. Dr White acted as representative at the Annual Representative Meetings of the British Medical Association in 1921, 1923, 1925 and 1926 and he was chairman of the Lewisham Division in 1922–3.

Dr ARTHUR WARD COLLINS who died at Ulverston on January 22 at the age of 77, received his medical education at the University College and the Royal Infirmary, Liverpool, gaining a Holt Scholarship in anatomy at University College, Liverpool. He qualified M.R.C.S., L.R.C.P. in 1884 and two years later took the degrees of M.B., Ch.B. at the Victoria University with honours in anatomy, materia medica and pharmacology. In 1897 he received the D.P.H. conferred jointly by the Royal Colleges of Physicians and Surgeons of Edinburgh. Dr. Collins held the post of house surgeon and anaesthetist at the Royal Infirmary, Liverpool, and after setting up practice in Ulverston became medical officer to the local Poor Law Institution. He had been a member of the British Medical Association for forty-three years. In 1905 he served as president of the old North Lancashire and South Westmorland Branch and he was chairman of the Furness Division in 1926–7.

We regret to learn of the death of Dr GEORGE WARWICK BAMPFYLDE DANIELL at Grahamstown, South Africa, on January 19. He received his medical education at St George's Hospital and qualified M.R.C.S., L.R.C.P. in 1888. He was at one time lecturer on anaesthetics in the Cape University and was honorary anaesthetist to the New Somerset Hospital. Dr. Daniell's contributions to medical literature include a description of an apparatus for warmed ether vapour published in the *Lancet* in 1923, and an article on "The Use of Nitrous Oxide and Oxygen with Rebreathing as a General Surgical Anaesthetic" printed in the *South African Medical Record* in 1924. He joined the British Medical Association in 1892. He acted as representative at the Annual Representative Meeting of the Association held at Portsmouth in 1923 and on the occasion of the Centenary Meeting in 1932 he held the office of vice-president of the Section of Anaesthetics.

We regret to record the death of Dr FARQUHAR MACKENZIE MATHESON of Harrow on January 21 at the age of 63. Dr. Matheson took the degree of B.A. at the University of Cambridge in 1900 and then came to London to receive his medical education at University College. He qualified M.R.C.S., L.R.C.P. in 1903. Dr. Matheson had been a member of the British Medical Association for twenty-seven years, and was chairman of the Harrow Division in 1927–8.

Universities and Colleges

UNIVERSITY OF OXFORD

Nuffield Professorships

Of the four new medical professorships created under Lord Nuffield's benefaction two have now been filled.

Mr. Hugh Cairns, M.B., B.S.Adelaide, F.R.C.S., of Balliol College, is appointed to the Nuffield Professorship of Surgery as from January 27. Mr. Cairns is surgeon to the neurological department of the London Hospital and surgeon to the National Hospital, Queen Square. He was the author of the Study of Intracranial Surgery published as a special report by the Medical Research Council in 1929. Temporary arrangements have been made for his work in Oxford to be limited to certain administrative duties, enabling him meanwhile to continue his other work in London.

Mr. Robert Reynolds Macintosh, F.R.C.S.Ed., anaesthetist to the Throat Hospital, Golden Square, and anaesthetist and lecturer in anaesthetics at the National Dental Hospital, is appointed to the Nuffield Professorship of Anaesthetics as from February 1.

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine has submitted a report to the University in which it recommends the abolition of the thesis for the M.B. degree. Reference to these proposals will be found at page 278. The report will be discussed in the Senate on February 9.

UNIVERSITY OF LONDON

Philip Geoffrey Scott, B.Chir., F.R.C.S., of Jesus College, Cambridge, and St. Bartholomew's Hospital, has been appointed to the Geoffrey E. Duveen Travelling Studentship in Oto-rhino-laryngology for the year 1937.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following post-graduate scholarships will be awarded:

(*a*) A. M. Bird Scholarship of a value of £200 for one year to enable a medical graduate to obtain general experience in pathology.

(*b*) Mabel Webb and A. M. Bird Research Scholarship of a value of £200 a year for assistance in carrying on research.

(*c*) Dr. Edith Pechey Phipson Scholarship of a value of £95 a year, preferably to graduates coming from or going to work in India.

These scholarships are open to women only. Candidates for (*a*) and (*b*) must be former students of the medical school. Further particulars can be obtained on application to the Warden and Secretary of the School, Hunter Street, Brunswick Square, W.C.1.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a Comitia of the Royal College of Physicians of London held on January 28 with the President, Viscount Dawson of Penn, in the chair, it was decided to present an Address of Loyalty to His Majesty King George the Sixth on his accession.

The College approved the election of its President as a Vice-President of the Imperial Cancer Research Fund. Dr. E. Mapother was elected a Councillor in the place of the late Professor E. H. Kettle. The President announced the publication of the report on Domestic Heating by Gas considered from the point of view of Health and Comfort by an Advisory Committee appointed by the College.

Appointment of Representatives

The following were appointed delegates of the College: Viscount Dawson of Penn to the Centenary Celebrations of the University of Durham, July 1 to 3; Dr. H. P. Newsholme to the Health Congress of the Royal Sanitary Institute at Birmingham, July 12 to 17; Lord Horder to the Annual Congress of the Royal Institute of Public Health at Margate, May 25 to 29; and Dr. H. C. Cameron to the Seventh English-Speaking Conference on Maternity and Child Welfare to be held in London, June 1 to 3.

Lectures

Dr. P. M. D'Arcy Hart will deliver the Milroy Lectures on "Measures for the Prevention of Pulmonary Tuberculosis"

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Communications (Privilege) Bill (see p 302) and agreed to discuss the Factories and Workshops Bill at its next meeting A meeting is shortly to be arranged on voluntary sterilization Lord Dawson and Lord Horder hope to attend this

Sir Francis Fremantle has been added to the Standing Committee on the Livestock Industry Bill in place of Dr Hewitt

Mr Cartland proposes on February 10, to move a resolution on the trend of population and Mr Keeling to move on the same day a resolution on civil protection against air raids

Import Duty on Liver Products

In the House of Commons on January 25 the Beef and Veal Customs Duties Bill was considered in committee On the question that Clause 1 stand part of the Bill Sir REGINALD CLARRY said that under Subsection (2 *b*) sweetbreads were exempted from duty They were exempted primarily because they were essential to the medical preparation of insulin for diabetes Liver products were also necessary to manufacturing pharmaceutical chemists in the production of remedies for pernicious anaemia They were not exempted from the Bill and the Government ought to consider at a later stage inserting that exemption The additional cost entailed by this Bill would make the cost of the medicine equivalent to 3½d a week per person At present the raw materials for these remedies were imported from South America Only 20 per cent came from the Dominions and a British product was not available What he was asking was not a large matter The quantity under discussion amounted to about 800 tons per annum of an approximate value of £36 000 so that the Treasury would not lose a great deal but they would certainly help to maintain an essential remedy at a lower price to the public if they were able to make this concession

Sir FRANCIS FREMANTLE said that pernicious anaemia was a disease that might attack anybody That being so they would be very glad to have the remedy in question It was exactly comparable with sweetbreads which was a matter on which the Medical Committee of the House of Commons had taken action in approaching the Chancellor of the Exchequer and Ministers for some years past and exactly the same considerations arose in regard to liver products Therefore these required similar treatment and he hoped the matter would receive the sympathetic consideration of the Government

Captain EVAN WALLACE said it was impossible to trace the progress of liver after it came into this country Sir Reginald Clarry had suggested that the tax which was to be imposed would cost a person suffering from pernicious anaemia an extra 3½d a week That statement could only be accepted with reserve While about half the quantity of sweetbreads imported were used for the manufacture of insulin—and it was admitted that insulin had been given an entirely unique position in regard to duty—the annual imports of liver amounted to £500 000 not to £36 000 as mentioned by Sir Reginald Clarry

Sir REGINALD CLARRY said he only referred to the quantity used for this purpose

Captain WALLACE said that of the quantity imported only 5 per cent so far as they were able to trace was used for medicinal purposes The medicines into which this 5 per cent of liver was manufactured were used for the cure of pernicious anaemia It would of course be open to the people who got their liver in this country to apply to the Import Duties Advisory Committee if they felt that they were being done down To deprive the Exchequer of the revenue on imported liver whose total annual value was something like £500 000 for the sake of 5 per cent of the liver would be to strike another blow at the general scheme of duties by which the Government set such store

Sir REGINALD CLARRY emphasized that it was only the 5 per cent used in the production of this remedy which he desired to be exempted The remaining 95 per cent would therefore be subject to duty

Captain WALLACE said he had endeavoured to show the impossibility of identifying this particular 5 per cent If Sir Reginald Clarry could suggest any means of segregating the 5 per cent the Financial Secretary to the Treasury would be prepared to consider it

Mr A V ALEXANDER asked if Captain Wallace would arrange for a drawback on liver used for the production of medicinal preparations by the pharmaceutical chemist That would be simple

Captain WALLACE said it was not so simple as Mr Alexander thought He would not like to tie himself down on a matter of this kind but the Government had a very open mind on this question If a means were found of identifying this liver easily and simply without undue administrative complications or undue financial implications the Government would be prepared to do what they could to meet this point

The clause was agreed to by 158 votes to 91 Sir Francis Fremantle Dr Leech and Dr Morris Jones voting with the majority

The Bill passed through committee and was reported without amendment to the House

Empire Settlement and Population at Home

On January 25 Mr MALCOLM MACDONALD in the House of Commons moved the second reading of the Empire Settlement Bill He said that the existing Empire Settlement Act would come to an end on the last day of next May The Government proposed to extend the Act for another fifteen years and to fix £1 500 000 as the maximum sum which the Government could spend on migration schemes in any one year In considering migration Parliament must keep its eyes on those figures which indicated the population trend figures which prophesied that in a few years time the total population of this country would begin to decline and that the total of the unemployed people in this country would decline still further

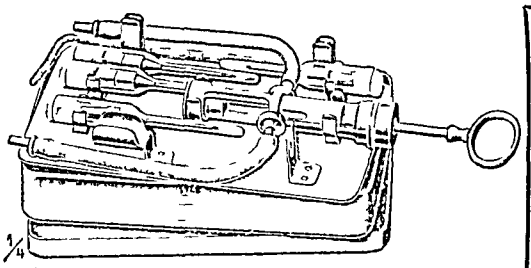
Mr LUNN in moving the rejection of the Bill said he was opposed to child migration being restarted Mr MARKHAM said that the Registrar General's review for 1935 showed that from 1947 onwards the nation would have actually a declining population At the rate of the figures given in that review they would see by 1947 a population declining so seriously that by 1960 there would be only 24 000 000 or 25 000 000 people in these islands The whole trend of the policy of birth control or family limitation was getting more and more severe The nation might find it was at the head of a great Empire but itself had a population under 30 000 000 opposed by ever growing numbers in Eastern European countries and other foreign countries That was an argument for shutting down emigration in the near future and for saying that no longer should we allow this country to be weakened by sending oversea not its less desirable members but some of the best

Mr MACDONALD replying to the debate said that the question of boarding out young children with families in the Dominions did not arise on the Bill There was no proposal that that particular scheme should be started again

The Bill was read a second time by 193 votes to 87

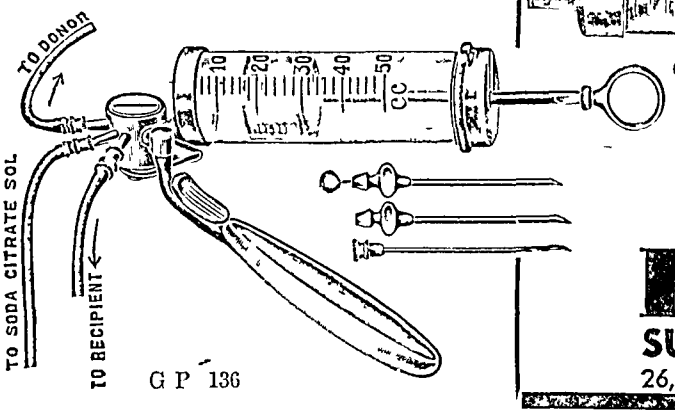
Ophthalmic Benefit

In a reply on January 28 to Mr Edward Williams Sir KINGSLEY WOOD said the representations from the Institute of Chemist Opticians and other pharmacists as regards national health insurance ophthalmic and optical benefits in draft Statutory Rules and Order 1936 No [illegible] would be brought to the notice of the Approved Committee to be set up under the new regulations This committee was to include representatives of approved societies and organizations of opticians among them the Institute of Chemist Opticians The committee would determine the qualifications which would entitle opticians to inclusion in a list of those to be recognized for the purposes of ophthalmic benefit



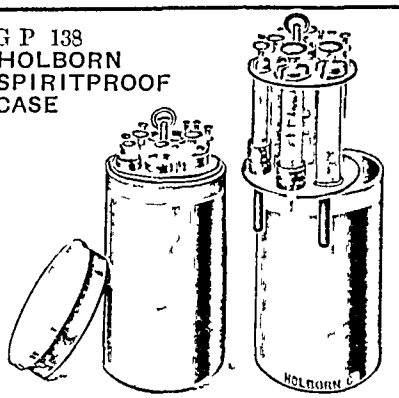
G P 157
JUBE'S BLOOD TRANSFUSION OUTFIT in metal case, consisting of special syringe with grooved rotating plunger, 2 needles with mounts for donor, 2 trocar pointed needles and mounts for recipient and rubber tubing capacity 10 c c (Foreign) **£3 3 0**

G P 136
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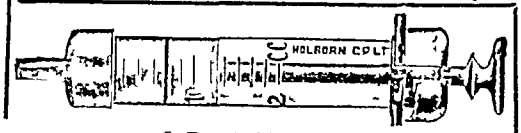


G P 136

G P 138
HOLBORN SPIRITPROOF CASE

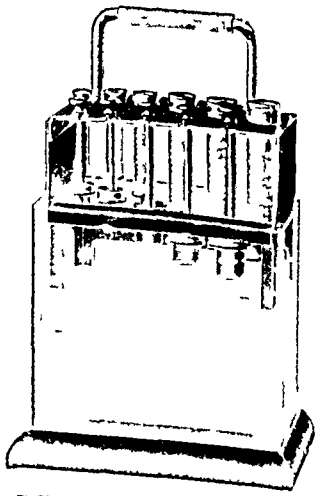


Chromium plated, containing cruet with one each 1, 2 5 10 20 c c Record Syringes and assortment of Stainless Steel Needles The cruet may be hooked on the side of the case to facilitate removal of the syringe
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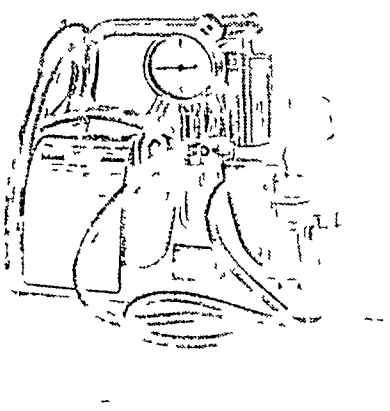
G P 121 **ISO RECORD SYRINGE** (foreign)
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2 c c	5/9	4/6
5 c c	7/9	6/6
10 c c	10/3	7/9
20 c c	14/3	10/3



G P 110
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Duty on Prescribed Spirits—On February 1 Lieut Colonel COLVILLE informed Mr Hall Caine that the Chancellor of the Exchequer could not see his way to initiate legislation to grant a rebate of duty on spirits supplied solely on doctors prescriptions

Physical Training Organizers—Mr SHAKESPEARE states that 170 local education authorities have appointed one or more whole time or part time organizers of physical training and a number of other authorities are considering making such appointments The number of organizers now employed by local education authorities is 275

Special Training and Nourishment of Recruits—On February 2 Mr BELLENGER asked whether the Secretary of State for War could make a statement on the experiment of special training and nourishment for certain selected recruits under standard Mr DUFF COOPER replied that at the end of an initial three months training thirty one of the thirty three recruits who had been selected for experiment were adjudged to be fit to start the normal recruits course and were passed to their regimental depots for this purpose Twenty four had since been passed as up to standard while seven who had not reached normal standard but had made such progress as to justify their retention were under special observation at their depots The experiment was regarded as successful and its practical application on a larger scale was under consideration

Doncaster Scarlet Fever Outbreak—The additional cost to the rates due to the recent outbreak of scarlet fever caused by infected milk is estimated at £365 in the borough of Doncaster and £70 in Doncaster Rural District

Notes in Brief

The Government has undertaken to bear the whole cost of accumulating the main items of anti gas equipment which would be required to implement local schemes and to make contributions towards the cost of additional hospital equipment and fire fighting appliances required to meet emergency conditions

Arrangements are being made for a limited number of officers in the larger Government Departments to undergo an instructional course at the Civilian Anti Gas School at Falfield

The rates of maternal mortality per 1 000 births for 1934 1935 and 1936 were in the case of Edinburgh 5 3 5 3 and 5 5 and in the case of Glasgow 6 7 and 5 9 The 1936 rates are provisional

Provisions of the Public Health Acts do not at present apply to Government offices but Section 341 of the Public Health Act 1936 which comes into operation on October 1 will enable the corresponding provisions of that Act to be applied to Crown property by agreement between the appropriate Government Department and the local authority concerned

Medical News

H R H the Duke of Gloucester has accepted the invitation to become president of the British Empire Cancer Campaign King George VI when Duke of York was president of the Campaign from 1924 until his accession

Viscount Dawson of Penn will open the new deep x-ray therapy and radiological department of the Samaritan Free Hospital for Women Marylebone Road N W on Friday February 12 at 4 p m Other speakers will include Sir Ewen Maclean and Dr Oxford

An address entitled The Modern Gospel of Unreason ' will be given by Professor W G de Burgh before the British Institute of Philosophy on February 16 at 8 15 p m at University College Gower Street W C 1 Cards of admission may be obtained from the Director of Studies University Hall, 14, Gordon Square W C 1

The notifications of influenzal pneumonia for the week ending January 30 in London were 211 as compared with 327 for the previous week and the number of deaths from influenza was 154 as compared with 273 The number of deaths ascribed to influenza for 122 great towns in England and Wales (including London) was 1 155 for the week ending January 30 The corresponding figure for the previous week was 1 137 and for the week before that 1 109

A meeting of the Chelsea Clinical Society will be held at the Hotel Rembrandt Thurloe Place S W on Tuesday February 16 at 8 30 p m when Sir Harold Gillies will open a discussion on Plastic Surgery Treated patients together with a cinematograph film will be shown The meeting will be preceded by dinner at 7 30 p m

A meeting of the Royal Sanitary Institute will be held in the Town Hall, Halifax on February 12 at 4 45 p m when there will be discussions on milk and dairies legislation and housing past present and future Visits will be made to the water purification plant the new flats for working class women the disinfestation plant and the new isolation hospital where a short address on The Future of the Isolation Hospital will be given by Dr G C F Roe

A meeting of the Listerian Society of King's College Hospital will be held in the large lecture theatre of the hospital on Wednesday February 10 at 8 30 p m when Dr Alan Gregg medical secretary of the Rockefeller Foundation will give an address on Psychological Research

At the meeting of the Pharmaceutical Society of Great Britain at 17 Bloomsbury Square W C on Tuesday February 9 at 8 30 p m Dr C H Hampshire secretary to the Pharmacopoeia Commission will give a lecture on The Addendum 1936 to the *British Pharmacopoeia* 1932

The Institute of Child Psychology (26 Warwick Avenue, W 9) has arranged a course of eight lectures on The Mental Hygiene of Childhood at Friends House Euston Road N W 1 on Wednesdays during February at 6 15 and 8 15 p m

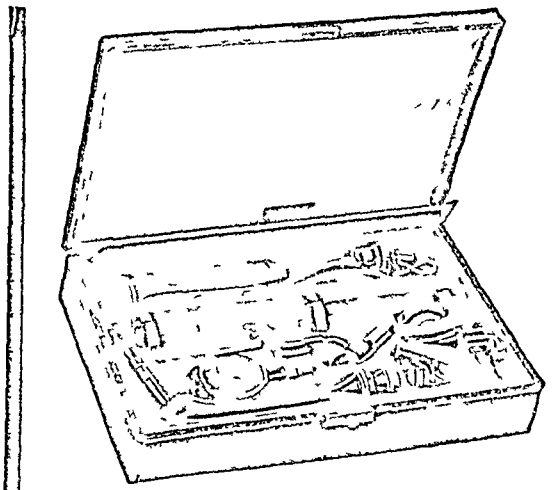
The next quarterly meeting of the Royal Medico Psychological Association will be held at 11 Chandos Street W on Wednesday February 17 at 2 30 p m when Professor A Meyer will read a paper on Recent Work on the Histopathology of Mental Deficiency

The ninth post graduate course in ophthalmology will be held at the Eye Clinic of Frankfurt University from February 21 to 27 The fee is 75 marks Further information can be obtained from Professor Thiel Universitats-augenklinik, Frankfurt am Main Sud 10 Eschenbacher strasse 4

Under the auspices of the Bruxelles Medical an Easter cruise has been arranged from March 18 to April 6 to visit Sicily Malta, Alexandria Cairo Port Said Haifa Nazareth Baalbec Jerusalem Damascus and Joppa The charge will be 1 835 belgas for first-class berths on the cruising steamship *Mariette Pacha* and hotels de luxe and 1 375 belgas for second class berths and first class hotels Reduced rates are available for medical practitioners accompanied by members of their families Inquiries should be addressed to the Bureau des Croisieres et Voyages Medicaux 29 Boulevard Adolphe Max Brussels

The issue of the *Nederlandsch Tijdschrift voor Geneeskunde* for January 23 is dedicated to Professor Hijmans van den Bergh on the occasion of the twenty-fifth anniversary of his professorship at Utrecht and contains articles in English by Dr A F Hurst on carcinoma of the stomach Dr Elliott T Joslin on a new diabetic era and Dr Knud Faber of Copenhagen on the age disposition to tuberculosis

Sir Stanley Woodwark has been elected Chairman of the Justices of the Peace for the County of London acting in and for the Division of St Marylebone for the year 1937



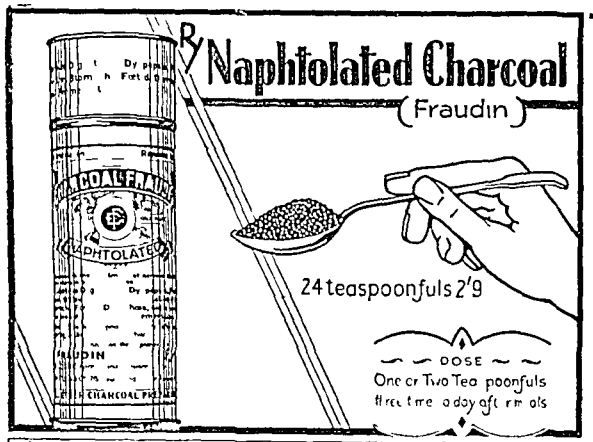
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

94 Sedimentation Test in General Paralysis

K H Tremming and J Madsen (*Hospitalstidende* October 27 1936 p 1137) find that though the treatment of general paralysis with malaria is the best at present available the complications may be so serious that a search must be made to eliminate them by tests of prognostic value The activation of a latent pulmonary tuberculosis or bronchopneumonia might be avoided were malaria treatment to be withheld because some test gave clear warning The authors are inclined to think that the rate of sedimentation of the erythrocytes may serve this purpose and they have applied the sedimentation test to fifty three recent cases of cerebro spinal syphilis the diagnosis being dementia paralytica in most of them Only in 20 per cent was the sedimentation test normal and in about 50 per cent it was definitely raised In only three cases were intercurrent diseases found which could account for the high sedimentation rate It was slow in all the six cases in which there were no psychic manifestations, although the morbid changes in the cerebro spinal fluid were well marked The authors conclude that a slow sedimentation rate combined with marked changes in the cerebro spinal fluid is indicative of a comparatively superficial form of cerebral syphilis and is to be interpreted as a sign of good omen A slow sedimentation rate in a case with only slight cerebro spinal fluid changes but well defined psychic manifestations is indicative of a stationary condition of some duration the prospect of a remission of the disease in response to malaria treatment is poor When the sedimentation rate is high and the changes in the cerebro spinal fluid are slight some other morbid process than syphilis of the central nervous system should be sought There is no contraindication to malaria treatment in a high sedimentation rate if it is not due to some intercurrent disease There seems to be some connexion between the sedimentation rate and the globulin content of the cerebro spinal fluid

95 Erythema Nodosum

E Tornell (*Nord med Tidskr* November 14 1936 p 1865) gives an account of an outbreak of erythema nodosum which he traced to the consumption of milk infected with tubercle bacilli of the bovine type The epidemic began in January, 1935 with a single case Five new cases occurred in June six in July, and one in August All thirteen cases were observed in a textile factory in Sweden and the ages of the patients, all females ranged from 17 to 29 years In ten cases the erythema developed at the same time as or with an interval of one to three weeks after a sore throat This sore throat ran a comparatively mild course, although in some cases enlargement of the glands behind the angle of the lower jaw persisted for several months In six cases the joints were involved The sedimentation rate was normal only in three cases whereas in the remainder it was considerably raised All the tuberculin tests were positive but in as many as eleven cases the radiological examination of the chest was normal In one case the first radiologically demonstrable infiltrations were followed by the development of pleurisy and in another case slight hilus changes were found While the author has hitherto succeeded in tracing three outbreaks of erythema nodosum to open cases of human tuberculosis he could not in the present outbreak find any such source of infection This outbreak was however evidently of a tuberculous character as all the patients were tuberculin positive whereas in the author's surroundings some 20 to 25 per cent of the inhabitants at the age of 20 are still tuberculin negative He found that all thirteen patients had been supplied with milk from the same source and when rabbits and guinea pigs were inoculated with this milk the tubercle bacilli found in the lesions they developed conformed to the characters of tubercle bacilli of the bovine type

96 Pre operative Electrocardiographic and Radiological Examination

J Foged and T Geill (*Hospitalstidende* November 10 1936, p 1177, and November 17 1936 p 1205) claim that a considerable reduction could be effected in post operative deaths if patients undergoing major operations were systematically subjected to electrocardiographic and radiological examinations of the heart In the seven year period 1928–35 there were 634 post operative deaths in their hospital, the cause of death in ninety seven of these cases (15 per cent of the total) being heart failure judged by clinical and post mortem evidence The heart disease had been detected clinically in only forty three of these cases In other words the clinical examination failed in most cases to give the necessary warning of a potentially flagging heart before the operation The authors have accordingly submitted to electrocardiographic and radiological examinations 428 patients admitted for some major operation Among them were 353 patients who came to operation after a clinical examination had shown nothing amiss with the heart In 253 of these cases the electrocardiographic and radiological examinations confirmed the normal clinical findings In the remaining 100 cases the clinical verdict of a normal heart was challenged either by the electrocardiographic or by the radiological examination or by both The post operative cardiac mortality in the group of 253 cases (276 operations) was 1 1 per cent while it was 11 8 per cent in the group of 100 cases (110 operations) in which the clinical evidence of a sound heart was not confirmed by the other examinations The heart diseases playing the most important part in post operative deaths would seem to be coronary sclerosis and degeneration of the myocardium When these conditions are demonstrable they should be considered as serious contraindications to a major operation if this is not absolutely indicated Such a question would arise as a rule among elderly over weight patients suffering from such ailments as gastric and duodenal ulcer disease of the gall bladder fibromyoma prolapse of the uterus large hernias appendicitis and cancer of the stomach colon rectum and uterus

97 Bovine Type Pulmonary Tuberculosis

P Mourier (*Ugeskr Laeg* October 29 1936 p 1018) has sent to the State Serum Institute in Copenhagen for type determination sputum gastric contents and pleural effusions from his sanatorium in the period 1932–6 Among 161 unselected patients thus examined there were 128 found to harbour tubercle bacilli of the human type and thirty three (20 5 per cent) tubercle bacilli of the bovine type It was noteworthy that most of the patients in the author's sanatorium were recruited from rural areas and were associated in some way or other with farming The ages of most of the thirty three patients were between 15 and 30 years there were only two patients over this age According to K A Jensen only 2 per cent of the cases of tuberculosis in Copenhagen can be traced to bovine infections The difference between the frequency of bovine infections in town and country is therefore considerable Among the thirty-three were twenty five

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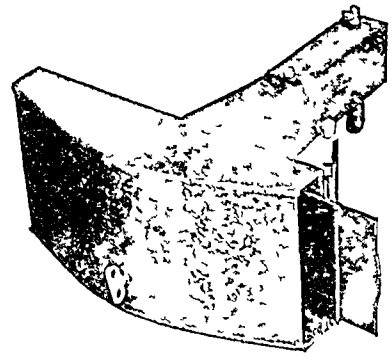
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—BRITISH MEDICAL JOURNAL
October 24th 1936 vol ii p 809



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by diuretics may indeed reduce the concentration of veronal in it but the sum total of the drug thus excreted is raised Evidently the anuria of veronal poisoning is connected with an inadequate intake of fluids and to repair this the author gives from 2 to 4 litres a day of Ringer's solution by subcutaneous injection In most cases the response twelve hours after this treatment was a profuse excretion of urine and the patient was safely tided over the critical anuria

103 Liver Therapy

E HAMMERSCHLAG (*Ars Medici* July 1936 p 291) analyses the various effects of liver therapy One of the principal factors is the detoxicating effect of liver extracts But the liver also stores the various important substances formed in the different parts of the alimentary tract These substances have an anti allergic function and a detoxicating effect on histamine *The liver further stores* the water soluble vitamins and certain substances which act on the blood vessels Variations in the therapeutic effect of the liver preparations are due to their methods of manufacture The author hopes that in time the different components of the liver extract will be isolated and clinically and biologically defined The polyvalence of the liver extract explains its often favourable action on allergic conditions such as asthma and hay fever various intestinal disturbances sea sickness various toxic anaemias *certain skin affections such as* hydroa vacciniformis, and finally in Bechtereff's disease

Anaesthesia

104 Spinal Anaesthesia 200 Cases

WESLEY BOURNE and P E O SHAUGHNESSY (*Canad med Ass J* November, 1936, p 536) report favourably on 200 cases of intrathecal nerve root block ('spinal anaesthesia') by the Etherington Wilson technique in which the height of analgesia is controlled by the timed rise of the hypobaric Howard Jones solution of percaine 1 in 1 500 injected at the third lumbar space in the upright position The original dosage for low medium and high analgesia was *10, 12 or 15 c.cm with the patient* kept upright for twenty five, thirty five and forty five seconds respectively The authors' dosage has been heavy, 40 per cent of their cases having had 15 c.cm, 40 per cent less and 20 per cent more than this, three cases had 20 c.cm Sufficient narcotics were given to make the patients drowsy and amnesic morphine, scopolamine and nembutal being used in various combinations Half the cases had stimulants usually ephedrine, the authors recommend the intravenous route Nausea occurred in 35 per cent of cases circulatory depression in 13 per cent headache in 7 per cent There was one severe collapse with respiratory arrest for half an hour, but ultimate recovery follow ing nembutal 3 grammes scopolamine 1/100 gramme and percaine 15 c.cm with the patient upright for thirty seconds One case had incontinence of urine for twelve days In five cases analgesia was incomplete The authors conclude that care must be taken with dosage and the length of the spine taken into account They agree with Etherington Wilson that better results might be obtained with smaller doses retained upright for longer periods

105 *Experience with Evipan*

H E BLOMQUIST (*Nord med Tidskr* November 28 1936 p 1946) calculates that over two million ampoules of evipan have already been sold and that some 550 original articles have been written about it Sodium evipan anaesthesia was introduced at his hospital in Wasa in March 1933 *and up to March 1936* evipan anaesthesia had been induced in 529 cases, in 365 of which evipan was the only anaesthetic used In the remaining cases it was used as a preliminary to or as an associate with some other anaesthetic local or general The evipan was as a rule injected into a vein of one arm at the rate of 1 c.cm every fifteen seconds for the first 4 c.cm The rate was then raised to 1 c.cm every ten seconds No ill effects followed the not infrequent deposit of some of the anaesthetic by mistake outside a vein The amount needed to induce anaesthesia varied greatly some patients requiring only 2 c.cm to fall asleep others from 6 to 7 c.cm The dosage had therefore to be determined by the needs of the individual, not by any rule of thumb Most of the patients were again wide awake half an hour after the completion of the operation and could eat and drink without discomfort The elderly and debilitated patients who were liable to go on sleeping a long time were awakened by an injection of coramine The evipan was given in ninety out patient cases the patients being able to walk home an hour or two after regaining consciousness Post operative restlessness was observed in five cases in all of which comparatively large doses of evipan had been given Four patients vomited after recovering consciousness but in two of these cases the evipan could not be held responsible for the vomiting There were no anaesthetic deaths in this series and no case in which the evipan failed to induce sleep The ages of the patients ranged from 10 to 83 years The author's opinion of this anaesthetic is favourable, and he stresses *its importance* as a means of diminishing pulmonary and other complications of general anaesthesia But he is inclined to be cautious when the liver or kidneys are defective as evipan is broken down in the liver and its constituent elements are excreted by the kidneys

106 Vinyl Ether Anaesthesia

E W BEACH (*Curr Res Anesth* September–October 1936 p 214) records his observations on anaesthesia with vinyl ether (vinesthene) in 2 630 cases during the past two and a half years He considers that its characteristics —namely rapid induction and recovery with no irritation of the air passages and few after-effects—render it particularly suitable for minor surgery in ambulant cases and notably for dental extractions in children It may be used with advantage wherever a deep anaesthesia of short duration is required and for providing increased relaxation with gas–oxygen *but its great volatility* and rapidity may make long anaesthesia difficult and necessitate close watchfulness and attention *Its rapid* and brief analgesia are of value in midwifery and deep anaesthesia may also be safely obtained here if required but caution is necessary in long administration owing to the possibility of toxic effects upon the liver

107 Cyclopropane Anaesthesia

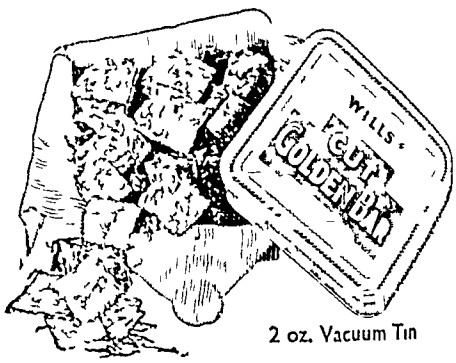
J B BOGAN (*Curr Res Anesth* November–December 1936 p 275) has given cyclopropane anaesthesia to 315 unselected patients for various operations of which 120 were appendicectomies and *112 were other major pro*cedures The patients were aged from 5 to 84 years 145 had cyclopropane–oxygen alone, sixty nine had ether as well and 101 had preliminary avertin they had the usual preparation generally including morphine about an hour before operation The Waters carbon dioxide absorption technique was used in nearly all cases and is recommended for economy and reduction of explosion risk The usual proportion of gases was 15 per cent cyclopropane to 85 per cent oxygen The author advises beginners to practise *this technique* with familiar agents and to be prepared to change to ether if necessary He recommends caution in administration particularly the avoidance of high concentrations which may cause cardiac irregularity In this series there were no anaesthetic deaths and post-operative complications were no greater than those following nitrous oxide or ethylene In over half the cases the blood pressure rose from 10 to 20 mm Hg during the anaesthesia while the pulse rate slowed



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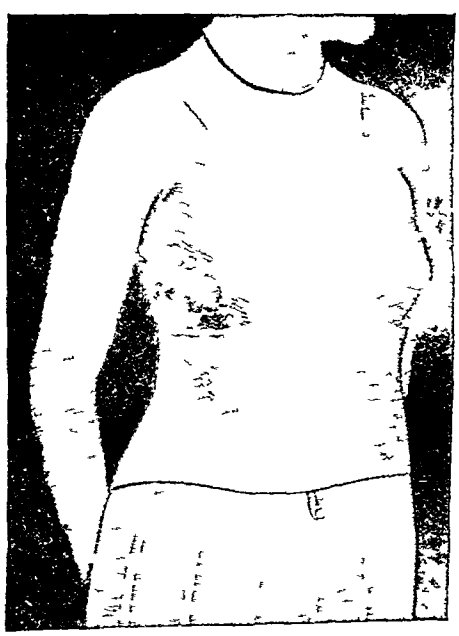
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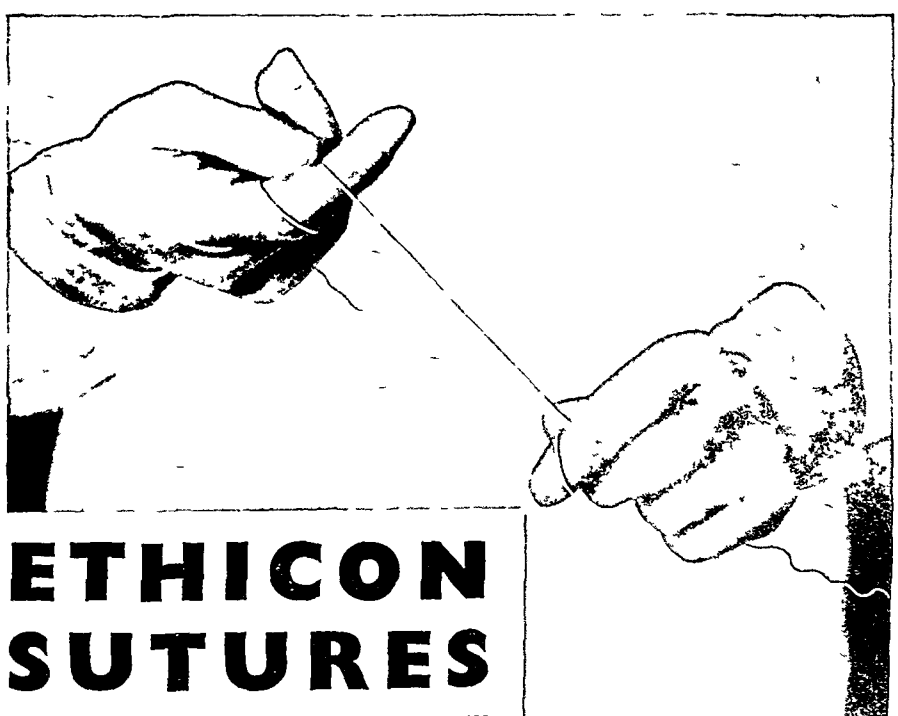
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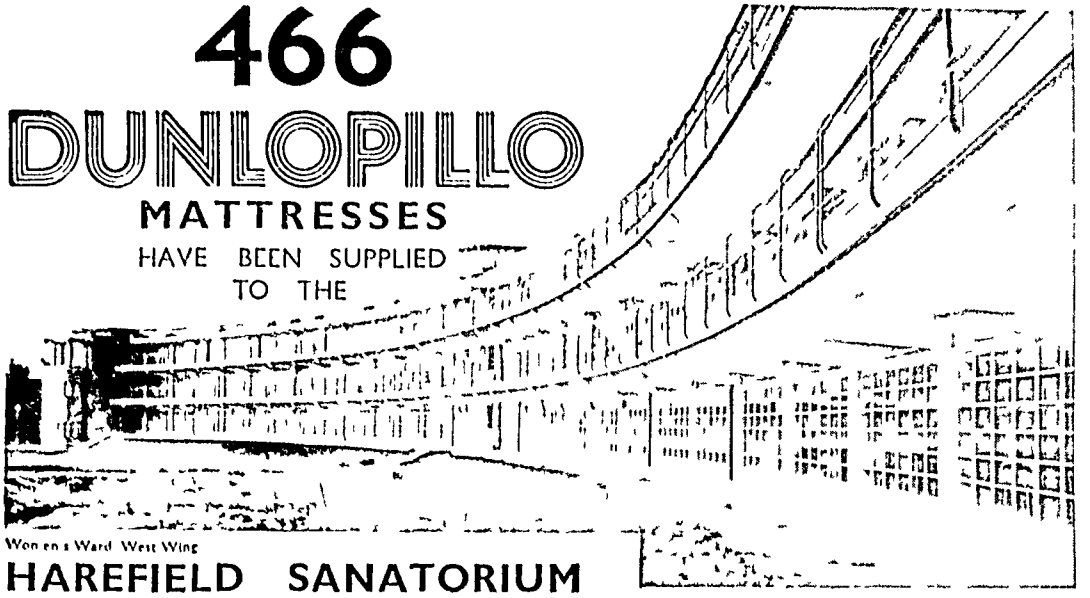
For Prospectus and Syllabus of Lectures etc apply to the SECRETARY, LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE Keppel Street (Gower Street) London WC1 (Museum 3041.)

466

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Women's Ward West Wing

HAREFIELD SANATORIUM

County Architect W T Curtis Esq FRIBA

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Medical Practitioners are invited to send for a copy of this new publication Written by an eminent medical authority it is a handy reminder of the many useful functions of the crepe bandage in everyday cases The NORVIC Crepe Bandage in particular is highly recommended for its exceptional elasticity which is obtained by a special weave and without the use of any form of rubber

The NORVIC Crepe Bandage is obtainable from the Sheffield Textile Chemical Co Ltd 18 Wicker Street Sheffield 3 Norvic Crepe Bandages are obtainable from all the leading Wholesale and Retail Chemists and Druggists and all Surgical Instrument Houses

COUNTY BOROUGH OF BURY

DEPUTY MEDICAL OFFICER OF HEALTH

Applications are invited from persons not exceeding 45 years of age for the post of Deputy Medical Officer to the above named authority

Candidates must have (1) had at least three years experience in the practice of their profession (2) spent in general clinical work a period of not less than eighteen months of which not less than six months have been spent in a hospital as resident officer in charge of beds occupied by general medical or surgical cases (3) received special training for a period of not less than six months in the diagnosis and treatment of tuberculosis and (4) must also be in possession of a certificate given by the venereal diseases officer of a treatment centre at which not less than 500 patients attended for the first time during the twelve months preceding the issue of the certificate testifying that he has attended at the treatment centre for not less than three months and has received during that period not less than 130 hours instruction in the modern method of diagnosis and treatment of venereal diseases

Experience in School Medical Work and in the control of Infectious Diseases will be deemed additional qualifications and experience in other branches of Public Health Work is desirable

The possession of the D P H or its equivalent is essential

The salary which includes the sum of £150 per annum in respect of service at two evening clinics will be at the rate of £750 per annum rising by annual increments of £25 to a maximum of £850 per annum

The appointment is subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and to the successful candidate passing the necessary medical examination

Applications accompanied by copies of not more than three recent testimonials should be forwarded to the undersigned not later than February 13th

There is no special form of application

Canvassing in any form will be a disqualification

Municipal Offices RICHARD MOORE
Bank Street Bury Town Clerk
January 29th 1937

COUNTY BOROUGH OF STOCKPORT

PUBLIC HEALTH DEPARTMENT

SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH AND CLINICAL TUBERCULOSIS OFFICER

Applications are invited from duly qualified and registered medical men for the above appointment

The possession of a degree or diploma in Public Health is essential and preference will be given to candidates with experience in the diagnosis and treatment of Tuberculosis Infectious and Venereal Diseases

The salary attached to the position will be £750 per annum rising every two years by increments (three increments of £50 and final increment of £37 10s) to a maximum of £937 10s per annum

The candidate appointed will be required to pass a medical examination and will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922

Forms of application and particulars of the duties etc of the office can be obtained by application to Dr J Yule Medical Officer of Health Town Hall Stockport

Applications endorsed Senior Assistant Medical Officer of Health should reach me not later than first post on Monday February 15th

Canvassing in any form is prohibited

Town Hall I KNOWLES
Stockport Town Clerk
January 25th 1937

COUNTY BOROUGH OF WALLASEY

WOMAN ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications are invited for the above position The duties will include School Medical Inspection Maternity and Child Welfare Work and General Public Health Work as required

Salary £400 per annum rising by annual increments of £25 to a maximum of £600 per annum with board residence etc at the ISOLATION HOSPITAL (valued at £100 per annum)

Applicants should possess the qualifications required by the Local Government (Qualifications of Medical Officers and Health Visitors) Regulation 1930

Forms of application may be obtained from the Medical Officer of Health and should be returned with copies of three testimonials to reach me not later than first post on Monday next

EMRYS EVANS
Town Clerk

DERBYSHIRE EDUCATION COMMITTEE

ASSISTANT SCHOOL MEDICAL OFFICER (Male)

The Derbyshire Education Committee require the services of an Assistant School Medical Officer (male) at a salary of £500 rising by annual increments of £25 to £700 per annum, together with a travelling allowance in accordance with the County Scale

Candidates must be registered Medical Practitioners of at least three years standing The duties will include work under the Maternity and Child Welfare Service Experience in this work and Mental Deficiency is desirable

The appointment will be a designated post under the Local Government and Other Officers Superannuation Act and the successful candidate will be required to pass a medical examination

The Officer appointed will not be allowed to engage in private or consultant practice but will be required to devote his whole time to the duties of the office and will act under the direction of the School Medical Officer

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of not more than three recent testimonials, on or before Wednesday February 17th endorsed Assistant School Medical Officer

The appointment will be determinable by three months notice on either side

New County Offices W M ASH
St Mary's Gate School Medical Officer
Derby January 29th 1937

SURREY COUNTY COUNCIL

MENTAL HOSPITALS COMMITTEE

APPOINTMENT OF DEPUTY MEDICAL SUPERINTENDENT OF MENTAL HOSPITAL

Applications are invited from registered Medical Practitioners (male) for the post of Deputy Medical Superintendent in the Surrey County Mental Hospital Service

Scale of salary £720 rising by annual increments of £25 to a maximum of £820 per annum In fixing the commencing salary regard will be had to the experience and attainments of the person appointed A house is provided on the Hospital Estate upon which a value of £30 per annum is placed for superannuation purposes and there are no other emoluments attached to the post Candidates must hold the Diploma in Psychological Medicine

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909 and to termination by three calendar months notice on either side The person appointed will be required to undergo a medical examination

Applications, stating age and whether married or single accompanied by copies of three recent testimonials must reach the undersigned not later than Monday February 22nd The envelope should be marked Deputy Medical Superintendent

DUDLEY AUKLAND
Clerk to the Committee
Mental Hospitals Department
County Hall Kingston upon Thames
February 2nd 1937

WEST GLOUCESTERSHIRE UNITED DISTRICTS (MEDICAL OFFICER OF HEALTH) COMMITTEE

APPOINTMENT OF MEDICAL OFFICER OF HEALTH

Applications are invited from registered Medical Practitioners holding a Diploma in Sanitary Science Public Health or State Medicine for the position of Medical Officer of Health for the Rural Districts of East Dean West Dean and Lydney respectively having an approximate area of 79 000 acres and a population of approximately 48,000

Salary £800 per annum and £100 per annum travelling and all other expenses Appointee must devote whole time to the duties of the office and reside within the area

The appointment is subject to the Public Health Sanitary Officers (Outside London) Regulations 1935 and the approval of the Minister of Health

Sealed applications endorsed Medical Officer of Health upon foolscap paper stating date and place of birth qualifications periods of service with other local authorities (if any) with copies of three recent testimonials to reach the undersigned not later than February 18th

Newnham MAURICE I CARTER
Gloucestershire Clerk to the Committee

THE ITALIAN HOSPITAL, Queen Square W C 1

HOUSE SURGEON required Appointment for six months but renewable commencing March 1st Preference given to candidates who speak Italian Salary £100 per with board residence and laundry Applications must reach the Secretary not later than Feb 10th

NOTTINGHAMSHIRE COUNTY COUNCIL WEST BRIDGFORD URBAN DISTRICT COUNCIL BINGHAM RURAL DISTRICT COUNCIL

JOINT MEDICAL OFFICER

The Nottinghamshire County Council the West Bridgford Urban District Council and the Bingham Rural District Council jointly invite applications from duly qualified and registered Medical Practitioners for the joint whole time appointment of a MEDICAL OFFICER to act as

(a) Assistant Medical Officer of the County Council

(b) Medical Officer of Health of the West Bridgford Urban District

(c) Medical Officer of Health of the Bingham Rural District

The salary attaching to the position will be £800 per annum with reasonable travelling allowances The person appointed will be required to reside at such place within the areas of one or other of the said Urban and Rural Districts as the three Authorities may approve

Applicants must have had at least three years professional experience since qualifying should be conversant by experience with the duties of a Medical Officer of Health and School Medical Officer and must possess a Diploma in Public Health Experience in Retraction work and the examination of Defective Children is desirable

As regards his duties under the County Council, the Officer will act under the general control and supervision of the County Medical Officer and will be required to perform such duties either as Assistant School Medical Officer or otherwise as may be from time to time prescribed

The appointments as Assistant Medical Officer to the County Council and Medical Officer of Health to the West Bridgford Urban District Council are subject to the provisions of the Local Government and Other Officers Superannuation Act 1922, and the selected candidate will accordingly be required to pass a medical examination

Forms of application and conditions of the appointment may be obtained at my office and applications accompanied by copies of not more than three recent testimonials must be forwarded to me not later than February 15th

Shire Hall R TWEEDALE MEARS, Clerk
Nottingham of the Nottingham line
January 25th, 1937 County Council

DERBYSHIRE COUNTY COUNCIL

BRETBY HALL ORTHOPAEDIC HOSPITAL (147 Beds)

JUNIOR RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Junior Resident Assistant Medical Officer at the above Institution Preference will be given to candidates who have held resident Hospital appointments and who are competent anæsthetists Orthopædic experience is not essential but will be considered an additional qualification Married quarters are not provided

Salary at the rate of £350 per annum rising by annual increments of £25 to £450 per annum with board residence and laundry

The successful candidate will devote the whole of his time to the duties of his office

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act, 1922 and the person appointed will be required to pass a medical examination

Application forms may be obtained from the undersigned to whom they must be returned together with copies of not more than three recent testimonials on or before Feb 22nd

New County Offices W M ASH
Derby County Medical Officer
February 1st 1937

CITY AND PORT OF BRISTOL

PUBLIC HEALTH DEPARTMENT

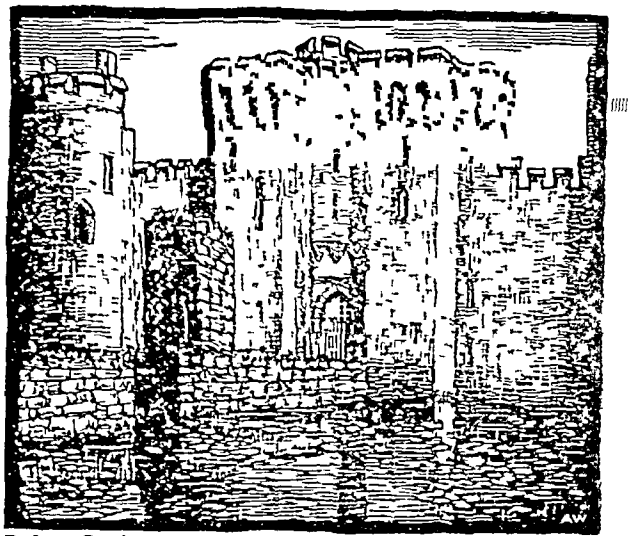
RESIDENT MEDICAL OFFICER

Resident Medical Officer wanted at HUTTON CHANNARK CHILDREN'S ORTHOPÆDIC HOSPITAL AND SANATORIUM BRISTOL (100 beds) Appointment for six months Candidates must be experienced in Anæsthetic work Duties will include Anæsthetic work other institutions of the Corporation Salary £250 per annum Applications to be made to the Medical Officer of Health 40 Prince Street Bristol 1 by February 12th

ROTHERHAM HOSPITAL

Wanted CASUALTY HOUSE SURGEON (unqualified) Salary £150 per annum with board residence and laundry To have charge of 60 patients 150 beds

Applications with copies of recent testimonials to be made to the Secretary (W ROBERTS 8 Moorgate Street Rotherham



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TELEPHONE HOLBORN 5722

LIVERPOOL COUNTY BOROUGH

LOCAL EDUCATION AUTHORITY

JUNIOR ASSISTANT SCHOOL MEDICAL OFFICER—AURAL WORK

Applications are invited for a Junior Assistant School Medical Officer in the Department of the Medical Officer to the Local Education Authority at a salary of £500 per annum rising by annual increments of £25 to £700 per annum

(Where the successful candidate holds a similar appointment under another Local Education Authority and receives a salary in excess of the advertised minimum a commencing salary of not less than the salary which the candidate is receiving under his (or her) existing appointment (not exceeding the maximum under the Liverpool Scale) may be paid)

Candidates must be registered Medical Practitioners and must have had at least three years experience As part of the Officer's time will be devoted to attendance at the Aural Clinics, it is essential that candidates should have had some experience in the treatment of Ear conditions

The officer appointed will be required to reside within the City and devote whole time service to the Local Education Authority under the direction of the Medical Officer to the Local Education Authority and will not be allowed to undertake any private practice

The appointment will be subject to the Local Government and Other Officers Superannuation Act 1922 and the Standing Orders of the City Council

Form of application which may be obtained by forwarding a stamped addressed foolscap envelope should be returned together with copies of three recent testimonials to the undersigned not later than February 27th and endorsed Junior Assistant School Medical Officer—Aural Work

The canvassing of members of the Education Committee or the City Council is strictly prohibited and will be considered a disqualification

W H BAINES
Municipal Buildings, Liverpool 2 — Town Clerk and Clerk to the Local Education Authority
February 5th 1937

LIVERPOOL COUNTY BOROUGH

LOCAL EDUCATION AUTHORITY

JUNIOR ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited for a Junior Assistant School Medical Officer in the Department of the Medical Officer to the Local Education Authority at a salary of £500 per annum, rising by annual increments of £25 to £700 per annum

(Where the successful candidate holds a similar appointment under another Local Education Authority and receives a salary in excess of the advertised minimum a commencing salary of not less than the salary which the candidate is receiving under his (or her) existing appointment (not exceeding the maximum under the Liverpool Scale) may be paid)

Candidates must be registered Medical Practitioners and must have had at least three years experience It is desirable that they should have had some special experience in School Hygiene and in Diseases of Children

The officer appointed will be required to reside within the City and devote whole time service to the Local Education Authority under the direction of the Medical Officer to the Local Education Authority and will not be allowed to undertake any private practice

The appointment will be subject to the Local Government and Other Officers Superannuation Act 1922 and the Standing Orders of the City Council

Form of application which may be obtained by forwarding a stamped addressed foolscap envelope should be returned together with copies of three recent testimonials to the undersigned not later than February 27th and endorsed Junior Assistant School Medical Officer

The canvassing of members of the Education Committee or the City Council is strictly prohibited and will be considered a disqualification

W H BAINES,
Municipal Buildings, Liverpool 2 — Town Clerk and Clerk to the Local Education Authority
February 5th 1937

DARLINGTON MEMORIAL HOSPITAL (200 Beds)

Wanted, HOUSE SURGEON for Casualty and Orthopædic Department Male British Fully registered Salary £150 per annum with board residence and laundry Applications stating age and qualifications with copies of at least two testimonials to be addressed to the undersigned

A HIBBERT ACIS Secretary Supt

CITY OF LIVERPOOL

RESIDENT ASSISTANT MEDICAL OFFICERS (Male and Female)
ALDER HEY HOSPITAL (952 Beds)

Applications are invited for the above appointments which fall vacant on April 1st The appointments are for a period of one year at a salary of £200 per annum together with the usual residential allowances Canvassing will be deemed a disqualification

There is a large Ear Nose and Throat Department in the Hospital and one of the selected candidates will be given the opportunity of working in this special branch

Applications to be made on forms obtainable from the Medical Officer of Health Municipal Annexe Liverpool to be endorsed Resident Assistant Medical Officer and returned to the undersigned so as to be received not later than February 15th

Municipal Buildings, Dale Street Liverpool 2 — W H BAINES Town Clerk
January 1937

COUNTY BOROUGH OF ROCHDALE

PUBLIC HEALTH DEPARTMENT

The Health Committee invite applications from fully qualified registered Medical Practitioners (unmarried) for the appointment of JUNIOR RESIDENT MEDICAL OFFICER (male) at the BIRCH HILL HOSPITAL (475 beds—Medical Surgical Children and Maternity)

The appointment includes certain services at the adjoining Public Assistance Institution and will be for a period of six months in the first instance and for a further period of six months at the option of the Town Council but will not be renewable thereafter

Salary at the rate of £225 per annum together with board residence and laundry

Applications must be made on the prescribed form which may be obtained on application to the Medical Officer of Health and returned addressed to him at the Public Health Offices Baillie Street Rochdale, not later than Friday February 19th

Town Hall, Rochdale — HARRY BANN Town Clerk
February 1st 1937

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

LITTLE BROMWICH HOSPITAL FOR INFECTIOUS DISEASES

JUNIOR RESIDENT MEDICAL OFFICER (FEMALE)

JUNIOR RESIDENT MEDICAL OFFICER (Female) required Candidates must be unmarried and must have held previous resident posts in General or Children's Hospitals

Salary at the rate of £300 per annum together with board etc valued at £150 per annum This appointment is limited to 12 months

The officer appointed will be required to pay to the Council all fees allowances and emoluments (other than the foregoing) received by her

It is not feasible to attend classes for the D P H in conjunction with this appointment

Forms of application may be obtained from the Medical Superintendent Dr J McCARRITY and should be returned to him on or before February 13th

The Council House, Birmingham — F H C WILTSHIRE, Town Clerk

THE MIDDLESEX HOSPITAL AND MEDICAL SCHOOL, W 1

Applications are invited for the post of JUNIOR MEDICAL REGISTRAR Candidates must be registered Medical Practitioners and Doctors or Bachelors of Medicine of a recognised University or Members of the Royal College of Physicians of London The appointment in the first instance will be from March 1st to December 31st, 1937 and the successful candidate will be eligible to apply for appointment as Registrar and to hold office for two further consecutive years He will be required to attend at the Hospital daily from 10 a m to 6 p m Salary £300 per annum Further particulars may be obtained from the undersigned to whom applications with copies of not more than three testimonials must be sent before noon on Saturday February 20th

S R C PLIMSOLL Secretary Supt

ANCOATS HOSPITAL MANCHESTER

HOUSE SURGEON (Orthopædic) required to commence duty on March 1st Appointment for six months salary at the rate of £100 per annum with board apartments laundry etc

Applications stating age qualifications experience if any and full particulars to be forwarded to the undersigned together with copies of three recent testimonials on or before February 16th next

By Order of the Board
HERBERT I DAFFORNE Gen Supt & Sec

CITY OF MANCHESTER

CRUMPSALL HOSPITAL (1568 Beds)

The Public Health Committee invites applications from registered Medical Practitioners for the post of RESIDENT ASSISTANT MEDICAL OFFICER at the above named Hospital

The salary for the appointment is £200 per annum with board residence and laundry in addition subject to the Manchester Corporation conditions of Service

The appointment will be made in the first instance for a period of six months renewable for a further six months but not renewable thereafter

Full information and forms of application may be obtained from the Medical Officer of Health Sunlight House, Quay Street Manchester 3 and applications for the post to be received by him not later than Feb 15th

Town Hall, Manchester 2 — T E WARBRECK HOWELL Town Clerk
February 2nd 1937

PLYMOUTH AND DISTRICT MEMORIAL HOSPITAL (154 Beds)

APPOINTMENT OF SENIOR RESIDENT HOUSE SURGEON
(3 Residents on Staff)

Applications are invited from fully qualified male practitioners for the above post which becomes vacant on March 1st next

Applicants must have held a Hospital appointment previously for at least six months and have had experience in fracture work

Salary at the rate of £175 per annum for the first six months and £200 per annum afterwards

Applications stating age qualifications and experience with copies of recent testimonials to be sent to the undersigned from whom further particulars may be obtained

FRANK A C TAYLOR Secretary Supt

THE RADCLIFFE INFIRMARY OXFORD

The Committee of Management invite applications for the post of FULL TIME ASSISTANT CLINICAL PATHOLOGIST

Candidates must possess a registrable medical qualification and should have had at least two years experience in Pathology and Bacteriology

The officer appointed will be under the direction of the Honorary Pathologist

The appointment will be for a period of two years terminable by three months notice on either side

The holder of the post will be eligible for re election

The commencing salary is £600 per annum and Private Practice is not allowed

Applications with ten copies of three recent testimonials and two per oral references should be sent to the Administrator The Radcliffe Infirmary Oxford by March 1st

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THE DEWSBURY AND DISTRICT GENERAL INFIRMARY DEWSBURY

Applications are invited for the post of SECOND HOUSE SURGEON (Male) vacant March 1st next The duties are principally those of a House Physician and Casualty Officer Salary £150 per annum, with board residence, and laundry

The Infirmary is a new Voluntary Hospital of 100 beds and has the usual Special Departments with Visiting Consulting Specialists in attendance

Applications stating age and hospital experience, together with copies of recent testimonials to be sent as immediately as possible to my office

FRED SMITH Sec Supt

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON

Applications are invited for the office of HONORARY MEDICAL REGISTRAR from Gentlemen who hold a medical qualification of the British Empire and who are duly registered under the Medical Acts

The appointment will be for a term of three years the successful candidate being eligible for re election at the end of that period

Applications must reach the undersigned at the Hospital before 12 noon on February 22nd

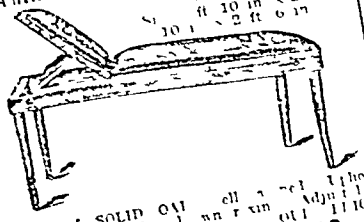
L L W LANCASTER GALE Secretary Supt

STOCKTON AND THORNABY HOSPITAL STOCKTON ON TEES
(140 Beds—3 Residents)

JUNIOR RESIDENT MEDICAL OFFICER (male) required for a period of at least six months Duties to commence on or about March 21st Salary £150 per annum with board residence and laundry Candidates must be duly qualified and unmarried Applications stating age nationality and experience together with copies of three recent testimonials to be sent to the undersigned

J WILKINSON Secretary

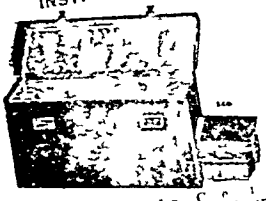
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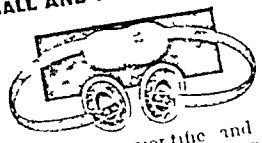
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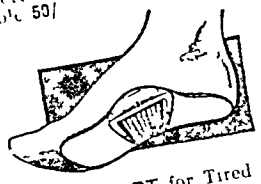
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CITY OF LONDON MENTAL HOSPITAL, DARTFORD KENT

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL
WOODCHURCH ROAD BIRKENHEAD

RESIDENT MEDICAL OFFICER

The Board invite applications for the post of Second Resident Medical Officer (female) for a period of six months from April 1st Honorarium at the rate of £90 per annum with board residence and laundry
The Hospital is a recognised Training School for Sick Children's Nurses
Applications together with copies of testimonials to be addressed to the Hon Secretary at the Hospital not later than February 15th

CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE WITHINGTON MANCHESTER 20

Applications are invited for the post of ASSISTANT DIRECTOR to the Radium Institute
Candidates must be qualified Radiotherapists with experience in both Radium and Deep Therapy In addition to their radiological diploma candidates must hold a higher medical qualification (FRCS or MS)
Salary will be £1 000 per annum the post being a whole time one private practice not being allowed
Applications to be submitted to the Superintendent and Secretary not later than Tuesday February 16th

CHESTER ROYAL INFIRMARY
(225 Beds)

TWO HOUSE SURGEONS (Male)

Applications are invited for the above posts to take up duty on March 1st Salary £150 per annum with board lodging and laundry The appointments are approved in connection with the MS (London University) and FRCS (Eng) Examination Application lists close February 19th Application forms may be obtained from—
W H GRACE MD MRCP
Hon Sec Medical Committee

CHESTER ROYAL INFIRMARY
(225 Beds)

Applications are invited for the post of HOUSE PHYSICIAN (male) to take up duty on March 1st Salary £150 per annum with board lodging and laundry The appointment is approved for the purposes of the MD Examinations of the University of London Application list closes February 19th Application forms may be obtained from—
W H GRACE MD MRCP
Hon Sec Medical Committee

CHESTER ROYAL INFIRMARY
(225 Beds)

Applications are invited for the post of HOUSE SURGEON (male) to take up duty on April 1st Salary £150 per annum with board lodging and laundry The appointment is approved in connection with MS (London University) and FRCS (Eng) Examination Application list closes March 12th Application forms may be obtained from—
W H GRACE MD MRCP
Hon Sec Medical Committee

CHAMBERLAIN HOSPITAL WEST HARTLEPOOL (70 Bed)

HOUSE SURGEON (male or female) required to commence duties as soon as possible Salary £150 per annum with board residence and laundry
Applications stating age nationality and experience together with copies of testimonials will be sent to the undersigned as soon as possible

M H BOONE Secretary

GRANTHAM HOSPITAL
(100 Bed)

Applications are invited for the appointment of RESIDENT MEDICAL OFFICER The appointment is for six months and to commence on March 1st Salary £200 per annum with board residence and laundry Preference will be given to applicants who have already held a resident appointment
Applications stating age nationality qualifications and experience with copies of three recent testimonials to be sent to the undersigned

H F PACKMAN Secretary

WINGFIELD MORRIS ORTHOPAEDIC HOSPITAL HEADINGTON OXFORD

RESIDENT HOUSE SURGEON (male) required Salary £100 per annum Duties to commence on March 1st or as soon as possible thereafter Applications with testimonials to be sent at once to the Clinical Director

NORTH LONSDALE HOSPITAL, BARROW IN FURNESS (154 Beds)

Required immediately, RESIDENT CASUALTY OFFICER (male appointment) Applications are invited for the above resident appointment from fully qualified Practitioners experienced in the administration of Anaesthetics Salary £150 per annum with board, residence and laundry Applications, stating age, qualifications, experience and nationality accompanied by copies only of three recent testimonials, should be sent to the Secretary immediately
Required for March 15th, RESIDENT HOUSE PHYSICIAN Salary £175 per annum and usual emoluments Applications to the Secretary not later than February 16th

ROCHDALE INFIRMARY AND DISPENSARY
(110 Beds Three Residents)

The Board of Management invite applications from Gentlemen for the appointment of HOUSE PHYSICIAN The salary attached to the appointment is at the rate of £150 per annum with board, residence laundry etc
The duties include work in the Out patients Ophthalmic, etc departments is well as in the Wards
Applications, stating age, nationality, etc together with three recent testimonials, to be sent to the Secretary, endorsed "House Physician"
Infirmary Office, W WINNE,
Rochdale Secretary

ROCHDALE INFIRMARY AND DISPENSARY
(110 Beds Three Residents)

The Board of Management invite applications from Gentlemen for the appointments of SENIOR HOUSE SURGEON and SECOND HOUSE SURGEON
The respective salaries attached to the appointments are £250 and £150 per annum including board residence and laundry
Applications stating age nationality, etc together with copies of three recent testimonials to be sent to the Secretary, endorsed "House Surgeon"
Infirmary Office W WINNE
Rochdale Secretary

DUNDEE MENTAL HOSPITAL, WEST GRIEVE DUNDEE

JUNIOR ASSISTANT MEDICAL OFFICER (Male)

Salary £300 per annum (subject to deductions under Asylum Officers Superannuation Act) with board apartments, and laundry Applications stating age qualifications, etc with copies of testimonials to be sent to the Medical Superintendent
WILLIAM LUACH MACKENZIE
Medical Supt M I P

EARL AND THROAT HOSPITAL BIRMINGHAM, 3

FIRST HOUSE SURGEON REQUIRED (RESIDENT)

Must be fully qualified and with clinical experience Salary at the rate of £150 per annum with full board and residence Appointment for six months commencing April 1st
Facilities for training for D L O
Applications and testimonials to be forwarded to the undersigned immediately
W H LOMAS Secretary

EAST SURREY HOSPITAL REDHILL SURREY

JUNIOR HOUSE SURGEON required immediately at the rate of £100 per annum with board, residence and laundry Candidates must be fully qualified Appointment for six month and further six months as Senior at salary £150 per annum Applications stating full particulars and copies of recent testimonials to be sent to the Secretary

LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry Medical and Surgical qualifications required
Eligible for Senior post at £150 per annum after a period of satisfactory service of three months
Applications together with copies of recent testimonials to be sent to the Honorary Medical Superintendent

MAIDENHEAD HOSPITAL BERKSHIRE
(56 Beds)

HONORARY SURGEON required Must hold the Degree of Master of Surgery or be a Fellow of a Royal College of Surgeons
Applications stating age with copies of three recent testimonials to be received by the undersigned not later than Monday February 15th
Telephone 1361 R J FANNING
Maidenhead Supt Secretary

THE LIVERPOOL SANATORIUM DELAMERE FOREST FRODSHAM VIA WARRINGTON
(175 beds for the treatment of patients suffering from pulmonary tuberculosis)

Applications are invited from Male Medical Practitioners with suitable qualifications for the following appointments
SENIOR ASSISTANT at a salary of £300 per annum with board quarters and laundry
JUNIOR ASSISTANT at a salary of £250 per annum with board quarters and laundry
Candidates must be unmarried and preference will be given to applicants who have held resident medical appointments since qualification and have had practical institutional experience in the treatment of pulmonary tuberculosis
The appointments are normally tenable for two months but may be extended
Particulars of duties and forms of application obtainable from the Medical Superintendent should be returned with copies of three recent testimonials not later than February 9th

THE ROYAL HOSPITAL, WOLVERHAMPTON
(Incorporated under Charter)

HOUSE SURGEON required for Casualty Surgery Duties to commence February 22nd
The Hospital contains 300 beds including the usual special departments and is recognised by the various Examining Bodies for a part or the requisite attendance on Medical and Surgical Practice
Candidates must be registered under the Medical Acts, and unmarried
The appointment is for six months Salary at the rate of £100 per annum Board furnished rooms, and laundry provided Applications, with copies of testimonials to be forwarded to the undersigned
Wolverhampton W H HARPER
January 25th 1937 House Governor

THE ROYAL PORTSMOUTH HOSPITAL PORTSMOUTH
(Five Resident Medical Officers)

Applications are invited for the post of CASUALTY OFFICER (male) qualified Salary at the rate of £130 per annum, with board etc to commence duty about the middle of February Six months appointment Eligible on completion of term for extension or other resident posts
Applications stating age nationality, and full details with copies of three recent testimonials, to be sent as soon as possible to the undersigned, from whom all particulars can be obtained

B WAGSTAFF, Secretary

THE ROYAL PORTSMOUTH HOSPITAL PORTSMOUTH
(Five Resident Medical Officers)

Applications are invited for the post of HOUSE PHYSICIAN (male) qualified Salary at the rate of £130 per annum with board etc to commence duty on March 1st Six months appointment Eligible on completion of term for extension or other resident post
Applications stating age nationality etc and copies of three recent testimonials to be sent to the undersigned not later than February 18th from whom all particulars can be obtained

B WAGSTAFF Secretary

THE LIVERPOOL LANE END AND THROAT INFIRMARY MYRTLE STREET LIVERPOOL 7

Applications are invited for the post of CLINICAL HOUSE SURGEON Salary £120 per annum The appointment is tenable for six months, subject to renewal
Applications with copies of testimonials stating age qualifications and previous experience to be sent not later than February 6th to JOHN PENNINGTON Jr (Chairman) Hamilton Street, Liverpool 2

ROYAL CORNWALL INFIRMARY, TRURO
(84 Beds)

HOUSE SURGEON (male) required with experience of Anaesthetics Salary £170 per annum rooms board and washing Applications with copies of three recent testimonials to be sent to the Secretary of whom further particulars may be obtained

January 30th 1937 W F GRENFELL Hon Secretary

ROYAL ISLE OF WIGHT COUNTY HOSPITAL RYDE

JUNIOR HOUSE SURGEON wanted Resident unmarried Salary at the rate of £1 yearly with board residence and laundry Apply stating age and nationality etc copies of testimonials to Secretary by Tuesday, February 9th

A S GORDON Secretary

BETHLEM ROYAL HOSPITAL, for Nervous and Mental Disorders,

Monks Orchard, Monks Orchard Road, Eden Park, Beckenham, Kent.

Telephone Springpark 1180 1181

Reg Tel Address Bethlem Beckenham *Station* Eden Park (Southern Railway)

President VISCOUNT WAKEFIELD OF HYTHE C C V O
Treasurer SIR LIONEL LAUDER PHILLIPS Bart
Physician Supt J C PONTET PHILLIPS M D F R C P

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Every facility for specialized investigation and treatment is provided in the Lord Wakefield Science and Treatment Unit In this unit is found X Ray and Dental Departments and the Bio-Chemical Pathological and Psychological Laboratories Furthermore provision is made for Electro Therapy and Hydro Therapy to be carried out in all their forms and Occupational Therapy under competent instruction is encouraged

In addition to the Resident Medical Staff Consultants in special branches of medicine and surgery are available whenever required The comfort of sensitive patients is greatly enhanced by the fact that the majority are given individual bedrooms For terms and further particulars apply to the Physician Superintendent at the Hospital

NEW LODGE CLINIC, WINDSOR FOREST

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All forms of non infectious medical cases are admitted special attention being paid to disorders of digestion and metabolism arthritis anaemias asthma heart and kidney disease and functional and organic nervous disorders

Particulars can be obtained on application to the Secretary, New Lodge Clinic, Windsor Forest, Berks

Telephone 181 and 182 Winkfield Row

CHEADLE ROYAL HOSPITAL,

CHEADLE CHESHIRE

This PRIVATE HOSPITAL with a SEASIDE BRANCH at Colwyn Bay N Wales is for the treatment and care of those of the Upper and Middle Classes suffering from MENTAL and NERVOUS DISEASES

The Hospital is governed by a Committee appointed by the TRUSTEES of the Manchester Royal Infirmary

In addition to the Main Building there are separate villas Extensive grounds Hard and grass tennis courts cricket and croquet ground and a court for Badminton There are also circles in fallation Golf may be had within easy distance Occupational therapy

VOLUNTARY TEMPORARY AND CERTIFIED PATIENTS received

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WARWICKSHIRE
(Phone Nuneaton 241)

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FUNCTIONAL NERVOUS DISORDERS

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(Certifiable cases are not received)

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Extensive ground Detached Villas Voluntary Temporary or Certified Patients may reside by arrangement for long or short periods

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PECKHAM HOUSE, 112, Peckham Road, London, S E 15

Telegrams "Allevlated London Telephone Rodney 2641 2642

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WANTED IMMEDIATELY—INDOOR AND Out door ASSISTANTS for Town and Country practice with and without views to partnership Good stamp of refe ence essential Apply Medical Bureau 33 Cross Street Manchester 2

WANTED END OF FEBRUARY MALE ASSISTANT single or under 25 30 for South Lanc shire general practice Medical attendance and Surgical experience essential—Address No 1330 BMA Hou e Tavistock Square WC1

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WANTED, ASSISTANT MALE OR FEMALE English or Scottish, for large mixed private and panel practice outdoor Some experience midwifery and anæsthetics Partnership possible in time Small bond Send photo if available and full particulars and testimonials—Address No 1511 BMA House Tavistock Square WC1

WANTED — MALE ASSISTANT (WITH view) capital not essential for a busy industrial practice in South Staff Address status nationality experience and all central particulars No 1309 BMA House Tavistock Square WC1

WANTED—ASSISTANT INDOOR, SINGLE, for 3 or 4 hour country practice Must have Hospital and preferably some C P experience Dispenser kept Salary £300—£350 allowance for car or car provided—Address No 1337 BMA House Tavistock Sq WC1

WANTED—SINGLE MALE ASSISTANT FOR large panel practice in London Applicant must be English or Scotch Good prospects for suitable man Salary £350 p a with rooms and attend Must recently qualified man— No 1330 BMA House Tavistock Sq, WC1

WANTED—UNMARRIED MALE INDOOR ASSISTANT Salary commencing £300 Private and panel practice London S W— Address No 1336, BMA House, Tavistock Square WC1

WANTED, YOUNG MALE ASSISTANT FOR North of England Britis h nationality £300 all found Car provided Address stating age religion and if can drive car No 1315 BMA House Tavistock Square WC1

WANTED ASSISTANT, MALE INDOOR Salary £350 Opportunity for partnership Pleasant district Birmingham—Address No 1321 BMA House Tavistock Sq WC1

WANTED—INDOOR ASSISTANT, PREFERably Welsh speaking View to Partnership Salary £300 and car allowance South Wales agricultural district—Address No 1335, BMA House Tavistock Square WC1

WANTED AT A DURHAM ASSISTANT male or female, middle March Salary £300 all found Car or car allowance Good practice Interesting State age nationality religion, etc—Address No 1333, BMA House Tavistock Square WC1

WANTED MARCH 1ST YOUNG OUTDOOR ASSISTANT Scots or N I Lanes town Salary £350 and £50 car allowance Good golf available State experience religion— Address No 1122 BMA House Tavistock Square WC1

WANTED—MALE ASSISTANT FOR LARGE Panel and Private Practice Excellent scope Dispenser kept Salary £400 p a plus £50 allowance for own car Partnership later if suitable State essential particulars—Address No 1342 BMA House Tavistock Sq WC1

WANTED—OUTDOOR LADY ASSISTANT for non panel Practice Salary £400 p a Commencing March 1st—Address No 1344 BMA House Tavistock Square WC1

WANTED FOR CHANNEL ISLANDS END of February Young Outdoor ASSISTANT, British experienced in Anæsthetics Public school Oxford or Cambridge graduate preferred Car provided Dispenser kept Salary £400 p a Apply with photo and recent tests to No 1395 BMA House Tavistock Sq WC1

YEAR CHESTER — INDOOR OR OUTDOOR ASSISTANT wanted £300 p a indoor £400 p a outdoor Car allowance etc to be arranged — CHESTER 40, Hamilton Street Hoole Chester

MEDICAL POSTS, DISPENSERS, etc

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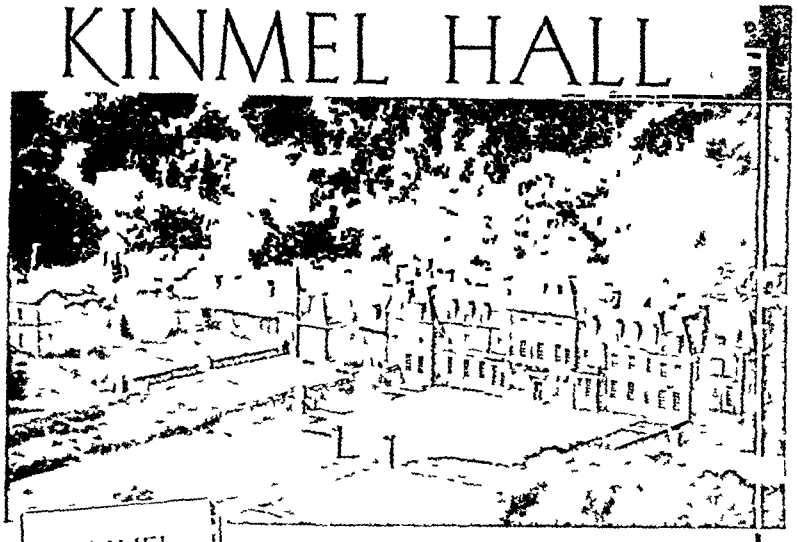
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APPOINTMENTS —Contd

EAST SUSSEX COUNTY MENTAL HOSPITAL, HELLINGLY, SUSSEX

APPOINTMENT OF SENIOR ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Senior Assistant Medical Officer (registered and qualified) at the above Mental Hospital Salary £550 per annum together with the usual emoluments of board lodging and washing valued for superannuation purposes at £90 per annum Arrangements can be made for a married Medical Officer

Candidates must possess the Diploma in Psychological Medicine and be interested in psychotherapy The Hospital possesses a well equipped laboratory and four out patient clinics are held in voluntary Hospitals in East Sussex The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909 and may be terminated by one calendar months notice on either side

Applications with copies of three recent testimonials stating age and full particulars to be sent to the Medical Superintendent not later than February 15th

NORFOLK AND NORWICH HOSPITAL NORWICH (417 Beds)

Applications are invited for the post of HOUSE SURGEON to the Special Departments (Ear Nose and Throat and Ophthalmic)

Salary £150 per annum with board residence and laundry

Candidates (Male) must be unmarried and registered qualifications

Applications stating age nationality etc together with copies of testimonials should reach the undersigned as soon as possible

FRANK INCH House Governor and Secretary

LIVERPOOL MATERNITY HOSPITAL CATHERINE STREET LIVERPOOL

HOUSE SURGEON required for the [illegible] Salary at the rate of £100 per annum with board residence laundry and [illegible] experience as [illegible] Hospital Midwifery [illegible] Applications with copies of [illegible] and [illegible] to be sent to the Secretary of the Hospital not later than February 12th

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill London S E 18
(General Hospital 112 Beds)

RESIDENT MEDICAL OFFICER

The Board of Management invites applications from suitably qualified male candidates for immediate appointment as Resident Medical Officer Applicants must have special knowledge of surgery This appointment (which is recognized by the Royal College of Surgeons of England for the six months training required of candidates before admission to the Final Examination for the Fellowship) will be for twelve months at a salary of £175 per annum plus board residence, and laundry, and subject to extension for a further twelve months at £200 per annum, if approved by the Board of Management

Applications, giving fullest particulars as to age qualifications experience, nationality etc, and accompanied by copies of not more than three recent testimonials should be addressed to the undersigned immediately

R S G HUTCHINGS Secretary

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill London S E 18
GENERAL HOSPITAL (112 Beds)

HOUSE SURGEON

The Board of Management invites applications from suitably qualified male candidates for appointment as House Surgeon for six months commencing March 1st Remuneration will be at the rate of £100 per annum plus board residence, etc

The closing date for the receipt of applications which should be made on the prescribed form (obtainable from the undersigned), is Monday February 15th and short listed candidates will be required to meet the Appointments Committee on Friday February 19th

R S G HUTCHINGS Secretary

ROYAL BERKSHIRE HOSPITAL, READING (338 Beds)

Applications are invited for the post of RESIDENT ANAESTHETIST (Male)

Candidates must be fully qualified and registered and have had considerable experience in the administration of anaesthetics

A salary of £250 per annum with board residence and laundry will be paid to candidates possessing suitable qualifications for the post

Applications stating age and experience with copies of not more than three recent testimonials to be sent to the undersigned, as soon as possible

H E RYAN Sec and House Governor

ROYAL UNITED HOSPITAL, BATH

HOUSE SURGEON required for Ear, Nose, and Throat Department, who will also be expected to give anaesthetics in other Departments

Salary £150 per annum, with board, residence, and laundry

The appointment is for six months, and candidates must be male, unmarried and of British nationality

Applications, with copies of three testimonials to be addressed to the undersigned by February 11th

J LAWRENCE MEARS
February 2nd 1937 Secretary Supt

PEMBROKESHIRE COUNTY WAR MEMORIAL HOSPITAL, HAVERFORDWEST
PEMBROKESHIRE (64 Beds)

RESIDENT HOUSE SURGEON

Applications are invited for the post of Resident House Surgeon (male, unmarried) from duly qualified registered Medical Practitioners with previous Resident experience Salary £200 per annum with residence (private bungalow) board, and laundry

Applications stating age and qualifications accompanied by copies of not more than three testimonials, to be sent to the House Governor at the above address not later than Monday February 8th

CHELTENHAM GENERAL AND LYE HOSPITALS

The Board of Management invite applications for the post of HOUSE PHYSICIAN (male) at the General Hospital

Candidates must be unmarried have a registered qualification in Medicine and Surgery and produce evidence that they are qualified to administer anaesthetics

Salary £150 per annum with board lodging and laundry

Applications with copies of testimonials to be sent in sealed envelopes marked House Physician to the undersigned by Feb 15th

J CUMMING SMITH F C I S Secretary
The General Hospital Cheltenham
February 1st 1937

PARK PREWETT MENTAL HOSPITAL BASINGSTOKE, HANTS (1,450 Beds)

DEPUTY MEDICAL SUPERINTENDENT

The Visiting Committee invite applications from registered Medical Practitioners (male) holding a Degree or Diploma in Psychological Medicine, for the post of Deputy Medical Superintendent at a salary of £600 per annum rising by increments of £25 to £750, together with unfurnished house coal and electricity valued for superannuation purposes at £100 per annum Age not exceeding 40 Appointment will be subject to conditions of Asylums Act, 1909

Form of application giving fuller particulars which must be returned by February 15th to be obtained from Medical Superintendent Park Prewett Mental Hospital, Basingstoke

ROYAL SOUTHERN HOSPITAL LIVERPOOL

AMENDED ADVERTISEMENT

Applications are invited for the post of HONORARY ASSISTANT ORTHOPAEDIC SURGEON

Applicants must be Fellows of the Royal College of Surgeons of Edinburgh or England and must also possess special experience in Orthopaedic work The duties will be entirely confined to this branch of Surgery and will include daily attendance at the Fracture Clinic

Applications (thirty copies) with three testimonials (thirty copies) addressed to the Chairman of the Election Committee, to be sent not later than March 1st

The canvassing of any member of the Election Committee will disqualify the applicant

FRANK SOLMAN, Supt & Sec

VICTORIA HOSPITAL, ACCRINGTON

The Governing Body of this Hospital invites applications for the post of HOUSE SURGEON vacant on February 22nd

Candidates must be duly qualified and registered Number of beds 50 Salary £150 per annum, with board and lodging

Conditions of appointment and particulars of duties may be obtained from the undersigned, to whom applications with copies only of testimonials should be sent on or before the 17th instant

Victoria Hospital T KENYON
Accrington Secretary

BMF

PRACTICES

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ALTERATIONS and RENOVATIONS to HOUSE PROPERTY

on extended credit terms

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Medical Practitioners should apply to

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Tavistock House South,

Tavistock Square, LONDON, WC1

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Dr E S WEMYSS M A (Lond)

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M B, B S (Lond),	Final 1918-36	251
	(Completed Exam)	168
F R C S (Eng),	First	183
1919-36	Final 1919-36	270
M R C P (Lond),	(Various) 1906-36	342
D P H	(Completed Exam) 1918-36	63
F R C S (Edin),	First 1919-36	587
M R C S L R C P	(Completed Exam)	

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Preparation for the above also for Medical Intermediate and all examinations leading up to M R C S L R C P or M B of various Universities also for M R C P (Edin) D P M D O M S D T M & H D L O D C H D P H D M R E M M S L M S S A D C O G and other exams of Dominions Universities

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CONTENTS The method and the cost of entering the Medical Profession Particulars of all Medical Examinations Postal Courses and Oral Classes Suggestions for the Higher Medical Examinations Suggestions for the Higher Surgical Examinations Suggestions for the Special Diploma Examinations Refresher Courses Open to Women Hints for writing theses Hints for Tutors etc Hints for the Manager Medical Prospectus gratis along with list of Tutors etc on application to the Manager 17 Red Lion Sq London W C 1 (Telephone Holborn 6315)

LONDON HOSPITAL MEDICAL COLLEGE

F R C S

A COURSE OF INSTRUCTION for the FINAL FELLOWSHIP EXAMINATION will begin on Monday February 22nd 1937 Fees (exclusive of Operative Surgery) 25 guinea Operative Surgery 10 guinea Further particulars may be obtained from Professor WILLIAM WRIGHT M B D Sc F R C S Dean London Hospital Medical College Turner Street London E 1

GRESHAM COLLEGE

Four Lectures on Physic will be delivered at the College Basinghall Street E C 2 by J ALISON GLOVER O B E M D F R C I on Inanimate Vehicles of Infection on February 9th 10th 11th and 12th at 6 p m Admission free

NORTH-EAST LONDON POST-GRADUATE COLLEGE

PRINCE OF WALES'S GENERAL HOSPITAL

The Practice of the Hospital is limited to Medical Practitioners Particulars from J BROWNLIE ALEXANDER M D Dean

UNIVERSITY STUDENTSHIP IN PHYSIOLOGY

The University Studentship in Physiology of the value of £100 is offered to a student qualified to undertake research in Physiology Application must reach the Acting Principal Univ of London W C 1 (from whom further particulars may be obtained) not later than April 20th January 22nd 1937

MEDICAL CORRESPONDENCE COLLEGE

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The Staff of highly qualified tutors Honours and M C I M Lists Courses may be commenced at any time for the newer Diplomas

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Diploma in Radiology
Diploma in Tuberculosis
Also Mastery of Midwifery M C O G, and D C O G

Remarkable Percentage of first attempt successes at all the higher medical examinations The Guide to Medical Examinations sent free on application gives full information relating to the various higher examinations The following booklets may also be had post free —

How to Pass the M R C P London
How to Pass the F R C S England
Hints on Writing a Thesis for the M D degree

SEND COUPON BELOW

Name

Address

Examination in which interested

POST-GRADUATE COURSE IN VENEREAL DISEASES

LONDON COUNTY COUNCIL (WHITECHAPEL) CLINIC

Turner Street E 1 (Adjoining the London Hospital)

A THREE MONTHS COURSE OF INSTRUCTION in MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES will be given by Lieut Colonel E T BURKE D S O the Director of the Clinic during March April and May 1937 Attendance at the Course will qualify subject to other conditions in the Regulations of the Ministry of Health for the Certificate enabling the holder to hold the position of a Venereal Diseases Officer under the Council of a County or County Borough The Course will consist of 25 systematic lectures accompanied by demonstration on Mondays and Thursdays at 2 30 P m beginning on March 1st and ending on May 27th Every Wednesday at 2 30 p m cases will be demonstrated The Course will also attend the practice of the Clinic in order to obtain instruction in intravenous injection etc During the three months 150 hours of attendance must be put in Those intending to take the Course must send their names to the Director on or before February 22nd Fee £10 10s

UNIVERSITY OF LONDON

A Course of three Lectures on SOME DISORDERS OF THE PERIPHERAL CIRCULATION will be given by Prof E D TELFORD M Sc F R C S (Emeritus Professor of Manchester) Associate Surgeon in the University SCHOOL at ST MARY'S HOSPITAL MEDICAL SCHOOL (Paddington W 2) on TUESDAYS FEBRUARY 9th 16th and 23rd 1937 at 5 30 p m The first lecture the Chair will be taken by Prof C A Lannett M D B S F R C S (Professor of Surgery and Director of the Surgical Unit at St Mary's Hospital) Lantern illustration Admission free without ticket Academic Registrar S J WORSLEY

F R C S (Edin)

POSTAL and ORAL COURSES

Full detail of above and Private Tuition— H C ORAM F R C S Surgeons Hall Edinburgh.

THE UNIVERSITY OF LIVERPOOL

By invitation of the Council Senate and Faculty of Medicine Mr WALTER MERCER M P Ch B F R C S (Edin) Lecturer in Clinical Surgery The University of Liverpool will deliver the LADY JANE Lecture in ORTHOPAEDIC SURGERY on Thursday February 11th 1937 at 4 p m in the Surgery Theatre Medical School Subject Anomalies of the Fifth Lumbar Vertebra Perfections and Experiences Registrar EDWARD CAREY

The Lecture which will be illustrated with Lantern slides is of an only to Members of the Medical Profession

UNIVERSITY OF OXFORD

DIPLOMA IN OPHTHALMOLOGY

The next Examination begins on June 21st 1937 The course consists of In struction starts on April 26th 1937 For further information apply to—The Dean of the Medical School University Museum Oxford

P H ADAMS Marcus et Ogilvie Reader in Ophthalmology

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

RESIDENT LIBRARIAN

The Council invite applications from Registered Medical Practitioners (male) for the post of Resident Librarian The duties will be partly administrative in addition to the supervision of the Library

The salary will be £400 per annum with the use of an unfurnished flat (two rooms kitchen and bath room) in the College House

Application stating age qualifications whether married or single previous appointments and experience should be sent to the Honorary Secretary Professor W FLETCHER SHAW before May 1st 58 Queen Anne Street London W 1

JOINT COMMITTEE OF THE COUNTY COUNCILS OF DURHAM AND NORTHUMBERLAND AND THE COUNTY BOROUGH COUNCILS OF GATESHEAD AND NEWCASTLE-UPON-TYNE FOR THE ADMINISTRATION OF A VENEREAL DISEASES CLINIC AT THE NEWCASTLE GENERAL HOSPITAL

APPOINTMENT OF MEDICAL OFFICER IN CHARGE (MALE)

Applications are invited from registered Medical Practitioners for the appointment of Medical Officer in Charge of the above Clinic which is to be in operation by June 1937

Salary £800 per annum rising by annual increments of £50 to a maximum of £1 000 per annum

The appointment will be subject to the Superannuation Act and the Other conditions of the Local Government and Other Services Superannuation Regulations

Useful candidate will be required to pass the necessary medical examination

Applicants for the appointment must possess the qualifications required by the Local Government (Qualification of Medical Officers) Regulations 1930 The Ministry of Health Venereal Diseases Regulations 1916 and the Rules of the Fellowship of the Royal Colleges of Surgeons

Additional qualifications relating to the conditions of the appointment and special application forms can be obtained from the undersigned not later than the first post on Wednesday February 17th

Applications should be submitted under cover and endorsed "Medical Officer in Charge" to the Town Clerks Office Town Hall Newcastle-upon-Tyne not later than the first post on Wednesday February 17th

A M OLIVER Town Clerk of Newcastle-upon-Tyne.

Town Hall Newcastle-upon-Tyne January 22nd 1937

COUNTY BOROUGH OF DERBY

DERBY CITY HOSPITAL

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the post of Assistant Resident Medical Officer at the Derby City Hospital of 300 beds The Hospital also has Isolation Hospital accommodation for the treatment of cases of tuberculosis scarlet fever diphtheria measles and other infectious diseases

Candidates must be registered Medical Practitioners and Members or Licentiates of the Royal College of Physicians

The appointment is for a period of six months with the possibility of extension for a further six months if required

The successful applicant will be required to commence duties on or about April 1st

Salary at the rate of £200 per annum with board and residence

Applications, stating age experience and qualifications, should be sent not later than three testimonials accompanied by three recent testimonials to the undersigned as soon as possible.

Public Health Department GORDON LILICO Medical Officer of Health.

1 Derwent Street Derby

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REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts furniture drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. Full particulars sent free.

1 SOUTH OF ENGLAND —Within 50 miles of London —Country PRACTICE about £1 500 p a in delightful district Panel and appointments return over £800 p a Charming old brick and tile built house (7 bedrooms) in 5 acres of grounds with stabling and garages Electric light, etc to rent Premium two years purchase

2 W MIDLANDS —Old-established middle and working class PRACTICE on outskirts of Residential Town in delightful neighbourhood Receipts average £1 200 p a including clubs £125 and panel 1 000 Pleasantly and centrally situated detached residence (about 6 bedrooms) garden, and garage rent £65 p a Premium two years purchase

3 SOUTH ENGLAND —Unopposed Country Practice in beautiful part Receipts about £880 Panel and appointments approximately £450 Easily worked House available with garden Premium one and a half years purchase

4 HOME COUNTIES — Partnership in old established non dispensing Practice in good Residential District within 15 miles of London Suitable house to rent Share worth about £1 100 p a at two years purchase Scope for surgery if desired

5 LONDON W —Old established Practice averaging nearly £1 600 p a including good club PMS and panel of 1 640 Private house for sale also Branch Surgery Good scope for increase Premium about two years purchase Applicant must be English or Scottish

6 SURREY —Old established Practice in growing Residential District under 17 miles from London Receipts average over £1 050 p a Panel over 700 Nice old compact and easily run house (about 6 bedrooms and dressing room) very attractive garden Price (freehold) £2 700 Scope for increase Premium £2 100

7 SUSSEX —Partnership in old established Practice in growing country district within easy reach of popular watering place Cash receipts average £1 050 p a including appointments and a panel of 1 400 Cottage available unfurnished 3 bedrooms 2 attics garage and good garden Rent £52 p a Scope Premium one half share £1 250 Successor to wheel Practice in 2 3 years

8 S E COAST — Partnership in old established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope district growing rapidly Premium one half share two years purchase

9 MIDDLESEX —Partner required (with preliminary Assistantship) for rapidly increasing branch Practice in growing residential district Panel between 1 000/1 200 Small house (3 bedrooms) for sale or rent Scope Share worth about £1 000 p a Premium two years purchase Alternatively the whole branch would be sold

10 LONDON N — Medical Woman's Practice in populous district Receipts average £360 p a including panel 170 House (4 bedrooms) to rent at £100 p a Premium £850

11 WITHIN 15 MILLS (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £500 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/- weekly Ample scope Premium £5 000

12 NORFOLK —Very old established Country PRACTICE in beautiful part Cash receipts average £963 p a with appointments worth about £50 and a panel of 617 Visits 5/- to 10/6 medicine extra Modern house (6 bedrooms) garage and garden for sale Scope Premium £1 800

13 SURREY —Better class Practice about £500 in growing residential part of a town easy reach of London Panel 150 Nice modern detached house (8 bedrooms) in own grounds with garden and garage, for sale Scope as building is going on Reasonable offer to effect quick sale

14 W OF ENGLAND —Good-class non dispensing PRACTICE in first rate Residential Town Cash receipts (1936) over £1 600 No panel or appointments House contains 8 bedrooms, etc with garage and small garden Price £1 800 Excellent society and educational facilities Scope Premium two years purchase

15 N DEVON —Old established Practice in beautiful Country District near the Coast Cash receipts average £673 p a, including appointments and a panel of 330 Visits 5/ upwards Old house on main road (6 bedrooms) with garage and nice garden, to rent Hunting shooting fishing golf etc Premium one and a half years purchase

16 DEATH VACANCY — LONDON, S.E. — Old established PRACTICE Receipts average 3 years ended April 5th 1936 £620 p a Panel about 700 Ten roomed house in good position on main road with separate entrance to surg Garden no gar Rent £130 p a Scope for increase

17 ESSEX —Well-established better working and middle class PRACTICE averaging £600 p a in outlying Suburban District Panel 450 House on main road with small garden front and back Rent £30 p a on lease Good scope—building going on Premium £1 200 cash

18 AUSTRALIA —Very old established Practice in one of the best (chiefly Sheep Farming) Districts in Victoria Receipts, year ended June, 1936 £1 690 including appointments worth £225 p a Eight roomed house rent £60 p a Premium to include furniture contents of dispensary etc £800 (English currency)

HIS MAJESTY'S COLONIAL SERVICE

COLONIAL MEDICAL SERVICE

It is anticipated that not less than 30 vacancies for Medical Officers will occur in 1937 The majority of these will occur in Tropical Africa and in Malaya

QUALIFICATIONS—Candidates must be British subjects of European parentage under 30 years of age and must possess a medical qualification registrable in the United Kingdom Preference will be given to candidates who have held Hospital or Public Health appointments or who have special knowledge of anaesthetics radiology surgery medicine ophthalmology gynaecology and midwifery diseases of the ear nose and throat venereal diseases etc

SALARY—Initial salaries vary from £600 to £700 and rise by increments to a maximum of between £1 000 and £1 200

PRIVATE PRACTICE—Private practice is not allowed as of right but in the case of some appointments it is permitted on certain conditions

QUARTERS—In Tropical Africa free quarters or an allowance in lieu are provided In Malaya quarters are provided at an annual rental not exceeding 6 per cent of the officer's salary

PASSAGES—Free first-class passages are provided on first appointment and when proceeding on and returning from leave Assistance is also given towards family passages

TERMS OF APPOINTMENT—The appointments are pensionable subject to a probationary period which varies from two to three years

COURSES OF INSTRUCTION IN TROPICAL MEDICINE AND HYGIENE—Selected candidates will normally be required to attend a course of instruction leading to the Diploma in Tropical Medicine and Hygiene before proceeding overseas

DUTIES—Although Medical Officers are appointed in the first instance for general service there are opportunities for work in special branches of medicine and surgery in public health and in medical research

Further particulars and forms of application may be obtained from the Director of Recruitment (Colonial Service) 2 Richmond Terrace, Whitehall London, S W 1

THE HOME OFFICE

CHILDREN'S BRANCH

MEDICAL INSPECTOR (WOMAN)

Applications are invited for the appointment of a Medical Inspector (Woman) in the Children's Branch of the Home Office to work under the direction of the Chief Inspector The duties include the medical inspection of Approved School and other institutions inspected by the Branch

Candidates must be registered Medical Practitioner *unmarried* or widow They must be at their age which must be between 40 years They must be natural born British subjects

Importance is attached to special experience of medical work among adolescent girls and the possession of a Diploma in Public Health is desirable

The present scale of salary is £738 per annum rising by annual increment of £30 to £1 058 per annum The post is established and pensionable and the selected candidate will be required to obtain a certificate from the Civil Service Commissioners before appointment She will also be required to resign her appointment on marriage

Applications with copies of testimonials and the names of three persons to whom reference may be made should be forwarded no later than February 15th to the Chief Inspector Children Branch Home Office Whitehall London S W 1 There is no prescribed form of application

Home Office
February 1st 1937

ST BARTHOLOMEW'S HOSPITAL

APPOINTMENT OF DENTAL HOUSE SURGEON

Applications are invited for the office of House Surgeon to the Dental Department Candidates must hold a registrable dental qualification and a medical qualification in addition desirable but not essential

Candidates will be required to call upon the three Dental Surgeons and the three Assistant Dental Surgeon

Appointment will be made for six or twelve months from May 1st

The salary attaching to the office is £80 per annum (non resident)

Twelve copies of application with testimonials should be left with the undersigned not later than Saturday February 27th

THOMAS HAYES Clerk to the Governors
January 22nd 1937

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing to undermentioned positions

ASSISTANT MEDICAL OFFICERS (Grade II) —Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions) Candidates must have held a resident appointment in a General Hospital for at least six months

(a) BETHNAL GREEN HOSPITAL Cambridge Road E 2—Two positions duties mainly medical

(b) LAMBETH HOSPITAL Brook Street S E 11—Duties mainly medical Midwifery experience desirable

(c) NORWOOD HOSPITAL FOR CHILDREN Elder Road West Norwood S E 27—Duties mainly medical Children's experience desirable Only women candidates eligible

*(d) QUEEN MARY'S HOSPITAL Sidcup Kent—Two position duties are care of male convalescent One officer appointed should have some Surgical experience

(e) ST ANDREW'S HOSPITAL Devons Road Bow E 3—Duties mainly medical Anaesthetic experience desirable

(f) ST GILES HOSPITAL Brunswick Square S E 5—Two position duties of one mainly medical and of other mainly obstetrical and gynaecological

(g) ST JAMES HOSPITAL Ouseley Road Balham S W 12—Experience in midwifery and diseases of children desirable

*(h) ST MARY ISLINGTON HOSPITAL Highgate Hill N 19—Duties mainly medical Experience in anaesthetics essential

*(i) ST PETER'S HOSPITAL Fulbourne Street Whitechapel E 1 — Duties mainly medical

* No accommodation for a woman

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S E 1 returnable by Feb 22nd

Canvassing disqualifies

KING GEORGE HOSPITAL ILFORD (near London) (207 Beds)

Applications are invited for the appointment of HONORARY PHYSICIAN to the Dermatological Department of this Hospital Further particulars may be obtained from the undersigned to whom no later than

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LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing for the undermentioned appointment at QUEEN MARY'S HOSPITAL FOR CHILDREN Carshalton Surrey Experience in resident appointment in general hospital desirable Married quarters not available

1 ASSISTANT MEDICAL OFFICER GRADE I—Salary £350—£25—£425 a year together with board lodging and washing

2 ASSISTANT MEDICAL OFFICER GRADE II—Salary £250 a year together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions)

Application forms obtainable (stamped addressed foolscap envelope necessary) from Medical Officer of Health Staff Division 2A County Hall S E 1 returnable by February 17th

Canvassing disqualifies

LONDON COUNTY COUNCIL

Applications invited from women with experience in Psychiatric Social Work for appointment as SOCIAL WORKER in connection with Mental Care at ST PANCRAS INSTITUTION Kings Road St Pancras N W 1 Salary £235—£12 10 —£310 Social workers co-operate with medical staff in investigating the history of mental cases and supervising social welfare and after care of patients in such ways as medical staff may direct Only candidates with experience or training in Psychiatric Social work will be considered

Application form obtainable (stamped addressed foolscap envelope) from Medical Officer of Health (S D 2) County Hall Westminster Bridge S E 1 Form returnable by February 17th Canvassing disqualifies

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SOUTH LONDON HOSPITAL FOR WOMEN Clapham Common S W 4 (140 Bed) A General Hospital for Women and Children

Applications are invited from fully qualified Medical women for the undermentioned appointment

HOUSE PHYSICIAN for a period of six months from April 1st

Salary at the rate of £100 per annum with board residence and laundry Candidates are requested to call on Members of the Honorary Medical Staff before Saturday February 27th, by which date applications and copies of testimonials must reach the Secretary at the Hospital.

BOVRIL MEDICAL AGENCY Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C.2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 *HOME COUNTIES*—WITHIN EASY REACH OF LONDON—PARTNERSHIP—A SHARE representing nearly £1,000 p.a. with increase later is offered in old established good mixed Practice averaging approximately £2 600 p.a., including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house, with 2 reception 4 bedrooms etc garden There is a Hospital and very good scope for Surgery if wished

2 SUSSEX — COUNTRY DISTRICT—PARTNERSHIP—A ONE HALF SHARE (with succession within a short time) is offered in old established mixed class Practice in rapidly growing neighbourhood Gross cash receipts £1 640 p.a. Panel of about 1 400 Appointments worth about £120 p.a. Fees 2/6 to 7/6 Small house with 2 reception 3 bedrooms, etc Garden Garage Rent £52 p.a. Premium for share £1 250

3 FAVOURITE SOUTH COAST TOWN—Well established better class PRACTICE producing approximately £2 500 p.a. including selected panel Fees 3/6 to 21/ Specially built freehold house for sale containing 2 reception, 5 bedrooms, etc Garden Garage Premium 2 years purchase

4 SOUTH COAST RESIDENTIAL TOWN—Recently established PRACTICE offering large scope for development, averaging about £650 p.a. (last year £850) Suitable freehold house for sale Premium 2 years purchase

5 S.E. LONDON—Old established PRACTICE averaging £2 600 p.a. including panel of about 900 Well situated house, with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p.a. Premium £4 250

6 NORTH LONDON—Good class PRACTICE averaging about £1 000 p.a. with good scope for further development. Attractive freehold house with ample accommodation for sale Good garden Moderate premium

7 LONDON—WESTERN DISTRICT—Old established PRACTICE producing about £1 800 p.a. including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

8 HOME COUNTIES—PARTNERSHIP—A SHARE producing about £1 200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p.a., including panel of about 1 800 Nice house with 2 reception 6 bedrooms etc can be rented at £85 p.a. Ingoing partner must be experienced accustomed to better class work, and aged between 30 and 40

9 OUTLYING NORTHERN PART OF LONDON—ASSISTANTSHIP with view at end of 12 months—when a share worth approximately £800 p.a. will be available at 2 years purchase Practice is at present doing about £3 500 p.a. gross with 1 100 to 1 200 panel patients It is stated that the receipts have practically been doubled within the last few years Premium 2 years purchase Salary to commence £450 p.a. including car allowance with free house and rates paid Applicants should be about 30 years old with London or Scottish hospital training Protestant and likely to be married when the partnership materialises

10 LONDON S.E. — PARTNERSHIP—A SHARE representing about £1 000 p.a. (with early increase up to about £1 500 to £2 000 p.a.) is offered in well established mixed class practice having exceptional scope for expansion as a neighbouring practice has recently been purchased Suitable flat available Rent 25/ per week Premium 2 years purchase

11 ESSEX COAST—PARTNERSHIP—A ONE HALF SHARE is offered in very old established and exceptionally good better middle class Practice Average gross cash receipts for past 3 years £3 715 p.a. (last year £3 788) Panel of about 1 500 and appointments worth over £330 p.a. Suitable house with 2 reception 4 bedrooms small garden etc Garage Premium for share and house £5 500

12 MIDLANDS — COUNTRY DISTRICT—PARTNERSHIP—ONE THIRD SHARE (with prospects of increase later) is for disposal in good middle and working class Practice within easy reach of three good towns Gross cash receipts for past 12 months £3 238 Panel (increasing) brings in over £900 p.a. House specially built for Practice contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p.a. Sport of all kinds Premium 2 years purchase

13 SOUTH EASTERN DISTRICT—Mixed class PRACTICE producing for past 12 months over £1 100 Panel of about 650 9 roomed house with garden and garage can be rented Premium 2 years purchase payable £500 down and balance by instalments

14 NORTH WALES COAST—Old established chiefly better class PRACTICE in beautiful country district Gross cash receipts average £1 368 p.a. Fees 3/6 to 21/ Good house newly decorated with excellent garden Reasonable premium for prompt sale

15 LONDON SOUTH EAST — Well established middle class increasing PRACTICE producing for last 12 months £1 270 Panel of 960 Fees 2/6 to 7/6 Scope for development as further building is in progress Good house in excellent condition containing 2 reception consulting room 4 to 6 bedrooms dressing room etc Price £500 Premium £2 400

16 OUTLYING EASTERN SUBURB—Well established PRACTICE producing £600 p.a. but capable of good increase Fees 3/6 to 10/6 Panel of 430 Suitable house can be rented at £90 p.a. Premium £1 200

17 LADY DOCTOR'S PRACTICE—Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p.a. Selected panel of 50 Fees 3/6 to 10/6 House can be rented Reasonable premium

18 LONDON, S.E.—LOCK UP PRACTICE—Recently established PRACTICE producing about £330 p.a. No panel or appointments Suitable premises can be rented at 15/ per week Premium £350

19 LONDON, WEST—Old established PRACTICE producing about £400 p.a., including panel of 500 Well situated house with 2 reception 7 bedrooms etc Garden Lease held for sale Reasonable premium

20 S.E. LONDON—Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £750 Panel of 500 increasing House in good repair containing 2 sitting 3 bedrooms etc Premium 2 years purchase

21 MIDDLESEX—Recently established PRACTICE producing £400 p.a. including panel of 150 Visits from 5/ Suitable house, with 2 reception 4 bedrooms etc For sale or on rental

22 SURREY—LARGE TOWN WITHIN EASY REACH OF LONDON—Recently established PRACTICE at present producing about £250 p.a. including panel of 180 Very good scope Fees from 3/6 Suitable house in good position containing 2 reception 3 bedrooms etc Freehold for sale Premium £300

23 EAST COAST HOLIDAY RESORT—Surgical opening—ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p.a. including panel of 3 000 patients and appointments worth approx £650 p.a. Applicants must hold the F.R.C.S. and be capable of undertaking major surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p.a. Salary £7/7/ per week and all found

24 MIDDLESEX RIVERSIDE—Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p.a. Panel of 430 Small accommodation suitable for a bachelor can be had at £52 p.a. alternatively practice can be worked as a locum Premium 1½ years purchase

25 WALES—Unopposed country PRACTICE producing approximately £2 000 p.a. including panel and appointments bringing in about £1 000 p.a. Visits and medicine 3/6 to 21/ Suitable house with 2 sitting 3 bedrooms etc good professional rooms Rent on lease £35 p.a. Premium 1½ years purchase Knowledge of Welsh desirable but not essential

26 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP—One-half share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p.a. Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced, married and good worker

27 RIVERSIDE SUBURB—Recently established PRACTICE producing about £200 p.a. and stated to offer considerable scope Panel of 160 Fees from 2/6 Suitable house with 3 reception, 3 bedrooms etc Garden Garage Rent £80 p.a. Premium £350

28 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE recently established and stated to offer considerable scope for increase Gross cash receipts for past 12 months approximately £400 Suitable house can be rented at 25/ per week Premium one year purchase

29 LONDON WEST—Old established good mixed class PRACTICE and showing for past 3 years over £2 400 p.a. Panel of 1 400 and appointments worth over £200 p.a. Fees 3/6 to 10/6 Suitable house in very good position with 2 reception, 5 bedrooms etc for on lease £100 p.a.

30 SOUTH CORNWALL—FAVOURITE COAST TOWN—Well established PRACTICE averaging over £1 100 p.a. including elected panel Nice house in own grounds with about 350 Fees from 5/ Very nice house in own grounds with 2 reception 5 bedrooms dressing room, and professional rooms Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

31 WILTS—PARTNERSHIP—A one third share with view to succession later is offered in old established mixed class country town Practice stated to offer good scope for an energetic worker Average gross cash receipts for last 3 years £1 495 p.a. Panel of about 1 100 Fees from 3/6 Suitable house can be obtained or ingoing partner could reside with Vendor Premium 2 years purchase

32 SURREY—Recently established PRACTICE producing over £200 p.a. including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms consulting room Large garden Price for freehold £850 or may be rented Premium £250

33 LONDON — SOUTH EAST—Well established mixed class PRACTICE averaging for last 3 years £580 p.a. Panel of 260 and appointments worth about £170 p.a. Good modern house containing 2 reception 4 bedrooms etc Garden and garage Can be rented at £90 p.a. Very good scope for increase Premium £800 or near offer

34 HOME COUNTIES—Very old established chiefly better class PRACTICE held by Vendor (who is retiring) over 10 years Average gross cash receipts for last 3 years £1 057 p.a. Panel of over 700 fees 3/6 to 21/ Exceptionally nice house with 3 reception 6 bedrooms etc Very good garden Garage Excellent schools within reach and good social and sporting facilities Freehold for sale Premium 2 years purchase

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

Printed and published by the British Medical Association at their Office Tavistock Square, in the Parish of St Pancras in the County of London

EAST HAM MEMORIAL HOSPITAL Shrewsbury Road E7 (100 Bed)

Applications are invited for the post of PHYSICIAN in charge of the Skin Department.

Candidate must hold a University Degree in Medicine and Surgery and be Fellow or Members of the Royal College of Physicians of London and engaged exclusively in Dermatological practice.

Application should reach the undersigned on or before March 1st.

Candidates will be expected to attend copies of their application and call upon members of the Staff.

[illegible]

HOSPITAL FOR DISEASES OF THE SKIN BLACKFRIARS

The Committee of Management will shortly appoint an additional member of the HONORARY STAFF. Candidates must either be Members of the Royal College of Physicians (London) or Fellows of the Royal College of Surgeons (England).

Application with testimonials in support must be sent before February 28th to the HONORARY Secretary to the Hospital for Diseases of the Skin 7 Blackfriars Road S.E.1 from whom any further information may be obtained.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Bed)

St. Quintin Avenue North Kensington W.10

HOUSE PHYSICIAN (male) required for six months from March 1st. Salary at the rate of £150 per annum for the first three months and £180 per annum for the second three months with board residence and laundry. Application with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned and must reach him no later than Tuesday February 16th.

H. J. ELFY, Secretary.

GREY COAT HOSPITAL (DAY SCHOOL FOR GIRLS) Westminster S.W.1

Application are invited for the post of SCHOOL MEDICAL OFFICER (woman) to attend one session of 1½ hours per week during term time for the medical inspection of the children.

Application stating age qualifications etc. together with testimonials should reach the *Head Mistress at the above School not later* than February 12th.

JEWISH MATERNITY HOSPITAL (Jewish Maternity Home Incorporated) Underwood Street E.1

RESIDENT MEDICAL OFFICER required. Board residence and laundry provided with salary at the rate of £50 per annum. The appointment is for four months with option of extension for [illegible] male or [illegible] three [illegible] to the [illegible] applicant [illegible] on February 15th.

LONDON HOSPITAL E.1

Application are invited for the post of SURGICAL FIRST ASSISTANT AND REGISTRAR. Candidates must be Fellows of the Royal College of Surgeons. The salary is £300 per annum payable by the Hospital and Medical College jointly.

The appointment is for one year but is renewable annually on application for two further periods of one year.

Applications should arrive at the Hospital not later than first post on Saturday Feb. 13th.

Further particulars may be obtained from the House Governor.

ARTHUR G. ELLIOTT, House Governor.

LONDON HOSPITAL E.1

There is a vacancy for the post of FIRST ASSISTANT to the Ophthalmic Department. Candidates must be fully qualified medically. Applications should be made to the House Governor from whom further particulars may be obtained and should arrive not later than Saturday March 13th.

ARTHUR G. ELLIOTT, House Governor.

QUEEN MARY'S HOSPITAL FOR THE EAST END E.15

Applications are invited for the post of HONORARY ASSISTANT PHYSICIAN to the Department of Psychological Medicine at the above Hospital.

Application accompanied by copies of testimonials from candidate who must be duly Registered Practitioner either Graduates in Medicine of a London University or Fellows or Members of a Royal College of Physician should be lodged with the undersigned not later than Wednesday February 24th.

RAPHAEL JACKSON (Major), Secretary.

ST. BARTHOLOMEW'S HOSPITAL.

CHIEF ASSISTANT TO THE DENTAL DEPARTMENT

Applications are invited for the post of Chief Assistant to the Dental Department (unpaid).

Preference will be given to a candidate with Medical qualification and he should have experience in the dental appliance work connected with Plastic Surgery.

He will be required to attend the Department on one morning [illegible] and on Monday afternoon in each week.

Six copies of applications and testimonials should be left with the undersigned on or before Saturday February 20th.

THOMAS HAYES, Clerk to the Governors.

January 29th, 1937.

ST. BARTHOLOMEW'S HOSPITAL.

ASSISTANT SURGEON TO THE ORTHOPAEDIC DEPARTMENT

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday March 9th at 4 o'clock in the afternoon to elect an Assistant Surgeon to the Orthopaedic Department.

Candidates who must be Fellows of the Royal College of Surgeons of England are required to lodge fifty copies of their applications and testimonials with the undersigned on or before Saturday February 20th.

THOMAS HAYES, Clerk to the Governors.

January 29th, 1937.

ST. BARTHOLOMEW'S HOSPITAL.

ASSISTANT DENTAL SURGEON

Notice is hereby given that an Assistant Dental Surgeon to the Hospital will be appointed at a Committee of Governors to be held on Thursday March 11th.

Candidates must hold a registrable British Medical qualification as well as a registrable British Dental qualification.

Candidates are required to lodge twelve copies of their applications and testimonials with the undersigned on or before Saturday February 20th.

THOMAS HAYES, Clerk to the Governors.

January 29th, 1937.

ST. BARTHOLOMEW'S HOSPITAL.

OFFICE OF PHYSICIAN

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday March 9th at 4 o'clock in the afternoon to elect a Physician to the Hospital.

Candidates who must be Fellow of the Royal College of Physicians of London are required to lodge fifty copies of their application and testimonials with the undersigned on or before Saturday February 20th.

THOMAS HAYES, Clerk to the Governors.

January 29th, 1937.

ST. BARTHOLOMEW'S HOSPITAL.

OFFICE OF NEUROLOGIST

Notice is hereby given that a Meeting of the Election Committee will be held on Tuesday March 9th at 4 o'clock in the afternoon to elect a Neurologist to the Hospital.

Candidates, who must be Fellows or Members of the Royal College of Physicians of London are required to lodge fifty copies of their applications and testimonial with the undersigned on or before Saturday February 20th.

THOMAS HAYES.

January 29th, 1937. Clerk to the Governors.

ST. GEORGE'S HOSPITAL S.W.1

A RESIDENT MEDICAL OFFICER (male) required for the above Hospital's Convalescent Branch (Atkin on Morley Convalescent Hospital) at Copse Hill Wimbledon. Appointment to date from March 1st next for nine months in first instance tenable for three years and subject to re-election each year. Salary at the rate of £300 per annum with quarters and board. Applicants who must be registered under the Medical Act and should have already held a resident appointment should *send their application* with copies of two recent testimonials to the undersigned not later than February 21st.

JAMES M. CHURCHFIELD, Secretary.

February 1st, 1937.

ST. JOHN'S HOSPITAL, LEWISHAM, S.E.13

Applications are invited for the resident appointments of HOUSE PHYSICIAN AND CASUALTY OFFICER (Male) tenable for six months from March 1st. Salary £100 p.a. *Applications with copies of testimonial* should reach the undersigned by Monday February 8th. The Selection Committee will sit at 10 a.m. on Thursday February 11th.

J. C. GILBERT, Sec. Supt.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.1

Application are invited from registered Medical Practitioners for the following appointments:

ASSISTANT RESIDENT MEDICAL OFFICER (male). Salary £80 per annum.

TWO RESIDENT ANAESTHETIST AND DISTRICT RESIDENT MEDICAL OFFICERS six months. Salary £50 per annum.

RESIDENT ANAESTHETIST three months. Salary £100 per annum.

Without board or residence and laundry (4s. weekly).

Appointment to commence on April 1st.

The Assistant Resident Medical Officer is appointed for three months and on completion will be expected to proceed to the post of Senior Resident Medical Officer (for three months) on the recommendation of the Medical Staff (salary £100 per annum).

Of the experience required

Application stating age and with copies of three testimonials should be sent to the Secretary by February 10th.

H. B. STOKES, Sec. Supt.

THE ROYAL CANCER HOSPITAL (FREE) (Incorporated under Royal Charter) Fulham Road, London, S.W.3.

Application are invited for the post of HOUSE SURGEON to be attached to the Radium Department. Candidates must be registered medical practitioner. Facilities afforded for Post-Graduate Study. The appointment is for six months commencing March 6th. Salary at the rate of £100 per annum together with board residence and laundry.

Application to be made on a form which will be supplied by the Secretary with copies only of not more than three recent testimonials to be sent to the Secretary not later than the first post Friday February 12th.

CLEMENT COBBOLD, Secretary.

MILLWALL (ISLE OF DOGS) SCHOOL TREATMENT CENTRE

Application are invited for the post of OPHTHALMIC SURGEON at the above Centre in connection with the treatment of L.C.C. children. Attendance will be required on one half-day a week (at present Tuesday or Thursday p.m.). Salary £50 per annum. Applications *stating qualifications and experience* with three recent testimonials to the Hon. Secretary, St. Mildred House, Millwall, E.14, by Friday, February 19th.

ISLINGTON DISPENSARY (Founded 1821) 303 Upper Street, N.1

Application are invited for the post of ASSISTANT RESIDENT MEDICAL OFFICER (lady unmarried) who must be registered Medical Practitioner. Salary £250 per annum *with furnished apartment*. Duties to commence April 1st next.

Application to be made on a form which can be obtained (on receipt of post card) from the Secretary at the above address.

THE PRINCE OF WALES'S HOSPITAL DEVONPORT, PLYMOUTH. 60 Bed. (Formerly Royal Albert Hospital, Devonport.)

Applications are invited for the post of JUNIOR HOUSE SURGEON. Salary £120 per annum with board residence and laundry.

Duties to commence immediately.

Appointment is tenable for six months and is subject to renewal or promotion to the Senior Position when this post becomes vacant. Applicants must be registered under the Medical Act.

Application stating age and qualifications with copies of three recent testimonials must reach the undersigned forthwith.

FRANK ROWE, Secretary.

THE PRINCE OF WALES'S HOSPITAL DEVONPORT, PLYMOUTH. 60 Bed. (Formerly Royal Albert Hospital, Devonport.)

Applications are invited for the post of SENIOR HOUSE SURGEON. Salary £130 per annum with board residence and laundry.

Duties to commence March 1st. Appointment is tenable for six months and is subject to renewal. Applicants must be registered under the Medical Act.

Application stating age and qualifications with copies of three recent testimonials must reach the undersigned by February [illegible].

FRANK ROWE, Secretary.

February 1st, 1937.

NORTH ORMESBY HOSPITAL MIDDLESBROUGH (195 Bed.)

HOUSE SURGEON male and unmarried required. Salary £135 per annum with board residence and laundry. There are three resident applications stating age qualifications experience (if any) with copies of three recent testimonials should be sent to the undersigned.

GEORGE WATTS, Sec. Supt.

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In the Gastric Form of Influenza and its Debility, in Typhoid and Acute Pneumonia, in the Exhaustion of Phthisis and Pulmonary Diseases, Valentine's Meat-Juice Sustains and Strengthens.

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments, with the Scottish Medical Secretary 7 Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** (*contd*)	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY (*Medical Officer*)	LOWESTOFT MEDICAL INSTITUTE (*Medical Officer*)	CARMARTHENSHIRE COUNTY COUNCIL (*Assistant County Medical Officer of Health*)
CILFYNYDD GLAMORGAN (*Panel and Medical Service*)	NEATH AND DISTRICT (*Medical Aid Association*)	FLINTSHIRE COUNTY COUNCIL (*Junior Assistant to the County Council's Medical Officer*)
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE (*Medical Officer*)	OAKDALE MON (*Medical Officer for Medical Aid Association*)	CORPORATION OF GLASGOW (*Child Welfare Medical Officer—Female*)
LLWYNYPIA CILFYNYDD VALLEY LLWYNYPIA GLAMORGAN (*Panel and Medical Service*)	OCKLEY VALLEY GLAMORGAN (*Hygienic Collier Medical Aid Society*) (*Workmen's Medical Service*)	COUNTY BOROUGH OF FYNEMOUTH (*Assistant Medical Officer of Health*)

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B M A House Tavistock Sq W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec Division or Branch
NEW SOUTH WALES (*All Practitioners Should Apply at Once*)	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** (*All Institute or Medical Dispensaries*)	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall All rt St East Melbourn Victoria	**WESTERN AUSTRALIA** (*Contract and Lodge Practices*)	Hon Sec Western Australian Branch British Medical Association Shell House 205 St George Terrace Perth Western Australia
QUEENSLAND (*Brisbane Associate Friendly Societies Institute*)	The Hon Sec Queensland Branch British Medical Association B M A Building 30 Adelaide St Brisbane				

Feb 3 1937 By Order of the Council G C ANDERSON *Medical Secretary*

THE MENTAL HOSPITAL BERRYWOOD NORTHAMPTON

THIRD ASSISTANT MEDICAL OFFICER (Male) required Candidates must be registered Medical Practitioner and unmarried Preference will be given to candidates who already have the D P M and who have had previous Mental Hospital experience Salary £450 rising by £25 per annum to £500 per annum together with board lodging laundry and attendance valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for position of the D P M

The Hospital has a complete New Admission Unit and a well equipped Laboratory (with trained laboratory assistant) where research work is encouraged There is an active Psychiatric Clinic attached to the Northampton General Hospital

The appointment is subject to the provisions of the Asylums Officers Superannuation Act 1909

Applications giving full particulars of experience etc together with copies of three recent testimonials to reach the Medical Superintendent by the first post on Monday *February 15th*

THE PRINCE OF WALES'S HOSPITAL LOCKYER STREET PLYMOUTH (Formerly Central Hospital Lockyer Street Plymouth) (50 Beds)

Applications are invited for the post of HOUSE SURGEON

Salary £150 per annum with board residence and laundry Duties to commence immediately Appointment is tenable for six *months and is subject to renewal*

Applications stating age and qualifications with copies of three recent testimonials to reach the undersigned forthwith

WM W URELL FCCS

GENERAL HOSPITAL NOTTINGHAM (386 Beds)

A HOUSE SURGEON (Male) is required for *Fracture and Orthopaedic Department* Salary £300 a year with board residence and laundry twelve months The act as House Surg and also in the Out Patient Department in connection with the Fracture Clinics Orthopaedic and Casualty Departments

Experience in the treatment of Fractures is essential

Candidates are desired to send applications *stating* age qualification and experience together with copies of testimonials to the undersigned not later than Thursday February 11th Duties to commence on or about March 1st

PETER M MACOLL
House Governor and Secretary

THE LADY CHICHESTER HOSPITAL HOVE BRIGHTON FOR FUNCTIONAL NERVOUS DISEASES (60 Beds)

SENIOR HOUSE PHYSICIAN (woman) required at the middle of February Six months appointment at £100 per annum with board and lodging

Also JUNIOR from the beginning of February at *£50 per annum* Valuable experience for Diploma in Psychological Medicine

Application with testimonials to be sent to the Secretary Mr P F SPOONER 53 West Street Brighton

January 18th 1937

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART

HOUSE PHYSICIAN (male or female) wanted April 1st

Facilities for writing Thesis Salary £100 per annum with board residence and laundry Applications to Miss LEWIS Secretary 14 Cook Street Liverpool

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THE PRINCE OF WALES'S HOSPITAL GREENBANK ROAD PLYMOUTH (Formerly South Devon and East Cornwall Hospital) (268 Beds)

Applications are invited for the post of RESIDENT ANAESTHETIST and HOUSE SURGEON to the Special Department

Salary £120 per annum with board residence and laundry

Appointment is tenable for six months and is subject to renewal Duties to commence February 24th

The Hospital is officially recognised for the surgical practice required of non members before admission to the Final Fellowship Examination of the Royal College of Surgeons and Physicians of England

Applicants must be registered under the Medical Act Application stating age and qualification with copies of three recent testimonial to reach the undersigned by February *12th*

ARTHUR J CASH
January 23rd 1937 Secretary

WEST KENT GENERAL HOSPITAL (Incorporated) MAIDSTONE. (150 Beds)

Applications are invited for the post of HOUSE PHYSICIAN who must be a Male of British nationality

Salary at the rate of £175 per annum with board apartment and laundry

Candidate must possess registered qualification and have had experience in Midwifery

Application stating qualification and experience together with copies of testimonial should be sent to the undersigned not later than first post on February 12th

The successful candidate will be required to take up residence on February 17th

EDWARD J GREEC
House Governor and Secretary

(Appointments continued on p 64)

The dietary reinforcement *for* post-influenzal conditions



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PRACTICES

WANTED TO PURCHASE PRACTICE OR PARTNERSHIP in country town in South half of England or West country £1 400 p.a. up (less if good cope) Family house and garden Capital to £4 000 ready — Address 3071 PERCIVAL TURNER Ltd 4 Adam Street London W C 2

WANTED IMMEDIATELY OR NEAR future PRACTICE or PARTNERSHIP Private advertiser English exp G P especially interested anaesthetic Prelim payment up to £1 000 Cap and full details in confidence —No 1316 B M A House Tavistock Sq W C 1

WANTED BY M D D P H A PRACTICE with a good public health chool or other appointment in England Scotland or Ireland Net income must be at least £1 000 — Address No 1140 B M A House Tavistock Square W C 1

WANTED —PRACTICE OF ABOUT £600—£800 Ireland preferred No contract Good detached house and garden essential Advertiser a Protestant — Address No 1302 B M A House Tavistock Square W C 1

WANTED A GOOD PANEL PRACTICE BY well qualified and experienced young practitioner Anyone willing to accept £300 down and balance in quarterly instalments kindly communicate with No 1316 B M A House Tavistock Square W C 1

WANTED —COUNTRY OR TOWN PRACTICE in England or Scotland £1 000 to £1 500 p.a. Capital available Free to take over at once —Address No 1342 B M A House Tavistock Square W C 1

WANTED WITHIN SIX MONTHS PRACTICE in Bristol of £1 500 p.a. or more preferably in suburb but must have panel of about 1 200 —Address No 1303 B M A House Tavistock Square W C 1

WANTED —PRACTICE IN BOURNEMOUTH £1 200 or over —Address No 1317 B M A House Tavistock Square W C 1

WANTED TO PURCHASE IN OR NEAR London established PRACTICE averaging £1 200 p.a. Private advertiser —Address No 1307 B M A House Tavistock Sq W C 1

WANTED OCTOBER 1ST BY EXPERIenced Scots graduate country PRACTICE Income £1 500—£2 000 —Address No 1345 B M A House Tavistock Square W C 1

CROYDON DISTRICT —£1 500 P.A. CERTIfied receipts Sound old established middle class PRACTICE with panel 2 yrs purchase Very nice convenient house garage garden separate surgery entrance Freehold £2 000 — No 1108 B M A House Tavistock Sq W C 1

DEATH VACANCY (FLEETWOOD NEAR Blackpool) —Growing MEDICAL PRACTICE in expanding Residential area Splendid opportunity for young Doctor willing to build up with small panel and private to commence Modern house —CROSBY & HODSON 33 North Albert Street Fleetwood PHONE 581

FOR DISPOSAL —AN OLD ESTABLISHED *PRACTICE middle class in a town near* London N W Doing about £500 p.a. Fees 5/- upward Panel between 500 and 600 A freehold pre-war house pleasantly situated House and practice £2 500 Good surgery accommodation in the house also large reception room —Address No 1331 B M A House Tavistock Square W C 1

FOR SALE —LONDON SUBURBAN CASH PRACTICE in rapidly developing area averaging £2 750 for the last three years Panel 3 400 increasing Plenty of cope Modern house with private surgery must be purchased at valuation (approx £2 500) Premium for *Practice be taken over 2 years purchase* — No 1338 B M A House Tavistock Sq W C 1

FOR SALE —EXCELLENT GROWING MEDIcal PRACTICE in North East of Scotland Coast town Splendidly situated house in centre *of main street Immediate entry Full particulars* from Messrs WHYTE & CONNON Advocate 58 Dee Street Aberdeen

FOR SALE —WEST COAST OF SCOTLAND Old well established PRACTICE in residential coast town Panel about 1 200 2 year purchase —Address No 1320 B M A House Tavistock Square W C 1

FRCS(Eng) AGED 37 ENGLISH EXPERIenced in general and operative surgery and general practice desires PRACTICE or PARTNERSHIP Private Advertiser —Address No 1304 B M A House Tavistock Square W C 1

FOR SALE —BETTER CLASS PRACTICE IN Surrey town About £550 In 1st year Panel 150 Excellent commodious house for sale £1 500 (£1 000 on mortgage if required) Great scope for increase Premium only reasonable offer for quick sale —Address No 1341 B M A House Tavistock Square W C 1

FOR SALE —PRACTICE £650 P.A. SOMERset town Scope for increase Held 11 years Owner retiring Good house to be let Price £300 —Address No 1329 B M A House Tavistock Square W C 1

LONDON NORTH KENSINGTON — OLD established PRACTICE in thickly populated district Panel 1 350 PMS 50 Visits 3/6 to 5/- Premium £2 800 —Address No 1306 B M A House Tavistock Square W C 1

LONDON W C —PRACTICE AND BRANCH for sale Panel over 1 000 and increasing Income about £1 000 Excellent prospect Premium 2 000 guineas —Address No 1348 B M A House Tavistock Square W C 1

LIVERPOOL —WELL-ESTABLISHED GOOD city Medical PRACTICE for sale in good class district 900 units on panel Cross income over £1 000 p.a. Modern house Scope for increase Reasonable premium for house and practice No agent —Address No 1324 B M A House Tavistock Square W C 1

MIDDLESEX —WITHIN 20 MILES OF LONdon Panel 1 600 £1 800 p.a. increasing 21 years purchase House sale or rent — *THE WESTERN MEDICAL AGENCY* 25 South Molton Street W 1 and 22 Clare Street Bristol 1

NW COAST —PRACTICE FOR SALE OWING to ill health £500 p.a. Small panel House rent Great scope for development owing to rapidly increasing population Any reasonable offer for quick sale —Address No 1328 B M A House Tavistock Square W C 1

NUCLEUS WELL ESTABLISHED GROWING NW London suburb Mixed panel and private Small modern main road house Illness cause of selling — Address No 1349 B M A House Tavistock Square W C 1

OPHTHALMIC PRACTICE WANTED BY EX *ophthalmic HS (London)* DOMS etc Preferably near London but any provincial town would be considered —Address No 1115 B M A House Tavistock Square W C 1

OLD ESTABLISHED COUNTRY PRACTICE *Lines for immediate disposal* Owner retiring Receipts about £750 Plenty of cope for increasing *One and a half years* purchase —Address No 1396 B M A House Tavistock Square W C 1

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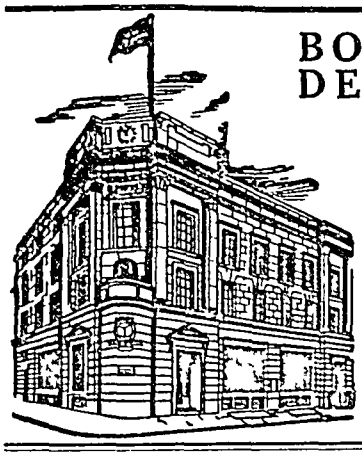
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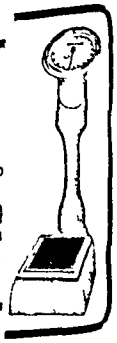
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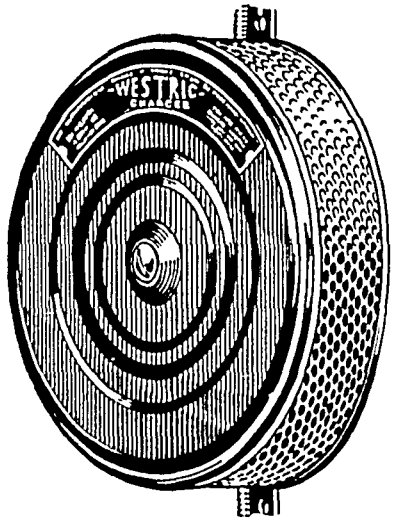
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24 S BUCKS — Well established Practice between £500/£600 p a in growing Riverside District near Windsor Panel 420 Small house to rent but others available Scope Premium one and a half years purchase

25 N WALES WATERING PLACE —Good class non panel PRACTICE about £500 p a Exceedingly nice house (4 bedrooms) in best part with garage and nice garden Scope for panel work if desired Prem one years purchase

26 EASTERN COUNTIES —Partnership in Practice about £2 500 p a in progressive Market Town in Agricultural District Panel over 1 400 Good house (7 bedrooms) with garage and garden to rent Well equipped Hospital Ample scope Premium one half share two years purchase

27 S W OF ENGLAND —Partnership (with early succession) in old established good class Practice about £1 600 p a in beautifully situated Watering Place Visits up to £2 2s No panel or midwifery Patients are of high class and include county families Share of about £800 p a at first at two and three quarter years purchase Cottage Hospital Short preliminary Assistantship Applicant should be graduate of Oxford Cambridge or London

28 LONDON W 9 —Well established non dispensing PRACTICE averaging about £1 000 p a in good residential part Practically no panel Visits 10/6 to £2 2s Accommodation comprises in addition to consulting room etc 4 bedrooms boxroom etc Large garden Rent £200 p a inclusive Scope for increase Premium one years purchase

29 LONDON N W —Well established Practice in desirable residential district Receipts average £767 p a including panel about 240 Visits 5/6 upwards Modern semi-detached house (4 bedrooms) with garage and garden Price of leasehold £1 600 Very good scope Premium £1 150

30 HOME COUNTIES —Old established Practice of £500 p a in first rate town 20 miles from London Panel over 500 Visits 8s No midwifery Modern nine roomed house with garage and attractive garden—about quarter of an acre Premium freehold house and Practice £2 500

31 LONDON S E — Well established Practice in suburban district Receipts average over £650 p a including appointment worth £50/£100 p a and a panel of 535 Semi detached house (12 rooms) with garden for sale Scope Premium one and a half years purchase

32 LONDON, S E —Increasing middle class Practice in pleasant suburb Cash receipts past twelve months £1 270 Panel 950 Visits 3/6 to 7/6 medicine sometimes included Detached double fronted house with ample accommodation for sale or rent Further scope for increase Premium £2 400

33 LONDON W —Practice of about £700 p a in residential district Panel 500 Large corner house (7 bedrooms) with separate surgery entrance and good garden Price of lease £1 950 Scope Premium £1 250

34 ESSEX —Old established Practice in outlying suburban district run by two medical men averaging nearly £1 900 p a Panel 2 849 House (4 bedrooms etc) for sale or rent. Premium two and a quarter years purchase

35 S OF ENGLAND — Partnership (after Preliminary Assistantship) in old established Practice of about £3 500 p a in an important town Appointments £250 Suitable house available to rent A one third share would be sold a two years purchase to a suitable man preferably one holding the M D or M R C P

36 LONDON, S E — Old established Practice of about £1 000 p a in outlying residential district Panel 100 Detached house (4 bedrooms etc) for sale Premium two years purchase

37 MIDLANDS —Old established Practice of about £430 p a in country district Panel 530 House (7 bedrooms etc) for sale Premium two years purchase

38 LONDON N —Old established Practice in suburban district Cash receipts 1936 (10 months) £1 450 Panel 1 240 increasing Fees 2/6 upwards Suitable house (9 rooms) to rent at £160 p a Premium £3 400

39 HOME COUNTIES —A small Practice about £400 p a in first rate town about 30 miles from London Panel 140 Visits mostly from 5/ House with small garden to rent 25s weekly Excellent scope Premium one and a half years purchase

40 N MIDLANDS —Partnership in old established country Practice averaging over £3 000 p a close to county town Panel over 1 800 Visits 3/6 to 10/6 and a few at £1/1/ Medicine extra Specially built house in very pleasant district (6 bedrooms) garage and quarter acre garden for sale or might be rented Scope for increase as building is going on Premium one third share two years purchase to include share of drugs etc

41 S COAST —Practice doing about £400 p a in rapidly growing seaside place Panel 60 Detached house with 4 bedrooms garage and good garden rent £90 p a Good scope building going on Premium £450

42 EAST COAST — Partnership in well established Practice in seaport town Receipts about £3 200 p a including good appointments and a Panel about 900 Corner house (7 bedrooms) for sale or rent One fourth (possibly one third) share two years purchase

43 WELSH COAST —Old established country and seaside Practice Cash receipts average £450 p a including appointments and Panel 272 Visits 5/ to 7/6 Not much midwifery Suitable accommodation could be had Bathing boating sailing etc Premium £750

44 HAMPSHIRE —Practice averaging £830 p a in nice residential district easy distance of the coast Panel 400 No midwifery Semi detached house on main road with good garden for sale Scope Premium £1 500

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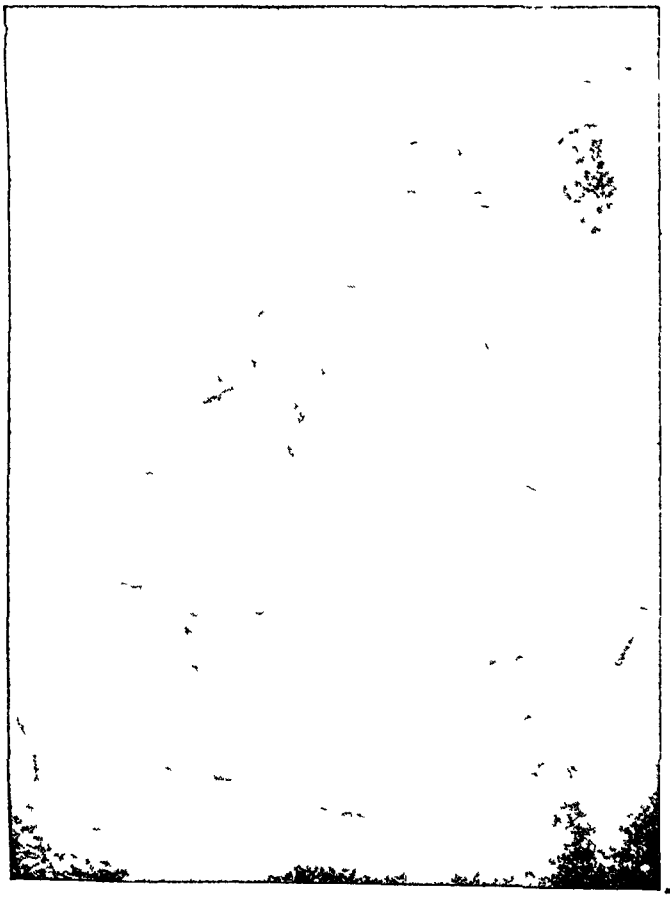
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NORTHUMBERLAND —*Mixed class PRACTICE in beautiful country district* Cash receipts last year £1 064 Panel 520 Good detached house 2 reception 4 bedrooms 3 professional rooms good garden electric light main water and drainage Premium—Practice—and house—Let offer —No 832

LANCS TOWN —Well established mixed class PRACTICE in large town Cash receipts £1 200 Panel 900 Scope Good house 2 reception 4 bedroom 3 professional room and garage Rent £70 p a Premium—14 year purchase —No 910

MANCHESTER —Well established middle and working class PRACTICE suburban district Cash receipts last year £1 650 Panel 1 100 Good house 2 reception 6 bedrooms 3 professional rooms (separate entrance) garden Rent £60 p a Premium Practice—14 years purchase —No 915

YORKSHIRE (N R) — Old established PRACTICE *in beautiful district* near to sea Cash receipts last year 1 040 Panel 600 Commodious house reception 6 bedrooms garage and large garden with tennis court Premium—Practice—14 years purchase Vendor retiring No 893

DERBYSHIRE —PARTNERSHIP in old established Country Practice near to large town Cash receipts last year £3 238 Panel 1 800 Scope A district developing Attractive house recently built 2 reception 5 bedrooms garage and large garden Electric light and main drainage Rent £80 p a Premium—One third share 2 years purchase —No 854

MANCHESTER —Middle and better class PRACTICE in present hands 40 years Cash receipts last year £2 151 Panel over 600 Good house 3 reception 6/7 bedrooms garage and garden Premium—Practice and house—£3 000 Long introduction if desired Vendor retiring —No 808

LANCS TOWN —PARTNERSHIP in old established Practice held by Welsh doctor Cash receipts approx £1 700 p a Panel 1 870 Scope great increase Suitable accommodation can be arranged Premium—half share—2 years purchase —No 920

CHESHIRE —PARTNERSHIP in unopposed Country Practice Cash receipts £1 700 p a Panel 1 012 Expenses low Choice of house at rental Premium—Half share—2 years purchase —No 905

MANCHESTER —Well established PRACTICE *in* industrial district ring cope Cash receipt £700 p a Panel 950 Surgery present rent at 15 per week (clear) Premium Let offer—No 909

LADY PARTNER to take over Lady Doctor share in large Panel Private Practice in Cathedral City in Yorkshire Quarter share worth about £900 p a to be held at 2 year purchase Panel about 900 —No 919

DERBYSHIRE —Well established Country PRACTICE. Cash receipts 00 p a including Panel and transferable appointments £480 p a old house 2 reception 5 bedrooms garage and garden Electricity Water Rent £50 p a Premium £1 350 —No 811

NEAR MANCHESTER —Old established PRACTICE conducted by Medical Man and Medical Woman in Partnership Average cash receipts £1 500 p a Panel 1 250 Scope for great increase One of the partners is engaged in consulting work Two very good houses with ample accommodation garage and garden Premium best offer —No 889

NORTH WALES —*Old established PRACTICE* offering scope. Cash receipts last year £843 Panel 765 Good surgery premises to rent at £52 p a Premium Let offer—No 905

MANCHESTER —Old established middle and better working class PRACTICE in present hands 34 years Average cash receipts £1 082 p a Panel 470 Scope for energetic man Good house 2 reception 5 bedrooms garage and large garden Premium 14 years purchase Vendor retiring —No 875

MEDICAL WOMAN'S PRACTICE—DERBYSHIRE — Cash receipts about £150 p a Panel 70 Great scope Modern house 2 reception 5 bedrooms garage and garden *Rent £58 p a* Any reasonable offer for quick sale—No 818

NEAR MANCHESTER —PARTNERSHIP in sound old established Practice in suburban district Average cash receipts £3 080 p a Panel 2 100 Scope Excellent house 2 reception 4 bedrooms garage and large garden For sale or may be rented on lease Premium—half share—2 years purchase—No 892

NORTH WALES —Good class PRACTICE in Seaside town offering scope Cash receipt £500 p a *Excellent house* 3 reception 4 bedrooms garage and nice garden Premium 1 year purchase No 916

MANCHESTER —PRACTICE in industrial district in present hands 40 years Cash receipts last year £840 Panel 904 Good corner house with ample accommodation to rent Vendor retiring Premium 14 years purchase or near offer —No 836

BEDFORDSHIRE —Small Country PRACTICE £400—£500 p a Panel 114 Good house 2 reception 7 bedrooms garage and garden Rent £65 p a Premium £450 —No 830

NORTH WEST COAST —Sound middle class working class PRACTICE Cash receipts last year £1 429 great scope Panel 1 272 Good house 2 reception 4 bedrooms surgery and waiting room (separate entrance) garage and small garden Price £1 100 Premium—Practice—2 years purchase Vendor retiring —No 880

LANCS TOWN —Old established better working class PRACTICE with large part of work in country district Cash receipts £1 050 p a Panel 813 Scope Attractive house 2 reception 5 bedrooms garage and garden Rent £90 p a Premium £1 600 —No 859

YORKSHIRE Working-class PRACTICE p a Panel £75 p a

and old established middle and upper class *Cash receipts over £3 500* available with garden Rent years purchase —No 912

SOUTH YORKSHIRE—DEATH VACANCY — Small middle-class PRACTICE offering great scope Cash receipts £463 Excellent house reception 4 bedrooms and garden Premium—Reasonable offer —No 887

NORTHERN SPA —Middle class PRACTICE Cash receipts £800 Panel 351 Excellent house 4 reception 5 bedrooms and garage Premium—1 years purchase —No 897

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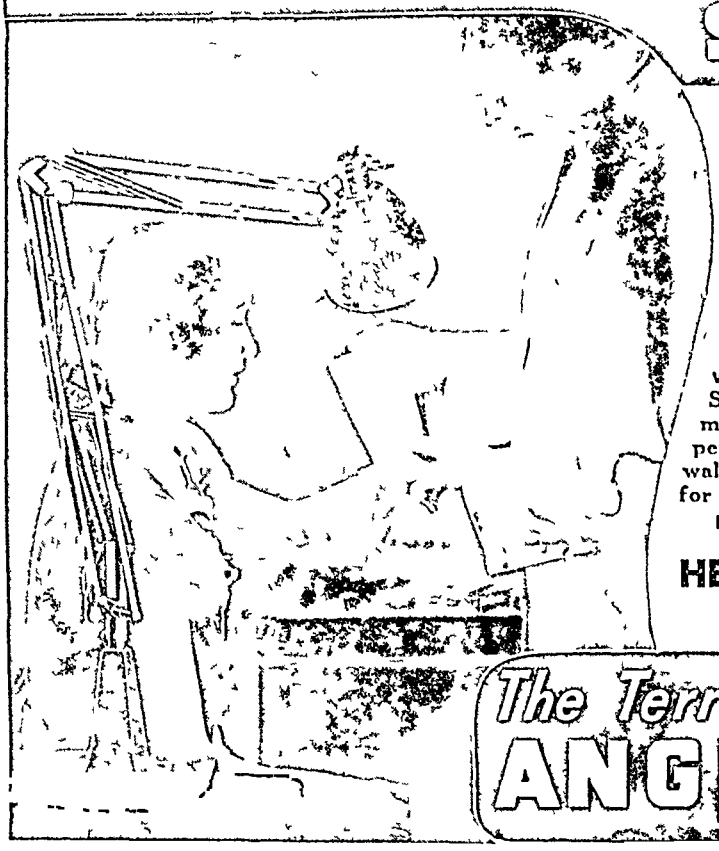
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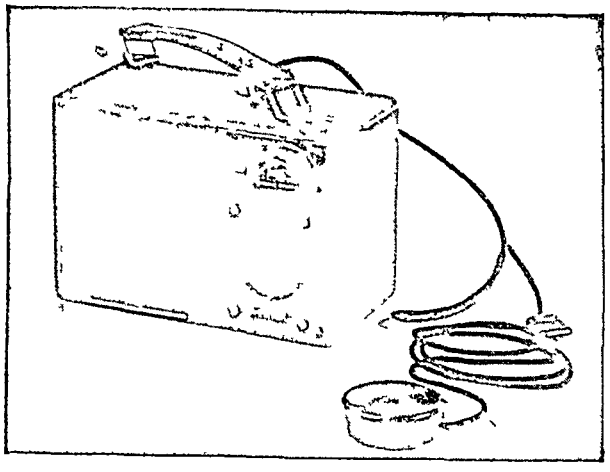
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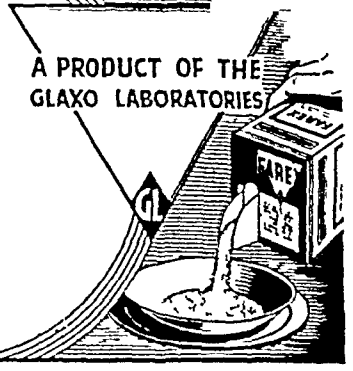
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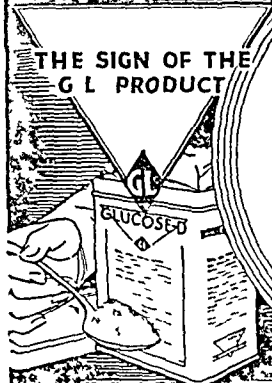
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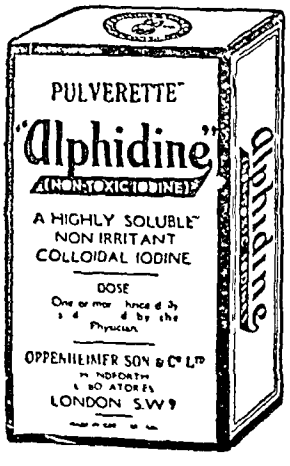
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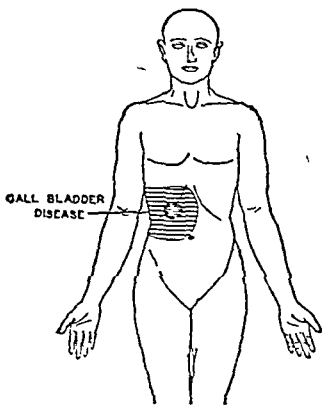
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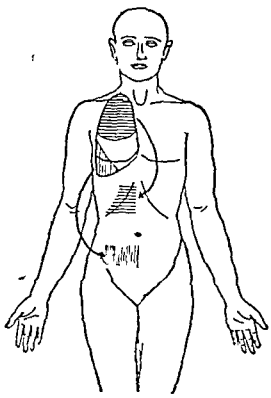
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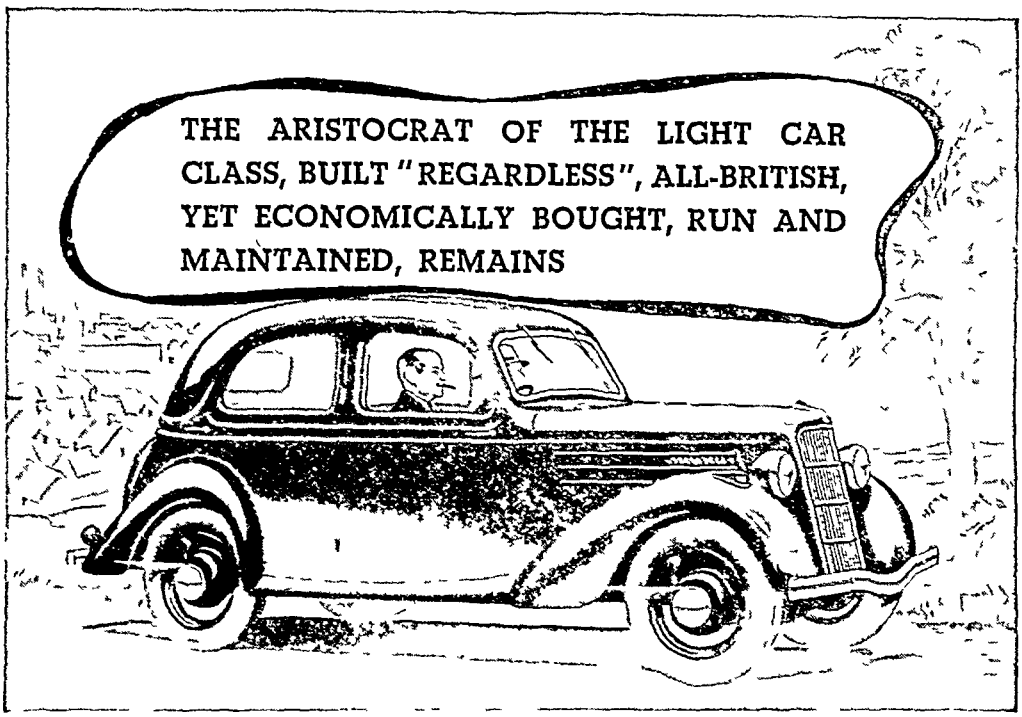
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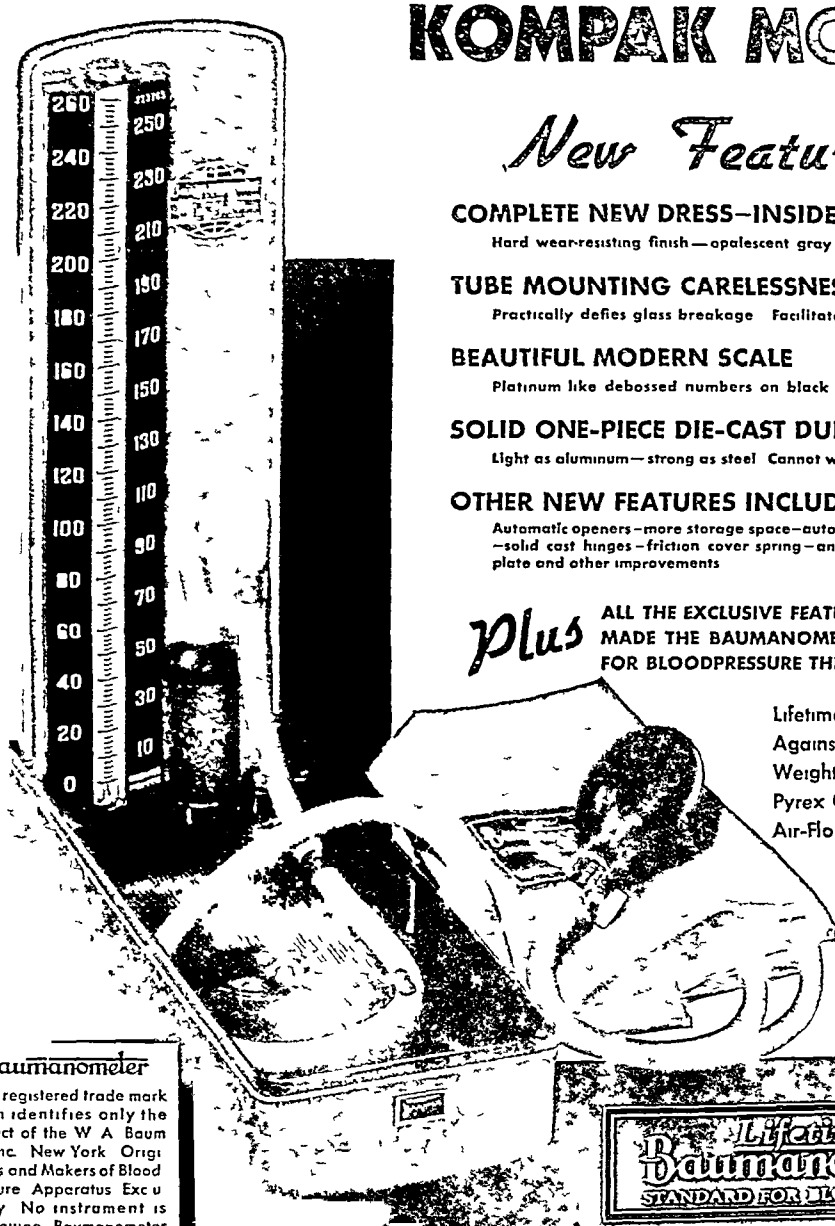
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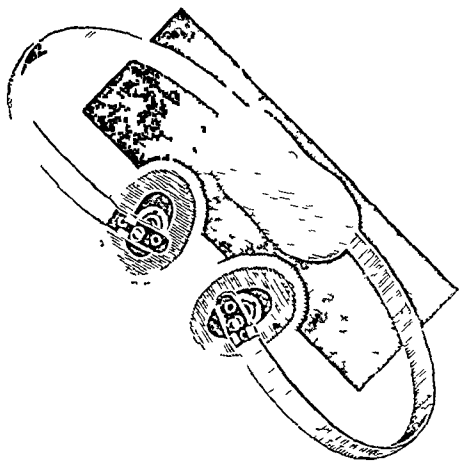
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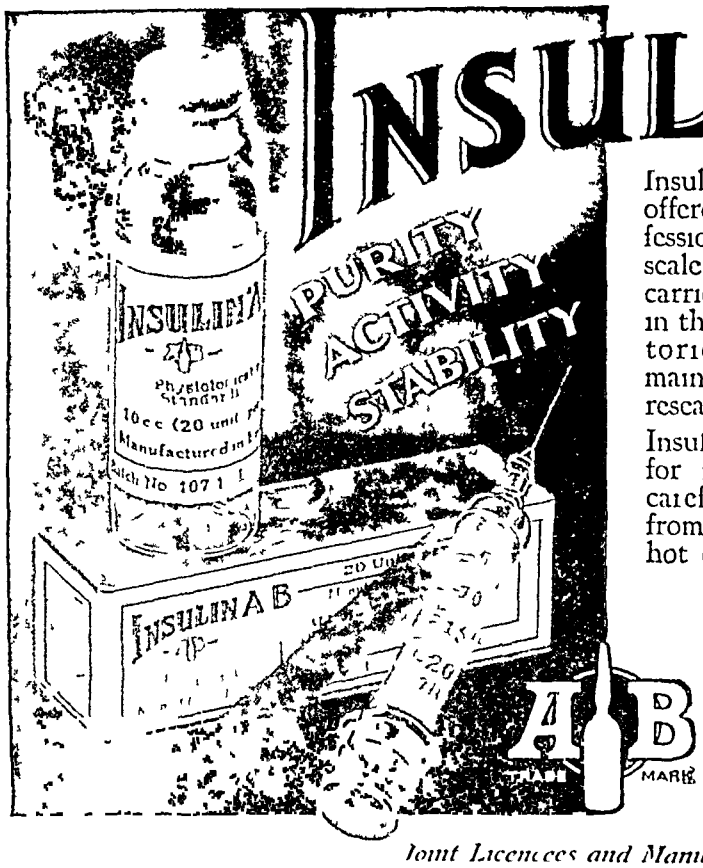
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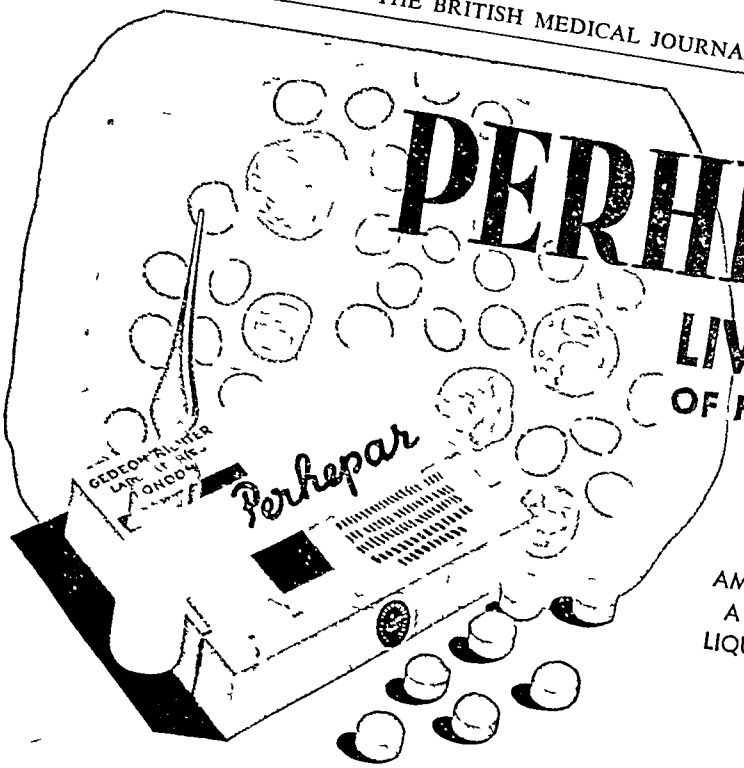
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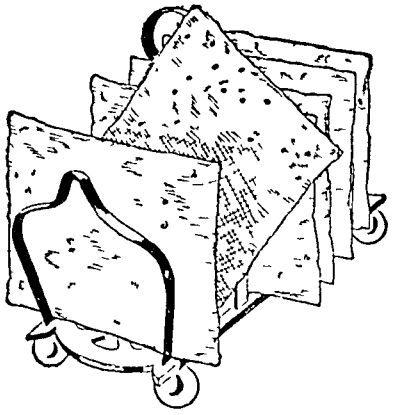
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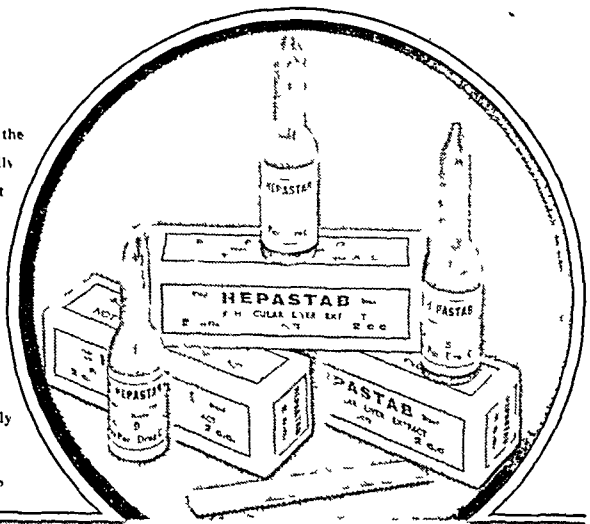
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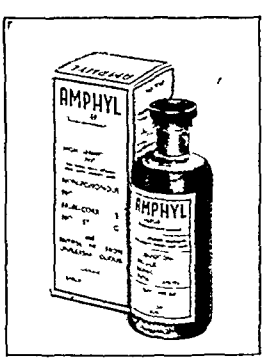
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The acute lesions, which have the same general lineal distribution from pelvis to cortex, consist of dense cellular infiltrations The cells vary in proportion in different patches, but there are many polymorphs, together with various mononuclear types (such as lymphocytes and histiocytes) This infiltration is in the interstitial tissues, causing separation of the tubules, many of which are also disintegrated, above are dilated tubules No organisms could be demonstrated in these acute lesions, though the appearance and characters of the lesions suggest a bacterial or toxic origin The kidney otherwise shows minor changes, the convoluted tubules generally are swollen, but the glomeruli show no specific change

Liver—The liver cells in the central two thirds of the lobules show loss of distinct outline, their cytoplasm is vacuolated and contains small yellow granules (? bile), the nuclei, with few exceptions, stain quite well The cells of the outer third stain more uniformly and darkly—a more normal appearance Scattered irregularly in lobules and in portal tracts are small groups of blood cells (polymorphs and myelocytes) and some swollen endothelial cells These groups are within the sinusoids of the lobules or in the tissue of the portal tract There is no fibrosis, the bile ducts and portal vessels show no abnormality

It was not possible to test for fat in the material available, and so no statement can be made as to the cause of the central vacuolation of cells above noted The general appearance suggests an acute toxic damage and some stimulation of haemopoietic tissue

These experiments showed that toxic conditions may be produced in the pregnant rabbit when pregnancy is interrupted without a complete expulsion of the uterine contents, and that such conditions are associated with a failure in the secretion of the luteal hormone They suggested the possibility that toxic states observed during pregnancy in women might also be associated with an insufficiency in the luteal secretion, and that treatment with the luteal hormone (progesterone) might have beneficial effects It was therefore decided to determine the effect of treatment with corpus luteum hormone in a series of pre-eclamptic cases Messrs Schering Ltd very kindly put a generous supply of proluton at our disposal 1 c.cm of the preparation used contains 5 mg of synthetic progesterone This was administered intramuscularly in all cases

Clinical Experiments

So far only twelve cases have been treated The results have on the whole been encouraging, but the data are necessarily limited, since the number of severe cases suitable for experimental treatment passing through one hospital is small This preliminary report has therefore been communicated in the hope of encouraging other investigators to use a similar treatment, and thus lead to a more rapid collection of information

The following criteria were used in the choice of cases (1) The blood pressure was high, the systolic being 160 or over and the diastolic 90 or over (2) Oedema was present in all cases, and marked in most of them (3) Albumin was present in the urine, often in large quantities (4) The urea concentration was normal, and the blood urea was within normal limits (20 to 40 mg per cent) (5) The general clinical impression and the symptoms (such as headache, visual disturbances, and vomiting) were such as to suggest that eclampsia might be imminent

In ten out of twelve cases conservative treatment had been tried at home under the supervision of the hospital ante-natal clinics or under the patient's own medical attendant The period of treatment before admission extended over one to four weeks and the treatment included rest in bed on a low protein diet The patients were admitted to hospital only when they failed to show improvement or became worse under conservative measures Two of the cases were admitted as emergencies without any previous treatment

In all cases treatment was restricted essentially to the administration of progesterone, but the following basic precautions were taken (1) A balanced diet of approximately 1,650 calories was given, not salt-free and not protein-free, though the protein intake excluded red meat (2) In every case where oedema was a marked feature fluid intake was restricted to less than 40 ounces until the fluid output was greater than the intake, and the oedema showed signs of disappearing or had disappeared (3) Where headache was severe luminal was given in half-grain doses twice or three times a day In one case (No 4), where epigastric pain, acute headache, and sudden rise in blood pressure developed when only one dose of progesterone had been given, resort was had to venesection and the use of morphine Progesterone was given in 5 mg doses daily for the first three or four days, and thereafter, depending on the response, at longer intervals The results are presented in Table I the symptoms being graded + to + + + + according to the presence and intensity of headache, eye symptoms, vomiting, and oedema

Several features of the response to treatment are worthy of note In the first place, none of the patients developed fits, and all recovered Secondly, every patient showed a gradual improvement as judged by the signs and symptoms Blood pressure fell (though it is difficult to estimate what significance can be attached to such a comparatively inaccurate standard), while albuminuria, as estimated by Esbach's method, showed a gradual diminution in most cases In the third place the final result to the mother was complete recovery of kidney function eventually in all cases except one In this case (No 2) the patient was left with a mild nephritis Lastly, although foetal mortality was high (six out of twelve cases), all these deaths were by no means attributable to the toxaemic condition

The cause of the foetal deaths requires additional consideration The first foetal death (No 1) occurred *in utero* before the woman came into the hospital She was admitted as an emergency, and the foetal heart was never heard The second foetal death (No 2) was definitely due to prematurity The third foetus was born in a deformed condition, and the labour, which was prolonged and difficult, showed abnormality of uterine action (non-polarity of the uterus) Special interest may possibly be attached to the fifth foetal death (No 7) The mother's response to treatment was rapid and satisfactory, so that the dosage was reduced to 5 mg every fourth day It was on the fourth day after her last injection (five weeks after the beginning of treatment) that the mother complained of feeling worse and showed a rise in the blood pressure On examination the foetal heart which had been heard on the previous day was no longer audible Surgical induction was performed, and the child was stillborn It is possible that his death might not have occurred if more frequent doses had been given

In one case (No 4) it was observed that treatment with corpus luteum hormone appeared to cause a delay in the onset of labour Because of failure to improve beyond a certain point the membranes in this case were ruptured artificially at twenty-nine weeks and the treatment with progesterone was continued The patient did not go into labour for five days, and then only after the temporary cessation of treatment Because of this, and because of the high foetal mortality in the earlier cases induction of labour at or near term when the condition of the mother

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such cases admitted between May 1 and October 31, 1935 Similar periods were chosen in order to exclude the possibility that seasonal variations might affect the incidence and severity of the condition

The results are given in Tables II and III Out of ten severe cases admitted in 1935 and treated conservatively, four developed fits, and two patients died, while out of twelve severe cases treated in 1936 with corpus luteum hormone none developed fits and none died The results therefore appear to be suggestive and encouraging

In an investigation of the possible value of progesterone in the treatment of certain toxaemias of pregnancy it was obviously desirable to select severe cases, since the significance of results obtained could then be more easily estimated At the same time it is well realized that if the treatment was definitely shown to be effective it would be advisable to apply it at an earlier stage, and to determine whether under such conditions it might not be of prophylactic value

Summary

1 Certain experiments, in which toxic conditions leading to death were produced in pregnant rabbits, are described, these conditions were associated with a failure in the secretion of the luteal hormone

2 The results obtained following the administration of progesterone in twelve cases suffering from severe pre-eclamptic symptoms are given Clinical improvement appears to have been produced in these cases

3 It is evident that the numbers are too small to establish formal proof of the efficacy of the treatment, and the results are published at this stage because it would take many years to collect adequate data in a single hospital The results appear to be sufficiently encouraging to deserve testing on a wider scale without delay

We should like to express our gratitude to the honorary staff of the Elsie Inglis Memorial Hospital for permission to use some of their cases, and to the Medical Research Council for defraying the expenses of the experimental part of this investigation

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C Kroetz (*Med Klinik* November 6, 1936, p 1521) points out that carbon monoxide poisoning is a danger which may arise in garages, streets, factories, tunnels, and domestic houses It may produce in the heart muscle haemorrhages and necrotic patches especially close to the papillary muscles of the mitral valve Entering the upper respiratory passages it affects the vagus, causing spasm of the coronary blood vessels Later, arteriosclerotic changes occur in the vessel walls The electrocardiogram often gives evidence of these pathological changes Clinically, a heart with necrotic foci following carbon monoxide poisoning reacts more quickly with attacks of angina pectoris Kroetz, acting as referee in a compensation case, showed that symptoms of cardiac stenosis must be carefully looked for in cases of CO poisoning In 1915 an engine driver of 38 had an attack of angina pectoris after working in a tunnel with a known high CO content Two other well authenticated attacks occurred in the same manner in 1922 and 1928 Previous to 1915 the patient had had no heart trouble Although he was off work for 285 days between 1915 and 1922 his symptoms were put down to neurosis He was pensioned off in 1933 In 1936 upon re examination his condition had not deteriorated Syphilis and senile arteriosclerosis had been excluded in 1915

THE RELATION BETWEEN THE HYPOCHROMIC ANAEMIAS AND IRON DEFICIENCY

BY

J. V. BROCK, D M., M R C.P.
Assistant Director of Research in Medicine, University of Cambridge

There has been much speculation as to the mode of action of iron in the hypochromic anaemias, and especially as to the reason why it requires to be given in large doses The successful treatment of the hypochromic anaemias with large doses of iron has been one of the most encouraging chapters in medicine during the last decade, and iron can now be regarded as a specific remedy

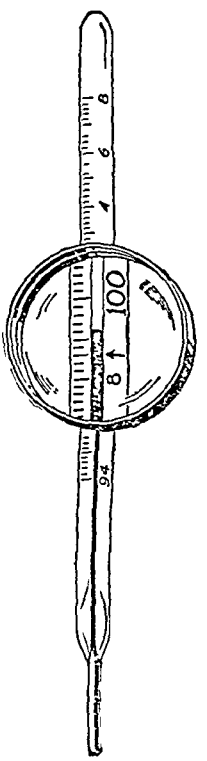
Schulten (1930) has emphasized the importance of large doses in the case of ferrum redactum He showed that in some cases this preparation could be given for four weeks in doses of 2 grammes (30 grains) daily without any response, but when the dose was raised to 6 grammes (90 grains) there was an immediate rise of reticulocytes and return of the blood picture to normal In this country and in the U S A the preparations of iron most in vogue until recently have been iron and ammonium citrate in doses of from 60 to 90 grains daily, and pil ferri carb (Blaud's pill) in doses of from 45 to 90 grains daily Although it has been recognized that some patients respond to considerably smaller doses (Witts 1933), the necessity for the large doses mentioned as average optimum doses has been very clearly established in clinical experience (Dameshek 1934, Heath, 1933, Schulten, 1930 Witts, 1933) And there is no question that the specificity of iron therapy has only been generally accepted since these preparations have been used in large doses as originally suggested by Blaud (1832)

Definition of Hypochromic Anaemia

A hypochromic type of blood picture may be found in association with almost any disease picture and may respond to a greater or less degree to iron therapy The term "hypochromic anaemia" is, however used in this paper to signify a certain group of cases The blood picture is characterized by a low colour index, hypochromia and microcytosis in the stained film, and a low mean corpuscular haemoglobin concentration The number of white blood corpuscles is at or below the normal level In the absence of treatment the course of the anaemia is chronic or torpid, the reticulocytes are within normal limits, and there is no spontaneous recovery In the absence of complications such as fever, sepsis, cancer, nephritis, or pronounced arteriosclerosis, iron therapy causes the blood picture to return to normal provided it is adequate and, if necessary prolonged In one of its purest forms hypochromic anaemia is found in women of the child-bearing epoch and is commonly associated with achlorhydria or hypochlorhydria This syndrome has been very fully described in the literature as idiopathic hypochromic anaemia or chronic microcytic anaemia (Faber, 1913 Witts, 1930 Waugh, 1931 Minot 1932, Dameshek, 1933) Quite frequently chronic blood loss or dietetic inadequacy are believed to be aetiological factors Heath (1933) found that of eighty-four cases responding to iron 93 per cent were idiopathic in association with reduced gastric acidity, or were associated with chronic haemorrhage or dietary deficiency It is this group of cases in an uncomplicated state which is used for the study of the relation of hypochromic anaemia to iron deficiency

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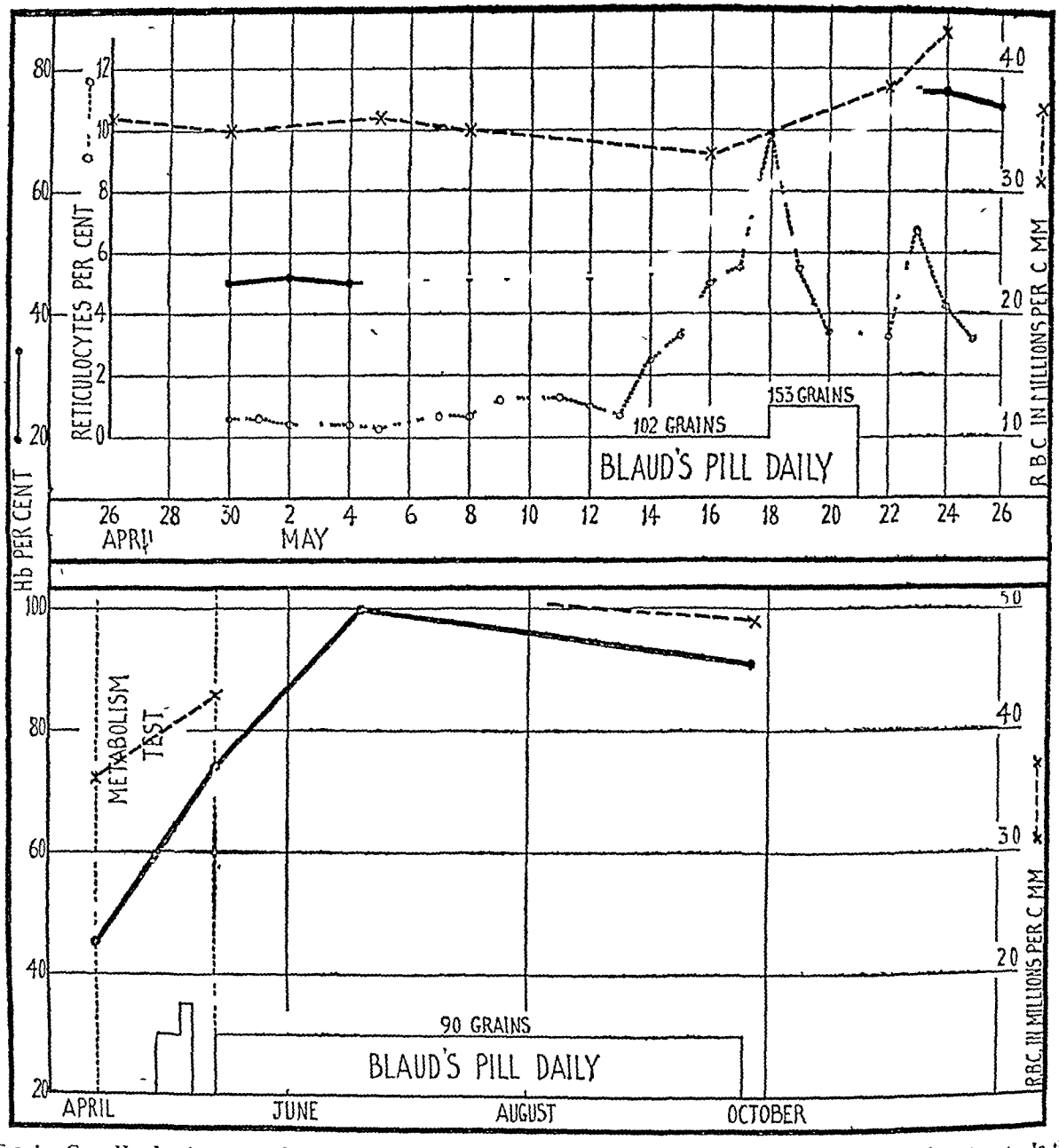


FIG 1.—Case II. In the upper chart is a detailed record of the response of the blood to a brief period of treatment. In the lower chart the patient's subsequent progress is recorded. In the lower chart the period of time represented in the upper chart is condensed on to a smaller scale between the dotted lines. Iron retention, May 12–May 21, was 2,491 mg. Haemoglobin rise, May 12–May 26, was 29 per cent., representing 670 mg. of iron.

ivalent of the newly formed haemoglobin was calcu-ed in each case on a presumed circulating blood volume 5 litres, using 0·335 per cent. as the iron content of :moglobin. In this way it was possible to observe the :moglobin response of patients when the amount of iron actually reaching the body from the intestine was known.

Case I

This was a case of hypochromic anaemia associated with a gastric ulcer and presumably due to chronic blood loss in the past. The patient was a male aged 17, treated three years before (that is in 1931) for anaemia. On March 9, 1931 his blood count was: red cells 3,500,000, haemoglobin, 25 per cent. On March 16, after iron therapy, haemoglobin was 71 per cent. 1934 complaining of epigastric pain and lassitude. A-ray examination showed a large lesser curve ulcer. Test meal: free hydrochloric acid 0·26 per cent.; no occult blood in stools on repeated examination. Red blood count 5,370,000 per c.mm.; haemoglobin 62 per cent., white blood count, 7,700 per c.mm.

The patient's iron balance was measured, and 90 grains a day of Blaud's pill were given for ten days. Of this he retained 639 mg. of iron. He received no further treatment for three weeks. At the end of this period his haemoglobin had risen to 92 per cent. This rise of 30 per cent. would represent 693 mg. of iron added to the circulation if the patient had a blood volume of 5-litres. He was a small individual, however, and the new haemoglobin must therefore have represented an addition of iron to the circulation about equal to the amount of iron retained. When iron therapy was renewed the haemoglobin rose to 110 per cent., and two years later the patient is still well.

Case II

This was a case of idiopathic hypochromic anaemia in a female, single, aged 30. She complained of shortness of breath and pallor for two months. Moderate diet. Cyanemia not excessive. No other blood loss. Test meal: no free hydrochloric acid after gruel but after histamine 0·2% per cent. A-ray examination showed no abnormality of stomach or duodenum. Red blood count, 3,460,000 per

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a day, as judged by clinical experience with large series of cases (Dameshek, 1934, Heath, 1933, Witts, 1933) There is no reason to believe that tablets of ferrous sulphate or ferrous chloride are any better absorbed than is the iron in freshly prepared Blaud's pill, so that they should be given in doses containing the same quantity of iron—for example, 15 to 30 grains daily in the case of ferrous sulphate exsiccatus Many cases will respond to smaller doses just as they will to doses of Blaud's pill smaller than 45 grains daily, but, as has been shown, there is no way of distinguishing clinically between those needing small and those needing large doses Fullerton (1934) found that only ten cases out of twenty-one responded satisfactorily to ferrous sulphate exsiccatus in a dose of 9 grains daily

Various preparations of soluble ferrous salts are being put on the market which, because of their smaller bulk, will probably replace the familiar Blaud's pill But whatever the preparation there must be a reasonable assurance that the iron will remain in a ferrous state, and they must be given in a dose which contains a minimum of 300 mg of metallic iron daily Tablets of ferrous sulphate as made by Glaxo appear to fulfil these requirements, and are very convenient and palatable The dose of 9 grains per day, however, which is frequently recommended, cannot be regarded as an average optimum dose About 50 per cent of cases will respond adequately (Fullerton, 1934), but unless frequent haemoglobin estimations are being performed the dose should always be at least 15 grains a day, and may have to be larger If ferrous chloride is being used in a syrup solution, as recommended by Witts (1936), an average optimum dose varies from 9 to 18 grains a day at least (300 mg of metallic iron), according to whether the ferrous chloride is anhydrous or not

In resistant cases the dose should always be raised to the maximum before despairing of iron, and since there are still many unexplained factors in the aetiology of hypochromic anaemia a diet rich in first-class protein and vitamins should always be insisted on *

During the three years in which the experiments here referred to were being conducted the writer held successively the Leverhulme Research Scholarship of the Royal College of Physicians and the Walter Dixon Scholarship of the British Medical Association He has pleasure in expressing his indebtedness to Dr George R Minot for the impetus to undertake the work, and to Dr Donald Hunter and Dr J M Vaughan for help and advice

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* Since the publication of the work of Brock and Hunter (1937) on the absorption of large quantities of iron my attention has been drawn to a note by Fowler and Barer (1935) indicating that they have obtained similar results by balance experiments

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J P Strombeck (*Nord med Tidskr*, December 5, 1936, p 1996) finds from a study of the literature that opinions are still divided as to the merits of the excision and suture of recent wounds as advocated for the first time by Friedrich in 1893 The author has therefore tried to throw light on this treatment, which has been applied since 1928 at the Serafimer Hospital in Stockholm to wounds accidentally inflicted Since September 1932, records have been kept with special reference to the nature of the wounds according as they were inflicted by cutting or blunt objects, or were associated with suppuration, necroses, haematomata, reopening of the wound, and other complications In the course of three years about 3,000 cases were treated, approximately three quarters of the patients being males In nearly every case the injuries did not entail residence in hospital, and those cases were excluded from the analysis in which compound fractures of the long bones had occurred or in which the wounds were very deep and extensive The treatment consisted in washing with a soap solution and then with alcohol after local anaesthesia had been induced The walls and floor of the wound were then excised to a depth of one millimetre Before, during, and after this excision the wound was irrigated by a solution of chloramine Ligatures and sunk sutures (except tendon sutures) were avoided as much as possible and silk was employed for the skin sutures The author's findings are reproduced in several tables in which information is given about the character and site of the injuries and various other data The author's conclusion is favourable to this procedure, which he does not however, recommend unreservedly in general practice It is most suitable for hospital practice and even here care must be taken in the after-treatment lest secondary opening of the wound ensue

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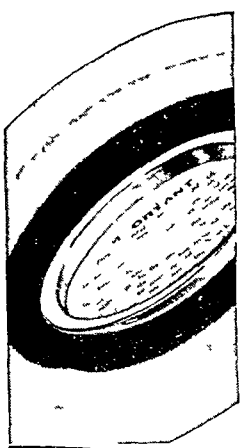
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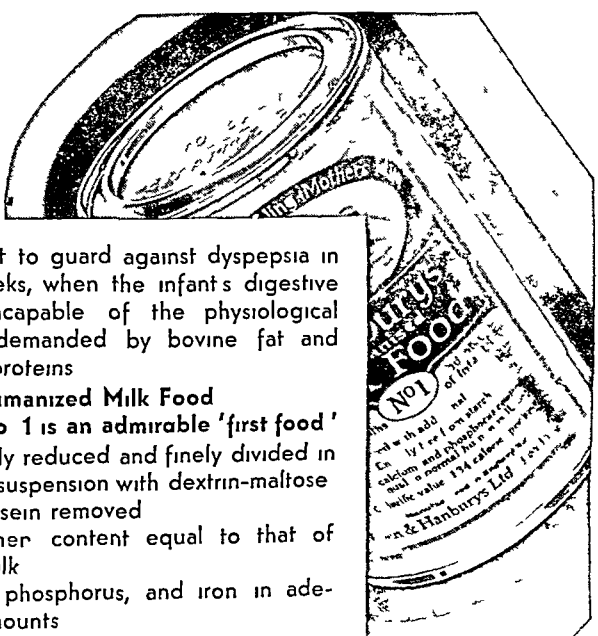
may safely and advantageously be given, where beef tea would often increase the pain and have a harmful effect Because of its high protein and vitamin content, obtained by preparation at a low temperature and concentration *in vacuo*, 'Allenburys Beef Juice provides a valuable means of keeping up a patient's strength in persistent sea-sickness and in such diseases as dysentery and cholera

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Clinical Results

The following data refer to 157 male patients treated with the gonococcus antitoxin, and these may be separated into

Acute uncomplicated cases	42
Acute complicated cases	84
Chronic complicated cases	31

The acute complicated cases included epididymitis, 37, arthritis, 27, vesiculitis, 8, prostatitis, 6, conjunctivitis 3, iritis, 2 The chronic complicated cases were epididymitis, 14, arthritis, 11, prostatitis, 4, vesiculitis, 1, iritis, 1

It is extremely difficult to summarize the clinical results of such an erratic disease as gonorrhoea Some cases were obviously more severe than others, and the resistance of the patients varied considerably, but even so the following may be taken as a fair indication of the percentage of successes or otherwise of the antitoxin treatment excellent, 49 6, good, 26 9, fair, 14 8, bad, 5 9 Clinical relapses occurred in only 6 6 per cent in this series

The duration of times mentioned in this paper indicating the periods in which a "cure" or some clinical improvement was attained should not be taken too literally or criticized too severely Times have been mentioned so that the reader may form an approximate evaluation of the results obtained The times required to effect a cure in gonorrhoea are subject to so many varying factors, more especially the personal equation of the assessor, that they are seldom published, for who is bold enough to state *precisely when* a gonococcal infection is cured? My tests of cure have been described elsewhere They are extremely rigid, and a certain period of time, varying according to the type of case, must elapse while they are being applied In evaluating a cure it is the method in which the disease retrogresses, pathologically as well as clinically, on which the expert mostly relies Careful notes and the results of the chronological series of pathological findings reveal the evolution of the process of cure, and are more valuable than a single set of tests applied on one day only Hence a fair estimation of when an infection ceased is most accurately obtained by scrutinizing the case record after the patient has been under observation and tests for a prolonged period In this investigation, although some defaulted,' each patient was kept under observation as long as possible, no case was discharged at the earliest moment

Acute Gonorrhoea, Uncomplicated

Dysuria irritation and discomfort subside earlier than usual The patients commonly declare how well they feel and express their belief in the efficacy of the injections as they feel much better for them"

An analysis of the thirty-six cases that completed the tests of cure and were observed for at least three months shows that a 'cure was effected in two cases in sixteen days one case nineteen days, four cases, three weeks, twelve cases four weeks, five cases, five weeks, seven cases six weeks and in five cases, eight weeks

In a week even the uncomplicated cases of acute gonorrhoeal urethritis have given rise to dissemination of gonococci through the blood stream, although this may not be apparent If the antitoxin is given early enough, however complications such as posterior urethritis, vesiculitis prostatitis epididymitis, and arthritis seem to be prevented Among the total of forty-two cases only three relapsed or developed a complication

In one case the urethritis ceased on the fifteenth day, but recurred slightly on the twenty first day, although the patient had received fifteen daily doses of 1 c.cm of the concentrated product The second case developed a tenosynovitis of the right wrist four weeks after 45 c.cm of the unconcentrated antitoxin, the dosage being 10, 15, and 20 c.cm on three successive days

Epididymitis

In general, complete relief from pain is obtained in twenty-four to forty-eight hours, and occasionally a sudden and astonishing cessation of pain in five to six hours, accompanied by a rapid decrease in swelling Several patients discharged themselves from hospital within five or six days because "they felt so well' It is also worth recording an experienced and impartial observer's note in one case twenty-four hours after the first injection of 10 c.cm of unconcentrated antitoxin—namely that he had "never seen such a rapid and marked improvement before"

An analysis of forty-two cases indicated that one patient was "cured" in sixteen days four in twenty one days, one in twenty-three days, one in forty days one in forty-five days, seven in four weeks six in five weeks, three in six weeks, one in seven weeks, seven in eight weeks, three in ten weeks five in twelve weeks, one in fourteen weeks, and one in sixteen weeks Among fifty cases only one relapsed

This patient had a bilateral vesiculitis with a left epididymo orchitis of two months duration He then received only 6 c.cm of the unconcentrated antitoxin 1, 2, and 3 c.cm on three successive days, and developed a right epididymo orchitis four weeks later

Arthritis

Patients under this category, "arthritis, acute and chronic," include the conditions arthritis with effusion, fasciitis, and tenosynovitis The time required to obtain "*nil* abnormal" clinically and pathologically in urine, vesicles, prostate, and urethra (all tests being pathologically clear except for an occasional positive gonococcal fixation test) was as follows in acute cases eight in four weeks, six in six weeks, one in seven weeks two in eight weeks two in ten weeks, two in twelve weeks, one in twenty-four weeks and one in forty weeks In chronic cases one in three weeks, one in five weeks, three in six weeks, two in eight weeks, and one in nine weeks

The clinical results are rapid in recent acute cases, pain and swelling ceasing in a few days, sometimes after the first injection Generally the joint appears normal, has full mobility in a week, and the result is permanent

For example a severe case of acute gonococcal arthritis complicated with a bilateral epididymitis, and a very painful arthritis of both knee joints, tense with fluid had regained normal movement in both knee-joints on the fifth day pain was absent and very little fluid remained In fifteen days this patient was normal clinically and discharged from in patient treatment

Similarly with the chronic cases Generally the patients are able to walk or to use arms or hands without disability, and to leave hospital within eighteen to twenty one days instead of the usual five to six weeks In most cases relief from pain occurs within thirty-six to forty eight hours with rapid diminution of the effusion and increased mobility of the joint In one chronic case with four years' history, where a cure was effected after six weeks, the patient made the observation that he had 'no pain, and had not been so comfortable for months" Another case of arthritis, also of four years' duration, was "cured" in nine weeks All cases recovered

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PROGESTERONE IN PRE-ECLAMPTIC TOXAEMIA

BY

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Recent work on the physiology of pregnancy has produced evidence which strongly suggests that the luteal hormone progesterone is necessary for the maintenance of gestation and for the nutrition of the developing uterine contents In some species the hormone is produced essentially by the corpus luteum and the removal of the ovaries or of the corpus luteum leads to an interruption of the gestation In other species, including the human, removal of the ovaries is consistent with continuation of a normal gestation and it is presumed that in these species the luteal hormone is produced by the placenta, from which organ it has indeed been recovered

Experimental Work on Animals

In experiments performed some time ago (Robson, 1934) it was desired to determine the possible effect of the placental activity on the uterus following removal of the foetuses For this purpose the technique described by Weymeersch (1912) and by Hammond (1917) was used, the embryos were removed under aseptic precautions in pregnant rabbits through small incisions in the uterine wall When the operation was performed at about the mid stage of pregnancy or shortly afterwards it was found, as had been previously described that the placentae might be retained for varying periods within the uterine lumen and were then expelled When, however, the embryos were removed at a later stage of pregnancy the course of events was quite different The animals very rapidly developed symptoms of acute intoxication and died, sometimes within twenty four hours of the operation On post mortem examination an acute toxic condition was found and it appeared likely that the source of the intoxication was within the uterus

In further experiments precautions, including strict asepsis, were used, but the results were nevertheless the same It appeared possible that the removal of the embryos was followed by acute changes within the remaining uterine contents which resulted in an intoxication of the animal As the uterus was unable to expel these contents death of the animal rapidly followed Since removal of the embryos is followed by a cessation of the luteal secretion (Hammond, 1917) it was concluded that the condition within the uterus might be due to a failure of the nutrition of the placenta following the removal of the luteal secretion

More recent experiments on the function of the corpus luteum during pregnancy have also yielded some interesting and suggestive results In the rabbit the removal of the pituitary during pregnancy is followed by a degeneration of the corpus luteum and by an interruption of the gestation, when the operation is performed after about the middle of pregnancy the uterine contents are expelled within twenty-four to forty eight hours By the administration of small doses of gonadotropic hormone it is possible to maintain the activity of the corpus luteum after the removal of the pituitary, and when gonadotropic hormones are administered to animals hypophysectomized during pregnancy it is possible to maintain the gestation (Robson, 1936) In some such experiments the maintenance of the luteal function was only very partial as a result the gestation was not maintained and death of the embryos ensued, but the uterine contents were not expelled Under such conditions toxic symptoms occasionally supervened rapidly leading to the death of the animal

Details of One Experiment

In one such experiment a histological examination of the tissues was made This animal was hypophysectomized on the seventeenth day of pregnancy, and then was given small doses of gonadotropic hormone twice daily Careful palpation together with the examination of the weight curve showed that after a few days the pregnancy was not progressing normally On the morning of the sixth day after the removal of the pituitary the animal went into convulsions It was obviously very ill and was killed in order that a subsequent post mortem examination might be as satisfactory as possible

Post mortem examination showed an acute toxic condition the uterine contents were in a state of partial reabsorption The pituitary had been completely removed The corpora lutea showed considerable small cell infiltration

Professor Drennan very kindly carried out a microscopical examination of the liver kidneys and spleen and reported as follows

Spleen—The only feature in this is marked engorgement of the pulp sinuses

Kidney—This organ shows acute and subacute lesions The latter take the form of surface depressions due to disappearance of tubules with bunching together of the surviving glomeruli and fibrous overgrowth It is not possible to give the age of this with absolute accuracy but it may be regarded as from a week or ten days at least In places this loss of tubules and interstitial fibrosis extends inwards as far as the pelvis The glomeruli and vessels do not appear appreciably altered in these areas

coccus is a delicate organism easily destroyed, possibly with the liberation of toxin If this is the explanation then the patient may be experiencing a toxaemia as the result of auto-inoculation, further doses resulting in a complete neutralization Or the gonococcus antitoxin may possess some residual toxin which, circulating in the serum of the horses, is contained in the antitoxin

It may be that some of the reactions are due to impurities in the toxin used in the preparation of the antitoxin I have been unable to obtain evidence that the reactions are due to protein in the antitoxin In order to demonstrate this point a series of controls were carried out on in-patients in the same ward under identical conditions, first with a natural horse serum, and secondly with a concentrated horse serum of the same concentration as the concentrated gonococcus antitoxin In no instance did the serum influence the infection or the patient, nor was there any evidence of pyrexia or other reaction These controls were also important in demonstrating that the effects which were obtained with the antitoxin were presumably specific and not to be ascribed to "protein shock" Again, variations in the type or strain of gonococcus may affect these reactions, and patients may vary in reaction to the antitoxin according to the resistance they may possess individually against the infection Possibly the patients in group (*a*) have a poorer resistance than those in group (*b*) It has to be admitted that it is not yet possible to explain all the different phenomena and types of reaction that have occurred, but clinically it seems certain that an active as well as a passive immunity is established

Discussion

At the time of writing a total of 789 injections have been administered to 178 cases Early in the investigation 3,090 c cm of unconcentrated gonococcal antitoxin, and later 452 c cm of concentrated gonococcal antitoxin, have been given intramuscularly or deep-subcutaneously Hitherto I have hesitated to give the antitoxin intravenously, but more satisfactory results should be obtained by this route The results obtained with the concentrated antitoxin have been, if anything, better than those treated with the unconcentrated product

When treating out-patients it was essential to avoid reactions so far as possible, and more recently the dosage has been restricted to 1 c cm of the concentrated product daily Patients have received 1 c cm each day over the period of a fortnight, and clinically appeared to be cured Obviously the term "cured" cannot be employed until the patients have been subjected to exhaustive clinical and laboratory tests There is always the disadvantage that the out patient may not follow the instructions which have been given to him, so that in many ways the use of the antitoxin in the out-patient department is a more severe test than when the patient is in hospital under supervision Treatment is further complicated by the varying resistance of the patients to the infection, which may, for instance be good, medium or poor, so that it is not possible to be definite in regard to dosage Various schemes of dosage have been on trial, and although in one case as much as 100 c cm of the unconcentrated antitoxin was administered, my limited experience indicates that too large a dose is a mistake It is better to give small doses regularly than large doses occasionally In most cases the best results seem to be obtained when the injections are given daily in small doses of 1 to 2 c cm of the concentrated antitoxin not increasing the dose as the injections proceed, but maintaining it at the same level and continuing until the patient has improved clinically—that is, until the discharge ceases, pyrexia is not provoked, and complications, such as an arthritic effusion, disappear

The requisite dosage may vary according to the individual resistance of the patient to the infection Patients may be separated into three groups accordingly (*a*) good (*b*) medium, and (*c*) poor resistance Probably (*a*) require a very small total dose, recovery is remarkably rapid—two injections may be sufficient to enable the patient to effect a cure, (*b*) require the daily repetition of small doses over a longer period than (*a*), (*c*) require larger doses over a longer period still than (*a*) or (*b*)

The more acute the case the greater the necessity for the antitoxin Delay in administering the serum renders the prognosis less satisfactory Given early in arthritis the effect is rapid, administered later there is temporary improvement and then a tendency to relapse, necessitating further treatment

Vaccines and sera hitherto produced are declared to be useful mostly in the chronic or only in the acute stages, seldom or never are they recommended for both types of case These preliminary trials seem to indicate that this antitoxin affects both acute and chronic cases favourably It may be that further refinements will be possible in the production and perhaps the method of evaluating the product may be improved but the fact remains that this experimental gonococcus antitoxin would appear to be the most valuable remedy which has yet been forthcoming since gonorrhoea was subject to scientific investigation

Summary

1 In this preliminary report the results obtained with this experimental gonococcus antitoxin have been distinctly encouraging

2 Acute and chronic cases complicated and uncomplicated, respond equally well, which is in marked distinction to other biological preparations hitherto available

3 Reactions and results indicate that this antitoxin possesses specific therapeutic properties, properly regulated controls confirm this

4 Clinical evidence suggests that active as well as passive immunity is established

5 Sufficient data are available to indicate that a remedy for the treatment of gonorrhoea has been evolved which offers considerable promise

I wish to extend my thanks to Professor E Mellanby for initiating this research to Dr Mervyn Gordon for his expert advice particularly from the serological aspect, to Sir Frederick Menzies for his encouragement and kindness in allocating hospital accommodation and to members of his staff for their co operation, to Professor de Wesselow for valuable assistance in the later stages of the investigation and for help from members of the staff at St Thomas's Hospital, to Dr N S Ferry and Dr Stanley White of the Parke Davis Laboratories to whom acknowledgement is made in the paper and finally to Parke, Davis and Co for their courtesy and ready acquiescence in placing their resources at my disposal

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TABLE I

Case	Cesation (Weeks) at the Beginning of Treatment	Day	Symptoms	BP	Urine Albumin (grammes per litre)	Total Dose of Progesterone	Fate of Foetus	Remarks
						mg		
1 (B600)	26	Ad	++++	200/150	5·5	30	28 wks still born	Emergency cleared up entirely in the end
		2nd	+++	190/140	5·5			
		3rd	+++	190/140	5·0			
		4th	+++	180/130	5·5			
		5th	++	180/130	2·5			
		7th	+	155/125	2·0			
		4th (p p)		140/100	trace			
2 (B782)	24	Ad	++++	190/120	5·0	50	26 wks S B (premature)	Accouchement force blood urea rising left with mild nephritis
		2nd	++	160/110	4·0			
		3rd	++	185/120	3·75			
		4th	++	170/120	3·25			
		6th	+	140/110	1·75			
			(swinging thereafter)					
		3rd (p p)	++	185/130	1·0			
3 (B701)	36	Ad	+++	165/120	1·75	25	Term S B (deformed)	Non polarity of uterus cervix incised forceps
		2nd	++	140/100	1·0			
		3rd	++	155/100	0·5			
		4th	++	150/110	0·5			
		6th	+	140/110	1·75			
			(no further improvement till delivery					
		5 wks (p p)		135/85	clear			
4 (B732)	28	Ad	++++	160/96	6·0	35	30 wks S B	Induction of labour clinically a very severe case
		2nd	++++	195/120	6·0			
			(venesection)					
		3rd	++++	150/80	3·0			
		4th	++++	170/100	11·0			
		5th	+++	170/100	12·0			
		11th	+++	175/100	2·25			
			(thereafter maintained approx this level)					
		2nd (p p)		120/80	trace			
5 (B761)	32	Ad	+++	160/100	12·0	45	35 wks born alive did well	Induction because mother and child in good condition
		2nd	+++	160/100	7·0			
		3rd	+++	160/100	8·0			
		4th	++	145/100	3·5			
		8th	+	160/120	1·25			
		11th		130/100	0·25			
		3rd (p p)		130/100	1·0			
6 (B950)	30	Ad	++++	190/120	8·0	30	33 wks alive	Spontaneous labour
		2nd	+++	150/120				
		3rd	++	148/100	4·0			
		4th	++	145/100				
		10th		118/88	clear			
		3rd (p p)		100/65	clear			
7 (B985)	31	Ad	++++	198/132	12·0	50	36 wks S B	Foetal heart not heard for 24 hours before induction
		2nd	+++	170/120	12·0			
		3rd	+++	178/120	12·0			
		4th	+++	192/118	12·0			
		6th	++	152/92	1·5			
		8th	+	154/105	2·0			
		1st (p p)		135/90	0·75			
8 (B1153)	38	Ad	+++	168/110		25	Term alive and well	Induction because mother and child in good condition
		2nd	++	144/104				
		3rd	+	138/98	1·5			
		4th	+	140/102	1·0			
		6th		132/94	1·5			
		8th		144/96	0·5			
		16th (p p)		106/70	clear			
9 (B1155)	38	Ad	++	160/90	2·0	25	Term alive and well	Induction because mother and child in good condition
		2nd	++	148/96	1·25			
		3rd	+	144/98	1·25			
		4th		136/94	1·5			
		8th		152/96	0·5			
		13th		116/76	clear			
		4th (p p)		116/76	clear			
10 (B1252)	39	Ad	++++	184/94	7·5	25	Term alive and well	Born spontaneously Recurrence of symptoms 2nd day p p cleared up with further treatment
		2nd	+++	146/114	4·0			
		3rd	+++	160/114	3·75			
		4th	++	146/104				
		2nd	+	148/106	1·0			
11 (B1273)	34	Ad	+++	162/114	10·0	35	Alive and well	Born spontaneously
		2nd	++	154/110	4·0			
		3rd	+	148/108	1·75			
		4th	+	166/114	2·0			
		5th		166/114	1·0			
		10th		160/112	1·5			
		11th (p p)		124/96	1·0			
12 (B952)	32	Ad	++++	190/110	8·0	20	32 wks S B	Labour occurred on the 2nd day B P rising on 2nd day p p progesterone continued
		(p p)						
		2nd	++++	170/100				
		3rd	++++	205/110				
		6th	++	146/108	0·25			
		8th	+	134/104	1·3			

had reached a satisfactory but stationary point was resorted to in most of the later cases This measure was attended with marked success

Discussion

In presenting the results in these cases we fully realize the difficulties of assessing adequately the part played by the treatment with progesterone It is possible that rest in bed under hospital conditions might account for the undoubted amelioration in the symptoms and that the same series of cases treated conservatively in hospital would have shown the same ultimate results In view of the difficulties of devising a true control experiment we decided that it might be of value to study the figures for the previous year We therefore surveyed the records of all pre eclamptic cases which were admitted to hospital between the dates of our experiment (May 1 to October 31, 1936) and compared these with the records of all

TABLE II

	1935	1936
Total cases admitted with pre-eclampsia	21	31
Mild and moderate	11	18
Severe	10	13

TABLE III—*Comparing the Result of Conservative Treatment and Treatment with Progesterone in Severe Cases*

	1935	1936
No of cases	10	13
No of cases conservatively treated	10	1
No of cases developing fits	4	1
No of deaths	2	1
No of cases treated with progesterone	0	12
No of cases developing fits	—	0
No of deaths	—	0

Discussion

The outbreak caused two deaths, and at least twenty-one persons were infected by *B enteritidis*, yet scientifically the food conveying the infection was not traced However, there is little doubt that the canned mutton was responsible The reasons for this belief are

1 Every inmate taken ill had eaten the mutton

2 All inmates who had not eaten the mutton were unaffected

3 Every other article in the dietary was used in the hospital block, and no cases occurred there

4 All kitchen maids showed a positive agglutination reaction to *B enteritidis* except one and she was absent on the day that the mutton was in the kitchen

It is actually impossible to say what the source of the infection was, but an attempt can be made to deduce it Savage and Bruce White state that there are three possible primary reservoirs

1 A habitat outside the animal (including human) body

2 Infection from a human case—infected sufferer or passive carrier

3 Infection from an animal source—

(*a*) Specifically infected animal used for food

(*b*) Sound food infected by a person suffering from a Salmonella infection or acting as a carrier of such bacilli

1 Savage and White maintain that while this source is possible suspected material has always yielded negative results, and in this outbreak I find it difficult to admit the possibility

2 This source can be discounted fairly certainly, as no illness at all suggestive could be discovered

3 There was no evidence to show that the mutton could have been infected from an animal source in the institution The food was traced from the tin to the wards, and it seems certain that it could not have been infected Thus we are left to consider

(*a*) Was an infected animal used for the food—that is, ante-mortem infection?

(*b*) Was the animal originally healthy and the meat infected post mortem?

If (*a*), then the bacteria survived the "cooking" process, which is unlikely Moreover, a primary *B enteritidis* infection of sheep is very rare Does (*b*) appear to be a more likely source of the infection? From the number ill and proved to have been suffering from a *B enteritidis* infection and the number who partook of the canned mutton—that is twenty-three out of over 700—it is reasonable to suggest that one tin only was infected Two wards (M 2 and F 2) supplied thirteen out of the twenty-three cases The cases at the time of the outbreak were classified as mild, moderate, and fatal There were nine mild cases twelve moderate, and two fatal cases Ward M 2 had eight moderate and two fatal cases, and ward F 2 showed four moderate cases Thus it seems that the portion of the can most heavily infected went to ward M 2 and the next most heavily infected to ward F 2 The average incubation period in ward M 2 was twenty hours and in ward F 2 thirty one hours It is therefore reasonable to say that there was no uniform infection of the meat in the can as might be expected from an ante-mortem infection but a grading from one portion to another, as might be expected if one portion was originally infected before sealing of the tin and spread gradually by continuity of the material This suggests, therefore, the probability of a post-mortem infection rather than an ante-mortem infection

Summary

1 An outbreak of gastro enteritis in which two persons died and twenty-one persons were victims was found to be due to *B enteritidis*

2 It is suggested that canned mutton was the food involved

3 By probability only, and by no scientific proof, it is suggested that the mutton was infected in some manner, and was not taken from an infected animal

I wish to thank Dr Sidney Davies, medical superintendent, for permission to record this outbreak and for his untiring help, and also Dr Scott of the Ministry of Health for his bacteriological reports I am greatly indebted to Dr W G Savage, county medical officer of health, Somerset, for his constructive criticism

TREATMENT OF DEPRESSED FRACTURES OF THE MALAR BONE

BY

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A fracture which is becoming common is that in which the malar bone is pushed into the antrum Sir Harold Gillies informed me that it is becoming particularly common in England, as the almost universal use of safety glass in cars is causing this fracture to replace the former facial cuts in automobile accidents, but even in Australia, where safety glass is only now coming into common use, it is often seen

In this fracture the orbital, antral, and zygomatic attachments of the malar bone are fractured and the body of the malar bone is pushed partly or wholly into the antrum The malar bone being strong is rarely comminuted but not so the lateral wall of the orbit and the infra orbital margin of the maxilla If the case be seen soon after the accident the diagnosis is easily made, but even if seen after several hours the depression of the malar bone is rarely masked by the superficial swelling When there is much swelling an alteration in the shape of the lower edge of the orbit is generally such as to make the presence of this fracture highly probable The diagnosis in difficult cases is made by x-rays, and especially by one taken vertically of the side of the head from below upwards (Stone's position—Gillies, Kilner, and Stone, 1927), when the prominence of the zygomatic process on the affected side will be absent

Often the fracture causes loss of sensation over the area of distribution of the infra-orbital nerve As a rule the antral cavity is filled with blood clot

Difficulties in Treatment

Treatment by the usual methods is unsatisfactory, the multitude of methods advocated indicating this The advice generally given is to make an incision under the lip similar to that made in a Caldwell-Luc antrostomy and to open the antrum and elevate the malar bone The reduction of the fragment is easy by this method, but no facilities are provided for retaining the bone in the correct position, and no allowance is made for drainage of the antrum Such drainage should be instituted after an antrum full of blood clot has been opened into the buccal cavity, which carries such an infective flora

Iron Exchange of the Body

Examination of the facts of the distribution and exchange of iron in the body lends support to the view that the hypochromic anaemias are the result of a state of iron deficiency in the body These facts are given in the table It will be seen that more than half of the iron

Iron Stores and Exchange Normal Human Approximate		Authority
Total in body	4-4 5 grammes	White House Conference 1932
Circulating blood	2 44	Fullerton et al 1933
Circulating haemoglobin	2 31	
Liver	0 15-0 25 gramme	Ashby 1912
Daily Iron Exchange		
Average diet total	10 20 mg	Reznikoff et al 1934
available	7-9 mg	Widdowson and McCance 1936
Poor diet total	5-10 mg	Davidson and Fullerton 1933 and 1935
Faeces	5 20 mg	Reznikoff et al 1934
Urine	0 5-1 mg	Marlow and Taylor 1934
Haemolysis of effete red cells	80 mg	Wright 1934
Iron in bile	0 5 mg	Henrique and Roland 1928
Special Sources of Loss in Female		
Menstruation (per month) normal	3 8-78 4 mg	Baldridge 1935 Barer et al 1935 Gillett et al 1918 Ohlson and Daum 1935
Iron content in full term foetus	375 mg	White House Conference 1932
Iron secreted in lactation	*750 mg*	*Fullerton 1936*

* 5 litres of blood 13 8 grammes haemoglobin per cent 0 335 gramme iron per cent in haemoglobin

of the body is present as circulating haemoglobin It might be expected, therefore, that a state of iron deficiency would manifest itself as a deficiency of haemoglobin and that chronic loss of blood would seriously deplete the body s stores of iron Actually the character of the blood picture in hypochromic anaemia with its low colour index and its low mean corpuscular haemoglobin concentration suggests that the essential fault is a failure of the erythron to produce haemoglobin for the developing red cells, and this blood picture is always associated with conditions which deplete the body of iron The menstrual drain of blood accounts partly for the preponderance of females which is observed clinically In men hypochromic anaemia is often associated with chronic blood loss from haemorrhoids

The supply of iron in the food is very small, and of this only a part is available (Elvehjem, 1932 , Widdowson and McCance, 1936), so it is not surprising to find dietary deficiency frequently associated with hypochromic anaemia (Davidson, Fullerton, *et al* , 1933 , Heath, 1933) There is evidence that iron is better utilized when administered to patients with a normal gastric secretion (Heath 1933 , Minot and Heath, 1932) or in an acid buffered medium (Mettier and Minot, 1931) and these observations fit in with the high incidence of achlorhydria or hypochlorhydria among cases of hypochromic anaemia The role of pregnancy in producing hypochromic anaemia can be attributed partly to the drain of iron into the foetus and in lactation, not fully compensated for by the omission of menstruation, and partly to the temporary hypochlorhydria (Strauss and Castle 1932)

In short the repeated association of hypochromic anaemia with conditions which would be expected to lead to iron deficiency and the specific cure of the anaemia with iron strongly favour the view that the hypochromic anaemias are conditioned by a state of iron deficiency in the body

Dose in Relation to Iron Need

A rise of 1 per cent per day in the circulating haemoglobin represents the addition of only 23 milligrammes (1/3 grain) of metallic iron per day to the circulation If the mode of action of iron is simply to correct the iron deficiency in the body it is difficult to explain why large doses are required The discrepancy between iron need in the body and the size of the average optimum dose led Schulten (1930) to reject the view (Fullerton 1934 Heath, Strauss and Castle 1932) that iron therapy was effective by virtue of correcting a deficiency He quoted the possibility of a catalytic (*fermentartigen*) action although admitting that this explained nothing and appeared to lean towards the explanation attributed to Elvehjem (Dameshek 1934) that the large doses were effective in virtue of their supplying by contamination another haemopoietic factor such as copper

Heath, Strauss, and Castle (1932), however, showed on a number of cases of hypochromic anaemia treated by injections of iron that the iron content of the haemoglobin formed as a result of treatment was roughly equal to the amount of iron injected or in other words that the utilization of injected iron was 100 per cent This has been taken (Fullerton 1934) as establishing the view that the hypochromic anaemias are conditioned solely by a state of iron deficiency and that iron therapy acts solely in virtue of rectifying a state of iron deficiency This assumption is not necessarily justified for the cases observed by Heath Strauss, and Castle were not treated throughout the whole recovery period by iron injections and even in the short periods of observation there were significant variations from 100 per cent utilization Moreover, it leads to the conclusion that iron and ammonium citrate and Blaud s pill in the average optimum doses are very poorly absorbed from the intestine (Clark, 1932) Brock and Hunter (1937) have recently demonstrated that these iron preparations are very well absorbed, and have shown how big is the discrepancy between retention and utilization

This latter work has therefore raised again the question, apparently settled by the work of Heath Strauss and Castle why it is necessary to give large doses of iron If the hypochromic anaemias are conditioned solely by a state of iron deficiency and iron therapy is effective in virtue of correcting this deficiency why is it necessary to give doses of iron which lead to the accumulation in the body of a great excess of iron? Why are smaller doses not effective?

Iron Retention and Iron Utilization

In considering the response of the blood to iron reaching the body via the intestine in patients with hypochromic anaemia three selected cases are described because they illustrate different forms of response The cases are selected from a small series in which the amount of iron retained as a result of a short period of therapy was measured by balance experiments (Brock and Hunter 1937) and the resultant haemoglobin rise measured The further course of the patients was observed over a period of two years or more Haemoglobin was estimated by the Haldane method, using a calibrated standard on which 100 per cent represented 13 8 grammes of haemoglobin per 100 c cm of blood The iron content or iron

Clinical Memoranda

Two Unusual Deaths

The two cases reported below appear to have unusual features which may be of some medico-legal interest I am indebted to the coroner for Derby, Captain T H Bishop, for permission to publish them

A FAILED SUICIDE

"I respectfully beg to report that at 3 p m December 18, 1936, I received information that X, aged 48 years, textile manufacturer had committed suicide by poisoning He had become depressed of late owing to pains in the head and business worries" So ran the police report

X had left for work by car at 8 30 a m, and at 11 45 a m his wife had found him lying in the porchway in an exhausted condition A note in his handwriting found in the garage said "Children, be good to your mother, as she has been an angel to me Goodbye God bless you all To know all is to forgive all, no mourning for me, a failure" A jar of creosote was found near the note and it was assumed he had taken some

At the post-mortem examination it was noted that there was cyanosis of the head, neck, and extremities, but no oedema The mouth, oesophagus, stomach, and intestines were all normal, there was nothing in any way suggestive of poisoning by creosote The stomach, with its content of about half an ounce of pink and somewhat frothy mucus was placed in a jar and sent for analysis for poisons The analyst (Miss M Staynes) later reported that an examination for all types of poison had been negative The heart weighed 15 oz The tricuspid orifice admitted four fingers with ease, but the mitral orifice was so stenosed that it would not admit one finger readily He had a typical old rheumatic mitral stenosis The aortic and pulmonary valves were normal The coronaries showed advanced arteriosclerosis with calcification The blood generally was dark and fluid There was some pulmonary oedema The liver was but little enlarged Death had been due to cardiac failure secondary to mitral stenosis and arteriosclerosis

Apparently it is not even given to suicides to determine the manner of their death in all cases It is well known that slightly more than one-tenth of people who attempt to commit suicide by drowning die of heart failure before it is possible for them to drown But such people are not commonly given a certificate of death from natural causes because the suicidal act had commenced Similarly the usual cause of death after criminal abortion is sepsis, but death from syncope during the act of procuring the abortion has been recorded Such a death is not due to natural causes but to murder The present case is of great interest because there can be little doubt that the untimely intervention of heart failure prevented suicide The circumstances point strongly to the suicidal intent Evidently the excitement associated with this was enough to bring about the failure of the hypertrophied heart, which was labouring under the double disability of mitral stenosis and coronary sclerosis The coroner gave a certificate of death from natural causes, which was obviously correct but had X been heading for the river instead of the poison then—at least the fears of some ecclesiastics about burials in hallowed ground do seem like hair splitting

A PECULIAR DROWNING

A few days after the case reported above I made a necropsy on the body of a girl of 4 months

About half an hour before death she had had a drink of milk and was playing on a sofa while her parents had their dinner Suddenly she threw up her arms and went black The parents picked her up and rushed her out They evidently had no idea of suitable treatment, and the girl died immediately By the time their doctor arrived she was beyond all aid The baby was a splendid physical specimen and had had no sicknesses during her life

On opening the thorax the lungs did not collapse at all Milk curds exactly similar to those in the stomach were found the whole way down the trachea and larger bronchi, which also contained a very small amount of blood stained froth Both lungs were "waterlogged" and retained the impression of a finger The stomach contained a large quantity of curdled milk and mucus The blood generally was dark and fluid Previous to this incident all the organs had been perfectly normal

The parents' story was thus confirmed by the post mortem examination After a hearty meal the baby had inhaled its vomitus and drowned This is fortunately a rare, but by no means unknown, mode of death

G R OSBORN, M B, B S,
Derby Pathologist, Derbyshire Royal Infirmary

Treatment of Repeated Abortion

Since evidence of the possibility of treating sterility referable to endocrine inadequacy is at present of general interest, it seems worth while to report a repetition of success in securing pregnancy in the patient who was the subject of a note published in this *Journal* on June 22, 1935

The child born in November, 1934, was weaned at 4½ months, and has thriven The mother suffered somewhat during 1935 from asthenia and remained underweight The menses needed regulation by prolan and calcium gluconate from October onwards Improvement resulted, and contraceptive precautions were dropped Pregnancy followed in January, 1936 Professor Crew kindly carried out an Aschheim-Zondek test on March 26, and reported the result "a definite positive" A 1 in 10 dilution gave one mouse negative, one positive, 1 in 100 was negative These findings corresponded with the results of clinical examination, and suggested a normal pregnancy of two months duration This was a much more favourable report than that on the Aschheim-Zondek on the previous pregnancy, possibly ascribable to the use of prolan for three months preceding conception

It was decided to take no risks, so antuitrin S (1 c.cm) every other day was given for three months, then reduced to twice weekly for two months, then omitted for the eighth and ninth Wheat-germ oil was taken throughout also calcium gluconate and glucose D with insulin The patient's general condition was above her average, partly due no doubt to confidence in the outcome of the pregnancy On October 6 a breech presentation was corrected by abdominal manipulation Labour began at 4 a m on October 13, and delivery was effected spontaneously at 9 15 a m The baby weighed 7½ lb, and was well formed and healthy The placenta was normal, quite unlike that of the miscarriage four years earlier, in which the villi were cystic and the decidual cells degenerate Successful lactation followed

It seems possible that less active treatment might have sufficed, but we lack knowledge of exactly where to stop with safety, quantitative estimations of the prolan content in pregnancy urine being still an uncertain guide In another case, a patient who had previously had several miscarriages maintained a pregnancy up to the seventh month, when injections of antuitrin S were stopped Miscarriage followed within a fortnight

I have also thought hormone substitution treatment of minor symptoms such as headache, muscular asthenia etc, of value in pregnancy, using the smallest possible doses

LILIAS M BLACKETT JEFFRIES,
Hove M D, B S Lond

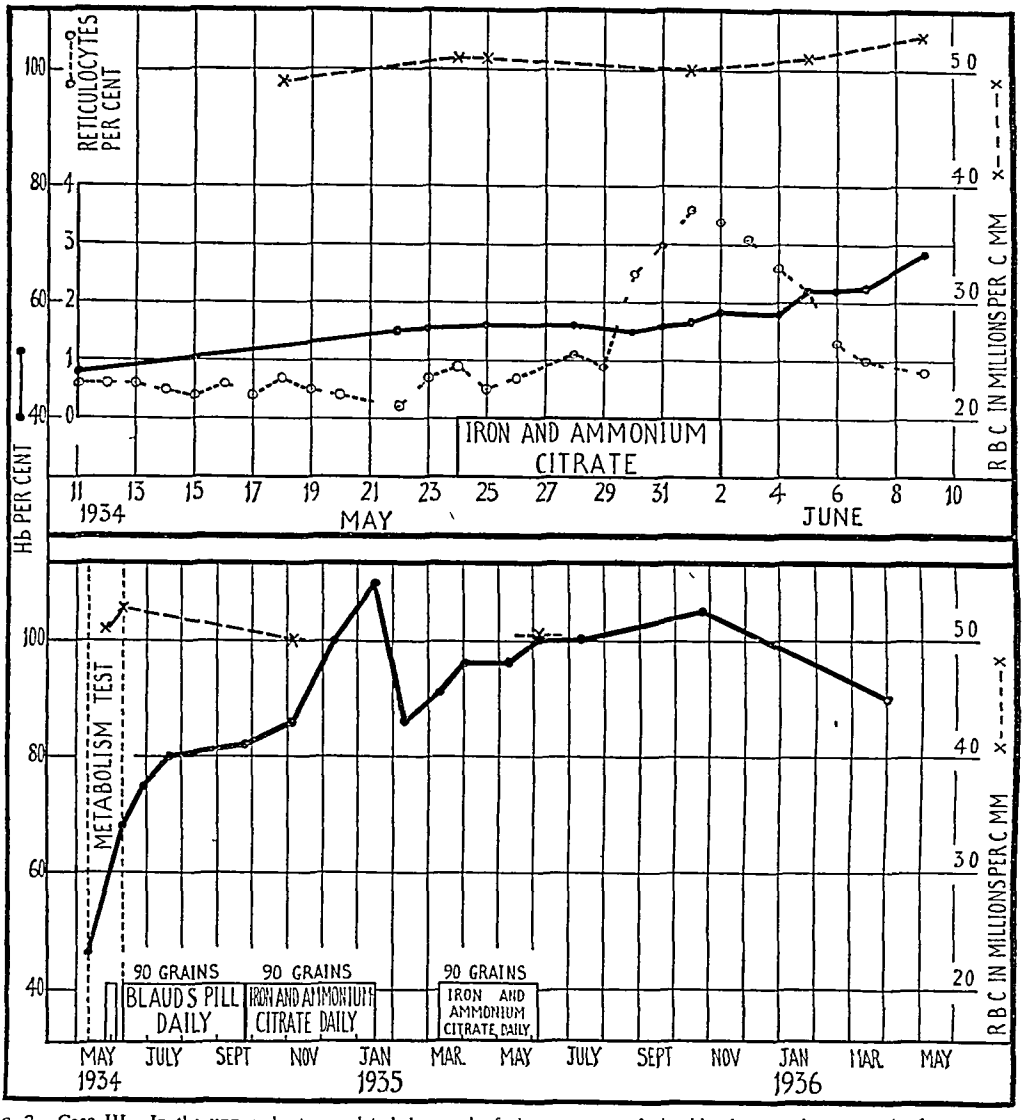


FIG 2.—Case III. In the upper chart is a detailed record of the response of the blood to a short period of treatment. In the lower chart the patient's subsequent progress is recorded is condensed on to a smaller scale between the dotted lines. In the lower chart the period of time recorded in the upper chart May 23–June 9, was 13 per cent. representing 300 mg. of iron. Iron retention May 24–June 2 was 1 665 mg. Haemoglobin rise

c.mm. haemoglobin 45 per cent., white blood count 3 800 per c.mm. She was given Blaud's mass in gelatin capsules 102 grains a day for six days and 153 grains a day for a further three days. As a result of this she retained 2 491 mg. of iron or more than is contained in the whole circulating haemoglobin. The resultant rise of 29 per cent. in the haemoglobin (Fig. 1) represented the addition of 644 mg. of iron to a 5 litre circulation. When iron therapy was renewed the haemoglobin continued to rise and reached 100 per cent.

Case III

The patient—a case of idiopathic hypochromic anaemia resistant to iron therapy—was a female aged 38 single. Lassitude, pallor and shortness of breath for two years. Finger nails brittle. No serious illness in the past. Diet moderately satisfactory. No indigestion. Catamenia not excessive. On examination well nourished, pale with bluish sclerotics, koilonychia. Slight marginal atrophy of mucous membrane of tongue. No temperature. No septic foci. No haemorrhoids. All other systems normal to clinical examination. X ray examination showed no abnormality in stomach or duodenum. Fractional test meal: no free hydrochloric acid after gruel meal repeated with histamine—free hydrochloric acid 0.15 per cent., total acid 30. No occult blood in stools. Red cells 4 900 000 per c.mm., haemoglobin 55 per cent., colour index 0.56, white cells 5 500 per c.mm. Urine and renal function normal.

Details of her blood are given in Fig. 2. She took 90 grains a day of iron and ammonium citrate for nine days. Of this she retained 1 665 mg. At the end of sixteen days her haemoglobin had only risen 13 per cent., representing the addition of 299 mg. of iron to a 5 litre circulation. She was put on to 90 grains a day of Blaud's pill but at the end of four months her haemoglobin was only 80 per cent. If only 5 per cent. of the Blaud's pill had been retained an improbably low estimate (Brock and Hunter, 1937) she would still have retained another 3 grammes in addition to the 1.66 grammes retained in the experimental period. This is twice as much

the development of colloidal chemistry referred to above has been to divert attention from the more complex systems to the simpler ones, whose behaviour can be more easily analysed Hence Dr von Buzagh describes the properties of dusts, smokes, and inorganic emulsions in preference to the properties of protoplasm, and the information of immediate interest to the biological sciences in this textbook is less than was contained in similar works a decade ago[4] A phase of this character is obviously essential to the development of colloidal chemistry and will ultimately prove of great service to biology, because the chief hope for the elucidation of the properties of living matter lies in the increase of fundamental knowledge about the properties of matter dispersed in colloidal dimensions

RADIOLOGY OF THE DIGESTIVE TRACT

The Digestive Tract A Radiological Study of its Anatomy Physiology and Pathology By Alfred E Barclay, O B E, M A, M D, D M R and E, M R C P Second edition (Pp 427, 296 figures 36s net) London Cambridge University Press 1936

In 1933 we welcomed Dr Barclay's book on his radiological studies of the anatomy, physiology, and pathology of the digestive tract for the individualistic and broad-minded way in which it was compiled In the second revised edition he has amplified and rewritten much of the work, which is distinguished throughout by being a record of his personal experiences His own observations and what he has learned from others are blended in a philosophic way into a readable and instructive book All the background of the radiologist's work, the installation and management of his apparatus, the protection of himself, his patient, and his assistants from possible risks, the technique of screening and radiography are capably dealt with Dr Barclay has correlated the accepted views on the anatomy of the digestive organs with results obtained by x-ray examination after giving barium or dyes to distend and define the hollow viscera In this way he has made independent researches on the physiology of the act of swallowing He now insists even more emphatically than before on the absence of any symptoms that could be found to arise from mere change of position of the stomach and colon Filling and tone are physiological variations, but position, with its so-called kinks of intestine, the author regards as within physiological limits and as offering no cause for apparent delay or indication for surgical intervention

Dr Barclay's individualistic method leads him to difficulty in accepting the rather widely established views on the importance of laying stress on the pictures of rugae or striae caused by mucous membrane folds in the filling or emptying stomach Much of the recent work, it must be recognized is established on the correlation of the x ray picture with views of the stomach lining obtained directly by means of the gastroscope, and confirmed by macroscopic and microscopical specimens removed at operation and fixed at once Dr Barclay insists on the value of interpreting variations in the course of peristaltic waves on the contour of the stomach, and gives insufficient weight to the appearances of the lining of the stomach Nor does he bring into his illustrations instances of these appearances with modern technique, although the diagnosis of two ulcers of the four on page 234 is based on this principle It may be that too much emphasis is at present being laid on evidences of gastritis, but we feel that as things are now a more judicious attitude may be advisable rather than dismissing the subject in a couple of pages The chapter on gastric ulcer gives a good description of the subject, but many of the radiographs submitted as illustrations are less good than can be got by modern technique This criticism applies to the chapter on the colon and elsewhere, but duodenal ulcer is beautifully illustrated The diaphragm is briefly described, but diaphragmatic hernia, and especially the relation of congenital short oesophagus and hernia of the cardiac end of the stomach, are not clearly put before the reader

Dr Barclay's book is so good that we hope, when there is the call for another edition, that the whole may be brought up to the standard of the best, which is indeed a high one

CORRECTION OF SQUINT

Squint Training By M A Pugh, M R C S (Pp 117, 42 figures 7s 6d net) London Humphrey Milford, Oxford University Press 1936

The progressive employment of the methods of training of squinters which were so systematically and usefully developed by the late Claud Worth has brought into being quite a library of books on the subject Of these the latest is by the medical officer to the orthoptic department of Moorfields Eye Hospital The opportunities for observation and assessment of results presented by such a department can be second to none

Dr Muriel Pugh gives the results of the primary causes which enable some grouping to be made of squinters Of one thousand cases 10 per cent were due to physical defects either in the muscles or in the eyes These are obviously the most difficult cases to deal with If there is serious eye defect then no treatment can be effective, if there is muscle defect no training can avail until the surgeon has adjusted the muscle so far as this can be done The second group, including some 50 per cent, is that in which there is more or less error of refraction, and in which the provision of glasses exerts a favourable influence upon the angle of the squint In these cases the object of training is to re-establish a normal convergence-accommodation link when the ametropia has been corrected by suitable glasses Cases of this group react very well to exercises, they are those which are the least difficult to treat Both glasses and exercise are necessary for success

The third group, of about 20 per cent of the total, are those whose squint is due to fusion defect Whereas those of the second group may have initial symptoms of diplopia such symptoms are not found in these children They are particularly liable to develop "false projection" This bad habit has to be suppressed, as well as the normal habit developed, so that the length of time and amount of work necessary for a successful result is much greater in this group than in the former, but normal binocular vision can be restored in a large proportion of cases if enough patience be expended The fourth group, of another 20 per cent, are the "psychological squints," a type that has been emphasized by Inman Of all the queer reactions of human nature, and of innocent infantile human nature, one of the queerest is the production of a squint because a new baby has arrived in the family The elder child mopes then squints, especially when it looks at the baby No wonder our forefathers thought a squint was the evil eye! Left-handedness and stammering is common in this group The treatment is more psychological than orthoptic

In succeeding chapters the author develops the whole technique of training and its adaptation to the different classes of cases She is able to set out the facts with clearness and with a minimum of that kind of technical verbiage which is more clogging than liberating She has done her work well, and it will be of lasting value to many colleagues

TREATMENT OF GONORRHOEA WITH A SPECIFIC ANTITOXIN

BY

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Director of the Venereal Diseases Department and Lecturer at St Thomas's Hospital

Since the earliest days of medical therapy it is no exaggeration to say that the world has awaited a specific remedy for the treatment of gonorrhoea All attempts to discover a drug having a specific action, either direct or indirect, upon the gonococcus have failed, and the biological remedies hitherto produced have been equally ineffective

Urged by Professor E Mellanby at the beginning of February, 1934, to investigate a new biological approach in conjunction with Dr Mervyn Gordon, our researches were then directed towards the production of a gonococcal antitoxic serum along the lines which had proved so successful in Gordon's hands for the preparation of antimeningococcus serum The two organisms have many points in common Although their cultural characteristics and pathogenicity to animals are distinctly different, the meningococcus and the gonococcus resemble each other in their microscopical appearance, the negative reaction to Gram's stain their intracellular habitat within the leucocytes, and the agglutination by identical specific sera the absorption test being necessary to distinguish them

Earlier Work

Serum treatment in gonorrhoea is not new Previous work on these lines however, has been confined almost entirely to the use of anti bacterial sera prepared by immunizing animals with cultures of the living organism The position was well summed up by Minet and Debains (1923) at the Congress of Urology that unfortunately, we know little about gonococcal toxin, and we do not know yet how to prepare an exclusively antitoxic serum —we are only aware of an anti microbic serum, prepared at the Pasteur Institute by M Nicolle ' Clinical reports have shown that such a serum is helpful, but that it falls far short of being a specific remedy Our investigations had not proceeded very far when our attention was drawn to the successful results obtained by Dr N S Ferry (of the Parke Davis Research Laboratories, U S A) in the production of a soluble toxin from the gonococcus by a method he had used in the preparation of a meningococcal toxin Ferry with Clark and Steele, had published a paper on the properties of a bouillon filtrate of the gonococcus After reviewing previous works on the subject the most important of which would appear to be the development of sera by de Christmas (1897), Herrold (1925), Herrold and Traut (1927) and Herrold and Hoffman (1930) *the authors describe the method evolved* in producing the filtrate and express the view that it exhibited properties which seemed to characterize it as an extracellular toxin It was found that the toxin was capable of producing skin reactions similar to the Dick reaction in dilutions of 1 in 1 000 and 1 in 1 500 Furthermore, the injection of animals with this toxin stimulated the formation of an antitoxin which neutralized *in vitro* as well as *in vivo* Repeated subcutaneous injections of increasing doses of filtrate stimulated the formation of antisera with properties unmistakably antitoxic in nature a characteristic which was evidenced by the fact that antisera prepared from both rabbit and horse neutralized the toxic properties of the filtrate

Sensible of the possible advances to be achieved by the use of such a soluble gonococcal toxin for the production of an antitoxin to be used in the treatment of gonorrhoea, Parke Davis and Co were approached through Dr Stanley White, their medical representative in this country, in regard to the preparation of a gonococcus antitoxin for clinical trial Using a method practically identical with that devised by him for the production and standardization of meningococcus antitoxin, Dr Ferry prepared an unconcentrated gonococcus antitoxin *This was later* concentrated by the Banzhaf method which leaves the antitoxic potency in the pseudo globulin fraction, a point which Ferry considers supports the evidence in favour of the product being a true antitoxin

The antitoxin was placed in my hands by the courtesy of Parke, Davis and Co through the kindness of Dr White to whom I am also indebted for assistance not only on the laboratory side, but also in the subsequent clinical investigation

Preliminary Trials

Initial trials were made with an unconcentrated antitoxin on complicated cases, both acute and chronic, chosen for their severity as being a more rigorous test As the dosage and reaction were unknown its use was restricted to in patients It was at once noticed that the antitoxin appeared to be exerting a specific effect The average daily dose of this unconcentrated antitoxin was found to be 5 to 20 c cm when injected intramuscularly Even with these small doses caution was necessary as in some cases severe reactions occurred The beneficial results, however, were beyond question, and it was found possible, even after severe reactions, to repeat the injection twenty-four or forty eight hours later

After these preliminary trials a request was made for a concentrated antitoxin from which much of the extraneous protein had been removed This was kindly supplied to me with the information that theoretically it should prove five times more potent than the unconcentrated product In practice this proved to be the case In no instance was it necessary to administer more than 8 c cm of this concentrated preparation at one time and in most cases 5 c cm appears to constitute a maximum dose The average dose was found to be 1 c cm intramuscularly, doses of over 2 c cm in many cases caused severe systemic disturbance Later a routine procedure *was adopted of injecting adrenaline simultaneously and* mixed with the antitoxin It appears advantageous to inject the adrenaline with the serum rather than to administer it separately Three minims of adrenaline chloride solution 1 in 1 000 were given with 1 c cm of the concentrated antitoxin four minims with 2 c cm and five minims with 3 c cm In this way the reactions have been controlled to such an extent that it has been possible to treat out patients with this concentrated antitoxin

A surprising feature was the comparatively small amount of antitoxin necessary particularly when one considers the comparatively large doses of meningococcus antitoxin which are essential to combat meningococcal infections until Gordon suggested that almost certainly both an active and a passive immunity were being obtained

The question of a reaction attributable to some reason other than a specific effect such as the protein content of the serum was investigated To obtain satisfaction on this point a series of controls with normal horse serum was carried out In no instance had the serum any influence on the infection or the patient neither did it cause reactions of any kind, nor was temperature or respiration disturbed

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PHYSICAL EDUCATION: THE GOVERNMENT'S SCHEME

Through the publication of the reports of its committees on nutrition and physical education the British Medical Association has taken the lead in stimulating a widespread interest in the improvement of the national health and physique Whether the full value of these reports has received official acknowledgement may perhaps be doubted In the Government's White Paper on physical training and recreation, details of which are given elsewhere in this issue (p 342), there is but a single reference to the Association's Committee on Physical Education, and the reference is one which might lead the reader to suppose that this committee did no more than "endorse" the policy outlined in Circular 1445 issued by the Board of Education in January of last year In fact the Association's committee made many original recommendations one of which, relating to the provision of suitable clothing and shoes for gymnastics in schools, has since been "endorsed" by the Board

The White Paper issued this week (Cmd 5364) deals primarily with the development and extension of the facilities available for persons no longer attending school This subject which had been mentioned briefly in Circular 1445 was discussed at length in the report of the B M A Physical Education Committee[1], and it may perhaps be assumed that the work of the committee has contributed usefully to the shaping of the Government's proposals Certainly these proposals include much that the committee recommended and nothing that conflicts with its suggestions Entirely in accord with the views of the Association's committee are the decisions of the Government on the three fundamental questions of policy discussed in the White Paper the scheme is to be a voluntary one, it is to be built up by extension of the work of existing agencies and it is to include not only formal exercises but also various physical activities of a recreative character As to the wisdom of these decisions there will be general agreement

The detailed proposals include provision for additional gymnasia and gymnastic equipment with changing-rooms and shower baths, for an extension of the existing facilities for outdoor games swimming, and other forms of physical recreation and for the supply of an adequate number of suitably trained teachers and leaders Attention is to be paid also to publicity and propaganda The plan entails co operation, central and local between public bodies and voluntary organizations In important ways it extends the powers of local authorities, in particular, it enables local education authorities to provide facilities for persons over 18 years of age who are not attending educational institutions In making this last provision the Government has adopted a suggestion originally put forward by the Association's committee But, indeed practically all the above-mentioned features of the scheme are to be found among the committee's recommendations

Circular 1445 of the Board of Education concluded with these words "The Board desire to impress upon authorities the importance of developing their arrangements for physical education and to express the hope that they will co-operate cordially with voluntary organizations in providing facilities for young people no longer at school The foundations for a complete and efficient system of physical education have been laid it is now the task of authorities, teachers and voluntary organizations throughout the country to build upon those foundations a complete structure, which will be of inestimable value in the development of a healthy, happy, and vigorous community How this task was to be accomplished without an improved organization and an increased supply of funds was not clear to the Association's committee, which therefore recommended that "schemes for the promotion of physical education in the community as a whole should be provided with a permanent administration and be guaranteed adequate financial support" The Government now acknowledges that "without some measure of central co-ordination of effort the provision must necessarily be sporadic and incomplete and that "the funds available from all sources are insufficient to cover the ground as fully as is needed The measures which have been devised to meet this double need are described on another page The adequacy of the proposed financial provision remains to be seen, the administrative machinery is well conceived, and should prove eminently workable

Of particular interest to the medical profession is the statement that the proposed National College of Physical Training will include among its activities the investigation of problems connected with the physiology of physical training The British Medical Association's committee strongly recom

[1] *British Medical Journal Supplement* April 18 1936 reprinted as a pamphlet price 6d

completely even those which temporarily relapsed No disability or ankylosis remained in any single case

Three acute cases relapsed The first an acute arthritis of the left knee improved but relapsed four weeks after 6 c cm (1 2 and 3 c cm) of the concentrated serum The second a severe polyarticular case in which both ankles wrists and the right knee were involved improved temporarily with 6 c cm (1 2 and 3 c cm) *of concentrated serum but four* weeks later a slight effusion returned in the knee joint although the other joints had recovered The third an acute urethritis of three weeks duration had an effusion in both wrists and knee-joints Initial improvement followed 20 c cm (2 3 5 and 10 c cm) of the unconcentrated serum, but the fluid returned in the left wrist ten days after the last injection The focus was in the right vesicle

One chronic case of seventeen years duration relapsed It was particularly severe, being complicated by an acute epididymo orchitis iritis bilateral vesiculitis and prostatitis Two months after 78 c cm of the unconcentrated antitoxin had been given an effusion developed in the knee joint After a second series of injections (20 c cm) no relapse occurred over a period of nine months observation

Reactions

No fatality has occurred among the cases treated All the reactions of whatever type and degree of severity have been transient and left no permanent disability Provided the dosage does not exceed 15 to 20 c cm in the case of unconcentrated antitoxin and 3 to 4 c cm in the case of the concentrated antitoxin the reactions are not alarming or more marked than those caused by the sera commonly used in other infections

Urticarial serum rashes develop earlier with the concentrated than with the unconcentrated antitoxin generally within three days after the last injection, instead of within four to ten days with the unconcentrated preparation With the concentrated product the rash is more transient and generally localized to the buttocks With the unconcentrated *serum the rash has been more generalized* about the trunk and limbs and takes longer to disappear

The duration of the rash with the unconcentrated product was as follows in two patients one day in one *patient two days in one patient, three days in three* patients four days in three *patients five days and in* one patient six days In four patients the rash developed one day after the last injection, in three cases, two days in nine cases three days, in two cases four days in three cases five days, in one case, seven days, and in one case ten days In ten cases the rash appeared on the buttocks

Serum sickness occurred in five cases, two of these had no other signs of a serum reaction Stiffness in the shoulders headache, rigors, pain in the back and joints or in the limbs were also reported 'Thermal reactions due to the serum were also experienced in fourteen patients in a series of 112 cases Two developed a sore throat with an accompanying pyrexia of 103 6 in one case and 103 in the other In both cases the pyrexia and sore throat had subsided within twenty-four to forty-eight hours and were not septic in character

Apart from the customary reactions already enumerated certain additional phenomena, including some types of pyrexia to be mentioned later provide additional evidence of specific action A period of approximately five hours after an injection seems of peculiar significance in all types of case both acute and chronic About this time the following phenomena have been experienced by different patients sudden cessation of pain, collapsed feeling rapid pulse and pyrexia, rigors profuse perspiration transien nausea and faintness

At this time one case of salpingitis with a temperature of 102 2 felt as if she had been doped ' and then lapsed *into* a deep sleep When she woke ten hours later both pain and pyrexia were absent and remained so Another patient with a gonococcal septicaemia and a bilateral salpingitis had a sudden rise of temperature from 101 to 104 during this five hour period Then she complained of pains in the body and limbs, and became delirious for three hours

One out patient with acute uncomplicated urethritis who had received 1 c cm of the concentrated antitoxin daily for seven days on the eighth day experienced a mild rigor which was followed directly after by a profuse macular rash covering both legs up to the knee joint Independent observers agreed that this was not a typical serum rash it had no urticarial characteristics and did not irritate The only possible conclusion was that the patient was experiencing a gonococcal skin reaction which, although rare has been noted by me on occasion This again is supportive evidence that the antitoxin has a specific effect Incidentally before this occurred all signs and symptoms of a gonococcal infection had disappeared

Pyrexia

Analysis of the temperature charts of sixty in patients *separates naturally into three groups, two types of* pyrexia confirming the specific reaction of the antitoxin, and a third apyrexial class

(*a*) A specific pyrexial reaction rising progressively (Fig 1) as the injections proceed but dropping to normal directly

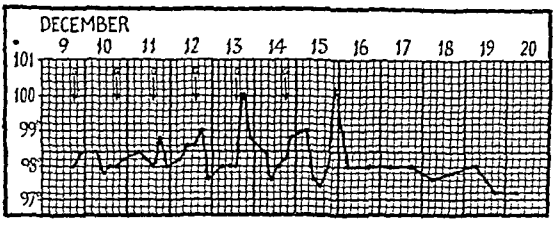


FIG 1 —An uncomplicated gonococcal urethritis
G = Gonococcus antitoxin 2 c cm

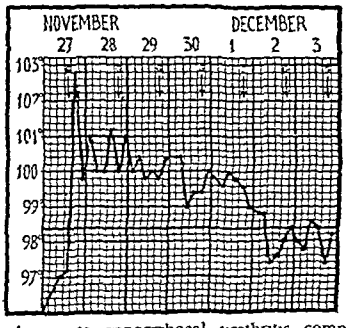


FIG 2 —An acute gonorrhoeal urethritis complicated by prostatitis a right sided vesiculitis and a right sided epididymo-orchitis
G = Gonococcus antitoxin 2 c cm

the administration of the antitoxin ceases and remaining normal (except for serum thermal reactions) occurred in forty four patients

(*b*) A specific pyrexia falling (Fig 2) after the first injection gradually and progressively as the injections proceed to normal and remaining normal (except for serum thermal reactions) occurred in twelve cases

(*c*) The temperature remained normal during the administration of the injections in four cases

At this point the cause of these reactions may be discussed Several possibilities emerge One that the gono-

A DIETARY SURVEY

The report on a dietary survey in terms of the actual foodstuffs consumed, by Professor E P Cathcart and Mrs A M T Williams, recently issued by the Medical Research Council,[1] is a document that repays close study It contains some information that is astonishing and whets the desire for knowledge regarding the state of health of those whose diets are low in the so called "protective" foodstuffs knowledge which it is to be hoped, the Medical Research Council may soon be in a position to provide

"In the present report the authors bring together the figures obtained in their earlier investigations made at St Andrews, Cardiff, and Reading, and analyse them from a new angle In the earlier reports attention was in the main directed to the nature of the food consumption in terms of protein, fat, and carbohydrate, irrespective of the sources from which these principles were derived In the present report these data have been interpreted in terms of some of the principal foodstuffs purchased in the course of everyday house-keeping The results of studies of the type of food eaten by a number of Glasgow families, and also by some women students, have been added to those obtained in the other localities Thus it is evident that a view of the actual foods eaten by a fairly large section of the population has been obtained in this work"

This view is given in the form of summaries of the foodstuffs consumed by the families in their various social and other groupings It is a view of the average diet in each group, but one showing little or no detail of the diets falling below the average We read that "few of these diets from the standpoint of energy, protein and fat content, percentage of 'first-class' protein, and mineral salts can be regarded as really poor, far less hopelessly inadequate, but at the same time many of them, particularly with reference to their content of 'protective' foodstuffs like milk, green food, and fruit leave much to be desired" We are told of families in Glasgow whose intake of calcium per man per day is as low as 0 28 to 0 34 gramme of phosphorus as low as 1 gramme, and of iron as low as 10 milligrammes, and we wonder what the state of health of the women and children of these families is We learn that the daily intake of calcium by a group of apparently healthy women students showed individual variations ranging between the high figure of 1 974 grammes and the low one of 0 257 gramme and curiosity is aroused as to how a woman whose diet provided less than one third of a gramme of calcium daily would react to the strain of pregnancy or of influenza Searching through the tables giving summaries of the foodstuffs consumed by the unemployed and by the unskilled workers we are left with the impression that the diets of some families in these groupings must be very low in fat-soluble vitamins Of fifty-three families, drawn mainly from the less well-paid section of the inhabitants consuming on the average 3,096 Calories per man per day no less than 1,986, or 64 per cent, of Calories were derived from foodstuffs—meat, bread, and sugar—poor or completely lacking in vitamin B_1 We wonder what effect the low intake of vitamins is having on the children of these families We learn that comparatively little use is made of such excellent foodstuffs as legumes, skimmed milk, butter-milk and cheese, that the consumption of sugar is high, and that the use of brown bread is an evidence of social status We read that the weekly expenditure on food per man of the unemployed class in St Andrews is 6s 2d, with a standard deviation of 1s 4d, and we wonder how the diet of a family spending the sum of 4s 10d per man per week is constituted

The authors consider that the usual allowance of 10 per cent for refuse and waste is much too high, that 5 per cent is nearer the mark, and that even this is on the high side Though poverty is to-day commonly regarded as the primary cause of inadequate nourishment, they are of opinion that "the main causal factor of inadequate diets in many households is ignorance of how to buy what to buy, and how to use to the best advantage the material bought" This is, of course not to say that lack of means plays no part, "such an assertion would be merely futile" A large percentage, we are told, tend to purchase items of a luxury nature rather than those of an essential type "Too often there is an excessive expenditure at the beginning of the week on tasty foodstuffs that give a poor return per penny spent and a period of bare maintenance later Balance of expenditure is an art unknown or ignored by many' The authors express regret that such a state of affairs should exist in a country like ours and ask the question How can things be improved? They do not believe the difficulty to be solely of an economic nature, "the problem is far more complicated than some would-be reformers imagine" They disagree with "those who imagine that they can alter the dietary habits of our people by direction or dictation It is not dictation but education which is required" They conclude a most interesting instructive, stimulating and curiosity-exciting report with the words "The fact remains that although improved economic conditions may play a part in the amelioration of diets the greater universal good will be attained by educational means"

[1] Special Report Series No 218 Medical Research Council London H M Stationery Office 1936 (1s)

OUTBREAK OF FOOD POISONING IN AN INSTITUTION

BY

A R CULLEY, M D, D P H

Medical Officer of Health County of the Borough of Carmarthen

In spite of the number of outbreaks of food poisoning well recorded I feel that it would be of use to the profession if these outbreaks were more often described Much attention has been given to the problems of food poisoning in several countries in this country particularly, by W G Savage and P Bruce White, and their *Food Poisoning A Study of 100 Recent Outbreaks* (Special Report Series No 92 Medical Research Council) should be in the possession of every medical officer of health The outbreak to be described occurred at a mental hospital with 763 inmates

Onset of the Outbreak

On September 23, 1936 I was informed by the medical superintendent that several patients were ill, one desperately so with vomiting or diarrhoea or both, and that food poisoning was suspected Fifteen patients were found to be ill, and the clinical picture was severe headache, vomiting, diarrhoea, muscular pains and temperatures varying from 100 to 103° F The vomit was greenish and the diarrhoea a pale brown loose stool Muscular pains were complained of chiefly in the legs The onset of similar symptoms in so many people distributed on the male and female sides of the institution which are fairly isolated from each other with more of the staff affected, strongly suggested that infected food was the causal factor

The dietary was inspected and the foods suspected were breakfast sausage canned mutton, and possibly milk The milk was supplied from the institution's farm and had been taken in all the wards and the hospital block Some wards and the hospital block had no persons ill with the same symptoms as described above, so milk was not further considered The breakfast sausage had been introduced for breakfast (about 9 a m) on September 20 and the canned mutton was used for dinner, at 12 30 p m on September 21 The breakfast sausage had been satisfactory, but four of the patients now ill had not partaken of the sausage and these four patients were in different wards It was noted that everyone who was ill had taken the canned mutton There was no sausage left for bacteriological examination

The mutton was canned in the Argentine, and was supplied in 6 lb tins Twenty-seven tins were opened in a larder by the storekeeper at 11 a m on September 21 and were taken directly into the kitchen where they were divided into slabs for further slicing in the wards The storekeeper noted one blown tin, which he opened after the mutton from the apparently good tins had been delivered to the kitchens The mutton in this tin was in a state of decomposition, and was destroyed in a furnace The empty tin was sent for bacteriological examination The rest of the mutton appeared wholesome and was eaten without any complaint It was served untreated

The Investigation

A few patients assist the kitchen staff, and on inquiry it was established that among the staff or patients in the kitchen none had had any recent suspicious illness The kitchens were clean, but it was noted that there was a water closet in a room opening directly into the kitchen The temperature of the kitchen was not taken, but the rooms were definitely warm

Every inmate who became unwell was regarded as suffering from food poisoning and the number amounted to thirty one The shortest incubation period was fifteen hours and the longest seventy two hours average period for males, twenty five hours, for females, thirty-four hours During convalescence bradycardia was a feature Two male patients died, one after being ill forty-two hours and the other after between forty eight and seventy-two hours illness An attempt was made by the Welsh Board of Health to discover if any other persons in the country were infected from the same consignment but without success

NECROPSIES

Case 1—A man of 35 years well developed the small intestine had a distinct pink colour but no other macroscopic pathological condition was found

Case 2—A man of 59 years The small intestine showed an abnormal pink colour, the spleen was exceedingly soft and friable Nothing else abnormal was found

From both cases portions of small intestine liver kidney and spleen were sent for bacteriological examination to the Ministry of Health Bacteriological Laboratory The report on the material sent to this laboratory was as follows

BACTERIOLOGICAL EVIDENCE

	Material	*Bacteriological Findings*
1	Six stools	*B enteritidis* Gaertner in large numbers
2	One unopened tin of mutton from same consignment	Negative result
3	Two tins which had contained mutton	Negative result
4	Portion of liver spleen kidney and small intestine from Case 1	*B enteritidis* +
5	Portion of liver spleen kidney and small intestine from Case 2	*B enteritidis* + except in small intestine

After recovery agglutination tests were carried out at the institution on the remaining twenty nine suspected patients

Patients	*Positive Agglutination for B enteritidis*
Females (17)	12
Males (12)	9

Agglutination results varied from 1 in 25 to 1 in 500 + Thus we can say that twenty three patients almost certainly suffered from a *B enteritidis* infection Those who gave no positive agglutination were classified during the acute stages of their illness as mild cases and may have been cases which through extreme caution were included as probably suffering from food poisoning

Agglutination tests against *B enteritidis* were made on all the people who had handled the food as follows

Stores—two staff and three patients
Kitchen—seven staff and twelve patients
Bakehouse—one staff and three patients
Farm (milkers)—three staff and eight patients

The results of these tests showed

Stores—no positive reactions
Kitchen—eight positive reactions (six staff and two patients)
Bakehouse—one patient gave a positive result
Farm—two patients gave positive results

All these agglutination tests were carried out after ten days had elapsed from the beginning of the outbreak It is interesting to note that only one member of the kitchen staff gave a negative result and that particular maid was away the day that the mutton was used Most admitted eating small portions of the mutton None apparently were ill One faecal bacteriological examination was made from each of the above persons and all gave negative results

s imulation of smooth muscle plays a part in the processes of nutrition and mobilization of the spermatozoon, but no general conclusions can be drawn until further work has shown whether a chemical agent subserving such a function is present in other animals Methods of approach other than the rather direct ones used hitherto will probably be necessary More knowledge, for example, is needed on the comparative physiology of the accessory genital organs and the processes of ejaculation It may be that in some animals the nervous control of ejaculation predominates, so that the accessory effects of chemical substances such as prostaglandin are relatively unnecessary

A STUDY OF TETANUS

We have referred before[1] to the work of Abel and others, who have sought in a series of papers to demonstrate that tetanus toxin is blood-borne and not carried to the cord along nerves, as has been believed for many years Abel, Evans, and Hampil[2] have now published a further paper of great length in which this belief is reasserted, although a description of certain experiments bearing most directly on this specific question is again deferred to a later publication The study reported here was carried out mainly by the orthodox and laborious method of injecting toxin into a large animal, such as a sheep, and tracing its subsequent fate by bio-assay—that is, the injection of varying amounts of blood or organ suspensions into smaller animals This series of experiments is held to support several conclusions in which the nerve transport theory finds no place Briefly stated they come to this—that an exact minimum lethal dose of toxin is absorbed and fixed by susceptible tissues, any excess over this amount remaining in the blood and lymph This supposition would certainly account for the fact that in natural tetanus toxin is sometimes to be found in the blood and sometimes not The "irretrievable fixation" of a lethal dose of toxin by the tissues takes place within five hours of intravenous injection, and thereafter the fatal course of the disease is predetermined Toxin thus fixed is irrecoverable—that is, an organ containing its quota of a lethal dose is nevertheless harmless, after perfusion, to other animals This is a fundamental and very interesting observation, which, if correct, invalidates a great deal of previous work, for it simply means that the estimated toxin contents of organs have been a function of their vascularity, and the comparatively bloodless condition of the cord itself post mortem explains the negative results of many attempts to demonstrate the presence of toxin in it Suggestive as these observations are many will feel that this matter is still *sub judice* There are arguments in favour of the nerve transport theory which remain unanswered in Abel's work and everyone who has read these papers will hope that in the next he will withhold none of the experimental data on which his conclusions are based No one will now dispute that tetanus toxin can be blood borne especially when large amounts of the preformed toxin are injected experimentally but under the somewhat different conditions of the natural disease the hypothesis of neural spread still appears to fit some of the facts better than any other

[1] *British Medical Journal* 1935 1 1229
[2] *Johns Hopk Hosp Bull* 1936 59 207

EVIPAN FOR DELIRIUM TREMENS

Luckily it does not very often fall to the lot of the general practitioner to have to treat cases of violent delirium tremens, but when it does so happen he will turn with especial gratitude to any drug which offers hope of quieting the patient and terminating the attack Few cases can present greater difficulties than this—a hallucinated struggling, shouting patient, almost impossible to feed, requiring two or even more attendants, with perhaps a cardiovascular system threatening to break down, and often seemingly quite uncontrolled by even massive doses of the customary sedatives Dr P Sperber[1] now reports three cases that he has treated at an American penitentiary by the intravenous injection of sodium evipal (evipan) Like other physicians he has often found even large doses of morphine or paraldehyde to be useless in outspoken delirium, though a strong mixture of bromide and phenobarbital might prevent an attack developing In the cases described a solution of 1 gramme of sodium evipal in 10 c cm of sterile distilled water was made up (that is, 10 per cent) and 2 c cm was first injected slowly into the vein As might be expected, this is no easy matter in delirium tremens and in one case six attendants were required to hold the patient reasonably still Almost as soon as the injection (2 c cm) was given the patients relaxed, yawned, and dropped off into a deep sleep, after this 1 c cm more was injected All these patients slept, with only one short break, for from eighteen to twenty-four hours, after which they woke fully orientated and sensible, and with no recollection of the attack Such prolonged sleep is not unusual at the end of an attack of delirium tremens, apart from any specific drug effect, but these results are certainly striking in the remarkable cessation at once of so serious a condition It is of course unwise to judge the value of any form of treatment on the results in three cases only, but it would appear hopeful that in sodium evipal a drug of real value in delirium tremens may be available Its use in further cases is certainly justified, and results will be awaited with interest, though it is to be anticipated that with careful preventive measures and proper judgement in the sudden withdrawal of alcohol in addicts the incidence of delirium tremens will gradually be still further reduced

[1] *New England J Med* 1936 215, 1065

THE EGG MEMBRANE TECHNIQUE IN VIRUS WORK

When Woodruff and Goodpasture[1] demonstrated six years ago that filterable viruses could be grown on the chorio-allantoic membrane of the developing egg they gave to virus workers a new technique which bids fair to be of supreme importance in this line of research An increasing number of workers have made use of this method and it has been clearly shown not only

[1] *Amer J Path* 1931, 7 209

To reduce the displacement Silverman uses tenaculum forceps, which seize the malar bone through the substance of the cheek, but the amount of superficial swelling or the degree of displacement into the antrum would often preclude this method, whilst at any time such treatment of the cheek savours of the barbarous

Another method described by Mead (1933) is to screw a corkscrew into the malar bone through the cheek A better method than this would be to drill a hole into the malar bone through a small incision in the cheek and to tap a thread into which a tool could be screwed which would allow reduction either alone or combined with some form of extension apparatus

The various other methods do not merit mention except the most ingenious method of Gillies and Kilner (1927) in which an elevator is passed through a small incision above the hair line in the temporal region This is manœuvred down on the surface of the temporal muscle under the root of the zygomatic process, which is then levered outwards This method is often an excellent one, but it does not always succeed in retaining the bone in the corrected position Neither does it provide for drainage of the blood clot in the antrum If the antrum is not opened into the mouth at the operation such drainage is not absolutely necessary, for if left alone such a collection of blood clot rarely suppurates, but one of the most noticeable things about the method to be described is that those cases with moderate or severe pain nearly always get immediate relief as soon as the pressure caused by the clot is relieved by the establishment of drainage

The Author's Method

Dissatisfaction with the accepted methods of dealing with this fracture has led me to experiment with methods of reducing the displacement by working through an intranasal antrostomy opening Such a method has for some time now been standardized and is giving great satisfaction

The operation is performed by making a vertical incision in the nasal fossa from immediately above and in front of the anterior extremity of the inferior turbinate

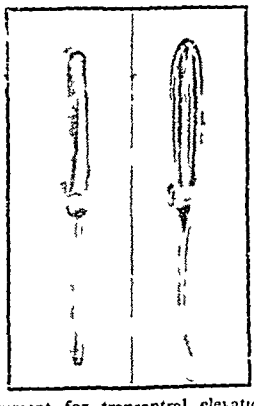


FIG 1—Instrument for transantral elevation of depressed malar bone

bone to well on to the floor of the nose The incision is carried as deep as the antro medial border of the maxilla which is then bitten away with strong Jansen Middleton forceps as in the Denker operation and the bony opening is carried backwards into the inferior meatus The clot in the antrum is displaced by packing the antrum with vaseline gauze and when it has been displaced the gauze is withdrawn An elevator which has been made for me by Elliott Brothers of Sydney (see Fig 1) is then inserted and the body of the malar bone is elevated into position (see Fig 2) In the event of such an elevator not being available the handle of a teaspoon with a narrow upper end can be used unless impaction is unusually firm The end of the spoon handle is inserted into the antrum so that its surface is horizontal

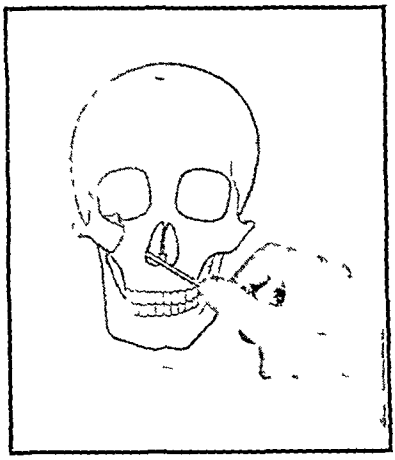


FIG 2—Showing how if the opening is made at the junction of the nasal and anterior walls of the antrum the depressed malar bone can be elevated with a comparatively straight instrument

with the patient in the anatomical position It is then turned so that the surface is vertical Previously I used a more posterior antrostomy opening but this necessitated a much more curved elevator In this older method the tip of the hook like elevator was used to perform the reduction, but with the later modification the use of a straighter elevator is possible and the reduction is performed with the side of it instead of the top as formerly

After treatment

Usually the displacement has no tendency to recur, and this is what one would expect as no important muscles are attached to the bony fragment, but where the edges of the opening into the maxilla are badly comminuted the malar bone is pressed back into the antrum by the weight of the cheek This is easily controlled by packing the antrum through the opening made with a long piece of 3/4 inch-wide vaseline gauze This is removed after two days and would be replaced if required, but so far this has not been called for Antral lavage is carried out a few times during convalescence

Advantages of the Method

This method provides an easy and certain means of reduction and retention of the fragment in position It also usually makes the patients quite comfortable as soon as the drainage is provided Even in the few cases where packing has to be left the patient is usually not more uncomfortable than before operation

The main objection to the method in the eyes of the general surgeon is that assistance must be sought from those used to intranasal manipulations but as the method is so much more satisfactory than any other described this should not exclude it

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ENDOCRINES IN THEORY AND PRACTICE

This article is one of a series on Endocrinology contributed by invitation

THE ADRENO-GENITAL SYNDROME AND TUMOURS OF THE SUPRARENALS

BY

A. W. SPENCE, M.D., M R C.P.

Tumours of the suprarenal glands of clinical importance may be conveniently classified as follows

CORTEX

Innocent Adenoma

Malignant Hypernephroma

Both may be associated with the adreno genital syndrome

MEDULLA

Innocent Phaeochromocytoma (hyperchromaffinism)—associated with paroxysmal or continuous hypertension

Malignant Neuroblastoma, causing clinical features of (*a*) Pepper type, (*b*) Hutchison type

The Adreno-genital Syndrome (Adrenal Virilism)

The adreno-genital syndrome is a reversion to masculinity, associated with carcinoma, adenoma, or simple hyperplasia of the suprarenal cortex, but these cortical changes are more often present without any somatic or sexual disturbances On the other hand, in some cases of the syndrome the glands may be apparently normal The clinical manifestations depend on the type of lesion and on the time of onset Malignant tumours are associated with more rapid changes than benign tumours of slow growth or simple hyperplasia The disease may arise at any age, even developing *in utero*, but when it supervenes during the period of rapid growth of the individual—for example, up to puberty—the changes will be more marked than when growth is not so rapid—for example, after maturity For this reason it is convenient to describe the condition as it occurs in different age groups, but it must be realized that there is no definite demarcation between each group and that each picture merges gradually into the other It is pre-eminently a disease of the female sex and afflicts males only during childhood It may be divided into four main clinical types those which arise—(1) during foetal life, (2) before puberty, (3) after puberty, and (4) after the menopause

DURING FOETAL LIFE

When the disorder arises before sexual differentiation the changes are those of feminine pseudo-hermaphroditism Externally the bodily configuration approaches the male type, with perineal hypospadias, a large clitoris penitormis, and a vulva-like cul-de-sac Internally a uterus and ovaries are present When it appears later in foetal life these changes are less pronounced a large clitoris and hypospadias are present there may be growth of hair on the face axillae and pubes, but the uterus and ovaries are atrophic

BEFORE PUBERTY

Manifesting itself during this period the condition is one of precocious puberty

In girls statural growth increases and the configuration of the body may approach the male type the voice may deepen and there may be a growth of hair of male distribution—that is, on the face, in the axillae, on the legs and forearms, and on the pubes extending towards the umbilicus They may become obese but the obesity is not that of childhood, but of the plethoric type seen in middle age As a rule the mentality is consistent with the true age of the patient, but occasionally there may be retardation of mental development or even severe mental disorder The external, but not the internal, sex organs develop precociously, especially the clitoris, which is hypertrophied Although the condition is termed "pubertas praecox" it is in effect a false precocity, as it is most uncommon for these patients to menstruate Ossification and dentition are often hastened, but as the epiphyses join earlier than usual their height is eventually less than normal Excessive muscular development, as in the male counterpart, is not generally found

In boys there are also increase in growth, deepening of the voice, and excessive growth of hair Ossification and dentition are hastened, with early union of the epiphyses The external genitals are greatly enlarged, resembling those of an adult, but usually there are no sexual changes such as libido In some cases, however, there may be increased sexual activity In one group there is a generalized obesity of the plethoric type, in another excessive muscular development and strength, described by Parkes Weber as the infant Hercules type, in others obesity and muscular development may be combined Finally the patient may become enfeebled through muscular wasting, develop a prematurely aged appearance, and die at an early age

AFTER PUBERTY

In adults the adreno-genital syndrome is practically confined to women, occurring most often between the ages of 18 and 25 One of the most troublesome symptoms in these patients is the hirsuties, which may be slight in some but very marked in others It is characteristically of the male type and may be widespread in its distribution It appears most commonly on the face as a beard and moustache, and on the forearms, thighs, and legs, the hair in the pubic region spreads upwards in a triangular fashion to the umbilicus, and may even cover a large part of the abdomen It may appear on the chest between the breasts, around the nipples, and on the back In older women the hair of the scalp may fall out, particularly in the frontal region

In some patients the voice deepens, the breasts atrophy, and the body tends to become masculine in appearance, but not to the same extent as in children in whom feminine characteristics have not fully established themselves before the onset of the disorder Other sufferers may become rapidly and excessively obese, with supraclavicular pads of fat, large pendulous breasts consisting mainly of fatty tissue, and folds of fat on the abdomen and back In these patients there may be purplish cutaneous striae situated over the lower abdomen At first menstruation becomes scanty and irregular, and later there is amenorrhoea, which is often accompanied by pains in the pelvis, nausea, and vomiting As in the other age groups the clitoris is often enlarged

Psychological changes may be a marked feature, although these are unusual Langdon-Brown and Girling Ball have reported a case of a woman whose earliest symptom was an obsessional neurosis that she was

Reviews

TEXTBOOKS OF MEDICINE

The Practice of Medicine By Jonathan Campbell Meakins M D, LL D (Pp 1343 505 figures (35 in colour) 42s net.) London H Kimpton 1936
Textbook of Medicine By Various Authors Edited by J J Conybeare *M C* M D, F R C P Third edition (Pp 1027 illustrated 21s) Edinburgh E and S Livingstone 1936

It is a noteworthy event when a full blown textbook of medicine is produced from one of the Dominions The late Sir William Osler was Canadian born, and his influence on the development of transatlantic medicine as indeed on British medicine in general, has been enormous His textbook of medicine, however, was written during his tenure of the professorship of Baltimore In the new *Practice of Medicine* by Professor Jonathan Campbell Meakins we have therefore the first full textbook of medicine from Britain over-seas In its breadth of view and completeness it reminds us of that other splendid production from McGill University, the late Professor Adami's *Pathology*

In his disarming preface Professor Meakins explains that his object has not been so much to write for the specialist or produce an encyclopaedia as to interest and instruct the student and general practitioner Recognizing that in practice, whether in hospital or in private work, so far as the patient is concerned, disease consists of symptoms, he has given particular prominence to symptoms in his book On this basis their causation has been described where this is possible and their significance pointed out On analysing a series of a thousand cases it was found that the commonest symptoms tended to recur very often and were referable to no one particular system so that they could not be used for classification these were *pain weakness loss of weight, fatigue, shortness of* breath and fever There remain a number of symptoms which point to an affection of one or other system and these when followed up may give valuable clues to diagnosis and indications for treatment This has led the author to a new and individual method of presentation Following up symptoms he has grouped the diseases under the systems primarily affected It is unusual in a textbook to have cerebro spinal meningitis discussed in the section on the central nervous system typhoid fever and cholera among intestinal diseases rheumatic fever in affections of the nasopharynx but one can see that this is a logical outcome of the method adopted

The description of the various system diseases is concise and practical The student led to a particular system by the patient's leading symptom will find set out the various diseases which have to be thought of their differential diagnosis is explained and the corresponding treatment is advised The sections are up to date and Professor Meakins has had the advantage of experts in certain subjects among his colleagues as collaborators There remain then after the systematic sections certain infectious diseases conveyed by parenteral inoculation *diseases due to* allergy diseases due to abnormal environments variations of heat and cold of barometric pressure sea sickness exposure to radium x rays or electric shock and a group of diseases caused by chemicals and drugs These chapters are as useful and informative as those dealing with system diseases The author points out the modern dangers of excess in the prescription of barbiturate drugs enumerates those from which death has been reported, and gives helpful points in diagnosis and treatment

Professor Meakins observes that this is a pictorial age and that many factual data are well set out by graphic methods Many students can learn and remember from a simple, even crude, diagram facts that no amount of reading or hearing can impress The author has therefore introduced many illustrations—of patients, of pathological specimens, graphs, and radiographs—with the hope that they may be more informative than a word description, and the result on the whole has been highly successful The reproductions of *x* ray photographs leave much to be desired in definition, however, and this detracts from their value

The textbook is remarkably complete It is pleasant to handle, and we have no hesitation in recommending it as a reliable and up to date guide to medical practice

Conybeare's Textbook of Medicine compresses into a thousand pages the essentials of the subject and the new edition maintains the high standard set by the two former ones Dr Conybeare has been assisted by a team of experts each responsible for revising and in some instances *rewriting parts of the book* The *section on endocrines* has been extended and new work on the pituitary gland and its control of other endocrine glands is incorporated The authors still differentiate toxic adenoma from other forms of exophthalmic goitre A more fitting description is that they are agglomerations of active glandular tissue rather than true adenomata and the statement that these forms are sometimes described as secondary and primary Graves's disease is not sufficiently expanded The section on renal disease has been rewritten by Dr Osman and now gives a very fair account of modern views on kidney function and dysfunction Under the heading of Bright's disease the classification adopted is in three main groups —nephritis nephrosis and nephrosclerosis—each of these groups being subdivided The section closes with discussions of affections of the urinary tract new growths of the kidney, and renal calculus Dr Conybeare has brought up to date the section on the alimentary canal many of the articles being rewritten, and has revised the one dealing with affections of the bones and joints adopting the classification suggested by the British Committee on Chronic Rheumatic Diseases The book should continue to be useful to students and practitioners

THE COLLOIDAL STATE

Kolloidik Eine Einfuhrung in die Probleme der Modernen Kolloidwissenschaft By Priv Doz Dr A von Buzagh (Pp 323 68 figures RM 15 geb RM 16 50) Dresden and Leipzig T Steinkopff 1936

This Introduction to Modern Colloidal Science by Dr von Buzagh of Budapest is a textbook of some 300 pages in which the author sets forth in a systematic manner our present knowledge of the chemistry and physics of the colloidal state The chemistry of colloids is a field in which the biochemists have taken a particularly keen interest because living matter is composed of colloidal material hence the first developments of this comparatively young science were largely associated with biochemistry This stage of rather one sided development has now passed and the work under review deals with the properties of matter in the colloidal state from the point of view of general physical chemistry As the author remarks Colloidal chemistry has left its childhood behind and has reached the stage of objective criticism

In general the textbook gives a very clear account of the physico chemical laws governing the behaviour of matter in the colloidal state One inevitable result of

observed on x-ray examination Paroxysmal hypertension may eventually become persistent, and hypertensive crises may supervene in continuous hypertension

Neuroblastoma (*Sympathoblastoma*)—These tumours appear very early in life and arise from the sympathetic ganglion cells They are highly malignant and were formerly regarded as sarcomata They are divided into two main types, but the histology is essentially the same in each The type described by Pepper occurs in the youngest infants, and is characterized by metastases in the liver, lungs, and abdominal glands In these cases the primary growth is more often situated in the right suprarenal, which may be palpable In the Hutchison type the primary tumour is more usually in the left suprarenal and metastases appear in the cranium and behind the orbit, causing proptosis and papilloedema, and simulating the clinical picture of chloroma and of intra-orbital haemorrhage in scurvy

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A David Anderson Berry gold medal, together with a sum of money amounting to about £100 will be awarded in July 1938 by the Royal Society of Edinburgh to the person who in the opinion of the council has recently produced the best work on the nature of x rays in their therapeutical effect on human diseases A similar award will be made every three years Applications for this prize are invited They may be based on both published and unpublished work should be accompanied by copies of relevant papers and must reach the general secretary Royal Society of Edinburgh, 22, George Street, Edinburgh 2 by June 1 1938

WOMEN'S WELFARE AND BIRTH CONTROL

DEPUTATION TO MINISTER OF HEALTH

Sir Kingsley Wood, the Minister of Health, received on February 2 a deputation organized by the National Birth Control Association, representing twelve societies interested in the subject of women's welfare and birth control The deputation was introduced by Lord Horder, and the other principal speakers were the Countess of Limerick, Dr Jocelyn Moore Mr Cedric Lane Roberts, Lady Denman, and Mrs Freeth

The deputation urged that the present provision of gynaecological clinics to deal with the medical care of married women at which advice on contraception would be available to those women for whom further pregnancy would be detrimental to health, was inadequate and that but little exercise had been made by local authorities of the powers which they possessed in the matter Increased provision was very necessary, and it would lead to a reduction not only in maternal morbidity and mortality, but in criminal abortion which was due to the need felt by women to escape pregnancy on medical and other grounds

The Case for More Clinics

The deputation urged the Minister to issue a circular to local authorities encouraging them to establish gynaecological clinics in which birth control should take its proper place as part of the general medical care of women, and indicating the lines on which the clinics should be run The deputation attached great importance to the work being carried out as an integral part of the maternity and child welfare schemes of local authorities

The Minister's Reply

Sir Kingsley Wood said he recognized the force of many of the arguments that had been advanced by the deputation, but that both Minister and local authorities were bound to observe the limitations imposed by Parliament on their activities The local authorities, for instance had at present no legal power to provide birth control clinics as such, and there was no statutory duty upon them to provide advice or medical assistance in relation to birth control There were still differences of opinion, and in a matter of this kind particularly it was necessary and right that the legislative position should be fully maintained, and if any alteration in policy was made it should receive Parliamentary approval

The Maternity and Child Welfare Act empowered local authorities to make arrangements for attending to the health of expectant mothers and nursing children under school age A clinic provided under the Act could not, therefore lawfully be used for any woman who was not an expectant or nursing mother Such clinics were not primarily intended for sick women In fact the object of the Act was preventive, and expectant and nursing mothers were encouraged to attend these clinics in order that sickness should, if possible, be avoided

Existing Clinics

There were also the clinics provided under the Public Health Acts and their functions were different from those of the maternity and child welfare clinic They extended only to the provision of hospitals or clinics for the reception of sick persons but any sick woman might attend such hospital or clinic for advice and treatment Apart from the clinics for ante-natal or post-natal supervision of expectant or nursing mothers and clinics for the treatment of women who were sick, there was no statutory authority for the establishment of clinics providing for the facilities suggested by the deputation

Sir Kingsley Wood emphasized that the maternity and child welfare centres were not ordinarily designed or

SURGICAL PROGRESS

The 1936 Year Book of General Surgery Edited by Evarts A Graham A B M D (Pp 871 illustrated 7 dollars or 12s 6d postage 6d) Chicago The Year Book Publishers London H K Lewis and Co 1936

This book edited by Professor Evarts Graham of St Louis is a guide to some of the chief developments in surgery during the year It is one of a series of ten which the American publishers tell us form the Practical Medicine Year Books and are now in their thirty sixth year The whole ten volumes comprise a survey of progress in the various branches of medicine and may be compared with the *Medical Annual* which is so much appreciated and extensively used in this country

The title General Surgery is a wide one as sections are included on the brain and meninges, the spine and cord and on orthopaedics and chest surgery, but abdominal surgery is well represented Of the eight hundred odd pages of text nearly two hundred are taken up by references to the liver gall bladder, and bile ducts Should this seem a little disproportionate we must remember that it was the distinguished editor of the Year Book who introduced cholecystography into surgery—and who is to question him if he regards as of chief importance the particular branch of surgery in which he is particularly interested?. The editorial comments which are in small bracketed print of close type interspersed through the various sections, are an attractive feature, as is also the cross referencing to previous editions of the year book The review for 1936 has brought out a number of valuable comprehensive studies such as the question of the treatment of bleeding peptic ulcers the after-effects of gastro duodenal ulcer and the treatment of fractures and important contributions to these questions are reviewed in the text The volume is well illustrated of convenient size and of very readable print There is no reference to surgery of the sympathetic nervous system perhaps this indicates a swing of the pendulum!

This continues to be an attractive yearly publication which should be a useful addition to the bookshelves of both the surgeon and the general practitioner since it enables either to refer to recent developments in surgery with a minimum of effort

Notes on Books

Dr BERNARD SACHS'S *Keeping Your Child Normal* (New York Paul B Hoeber 1 50 dollars) was first published ten years ago under the title of *The Normal Child* The author stresses the fact that while much care and thought have been lavished on defectives the problem of the normal child has been somewhat neglected He cites the justifiable lament But I am a perfectly normal child so I don't get any attention The present volume which has been revised and brought up to date is intended as a guide for parents teachers and physicians with a view to remedying this deficiency Dr Sachs combines a scientific outlook fortified by wide experience of child neurology with wisdom and common sense and the book contains much helpful advice for the surprisingly large number of people who need assistance in the problem of bringing up children with efficiency and sympathy

The fourth volume of the forty sixth series of *International Clinics* (J B Lippincott Co set of 4 volumes 50s) contains nineteen papers of which seventeen are devoted to internal medicine and two to dermatology Among the former special attention may be drawn to those on gastroscopy by Dr Jacob Schloss of Boston changes in blood protein during acute rheumatic carditis by Dr Alwin F Coburn of New York essential thrombocytopenic purpura by Dr Herbert Z Griffin of the Mayo Clinic, nutritional oedema by Dr John B Youmans of the Vanderbilt University School of Medicine, Nashville the medical aspect and treatment of chronic gall bladder disease, by Dr George Morris Piersol of Philadelphia and the relation of accidents and injury to pulmonary tuberculosis, by Dr John B Hawes of Boston The section on dermatology contains two papers by Dr Isaac R Pels of the Johns Hopkins School of Medicine on acne and scabies respectively

The work on *Infektionskrankheiten*, by Professor WERNER SCHULTZ which forms part of the series for post graduate instruction edited by Professors L R Grote A Fromme and K Warnekros (Dresden and Leipzig Steinkopff R M 12) gives a clear, concise, and up to date account of the common infectious diseases prevalent in temperate climates as well as of malaria and the treatment of tropical diseases which are described by Dr A Haver Professor Schultz who is well known in this country as being the first to describe agranulocytosis in 1922, is peculiarly fitted for his task having had many years practical experience of infectious diseases as well as having been a lecturer on the subject at the Berlin Academy and University While special attention is paid to treatment the pathology and bacteriology are adequately dealt with A bibliography of almost exclusively recent German literature is appended

Preparations and Appliances

SALICYLYSIN PREPARATIONS

Salicylysin liniment and ointment (Allen and Hanburys Ltd) contain 20 per cent of glycol iodosalicylic ester This is a new compound which contains iodine and salicylic acid, but does not stain the skin and is practically odourless The preparations are recommended for local treatment of arthritis fibrositis sprains etc

TABLOID SULPHONAMIDE-P

Tabloid brand sulphonamide P (0 5 gramme) issued by Burroughs Wellcome and Co is intended for oral administration in the treatment of infections with haemolytic streptococci Observations in animals and in man agree in showing that it is possible by administration of this drug to render the blood bactericidal to those organisms This important discovery is so recent that the clinical evidence, although favourable is at present limited The makers issue with their product a leaflet containing instructions for use and certain important suggestions In particular they point out the need for determining whether the infection it is proposed to treat is due to haemolytic streptococci

SULPHONAMIDE P (B D H)

Sulphonamide P (B D H) is a tablet preparation (British Drug Houses Ltd) of the new disinfectant para amino benzene sulphonamide This drug has been proved to render the blood antiseptic to haemolytic streptococci A remarkable feature of this action is that it can be produced by oral administration This discovery has naturally aroused great interest and the preliminary clinical reports are favourable The drug is being tried in the treatment of puerperal septicaemia erysipelas scarlet fever tonsillitis and other infections of haemolytic streptococci

AMMONIUM MANDELATE SYRUP

Syrup of ammonium mandelate (C J Hewlett and Son Ltd) contains 3 grammes of mandelic acid in 2 fluid drachms This preparation is a substitute for the more complex method of giving sodium mandelate and ammonium chloride separately to produce urinary disinfection Usually the ammonium mandelate alone is sufficient to produce an adequate urinary acidity but if this does not occur ammonium chloride may be given in addition The preparation provides a convenient and palatable method for mandelic acid therapy

USE OF HEARING AIDS

THE BEST TYPE OF APPLIANCE

The latest contribution to the study of the use of hearing aids is a *report*[1] issued by the Medical Research Council on the recommendation of its Hearing Committee The authors are Dr A W G Ewing, Mrs I R Ewing, and Dr T S Littler of Manchester University, and the report gives the results of their investigations into the utility of hearing aids for deaf people, and into methods for determining what types of instrument are best suited to particular cases

The investigation embraces three main problems

1 How does the ear of a partially or severely deaf patient behave when stimulated by loud sounds, and to what extent can speech be made intelligible to him by amplification?

2 What are the characteristics of the most efficient type or types of aid?

3 What tests will ensure that the patient may be effectively advised as to what, if any, type of aid is suitable to his individual needs?

The first of these is an all-absorbing problem Teachers of the deaf, otologists, and others have never been able to give a satisfactory answer to the question, 'What actually do the deaf hear?" Indeed, there is no proof, even with normally hearing persons, that a sound stimulation such as the ringing of a bell produces identical effects in any two individuals However this may be, it is still possible by suitable amplification to make speech intelligible to most deaf people

The authors state "In so far as the deafness is of a permanent character, no hearing aid can in any literal sense restore to him the capacity to respond to sound over the lost frequency-intensity range" This appears to suggest that no hearing aid is capable of producing an actual improvement in a deaf subject's hearing Certain workers in this field, however, claim that by regular stimulation for a period of about two hours daily for some months an improvement in hearing is obtained in many deaf people, and substantiate their claim by the difference shown in the audiometric curve before and after stimulation In order to carry out the tests in this investigation a beat-tone oscillator of National Physical Laboratory type was used for the pure-tone tests For measuring audibility and intelligibility of amplified speech a Western Electric moving-coil microphone and associated amplifier was used to obtain speech levels which could be controlled A meter was placed at the output of the apparatus to indicate the output level and thus enable the speaker to maintain a fairly constant speech level With this apparatus it was possible to control the speech intensity received by the subject, and also to determine his speech threshold

The Threshold of Audibility

A method of measuring the effective amplification of hearing aids under working conditions was evolved A clinical examination and report was made in each of the nine subjects who took part in a prolonged series of experiments Much patient work has been done in these experiments not only by the authors but also by their subjects and many interesting and valuable results have been obtained It was found that the threshold of audibility for speech could be deduced from the thresholds for pure tones and that in general it is within 5 or 10 decibels of the patient's lowest reading for pure tones over the frequency range 250 to 4000 cycles The authors regard the pure tone tests as a reliable index of the intelligibility of speech to the deaf listener This would probably be challenged by workers who argue that speech is a complicated mixture of sounds unlike simple tones, and that there is masking by one or more components of other components They say that when masking effect is taken into account there is a considerable difference between the pure-tone curve and the curve embracing the masking effect The authors found that stimulation by pure tones at large intensities caused variation in the threshold of minimum audibility Instances occurred in normal subjects in which fatigue equivalent to a considerable degree of deafness and sufficient to alter the quality of the human voice, persisted for several minutes, and in some cases hours

After listening to sound continuously maintained for two minutes at 110 db above the threshold of minimum audibility, normal subjects invariably showed a temporary diminution of auditory acuity over some part of the range of frequency involved in speech The minimum intensities at which maintained pure tones excited auditory fatigue were found in general to be considerably less than those of the threshold of feeling The magnitude of the fatigue was shown to be related to the duration of the stimulus Possibly if the stimulation were sufficiently prolonged it would definitely injure the auditory organ Whereas these effects were observed with pure-tone stimulation, loud speech of similar intensities produced no temporary loss in acuity whatever The probable explanation of this, as the authors point out, lies primarily in the brief duration of the loudest components in speech sounds, which at most last half a second Deaf subjects, on the other hand, were found not to be so susceptible to fatigue by pure tone stimulation, the threshold for feeling is the same for both The optimum intensity level of speech for normal listeners has been demonstrated by Bell Telephone Laboratories to be 70 db In the case of the deaf the authors found it to be round about 110 db or a little lower

The authors, discussing different types of hearing aids, conclude that the best results are obtained with valve amplification instruments, and draw attention to the very marked limitations of the commercial bone conduction aid—a timely warning in view of the sweeping claims made in the daily press for this type of instrument They comment on the restricted usefulness of the non-valve battery aids of popular type, handicapped as they are by their low amplification, background noise, and undesirable character of their frequency response There is, as they point out, even negative amplification at some frequencies in certain of the smaller aids They have also investigated the intelligibility of speech tests, using telephones with different frequency responses

Deaf Children

Particulars are given of 236 pupils in a school for the deaf They are divided into three groups

I	Totally deaf, no response to audiometer	43
II	Responded to only one or two frequencies of audiometer	44
III	Could respond to three frequencies or more	149

It was found that children belonging to Group II, although not totally deaf, could derive no appreciable benefit from the use of any aid Groups I and II together comprise more than one-third of the total This figure is very much higher than the comparable groups among the deaf children of London Emphasis is laid on the importance of supplementing the use of hearing aids by lip reading A short account is given of the results of the use of hearing aids for class teaching, and the authors comment on the great advantage of this method over previous ones They point out that reproduction of the highest quality is most important to the severely deaf child who is dumb or very retarded in speech when he comes to school Attention is also drawn to the fact that a class amplifier yields better results than smaller individual aids employed by children at a distance from the teacher

Conditions of Supply to the Public

From their experience the conditions under which hearing aids should be supplied to the public include

(*a*) Tests of the patient's response to pure tones of the speech range

[1] *The Use of Hearing Aids* By A W G Ewing, I R Ewing, and T S Littler Med Res Counc Spec Rep No 219 H M Stationery Office (9d)

mended that such research should be undertaken It stressed also the desirability of a far closer relation than has existed in the past between physical education and the science and art of medicine and as a means to this end, it suggested the establishment of post graduate courses designed to equip medical men and women for the medical supervision of physical activities Perhaps in time such courses may be instituted at the National College However this may be, the present proposals of the Government should go far to bring about the desired improvement of the national physique and they must be regarded as deserving high praise

CANCER PROBLEMS

On February 3 Dr W Cramer of the Imperial Cancer Research Fund read to the Assurance Medical Society under the title "Cancer and the Expectation of Life," a very lucid and instructive paper The title does the paper some injustice, it was presumably suggested by the belief that officers of insurance companies have a special partiality for the arithmetical average called the expectation of life—that is, the average number of years lived by persons who reach any year of age in and from that year of age This average has increased at all ages of males below 62 and at all ages of females below 74 between the dates of the last two national life tables Dr Cramer really discusses much more interesting topics Is there reason to believe that a heritable predisposition to develop cancer occurs? Is there reason to believe that environmental factors other than a small number of notorious stimuli, favour or oppose the development of cancer?

With regard to the first question, the existence of an inherited disposition in mice is proven Dr Cramer thinks that the statistical data of Deelman (1930), Waaler (1931), and Wassink (1935) are sufficient to demonstrate the existence of a heritable factor in man One of the reasons why this was not shown earlier is the apparent specificity of the factor It seems, for instance, that when the blood relatives of cancer patients are traced the female relatives of women with cancer of the breast or cancer of the uterus have a higher incidence of cancer of the breast or uterus than other women They do not suffer from cancer of other sites nor do their male relations, at rates higher than those of the general population So far as proportional incidence is concerned the evidence is strong To assess the absolute worsening in the prognosis for a person some of whose ascendants had cancer in comparison with that for a person without this history is an impossible task Dr Cramer calls attention to the exceptional position of cancer of the breast in this country, the rate for which is high and shows an increasing incidence even in the earlier age groups "One cannot avoid, therefore," he writes, "the uncomfortable suspicion that this may be due to an increase in the number of individuals with an inherited susceptibility to breast cancer Fortunately we can set against this a decrease in the mortality from uterine cancer" We do not find this wholly convincing It appears that in respect of both organs there is a heritable predisposition Assuming that the general lowering of mortality at early ages has led to the survival to cancer age of a larger proportion of the "unfit," there should have been an increase in the numbers of susceptibles of both types The difference between the rates for the two organs seems to be associated with changes in the birth rate It is known that the rate of mortality from cancer of the breast is, other things equal higher in virgins and that for cancer of the cervix uteri lower than among women who have borne children Unfortunately large scale data must depend upon the broad classification by civil state We cannot study the evolution in time of the mortality rates for women who have been pregnant 0, 1, 2, etc, times on unbiased collections of data

The second part of Dr Cramer's paper is based upon the late Dr T H C Stevenson's analysis of the national data which tended to show that the incidence of fatal cancer of "exposed" sites increased as one passed down the economic scale Dr Cramer very properly regrets that other nations have done so little in this important field Since it became generally recognized that the statistical treatment of massed data could not be expected to solve the fundamental problems of aetiology there has been a tendency in scientific circles to depreciate the value of statistical study in cancer research Actually there is room for ancillary investigation This subject of social cancer, as it has been called, is one of the fields to be explored Dr Stevenson's work here was of first-rate importance and should encourage others

Since cancer as a cause of death mainly affects persons at a time of life which allows or enforces leisure for reflection and even literary composition it is natural that discussion of the subject should be extensive A special merit of Dr Cramer's paper is that it puts the subject into correct perspective Not only does it hold out hope of further advance by means of investigations within the competence of many people, but it certainly does not suggest that the (relatively) aged of to-day are much worse off than their grandparents

THE QUESTION OF MEDICAL PATENTS

A GENERAL SURVEY

From time to time the British Medical Association receives requests from members for information and advice on the subject of medical patents and on the propriety of medical practitioners receiving financial reward for discoveries and inventions in the medical field. This is a matter which a few years ago occupied the prolonged attention of the Association and several other organizations, and it may be of interest to members to have a restatement of the position of medical practitioners in relation to the Patents Acts and a survey of the action which has been taken by the Association on the subject.

Attitude of the Profession

The patent system in this country is governed by the Statute of Monopolies 1624 by the Patents and Designs Acts passed at various dates between 1907 and 1932, by Rules made under the Acts by the Board of Trade, and by judicial decisions. Its aim is to encourage industry and commerce by means of temporary monopolies granted to persons responsible for inventions upon which extensions or improvements in industry are based. The subject of this temporary monopoly, or patent, must be a "manufacture"—that is to say a process or product of manufacturing. Chemical and medical inventions are not excluded, but patents in respect of substances intended for food or medicine are subject to the issue of licences limiting the use of the invention to the preparation of food or medicine on terms which will make the product available at the lowest price consistent with due reward to the inventor. There are many arguments for and against the general principle of patenting, but on the whole the system has in the past worked satisfactorily in this country from the point of view of industry and commerce. The medical profession, however, has made little use of the facilities for patenting. The professional view was expressed in the following resolutions passed by the Central Ethical Committee in 1903 and 1920 respectively:

> 1. That it is undesirable for a medical man who has invented a device intended for medical purposes to take out a patent for the purpose of deriving from such patent the financial results of a monopoly.
>
> 2. That it is contrary to the ethics of the medical profession to attempt to secure a monopoly in the sale of any article used in the treatment of disease and especially by patenting any such article in the name of a medical practitioner whose name would necessarily be used in its advertisement.

The fundamental objections of the medical profession to patents are based on its opposition to any procedure involving secrecy or monopoly since such a procedure limits the application of an invention and therefore benefits the individual inventor at the expense of mankind in general. Medical research in this country is founded on free intercourse between workers and any new discovery or invention is at once made known to the profession as a whole. Moreover a medical invention is seldom the work of one person. The final results which could be patentable depend to a very great extent upon previous contributions made by a number of individual workers, and it is therefore unfair that the worker who happens to add the finishing touch to a series of these series should deprive his fellow workers of their reward by patenting the invention.

Until the last decade these objections have been regarded as axiomatic throughout the profession in this country, and they have been recognized as the professional attitude by manufacturers of medical substances and appliances. The rapid progress of medical and biological research during recent years, however, and the free use of British patents by foreign workers and commercial organizations, often to the detriment of British medicine, have led a section of the profession and chemical manufacturers to desire a revision, or at least a reconsideration, of the professional attitude towards medical patents. It is pointed out that the foreign patentee, whose invention is often merely the addition of the final stage to the prolonged research of the British worker, robs the latter of the reward of his labour and even of the right to use his results. A further impediment is placed in the way of British research by those patents for processes such as the production of hormones, vitamins and sera, which are based rather on the expectation of results of financial value than on satisfactory investigations already concluded. Such patents are carefully drawn to cover a wide range of possibilities, and they consequently discourage further research in the same field.

Delegation of Patent Rights

A few attempts have been made by research workers to protect their results by patent law and at the same time to deny themselves any private financial gain. The Drs. Dick patented their scarlet fever toxin and antitoxin but delegated their patent rights to a scarlet fever committee. The patent for Sir Frederick Banting's process for the preparation of insulin was taken out in the name of the University of Toronto and the British patent rights were vested in the Medical Research Council which used them to prevent the exploitation of insulin and to ensure the maintenance of a high quality until the Therapeutic Substances Act of 1925 rendered them unnecessary. But even the delegation of patent rights to universities does not always effectually prevent exploitation. A British patent for Steenbock's process of imparting antirachitic properties to foodstuffs by artificial ultra violet irradiation was taken out in the name of the University of Wisconsin. This patent was granted at a stage when knowledge of the subject-matter was very imperfect, but it was drawn in such wide terms that it covered work of much greater importance performed by other persons who, both before and after the granting of the patent were working towards the same end. The patentee is consequently able to claim control over all application of knowledge of this particular subject even though that knowledge be of independent origin. The Wisconsin patent also illustrated another possible danger in the delegation of patent rights to universities. While the research worker himself forgoes any personal profit the particular university concerned may be tempted to use the rights for the promotion of its own interests or for purposes not connected with the invention patented.

Departmental Committee

This was the state of affairs when in 1929 the President of the Board of Trade appointed a committee to consider the Patents and Designs Acts and the practice of the Patent Office. Certain prominent research workers, the British Dental Association, and the Association of British Chemical Manufacturers approached the British Medical Association with the request that it would review the position of the medical profession in relation to the patent law, and avail itself of the opportunity of presenting the professional point of view to the Departmental Committee. A special subcommittee was set up to consider the ethics

GONOCOCCUS ANTITOXIN

We publish in this issue a very favourable report by Dr T Anwyl Davies on the treatment of gonorrhoea with an antitoxic serum The starting point of the work which has led to the adoption of this treatment was an attempt by Corbus[1] to prepare a Bezredka 'antivirus' for active immunization in gonorrhoea His difficulties with culture media led him to consult *Dr N S Ferry who supplied him with the culture* filtrate which constitutes an "antivirus" in Bezredka's sense and this material appears to have been extensively used for treatment although not with uniformly good results a recent report by Denkin distinctly condemns it Meanwhile Clark Ferry and Steele,[2] who had prepared this material were investigating its properties on their own account and came to the conclusion that it was not "antivirus" but that it contained an exotoxin The validity of this conclusion is of vital importance not only because it is the whole theoretical basis of the present serum treatment but because these methods of investigation were then applied to a closely related organism—the meningococcus In a subsequent series of papers[4] these authors claim also to have demonstrated the existence of a meningococcus exotoxin the new serum treatment for *cerebro spinal fever to which these investigations have* led is already more familiar than the corresponding treatment for gonorrhoea In each case the chief item of evidence for the existence of an exotoxin in culture filtrates is that dilutions of these filtrates will produce skin reactions analogous to the Schick and Dick reactions which are prevented by immune serum The principal objection to accepting the exotoxin hypothesis is that *gonococci and meningococci are notoriously* subject to rapid autolysis and during the four days or more of growth which precedes filtration so much intracellular material must be liberated by actual lysis that the secretion of toxin by living cocci is simply incapable of proof Although in a sense this question is mainly of academic interest, it is deeply involved when we come to consider appropriate methods of titrating an antiserum Everyone interested in this matter is agreed that *it is in a highly unsatisfactory* position Should living meningococci be used in protection tests or suspensions of dead cocci or culture filtrates and by what route should they be administered in what animal? It may be observed here that Miller and Castles[5] have added another to possible methods of this kind by their observation that meningococci will multiply freely in the peritoneal cavity of mice if mucin is added to the inoculum and thus produce something more resembling a natural infection

These considerations may appear rather remote from the subject of Dr Anwyl-Davies's paper but they have in fact an important bearing on it His opinion of the clinical value of gonococcus antitoxin is decided and will command respect The wider adoption of this treatment or of the treatment of cerebro spinal fever with the same type of serum must lead to the production of these sera in other laboratories than those from which the present supplies have emanated and will demand as indeed all recognized forms of serum treatment demand that there shall be accepted standards of therapeutic activity and accepted methods of verifying them These standards and methods do not exist The effect of Dr Anwyl Davies's report may well be to stimulate a wider interest in this subject and to induce others to study the mechanism of the *results he has observed this is certainly a matter* calling for the services of a larger field of investigators than have so far been engaged in it

[1] *J Amer med Ass* 1932 98 532
[2] Ibid 1936 107 954
J Immunol 1931 21 233
[4] Ibid 1931 21 293 1932 28 315 1934 26 143
[5] *J Infec Dis* 1936 58 285

PROSTAGLANDIN AND VESIGLANDIN

The demonstration of the presence in various tissues of substances other than hormones with active pharmacological properties is now familiar The most recent addition to the list of active agents of this sort is that described in 1933 by M W Goldblatt[1] and about the same time by v Euler[3] The former detected it in human seminal plasma and the latter has lately demonstrated its presence in the secretion and extracts from the prostate and seminal vesicles of man It was possible to show that the substance, called "prostaglandin" by v Euler is distinct from all other known active principles extracted from tissues V Euler at first thought it was identical with the P substance extracted by himself and Gaddum from horse intestinal *muscle and brain tissue but more recently he agrees* that it is a hitherto undescribed substance The outstanding properties of this new agent are powerful depressor vasodilator stimulant to the smooth muscle *of the intestine and uterus Goldblatt showed that it* causes rhythmical contractions of the isolated seminal vesicle The substance appears to be acid in character and is soluble in water alcohol acetone and in certain conditions in ether and chloroform it is very stable at *p*H 1 to *p*H 7 but is readily destroyed by alkali and also by free halogen It produces a large and prolonged fall of blood pressure which is unaffected by paralysis of the parasympathetic nerves Its action on smooth muscle is unaffected by atropine, so that it must be regarded as acting directly on the muscle A similar substance was also demonstrated by v Euler in extracts of the seminal vesicles and semen of monkeys *he names it vesiglandin" and shows that* in quite definite respects it differs from prostaglandin—for example it is less stable in acids and alkalis and has relatively a very slight action on smooth muscle These pharmacologically active bodies exert their effects in very small quantities and appear to be specific to the genital accessory glands and the seminal fluid Both the above investigators failed to find the substance in other animals except the sheep (v Euler) The possible function of such a body in the mechanism of ejaculation suggests itself but its absence from the seminal fluid and glands of animals other than man and the sheep makes the problem difficult It is reasonable to suppose that local vasodilatation and

[1] *Chem Industr* 1933 52 1056
[2] *J Physiol* 1935 84 208
Ibid 1936 88 213

Patents and Designs Act of 1932 follows in the main the recommendations of the Departmental Committee, and makes no substantial change in the law so far as medical patents are concerned

During the course of its work on patents the Association endeavoured to make use of its representation on the Association Professionnelle Internationale des Médecins to test the feeling of the profession abroad on the subject It was known that in certain countries, including Germany, France and Switzerland, medical substances were not capable of protection by patent law, but a questionary was prepared by the B M A, for issue as one of the A P I M s regular inquiries, with the object of ascertaining the views of the various national medical associations The number of replies received was smaller than in any previous inquiry, and from the discussion at the annual meeting it was evident that the question had never received thorough consideration in other countries The associations were therefore requested to give the matter their attention, and after an interval of one year a short questionary was circulated asking for their opinions on the propriety of medical practitioners taking out patents for inventions and on the desirability of a system of dedicated patents Again the replies were not very helpful to the B M A, although more were submitted it was clear that no great interest was taken in the subject Six out of thirteen national medical associations considered that a medical practitioner should be permitted to patent his inventions, and only two countries—Great Britain and Luxemburg—expressed themselves in favour of dedicated patents The discussion at the following annual meeting showed that it would be impossible to find a common ground for agreement, and that the profession in this country must continue to frame its policy on the assumption that the abolition of medical patents by international agreement is impracticable

PROBLEMS IN PRACTICE

(These columns are devoted to matters of general interest on which individual members have sought the advice of the Head Office of the British Medical Association)

Professional Secrecy Examination and Consent *

Although a doctor is not entitled to divulge to a third party any information obtained by him in the course of his attendance upon a patient without the patient's knowledge and consent there are cases in which such consent must be understood to be implied, such as that of giving any information which a practitioner is expressly required to give under the provisions of any statute or by direction of a judge in the course of evidence in a court of justice Information given to insurance companies against whom patients may have claims would not fall under such a category Consent may be taken as implied in cases where medical history sheets are filled up by the medical officers in the various Services Difficulties sometimes arise in connexion with hospital work—for example, when a house surgeon who has rendered a report on a patient of the institution to an outside body is asked to give the committee of the institution access to the report This should not be granted unless the patient s specific consent has been obtained

Practitioners are sometimes asked to furnish reports as to the nature of a patient s illness, and as such reports are frequently required in the interests of the patient any professional difficulty that may arise may be got over by handing the report to the patient and leaving him to make what use of it he thinks fit If, however, the case is one in which the report must be sent direct—for example, to the Ministry of Pensions—the patient s consent should always be first obtained

In connexion with reports to insurance companies, etc it is the practitioner s duty simply to report the condition he finds, including the full nature of the disease, but he should avoid stating any opinion as to how the patient acquired the disease and should decline to report as to whether or not the disease was in his opinion due to the patient s misconduct He should be careful to avoid giving the patient grounds for an action for libel If the report is to contain anything condemnatory—for instance, a statement that the doctor thinks the patient is malingering or behaving fraudulently—the doctor should write the report personally and not dictate it to a secretary Although the doctor may write anything he sees fit, so long as it is true and he writes it in good faith, to persons entitled by their interest in the matter to receive his report, the privilege does not cover the defamatory matter if it is "published to some other person If the doctor prepares the report with his own hand and writes the word "Confidential" on the top and on the envelope he is secure, and if the report is afterwards seen by some unauthorized person the publication will be accidental and the doctor will not be open to an action In cases of life insurance examination the consent of the patient to the sending of the result of the medical examination to a third party (the insurance company) may be taken as implied

A practitioner should not examine a servant on behalf of an employer without the consent of the servant and without taking care, before the examination is made, to see that the servant understands quite clearly that the examination is being made on behalf of the employer, and that the results of the examination will be conveyed to the employer An examination on behalf of a third party without the consent of the person concerned might involve the practitioner in an action for damages No order to examine a person—for example, a prisoner—given by a magistrate, police officer, coroner, or other authority can relieve the medical practitioner of his personal liability, and if he acts under such an order without the patient s consent he does so at his own risk The practitioner must tell the person concerned that he has the right to refuse examination, and that if he consents the result of the examination may be used as evidence against him In the case of an examination of a child under age the consent of the parent must first be obtained, and the results of the examination may be disclosed to the parent No parent or other relative has any right to demand the result of a medical examination of a person of full age

The practitioner must bear in mind that the withholding of knowledge he has obtained in connexion with his professional relationships with his patient may prejudicially affect an innocent third party, and this being so he should do all in his power to induce the patient to disclose the information himself In certain circumstances the practitioner may consider it necessary, if the patient refuses his advice, to take the law into his own hands, but the consequences both of telling what he knows and of keeping silence must first of all be weighed in the balance Besides committing a breach of professional ethics the doctor who divulges professional confidence may also expose himself to an action for libel or slander if the matter which he divulges is defamatory

* Continued from p 70

that a considerable number of viruses can be cultivated on the developing egg but also that this new technique is available for accurate virus titration the detection of viral antibody in sera, and cross immunity experiments The chorio allantoic membrane can in fact replace the experimental animal almost entirely in the study of many viruses For much of this knowledge we are indebted to Dr F M Burnet Many of the papers published by him during the last two or three years have been devoted to this aspect of virus research and he now gives us the fruit of this extensive experience in a report to the Medical Research Council[1] Here will be found set out with admirable clarity the technical details of this method and information concerning the various human and animal viruses which can be grown and studied in this way Many of the observations published in this report have not appeared elsewhere thus adding considerably to its value The advantage of this new method is not merely that the egg is cheaper and less troublesome than using animals it does away with many defects inherent in the latter method No longer need the worker fear that the activation of dormant infections or the occurrence of cross infections will intervene to ruin his experiments, for the egg membrane technique is free from these defects Further as Burnet points out the egg can be employed for the production of bacteriologically sterile virus for immunization purposes already vaccinia virus grown by this method has been used for the vaccination of man And since these cells of the chorio allantoic membrane are susceptible to such a surprising variety of viruses it is perhaps not too optimistic to hope that the list will be extended to include some human viruses which have resisted transmission to animals and so very largely eluded study

PLAGUE IN PARIS

The history of plague, its epidemiology, and the discoveries in regard to its transmission upon which are based our measures of prevention make some of the most fascinating reading in medicine A hitherto unwritten chapter in the story of the disease by Joltrain (Medecin Inspecteur des Epidemies) has now been published[2] in which is given an account of the outbreak of plague in Paris towards the end of the war On December 3 1917, a child was admitted to Brettoneau Hospital suffering with an axillary bubo from which by gland puncture an organism morphologically identical with *B pestis* was recovered As no case of plague had been reported at the time (Paris had been immune from the disease for nearly 300 years) and as the patient died immediately afterwards no further investigations were carried out and the facts were not recalled until June 1920, when a similar case came under observation and the organism was definitely identified at the Pasteur Institute Joltrain was then placed in charge notification was put into effect arrangements for anti plague inoculation of all contacts instituted and a method of diagnosis by a fixation reaction devised Four foci were discovered in the suburbs lying to the north of Paris from west to east—Levallois Clichy Saint Ouen and Panin The total number of cases notified in 1920 was 106 in ninety one of which the diagnosis was confirmed Among fifty two cases treated with anti plague serum the mortality was 6 per cent among the untreated 80 per cent Those affected belonged for the most part to the very poor class miserably housed in rat infested quarters and employed in the rag and bone trade In the years 1921 1922 1923 and 1924 ten five, seven and eleven cases occurred respectively, with odd cases in the subsequent ten years but none in 1935 and 1936–7 That rat epizootic persists at the present time is almost certain though no infected animals have been found since 1934 In a footnote to the article a source of difficulty in this work is mentioned one which is not present in this country As soon as rats were caught in traps set down by the sanitary authority they were immediately taken and sold by the local inhabitants for three or four francs apiece to the "ratodromes' Few of our readers perhaps, are familiar with these rendezvous where one may back one's fancy among rat killing terriers The author appears to believe that the epidemic had origin in the escape of infected rats from a boat which arrived in the Seine near Paris from India having picked up a cargo of coal in England en route This suggestion however should be received with reserve the facts do not appear to warrant this belief

A DISCLAIMER

Various members who have communicated with the British Medical Association regarding approaches made to them by representatives of the Consolidated World Research Society have stated that such representatives informed them apparently as an inducement to them to purchase the *Consolidated Encyclopaedia* and to subscribe to the so called "research services,' that the society is recognized by the British Medical Association If the use of the word 'recognized" is intended to connote approved we desire to make it clear that there is no justification for this statement Moreover many members have informed the Association that they signed the society's contract in the belief that they were purchasing an encyclopaedia of medical knowledge Such is not the case indeed the society in one of its letters writes as follows 'We do not understand the comments contained in your letter and reply as the books themselves do not purport in any way to be medical or surgical In December last the Consolidated World Research Society Limited instituted proceedings against a medical man practising in Sussex claiming the sum of £18 said to be due under a contract signed by this doctor for the supply of the *Consolidated Encyclopaedia*' The conduct of the defence was assumed by the Medical Defence Union and a defence was filed repudiating liability on the ground that the defendant had been induced to enter into the contract by fraud and wilful misrepresentation by the plaintiffs' representative A few days before the date for the hearing notice was given on behalf of the plaintiff of the withdrawal of the claim We think it desirable that these facts should be brought to the knowledge of the profession

[1] Medical Research Council Special Report Series No 220 London 1937 H M Stationery Office
[2] *Bull Acad Med* Paris 1936 116 601

possibly another practitioner to the medical officer of health of the district in which the patient previously lived Dr Lissant Cox expresses the opinion that

'the efficiency of notification in England varies directly with the efficiency of the county council or county borough council scheme dealing with tuberculosis If there is really no comprehensive scheme if there are poor and newly qualified part-time and badly paid tuberculosis officers if there are insufficient means for expert diagnosis and too few beds for treatment, then a high proportion of non-notified fatal cases will be the rule and not the exception'

Dr Maitland Radford reporting to the St Pancras Borough Council finds that the reasons that the disease has not been notified before death are (1) sudden death of a person who has not consulted a doctor since tuberculosis developed, (2) sudden death of a person who has been notified elsewhere but has not consulted a doctor since arrival in the borough, (3) difficulty in diagnosis before death, (4) the doctor being under the erroneous impression that the case has been notified in the borough previously

Dr H Osborne, medical officer of health for the city of Salford, in his annual report for the year 1935 deals not only with the point of non-notification, but also with the somewhat related case of notification only a short time before death

'The fact that many cases of pulmonary tuberculosis reach a comparatively advanced stage before notification is very often due to the late period at which the patient seeks the advice of the general practitioner It is a remarkable fact that pulmonary tuberculosis can reach widespread distribution in the lungs without producing symptoms sufficiently striking to cause the person affected to seek advice, and it is often difficult to make patients and their friends believe that serious disease is present in the chest Improvement in this respect can only be brought about by propaganda work and all opportunities are taken by tuberculosis officers to give lectures and talks to various local organizations and by window displays at the health office to bring before the public a knowledge of the early signs of tuberculosis At the same time it cannot be too strongly emphasized that inadequate medical examination when a patient consults his doctor is bound to result in failure to recognize tuberculosis at an early or curable stage It is pleasing to note that the percentage of cases of pulmonary tuberculosis not notified before death is gradually decreasing from year to year It is regretted that the percentage of fatal cases notified within three months of death during the past year shows an increase on the previous years figures There is reason to believe that some patients in a superior social position do not wish the fact that they are suffering from tuberculosis to be known to the public authorities From time to time efforts are made to bring to the notice of medical practitioners of the city that it is their statutory duty under the Public Health Regulations to notify all cases as soon as they come to their notice

With regard to the point that some patients do not wish the disease notified so as to avoid being brought within the sphere of the activities of the local health authorities, it should be appreciated that it is not uncommon for the notifying practitioner to endorse his notification "for statistical purposes" or with something similar, which will result in no steps being taken by the officers of the health authority before consultation with the notifying practitioner

Public Health Medical Service

The following changes have recently been made in the public health medical service staffs

Dr S I Ballard to be assistant medical officer for mental hospital services in the Isle of Man

Dr J M Watt, medical officer of health for Shipley to be medical officer of health and school medical officer for Kiveton Park Rural District Council and Rotherham Rural District Council

Dr C H Hosben medical officer of health for Swinton and Pendlebury, Lancashire to be medical officer of health for *Tottenham*

Dr W G Patterson, medical officer of health for Barnsley to be deputy medical officer of health for Surrey County Council

Dr S G Gibson, medical officer of health for Launceston has resigned

INSURANCE MEDICAL SERVICE WEEK BY WEEK

Secretary to the Department of Health for Scotland

Mr W S Douglas, who succeeds Mr John E Highton as Secretary to the Department of Health for Scotland (Mr Highton has been appointed Permanent Under Secretary of State for Scotland in succession to Sir John Jeffrey, retired) is a newcomer to national health insurance He brings to Edinburgh, however, a sound judgement and wide experience, and an engaging personality which should be very acceptable to the practitioners and others engaged in national health insurance with whom he will come into contact

Medical Benefit for Workers under 16

A Scottish note on this question appears in the February issue of the *Journal of the National Association of Clerks to Insurance Committees* It is as follows

'Dame Rumour is abroad It is known that immediate legislation is pending whereby boys and girls under 16 years of age who have left school and entered insurable employment will be brought within the existing scheme of national insurance particularly in so far as medical benefit is concerned The difficulty that is meanwhile facing interested parties is to determine the scale of payments to be made to doctors for the treatment which they will be called upon to give to those newcomers Negotiations have already been proceeding between representatives of the medical profession and the central authorities responsible for the financial conditions applicable to these youthful workers A regrettable amount of secrecy prevails with regard to the negotiations The B M A representing the medical practitioners side of the discussion, has lifted the veil of secret diplomacy to some extent but the Government negotiators are still maintaining a sphinx-like silence as to their side of the financial problems involved

In many respects the conditions prevailing resemble the somewhat hectic atmosphere that preceded the advent of national insurance medical benefit in 1912 The scale of capitation fee to be paid to doctors for the treatment which they will be called upon to provide for the industrial recruits under 16 years of age is understood to be the chief bone of contention Are doctors to be paid the same capitation fee for the insured minors as they are meanwhile receiving for insured persons of all ages? The doctors through their formidable official organization plead that the work they will be called upon to do for the new class of insured patients will be at least as deserving of a capitation fee of 9s each patient per annum as for existing insured adults The rival contention is that in certain respects work will not be so onerous as doctors are called upon to perform meantime It is pointed out for instance, that they will not be called upon to issue certificates for their younger patients, and that children between the ages of 14 and 16 do not usually require the same amount of medical attention as their elders So the ancient game of battledore and shuttlecock proceeds merrily

changing into a man which produced in her a state of terror There may be a lack of modesty, a masculine outlook an indifference to or a complete loss of sexual desire and in a few deviation of the sexual instinct to homosexuality

There may be acneiform eruptions, and, rarely, greyish spots of pigmentation on the forehead axillae and back An abdominal mass may sometimes be palpable in those cases associated with a tumour It is unusual to find metastases, but when they occur they are situated in the bones lungs and liver Occasionally there is osteo porosis There may be vascular hypertension, hyper glycaemia, and glycosuria The basal metabolic rate, which varies considerably, is often slightly increased

AFTER THE MENOPAUSE

The clinical picture in these cases is not so well marked, as hirsuties may be absent Obesity is common in most patients, who occasionally suffer from menorrhagia.

Diagnosis

A palpable tumour in the renal region is good evidence that the disturbance is of adrenal origin, in many cases, however, no such sign is present Recently a method of demonstrating the suprarenals by x rays has been devised Air is introduced into the perirenal fascia and its position observed by means of an x ray film The mass of air is then forced by manual pressure into the tissues surrounding the suprarenals The best results are obtained by an x ray film taken eighteen to twenty four hours later By this means suprarenal enlargement may in some cases be detected Another method is to determine the position of the kidneys by x ray examination after intravenous uroselectan

The diagnosis of precocious puberty as a manifestation of the adreno genital syndrome may be difficult in the absence of a palpable adrenal tumour, and the condition must be differentiated from those cases associated with pineal tumour lesions in the region of the hypothalamus and mid-brain, ovarian granulosa cell tumour, and testicular tumour, all of which are extremely rare In girls a reversion to the masculine form, hirsuties, and amenorrhoea are in favour of an adrenal origin Pineal tumours are not as a rule associated with virilism and occur in boys whereas adrenal virilism is commoner in girls In addition to increased skeletal growth precocious development of the external genitals, and obesity pineal tumours may give rise to such disturbances as somnolence psycho logical changes, deafness, blindness, ocular palsies, and symptoms and signs of increased intracranial pressure Localizing signs may also be present in cases of tumour in the region of the hypothalamus and third ventricle Granulosa-cell tumours, which arise from granulosa cell rests in the ovary, have a feminizing influence They are generally unilateral, vary considerably in size and usually occur in elderly women, in whom they cause uterine bleeding In the few cases which have been described in children they produce a precocity characterized by increase in skeletal growth, premature development of the feminine form, premature growth of the mammary glands external genitals, and uterus, and periodic uterine bleeding The precocious appearance of axillary and pubic hair has also been observed It must be noted that in the false precocity of the adreno genital syndrome premature development of the mammary glands and uterine bleeding are rare features

When the obese type of the adreno genital syndrome appears in adults the most important condition from which it has to be distinguished, if this be possible, is Cushing's syndrome a pluriglandular disturbance ascribed by Cushing to an increase of the basophil cells of the anterior pituitary with secondary adenomatous or hyperplastic changes in the suprarenal cortex The group of cases of pluriglandular disease described by Achard and Thiers as 'diabetes of bearded women, and characterized by hirsuties, obesity amenorrhoea, hypertension, cutaneous striae, and glycosuria, have features similar to those of Cushing's syndrome In the cases that came to necropsy pituitary or adrenal tumours were found it is disputed whether such cases should be considered examples of Cushing's syndrome or are types of the adreno genital syndrome Cases of the adreno genital syndrome have been described which were practically identical with Cushing's syndrome and in which at necropsy an adenoma of the adrenal cortex was found and no increase in the basophil cells of the anterior pituitary Langdon Brown, two years before Cushing described his syndrome, remarked on the similarity of the signs produced by lesions of the anterior pituitary and the adrenal cortex Clinically, and even patho logically it may be impossible to reach a definite conclusion

Masculinization is also caused by the rare ovarian tumour termed "arrhenoblastoma,' which arises from undifferentiated cells in the rete ovarii and has the structure of testicular tubules In women with this tumour menstruation ceases and the breasts atrophy there is a considerable growth of hair on the face and sometimes on the chest, abdomen and extremities the clitoris enlarges the voice may become deeper, and the configuration of the body approaches the masculine type

Treatment

Laparotomy should be performed and if a suprarenal tumour is found it should be removed When a tumour is not found Broster removes the larger suprarenal with good results in post pubertal virilism Within a few days of the operation the excessive hair begins to be shed and can be pulled out with little or no pain The mental outlook changes to the feminine type the breasts develop, and normal menstruation returns The results in pre pubertal cases are disappointing probably because the changes are more fundamental and long standing Some patients with precocious puberty however have improved after the operation—hair growth has become normal the obesity has diminished, and the body has assumed more childlike form but in a recent case of precocity in a boy of 5 the external genitals did not diminish in size

Medullary Tumours

Phaeochromocytoma (Hyperchromaffinism)—This form of tumour which is somewhat rare is usually not malignant, and consists of highly differentiated chromaffin cells which secrete adrenaline or some allied compound About half of the cases are associated with paroxysmal or continuous hypertension A paroxysmal hypertensive attack is characterized by the sudden onset of dyspnoea tachycardia headache pallor and a feeling of constric tion about the heart and epigastrium often accompanied by nausea vomiting and apprehension There may be glycosuria and hyperglycaemia Pulmonary oedema may occur and coma due to hypertensive encephalopathy Sudden death has been reported in some instances At the height of an attack there may be a sudden fall of blood pressure which is accompanied by flushing of the face, contraction of the pupils profuse sweating and salivation A tumour may be palpable in the renal region or displacement of the kidney by a tumour mass may be

SUPPLEMENTARY RESERVE OF OFFICERS ROYAL ARMY MEDICAL CORPS

L H Leiman to be Lieutenant

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

The date of promotion to Major of Major and Brevet Lieut.-Colonel A Topping T D, is May 6, 1932, and not as notified in the *London Gazette* of October 14 1932

Captain W L Kinnear to be Major

Lieutenants T Senger and I L Cowan to be Captains

To be Lieutenants W Graham, late Officer Cadet Sergeant, Queen's University, Belfast Contingent Senior Division O T C, B Crosthwaite, J S Miller G F O'Connor, late Under Officer, Beaumont College (Old Windsor) Contingent Junior Division O T C

INDIAN MEDICAL SERVICE

The services of Lieut.-Colonel F A Barker, O B E, have been replaced at the disposal of the Government of the Punjab

Lieut.-Colonel G Covell officiating Director, Malaria Survey of India, on foreign service under the Indian Research Fund Association has been granted leave and his services are replaced at the disposal of the Director General Indian Medical Service as from the date on which he proceeds on leave

Majors H Williamson O B E and N M P Dotiwala, M C to be Lieutenant-Colonels

The promotion of Major R A Wesson to his present rank has been antedated to April 30 1935 He qualified for accelerated promotion on September 7, 1936

Major H W Mulligan officiating Assistant Director Central Research Institute Kasauli has been placed on foreign service under the Indian Research Fund Association to officiate as Director Malaria Survey of India

Captain W Scott to be Major

Captain E A O'Connor has been temporarily employed to officiate as an Agency Surgeon as from October 22 1936 and has been posted to the North West Frontier Province

The services of Captain S T Davies have been placed temporarily at the disposal of the Government of Madras, as from December 2 1936

The services of Captain F W Allinson have been placed temporarily at the disposal of the Government of Bengal as from November 13, 1936

Lieutenants (on probation) to be Captains (on probation) V D Gordon B de Burca, D R Nicol J Morgan G R C Palmer A C Taylor J Revens T Sommerville, and L M Kelly

To be Lieutenants (on probation) M C L Smith W Lunnie, B M Wheeler A H W Mitchell C H Bliss B J Dorin (seconded) R B Davis F MacD Byrn (seconded) J H Cater, and J D Munroe (seconded)

COLONIAL MEDICAL SERVICE

The following appointments are announced W C B Harrison, L R C P and S I D P H Medical Officer Northern Rhodesia P W Hutton M B B Ch Medical Officer, Uganda H R Morrison M B Ch B D P H Medical Officer, Kenya H S Rassim M R C S L R C P, Medical Officer British Honduras, P C Murray M D Medical Officer Jamaica E J Blackaby, M R C S L R C P D T M and H Medical Officer Zanzibar W C Davidson, M B Ch B Pathologist Nigeria G Kinnear M D Senior Medical Officer Falkland Islands V J G Macgregor M B Ch B Medical Officer, Gold Coast Cicely D Williams M B Ch B Medical Officer Malayan Medical Service

DANGEROUS DRUGS ACTS WITHDRAWAL OF AUTHORITY

The Home Secretary gives notice that he has withdrawn from Philip George Bainbridge L R C P L R C S Ed L R F P S Glas of Wolverhampton whose registered address is Condover Codsall Road Tettenhall Staffs the authority granted by the Regulations made under the Dangerous Drugs Act 1920 to duly qualified medical practitioners to be in possession of and to supply raw opium coca leaves and Indian hemp and the drugs and preparations to which Part III of the Act applies and has also directed that it shall not be lawful for Dr Bainbridge to give prescriptions for the purposes of the Dangerous Drugs (Consolidation) Regulations 1928 Any person supplying Dr Bainbridge with raw opium coca leaves or Indian hemp or any of the drugs or preparations to which Part III of the Act applies or any person supplying the drugs on a prescription signed by Dr Bainbridge will be committing an offence against the Acts

The Minister of Health has decided that Mr Thomas Louis Callander of London is no longer to be regarded as unsuitable for service in connexion with dental benefit under the National Health Insurance Act 1936

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W C 1

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Irish Free State Medical Union (I M A and B M A) 18, Kildare Street, Dublin (Telegrams Bacillus, Dublin Tel 62550 Dublin)

Diary of Central Meetings

FEBRUARY

12	Fri	Public Medical Services Subcommittee, 2 p m
17	Wed	Health Services Committee, 2 p m
18	Thurs	Radiologists Group Committee, 2 30 p m
19	Fri	Journal Board, 11 30 a m
		Physical Medicine Group Committee, 2 30 p m
20	Sat	Pathologists Group Committee, 9 30 a m
23	Tues	Library Subcommittee, 2 30 p m
24	Wed	Police Surgeons Subcommittee 2 p m
25	Thurs	Joint Committee of B M A and T U C, 2 15 p m

MARCH

5	Fri	Science Committee 2 p m

Medical Charities

The following subscriptions and donations were received by the B M A Charities Trust during the period October 1 to December 31, 1936 for allocation to medical charities at the discretion of the Trustees of the Fund (the Council of the Association)

£96 13s—East Norfolk Division

£65 2s 6d—*Book of Bournemouth* proceeds, per Mr A S Hillyard

£50—Dorset Local Medical and Panel Committee

£40—Eastbourne Division (proceeds of dance)

£25—Lines (Holland) Panel Committee

£21—Bedfordshire Panel Committee

£12 10s 1d—Balance of B M A Conference, Bournemouth, per Mr A S Hillyard

£5 5s—R O Eades, A B Rooke, C F Williamson

£4 12s 4d—Plymouth Division

£3 3s—G H Batterbury and Partners, Col H Burden

£2 9s—Hyde Division

£2 7s 3d—P Macdonald

£2 2s—H Allport, Anonymous, D B Cama, T A Clarke Gateshead Local Medical and Panel Committee, E D Grainger Col G T Langridge N MacGillicuddy, Col W O S Murphy E B Randall M B Scott, W Stewart, G H H Waylen

£2—G F Leicester

£1 5s 5d—Blyth Division (proceeds of annual dinner)

£1 4s—H F Wilson

£1 1s—E Allan K M Andrew, H W Bambridge, H L Barker H A Bell E C Bowden, A Boyes, E Braithwaite F W Broderick, T D Brown, D Bunting A J Caird R S Caldwell O C Carter C P Charles, H W Clarke, A A Cockayne C G Conn, H Cookson, J A Cross K Daniels N S Dan S Devine J L Dooly, D C Edington F H Edwards R V Facey H Farncombe, R Fletcher, A P Ford, D W Fryer C L Gautier Smith J W Gilbert, B C Gowan, B Graves J Grey F T Grey, C W Hall Smith S W Hanbury, N H R Hatfield K M Henderson R G Henderson, G M Herriott, F R Hodge E A Johnstone, T Kirsopp E Kyle, M E Leicester D G Litherland T G Longstaff, D Laughlin W B McCall M MacEwen J B McGranahan N Mackeith A G R Macpherson W Magill, H C Male, J Milligan, J J Milne P Montgomery, A K Morgan H B T Morgin, J E Mulholland D Myles J W Nankivell J McR S Nicol, F J Nolan, V P Norman D J O'Connor, D Odlum, J O'Hara J B D Oliver R A Parkhill W H Pope G F Randall J A Read R H Reid W S Richardson, T Robson N Ross Smith M Scott, H M Shenkin J S Smith A C Smyth C Squeers A Stables A J Steyn, F R Sturridge, T Taylor J Thomarson, H Vickers I P Vickery, J Wire M M Wickham K J T Wilson, W J H Wood

£1—E S Bowes J M M Heron, W C Hodges, A C Ingram, D J M Legge, M Nicholson

equipped for general gynaecological work or as a place for the treatment of sick women But if they were the result might be that their preventive functions would be impaired by being mixed up with work which usually needed the resources of a hospital for its adequate performance He did not therefore think that in ordinary circumstances it was desirable that a gynaecological clinic should be established at a maternity and child welfare centre, though he recognized that some local authorities with their knowledge of local conditions might feel justified in taking a different course

Report Awaited

With regard to the encouragement of further gynaecological clinics Sir Kingsley Wood said he hoped shortly to receive the report of the last two years investigation into the problem of maternal mortality He had little doubt that one of its most important recommendations would relate to the need for an extension of post natal clinics At these clinics facilities would be available for medical examination and certain minor forms of treatment for women who had recently been confined, and birth control advice could lawfully be given there to any such woman in whose case pregnancy would be detrimental to health, but it was desirable that such advice should be given at a separate session The establishment of post-natal clinics would no doubt show the need in many areas for providing gynaecological clinics for the treatment of disabilities and diseases which were discovered at the post-natal clinics and which could not be adequately treated there These gynaecological clinics must be provided under the Public Health Acts, and they would be available for any woman suffering from gynaecological conditions and birth control advice could lawfully be given at such clinics to any woman for whom pregnancy would be detrimental to health He thought that the most suitable place for a gynaecological clinic was a women's hospital or a general hospital, but he would carefully consider all that the deputation had said and what should be included in the circular to local authorities following the recent investigation into maternal mortality, and particularly on the need of gynaecological clinics to supplement the work undertaken at post natal clinics

With regard to the subject of abortion he had no doubt the report on maternal mortality would deal with this question and he would have to consider what action was desirable in the light of the report

THE MEDICAL ILLUSTRATOR

AN ALLIANCE OF ART AND MEDICINE

The article printed below has been written by a professionally trained technical artist in London

The anatomical illustration of medical subjects has a history that reaches from pictorial antiquity up to the present day It ran parallel with some of the oldest manuscripts, and, like them developed laboriously out of necessity for a clearer representation of facts The rudiments of this art lay either in the hands of a draughtsman who knew nothing of the actual subject or in those of an anatomist who had no feeling or power of artistic expression As long as these two did not see eye to eye the result was disastrous In the former case the drawings though pleasing to look at, were often utterly misleading, in the latter case the forms depicted were not only ugly but incomprehensible to all save the author, who tried to overcome his handicap by lengthy text descriptions Examples are to be seen of course in any of the earlier medical books

At the end of the fifteenth century when the curiosity and attention of the artists awakened to form they sought the solution of their problems in a close observation of nature, and were compelled to perform dissections of domestic animals and the human body Medical men, seeing the work of the artists, were urged to more careful and accurate study, they became forced to trust their own interpretations and break away from the Galenical traditions which had enslaved them for three centuries Vesalius, the father of present day anatomy employed Jan Van Kalkar (a skilled artist and a pupil of Titian) and by constant supervision directing the eye the hand, and the intelligence of the artist, a pleasant union of the two subjects was formed

A Twofold Field

It has taken the medical profession centuries to realize the obvious fact that skill and knowledge in this dual field of illustration should not be separated the one must be animated by the other, and the two harmoniously combined Even to day this has not been fully appreciated In England and France throughout the great hospitals, clinics and medical schools there are very few professionally trained technical illustrators apparently their necessity is not admitted and on looking through the periodicals one might surely wonder why such crude figures have been introduced at all Germany appears first to have realized the advantage of such artists, its medical books hold high place for though many practitioners may have difficulty with the text the pictures are so graphic and precise that they are self explanatory America stands on a par with Germany and many of its books published during the last thirty years are beautifully and clearly illustrated We are not here criticizing the excellent figures in purely anatomical textbooks so much as those of the modern wider world of clinical books and articles, though the complete artist must be capable of handling both specialties

Photography has invaded this field to a certain extent, but the camera, even in competent hands, can only reproduce what is exactly placed before it It cannot repair an artefact or reconstruct a whole specimen where a section has been removed for pathological analysis, it has not the power of intelligent selection or elimination of unessential points nor can it explain a mechanical change of events in the way that an artist can by a well-planned diagram Likewise, photographs of soft post-mortem tissues are seldom satisfactory such specimens can best be illustrated by a reconstructed drawing Further, when it is not possible to photograph an actual subject, a drawing can show the variations which may occur in one disease and help to distinguish it from another giving a somewhat similar appearance

Special Training and Experience Needed

To day this special profession of medical art is becoming more practised The training is long and arduous it requires infinite patience and an inquiring mind The art student must have drawn from life to the stage where he has mastered an understanding of the form and means of expression then he must spend a long period of time in the study of the human body under the direction of a competent anatomist and make careful drawings from dissections prepared by himself He must be familiar with the normal body first, and then the picture presented by the abnormal or diseased and be able to recognize the gross changes so wrought and distinguish the subtle changes that differentiate one disease from another His training must include the reading of tissue preparations under the microscope histological as well as pathological and he must know their appearance so well that he can recognize and reconstruct an artefact With experience he can interpret the views he sees through the different scopes when examining the retina the bronchial tubes the ear drum etc He needs a knowledge of surgical technique in order to be able to sketch quickly and make note of what is done during operations he must know and abide by the strict rules of asepsis that are law in an operating theatre His visual memory must be trained to observe and accurately record minute detail and reproduce slavishly even the texture of what he sees His work

based upon early experience Sometimes much could be learned from the mere recital of experiences remembered by the patient, these might suitably engage the attention of the family doctor But often the pattern of childhood was influenced by a memory or memories unremembered by the patient and these would require more technical treatment Examples of fear guilt, and inferiority in early childhood were quoted, with special reference to lactation trauma, masturbation and illegitimacy

The contrast between resultant and purposive neuroses was stressed and illustrated There followed in conclusion a brief formulation of hysteria and anxiety

On the motion of DR FERGUS R FERGUSON seconded by DR R G MCGOWAN a vote of thanks was accorded DR Crichton Miller

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION

A joint meeting of the Preston Division and the Preston Medico Ethical Society was held at Preston Royal Infirmary on January 12 when Professor HENRY COHEN (Liverpool) delivered a lecture on Parkinsonism A lively discussion followed

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION

At a meeting of the North Northumberland Division held at Belford on January 20 DR F J NATTRASS (Newcastle-upon-Tyne) gave an instructive address on Points in the Diagnosis of Spinal Diseases

POST-GRADUATE NEWS

The Fellowship of Medicine announces the following surgical tutorial classes at National Temperance Hospital at 8.30 p.m., on Tuesdays and Thursdays February 16 neck February 18 skull and brain February 23 liver spleen and pancreas February 25 large intestine and rectum A special course for the primary F.R.C.S. examination will be given at Infants Hospital on Mondays Wednesdays and Fridays from February 22 to May 24 A general practitioners course in medicine surgery and gynaecology will be given at Royal Waterloo Hospital from February 22 to March 6 A week-end course will be given at Princess Elizabeth of York Hospital for Children February 20 and 21 Other courses will be given as follows proctology at St Mark's Hospital March 1 to 6 orthopaedics at Royal National Orthopaedic Hospital March 8 to 20 clinical and pathological course, at National Temperance Hospital Tuesdays and Thursdays at 8 p.m. February 16 to March 14 chest diseases at Brompton Hospital twice weekly at 5 p.m. February 22 to March 20 heart and lung diseases at Royal Chest Hospital, Mondays, Wednesdays and Fridays at 8 p.m., March 1 to 20, neurology, at West End Hospital for Nervous Diseases, March 8 to 20

A three-months course in clinical practice and hospital administration will be given at the Brook Hospital Shooter's Hill S.E. by Dr J. V. Armstrong on Mondays and Wednesdays at 10 a.m. and alternate Saturdays at a time to be arranged beginning April 5 It is intended for those studying for the D.P.H. and complies with the requirements of the General Medical Council's revised regulations which came into force on October 1 1931 A course may, however be taken under the previous regulations for £4 4s The fee (£3 13s 6d.) should be paid to the medical officer of health, L.C.C. Public Health Department (Special Hospitals), County Hall S.E.1

A series of post graduate lectures by members of the hospital staff began at the Hampstead General and North West London Hospital on January 27 The lectures will be continued on Wednesdays at 4 p.m. until March 31 Details will appear in the post graduate diary column in the *Supplement* week by week

A series of lectures by members of the hospital staff began at the National Hospital for Diseases of the Heart, Westmoreland Street W. on February 2 and will be continued on Tuesdays at 5.30 p.m. until April 27 The lectures are free to all medical practitioners and senior students and no tickets of admission are required Details will be published weekly in the post graduate diary column of the *Supplement*

The Berliner Akademie fur ärztliche Fortbildung the successor of the Dozentenvereinigung fur ärztliche Fortbildung in Berlin is holding the following international medical post graduate courses internal medicine with special reference to clinics, February 22 to March 6 (fee, RM.75), additional training course for surgeons, April 5 to 10 (fee, RM.70) fourth additional course in occupational diseases, April 5 to 10 (fee, RM.50) special course in urology, April 12 to 17 (fee RM.60), alimentation of man in health and sickness April 12 to 17 (fee, RM.50), important developments in x-ray diagnostics and ray therapy, April 16 to 23 (fee, RM.60) additional course in orthopaedics April 19 to 24 (fee, RM.60) course on tuberculosis in the Berlin Municipal Hospital for Tuberculosis Waldhaus Charlottenburg, May 3 to 8 (fee RM.50) Special courses in all branches of medicine with practical work at the bedside and in the laboratory are held every month In these courses special value is attached to practical work theoretical post-graduate training occupies a secondary position, but is of course not neglected The first eight courses will be held in German and the special courses also in foreign languages For programmes and further information apply to the Geschäftsstelle der Berliner Akademie für ärztliche Fortbildung Berlin N.W.7, Robert Koch Platz 7 (Kaiserin Friedrich Haus) Foreign doctors and German doctors resident abroad are granted a reduction of fare of 60 per cent on the German railways, a foreign doctor can reduce the cost of his stay considerably by utilizing what are called registered marks; it is advisable to arrange matters with the local bank before starting

WEEKLY POST-GRADUATE DIARY

BRITISH POST GRADUATE MEDICAL SCHOOL, Ducane Road W.—*Daily* 10 a.m. to 4 p.m., Medical Clinics Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics or Operations *Mon* 2.30 p.m., Dr. H. Maclean Nephritis and Allied Conditions *Tues* 2 p.m. Dr. Janet Vaughan Pregnancy Diagnosis *Wed* 12 noon, Clinical and Pathological Conference (Medical), 2.30 p.m. Clinical and Pathological Conference (Surgical) 4.30 p.m., Dr. A. S. Parkes Experimental Endocrinology *Thurs* 12 noon, Clinical and Pathological Conference (Obstetrics and Gynaecology), 2.30 p.m. Mr. A. A. Henry Radiological Demonstration, 3.30 p.m. Demonstrations on the Cadaver of Surgical Exposures, 3.30 p.m. Prof. E. C. Dodds The Female Sex Hormones *Fri* 2 p.m. Operative Obstetrics, 2.30 p.m., Department of Gynaecology, Pathological Fractures 3 p.m., Department of Gynaecology, Pathological Demonstration

FELLOWSHIP OF MEDICINE AND POST GRADUATE MEDICAL ASSOCIATION 1, Wimpole Street, W.—*St. John's Hospital* 5, Lisle Street W.C. Afternoon Course in Dermatology *Chelsea Hospital for Women* Arthur Street S.W. All day Course in Gynecology *National Temperance Hospital* Hampstead Road N.W. Tues and Thurs, 8 p.m., M.R.C.P. Clinical and Pathological Course Surgical Tutorial Classes—Tues 8.30 p.m. Mr. A. Dickson Wright Neck Thurs 8.30 p.m. Mr. R. J. McNeill Love Skull and Brain *Princess Elizabeth of York Hospital* Shaftesbury Sat and Sun., Course in Children's Diseases

CENTRAL LONDON THROAT NOSE AND EAR HOSPITAL Gray's Inn Road W.C.—*Fri* 4 p.m. Mr. C. Gill Carey Simple and Malignant Growths of the Larynx

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL—*Wed* 4 p.m. Dr. H. M. Oddy, The Significance of Cough in Children

HOSPITAL FOR SICK CHILDREN Great Ormond Street W.C.—*Thurs* 2 p.m. Clinical Lecture Mr. Denis Browne Preputial Operation for Undescended Testis? 3 p.m., Browne Pregnyl or Lecture Dr. Wilfrid Sheldon Treatment of Rheumatic Conditions Out patient Clinics mornings 10 a.m. to 12 noon Ward Visits afternoons, 2 p.m. to 3.30 p.m.

INSTITUTE OF MEDICAL PSYCHOLOGY Mallet Place W.C.—*Mon* 5.45 p.m., Dr. H. V. Dicks Sex Perversions *Wed* 6 p.m. Dr. A. Maberly Case M. C. Luff Home Conditions, 7 p.m. Dr. A. Maberly Psychoneurotic Histories *Thurs* 5.45 p.m. Dr. T. W. Mitchell Psychoneurotic

LONDON SCHOOL OF DERMATOLOGY 5 Lisle Street W.C.—*Tues* 5 p.m., Dr. H. Corsi Diseases of the Nails *Wed* 5 p.m. Dr. I. Muende Histopathology of Some Common Skin Diseases

NATIONAL HOSPITAL Queen Square W.C.—*Mon* to *Fri* 2 p.m. Out-patient Clinics *Mon* 3.30 p.m. Dr. C. P. Symonds Cerebral Tumours *Tues* 3.30 p.m. Dr. F. A. Cumchiel Polyneuritis *Wed* 3.30 p.m. Dr. S. A. Kinnier Wilson Clinical Demonstration *Thurs* 3.30 p.m. Dr. Carmichael Subacute Combined Degeneration of the Cord *Fri* 3.30 p.m., Dr. D. I. Denny Brown The Motor Cortex

NATIONAL HOSPITAL FOR DISEASES OF THE HEART Westmoreland Street W. *Tues* 5.30 p.m. Dr. John Parkinson, Radiology of the Aorta

ST. JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE Ranelagh Road S.W.—*Fri* 4.30 p.m. Dr. Albert Fidinow Technique of Treatment by Local and General Ultra-violet Irradiation of the Skin in the Rheumatic Diseases

ST. MARY'S HOSPITAL MEDICAL SCHOOL—*Tues* 5.30 p.m. Prof. E. D. Telford Some Disorders of the Peripheral Circulation

SOUTH WEST LONDON POST GRADUATE ASSOCIATION St. James's Hospital Ouseley Road, S.W.—*Wed* 4 p.m. Mr. Ramsford Mowlem, Some Common Cases Treated by Plastic Surgery

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
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NOTES OF THE WEEK

Cancer Investigations and Professional Secrecy

Medical officers of health in various parts of the country have recently issued to practitioners in their areas a questionary concerning the medical histories of patients whose deaths from cancer have been notified A request for advice as to the propriety of completing such a questionary has been considered by the Central Ethical Committee of the B M A The view of the Committee is that provided professional secrecy is maintained there is no objection to a practitioner supplying the information requested The Committee considers it desirable that the practitioner should ask the relatives of the deceased patient if they have any objection to the information being given and that the patient should be referred to in the questionary by an identification number and not by name

Municipal Midwifery Services

Schemes for municipal midwifery services have been prepared by the local authorities for Smethwick Edmonton, Tottenham and Barking The Edmonton scheme provides for ante natal examinations by a doctor chosen by the patient It is proposed that the doctor selected shall make seven ante natal examinations at an inclusive fee of one guinea which shall be paid by the patient or if the patient is unable to pay by the council If however, the number of ante natal examinations is four or less a fee of 5s for each examination is suggested Medical practitioners will have free access to the council's ante natal clinic so far as their own patients are concerned The Tottenham scheme also provides for ante natal examinations by a doctor selected by the patient and it is suggested that midwives should persuade their patients to seek both ante natal and post natal examinations either at one of the municipal clinics or by the medical practitioner who may be expected to be summoned in the event of the midwife requiring medical assistance at the confinement The Smethwick Borough Council has appointed seven midwives and a senior midwife who will exercise clinical supervision over the others Salaries for midwives are to be arranged in two scales one for midwives who are both State registered nurses and State registered midwives and the other for those who are certificated as midwives only The scheme provides for ante natal and post natal examinations to be performed either in the patient's home or at the council's clinics It is noted that 90 per cent of the expectant mothers in the borough already attend the council's ante natal clinic

The Journal of the A M A

The *Journal of the American Medical Association* since the first issue of 1937 has included a special section which will serve a purpose similar to that of the *Supplement* to the *British Medical Journal* This regular section supersedes the monthly bulletin previously issued to Fellows of the Association and it will include articles dealing with the organizational economic business and social aspects of medical practice reports of the activities of the American Medical Association and the Woman's Auxiliary and notices of official meetings

Fees for Diphtheria Immunization

As a result of representations made by the Northern Ireland Branch of the B M A the honorary secretary has received a letter from the Minister for Home Affairs stating that a circular is to be issued to local authorities recommending the payment of a fee of 2s 6d per injection instead of 2s 6d per case to doctors performing diphtheria immunization As two injections in each case have been recommended the new arrangement represents a total payment of 5s per case

Melbourne Chess Cup

Mr W McAdam Eccles is acting as honorary chess secretary for the Metropolitan Counties Branch and members of the Branch who are interested in this competition are asked to communicate direct with Mr McAdam Eccles *not later than February* 22 at 104 Bryanston Court London W 1

Dr D Rocyn Jones medical officer of health for Monmouthshire has been presented by the local committee for maternity and child welfare and the blind with a framed portrait of himself as an expression of appreciation of his sympathetic interest in the committee's work

Dr J C Sykes whose family has carried on practice at Gomersal, Leeds for a hundred years has retired

KING'S LYNN WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL—H P Salary £125 p a

LEEDS MATERNITY HOSPITAL AND HOSPITAL FOR WOMEN—Joint Pathologist Salary £600 p a

LEICESTER ROYAL INFIRMARY—(1) Resident Anaesthetists Salaries £150 £250 p a each (2) H S s (3) H P s (4) C O's Salaries £125 p a each

LIVERPOOL CITY—A M O (female) Salary £500 £25 £700 p a

LIVERPOOL COUNTY BOROUGH—(1) Junior Assistant School M O for Aural Work (2) Junior Assistant School M O Salaries £500 £25 £700 p a

LONDON COUNTY COUNCIL—A M O s (Grade II) for (*a*) Bethnal Green Hospital, E (two positions), (*b*) Lambeth Hospital, S E, (*c*) Norwood Hospital for Children, S E, (*d*) Queen Mary's Hospital Sidcup (two positions) (*e*) St Andrew's Hospital, E, (*f*) St Giles Hospital S E, (*g*) St James Hospital, S W, (*h*) St Mary, Islington Hospital, N, (*i*) St Peter's Hospital, E Salaries £250 p a each (*a*), (*b*), (*d*), (*h*), and (*i*) are male appointments only (*c*) female appointment only

LONDON HOSPITAL E—(1) Paterson Research Scholar and Chief Assistant in the Cardiac Department Salary £400 p a (2) First Assistant in the Department of Thoracic Surgery Salary £150 p a

LOWESTOFT AND NORTH SUFFOLK HOSPITAL—J H S (male) Salary £120 p a

MACCLESFIELD GENERAL INFIRMARY—Senior H S Salary £180 p a

MANCHESTER ANCOATS HOSPITAL—Orthopaedic H S Salary £100 p a

MANCHESTER CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE—Whole time Assistant Director of the Radium Institute Salary £1,000 p a

MANCHESTER DUCHESS OF YORK HOSPITAL FOR BABIES—(1) Senior R M O (2) J R M O Salaries £125 p a and £75 p a respectively

MIDDLESBROUGH NORTH ORMESBY HOSPITAL—H S (male, unmarried) Salary £135 p a

MILDMAY MISSION HOSPITAL, Bethnal Green, E—J R M O (male) Salary £100 p a

MILLER GENERAL HOSPITAL Greenwich Road, S E—(1) Part time C O (male non resident) (2) H S (male unmarried) Salaries £150 p a and £100 p a respectively

MITCHAM WILSON HOSPITAL—R M O Salary £150 p a

NATIONAL DENTAL HOSPITAL University College Hospital W C—Hon Assistant Anaesthetist

NELSON HOSPITAL Merton, S W—R H S (male, unmarried) Salary £100 p a

NEWCASTLE UPON TYNE EYE HOSPITAL—Senior H S Salary £300 p a

NEWCASTLE UPON TYNE NORTHUMBERLAND COUNTY COUNCIL—A M O (unmarried) for Wooley Sanatorium Salary £350 £25-£450 p a

NEWCASTLE UPON TYNE ROYAL VICTORIA INFIRMARY—(1) Medical Registrar (non resident) Salary £250 p a (2) Morning List Anaesthetist Salary £1 5s per session

NEWNHAM WEST GLOUCESTERSHIRE UNITED DISTRICTS COMMITTEE—M O H for the Rural Districts of East Dean, West Dean, and Lydney Salary £800 p a

NORTHAMPTON MENTAL HOSPITAL Berrywood—Third A M O (male, unmarried) Salary £450 £25 £500 p a

NORWICH NORFOLK AND NORWICH HOSPITAL—H S (male, unmarried) to the Special Departments Salary £120 p a

NOTTINGHAM AND MIDLAND EYE INFIRMARY—R H S Salary £200 p a

PALESTINE ST LUKE'S HOSPITAL Hebron—A R M O (female) Salary £160 p a

PENDLEBURY ROYAL MANCHESTER CHILDREN'S HOSPITAL—Non resident A M O for the Out patient Department Salary £150 p a

PLYMOUTH PRINCE OF WALES'S HOSPITAL Devonport—Senior H S Salary £130 p a

PLYMOUTH PRINCE OF WALES'S HOSPITAL Greenbank Road—(1) H P (2) H S Salaries £120 p a each

POOLE CORNELIA AND EAST DORSET HOSPITAL—Hon Assistant Ophthalmic S

POPLAR HOSPITAL FOR ACCIDENTS East India Dock Road, E—Second Resident Officer (male) Salary £175 p a

PRESTON AND COUNTY OF LANCASTER ROYAL INFIRMARY—H P Salary £150 p a

PRESTON LANCASHIRE COUNTY COUNCIL—J H S (unmarried) for Biddulph Grange Orthopaedic Hospital Salary £200 p a

PRINCE OF WALES'S GENERAL HOSPITAL N—(1) J H P (2) Two J H S Males unmarried Salaries £90 p a each

PRINCESS BEATRICE HOSPITAL Earl's Court, S W—(1) R S O (male) Salary £200 p a (2) H P and C O (3) C O and Obstetric H S Salaries £110 p a each

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN St Quintin Avenue W—(1) H P (male) Salary £120 £150 p a (2) Part time Registrar Honorarium £100 p a

QUEEN MARY'S HOSPITAL FOR THE EAST END E—Hon Assistant P to the Department of Psychological Medicine

READING ROYAL BERKSHIRE HOSPITAL—Resident Anaesthetist (male) Salary £250 p a

ROCHDALE COUNTY BOROUGH—J R M O (male unmarried) for Birch Hill Hospital Salary £225 p a

ROCHDALE INFIRMARY AND DISPENSARY—(1) Senior H S Salary £250 p a (2) H P (3) Second H S Salaries £150 p a each

[illegible]HAM HOSPITAL—(1) Senior H S or P (2) H P (3) [illegible]dry H S (males) Salaries £200 p a, £180 p a, and £150 p a [illegible]ctively

ROYAL LYE HOSPITAL, St George's Circus, S E—(1) Senior H S (2) Two Assistant S Salaries £150 p a and £100 p a each respectively

ST ALBANS CLEL BARNES MENTAL DEFICIENCY COLONY—H P Salary £200 p a

ST GEORGE'S HOSPITAL S W—R M O (male) for the Convalescent Branch, Wimbledon Salary £300 p a

ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Lisle Street W C—Medical Registrars to (1) Out patients and (2) In patients Honorariums £50 p a each

SCARBOROUGH (NEW) HOSPITAL—H P (female) Salary £130 p a

SHEFFIELD CITY—A M O (female) for Nether Edge Hospital Salary £350 £25-£450 p a

SHEFFIELD JESSOP HOSPITAL FOR WOMEN—H S (male, unmarried) Salary £100 p a

SMETHWICK COUNTY BOROUGH—(1) Resident Obstetrical Officer (male) and (2) J R M O for St Chad's Hospital, Birmingham Salaries £350 £25 £450 p a and £150 p a respectively

STAFFORD STAFFORDSHIRE COUNTY COUNCIL—Assistant County M O H and M O H for the Stone Urban and Rural Districts Salary £800 p a

SUTTON AND CHEAM HOSPITAL—(1) Senior R M O (2) J R M O Males Salaries £150 p a and £100 p a respectively

TAUNTON AND SOMERSET HOSPITAL—H S Salary £100 p a

TRURO ROYAL CORNWALL INFIRMARY—H S (male) Salary £150 p a

WAKEFIELD WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD—A M O for Menston Mental Hospital, near Leeds Salary £350 £25 £450 p a

WALLASEY COUNTY BOROUGH—Assistant M O H and School M O (female) Salary £400 £25 £600 p a

WEST HAM COUNTY BOROUGH—First A R M O (male) for the Central Home, Leytonstone Salary £525 £25 £600 p a

WEST LONDON HOSPITAL Hammersmith, W—Full time Assistant Pathologist Salary £300 p a

WESTMINSTER HOSPITAL Broad Sanctuary, S W—Surgical Registrar Salary £250 p a

WOOLTON ROYAL LIVERPOOL BABIES HOSPITAL—R M O Salary £125 £150 p a

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL Shooters Hill S E—(1) R M O (2) H S Salaries £175 p a and £100 p a respectively

WORCESTER COUNTY AND CITY MENTAL HOSPITAL Powick—A M O (male, unmarried) Salary £350 £25 £450 p a

CERTIFYING FACTORY SURGEONS—The following vacant appointments are announced Bungay (Suffolk), Tarvin (Cheshire) Applications to the Chief Inspector of Factories Home Office Whitehall, S W 1, by February 23

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT 1925 for the Boston, Holbeach Sleaford Spalding Spilsby and Skegness County Court Districts (Circuit No 17) Applications to the Private Secretary, Home Office Whitehall, S W 1, by March 1

Notifications of offices vacant in universities medical colleges and of vacant resident and other appointments at hospitals will be found at pages 52 53 54 55 56 57 58 59 62 and 63 of our advertisement columns and advertisements as to partnerships assistantships and locumtenencies at pages 60 and 61

APPOINTMENTS

FINDLAY Louis, M B, Ch B Assistant Resident Medical Officer Booth Hall Hospital, Manchester

HENNELLY T J M D, D P M, Medical Superintendent, Cardiff City Mental Hospital

RAINER Edwin M D, D P H Consultant Tuberculosis Officer West Riding County Council

WOOD E A M D M R C P Honorary Consulting Physician to the Eversfield Chest Hospital, St Leonards on Sea

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births Marriages and Deaths is 9s which sum should be forwarded with the notice not later than the first post on Tuesday morning in order to ensure insertion in the current issue

MARRIAGES

GREEN—ROBERTS—On February 9, at St Andrews Wells Somerset Mr Philip Green, surgeon, of Brandon House Portsmouth to Violet Agnes Roberts widow of Dr Hamilton Roberts

REID—KERSHAW—On January 23 1937, at St Helen's Church Sandal Magna Alexander Reid, M B, Ch B, D T M D T H of Clare, Suffolk to Gertrude Kershaw of Sandal, Wakefield

DEATH

LEWIS—At Birmingham on February 6 Charles James Lewis M D, M R C S F R C P Ed D Sc Emeritus Professor of Public Health at Birmingham University formerly of Stirling and Edinburgh No flowers

of remuneration and reward for research and inventions by means of patenting and by commercial transactions and on its recommendation the Council eventually submitted a Memorandum of Evidence to the Departmental Committee

There appeared to be two courses whereby the difficulties already mentioned might be overcome One was the abolition of the right to patent medical inventions and discoveries This course, however, could be effective only if all countries simultaneously abolished medical patents by international agreement and such an agreement did not appear to be a practical proposition The other course was the introduction of a system of patents dedicated to the public use This method a scheme to which was brought to the notice of the Association by the Association of British Chemical Manufacturers seemed to offer a practicable solution of the problem, and the Council submitted in its Memorandum of Evidence to the Departmental Committee that the scheme with certain modifications was worthy of consideration It proposed that any medical practitioner who wished to patent a medical invention should be required to dedicate his patent to the British public The patent rights would be exercised by a Medical Patents Trustee appointed for the purpose by the Board of Trade and the funds accruing from the sale of licences would be utilized at the discretion of the trustee either for the promotion of further research or for the reward of the individual inventor

Discussion by Representative Body of the B M A

The proposal however met with severe opposition when it was reported to the Annual Representative Meeting of 1930 and the whole question was referred back to the Council for reconsideration The pros and cons of medical patents were vigorously argued Criticism of the Council's report was based mainly on the contentions that it did not express the general opinion of either medical research workers or the profession as a whole that the scheme of dedicated patents would not achieve the desired object that the traditional professional view of patenting by medical workers was not tenable under modern conditions and that there was no sound ethical distinction between the direct remuneration of a medical research worker by way of royalties under the patent law and that of the clinician by way of patients fees

In reconsidering the matter in the light of the discussion of the Representative Body a joint subcommittee of the Ethical and Science Committees endeavoured to retain what was essential in the ethical attitude of the medical profession and also to take into account first the changes which had occurred during recent years in the industrial aspects of research and the manufacture of medical substances and appliances and secondly the exploitation of the published results of British research by foreign workers who do not hold the same views as British workers on the ethics of medical patents As a result of the deliberations of this subcommittee the Council submitted a resolution to the Representative Body in 1931 After considerable discussion the resolution was eventually adopted in the following amended form

> That the Association approves the traditional professional usage in accordance with which it is unethical for any medical practitioner who discovers or invents any substance process apparatus or principle likely to be of value in the treatment of patients to act against the public interest by unduly restricting the use and knowledge of such discovery or invention for his own personal advantage

This resolution however contributed little to the solution of the practical problems of medical patents and in accordance with the desire expressed by members during the debate, the Council arranged a series of conferences with representatives of the Royal Colleges of Physicians and of Surgeons and the Medical Research Council for the purpose of a further exploration of the subject The members of these conferences formulated a policy which was reported to the Representative Body in 1932, when the adoption of the following recommendations was moved

> 1 That the granting of further patents in the medical field is undesirable in the public interest and the Association would welcome any action to prevent or regulate such further grant by international agreement
>
> 2 That experience has shown that research and discovery have been hindered rather than promoted by the granting of patents for inventions dealing with the following classes of substances used in therapeutics and practical dietetics sera toxins antigens viruses bacteriological products active principles natural to the animal body vitamins The Association considers it desirable in the interests of medical science and practice that no further patents should be granted for inventions dealing with the manufacture of such substances for use in medicine or dietetics If patents are granted for methods of manufacturing such substances for other uses it considers that manufacture for use in medicine should be exempted from the operation of such patents The Association would urge amendment of the law to secure these ends
>
> 3 That the Association is not convinced that the granting of patents for the synthetic preparation of new substances for use in therapeutics has been similarly detrimental It further appreciates the possibility that a one sided and purely national abolition of such patents might unjustly penalize commercial enterprise in this country It would gladly see a mechanism established by which patents for inventions in the medical field other than those specified in para 2 of this recommendation could be dedicated to the use of the public in this country while affording the requisite priority of action in other countries
>
> 4 That until some such dedicatory system is established the special position held by medical men in the community renders it undesirable that they should apply for patents in the medical field

These recommendations gave rise to a prolonged discussion which disclosed considerable differences of opinion on the subject, but a motion to refer the matter back to the Council for further examination and report was defeated by an overwhelming majority Eventually when it had been made clear that the recommendations were not to be regarded as the final conclusions of the Association on the subject and that a practitioner who did not strictly observe them was not to be considered guilty of unethical conduct the following amendment was carried without dissent

> That the Representative Body adopts the report of the Council under the heading Patenting in the Medical Field with its suggestions for the guidance of registered medical practitioners and asks the Council to continue consideration of the subject

Present Position

And there for the present the matter rests The Departmental Committee declined to make any recommendation concerning dedicated patents which it stated had attracted more attention and had been the subject of more conflicting evidence than any other question before it It was of the opinion that no sufficient case had been made out for any compulsory dedication and that such an alteration in the law would operate adversely to the British fine chemical industry and discriminate unfairly against research workers in this country The

anaesthetics he preferred were nembutal, avertin, and paraldehyde, and in that order Having secured basal narcosis he gave gas-oxygen and ether, using only sufficient ether to enable him to pass a Magill nasal tube into the trachea He mentioned the safety of gas oxygen and the simplicity of the method, the value of a suction pump as an aid to both surgeon and anaesthetist, the use of the Davis gag, and the liability of blood to collect behind the soft palate and the prevention of this by means of a special tube

Mr W S THACKER NEVILLE said that for about ten years for all nasal operations he had used deep twilight sleep induced by morphine and scopolamine, with the local application of a paste of cocaine and adrenaline With a few contraindications this proved satisfactory, as the anaesthesia gave him an almost bloodless field, and so allowed the operations to be performed completely and without haste On the introduction of avertin he gave up the use of twilight sleep, and for major operations he adopted avertin with local anaesthesia, with or without intratracheal ether , for minor nasal operations he used evipan preceded by omnopon and scopolamine For tonsillectomies he had used local anaesthesia with the patient in the recumbent position, but more generally he had used paraldehyde followed by ether In children practically all operations were carried out with sodium soneryl as premedication, followed by ethyl chloride and ether Painful dressings were performed under avertin alone, or under sodium soneryl followed by ethyl chloride, or under the momentary anaesthesia produced by a mixture of ethyl chloride and ether Oesophagoscopies and bronchoscopies were carried out under avertin with cocaine paste applied to the pyriform fossae, with or without intratracheal ether

Anaesthesia in Tonsillectomy

Dr A W MATTHEW dealt with two methods of preventing foreign material entering the respiratory tract during anaesthesia for nose and throat operations—namely, by maintaining the defensive reflexes unimpaired, and by the use of an endotracheal tube and packing In his opinion avertin, nembutal, and morphine should not be used with this technique because they tended to impair the defensive reflexes which it was most important to maintain A small dose of evipan sodium could be given with safety A great deal had been written on anaesthesia for tonsillectomy, especially with regard to the avoidance of psychological trauma in children Sufficient stress was not laid on the fact that the average child was very sensible and full of confidence in his elders If the anaesthetist was tactful, and gave the child a truthful explanation of what he was going to do the fear of the unknown would be replaced by tolerance of the known, and there would be no subsequent ill-will or lack of confidence Betrayal of trust was the main factor in causing psychological trauma in the child He favoured for premedication atropine, 1/100 grain, and nothing else Chloroform, if well tolerated by the patient, was the anaesthetic of choice With chloroform the depth of anaesthesia could be altered rapidly to meet the requirements of the surgeon Post-operative vomiting was the exception

Mr D F A NEILSON said that the question of the type of anaesthesia used for any operation must be considered primarily from the point of view of safety and speedy recovery, but other considerations unfortunately clouded the issue such as expense and also the feeling of comfort, which the patient regarded as of supreme importance when faced with an operation Skilled general anaesthesia meant the introduction of an extra specialist expert, or in America, an anaesthetist nurse Unskilled general anaesthesia could not be admitted as an argument against the use of general anaesthesia He presented a few arguments in favour of general anaesthesia as compared with local for an operation such as tonsillectomy These had to be considered apart from the personal feelings of the patient but the patient's general reactions to local and to general anaesthesia were to be respected separately, and the economic consideration had also to be recognized Intranasal operations could be advantageously carried out under combined local and general anaesthesia

Dr JOHN CHALLIS said that the addition of one unnecessary drug, however innocuous to a patient, showed in itself a lack of skill, and should that drug be known to be dangerous, or to increase the period of normal convalescence, its use in normal cases was strongly to be deprecated He was also against the routine use of basal narcosis, especially in operations in which a brisk return of the respiratory reflexes was to be desired The use of scopolamine and morphine, in conjunction with gas oxygen administered through an intratracheal tube formed the ideal technique, being both safe and efficient A special technique was required for major operations in the larynx Two definite suggestions were put forward for discussion (1) Had not the pendulum in favour of heavy premedication swung too far for the safety and well-being of the average patient? (2) Was not the administration of pure gas and oxygen rather a disadvantage than an advantage to the aural surgeon?

General Discussion

Dr ZELBULON MENNELL said that from the anaesthetist's point of view the most important thing was to know his surgeon's technique Just as there were many varieties of anaesthetic administration, so there were many surgical techniques He deprecated the use of the sucker having found it not infrequently keep up haemorrhage from the tonsillar bed In certain cases, especially tonsils and adenoids in children, the psychological element was not considered sufficiently Personally he thought it a dreadful thing to give a child an anaesthetic without premedication, and among premedicaments for children he thought nothing so safe as the old-fashioned paraldehyde A mixture of chloroform and adrenaline was to be avoided, animal experiment had proved it to cause ventricular fibrillation

Mr SCOTT RIDOUT repeated the remark of Richard Gill that of all anaesthetics, to the one who knew how to give it, chloroform was the simplest Dr IVAN MAGILL mentioned certain precautions which should be taken when the Davis gag was used Dr HAROLD SINGTON said that a certain amount of restlessness followed paraldehyde if given too rapidly He favoured large doses of atropine, 1/75 grain, in a child of 10, or even more in the winter when colds were prevalent If atropine was used there was less likelihood of bronchopneumonia Mr SIDNEY SCOTT answered a decided negative to Dr Challis's question whether the administration of pure gas and oxygen was not a disadvantage to an aural surgeon, though he agreed that it was a drawback that the patient after the operation came out very quickly, when it was preferable that he should remain drowsy for some time Mr HERBERT TILLEY said that in his experience one of the chief troubles with anaesthetics was not at the time of administration, but after return to the ward Often the patient appeared to be suffocating, simply due to the fact that the chin was tucked into the chest, giving a kinked airway Much was heard about the tendency with certain anaesthetics to post-operative haemorrhage His plan was to tie the small artery in the upper recess of the tonsil at the time of operation, doing so in all cases whether there was bleeding or not Dr M D NOSWORTHY said that one of the reasons for premedication, apart from the psychological value, was that less anaesthetic was required The patient recovered better from a small quantity of several drugs than from a very large dose of one Personally he thought avertin preferable for premedication

Mr LAYTON, in reply again spoke of the necessity of mental technique There had been retrogression in this as distinct from operative, technique during recent years owing, he believed, to war surgery, when cases came in great numbers to operation and the surgeon was working against time Under civil conditions there could be no excuse for such pressure

PUBLIC HEALTH NOTES

Notification of Tuberculosis

Tuberculosis in all its forms has been notifiable since 1912 Notification is obligatory to day under the Public Health (Tuberculosis) Regulations, 1930, which consolidated and amended the Regulations of 1912, 1921, and 1924 The 1930 Regulations state that, subject to certain provisos,

every medical practitioner called in to visit any person (whether at any institution or otherwise) and every school medical inspector inspecting children attending public elementary schools shall within forty eight hours after first becoming aware that such person or one of such children is suffering from tuberculosis make and sign a notification of the case in the form set forth in Schedule A or Schedule B, as the case may be to the Public Health (Notification of Infectious Diseases) Regulations 1918 and shall transmit the notification to the medical officer of health of the district within which the place of residence of the person is situate at the date of notification provided that a medical practitioner or school medical inspector shall not notify the case under this Article if he has reasonable grounds for believing that the case has in fact already been notified to the medical officer of health of the district within which the place of residence of the person is at the time situate provided further that if notification is required in pursuance of this Article in respect of an in patient at an institution the notification shall be sent to the medical officer of health of the district in which the usual place of residence of the patient is situate Nothing in these Regulations shall apply to or impose any duty or obligation upon any medical practitioner acting in his capacity as (*a*) medical officer of one of His Majesty's prisons or of a Borstal institution a certified reformatory school a certified industrial school a State or certified inebriate reformatory or a criminal lunatic asylum (*b*) medical examiner of candidates for some office or appointment (*c*) medical examiner on behalf of an insurance company to a person proposing to insure his life at the risk of that company (*d*) medical examiner of the passengers and crew of an emigrant ship or (*e*) certifying or appointed surgeon under the Factory and Workshop Acts 1901 to 1920

Under the Regulations medical officers of sanatoria or public assistance institutions must notify those persons suffering from tuberculosis who have been admitted during the week to the medical officer of health of the district within which the places of residences of the persons notified are situate and, in the case of persons discharged other than those transferred to a public assistance institution or a sanatorium to the medical officer of health of the district within which the places of destination of the persons notified are situate Furthermore it is a duty of every medical officer of health on becoming aware that a person who has been resident in his district and who is suffering from tuberculosis has permanently changed his place of residence forthwith to notify the medical officer of health of the district to which the patient has removed The medical officer of health then in addition to learning of cases by formal notification has others brought to his notice by notification from institutions and by information transmitted by the medical officer of health of another district in the case of a transferred patient he also receives posthumous information from death returns—within a few days if the death occurs locally but not until well after the end of the quarter if the death occurs in some other registration area

Cases Unnotified Before Death

In the report for the Ministry of Health for the year 1935–6 reference is made to the number of cases of tuberculosis which are not notified during the patient's life The percentage of new cases of tuberculosis which became known in 1935 otherwise than by formal notification was 12 8

It is unsatisfactory that over the country as a whole the proportion of cases not coming to knowledge until after death remains considerable and shows no signs of real diminution

The Minister would again direct the attention of local authorities concerned to the measures suggested in Circular 1107 for securing earlier notification especially by the development of the educational side of their tuberculosis work It is moreover, important that in those areas where the proportion of cases of tuberculosis not coming to the knowledge of the medical officer of health remains abnormally high from year to year the local authority should consider the question of taking more stringent action on the lines suggested in Circular 549 and should also take every opportunity of reminding medical practitioners of the facilities available under the tuberculosis scheme for the diagnosis of doubtful cases

Circular 549 states

The Minister desires to take this opportunity of impressing upon local authorities the responsibility which attaches to them for seeing that the requirements of the Regulations are fully observed in their districts and I am to state that where (as in the case of a death certified as due to tuberculosis of a person who had not previously been notified under the Regulations) there is prima facie evidence of neglect to notify on the part of the medical attendant immediate steps should be taken by the local authority to obtain an explanation from the medical attendant as to the circumstances under which formal notification under the Regulations was not made If the explanation is not satisfactory it should be borne in mind that the local authority has power to institute proceedings for the recovery of a penalty under Section 1 (3) of the Public Health Act 1896 in cases of wilful neglect or refusal to carry out the Regulations and it appears to the Minister that it may even be desirable to proceed to a prosecution in one or two cases of the kind where the circumstances warrant such action in order to secure the objects of the Regulations

Failure to Notify Some Medical Officers' Views

Dr G Lissant Cox in his report to the Lancashire County Council for the year 1935 on the prevention and treatment of tuberculosis in the administrative county of Lancaster submits that if measures dealing with tuberculosis are to be successful an accurate and complete knowledge of all the existing cases is required and that if cases only become known through the death certificates control of the spread of infection cannot be effected Whereas in 1918 the percentage of non notified cases to the total number of deaths from pulmonary tuberculosis in his area was 18 3 the figure had fallen to 4 1 in 1935 If from the deaths among those who escaped statutory notification are deducted those of persons who were actually known to the tuberculosis officer though not formally notified and also those of persons in public institutions the percentage is reduced to 2 5

He gives a detailed analysis of the cases which had not been notified and finds that the reasons for the failure included the following no doctor in attendance more than one doctor in attendance the disease was of very long duration doubt as to the diagnosis the doctor being in attendance only a very short period before death and misapprehension of the Regulations as the cases had been notified in another area In rapidly developing areas to which many people have transferred this last is possibly the most common reason for failure to notify the disease It is not always appreciated that the case is required to be formally notified to the medical officer of health of the district in which the patient is residing and it is not sufficient that it should previously have been notified by

Further, the contraction process following the make or break of a direct current occupied an appreciable interval of time, perhaps a second or longer This was succeeded by a still more prolonged period during which the contraction was very slow and deliberately subsiding Sir Robert Stanton Woods entered in detail into the various kinds of electrical responses and their significance He disagreed with the statement sometimes made that an electrical examination elicited few if any facts which were unobtainable by other neurological tests There was, for example, the obvious fact that the only positive proof of the hysterical nature of a paralysis was the muscle response to electrical stimulus Moreover, in a paralysed limb the organic and the functional could be accurately segregated Muscle testing would also differentiate between muscles which failed to function owing to pain and those which were affected by a lower motor neuron lesion Again, an accurate mapping out of responses might decide the level of the lesion, for example, it would help to distinguish between a paralysis of the circumflex nerve and one of the fifth root He agreed with Lewis Jones that any deviation from the completely developed reaction of degeneration was important, and that a sluggish response to stimulus by the direct current was diagnostic of a lower motor neuron lesion, even in the presence of excitability by faradism He added that no investigation of such a lesion was complete without an accurate account of skin and other sensibility, of voluntary muscular control, and electrical responses of all relevant muscles by all the means clinically practicable

General Discussion

Mr F H Bentley referred to experiments he had been carrying out at the Royal College of Surgeons in connexion with the surgery of nerve roots The first point concerned the influence of scar formation at the anastomosis of a nerve suture When a nerve was sutured union took place by scar formation, the scar filling the interstices and producing obstruction to the new-growing nerve fibres The fibres were directed by the scar tissue rather than in a new organized pathway In the cat, whenever approximation of the ends of the nerve at operation had not been accurate, the amount of scar tissue which formed was much increased Even in a good scar there was considerable obstruction Silk excited less tissue reaction than any other material for suturing In man the only nerve grafting to be conducted with success was that of the facial nerve carried out after the method of Ballance

Professor Paterson Ross said that in five cases of median nerve injury and twelve of ulnar nerve injury in his ten years' experience the effects following secondary suture had not seemed so severe as Sherren's work had led him to expect There was, he thought, a tendency to attempt nerve repair in disadvantageous circumstances in early stages Mr Colyer asked whether the danger of late brachial plexus involvement was an indication for removal of the head of the bone in all cases Mr M F Nicholls agreed that these nerve repair operations should no longer be regarded as procedures which could safely be left to junior surgeons in a hospital Some failures were more due to the persons operating than to the actual conditions that arose The work called for great experience Mr Reginald Hosford asked whether, in median or ulnar nerve palsy of the hand, it was advisable to try to prevent contractions by means of firm splinting

The President (Professor Grey Turner) agreed that a number of delicate problems arose in connexion with nerve injuries sustained in fractures The point mentioned by Mr Nicholls was a very important one, some of these operations required as much skill and experience as did a gastrectomy Mr Platt in reply said that he did not think contracture could be prevented by splinting, he left his patients entirely unsplinted He thought instructions should be issued to most of the teaching hospitals on the lines mentioned by Mr Nicholls His reply to Mr Colyer was in the negative

ONCHOCERCIASIS AND BLINDNESS

The first Chadwick Lecture of the Royal Society of Tropical Medicine and Hygiene was held at Manson House on January 21, the president, Sir Arthur Shaw, being in the chair Professor Richard P Strong of Harvard University gave an address on onchocerciasis in Central America and Africa, illustrating his lecture by cinema films and lantern slides taken during his expeditions to those regions

In his introductory remarks Professor Strong pointed out that before 1932 there was nothing in the literature suggesting that ocular disturbances were connected with onchocercal nodules in African natives On the other hand, in Central America onchocerciasis was sometimes termed the "blinding filarial disease", hence the parasite which causes it was named *Onchocerca caecutiens* Robles in 1915 had found ocular disturbances and blindness in Guatemala to be associated with nodules situated in the region of the head and scalp After demonstrating microfilariae in lesions of the eyes in both Mexico and Guatemala, Hissette in 1932 drew attention to the frequency of onchocerciasis in the Belgian Congo and the high percentage of cases in which blindness resulted

This decided the lecturer to organize an expedition to Africa with the object of studying onchocerciasis along the lines which he had already followed in Central America Members of the expedition included an entomologist, a helminthologist a zoologist, and an oculist Headquarters were established in the village of Kassende in the Province of Lusambo in the Belgian Congo The inhabitants of the region were mainly Bantus of the Basonga tribe, but in some sections Baluba and Babingis were encountered Extensive infection of onchocerciasis was also observed among the forest pygmies A special study of the eyesight was made in 156 cases with ocular disturbances and the tissues of the eye were studied histologically in forty The association of ocular disturbances with this disease was demonstrated by the high percentage of failing vision and blindness in a locality where some 95 per cent of the population were infected with the onchocercal parasite and had demonstrable nodules Pruriginous and xerodermatous conditions of the skin were commoner than in Guatemala Experience in both Africa and Guatemala indicated that patients with nodules or tumours on the head or shoulders were more likely to develop ocular complications than those with tumours elsewhere Furthermore, microfilariae were discovered in greatest numbers in the skin in the vicinity of the tumours, very few were met with at a considerable distance from the tumours Bryant (1936) had recently made a study of Sudan blindness attributed to *Onchocerca volvulus* The ophthalmic appearances were those of a diffuse retinochoroiditis with optic atrophy, often associated with sclerosis of the retinal vessels and the deposition of masses of pigment on the retina The perivascular reaction so characteristic of onchocercal keratitis was not present D Hooghe (1935) had found that 2·1 per cent of 3,448 native Africans presented ocular complications but in most of them nodules were situated upon the trunk, the scalp being involved in only 5·7 per cent The mere presence of microfilariae in the bulbar conjunctiva in small numbers, however should not lead to the conclusion that the ocular disturbances were necessarily due to filarial infection In tropical countries heat, wind, dust, and smoke within the house or hut were all important in producing such disturbances Furthermore, avitaminosis, xerophthalmia, trypanosomiasis and arsenical poisoning might also be responsible for blindness in regions where onchocerciasis prevailed

Professor Strong emphasized that it was essential through oecological studies that a knowledge of the disease and its control had been advanced, and made an interesting comparison between conditions in Central America and those in Africa In both countries Simulium flies transmitted the disease In Guatemala and South Mexico onchocerciasis existed only on the southern slopes

on and the only indifferent onlookers are the boys and girls whose health interests as industrial units in the immediate future are at stake

Negotiations have, however, proceeded further than this comment appears to suggest. As reported in the *Supplement* of January 16 (p 29) a special conference of representatives of Local Medical and Panel Committees was held at British Medical Association House, London on January 7 for the purpose of considering the offer of the Minister of Health of a capitation fee of 7s 6d for medical attendance on insured workers under 16 years of age. The following resolutions passed unanimously by the conference, have been forwarded to the Ministry of Health and to every insurance practitioner

That the offer of the Minister of Health of a capitation fee of 7s 6d for medical attendance on insured workers under 16 years of age be rejected

That this conference recommends insurance practitioners to decline service for the provision of medical benefit for insured workers under 16 years of age at the terms offered by the Minister of Health

That, in view of the inadequacy of the existing capitation fee, and pending the result of negotiations for its increase this Conference is not prepared to accept for attendance on insured workers under 16 years of age a capitation fee less than that which is paid for adult workers

That the Insurance Acts Committee be authorized to take action in the light of the decisions reached by the Conference

Insurance practitioners will also be aware of the fact that the autumn Conference instructed the Insurance Acts Committee to go forward with the preparation of the case for a general increase in the capitation fee and it may be stated that the preparation of the case is now well forward. In the meantime the Ministry of Health has issued the following announcement

Statements have appeared in the Press relating to the capitation fee to be paid to panel doctors in respect of juveniles between the ages of 14 and 16 for whom the Government *desires to secure medical care under the national health insurance scheme.* It is the necessary practice of the Minister of Health before introducing a scheme of this kind to discuss the proposals with the interests concerned—including in this case the Insurance Acts Committee of the British Medical Association. Such a discussion is now taking place. Pending the conclusion of this discussion the Minister is obviously unable to make any statement on the matter and no importance should be attached to any unauthorized figures quoted

A Partner Who is Not a Deputy

It may be recalled that last summer the Middlesex Insurance Committee viewed a decision of the Minister on appeal with considerable concern and passed a resolution suggesting an amendment in the medical benefit regulations to secure that a practitioner who treats an insured patient of his partner *shall himself be responsible* for his acts and omissions. In the course of the report of the persons appointed to hear the appeal it was stated that

the question whether Dr. A was responsible for his partner's acts in this case presents difficulties. We think that having regard to the arrangements generally in force in doctors' partnerships it is legitimate to assume that a member of a partnership, in treating an insured patient of another member is acting as the latter's deputy. This is however we think a presumption which is capable of rebuttal. In the present case we feel bound to give Dr. A the benefit of the doubt and to accept the contention that he was *not* responsible for the acts of his partner. We should like to make it clear however that our conclusion is arrived at in the light of the peculiar circumstances existing in this case.

The representations of the Middlesex Insurance Committee were supported by the executive council of the National Association of Insurance Committees who submitted the matter to the Ministry of Health. A reply has been received from the Ministry stating that the representations of the executive council had been noted but pointing out that as the circumstances of the case were wholly exceptional the Minister was not satisfied as at present advised that the proposed amendment of the medical benefit regulations was either necessary or desirable or that it would not be calculated to create difficulties greater than that which it sought to remove.

Correspondence

PREGNANCY FOLLOWING CONFINEMENT

SIR,—Your commentator's suggestion (*Supplement* February 7 p 70) that it is misleading and improper to enter pregnancy as the incapacitating condition on a certificate covering incapacity after confinement is to say the least of it surprising. The actual certificate (Form Med 40) states "You have remained incapable *by reason of*." Does the writer of your weekly Insurance Medical Service notes seriously suggest the possibility of confinement and its consequences apart from pregnancy? That in effect, is what his expressed opinion amounts to.

Disability following pregnancy is just as much a part of the pregnancy as is post diphtheritic paralysis a part of the diphtheria.

In the case in question the principal of a practice was censured because of the perfectly proper act of his assistant. That is entirely foreign to the principles of British justice. It is most disconcerting to find the procedure meeting with the apparent approval of the *British Medical Journal*.—I am, etc.

Walsall, Feb. 6 FRANK G. LAYTON

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commander R. A. Brown to the *Ganges*.

Surgeon Lieutenant Commanders W. R. S. Pankridge to the *Nelson*, L. J. Corbett to the P.R.T. School, Portsmouth.

Surgeon Lieutenants C. H. Egan to the *Pembroke* for Royal Marine Infirmary, Deal; D. D. Steele-Perkins to the *Acasta*; D. B. Jack to the *Anthony*; F. Bush to the *Victory* for Royal Naval Barracks.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant J. E. L. Morris to be Surgeon Lieutenant Commander.

ROYAL ARMY MEDICAL CORPS

Lieut.-Colonel and Brevet Colonel B. Biggar has relinquished the appointment of Assistant Professor of Military Surgery, Royal Army Medical College.

Lieut.-Colonel and Brevet Colonel C. M. Finny, *O.B.E.*, to be Assistant Professor of Military Surgery, Royal Army Medical College.

Lieut.-Colonel M. White, M.C., having attained the age for retirement has been placed on retired pay.

Lieut.-Colonel H. F. Panton, D.S.O., M.C., has retired on retired pay.

Majors W. Foot, M.C., and F. C. K. Austin to be Lieutenant-Colonels.

Lieutenants J. McN. Lockie and R. E. Waterston to be Captains.

ROYAL AIR FORCE MEDICAL SERVICE

Group Captain H. A. Hewat to Headquarters, Bomber Command, Uxbridge, for duty as Deputy Principal Medical Officer.

Group Captain T. Montgomery.

Flight Lieutenants P. J. McNally to R.A.F. Hospital, Cranwell; J. F. Dales to Central Medical Establishment, London.

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major G. P. A. Bracken, having attained the age limit of liability to recall, has ceased to belong to the Reserve of Officers.

tion—as, for instance, irresponsibility, aggressiveness, and suspicion, with such physiological data as blood-sugar ratio, basal metabolism, and blood pressure It was easy enough to smile at some of Lombroso's too facile correlations, but it was more correlations that were wanted, not merely between a specific misdemeanour and a particular anthropometric anomaly, but between character traits and functional deviations

Dr Crichton-Miller also touched on some genetics problems and argued that psychotherapists ought to be able to tell the community something significant about marriage "We psychotherapists stand, helpless and tongue-tied, while the optimistic parsons tie the knots at one end and the cynical old judges cut them at the other'

With regard to philosophy, he suggested that the usual training of a psychotherapist was unduly scientific, with not enough philosophy in it It would "shake the otherwise enviable infallibility of the minor prophets of the Freudian hierarchy if they were to be put through a modified course of philosophy study They might revise the Freudian version of evolution" As for religion, he argued that it was a complete misrepresentation to suppose that the frontier line between religion and psychology was the same as that between the physical sciences and religion The physical sciences had nothing to do with valuation After discussing Freud's attitude to religion, Dr Crichton-Miller earnestly contended that religion could not be shut out of psychotherapy Some of those who came to them were in jeopardy because they were at the mercy of overwhelming instinctive forces, others because the limited logic of facts destroyed their self-confidence and veiled their vision Taking up the aphorism of a witty Frenchman that "mankind will always prefer the false to the vague," Dr Crichton-Miller bade psychotherapists beware lest when their patients came to them seeking something different from the vague they did not offer them the false instead It was because he felt this so strongly that he rejoiced that Dr T A Ross in his recent presidential address to the Psychiatry Section of the Royal Society of Medicine—a particularly opportune deliverance—ended it with the words "Where there is no vision the people perish"

ASSOCIATION OF CLINICAL PATHOLOGISTS

ANNUAL MEETING

The tenth annual meeting of the Association of Clinical Pathologists was held at the British Post-Graduate Medical School on January 30 The new president of the society, Dr S C DYKE, referred to the great loss sustained by the death of Professor E H Kettle It was by his invitation that the meetings were being held at the Post-Graduate School, and it had been expected that he would preside Professor Kettle's place as chairman of the meeting was taken by Dr JANET VAUGHAN

Laboratory Diagnosis of Gonorrhoea

The first half of the morning session was devoted to a discussion on the laboratory diagnosis of gonorrhoea

Dr GOODHART in a communication on the diagnosis of gonococcal infection by films, said that there had been no important alteration in technique during the last twenty-five years most people now used some modification of the original Gram method for staining, but for the particular purpose under consideration there was still a good deal to be said for the older technique as it avoided the danger of over-decolouring with alcohol He had never departed from the admirable practice, insisted upon in his early days by Professor Eyre of reporting only what he found and never saying that gonococci were present when from the nature of the investigation a definite bacteriological diagnosis was manifestly impossible Several workers had published figures to show the comparative value of smears and cultures in diagnosis Conclusions differed, but they all seemed to confirm the view he had reached as the result of practical experience namely, that everything depended on the material one was working with Most of the statistics came from workers in venereal disease clinics or from research departments In the former there was a reasonable presumption that the material sent for examination came from a patient who had been exposed to the chance of gonococcal infection, and in the latter optimal conditions for successful culture could be arranged Much of the work of the ordinary practising clinical pathologist had to be done under very different conditions

Dr Goodhart's own views had undergone a complete change since he had been working in the hospitals of the London County Council, and he now regarded Gram-negative cocci other than gonococci to be such frequent inhabitants of the urogenital tract as to make the diagnosis by film alone highly dangerous, especially in vulvovaginitis in children Most workers who had investigated cultural results carefully had found a number of 'pseudo gonococci," and the main purpose of his communication was to illustrate this point He then described ten cases from which he had isolated Gram negative cocci that from their cultural characteristics were clearly not gonococci according to prevailing views In some of these cases smears had shown typical Gram negative intracellular diplococci, in others not even pus cells were present His experience suggested that it was often difficult to make an accurate diagnosis of gonococcal infection even by culture and that it was practically impossible by film alone

Culture Methods

He was followed by Dr JOHN OLIVER, who spoke on the diagnosis of gonorrhoea by culture Two types of transparent culture media for the growth of gonococci were described Hydrocele agar was considered ideal where it could be prepared without undue difficulty or in substitution the egg-albumin medium of Price, which gave almost equally good results and was usually less difficult to prepare The need for immediate inoculation of exudates was stressed and the desirability of incubation at temperatures lying between 35 5° C and 36 5° C without undue delay was also pointed out The question of moisture in the culture tubes was dealt with and desiccation described as the most important factor in the death of gonococci in swabs

The influence of the atmosphere in which culture takes place was considered and it was pointed out that a replacement of some 8 or 10 per cent of atmospheric by CO_2 gave some distinct advantage for successful culture of gonococci The oxidase reaction as a means of diagnosing the presence of gonococci in mixed cultures was explained, and finally the fermentation reactions of the organism were discussed very briefly

The discussion or diagnosis of gonorrhoea by the complement-fixation test was to have been opened by Dr ORPWOOD PRICE but owing to his absence on account of illness this subject was introduced by Dr C DUKES who gave a brief account of Price's method of performing the test and discussed the general significance of the reaction

Complement-fixation Test

Dr Dukes said that it was important to bear in mind in the first place that this serum reaction did not show the presence or absence of gonococci in the tissues, it only registered the presence or absence of gonococcal antibodies in the blood The amount of such antibodies might be expected to vary with the amount of toxin absorbed It was obvious that if the gonococcal lesion was "open," with plenty of opportunity for free drainage there would be comparatively little opportunity for toxin absorption This state of affairs existed in simple gonococcal urethritis, and explained why the complement-fixation test remained negative for the first week or two of the disease If the disease spread to the seminal vesicles the toxic products were unable to drain efficiently

10s 6d—R McL Barks J Black Milne W M Bristow A L Brough A Charlton, E Courtin F J H Coutts M J Houghton J G Kidd J M A Lamb J S Lyle A McCall F V G Penman L Raby W J O Ray J L Reeve A T Rivers W J Ruddock C R Salkeld T Sprunt M Stewart J N Walker Surg Com W G Westcott C P Woodstock

10s—P Banbury W H Best C Campbell S G Champion A W Conolly S J Hasluck D M Keay P McKinney W McNaughton T Martland J N Noble P O'Connell H W Pirecon M Robertson, C E Scudamore W J Sheehan J H Smith W N Walker

Miscellaneous contributions of less than 10s each totalled £2 3s 8d

Branch and Division Meetings to be Held

BATH BRISTOL AND SOMERSET BRANCH BATH DIVISION—At Royal United Hospital Bath Wednesday February 24 8.30 p.m. B.M.A. Lecture by Sir Ewen Maclean Occipito Posterior Positions

BATH BRISTOL AND SOMERSET BRANCH EAST SOMERSET DIVISION—At Weston super Mare Hospital Friday February 19 8.15 p.m. Annual meeting Consideration of adoption of binding resolutions under the ethical rules of the Division films on treatment of fractures

BIRMINGHAM BRANCH—At Medical Institute Birmingham Thursday February 18 3.30 p.m. Dr Oscar Brenner Prognosis and Treatment of Heart Failure

KENT BRANCH EAST KENT DIVISION—At Grand Hotel Clifton ville Margate Thursday February 18 8.45 p.m. Mr R Ogier Ward More Recent Developments in the Treatment of the Prostate Preceded by dinner at 7.45 p.m.

LANCASHIRE AND CHESHIRE BRANCH—At Liverpool Medical Institution, Thursday February 18 4 p.m. Mr R Watson Jones *Fractures*

LANCASHIRE AND CHESHIRE BRANCH BOLTON DIVISION—Joint meeting with the Bolton Medical Society at Bolton Royal Infirmary Tuesday February 16 8.30 p.m. Dr Charles Hill (Deputy Medical Secretary) The Relationship of the General Practitioner to State Medicine

LANCASHIRE AND CHESHIRE BRANCH BURNLEY DIVISION—At *Burnley Municipal Hospital Thursday February 18* B.M.A. Lecture by Dr Daniel Dougal (Manchester)

LANCASHIRE AND CHESHIRE BRANCH PRESTON DIVISION—Joint meeting with Preston Medico Ethical Society at Preston Royal Infirmary Tuesday February 16, 8.30 p.m. Dr Frederick Hall The Control of Milk Supply

METROPOLITAN COUNTIES BRANCH CAMBERWELL DIVISION—At St Giles Hospital Brunswick Square S.E. Tuesday February 16 9 p.m. Clinical meeting

METROPOLITAN COUNTIES BRANCH CITY DIVISION—At Metropolitan Hospital Kingsland Road E. Friday February 12 4.30 p.m. Dr C. C. Worster Drought Clinical cases

METROPOLITAN COUNTIES BRANCH FINCHLEY DIVISION—Tuesday February 16 Visit to Police College Laboratory Hendon *Demonstrations by the director Dr James Davidson*

METROPOLITAN COUNTIES BRANCH HENDON DIVISION—Tuesday February 16 Lecture by Dr H Letheby Tidy

METROPOLITAN COUNTIES BRANCH ST PANCRAS DIVISION—At B.M.A. House Tavistock Square W.C. Tuesday February 16 9 p.m. Dr Kenneth Tallerman Problems Associated with the *Newly Born Infant*

METROPOLITAN COUNTIES BRANCH WILLESDEN DIVISION—At Willesden General Hospital Wednesday February 17 9 p.m. Film *and demonstration of cellona bandages in treatment of fractures*

NORTH OF ENGLAND BRANCH DURHAM DIVISION—At Durham County Hospital Tuesday February 16 8.15 p.m. business meeting 8.45 p.m. Dr E. F. D. Dawson Walker (Newcastle upon Tyne) Recent Advances in Infectious Diseases

NORTH OF ENGLAND BRANCH GATESHEAD DIVISION—At Liberal Club Pilgrim Street Newcastle upon Tyne Tuesday February 16 8.15 p.m. Address by Professor E Farquhar Murray (Newcastle upon Tyne) Supper at 8.45 p.m.

NORTH OF ENGLAND BRANCH NORTH NORTHUMBERLAND DIVISION—*At Blue Bell Hotel Belford, Wednesday February 17 3 p.m.* Dr Mason Bolam (Newcastle upon Tyne) Common Skin Diseases and their Treatment

NORTHERN IRELAND BRANCH NORTH EAST ULSTER DIVISION—*At British Legion Hall Maghernfelt Friday February 19* 4 p.m. Professor R J Johnstone Maternity Services in Northern Ireland (Meeting postponed from January 29)

SOUTH WESTERN BRANCH PLYMOUTH DIVISION—*At Goodbody's* Café Bedford Street Plymouth Wednesday February 17 8.30 p.m. Discussion Is Ante-natal Care Worth While? To be opened by Mr James Riddell Preceded by supper at 7.30 p.m.

STAFFORDSHIRE BRANCH WALSALL AND LICHFIELD DIVISION—At Manor Hospital Tuesday February 16 8.0 p.m. Mr B T Rose Clinical demonstration

SURREY BRANCH KINGSTON ON THAMES DIVISION—At Public Assistance Department Norbiton Friday February 12 8.30 p.m. Colonel G Wallace Air Raid Precautions and Antigas Treatment

SURREY BRANCH RICHMOND DIVISION—Friday February 12 9 p.m. Paper by Mr B Whitchurch Howell

SUSSEX BRANCH BRIGHTON DIVISION—At Sussex Eye Hospital Eastern Road Brighton Thursday February 18 3.45 p.m. Clinical meeting

YORKSHIRE BRANCH BRADFORD DIVISION—Wednesday February 17 B.M.A. Lecture by Professor L J Witts Hemitemesis and Melaena

YORKSHIRE BRANCH SHEFFIELD DIVISION—At South Yorkshire Mental Hospital Wadsley Tuesday February 16 8.30 p.m. Demonstration of clinical cases Paper by Dr A Pool The Mental Treatment Act 1930 Voluntary and Temporary Patients

Meetings of Branches and Divisions

GLASGOW AND WEST OF SCOTLAND BRANCH DUMBARTONSHIRE DIVISION

The annual dinner of the Dumbartonshire Division was held at Glasgow on January 13 when Dr A G R INGRAM presided over a representative gathering of members The guests of the evening were Dr R W Craig (Scottish Medical Secretary) and Dr J G McCutcheon (president of the Glasgow and West of Scotland Branch) Dr W SCOTT proposed the toast of The British Medical Association to which Dr CRAIG replied Dr T MILLER proposed The Guests and Dr MCCUTCHEON replied The CHAIRMAN presented Dr E Neil Reid who has been appointed as medical officer of health for Stirlingshire with a cheque subscribed by members of the Division in appreciation of his co-operation during his years of service as deputy county medical officer

LANCASHIRE AND CHESHIRE BRANCH

Lecture on Psychotherapy

At a meeting of the Lancashire and Cheshire Branch held at Manchester Royal Infirmary on January 14 under the chairmanship of Dr E BOSDIN LEECH Dr H CRICHTON MILLER delivered a British Medical Association Lecture on Psychotherapy

The lecturer pointed out that the subject of the lecture had been chosen for him and that he was not responsible for its very general character also that the subject was not in any way co-extensive with the treatment of functional nervous disorder which might call for methods other than psychotherapy Dr Crichton Miller said that whereas a generation ago *the practitioner's attitude to rheumatism* was *If my salicylates don't cure the patient he must go to a spa* to-day there was a serious attempt to differentiate aetiological factor Similarly the attitude of the practitioner to functional nervous *disorders might be formulated thus If bromide and valerian* don't cure the patient I'll have to send him for a cruise In point of fact the most important thing to bear in mind about functional nervous disorder was the probability of a multiple aetiology it was in relation to this that the correct place of psychotherapy became obvious As an example the lecturer gave the *familiar case of the 40 year old man who fails to* recover from a simple attack of influenza The depression lassitude and irritability are put down to post-influenzal neurasthenia Later the services of a psychotherapist may be sought But the condition is actually what Freud would describe as an anxiety neurasthenia The essence of such a case might be the fact that the influenza virus had affected an adrenal system already exhausted by years of marital maladjustment—namely the practice of coitus interruptus

Doctors were wont to claim that every good general practitioner was a psychotherapist Some went on to suggest that any other form of psychotherapy was fantastic nonsense The lecturer pointed out that there was a sense in which this claim was true The essence of psychotherapy was necessarily present in every successful practitioner *His method* was reassurance and by that method he influenced bodily functions to a remarkable degree But psychotherapy as understood to-day and *in the hands of* an expert necessarily meant more than reassurance Therefore it was desirable *to have* some knowledge of the part played by the specialist and that which should be played by the family physician

The first matter for investigation was heredity and here the careful practitioner could prepare information which would certainly save time at the consultation and perhaps make that consultation unnecessary The psychotherapist could next pass to the question of temperament and in this connexion the lecturer pointed out the special difficulties associated with *the psychasthenic obsessional* and cyclothymic types The next point to be considered would be the pattern of childhood

five years the first three of which felt the full force of the widespread financial difficulties subscriptions and donations maintained a steady level at between £952,000 and £987,000 a level of nearly £200,000 above the receipts from this source in 1921. In this period, moreover receipts from patients showed a continuous increase the total in 1935 being £275,000 over that in 1930. The number of pay-beds rose by approximately 1,000 between 1921 and 1930 and have since increased by about 600 to a total of nearly 2,000 in 1935. The increase in total ordinary income in the fifteen years has been about £1,200,000 or nearly 48 per cent. There is no evidence of any falling off in legacies the annual average for the five-year period mentioned being fully £450,000 while a figure of £500,000 was reached twice in this period. The increase since 1921 in the total general fund income has been approximately £1,450,000 or fully 52 per cent. Expenditure in the years under review grew greater owing to the expansion of work and details are given in the report of the various causes for this including the necessary provision of larger staffs and other lines of expansion. In 1921 the number of beds was 13,300 and since then it has steadily risen until in 1935 there were 18,020. The number of new in-patients rose from 172,200 to 274,100 in 1935 of new out-patients from 1,545,000 to 1,872,000 and of total out-patient attendances from 6,661,000 to 9,777,000 even though efforts have been made in recent years to discourage the attendance of patients suffering from minor disabilities. The number of new out-patients seems to be nearing its maximum for the greater portion of this increase occurred in the first ten years of the period under review the rise since 1930 being only 52,000. The number of out-patient attendances is still rising due to the development of out-patient departments on consultative lines and to the provision of specialized long-term treatments. There has been an aggregate credit balance in all except two years in respect of current finances but capital expenditure is increasing owing to rebuilding extensions and major improvements in equipment. It is here that the margin is inadequate, and continued and generous support is still urgently needed. There has been an astonishing growth in the voluntary payments by patients direct to the hospitals and through patients' societies. The Hospital Saving Association founded in 1922 with the backing of the King's Fund has now a membership of over 1,600,000 throughout the country. So important have the voluntary payments by patients now become that they approach in amount the income derived from gifts of the charitable public, which was £1,836,000 in 1935. It is plain therefore that the voluntary hospitals are not dying out for lack of funds. In 1935 the total maintenance income of 145 London hospitals amounted to £7,190,000 the highest figure yet recorded compared with £3,980,000 in 1934. In that year the total maintenance receipts from voluntary sources formed 43·8 per cent of the total general fund income, and covered 45·2 per cent of the expenditure. The repeated deficits reported by particular hospitals are not typical of the general tendency of hospital finances down to the end of 1935 but are due to more or less exceptional circumstances—for example the necessity of improving building and equipment and of providing for the increased upkeep thus involved.

L.C.C. Consultant and Specialist Service

The Hospitals and Medical Services Committee proposes that the arrangements for a consultant and specialist service under the London County Council which come to an end on March 31 shall be continued for a further year with certain modifications and additions. The number of routine sessions to be worked by consultants and specialists at grouped general hospitals has been limited to a total of 222 a week. Consequent upon the employment of two full-time radiologists at two selected groups of hospitals twenty-two sessions a week at present worked by part-time radiologists can be given up. A new authorized unit of 20 sessions a week is provided. The salaries of all consultants and specialists under the group scheme are at the rate of £125 a year for one session a week and £75 a year for each additional session. It is found that the need for regular visits by consultant radiologists does not obtain in the same way as for other specialties and it is proposed to call them in as required and pay them on a visit basis. They will receive remuneration at the rate of two and a half guineas a visit on the understanding that during any year the payments made shall not exceed £125 for the first session and visits £200 in respect of 104 visits and £75 for the second session. It is also proposed to increase the existing private salary for three sessions a week—as the consultant's remuneration. It is also proposed to increase the existing authority for the services of thoracic surgeons to 2½ sessions a year (from 160) for the tuberculosis hospitals and to 170 sessions (from 120) for the general hospitals. A new position of consulting thoracic surgeon is to be added to the establishment of St. Mary Abbots Hospital and some financial recognition, in the nature of an honorarium is to be made of the services of the consultant attached to the cardiovascular unit at London Hospital. Three of the six honorary consultants at St. Stephen's Hospital for research into selected cases of vascular diseases are to receive remuneration on the same basis. It is also proposed that the services of neurological surgeons are likely to be more frequently required in the future, and the time is approaching when consideration will have to be given to that question, but for the present the existing arrangement is to continue. The financial effect of the various proposals will be an additional expenditure of £6,125.

SCOTLAND

Sir Charles Hastings Lecture

The Sir Charles Hastings Lecture, under the auspices of the British Medical Association, will be delivered by Professor E. P. Cathcart, C.B.E., LL.D., M.D., D.Sc., F.R.S., Regius Professor of Physiology in the University of Glasgow, in the McLellan Galleries, 270 Sauchiehall Street, Glasgow, on Tuesday, February 23, at 8 P.M. The subject is "Food and Nutrition." The Secretary of State for Scotland will preside. Across on will be obtainable from the honorary secretary of the Glasgow Division, B.M.A., 257 West George Street, Glasgow.

Glasgow Western Infirmary

At the annual meeting of subscribers to the Western Infirmary of Glasgow held on February 5 Lord Provost John Stewart, who presided, made a statement regarding the attitude adopted by the municipal authorities of Glasgow towards the voluntary hospitals in the city. He said that if the voluntary system was not able to provide adequate accommodation for those requiring treatment, it would be the duty of the State or of the municipality to provide the necessary facilities. The committee appointed a committee to make an investigation to define information regarding the extent to which although it had no intention of asking other hospitals. Commenting on the report of the Western Infirmary showed that the income for last year had been £92,281 leaving a deficit of £2,000. The expenditure had been an increase in income, including employees' subscriptions amounting to £1,000, and he suggested that an intensive campaign should be undertaken to collect more money from the general public. Sir Thomas Roxburgh, chairman of the managers, said that they had been obliged to draw £8,000 from capital account. The extraordinary expenditure was due to heavy and unfortunately it was likely that they would again be heavy during the current year. The managers appeal for special contributions.

WEST LONDON HOSPITAL POST GRADUATE COLLEGE Hammersmith, W—*Mon* 10 a m Skin Clinic 11 a m Surgical Wards 2 p m Operations Surgical and Gynæcological Wards Medical Surgical and Gynæcological Clinics *Tues* 10 a m Medical Wards 11 a m Surgical Wards 2 p m Operations Medical Surgical and Throat Clinics 4 15 p m Dr Maurice Shaw The Hollow Viscera and their Symptoms *Wed* 10 a m Children's Ward and Clinic 11 a m Medical Wards 2 p m Gynæcological Operations Medical Surgical and Eye Clinics 4 15 p m Mr Steidman Pyorrhœa Alveolaris *Thurs* 10 a m Neurological and Gynæcological Clinics 12 noon Fracture Clinic 2 p m Operations Medical Surgical and Genito Urinary and Eye Clinics 4 15 p m Mr Singster Simmonds Diseases of the Alimentary Tract *Fri* 10 a m Medical Wards Skin Clinic 12 noon Lecture on Treatment 2 p m Operations Medical Surgical and Throat Clinics 4 15 p m Dr Sydney Owen Meningitis *Sat* 10 a m Children's and Surgical Clinic 11 a m Medical Wards The lectures at 4 15 p m are open to all medical practitioners without fee

GLASGOW POST GRADUATE MEDICAL ASSOCIATION—At Western Infirmary *Wed* 4 15 p m Dr Allison D McLachlan Seborrhœic Dermatitis

LEEDS POST GRADUATE CLINICAL DEMONSTRATIONS—At Leeds General Infirmary *Tues* 3 30 p m Mr A Gough Diagnosis of Pregnancy

MANCHESTER ANCOATS HOSPITAL—*Thurs* 4 15 p m Dr G J Langley Diagnosis and Treatment of Diabetic Coma

MANCHESTER ST MARY'S HOSPITALS—At Whitworth Street West Hospital *Thurs* 4 15 p m Dr R Newton Breech Delivery (with film)

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON Pall Mall East S W—*Thurs* 5 p m Milroy Lecture by Dr P M D'Arcy Hart Measures for the Prevention of Pulmonary Tuberculosis among Adults in England—in the Past and in the Future

ROYAL COLLEGE OF SURGEONS OF ENGLAND Lincoln's Inn Fields W C—*Mon* 4 p m Prof G E Gask John Hunter in the Campaign in Portugal 1762–3—an Account Derived from the Loudoun Letters recently Acquired by the College

ROYAL SOCIETY OF MEDICINE

General Meeting of Fellows Tues 5 30 p m Ballot for Election to the Fellowship

Section of Pathology—Tues 8 30 p m Laboratory Meeting at Lister Institute Chelsea Bridge Road S W Demonstrations and Short Papers

Section of Dermatology—Thurs 5 p m (Cases at 4 p m) Cases by Dr W N Goldsmith Scleroderma Dr R E A Price (for Dr W J O'Donovan) Black Hairy Tongue Other cases will be shown

Section of Neurology—Thurs 8 p m *Clinical Meeting at National* Hospital Queen Square W C Cases will be shown

Section of Physical Medicine—Fri 5 p m Discussion Indications for Treatment by Radioactive Waters in Great Britain Openers Dr C W Buckley and Dr F G Thomson followed by Prof Sidney Russ and Dr Frank Howitt

Section of Obstetrics and Gynæcology—Fri 8 p m Demonstration by Mr Chassar Moir New Type of Apparatus for the Self administration of Nitrous Oxide Gas during Labour Short Communication by Mr Everard Williams Modification in Technique of the Grey Ward Operation for Prolapse Cinematograph Film by Mr J St George Wilson The Transposition (Interposition) Operation Short Paper by Miss Grace Jones Retinal Changes in Late Pregnancy

Section of Radiology—Fri 8 30 p m Discussion Respiratory Disease in Children Openers Dr R I Rawlinson Dr A Maitland Jones Dr C G Teall and Dr Peter Kerley

BRITISH INSTITUTE OF RADIOLOGY 32 Welbeck Street W—*Thurs* 8 p m Monthly General Meeting

CHELSEA CLINICAL SOCIETY—At Hotel Rembrandt Thurloe Place S W *Tues* Discussion Plastic Surgery To be opened by Sir Harold Gillies Preceded by dinner at 7 30 p m

HUNTERIAN SOCIETY—At May Fair Hotel *Wed* 7 30 p m Annual Dinner

MEDICAL SOCIETY OF LONDON 11 Chandos Street W—*Mon* 9 p m Lettsomian Lecture by Sir Thomas Dunhill Surgery of the Thyroid Gland

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE 26 Portland Place W—*Thurs* 8 15 p m Discussion Sigmoidoscopy in Tropical Practice To be opened by Dr P Manson Bahr and Lieut Col A C Biggam R A M C Preceded by Demonstration at 7 45 p m

SOCIETY OF MEDICAL OFFICERS OF HEALTH 1 Thornhaugh Street Russell Square W C—*Fri* 5 p m Sir Francis Fremantle Reform of the Medical Curriculum Maternity and Child Welfare Group *Fri* 8 30 p m Dr Peter McKinlay Economics of Child Welfare Work

TUBERCULOSIS ASSOCIATION—At 26 Portland Place W *Fri* 5 15 p m Dr W J Fenton and Dr E H Hudson Simple Pleural Effusions 8 30 p m Dr Otto May Life Insurance and Tuberculosis

VACANCIES

ABERDEEN ROYAL INFIRMARY—Hon Assistant P

ACCRINGTON VICTORIA HOSPITAL—H S Salary £150 p a

ALL SAINTS HOSPITAL FOR GENITO URINARY DISEASES Austral Street S E—R H S (male) Salary £100 p a

BARROW IN FURNESS *NORTH LONSDALE HOSPITAL*—(1) R C O (male) Salary £150 p a (2) R H P Salary £175 p a

BELFAST QUEEN'S UNIVERSITY—Musgrave Professorship of Pathology Salary £1 000

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL—Hon P

BIRMINGHAM CITY—(1) R A M O (male unmarried) for Rowley Hill Sanatorium (2) Whole time J M O (male) for Dudley Road Hospital Salaries £240 £275 p a and £200 p a respectively

BOOTLE COUNTY BOROUGH—Deputy M O H and Deputy School M O (male) Salary £700 £25 £800 p a

BRADFORD CITY—(1) H P s and (2) H S s to the Municipal General Hospital Salaries £150 p a each

BRADFORD ROYAL EYE AND EAR HOSPITAL—H S (male) Salary £160

BRADFORD ROYAL INFIRMARY—(1) Hon P (2) H S (male unmarried) Salary £150 p a

BRIGHTON COUNTY BOROUGH—J R M O (male) for Sanatorium and *Infectious Disease Hospital* Salary £250 p a

BRIGHTON ROYAL SUSSEX COUNTY HOSPITAL—(1) Hon Medical Registrar (male) (2) Casualty H S (male unmarried) Salary £120 p a

BRIGHTON SUSSEX MATERNITY AND WOMEN'S HOSPITAL—R H S (male) Salary £130 p a

BRISTOL EYE HOSPITAL—(1) Hon Assistant Ophthalmic S (2) J H S Salary £100 p a

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN—H S Salary £125 p a

BRITISH COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS Queen Anne Street W—Resident Librarian (male) Salary £400 p a

BURTON-ON-TRENT GENERAL INFIRMARY—H P and C O (male) Salary £150 p a

CAMBRIDGE *ADDENBROOKE'S HOSPITAL*—H S (male unmarried) Salary £130 p a

CANNOCK URBAN DISTRICT COUNCIL—Assistant M O H and Assistant School M O Salary £550 £25 £700 p a

CARDIFF GLAMORGAN COUNTY COUNCIL—R A M O for Penrhiwtyn Infirmary, Neath Salary £350 £25 £450 p a

CARDIFF PRINCE OF WALES'S ORTHOPAEDIC HOSPITAL—H S (male unmarried) Salary £200 p a

CARDIFF CITY—Temporary M O for Ely Medical Relief District Salary £150 p a

CENTRAL LONDON OPHTHALMIC HOSPITAL Judd Street W C—(1) Senior H S (2) J H S (3) Out patient Officer Salaries £120 p a £100 p a and £50 p a respectively

CHESTER ROYAL INFIRMARY—(1) Three H S (2) H P Males Salaries £150 p a each

CHICHESTER ROYAL WEST SUSSEX HOSPITAL—J H S Salary £125 p a

DARLINGTON MEMORIAL HOSPITAL—H S (male) for Casualty and *Orthopædic Department* Salary £150 p a

DERBY COUNTY BOROUGH—A R M O (male) for Derby City Hospital Salary £200 p a

DERBY DERBYSHIRE COUNTY COUNCIL—J R A M O (unmarried) at Bretby Hall Orthopædic Hospital Salary £350 £25 £450 p a

DERBY DERBYSHIRE EDUCATION COMMITTEE—Assistant School M O (male) Salary £500 £25 £700 p a

DERBY DERBYSHIRE ROYAL INFIRMARY—(1) H S (2) C O and Orthopædic H S Salaries £150 p a each

DEWSBURY AND DISTRICT GENERAL INFIRMARY—Second H S (male) Salary £150 p a

EAST HAM MEMORIAL HOSPITAL Shrewsbury Road E—P in Charge of Skin Department

EDINBURGH ROYAL COLLEGE OF PHYSICIANS—Kirk Duncanson Fellowship for Medical Research Value £300

ESSEX COUNTY COUNCIL—J R M O for Oldchurch Hospital Romford Salary £250 p a

FINSBURY BOROUGH COUNCIL E C—Dentist Salary £1 11s 6d per session

GLASGOW WESTERN INFIRMARY—Full time Assistant Radium Therapist Salary £300 p a

HARROGATE AND DISTRICT GENERAL HOSPITAL—(1) C O (2) H S Males unmarried Salaries £150 p a each

HELLINGLY EAST SUSSEX COUNTY MENTAL HOSPITAL—Senior A M O Salary £550 p a

HERTFORD HERTFORDSHIRE COUNTY COUNCIL—(1) A M O (male unmarried) for Ware Park Sanatorium Salary £300 p a (2) H S for Oster House St Albans Salary £150 p a

HOME OFFICE CHILDREN'S BRANCH—Medical Inspector (female unmarried) Salary £738 £30 £1 008 p a

HUDDERSFIELD COUNTY BOROUGH—Assistant School M O Salary £500 £25 £700 p a

HUDDERSFIELD ROYAL INFIRMARY—(1) C O (2) H P and Res Anæsthetist Males Salaries £100 and £150 p a respective

HULL CITY MENTAL HOSPITAL Willerby—A M O (male married) Salary £500 £25 £600 p a

HULL ROYAL INFIRMARY—(1) First H P Salary £175 p a (2) Second H P (3) H S Salaries £150 p a each Male

INDIA LADY HARDINGE MEDICAL COLLEGE New Delhi—Professorship of Physiology (female)

IRAQ ROYAL IRAQ LEGATION—Professor of Pathology in the Royal College of Medicine Baghdad Salary £150 per mensem

JEWISH MATERNITY HOSPITAL Underwood Street E—Two Assistant Anæsthetists

both as to climatic and food factors, I thought it might be of interest to relate my findings and the reasons for reaching them

In Brisbane Australia, between the years 1926 and 1934, some six thousand children ranging up to 12 years in age had both antra aspirated into a 10 c cm syringe just before adenectomy or tonsillectomy, or both When pus was found to be present in one or both antra the children were reviewed six weeks after the operation I have one set of figures comprising five consecutive years work showing that at this review 62 per cent of children so inspected were considered on clinical grounds to have healthy sinuses Of these some 7 per cent subsequently showed signs of sinus involvement, so that in any case close on 60 per cent appeared to have completely recovered These children live in a subtropical zone, where there is abundance of sunshine throughout the year where overcrowding is a negligible factor, and under social conditions in which though there is a high cane sugar intake, there is also a high consumption index for fresh meat, eggs butter, green vegetables, fruit, and warm milk One peculiarity of the Brisbane population (from which these children were drawn) is the abnormally high apparent incidence of sinus infection as compared with figures published for populations living in Europe and North America As far as I am aware no survey has ever been made on the matter in any part of Australia

Last year, at the New York Academy of Medicine post-graduate course in diseases of the respiratory tract Dr Porter, the instructor in otology at the Harvard Medical School, expressed himself in regard to sinusitis in children in terms which fairly accurately represent my own conclusions He said

"The nasal mucosa in children, although the seat of chronic infection, shows much greater recuperative powers when proper drainage is established than is the case with adults In obtaining a cure frequently all that is necessary is to remove the infected tonsils and adenoids and then follow this with occasional treatments of shrinkage and treatment of the nasal mucosa For some time thereafter it is necessary to have the patient report for treatment during an acute nasal infection *Occasionally* it is necessary to resort to radical measures in children to the extent of exenteration of the ethmoid and some form of radical antrum operation These proceedings are well tolerated and often produce truly surprising results Sometimes it is advisable to do a partial submucous resection of the septum even in children"

Latterly I have come to suspect that tonsillectomy and adenectomy will give place to more scientific dietetic adjustments in the relief and prevention of these conditions at present it seems that the same measures applied in different communities in the world produce widely divergent results (Dr Porter's word "occasionally" gives a decidedly optimistic note), and that to me suggests the likelihood that the biochemist will eventually prove of greater value than the surgeon in cases of sinusitis in children—I am, etc,

Luton Feb 2 J A R MURPHY, F R A C S

School Medicine

SIR—With reference to school medicine, I should be grateful to any British colleagues who would kindly let me have their opinion and experience on the subject of the practical organization of school medical inspection, especially as regards (1) its importance in preventive medicine and (2) the organization of physical education As I have to present a report on this subject to the Societe Medicale Belge de Physiothérapie any information would be welcomed—I am, etc,

Natove Belgium Jan 30 VICT DE RUETTE M D

Cancer of the Breast

SIR,—Mr Sampson Handley complains that in my letter (*Journal* January 30, p 242) I have made indefensible claims for the hospital which he is good enough to say that I 'adorn" My remark was that "radium technique began to be developed at St Bartholomew s Hospital about twelve years ago" This is merely a statement of fact, and I should not have thought it was capable of the construction that Mr Handley chooses to put upon it Radium treatment had not been used at my hospital before that time, and nothing more is stated or implied in the words used In the rest of the sentence as printed I am made to say "its value and limitations in cancer of the breast *began* to be fairly clear" What I wrote was "*begin* to be fairly clear," and possibly some slight ambiguity may have been introduced by this mistake in the typescript I am well aware that Mr Handley had used radium before this, though in an entirely different way, and I hope he will be content with this explanation, as I regard all discussions on priority as being valueless

Having started with a misunderstanding, Mr Handley then attributes to me a view I have never maintained—namely, that "radium alone" is to be the chosen form of treatment My only object has been to ascertain exactly what might be the value and limitations of radium —I am, etc,

London, W 1, Feb 8 GEOFFREY KEYNES

SIR,—Knowledge and practical experience of the three methods of treatment of breast cancer (operation, x rays, and radium) can hardly be possessed in equal measure by any one medical man, so a symposium, as the discussion in your columns following the valuable paper by Mr Cecil Rowntree seems to be developing into, is the only way in which a wide and undistorted view can be obtained of the best methods in current practice

My own experience, based on about two hundred new breast cases seen yearly, leads me to offer the following suggestions

1 For all operable, borderline, or inoperable (surgically or medically) cases a first trial of the response to a well planned and executed course of x rays to the primary and the whole of the lymph drainage areas

2 In six weeks to three months after the end of the x ray course all signs of the disease may have disappeared, or only a small residue be left of the primary, if so, wait a further period, with monthly or less frequent examinations* If the response is inadequate to a full x ray course more x rays (perhaps by another method—for example, lower intensity and longer time), interstitial radium, or local or radical mastectomy should be considered (possibly followed with further x ray treatment at longer intervals, as after primary operation cases)

3 For cases of local recurrence after operation deep x rays should similarly be tried in the first instance (a number of statistical reports show five-year freedom from signs in inoperable cases of from 20 to 36 per cent), or low voltage "contact" x-ray therapy for small isolated and superficial nodules If the response is incomplete interstitial radium may then be tried, or operative removal be attempted and followed by *x* rays or surface radium

4 For all metastatic cases—in the bones, chest, abdomen, or elsewhere—as deep x rays occasionally prove successful they should be tried and persevered with the metastases may be more radiosensitive than the primary was and even the signs of metastatic hemiplegia have been relieved (as in a case I once saw treated) Treatment may be either local (or local to the worst sites) or generalized (as by teleroentgen therapy methods) Much alleviation of symptoms is possible in a large proportion of metastatic cases and medicinal means may be found a useful adjuvant (as Maisin s 'barcan)

* For review of results see Hutchison, E G (1936), *Surg Gynec Obstet* 62 653

(*b*) A standardized articulation test of the patient's capacity to respond to amplified speech under controlled conditions

(*c*) Articulation tests with the instrument which it is proposed to supply the patient for a period of trial

(*d*) Familiarity on the part of those responsible for the supply of aids with the physical characteristics of each type of instrument especially its frequency response and effective amplification

To these might be added a clinical examination by an otologist

Seven excellent tables are given which bear witness to the vast amount of careful work which is the subject of this investigation and the results are a valuable contribution to knowledge

KITCHENER SCHOOL OF MEDICINE, KHARTUM

The fifth report of the Kitchener School of Medicine Khartum *covers the period 1933-5 and includes the reports* of the assessors for these years who were respectively Professor A K Henry and Dr H L Tidy, Professor H B Day and Mr Hugh Lett and Sir Walter Langdon Brown and Mr C H Fagge It is announced that the previous curriculum of four years followed by a compulsory year of post graduate training in resident appointments has now been replaced by a course lasting five years Comment is made that the students knowledge of facts is very good but that there is weakness in their ability to argue from them and to make the deduction which is a most essential part of the training of a medical practitioner The proposed change in the curriculum would probably be of benefit in this connexion, especially if associated with the selection of students of the most promising type and the early weeding out of those who appear unsuitable Entrants to the School of Medicine are selected from the fourth year students of the scientific section of the Gordon College

A graphic museum is being built and equipped at an approximate cost of £3 200 it will contain sections dealing with all diseases and particularly with public health and quarantine problems of the Sudan A pathological laboratory to accommodate ten students has been erected and various *pathological specimens have been sent to the museum from* London The number of hospital beds available for teaching purposes has increased from 270 in 1930 to 560 in 1935 and separate departments of ophthalmology, obstetrics and gynaecology have been organized in addition to those already existing for medicine and surgery All obstetrical work has been centralized under the Government obstetrical surgeon comprising the midwives training school midwifery conducted in the district and the Omdurman hospital for women labour cases being carefully apportioned between medical students and midwife pupils It is hoped that this scheme will go a long way towards solving the difficulty always present in a Moslem country of obtaining enough practical experience in midwifery for medical students The first post graduate course will probably be held in 1939 and the organization of this will be the only new development during the next few years

Selected Sudanese medical officers are to be promoted to the rank of Sudanese medical inspector to undertake the duties of the present British medical inspectors The cadre of British medical practitioners is only forty three and it will not be advisable in the public interest to reduce the number appreciably for many years to come, but it is expected that new posts created by future developments will be filled by suitable Sudanese officials Three Sudanese sanitary officers have qualified and are successfully holding posts previously filled by British sanitary inspectors enabling the services of these latter to be used to greater advantage elsewhere adequate direct supervision of the sanitary service now being established even in the more distant parts of the country Sixty six graduates of the Kitchener School will have replaced the entire cadre of Syrian medical officers by 1938 and the future output will be sufficient to replace wastage relieve medical officers on post graduate courses and cater for future expansion

Reports of Societies

ANAESTHETICS FOR NOSE AND THROAT OPERATIONS

A combined meeting of the Sections of Laryngology and *Anaesthetics of the Royal Society of Medicine* was held on February 5 with Mr LIONEL COLLEDGE, president of the Laryngology Section in the chair for a discussion on the choice and technique of anaesthetics for nose and throat operations

Mr T B LAYTON said that there were three methods of approach to the subject that all operations should be performed under a general anaesthetic unless there was something to prevent it that all operations should be performed under a local anaesthetic, with a similar proviso and an intermediate position To the general principles of surgery there had to be added for operations in this area the principle of a guarded larynx In bronchoscopic work the difficulty of maintaining a general anaesthetic in and out of the defile of the larynx made local *anaesthesia the method of choice He had seen major* operations on the neck performed excellently under either general or local anaesthesia but his own feeling was that, with the possible exception of block dissection of the glands of the neck, the future of surgery in this field if it had a future lay in local anaesthesia With regard to premedication with local anaesthesia morphine preferably combined with scopolamine was the best agent It had the advantage that the patient could be roused by a firm voice and when roused retained control It was also an antidote to cocaine, and therefore, if anything a factor of safety rather than of danger With general anaesthesia the increased risk of premedication had to be weighed against any advantages that might be claimed for it So far as he could see morphine offered the least risk and it had the further advantage that it brought the patient into the operating theatre in a comfortable sleepy condition rather than the deep stertorous state produced by other drugs After morphine it seemed to him that avertin was the least risky and the barbiturates the most But the chief problem was why premedication was needed at all under local anaesthesia It was needed to neutralize the unpleasantness of the manual manipulations during the *performance of the operation With general anaesthesia it* was used merely to bring the patient into the theatre—that is, to neutralize fear

Fear arose at two stages in operative surgery—namely when the patient first decided to face operation and again during the short period while unconsciousness was supervening It was the surgeon's business to neutralize or prevent the latter fear arising It was a criticism of the technique that it should be necessary to neutralize with a potent drug a fear that should never have been allowed to arise A mental as well as an operative technique was necessary and this should include the whole period from the time when the patient consented to operation to the time when he was made unconscious It was due to nothing but suggestion if the fear became greater when unconsciousness resulted from something given by the mouth rather than by rectum The aim should be to induce the patient to look upon the operating theatre as a place where he could find relief from pain discomfort or disease rather than as a chamber of horrors If such a mental technique were available premedication would be unnecessary with general anaesthesia

Basal Anaesthesia

Mr H E G BOYLE said that there were as many ways of anaesthetizing throat cases as there were surgeons and anaesthetists He described the technique which he had evolved for himself after thirty-four years continuous work in the throat department of St Bartholomew's Hospital The advent of basal anaesthesia had been of enormous advantage especially in throat cases The basal

airtight as possible, and the apparatus is attached to an air inlet by the window In a short time the room is filled with a pleasant-smelling and non-irritant vapour Infection in the respiratory tract is unquestionably reduced in nearly every case, with the consequent disappearance of symptoms I have seen cases of chronic widespread sinusitis, confirmed by a lipiodol x-ray photograph, improve immeasurably, as shown by a further x-ray film Many chronic bronchitics and asthmatics have responded in a remarkable manner At the same time I have not seen any ill effects even after a prolonged inhalation of this vapour I venture, therefore, to hope that this particular form of treatment will receive some recognition in the near future—I am, etc,

London W 1, Feb 3 J RAYMOND THORNTON

*** In the leading article referred to by Dr Thornton we stated "It seems premature, however, to decide that the results obtained with the Duke-Fingard treatment 'appear to be permanent' or that the treatment is in any sense a cure The history of asthma and tuberculosis is a long record of premature publication and over-optimism, and it is a pity that a treatment of this kind could not have been submitted for trial to the Asthma Research Council or the Therapeutic Trials Committee of the Medical Research Council, with precise details of the formula, before an appeal was made for public subscriptions"—ED *B M J*

"Rachi-resistance" and Spinal Anaesthesia

SIR—I doubt whether the interesting article by Dr W R Black and Mr G A B Walters (*Journal* January 30, p 218) will convince anaesthetists of the existence of "rachi-resistance" The rare failures of spinal anaesthesia can usually be explained by anatomical peculiarities or errors in technique An example of the latter which is sometimes unrecognized is the sterilization of the syringes and needles in boiling tap-water In certain districts the alkalinity is sufficient to render the anaesthetic solution inactive This applies especially to the hypobaric percaine technique—I am, etc,

London N W 8 Feb 5 C LANGTON HEWER

Estimation of Coagulation Time

SIR—The paper by H Trought and J W Riddoch (*Journal* December 12, 1936, p 1194) on a simplified method of estimating the coagulation time of the blood prompts me to describe a method which I have been using for thirty years I was taught Wright's technique in Sir Almroth's laboratory in 1907, the method to be described is based on the original technique

Glass tubing is drawn out into a capillary (not too fine) at one end the other end carries the usual teat The tip of the patient's finger is pricked so as to assure a good flow of blood and blood is drawn up by means of the teat till the capillary is nearly filled The capillary is then taken from the drop and the blood drawn up by means of the teat, to an inch or more from the end The end is sealed off in gas or spirit flame or plugged with wax (or soap even) The time is noted and the tube and teat placed in the incubator at 37° C or immersed in a jug of water at approximately that temperature After five minutes the tube is taken from the incubator and the teat removed, then a scratch is made with a file about an inch above the end of the blood column Break the end off if a thread of fibrin does not stretch out between the two ends coagulation has not yet taken place Continue the scratch and break process every half-minute The first appearance of the thread gives the coagulation time Any time below six minutes can be taken as normal

It is well to fill two capillary tubes at about one minute's interval, using the second as a control Most of my work has been done in connexion with the removal of tonsils I have not had a single complaint——I am, etc,

ALFRED E FINCH, M B

The Sydney Clinical Research Laboratories,
Sydney, N S W, Jan 21

Injection Treatment of Hernia

SIR,—The letter on injection treatment of hernia by Mr E W Archer in the *Journal* of January 30 (p 246) has prompted me to write and confirm what he has to remark on this question I have recently carried out some experimental work on this subject at the Buckston Browne



FIG 1—Section of the injected area after one week The muscles are being infiltrated with cells



FIG 2—Section of the injected area after the third week The muscular tissue is almost replaced by cellular infiltration which is going on to fibrous tissue formation

Experimental Laboratory, through the courtesy of Dr John Beattie of the Royal College of Surgeons of England

White rats were used, and were injected in the lumbo dorsal region with a sclerosing fluid (quinine urethane and lithocaine) The rats were killed at weekly intervals and the area injected was cut out and examined microscopically after the usual preparations Two of these slides are shown, and it will be seen that there is much more consolidation of the fibrous tissue in Fig 2 than in Fig 1 thus showing that the injected solution leads to a definite fibroblastic reaction The same change occurs in the hernial canal when the same solution is injected into it

Mr Archer quotes a case where the hernia was cured by five injections He is very fortunate to have had such

INJURIES OF PERIPHERAL NERVES

At a meeting of the Section of Surgery of the Royal Society of Medicine on February 3 Professor G GREY TURNER presiding the subject for discussion was injuries of the peripheral nerves

Mr HARRY PLATT in introducing the subject said that twenty years had elapsed since the great war was responsible for such a heyday of peripheral nerve surgery, and there had now arisen a generation of surgeons who had no share in that unique experience In February 1920 he explored forty one injured nerve trunks and presented at the Royal College of Surgeons an analysis of pathological findings in 510 peripheral nerve operations over six and a half years In the past six years he had done no more than eighty nine such operations in civil practice the nerves involved being ulnar fifty five, median, fifteen, brachial plexus nine external popliteal five, musculospiral four and anterior tibial, one In thirty nine cases the nerve injuries complicated fractures and dislocations in thirty-two they were due to penetrating wounds in nine there were traction injuries of the brachial plexus and in nine there were other causes Many nerve injuries in civil life especially lesions associated with fractures, and most of the traction lesions of the brachial plexus in both infant and adult did-not reach the operating theatre

The nerve lesions of civil practice were due to a variety of causes, and therefore presented a widely varying clinical problem With regard to nerve lesions accompanying fractures and dislocations in simple fractures peripheral nerve complications were uncommon Not infrequently the signs of nerve involvement became fully established only during the early weeks following the injury and in these circumstances the methods of treating the fracture which had been carried out might be open to criticism In dislocations and fracture dislocations of the shoulder-joint except for circumflex palsy nerve complications were rare Circumflex palsy was seen in about 5 per cent of all subcoracoid dislocations reduced promptly and efficiently in a large casualty clinic The nerve lesion here was a traction injury produced at the time of the dislocation In most cases with circumflex lesions relaxation and re education brought recovery in three to four months In infraclavicular plexus trunk involvement he had found that the nerve lesions almost invariably dated from the moment of the joint injury and that when the nerve trunks had escaped initial damage the continued presence of the dislocated head in the axilla did not necessarily or even commonly set up a compression neuritis The full effects of a severe infraplexus lesion were rarely demonstrable during the first week On the whole the prognosis in primary lesions of the infraclavicular plexus trunks was not unfavourable, complete recovery within three to six months was the rule in posterior cord lesions For inner cord lesions the recovery time was much longer

Secondary Lesions

In the case of the true secondary lesions associated with an unreduced dislocation spontaneous recovery always tended to be inhibited because of the strangling effects of the extensive scar tissue which formed round the dislocated head The nerve trunks should be freed without delay either by means of open reduction or by excising the head of the humerus

Musculo spiral palsy could be seen either as a primary or as a secondary lesion Primary lesions usually resulted from the direct impact of a bony fragment and it could follow over zealous efforts to manipulate the fractured portions into exact alignment Secondary lesions here were due to adherence of the nerve trunk to a projecting fragment or irregular bony surface In such surroundings the nerve trunk became gradually obliterated by dense cicatricial tissue Most musculo spiral lesions accompanying simple fractures were able to show spontaneous recovery, hence it was sound practice to employ conservative measures

Nerve Injuries at the Elbow

Dealing next with nerve lesions in fractures and dislocations of the elbow Mr Platt said that the incidence of nerve complications in fractures of the elbow was very low In this group the nerve lesions were almost exclusively in fractures of the lower end of the humerus or subluxation of the elbow joint The special vulnerability of the ulnar nerve in the post condylar groove was well recognized The lesions were usually incomplete and under correct treatment the recovery was spontaneous But in some there was a severe progressive neuritis and for this a special neurolysis operation was needed involving transposition of the nerve to the front of the elbow

In twenty two examples of epicondylar inclusion the ulnar nerve showed evidence of primary damage—that is in all the cases In seventeen of them the injured nerve was explored and transposed Secondary lesions became evident three or four weeks after the date of injury and could be seen in both internal epicondylar and supracondylar fractures The underlying cause was a disturbance of the normal relation between the nerve trunk and its bed Owing to its more protected situation the median nerve was but rarely implicated in elbow joint fractures but the nerve trunk was occasionally impaled on the projecting lower end of the shaft in a supracondylar fracture with gross backward displacement of the lower fragment

Turning to the lower limb he said that in extensive ruptures of the ligamentous structures on the lateral aspect of the knee produced by powerful adduction of the leg on the thigh the external popliteal nerve might sustain most serious damage In five of his cases a complete anatomical lesion with an extensive gap was discovered and under great difficulty the operation of end to end suture was carried out Often in such cases it was very difficult to find the distal end of the nerve trunk

With regard to nerve injuries due to penetrating wounds in the upper limb these were seldom encountered above the level of the lower third of the forearm In contaminated wounds in which infection had already secured a hold failure of regeneration after primary suture was almost inevitable In such cases it was wise to postpone nerve repair until the wound condition improved Referring to traction lesions of the brachial plexus Mr Platt said that the lesions in this group presented two distinct problems (1) the traction lesions of the infant during a difficult birth and (2) those of the adult usually caused by road accidents Most cases in the first group showed spontaneous recovery of varying extent in the first few months In the plexus lesions in the adult the degree of injury was much more severe

Surgical Intervention

Sir ROBERT STANTON WOODS discussed the question as to the conditions in which surgical intervention was desirable in the case of these injuries There were first general considerations such as age the presence of complicating disease or injury and the situation of the injury In the second place there was the nature of the injury and here an accurate history was most important Decision as to what to do might depend on which nerve was involved the musculo spiral was one of the most recuperable nerves in the body as opposed to the ulnar A further consideration was the degree of severity of the damage Electrical examination was of no assistance in the days immediately following a supposed injury to a peripheral nerve Electrical reactions gave indications merely of interference with the functions of excitability and conductivity

He indicated three essential respects in which the results of electrical stimuli applied to muscles and nerves in conditions of injury or disease of lower motor neurons differed from those in normal health No contraction was produced if the stimulus applied was a faradic one

the one put forward by Dr Goodfellow and accepted by Dr Blacklin With regard to Dr Blacklin's suggestion that coal adsorbs poisons, I should be glad to know what evidence there is that the surface of coal, even in minute particles is such that it possesses any adsorbent properties It seems to me that a possible explanation of cause and effect is being entirely overlooked—I am, etc,

London W C 1, Feb 4 THOMAS McLACHLAN

Faints and Fits

SIR—Dr A Rae Gilchrist's lecture (*Journal*, January 30, p 203) and Dr Broderick's letter (February 6, p 300) on this subject remind me of an experience of mine, twenty or thirty years ago, which shows the importance of distinguishing between fits and faints, whatever may be their primary origin

I was travelling in a railway train when an old gentleman who had been reading a newspaper and smoking a pipe suddenly collapsed I went to his assistance, and at first thought that he was dead I succeeded, however, in reviving him, and thought that he had had a bad fainting attack I sat down beside him in view of any possible recurrence After a little time, when he seemed quite recovered, he stretched out his hand and took hold of my hand I thought he was going to thank me for my attention, when, to my surprise, he carefully selected my index finger and proceeded to use it to clean out the bowl of his pipe I induced him to adopt another method, and he gradually recovered his intelligence For several years he and I usually travelled to London and back by the same trains, and he occasionally had similar attacks On one occasion he had an attack just before the train went into Cannon Street Station He started in a "subconscious condition to go through the traffic to the Stock Exchange where he worked, but I persuaded him to go with me and rest for a while in the waiting room

Another time he had an attack near his home station I got him out of the train, and called a porter to look after him Suddenly he turned and insisted on getting back into the train As the train was beginning to move I was in an awkward dilemma but just at that moment a fellow passenger handed out his beloved pipe, which was being left behind I gave it to him and all was well

—I am, etc,

Lingfield, Feb 7 HUGH WOODS M D

Is National Intelligence Declining?

SIR—I was very much interested in the searching commentary appearing in an annotation in the *Journal* of December 5 1936 (p 1150) concerning my recent research on mental capacity and the differential birth rate There are certain misapprehensions however, to which I feel some response is required

There seems to be current in the medical world the remarkable notion that the older an intelligence test is the better it must be The Binet test was rejected as an instrument in my survey because being the first intelligence test invented it takes no account of all the profound advances that have resulted in mental testing through the researches of Professor Spearman and his co workers The Otis test was rejected because it is an American test having a standardization which is about fourteen points out for English children I will not enlarge on these technicalities here since I have done so in my *Guide to Mental Testing* but any critical examination of the test actually used will show that the charge of being 'either unreliable or not satisfactorily standardized' applies rather to older tests and associated conceptions of the scatter of intelligence than to this latest product of painstaking research

That the conclusions are, as you say, depressing to any one having the welfare of the country at heart is a very mild statement of the position, but the way out does not lie in attempts to undermine confidence in the scientific soundness of this or any similar investigation, it lies in further investigation on a larger scale, followed by very definite action I trust that this criticism of the over-optimistic tone in which your commentary dismisses some of my conclusions will not be mistaken for any lack of appreciation of the valuable suggestions regarding possible errors in statistical technique These possible loopholes I have examined fully in a more lengthy treatise concerning this problem and the methods whereby it may be handled through social and medical services entitled *The Fight for Our National Intelligence*, which has recently been published with an introduction by Lord Horder—I am, etc,

Education Department, Leicester, Feb 2 R B CATTELL

Intraperitoneal Haemorrhage from a Graafian Follicle

SIR—With reference to Mr R R M Porter's letter on intraperitoneal haemorrhage from a Graafian follicle, may I mention that I saw a similar case about six years ago when I was an assistant at the City Hospital in Spremberg, Germany

A young married woman was suddenly taken ill with intense abdominal pain, vomiting, collapse, etc, and was admitted shortly afterwards to the hospital She looked very pale, had a rapid, feeble pulse, low temperature, and some rigidity and tenderness of the lower abdomen After diagnosing a ruptured ectopic pregnancy (of which we saw an unusually large number at that particular hospital) a laparotomy was performed

We found both tubes and the uterus normal, but there was a steady bleeding from a small ruptured Graafian follicle The amount of blood in the abdomen was comparatively little After wedge shaped resection of the follicle the defect was repaired and the abdomen closed Recovery was uneventful A microscopical examination was not made as there was nothing suggestive of an ovarian pregnancy

I apologize for not being more exact, but I am reporting the case from memory only—I am, etc,

Stoke on Trent Feb 8 S KLEIN, M D, F R C S Ed

Ducks and Bilharzia Disease

SIR,—While domesticated duck feed greedily on bilharzia-infested snails in South Africa, I was able, when working under the Streatfeild Research Scholarship, to show that they could not be persuaded to devour examples of *Melanoides tuberculata* Muller This widely distributed shell harbours a non-human schistosome in Egypt, but evidence is wanting that it is concerned with the spread of bilharzia disease, at any rate in Southern Africa Professor G A H Rose tells me he experienced the same difficulty in persuading domesticated duck to devour the stout shells of schistosome carriers in China

The African jacana, *A capensis*, whose native name in Zululand is Matanda etuba might well be protected, for this bird visits all pans and feeds on the snails from water-lily leaves But it is unreasonable to administer fines for the capture of wild birds by semi-starving natives, in which condition they themselves serve as carriers of disease, and greater consideration should be paid to the conservation of forests and the cultivation of native lands in tracts of country where bilharzia disease is rife—I am, etc,

F GORDON CAWSTON, M D

Durban South Africa Jan 6

of the volcanic ridges at altitudes between 2 000 and 4 500 feet and was especially connected with coffee production Here 40 to 60 per cent of the inhabitants were infected The disease did not exist endemically in Guatemala and Mexico below 2 000 feet because the species of Simulium by which transmitted the disease there did not breed below that altitude In the Province of Lusambo in Africa where onchocerciasis was prevalent the terrain was characterized by ridges and hills separated by narrow valleys containing swiftly running streams where Simulium bred extensively Here however the production of cotton and of mandioca and the collection of the piassava palm were factors predisposing to infection and it was these agricultural pursuits which especially brought the inhabitants into contact with the fly vector In Africa the black fly *Simulium damnosum* was particularly concerned in the transmission of the disease and in Lusambo *Simulium dinelli* was also implicated Both species of flies were frequently found breeding at altitudes below 1 000 feet and in Liberia Sierra Leone and parts of the Belgian Congo onchocerciasis was prevalent at altitudes at or below 1 500 feet Furthermore in parts of Africa 33⅓ per cent of wild flies were discovered to be infected compared with a maximum of 5 per cent in Guatemala This accounted for the greater number of nodules found in Lusambo patients where as many as 150 might be counted in one individual In other places two to six appeared to be the number generally present

Treatment consisted in surgical removal of the nodules or in destroying the parasites by the injection of drugs such as gentian violet or hexylresorcinol In Guatemala there was evidence that treatment of infected individuals by destroying the focus of infection was a helpful prophylactic measure but in Africa where conditions were different eradication of human infection would be entirely impracticable apart from the elimination of the fly vector

Professor D B BLACKLOCK who had first established the transmission of *Onchocerca volvulus* by *Simulium damnosum* in Africa said he had not been able to find an association between eye lesions and *Onchocercus volvulus* infestation in Sierra Leone He had found only one village in which the nodules were prevalent on the heads of the patients Here sixty six people were examined, thirty three had nodules on different parts of the body but in only eight of these were they present on the head This village was overhung with enormous trees and Professor Blacklock suggested that in South America frequency of nodules on the head might be associated with the overhead shade provided by the coffee planters combined with the fact that people were better clothed With regard to prevention many suggestions had been made for eradicating the fly vector Hissette had advised the clearing of the ground for 500 metres from habitations Such a measure might be largely successful in localities such as Sierra Leone where the fly hid in the tall grass and did not come out any long distance to attack

"THE FRONTIERS OF PSYCHOTHERAPY"

At a meeting of the British Psychological Society (Medical Section) on January 27 Dr H CRICHTON MILLER delivered his address from the chair in which after some personal references he discussed with acknowledgements to the title of a recent book by Professor McDougall 'the frontiers of psychotherapy

The first and in many ways the most obvious frontier was neurology, a frontier that had long called for a commission of delimitation Here Dr Crichton Miller took as an example the apache type of the post-encephalitic a patient whose symptoms were a conduct-disorder and therefore on the psychotherapist's side of the frontier The aetiology however was an infection of the central nervous system and as such was in the territory of the neurologist The psychologist could provide a special and constricted environment for the patient, the neurologist could prescribe the appropriate dose of hyoscine or other palliative In what quarter was to be sought any real hope of prevention if not of cure? Surely from the bacteriologist who in collaboration with the clinician would one day be able to cut short an attack and ensure no degenerative sequelae If the psychotherapist was obliged to recognize his curative limitations it was useless for him to turn to the neurologist for help as the neurologist could provide only diagnosis and medicinal palliation

The neurologist and the pathologist were apt to extinguish aetiological speculation by saying There is not a shred of evidence to support — this or that hypothesis generally meaning that there were no post mortem findings Why should there be? They had all treated the morbid blusher the blushing had a special and constant distribution, it was objectively verifiable and yet no one would expect the phenomenon to be recognized post mortem He conceived of the brain tissue as susceptible of transitory vicissitudes capable of modifying function without any permanent interference with structure It looked as if psychotherapy when it was not self supporting could not hope for much assistance from the neurological side of the border

The Physiological Frontier

The physiological frontier was one where psychotherapists would often have difficulty in justifying their claim Psychotherapy had been cursed almost since its inception by an easy assumption that functional nervous disorders were psychogenic in origin It was a fallacy that what was functional had to be treated on psychological lines and also a fallacy that because a condition was curable by psychotherapy psychotherapy was the best cure for it He had known cases of chronic constipation cured by Christian Science He neither denied this fact nor did he recommend his constipated patients to become Christian Scientists Similarly with anorexia nervosa the subject of a recent article in the *British Medical Journal* (December 5 1936) in which it was stated that early diagnosis depended on rapid exclusion of organic disease and recognition of the characteristic mental picture He wondered which of them had ever seen let alone recognized a case of anorexia nervosa in which there was no constipation menstrual inadequacy or anaemia He had no desire to keep anorexia nervosa on the psychological side of the frontier He would retain his liberty of action and when he found hypogonadism he would proceed to use those preparations now fortunately available which used with reasonable intelligence would rectify the amenorrhoea at the same time applying such analytical skill as he could command to the elucidation of the inevitable Electra complex

After discussing other borderline conditions he deprecated the unwillingness of the psychotherapist to prescribe any of the preparations which the lesser breed of endocrinologists had found useful in such cases Twenty-five years ago when he read his first paper in London his argument was Determine the major aetiological factor and treat it and he found himself reverting to that theme The sooner the frontier between endocrinology and psychotherapy was obliterated the better for their patients

Sociology, Philosophy, and Religion

In considering the relation of practical psychotherapy to sociology it must be remembered that the bulk of their patients came to them because they were maladjusted to society To day society was looking to the psychologist for advice and to the psychotherapist for treatment This frontier was one of great importance as it lay at the root of human evolution The problem might be formulated in some such terms as these How far could mankind undergo further differentiation and yet endure the herd life that was necessarily based upon average contribution and standardized treatment? One contribution which psychopathology might usefully make was the correlation of delinquent trends with abnormalities of physical func-

department of Birmingham University and under Professor Lewis's supervision that a thorough investigation of psittacosis was made about seven years ago On retirement from the active service of the University in 1935 he was made emeritus professor He joined the British Medical Association in 1888, and at the annual meeting held in Birmingham in 1911 was vice president of the Section of Pathology

It is with regret that we record the death of Dr James Maxwell Warnock at his home in Newtownards, Co Down, on January 31 He had been a victim of the prevailing epidemic of influenza, and had been advised to take a holiday to convalesce, but refused to leave his patients In outcome of his self-sacrifice was that he developed pneumonia, and this proved rapidly fatal Dr Warnock was a student of Queen's College, Belfast and graduated M B, B Ch in the Royal University of Ireland in 1906, and proceeded to the M D in 1916 He acquired valuable experience in practice in England for two years and then settled at Newtownards, where he soon became one of the prominent medical men in the Ards peninsula, acting as medical officer to the Union Infirmary, which was later converted into a modern district hospital The Ards was his birthplace, and he looked upon it with admiration, the citizens of the peninsula soon held him in equal respect and esteem in his professional activities, and the number of his patients is a tribute to his ability and character He was universally popular with colleagues and patients, and his death is a loss to the district which held him in such high regard Dr Warnock was of a quiet, unassuming temperament, conscientious in the fulfilment of his duties, and always prepared to help a friend He was a regular attender at meetings of the British Medical Association and the Ulster Medical Society With his widow, two sons (one of whom is a doctor and the other a medical student), and his daughter there is widespread sympathy in their bereavement

Dr Edward Watson Palin, who died on January 19 in St Thomas's Hospital, was aged 68 years, and had been in general practice for about thirty-two years In 1895 he graduated M A, M B, B Ch at Oxford, obtaining the M R C S and L R C P diplomas, and then acted as house-physician and clinical assistant in the rural department at St Thomas's For about two years he practised at Ross-on-Wye, Herefordshire, and then settled at Fakenham, Norfolk, in partnership with Dr W H Fisher He was Poor Law medical officer for Mitford and Launditch Union During the war he formed the Fakenham Branch of the St John Ambulance Association and acted as medical officer For many years Dr Palin was a member of the British Medical Association He was a keen Freemason and much interested in parochial affairs He was also an expert gardener and photographer, and exhibited in London and other places He retired to Chalford Hill Gloucestershire, five years ago On January 24 memorial services were held at Fakenham Parish Church and were largely attended

We announce with regret the death, on January 31, of Dr Henry Holt of Bournemouth After studying at Owens College, Manchester, Dr Holt qualified M B, Ch B in 1900, and then went on to the Middlesex Hospital and took the D P H of the English Conjoint Board in 1905 He acted for a time as house-surgeon to St Mary's Hospital for Women and Children Manchester, and later as house surgeon to the Stanley Hospital Liverpool He was appointed assistant to the medical officer of health for Stockport and in the course of his work there wrote a thesis on "The Place of Vaccine Therapy in the Treatment of Gonorrhoea" for which he was awarded the M D of Leeds in 1918 He was at one time president of the Stockport Medical Society, and first joined the British Medical Association in 1902

We regret to announce the death of Dr Hugh Meyrick Meyrick-Jones of Haunton, Cambridge, on February 2 He received his medical education at Guy's Hospital, and qualified M R C S, L R C P in 1893, and afterwards spent a few years at Crewkerne, Somerset He took the degrees of M B, B S at the University of Durham in 1896 and proceeded M D in 1898 In the latter year he settled in practice at Guilsborough, Northamptonshire where he held the appointment of public vaccinator to the No 2 District of the Brixworth Union In 1901 he moved to Charlton Kings, Cheltenham He became medical officer of health to the local urban district council in 1909, and held that office until 1922 In 1911 he was appointed honorary radiologist to the Cheltenham Ear Eye and Throat Hospital and General Hospital and in the same year he became a member of the Rontgen Society He went to live at Cheltenham during the war and on his retirement in 1928 moved to Cambridge, where he received the appointment of demonstrator in radiology and electrology in the University The degree of M A (*honoris causa*) of the University was conferred upon him in 1931 Dr Meyrick-Jones had been a member of the British Medical Association for forty years He was president of the Gloucestershire Branch in 1921–2, and when the Association held its annual meeting at Manchester in 1929 he held office as secretary of the Section of Radiology and Radiotherapeutics

Dr George Francis Bradley, who died at Lutterworth, Leicestershire, on February 2, received his medical education at the London Hospital, and qualified M R C S, L R C P in 1911 He held a number of resident appointments at the hospital and graduated M B B S at the University of London in 1913 He then settled in practice at Halstead, Essex, where he became surgeon to the local cottage hospital After moving to Lutterworth he was appointed certifying factory surgeon for that district in 1931 He was also surgeon to the Lutterworth Cottage Hospital and local medical officer to the Post Office Dr Bradley had been a member of the British Medical Association since 1916

Dr Thomas Forde of Shipsford, Denaby, died on January 23 aged 54, from pneumonia following influenza For over a fortnight he had worked many hours a day visiting influenza cases in the Conisborough and Denaby district, where he practised for twenty-three years Dr Forde was born at Cork and studied medicine there graduating M B, B Ch of the Royal University of Ireland in 1908 After several voyages as ship surgeon he practised for a time in South Wales, and held a temporary commission in the R A M C during the war He was for many years a member of the medical staff of the Fullerton Hospital, Denaby, and surgeon to the local branch of the St John Ambulance Brigade He had been a member of the British Medical Association since 1912

We regret to announce the death on January 29, after a short illness of Dr Alfred Bertram Vine M B E of Bury, Lancs A student of the Middlesex Hospital Medical School, Bertram Vine obtained the English joint qualifications in 1899 and graduated M B Lond in 1901 After serving as house-physician at the Middlesex Hospital he settled in practice at Bury, and for some years was honorary physician to the Bury Infirmary He joined the British Medical Association in 1911, and was a member of the Manchester Clinical Society

The following well-known foreign medical men have recently died Dr Bindo Dr Vecchi professor of morbid anatomy and rector magnificus of the University of Florence, aged 59, Geh.-Med Rat Dr Richard May formerly extraordinary professor of the history of medicine at Munich, aged 74, and Dr Heinrich Gerhartz, extraordinary professor of internal medicine at Bonn and authority on tuberculosis and the cerebral nervous system aged 58

and the condition of a closed infection arose, so that antibody production increased rapidly This being so a positive gonococcal complement fixation test might be taken as evidence of present or immediately previous gonococcal infection but a negative test did not exclude the possibility of gonorrhoea

The possibility of cross fixation with antibodies of allied bacteria such as *Micrococcus catarrhalis*, the meningococcus, and *Micrococcus flavus* had often been raised, and the evidence on this question had not been altogether conclusive Dr Orpwood Price had carried out a series of experiments in which he prepared antisera against the gonococcus, *Micrococcus catarrhalis*, and *Micrococcus flavus* by injecting rabbits with these bacteria The sera were then tested against gonococcal antigen in serial dilutions ranging from 1 in 10 to 1 in 80 as for a complement fixation test These experiments showed that a weak degree of cross fixation with the antibodies of *Micrococcus catarrhalis* was liable to occur

Test of Cure

Dr Dukes referred also to Dr Price's views on the gonococcal complement-fixation reaction as a test of cure As long as a patient had a persistently positive complement fixation test he should be regarded as infective and remain under medical supervision When the test became negative after having previously been positive this in itself must not be taken as evidence of cure In any test of cure both clinical and pathological examinations must be considered and it was suggested by Price that if the patient showed no clinical signs or pathological evidence of the disease normal life with the single exception of coitus should be allowed for one month Then the patient should be re examined and all tests repeated If these still yielded negative results a further month of normal life should be allowed before the final tests were made When these were satisfactory the patient might be regarded as cured The gonococcal complement-fixation test could not be regarded as a substitute for other methods of deciding when a case was cured Its evidence should always be supported by the results of smears and cultures

Diagnosis of Syphilis

The second half of the morning session was devoted to a discussion on the diagnosis of syphilis introduced in the first place by Dr J G GREENFIELD with a paper on the cerebro spinal fluid in neurosyphilis He pointed out that the four reactions proposed by Nonne in 1909 still remain the most important for the examination of the cerebro spinal fluid in syphilis These four reactions are the cell count, globulin estimation, Wassermann reaction in blood and cerebro spinal fluid, and a colloidal reaction Dr Greenfield discussed these in turn and then took up the question of the cerebro spinal fluid at various stages of syphilis and its relation to treatment In the secondary stages of syphilis meningeal reactions may occur in a small proportion of cases but since the majority are not followed by neurosyphilis it seemed unnecessary to perform lumbar puncture on patients before or during treatment unless there were clinical signs of syphilitic meningitis, in which case lumbar or cisternal puncture was a curative measure

Only those cases in which meningeal reactions persisted into the latent period appeared likely to develop neuro syphilis, and therefore the best time to examine the cerebro spinal fluid in the earlier stages was a year after a complete course of treatment or at the end of the third year after infection More frequent punctures during the secondary stage were not contraindicated but the appearance and disappearance of meningeal reactions should not be allowed to influence treatment

In the later stages a certain diagnostic and prognostic value attached to the rapidity with which the Wassermann reaction in the fluid cleared up under treatment and to variations in the Lange reaction Although it was generally true that in meningo vascular forms of neuro syphilis the Wassermann reaction in the fluid cleared up rapidly under treatment, there were many chronic cases of meningeal syphilis in which this rule did not hold good In tabes and general paralysis the Wassermann reaction in the fluid was very stable and usually only weakened along with the weakening of the Wassermann reaction in the blood But after malarial treatment in favourable cases the Wassermann reaction in the fluid might clear up fairly rapidly, while the blood Wassermann reaction remained strong In the latter type of case examination of the fluid at intervals was of definite prognostic value and enabled relapses to be detected and treated at an early stage Variations in the Lange reaction were also of value in prognosis, weakening of the reaction in a general paralytic after treatment with malaria or trypars mide being usually of good omen, while a progressive strengthening of the reaction in cases of tabes or old standing syphilis pointed to the onset of general paralysis

Dr H C LUCEY read a short paper entitled Wassermann Snags in which he gave his experience of certain practical difficulties in the performance of this test and ways in which they might be overcome

Congenital Syphilis

Dr A G SIGNY opening a discussion on congenital syphilis said that in view of the general difficulties met he would describe various methods available for collection of reasonable specimens of blood from children He described the puncture of the anterior fontanelle the external jugular vein and the internal jugular vein He then stressed the importance, in testing the blood of children of doing at least two types of tests—a recognized complement fixation as well as a recognized precipitation test He then discussed in detail the interpretation of the results of these tests particularly the anomalous results which are occasionally met with He emphasized the necessity of a repeated test before a diagnosis of syphilis is made from serological evidence alone especially in young infants who are quickly made negative on treatment The value of a provocative injection of arsenic was pointed out in doubtful or weak positive reactions The histology of congenital syphilis was briefly described and said to be characteristic in many organs especially the liver He then discussed the anaemias of congenital syphilis and described how readily the children improve as the syphilis clears up under specific therapy

Dr DAVID NABARRO stated that investigations carried out at Great Ormond Street showed more than half of the congenital syphilitic infants seen to have positive findings on examination of their cerebro spinal fluids As a rule this condition responded readily to the recognized treatment by injections and in his experience the fluid which had once become negative very rarely altered In the majority of these cases the neurosyphilis was latent but sometimes there were signs or symptoms such as hydrocephalus convulsions, and possibly mental retardation In his opinion a lumbar puncture should be carried out in every case of congenital syphilis in order to detect latent neurosyphilis especially in rather older children and to treat it so as to prevent such untoward events as hemiplegias meningo vascular lesions leading to mental degeneration and so on In his experience the treatment of neurosyphilis with clinical manifestations in children was most disappointing and on that account he strongly urged the routine lumbar puncture of all congenital syphilitics

In reply to a question from Dr GOODHART as to whether he had seen the symptoms in pregnant mothers diminish in intensity Dr NABARRO stated that in his experience the majority of syphilitic mothers showed no signs or symptoms of the disease with the exception of a positive reaction in the blood It was stated that the blood reaction became negative during pregnancy and this was adduced as a reason for not doing routine blood tests on expectant mothers and particularly those who attended ante natal clinics In Dr Nabarro's experience the

men, and women in a similar economic position it was hoped that the financial arrangements would enable local authorities to provide a complete service at home at a fee not much, if at all, higher than was at present payable for the services of a midwife alone Women could then authorize payment to the local authority out of the maternity benefit The payment for services rendered by the doctors would be made by local authorities in accordance with scales fixed by the latter after consultation with the appropriate organizations of doctors The additional expenditure when the new services were in full operation, after taking account of fees recovered, might reach £120,000 a year Clause 3 of the Bill proposed a grant equivalent approximately to half the total additional expenditure of each local authority The grant would be scaled up and down in proportion to the needs of the authority determined under the formula of the 1929 Local Government Act He was prepared to move an amendment that the Bill should not come into operation until May 16, which was the day after the new block grants had begun Local authorities would also receive Exchequer help in the amount of their liability for compensation to midwives who retire in the three years following the commencement of the Bill One half of the compensation paid in all cases during that period would be borne by the Exchequer

Among the points which would arise in committee was the concern felt by the universities and teaching institutions about the cases that would be available for the training of medical students in midwifery The Bill provided that the local authorities and the Department should have regard to the desirability of maintaining facilities for teaching

NUTRITION AND THE BILL

Mr T Johnston said the Opposition approached the measure with sympathy Mr Elliot had not explained why the Scottish maternal mortality rate was 15 per cent worse than that in England, nor why, in a model area in London, instead of a death rate of 6 per 1,000 as in Scotland, it had been reduced to 0 68 There was nothing in the Bill about malnutrition What provision would be made in the regulations for seeing that women undernourished from long poverty and underfeeding were provided with the necessary nutrition?

Dr Elliot had explained that the Bill provided for the consultation of existing voluntary associations Mr Johnston thought this necessary in many rural parts of the country where these associations had grown up over many years and some were efficient He criticized, however, the drafting of the provisions dealing with them Clause 1 of the Bill said that the period of domiciliary treatment by a midwife was to be only the lying in period The English Act prescribed fourteen days He discussed the working out of the new grants for maternity services in association with the block grants and asked whether after May 16 Edinburgh would be guaranteed 50 per cent of her expenditure on maternity services

Mr Elliot said he thought that the percentage would not be increased and might be slightly diminished under the new formula The distribution of the money available would be according to the needs of the population and he was willing, later, when the block grant and the weighted formula had been agreed upon to circulate a statement showing what each local authority in Scotland would receive The new formula would on the whole advantage the densely populated areas, the sparsely populated areas, and the poor areas rather than the richer ones

INSTRUCTION IN DOMICILIARY MIDWIFERY

Mr Graham Kerr said that one point of fundamental importance merited the consideration of the House Many of those best qualified to speak on the improvement of domiciliary midwifery in Scotland told him that unless the Bill was amended at one point it would bring about actual deterioration in domiciliary midwifery There happened to be statistical information on this matter In 1933 a report was published in New York upon mortality in connexion with confinement based upon 348 310 cases This showed that in cases dealt with in splendidly equipped hospitals the death rate was 4 5 per 1 000 whereas in confinements in the patients' own homes the death rate was 1 9 per 1,000 Of course in hospitals a greater proportion of abnormal cases was found but the House was safe in taking these statistics and a great mass of similar evidence from elsewhere as justifying a declaration that the day was not yet ripe for treatment of midwifery cases in general in hospitals As a biologist it appeared to him that no more difficult task faced society than the improvement of domiciliary midwifery From that point of view the most important thing was to ensure efficient training in midwifery for the midwife on the one hand and the practitioner on the other The Scottish universities and the great maternity hospitals of Scotland represented to him that the present Bill failed to ensure this The University of Aberdeen said the omission would in the long run defeat the object of the Bill Glasgow Maternity Hospital, the largest in the country and the largest training centre for midwives in Great Britain, said the Bill in its present form would wreck the outdoor service of the hospital which was essential for training students and midwives A similar opinion was expressed by Dundee Maternity Hospital, which last year was responsible for over 50 per cent of births registered in the city of Dundee He hoped the Government would agree to a new clause worded in this way

In every area where there is a recognized medical school the local authority of that area and the Department of Health shall take steps to secure that adequate facilities are made available for the practical domiciliary instruction in midwifery of any person undergoing training with a view to becoming a duly qualified medical practitioner or a certified midwife

Mr Leonard asked whether it was possible, since a great number of doctors did not like to share in nor did they specialize in this work, for the consultation to be conducted with a panel of practitioners who had paid special attention to the subject He hoped that the period during which unqualified persons were prohibited from giving service would be extended to fourteen days as in the English Act Competent opinion was that on the tenth day difficulties arose which needed to be watched Under the Bill persons working in certain institutions were exempt from any penalty if they acted at a confinement One such institution was a maternity home, but there were respectable maternity homes where no one was qualified under the Bill except the matron, and he did not see why penalties should not be imposed when they were imposed on other people perhaps as fully qualified as the nurses in maternity homes The same applied to mental asylums Why should it be necessary to make an exception in the case of a birth taking place in mental asylums? With regard to Clause 7 he asked, on behalf of the city of Glasgow, whether those who attended refresher courses would incur expense and whether that expense would rank for grant under the financial arrangements of the Bill Additional hospital accommodation would be required for ante natal and other purposes, and the cost of that should receive consideration at least in regard to capital charges

Mr Allan Chapman said that hospitals existed for the benefit of poor persons and the former naturally sought experience for their trainees among the people whom they served This point caused great anxiety among Scottish hospitals, and he hoped the Lord Advocate could announce some form of compromise Extern training was of equal if not of greater importance than intern training for the object of this Bill He therefore urged that provision should be made for external training the mothers being protected by a requirement that a certificated midwife should always be present without exception when a trainee handled a case

MEDICAL OPINION OF THE BILL

Sir Ernest Graham-Little said an opportunity had been missed in framing the Bill The recommendations of the admirable report on maternal mortality and morbidity in Scotland should have been more closely followed The report stated that

> "Ante natal intra natal, and post natal supervision should be afforded by the same medical attendant where this is impossible the ante natal record should be readily and immediately available to the attendant at confinement"

build a new wing for ear, nose, and throat wards and also wards for septic cases, as the accommodation for these two departments had for long been unsatisfactory The Western Infirmary had not so far been able to provide accommodation for patients who were able to contribute to their treatment but it was now proposed to erect on the east side of the main drive a block which would be available for paying patients The plans for this building were in process of adjustment it was expected that the building would provide some fifty beds It was hoped that Sir Thomas Lipton's trustees would make grants enabling the managers to erect this building in memory of Sir Thomas Lipton An extraordinary general meeting of subscribers was held after the ordinary meeting at which a special resolution was unanimously passed giving the managers power to provide accommodation for paying patients

Chair in Dental Surgery at St Andrews

At a meeting of the General Council of St Andrews University on January 30 a draft ordinance relating to a chair of dental surgery to be instituted at this university was unanimously approved Mr James Allison said that the ordinance provided for the endowment of a chair in dental surgery in the faculty of medicine This had been made possible by a gift to the University Court of a sum of £17,500 by Mr and Mrs William Boyd West Ferry, Dundee in seven annual payments of £2 500 and it was hoped that an additional grant would be forthcoming from the Dental Board, which would enable a full salary to be paid to the professor At the same meeting it was stated by Principal Sir James Irvine that the number of students at the University during the past year had been 1 062, including fifty two research students In the current year there had been a slight fall in the number of full time students to 930 such a fall however being the general experience of all the universities He also stated that the University had received a benefaction of £4,000 from Dr William Low late rector's assessor to the University Court which had been devoted to the provision of a medical hostel in Dundee so that students engaged in midwifery could live in the immediate vicinity of the hospital

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E F King (*Brit J Ophthal* October, 1936, p 561) estimates that there are fifty to one hundred cases of leprosy in the British Isles Ten of the fourteen cases he has seen have ocular lesions, some only observable with the slit-lamp Supraciliary thickening with loss of eyebrows, diffuse lid infiltration with nodules, and loss of eyelashes are common Involvement of the seventh nerve reduces blinking, causes fibrillation of the orbicularis, and later paralysis and ectropion Leprosy of the palpebral part of the lachrymal gland may call for excision and the lachrymal sac and non lachrymal duct may be obliterated Anaesthesia of the conjunctiva and cornea is almost constant and an episcleral nodule in the upper temporal quadrant of the limbus symmetrical in the other eye, is characteristic The nodule tends to spread round the limbus and into the cornea when an anterior staphyloma may occur and possibly perforation A leprotic superficial keratitis with a greyish milky substantia propria and scattered white chalk like dots is distinctive This condition may clear with treatment Corneal abrasion and ulceration is uncommon Acute iritis, iritic nodule at the angle, and, most often, iridocyclitis with non pigmented punctate keratitis, and a number of grey discrete pathognomonic spots on the iris are often seen The iridocyclitis is similar to heterochromic cyclitis With the exception of the deep infiltration of leprotic interstitial keratitis lepra bacilli are readily found in the various lesions The main general treatment is the injection of chaulmoogra oil Probably all subconjunctival injections are useless but excision of the episcleral nodule is useful in preventing local extension

Correspondence

Blood Group Tests in Disputed Paternity

SIR —Dr P L Sutherland's interesting letter in the *Journal* of February 6 (p 299) raises a number of points concerning the practical side of blood group tests As we did not discuss this aspect of the subject in our paper we would be grateful for your permission to amplify some of the points raised by Dr Sutherland

The particular technique to be employed for the setting up of the tests is perhaps best decided by the past experience of the individual worker in the field Personally we prefer a modification of the Martley–Roche Lynch technique which has proved satisfactory in our hands

We are in agreement with Dr Sutherland regarding the necessity of having blood of all type for control purposes and for the supply of test corpuscles and sera We make a practice of having readily available a sufficient number of volunteers (laboratory staff, students etc) whose blood type have been determined repeatedly and we think that freshly *prepared corpuscle suspensions from normal individuals of* established type are decidedly superior to those prepared from chance specimens of pathological bloods submitted for Wassermann tests and other tests as is suggested by Dr Sutherland

The necessity for controls is even greater in M and N tests than in A and B tests since the agglutinin for M and N are not present in man and have to be developed artificially in the rabbit Such rabbit sera may contain the agglutinins for A and B developed as a result of the injection of the appropriate red blood corpuscles and such agglutinins have to be removed by adsorption with A and B corpuscles before the sera can be used in testing for the M and N factors As the agglutinins for M and N are not present in human sera there is no cross check as exists with the A and B factors so it behoves the worker to make doubly sure of the specificity and potency of his M and N sera by exacting controls especially too as rabbit anti M and N sera deteriorate in an irregular manner

It is our practice to have available a sufficient number of persons whose blood type were originally determined from sera kindly supplied by Professor Thomsen of Copenhagen These known type bloods are used for the preparation, adsorption and testing of our antisera For the actual tests we believe that unless bloods are available from persons who are known to be M, N or MN it is essential when examining a set of unknown bloods, to test them with sera from two different sources but this only 'second best' —We are, etc

DAVID HARLEY
G ROCHE LYNCH

St Mary's Hospital W 2 Feb 8

Nasal Sinusitis in Children

SIR —In the *Journal* of January 2 (p 24) there was reviewed some excellent work on this subject done by Mr Crooks who contributed an article to the December issue of the *Archives of Disease in Childhood* (1936) From both the original work and the leading article in the *Journal* I gained the impression that Mr James Crooks's very complete investigation of his cases in Edinburgh had compelled him to the conclusion that adenectomy and tonsillectomy resulted in only a very small proportion of cures in sinusitis I had reached much more hopeful conclusions after some few years investigation of this subject and since my work was on children living under conditions different from those of the Edinburgh children,

Part I, which deals with general provisions as to health, strengthens the existing provisions and also introduces new proposals The requirements as to cleanliness are made more precise The amount of cubic space required per person is increased from 250 cubic feet to 400 cubic feet, in existing workrooms the present standard will continue to apply for five years and longer if effective mechanical ventilation is provided In addition to requiring effective provision to be made for securing and maintaining a reasonable temperature in all workrooms a standard of temperature is laid down for light sedentary work, and the Secretary of State is given power to prohibit the use of unsuitable methods of heating The most important new proposals included in Part I are those for securing sufficient and suitable lighting and for the medical supervision of the workers in certain circumstances—for example, in outbreaks of disease

SAFETY AND GENERAL WELFARE

In Part II the provisions of the existing law have been largely recast New proposals provide for the adoption of various safety devices or arrangements, impose duties on manufacturers in regard to the construction of new machines, require precautions in the case of cranes, chains, steam receivers and containers, compressed air receivers, processes involving risk of explosion from dust or fumes, and various other matters Specific requirements are laid down with regard to hoists and lifts

The provisions in regard to means of escape in case of fire are considerably extended The Bill secures that where in any factory more than twenty persons are employed in the same building, or explosive or highly inflammable materials are stored or used, effective arrangements shall be made for giving warning and for familiarizing employees with the means of escape and the routine to be followed in case of fire

Part III deals with general welfare—that is, the provision of drinking water, washing facilities, and accommodation for clothing in certain prescribed processes, and facilities for sitting for female workers Part IV contains important new proposals for health, safety, and welfare The existing provisions as to the removal of dust are strengthened while new ones are introduced to control underground workrooms in factories Power is given to make regulations prescribing the maximum weights to be lifted by young persons and also by men and women Part V, which relates to the notification and investigation of industrial accidents and diseases, reproduces substantially the existing law

HOURS OF EMPLOYMENT

Part VI deals with the hours of employment of women and young persons At present women and young persons may work in any week up to a maximum of sixty hours in non-textile (fifty-five and a half in textile) works, exclusive of intervals for meals and in addition, women may under the present Act be employed on a limited amount of overtime in certain trades The Bill secures that the weekly working hours shall not exceed forty eight, and that the daily working hours shall not exceed nine, exclusive of intervals for meals Every factory will be permitted, in the case of women and young persons over 16 years, an aggregate of one hundred hours overtime in the year, provided the overtime is not more than six hours in any week and only takes place during thirty weeks in the year Overtime for women may be increased to 150 hours in trades subject to seasonal or other pressure, and in proper cases the requirements as to the weekly maximum and the number of weeks may be relaxed Young persons under 16 are not to be allowed to work overtime, and provision is also made for reducing the amount of overtime for young persons over 16 in any process in which overtime employment is shown to be prejudicial to their health

Part VII following the existing Act, applies certain provisions of the Act to docks wharves, quays, and warehouses, it also applies certain provisions to certain processes carried on in ships in a harbour or wet dock which are not at present under the Act to building operations which are only partly within the Act and to works of engineering construction which now come within the scope of the Act for the first time Parts VIII and IX re enact the existing provisions in regard to homework and the supply of particulars to piece workers Part X continues with modifications a number of existing miscellaneous provisions but contains a new one requiring employed persons to use the appliances provided for their health or safety and not wilfully or without reasonable cause to do anything likely to endanger themselves or others Part XI contains the administrative provisions relating to the appointment powers and duties of inspectors and the appointment and duties of examining surgeons (the new name for the certifying surgeon) Part XII re enacts with modifications the provisions with regard to offences and penalties and legal proceedings

Parts XIII and XIV deal with the application of the Act and general interpretation, and defines the term factory

It is proposed that the Bill shall come into force on July 1 1938, but the Secretary of State is given power to postpone up to January 1940, the operation of any particular provision in Part II This would enable special treatment to be given if necessary to any depressed industry which might find it specially difficult to comply with the provisions in question

Royal Commissions and Inquiry Committees

The following statement gives particulars of certain Royal Commissions and Committees of Inquiry (excluding Standing and Statutory Committees) appointed by the Government during the last or previous Parliaments which are still sitting

Name of Commission or Committee	Object of Inquiry	Remarks
Local Government and Public Health Law *Consolidation*	To consider the grouping of enactments in regard to consolidated legislation	First Interim Report March 1936 Second Interim Report January 1936
Flats for the working classes	To inquire into methods of construction etc of flats suitable for the working classes	Interim Report May 1935
Noise	To consider the principal causes of noise in the operation of mechanically propelled vehicles	First Interim Report August 1935 Second Interim Report July 1936
Poor Law (Scotland)	To examine the existing statutory provisions relating to the relief of the poor in Scotland	
Workmen's Compensation Acts	To inquire into and make recommendations on— (i) the operation of the Acts in relation to workmen affected by miner's nystagmus (ii) the system of medical examination and certification by medical referees and certifying surgeons in force under the Acts To inquire into and to report on the working of the provisions and practice relating to the settlement of workmen's compensation claims by the payment of lump sums	

Southampton Nursing Homes and Notifiable Diseases

The Southampton Corporation Bill was read a first time in the House of Commons on February 2 Clause 33 provides that no person suffering from a notifiable disease shall be admitted for treatment to a nursing home in the borough except with the consent of the medical officer If any patient in a nursing home is found to be suffering from a notifiable disease the person carrying on such a nursing home shall forthwith notify the medical officer, and such patient shall not continue to be treated in the nursing home except with the consent of the medical officer

The Bill also contains provision for the registration of hairdressers and barbers' premises The council also seeks powers to make by-laws to secure the cleanliness of the premises and of the instruments, towels, and materials used therein Provisions of a similar nature regarding hairdressers' premises are contained in the West Ham Corporation Bill and the Rotherham Corporation Bill both of which had been read a first time in the House of Commons

Nutrition of School Children

Mr SHINWELL in the House of Commons on February 3 initiated a debate on the feeding of children He moved

> 'That in view of the disquieting reports regarding the physical condition of children this House is of opinion that out of moneys provided by Parliament provision should be made for supplying in addition to milk at least one meal per day to every child attending an elementary or secondary school

He said his motion did not go as far as the Labour party would desire They wanted all children at school or otherwise to be provided on every day of the year with all meals required for their sustenance Some improvement in health

By the preliminary x ray method advised above in primary and recurrent cases the risk of operation or interstitial radium causing dissemination (and some breast tumours appear to be as highly metastatic as a lymphosarcoma) is reduced to a minimum Some cases seen after operation or interstitial radium have had such wide spread recurrences or unusual metastases that dissemination has been strongly suggested though impossible perhaps to prove (except by analogy with animal experiments)

The "power of x rays does not depend on the wave length, as Mr Rowntree seems to suggest, or above a certain voltage, not to any practical extent, instead their power' depends on the various factors of dosage and the method and skill of application employed The good results obtained in skin epithelioma with low voltage x rays high voltage x rays, or with radium appear to prove the relative unimportance of wave length (if suitable cases and technique are chosen) as compared with quantity absorbed and the time factor

Such great advances have been made in the methods and technique of x ray therapy in breast cancer in recent years that I am in warm agreement with the opinion expressed by a well known radiologist from abroad at an informal discussion on the methods possible for the treatment of cancer of the breast 'Well, x rays for my friends' '—I am, etc

London W1 Feb 6 J H DOUGLAS WEBSTER

Sclerosing Submucosal Injection of Turbinates

SIR—On the importance of conserving the ciliated surface of the nose everyone will agree I heartily endorse Mr C A Hutchinson s condemnation of the electrocautery as a means of removing unwanted tissue but I venture to raise a doubt as to the method proposed by him (*Journal* January 9, p 72) or that of Dr James Adam (January 30 p 245) being the best alternative

If the turbinates are too large they may be tucked by snipping or snaring away the redundant portion not only with complete safety and a quite negligible scar but without interference with the histological structure of the erectile tissue of which they are composed, and whose function is perhaps not yet quite understood It is remarkable how great an effect a quite small button removed in this way can have on the freedom of the passage The method is so simple and so surgical that I can see no reason for devising sclerosing injections

As to pushing a cautery into the turbinal tissue this method had a vogue about twenty-five years ago but was found to be dangerous Cases were reported where pyaemia supervened The cause was not far to seek The cautery caused a local necrosis in the middle of a venous structure the necrosed tissue became infected, and the ideal conditions for supplying bacteria to the blood stream were established—I am, etc,

Dublin Feb 2 ROBERT H WOODS

Inhalational Therapy

SIR—I was interested to read Dr Ellman s letter in your issue of January 30 (p 244) and his appreciative reference to the timely leading article on the subject in the *Journal* of January 23

As a member of the small band of pioneer workers formed in 1928 for the study and investigation of inhalational methods of medication, I regret that the British Society (which numbered among its members some leading practitioners) came to so untimely an end after a existence for lack of support by members of our profession The journal of the society published a few valuable and informative articles on inhalation therapy by Continental writers, but the good work the society might have done was handicapped by events peculiar to all new movements not really understood and to circumstances which a small but enthusiastic band of pioneers in blazing a trail' must necessarily find themselves liable to It is gratifying therefore, to learn that this branch of physical medicine has recently aroused a wider and keener, if belated interest The treatment by inhalation of finely nebulized vapours and pharmacologically active drugs is so comparatively new to this country that it is not surprising that this important branch of medicine has had to meet criticism and objections, and to meet them with little material or clinical data for replying to them I have used the words 'in this country advisedly, for nearly the whole of the work and most of the literature on inhalation therapy has been done and published by Continental scientists Their investigations appear to have been founded on both sound scientific research and clinical observation

If the study of inhalational therapy is to be successful here and if the methods employed for the relief of diseases more especially those of the respiratory tract, are to commend themselves to the general practitioner, it is obvious that an appeal should be made to him through the proper channel and the opportunity be given him of testing its principles by his own experiences If this method of treatment is to be of service in the only way it can be—namely, as a valuable adjunct to the medical man s armamentarium—it must fit itself to the needs of his daily practice but at the same time it must not neglect to incorporate within itself all the best results which treatment of the orthodox kind has produced or may produce Such orthodox treatment in the case of such a disability as asthma cannot be founded on any specific method for indeed no specific remedy for asthma at present exists Each case is a problem on its own whether the attacks are to be considered allergic in character, of a toxaemic nature due to vasomotor instability to a biochemical factor or to be of psychological origin etc After an experience of the past seven years in inhalational therapy I am satisfied it has, or should have, its place in physical medicine if and when combined with orthodox treatment of diseases of the respiratory tract Among other remedies I have found deep breathing, remedial exercises (expiratory type) the Dowling pack the Proetz method and especially the inhalation of carbon dioxide (7 to 10 per cent) with oxygen (to which your leading article called attention) of considerable service—I am, etc

London S W 1 Feb 1 B BURNETT HAM M D

SIR—I was pleased to see in a leading article in the *Journal* of January 23 (p 175) a reference made to the Duke Fingard inhalation treatment and was interested to read Dr Ellman s comments the following week on the value of inhalation therapy for chronic respiratory disease I am of the opinion that inhalational methods are extremely rational and worthy of fuller consideration

During the past twelve months I have observed some dozens of cases treated by the Duke Fingard method and have been impressed with the very encouraging results obtained The treatment consists in the inhalation usually while the patient sleeps of a warmed dried and medicated air, produced by an apparatus charged with a solution composed of phenol, creosote, glycerin iodine, and essential oils The room in which this is taken is rendered as

able to understand what was really meant by the words "on the evidence of physicians or otherwise" In determining the mentality of the monarch the decision would rest upon the evidence of physicians The words "or otherwise" appeared to have no meaning unless someone was intended apart from the physicians

Sir JOHN SIMON said that while he supposed the main evidence in any such case would be that of skilled professional medical men who had attended the case, it would be clear to any tribunal that wanted to gather information that this information would not necessarily be confined to physicians, nurses, or other persons having something to contribute to the evidence to be considered Mr LOGAN said there were sufficient alienists or specialists who would be able to determine what was the matter Sir JOHN SIMON said the Speaker of the House of Commons, the Lord Chief Justice of England the Lord Chancellor, and the Master of the Rolls would be among those who would have to form a conclusion

Mr MAXTON said that in any other walk of life, when a man's sanity was at issue, evidence other than that of qualified medical men would not be regarded as worthy of consideration

Mr EDE suggested that as the clause was framed there need be no evidence at all from a physician There should be provision in the Bill that physicians must at least give some evidence and that this evidence must be considered

Sir ARCHIBALD SINCLAIR said it would be a mistake to confine the evidence to specialized persons He had seen reports of criminal cases in which eminent men with great knowledge of mental disease had gone into the witness box and given diametrically opposite opinions

The clause with an amendment on another point was added to the Bill

The Bill passed through committee, and the report stage followed at once Mr LOGAN then moved to leave out the words or otherwise in the context already mentioned He said these words meant not the physicians, alienists, or men trained in medicine and experts in knowledge of the body and mind but the friends around a person Mr EDE seconded the amendment Mr LEES SMITH suggested instead of the words 'or otherwise" some such words as "satisfied on the evidence of physicians and such others" as these officials might consult

Mr MAXTON said it would not do to place the destinies of individuals merely in the hands of medical men No one should say that the medical man's dictum should be the last word even on matters of health, but the clause already met that point by having four responsible experienced laymen to survey the expert medical opinion and decide whether to propose that the King should not perform his functions but that a Regent should be put in his place Earl WINTERTON said that the clause as it stood created a possibility that the four persons might come to their conclusion without regard to medical evidence

Sir JOHN SIMON said he could conceive a case of obvious infirmity of body where elaborate expert evidence would not be required but he was prepared to agree that in another place there should be substituted for the words under discussion some such words as declare in writing that they are satisfied on evidence, which shall include that of physicians'

Mr LOGAN withdrew his amendment and the Bill passed through report and third reading

Medical Communications (Privilege) Bill

Sir ERNEST GRAHAM LITTLE moved in the House of Commons on February 5 the second reading of the Medical Practitioners Communications (Privilege) Bill which he had introduced * The Bill he said was to provide that certain communications between medical practitioners and their patients should be privileged from disclosure The protection he asked had been made more necessary in the last twenty years The Royal Commission on Venereal Disease which reported in 1916, demonstrated that energetic measures were needed to combat an alarming incidence of the disease The then Local Government Board issued regulations and a memorandum, which was published in 1916 That memorandum remained the operative measure in all hospitals and clinics in this country The Commission, in recommending the provision of adequate and skilled free treatment for all persons affected with venereal disease, said "It is important that under no circumstances must the names and addresses of patients be divulged by the medical officers" A regulation issued on the authority of the Local Government Board, and confirmed later by the Ministry of Health, said it was essential for the success of measures to deal with venereal disease that patients should be fully assured of the secrecy of the arrangements

Doctors and patients alike regarded this rule as a real protection until a doctor from one of the clinics was called on to give to a court information which he had obtained during the treatment of a patient The doctor was told by the judge that he had no privilege, and was obliged to reveal confidences made to him by the patient under those personal assurances The British Medical Association sent a deputation to the Minister of Health to urge him to see that his own regulations were carried out and that such an incident could not happen again The Minister made promises but nothing was done An even more disturbing case occurred in 1927, when the judge gave a ruling that unless the doctor gave evidence forthwith and produced the documents asked for, he would summon the whole of the hospital and all the officers concerned, and all the statements and documents in the case would be produced in court The effect of that upon a great hospital was so serious that the doctor gave way and gave his evidence under protest The ruling was

> 'The medical profession normally was under the duty of keeping inviolate the secret knowledge that they might gain from treating their patients, and, indeed, might become liable to a civil action for damages if without lawful excuse the duty of confidence was broken, but in a court of law a doctor had no privilege similar to that held by a solicitor or other legal adviser, and he was not privileged from compulsory disclosures of communications, however confidential A further point arose in the present case as to whether these doctors were in a specially privileged position owing to the fact that they were acting in a department under the control of the Ministry of Health through the local health committee In his view there was nothing in the regulations, or in any regulation he had heard of, which saved a doctor from the obligation of disclosing, if ordered to do so by the court, all the information he might have of the facts he had gained while acting under regulations"

The doctor was told that in the event of refusal he himself would suffer imprisonment A Parliamentary question was asked on the subject by Dr Vernon Davies that session, and the Minister of Health said he would give the point careful consideration The *British Medical Journal* pointed out other instances a doctor was called upon to reveal the cause of stillbirth, and gave evidence under protest The *Journal* pointed out that a doctor could be ordered to produce in court confidential entries on history cards of patients under the National Health Insurance Act, and suggested that special legislation should deal not only with venereal clinics but with other regulations under which similar questions arose

SECRECY IN THE INTEREST OF THE PATIENT

Sir Ernest reminded the House that in 1927 he had introduced a Bill in Parliament, but, on the advice of legal friends had restricted its operation to venereal diseases The present Bill without the restriction to venereal diseases, had been 'vetted' by an eminent judge, whose opinion was that its clauses were adequate to make its abuse highly improbable A consideration which justified the widening of the measure was the assurance of confidence in the case of the young unmarried mother who received ante natal treatment The highest incidence of maternal mortality occurred in the cases of these poor frightened creatures The principle of the Bill also had wide application to cases under the National Health Insurance Act Professional secrecy was in the interest not of the doctor but of the patient In this country the great body of professional opinion recommended a doctor, if he refused to

* The text of the Bill appeared in the footnote to a letter in last week's *Journal* (p 302)

a good result, as I have never seen a case cured in such a short time It therefore makes me wonder whether he is using a stronger solution than my own It is surprising that this method of treatment has not been given further consideration in this country In America the claims of success for this method of treating hernia are very high, and in some centres injection clinics for hernia have been instituted It is to be hoped that some investigation in this method of treating hernia will be raised in this country, and that this valuable line of curing ruptures will be put on a sounder basis —I am, etc,

London W 1, Jan 31 MAURICE LEE

A New View of Pneumonia

SIR,—Many years ago the old view of pneumonia as a disease of the lungs which made a man very ill gave way to the larger view that it was a grave general illness with a particularly bad effect on the lungs Then the view was taken that the most dangerous action was on the heart, and digitalisation was tried Lately the view has come into prominence that the peripheral circulation is the weak spot. I wish to emphasize the ill effect on the central nervous system in general, and particularly on the respiratory centre

It is surely not without significance that in his excellent article on the treatment of pneumonia published in the *Journal* of December 22, 1934 (p 1159) Dr Wynn chose the nervous system for his first remarks on symptomatic treatment He states that in the earliest stages—not be it observed only in the later stages—the patient shows restlessness and mental anxiety and requires nerve sedatives The marked effect on the brain of apical pneumonia which is mentioned in all text-books is only an exaggeration of what occurs in all cases The practitioner unconsciously expects his pneumonia patients to show semi-coma and delirium to an extent which he does not anticipate in other equally febrile conditions The inevitable occurrence of delirium tremens in the alcoholic subject shows the action of the pneumococcal toxin on a damaged brain Finally many doctors must have been shocked by the disastrous result of a night of sleeplessness and delirium when a sleeping draught has been omitted or been inefficient In all this there is nothing new but it does emphasize the necessity for treating the nervous system which fortunately can be done whereas no drug can benefit the inflammation in the lungs and cardiac tonics have proved useless

A really new point emerges however from a study of the respiration in this disease It is a commonplace of the text-books that from the first the pulse respiration ratio is altered—that is that the patient is breathing faster than would be expected merely from the raised temperature This might be accounted for by the pain of pleurisy were it not that, first it occurs when there is no painful pleurisy secondly that it does not cease if such pain is relieved and thirdly that it is entirely unlike the respiration seen in acute pleurisy from other causes The increased respiration cannot be accounted for by the lung condition at this early stage when physical signs are hard to find nor at this stage by cardiac weakness he only explanation left is stimulation of the respiratory entre by the pneumococcal toxin The decisive evidence in avour of this view is obtained from a consideration of the espiration immediately before and after the crisis The haracter of the breathing immediately after the crisis shows hat there is sufficient undamaged lung tissue for quiet easy spiration and as it is impossible to imagine that there has een a great change in the lung condition during the preceding ew hours this area of undamaged lung must have been vailable to the patient before the crisis but he did not use it is respirations were hurried forty or more to the minute and angerously shallow The fall of temperature might account or some decrease in the rapidity of the respiration not for ll of it and will not account for the entirely changed haracter of the breathing The explanation clearly seems to e that at the crisis the pneumococcal toxin has ceased to overdrive the respiratory centre It began to do so from the first, as we have seen it continued to do so with increasing force till either the centre was completely exhausted respiration inefficient the circulation hopelessly disorganized and death occurred or happily more often the toxin ceased to act and the centre was able to use beneficially the remaining undamaged lung tissue

The question naturally arises, Does this view of pneumonia afford us any indication for treatment? It must strongly emphasize the importance of the two things that are known to slow the respiratory rate—morphine and sleep The question of oxygen inhalation may have to be thought out afresh Indeed, it would seem that there is a call for inhalation of carbon dioxide to secure deep respiration according to the practice of the anaesthetists —I am etc,

Birmingham Feb 4 W A MARRIS M D

Silicosis and Respiratory Poisons

SIR —Dr Blacktin has been good enough to refer in his letter of January 23 to my views with regard to the micro biological aspect of atmospheric pollution Silicosis is generally regarded as a mechanical or a chemical disease, but is seldom, if ever, discussed as a microbiological one I have previously suggested that in reality it is a micro biological disease,[1] and regretted my inability to study silicosis at the present time In numerous letters I have drawn attention to the number of micro organisms in rain waters collected in rain water gauges to the fact that I find that the black on buildings is a fungoid growth and not soot, and that biological growth is responsible for a large part of geological formation other than that of an igneous nature

I believe that the characteristic feature of silicosis consists of the presence of isolated nodules of fibrous tissue. What is the composition of this fibrous tissue? Surely it is important that this should be investigated Silicosis is much more prevalent so far as I can ascertain in Africa and in hot climates than in cold ones thus among gold miners in Africa more than among coal miners in this country or in Canada

Bauxite is the end product of the decomposition of igneous rocks of sedimentary rocks, and of metamorphic rocks all of which contain on the average from 40 to 60 per cent of silica These same rocks are found in tropical and in temperate climates but in the latter the end products of decay appear to be sand (silica) the other elements being carried away in rivers whilst in hot climates the silica is the substance carried away in the water If, then, the decay of these rocks is largely a microbiological process is it not probable that silicosis is the result of the growth of the type of micro organisms which dissolve out silica, and that where other types of organisms predominate silicosis is less likely to occur? I venture to send you this thesis because I feel that it is one which should be explored but I must advise investigators that it will demand very careful technique for its solution

Now if I may be allowed one or two further comments on the letters of Drs Goodfellow and Blacktin I should like to inquire what evidence there is that coal exerts any antiseptic action at all So far as I can see coal is the end product of the type of decay caused by the cladosporium and penicillium type of organism all of which dissolve out the metallic radical but not silica therefore one would not expect silicosis to be so prevalent among coal miners This is quite a different explanation from

[1] *Chem Indust* 1936 p 218
Ibid 1935 p 1100 *Times* September 16 1936 *Manufact Chem* 1936 p 414

daughter of the late Brigadier Sir Walter Ross He had been a member of the British Medical Association since 1909 In January, 1936, he was appointed a member of the Indian Medical Council

Colonel CHARLES WILLIAM PROFEIT C S I, C M G, D S O, late R A M C died in London on February 5, aged 66 He was born at Tarland Aberdeenshire on August 23, 1870 and was educated at Aberdeen University, where he graduated M B and C M in 1893 Entering the R A M C as surgeon lieutenant on January 29, 1895, he became lieutenant colonel in the long war promotion list of March 1, 1915, colonel on December 26 1917 and retired on December 26 1923 He served throughout the South African War of 1899–1902, when he took part in the advance on Kimberley, including the actions at Belmont, Enslin, Modder River, and Magersfontein, operations in the Orange Free State, in the actions at Poplar Grove Dreifontein, Vet River and Zand River and operations in the Transvaal including the actions at Johannesburg, Diamond Hill Pretoria, and Belfast and he received the Queen's medal with six clasps and the King's medal with two clasps He also served in France and Flanders throughout the war of 1914–18, when he was mentioned in dispatches five times, in the *London Gazette* of October 19 1914 February 17 1915 January 4 and December 24, 1917 and December 30, 1918 and received the D S O in 1917, the C M G in 1918, and the C S I in 1921

Major GERALD HARTAS FITZGERALD Indian Medical Service, died at Bareilly on January 28, aged 45 He was born on September 20, 1891, was educated at Guy's and took the L M S S A in 1918 Subsequently he studied in Dublin and at Naples and in 1929 he took the D T M and H of the London Colleges He served as a surgeon probationer in the Navy in 1916 and as a temporary surgeon in the Navy in 1918-20 He had also served as assistant in the neurological department and in the ear, nose and throat department at Guy's, and as neurological specialist to the Ministry of Pensions He was appointed to the I M S as lieutenant on October 1, 1923, and became major on October 27 1932 He was serving in civil employ in the United Provinces at the time of his death

Universities and Colleges

UNIVERSITY OF OXFORD

Parliamentary Election Sir Farquhar Buzzard's Candidature

Sir Farquhar Buzzard, Bt, D M, Regius Professor of Medicine in the University and President of the British Medical Association has now issued his address to the electors as the official candidate of the University Conservative Party for the vacant seat in the House of Commons

I am neither a politician nor an expert in any branch of departmental administration' he writes, 'and I doubt whether either of these qualifications is essential for a University representative in Parliament On the other hand, I have always taken a keen interest in politics, and am prepared to give my whole hearted and loyal support to the National Government whose policy has earned both the gratitude of our own people and the respectful admiration of other countries during the last few years of unprecedented anxiety and difficulty

More than thirty years spent in the practice of my profession have brought me into close contact with the lives of some thousands of persons drawn from every rank of society and have given me an intimate acquaintance with their various social and economic problems This experience has impressed on me the importance of considering the psychological reactions of both men and women to changes in their lives and has convinced me that the State legislation however well intentioned, which fails to recognize the innate individual variations of human intelligence and of human character can never succeed in solving such perplexing questions as those which confront us in relation to distressed areas and unemployment It is impossible to exaggerate the difficulties presented by these economic disturbances, but I am of the opinion that any schemes for raising the standards of living and the material prosperity of any community must admit the existence of these human variations and give support and encouragement to personal enterprise and healthy competition among its individual members

"The National Government has recently indicated its growing interest in the physique and physical education of the people, and I am ready to welcome and support measures directed to remove the stigma, not uncommonly cast upon us of being a C3 nation This sociological problem, like many others has an important medical background, and it is essential that schemes for promoting improved standards of nutrition, better facilities for recreational exercise and more enlightened use of leisure hours should be based on sound scientific as well as sound economic principles I share the view that this question especially in regard to children is one of great importance to the future of our race, and should receive careful and expert consideration without delay

After a paragraph on international policy the address concludes with the following references to education and research

The enormous improvements which have been witnessed during the last fifty years in the general standards of living the simultaneous decrease in poverty, crime drunkenness and dirt, and the increased expectation of health and longevity are mainly due to better education and to the results of research in every field of knowledge Apart from my professional work, education and research have been my foremost academic interests, and during the last nine years I have enjoyed the great privilege of taking part in our University affairs as a member of the Hebdomadal Council and of the General Board of the Faculties, as a Curator of the University Chest and of the Bodleian Library, in addition to holding many other positions of administrative responsibility As an *ex officio* student of Christ Church and an Honorary Fellow of Magdalen I am well acquainted with the essential share which is taken by the Colleges in the endowment and organization of teaching and research in the University This experience, together with that derived from membership of the governing bodies of several important public and secondary schools, leads me to think that our older Universities preserve their great influence for good on the younger generation are steadily progressive in their outlook and in their commitments on behalf of education and research, and thoroughly deserve the special representation which they enjoy in an assembly where these subjects are reviewed in public Both subjects need skilled handling and careful control Education in particular requires wise guidance lest its primary object, that of developing a balanced critical faculty should be lost sight of amid the clamour for early specialization along vocational lines Personal knowledge of teaching and examining over many years as well as more recent acquaintance with the fundamental problems of University and school management should enable me to take a share in debate when these matters are at issue in the House of Commons"

In congregation on February 2 a proposal was approved to confer the degree of Master of Arts by decree of the House on Mr Hugh W B Cairns, F R C S, the newly appointed Nuffield Professor of Surgery and on Dr R R Macintosh, the newly appointed Nuffield Professor of Anaesthetics

UNIVERSITY OF CAMBRIDGE

The Raymond Horton-Smith prize, awarded to the candidate presenting the best thesis for the degree of Doctor of Medicine during the year 1935-6, has been awarded to Frank Goldby M D, and John Gray, M D, M Chir, who are adjudged equal

At a congregation held on February 5 the following medical degrees were conferred

M B, B CHIR—J S Minett, A D D Broughton
M B—W H C M Hamilton
B CHIR—O C Lloyd, J S Ellis, W S Nutt

UNIVERSITY OF LONDON

Appointments

At a meeting of the Senate on January 20 Mr H L Eason was reappointed representative of the University on the General Medical Council Professor C G Seligman representative of the University on the Joint Committee for Anthropological Research and Teaching, and Professor W W Jameson representative of the University at the Health Congress of the Royal Sanitary Institute to be held at Birmingham from July 12 to 17

Amendment of Regulations

It was resolved (1) that in and after 1937 the Regulations for the M S Examination, Branch I (*Red Book* 1936-7 pp 289-90 *Blue Book* September, 1936, pp 273-4) be amended to read as follows

Schools for the Physically Defective

SIR,—Dr J W Brown is reported in the *Journal* of February 6 (p 290) to have told the Royal Society of Medicine that it was a great mistake to place children with a cyanotic type of congenital heart disease in special schools with the mentally defective and backward, they should be encouraged to go to ordinary schools even if only part time

Dr Brown seems to share the all too common misconception that there is only one sort of special school, that for the mentally defective As a matter of fact the special (M D) school is only one of several different kinds of special school and the criterion for admission to it is that the child 'is feeble minded but is not incapable by reason of mental defect, of receiving benefit from instruction in a special school

On the other hand, experience of the special (physically defective) school has convinced me that such a school is the place of choice for the education of children with congenital heart lesions accompanied by cyanosis First because I think they are less likely to develop a sense of inferiority if they mix with children as severely handicapped as themselves secondly because many ordinary schools are at the top of quite high buildings and finally, because they obtain in these schools a technical training in a suitable handicraft such as tailoring or watch repairing—I am etc,

Chichester Feb 8 J L NEWMAN

B M A and T U C Joint Committee

SIR—The announcement of a joint committee being formed of representatives from the British Medical Association and the Trades Union Congress (*Supplement* February 6, p 68) is a matter for congratulation to both parties The dispute at Llanelly will have had a most happy outcome if as a result this new committee becomes what many of us believe to be not only possible but desirable The work that lies before it spreads out into the whole realm of social medicine and includes a study of the innumerable factors in economic life that underlie the attainment of a healthy community Not least of its functions will be many matters connected with industrial medicine, and in this sphere the committee will not lack willing collaborators

One important aspect must not be overlooked In the not too distant future Europe may be faced with the greatest crisis of its evolution and at the moment nothing is more important than that strong links should be formed between all progressive elements whose aim is the maintenance and improvement of community and individual health, physical and mental On the strength of those links, however small they may appear, will depend in the last resort the type of society that emerges over the next few decades The fact of medicine linking itself in a co operative undertaking with organized labour is a matter of outstanding importance This arrangement need be in no way exclusive, and must certainly not be political except in so far as politics is the consideration of means to attain agreed ends There is everything to be said for other and similar arrangements with organizations representative of educational technical and economic interests This is only the beginning of a new conception of medical statesmanship and in full realization of the difficulties that have been overcome both the British Medical Association and Trades Union Congress deserve the heartiest congratulations—I am, etc,

Beeston Notts Feb 5 LEONARD P LOCKHART

International Good Will—and Organization

SIR—I read with pleasure Dr Bryan Brown's letter and your editorial comment in the *Journal* of January 30 The dangers inherent in the present situation are weighing ever more heavily on all sections of the community and our own profession, by virtue of its great influence and exceptional international contacts, can do much to create an international sentiment which will operate powerfully in the direction of peace

But good will though vitally important is not enough, and the *organization* of a peaceful international polity is a practical issue of equal importance There must be many medical men who feel like myself the need for strengthening the League of Nations so that it may become the instrument of a broader international justice whilst offering real security against the risk of aggression The difficulties are great, and demand like the problem of cancer, courageous thought and patient research But a vigorous effort to grapple with them is already being made The New Commonwealth Society (Thorney House Smith Square Westminster, S W 1) is approaching the whole problem in a spirit of scientific inquiry, and I should like most earnestly to commend its activities to the notice of members of the profession—I am, etc,

Newcastle upon Tyne Feb 3 SYDNEY HAVELOCK

Obituary

CHARLES JAMES LEWIS M D D Sc.

Emeritus Professor of Hygiene University of Birmingham

Dr Charles James Lewis, formerly director of the public health laboratory of the University of Birmingham and professor of hygiene died in a nursing home in Birmingham on February 6 at the age of 72

After studying medicine at the University of Edinburgh and at University College Liverpool Lewis graduated M B, C M Ed with first class honours in 1885, and took the diploma of M R C S Eng in the same year He obtained the M D in 1888 the B Sc in public health in 1900, and the D Sc a year later, having been elected a Fellow of the Royal College of Physicians of Edinburgh in 1895 For some years he was in general practice in Stirling, but deafness following an attack of scarlet fever decided him to make a career in sanitary science His earlier appointments were those of lecturer in public health at the Medical College for Women at Edinburgh and the School of Medicine of the Royal Colleges In 1905 Lewis went to Birmingham as lecturer in public health and bacteriology, and soon began researches into the colon-typhoid group of micro organisms on which he published several papers and on lactose fermenting bacilli generally in relation to drinking water and uncooked vegetables His *Handbook on Public Health and Preventive Medicine* written in collaboration with the late Sir Andrew Balfour appeared in 1902 As associate professor of bacteriology and head of the department of hygiene and public health Lewis taught a large number of graduates taking the D P H course and many of his former students hold important positions as medical officers of health or as bacteriologists in hospitals and county laboratories During the war he served as bacteriologist to the 1st and 2nd Birmingham War Hospitals and did valuable work in the University when it was converted into the 1st Southern General Hospital It was in the bacteriological

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B M A House Tavistock Square W C 1

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QUERIES AND ANSWERS

Income Tax

Car Replacement and Bookings Basis

"AUTO" keeps two cars He sold one in 1936, for which he had originally paid £263, for £45, and bought one for £220 The total depreciation allowance given on the car sold was £80 What should he claim? He asks also whether he should agree to the "adjusted cash" basis—that is, cash received increased or decreased by the amount by which the aggregate of his January accounts exceed or are less than that of the previous year

*** (*a*) The cost of the car—that is, £263—has been covered to the extent of £45 + £80 = £125 by the sale price and the depreciation allowances, and he can therefore claim as an obsolescence allowance £263 − £125 = £138 That amount should be treated as an expense of the calendar year 1936 In addition, he can claim the usual 15 per cent (plus 10 per cent thereof) allowance for depreciation on the gross cost of the new car—that is, £220

(*b*) The adjusted cash basis is correct, but if "Auto's" gross earnings are increasing he should claim to substitute for the gross January bookings the amount of the probable cash receipts therefrom, but that claim will necessitate a detailed examination of the accounts, and as it is only the yearly differences that affect the calculation of the income it may not be worth the trouble

Deduction for Board Etc

J F' points out in connexion with our reply in the issue of January 23 (p 202) that a case somewhat similar to his own was decided against the Revenue by the General Commissioners for the Holborn Division in 1933

*** We understand that the Crown gave notice of appeal to the High Court in the case quoted and as we cannot trace any recorded decision thereon by the King's Bench Division we assume that the case did not come up for judgement and consequently that the decision in Machon v McLaughlin holds good That decision draws a distinction between a service agreement which provides £x plus board, rent, etc and one which provides £y subject to a deduction of £z for board rent etc, in the former case tax is payable on £x only but in the latter on £y, even though £y − £z may be equal to £x In our opinion J F' can obtain relief only by inducing his council to cancel the existing agreement and substitute one of the other forms

Allowance to Dependent Relative

Y Z has a brother in law who has retired sick on a pension of £156 per annum and to whom 'Y Z' makes a payment of £4 per week The inspector informs him that he cannot claim any allowance in respect of this payment, but the recipient is apparently "made to pay tax on the allowance"

*** There seems to be something wrong here The £4 a week allowance is either voluntary or paid under a binding legal disposition In the former case "Y Z" may or may not be entitled to the statutory allowance of £25 for "dependent relatives"—the degree of dependency may be open to argument—but if the allowance is paid voluntarily out of "Y Z's" taxed income the brother in law is certainly not liable to assessment on it On the other hand, if the payment is made under a binding legal arrangement, then 'Y Z' is entitled to deduct tax from it, and so gets relief at standard rate on the whole £208, the brother in law being entitled to claim repayment of the tax deducted so far as it is in excess of his personal liability

LETTERS, NOTES, ETC.

Sulphur for "Itch"

A correspondent writes from Northern Rhodesia I have found flowers of sulphur most effective in cases of intense itching caused by infestation with minute jumping insects One seems to require very fine sulphur, so that when shaken in the air, one can 'smell the sulphur" From my own personal experience, on several occasions, I am sure that the 'flowers" are most effective The only thing is that the sulphur one gets here seems to be finer than that at home, which is much more granular That bought here is supposed to be used for stock, but it is almost certainly used by the natives for making gunpowder illicitly In England the same treatment for patients has always seemed to be effective There I seldom use the ointment, but advocate the flowers or the precipitated sulphur freely Sulphur rash sometimes occurs when using the ointment but I have never known it follow the use of the "flowers" It is possible that there is a difference, in that the powder would not be so likely to penetrate the skin as would the ointment But the effect is probably due to the oxidation of the powder on the skin, and not to any absorption by the skin I suggest that those who find the ointment of little value against itch should try the fine flowers of sulphur or the precipitated sulphur

External Use of Iodine

Dr J C MACAULAY (Northampton) writes I have come to the conclusion, now that we have better antiseptics, that it is time that iodine should be practically scrapped It is caustic in its action, thereby (1) devitalizing healthy tissues and leaving them prone to after infection, (2) occluding small penetrating wounds thus helping tetanus and other anaerobes It is toxic to some people Pus formation under apparently healed (' burned out ') ringworm treated by iodine and stitch abscesses following disinfection of the skin by iodine may also be quoted I therefore think that iodine should not now be included in first-aid outfits

Physical Fitness, Exercise, and Drill

Dr D CAMPBELL WATT (Queen's Mine, S Rhodesia) in the course of a letter writes Dr Leonard P Lockhart in the *Journal* of December 5, 1936 (p 1161) and in the issue of December 19, 1936 (p 1254) and some other correspondents, stress the need for a widespread effort to improve the housing, dietary, and general hygiene of the people before tackling the problem of organized methods of physical training on a national scale It would save much valuable time if all these problems were investigated and put into practical application together In the Territorials we have a ready-made organization well adapted to promote physical fitness Their methods could easily be expanded to include a system of exercises in addition to those of a strictly military character

A Giant Kitchen

The largest capacity kitchen in Great Britain was opened in Liverpool on February 4 by Mr Geoffrey Shakespeare, Parliamentary Secretary to the Board of Education It has been erected to take the place of the six kitchens in use hitherto, and can supply 10 000 meals in an hour At the present moment it is providing 4,500 meals each dinner hour for necessitous Liverpool school children These meals are put in metal containers and taken by motor vans to twenty five meal centres throughout the city The efficiency of the containers is such that only one degree of heat is lost in transit This new all gas kitchen contains twelve boiling pans with a total capacity of 1,000 gallons, fifteen ovens, and seven steamers

Medical Notes in Parliament

The House of Commons this week considered Supplementary Estimates for the Board of Education for public education in Scotland and for other services The second reading of the Factories Bill was set down for February 11 and the second reading of the Registration of Osteopaths Bill, a private Member's measure, for February 12

The House of Lords considered the Regency Bill

The Select Committee of the House of Commons on the Medicine Duty considered a draft report

Miss Horsburgh proposes to introduce in the House of Commons next week a Bill to control the sale in Scotland of methylated spirits and of such spirits in admixtures

The Geneva Convention Bill which has passed the House of Lords was read a second time by the House of Commons on February 2 and sent to a Standing Committee Mr D R Grenfell said that in committee the Labour Opposition would move amendments to include in the Bill more direct safeguards of the rights of the Red Cross for the purpose for which it was originally intended

The Deaf Children (School Attendance) Bill was read a second time in the House of Commons on February 2 and sent to Standing Committee

The House of Commons in committee on February 4 approved a resolution authorizing expenditure by the Minister of Agriculture and Fisheries for the carrying on of scientific investigation or laboratory diagnosis as to diseases affecting fish of the salmon family or freshwater fish The Diseases of Fish Bill for the same purpose, was read a second time by the Commons on February 2

The House of Commons gave second readings on February 5 to the Wisbech Joint Hospital District Bill and the East Hertfordshire Joint Hospital District Bill

The Firearms Bill which has passed the House of Lords, was read a first time in the Commons on February 3

The Parliamentary Medical Committee has passed a resolution congratulating Sir Henry Morris Jones on receipt of the honour of knighthood

Maternity Services in Scotland

Mr Walter Elliot moved in the House of Commons on January 28 the second reading of the Maternity Services (Scotland) Bill He said the Bill was intended to deal with the problem of maternal mortality which had long preoccupied those engaged in the public health services of Scotland A report on maternal morbidity and mortality had been issued in 1935 under the auspices of a specially appointed technical subcommittee of the Advisory Committee of the Department of Health for Scotland and the Bill was designed to carry out as far as possible the recommendations of that report Its object was to improve the standard of midwifery in the home in Scotland and secure adequate nursing and medical services for women who were confined in their own homes He hoped the Bill would be found non controversial The death rate of six mothers for every 1 000 children born in Scotland indicated a greater degree of ill health which could not properly be measured but was far greater than it ought to be Some of these lives could be saved and much of the ill health could be prevented by properly co ordinated arrangements for attending to the health of the women before during and after confinement in their own homes

Scottish doctors took a larger part in confinements than English doctors and the Bill, taking account of this fact differed from the English Bill It was not limited to a midwife service but also brought in doctors and a specialist service Every expectant mother who desired to be confined in her own home would be entitled to the services of a midwife and doctor and if necessary the doctor would be at liberty to call for the advice or help of an obstetrician of recognized standing When a suitable period had elapsed after the confinement the doctor would visit the mother to advise her as to any treatment she might need This post natal examination aimed at preventing the development or continuance of conditions that might give rise to ill health in later life The midwife the doctor and the specialist would work together as a team under the general administration and oversight of the medical officer of health whose advice would be available to doctor and patient if difficulty arose The co operation between doctor and midwife on which the scheme was founded arose naturally out of existing conditions in Scotland but experience might make it desirable later to modify the arrangements The Scottish practice was for the confinement to be attended by a doctor and the Government thought it right at any rate in the initial stages that general practitioners should be given a chance to show that the confidence placed in them was justifiable The Government hoped that with the midwife service and the advice of specialists at call the doctor would not be required to go beyond minor assistance

Local Authorities and Midwives

The arrangements which the local authorities would be required to make would be subject to the approval of the Department of Health The local authorities had complained that they were being put under the control of the Department of Health That was not so These provisions were inserted in the Bill to ensure that the Department the Minister and through the Minister the House of Commons could keep an eye on the working of the scheme The local authorities would have elasticity in making their arrangements and the difficulties which certain areas had with communications would be taken into account It would be open to local authorities to negotiate with the voluntary associations employing midwives or to arrange with midwives engaged on private work, or themselves to establish a salaried service of midwives Before submitting proposals to the Department of Health local authorities were required to consult the voluntary associations which employed or were willing to employ midwives in their areas and also to consult with any organization which spoke for the midwives practising in an area The remuneration of midwives was a point which would arise for discussion in committee When the scheme came into operation the handywoman would disappear from Scotland

The number of midwives in practice would be reduced by operation of provisions for compensation on retirement Midwives engaged by the local authorities would be paid by those authorities or by their own associations and would no longer have the not uncommon experience of rendering services for which they received no fee The Bill provided that if a midwife gave up a certificate within three years after the Bill had passed she would receive as compensation three years average income In cases where midwives remained in practice after they had become unfit local authorities were empowered to call upon these midwives to surrender their certificate subject to a right of appeal to the Department Such midwives would receive five times their average income calculated on the previous three years

Local authorities would be free to select their own methods for securing medical services so long as those services were adequate In some areas the local arrangement would be with all medical practitioners who were willing to undertake the service In other areas the ante natal and post natal examinations might be carried out at the authorities clinics and arrangements might be made with all the practitioners or with a limited number Arrangements would ensure that the doctor attending the confinement was advised of the results of the examination which had been carried out before The service offered to expectant mothers was not compulsory but the Department expected that it would be generally taken advantage of

Patient's Fees and Payments to Doctors

Fees would be graded according to the ability of the patient to pay and none would be charged in the case of the necessitous mother For insured women the wives of insured

stating that there is no certain method of cure in these complications advocates the use of sympatol rather than adrenaline It gives increased tone raising the blood pressure slowly but for a prolonged period, and increasing the volume of the heart beat The circulation in the coronary and cerebral vessels is improved The drug can be given by mouth Injections of all kinds should be avoided as far as possible in diphtheritic patients, since the excitement they produce may be very harmful Glucose is of value in treatment, but has the disadvantage of having to be administered intravenously Copious fluids should be given Hypnotics may be required

Surgery

119 Benign Mammary Tumours in Males

E EGUES (*Sem med* B Aires, November 26, 1936, p 1469) records three illustrative cases in males aged 16, 34, and 29 of benign tumours of the mammary gland In two of the cases histological examination showed that the tumour was a pericanalicular fibroma, while in the third there was an excessive development of the connective tissue forming a mammary fibroma In two of the cases there was a history of trauma preceding the development of the growth All made a good recovery after amputation of the breast, and no recurrence took place Of 270 benign and malignant cases of mammary tumour admitted to the Institute of Clinical Surgery at Buenos Aires from 1919 to 1935 only three (1 11 per cent) were in males According to Gutierrez and Monserrat 78 8 per cent of mammary tumours are malignant and 21 2 per cent benign

120 Nephropexy

Professor MARION (*Rev med franç*, December, 1936, p 781) describes nephropexy as an operation which has become increasingly popular as the technique has improved For the procedure to be successful the kidney must be fixed securely in a high position Failures in the past have been due to faulty technique The operation is recommended for those patients with pain, dilatation of the pelvis of the kidney, and chronic infection or haemorrhage for which medical treatment has been unsuccessful Pyelography should be carried out before operation The technique of the procedure, which is based on that of Surraco, is fully described and illustrated It consists of the exteriorization of the displaced kidney, examination of the junction of the pelvis and the ureter, fixation of the kidney by means of linen sutures passed round the twelfth rib, formation of a sling composed of renal capsule to support the kidney, and drainage and closure of the wound If displacement is bilateral intervention may be carried out on both sides during the same operation The patient should remain in bed for three weeks so that sound healing may take place

Therapeutics

121 Dangers of Dinitrophenol

H F WHALMAN (*Amer J Ophthal* October, 1936, p 885) examines the original investigations in 1935 of the ill effects produced by the use of alpha dinitrophenol as an agent for reducing weight He recalls that no ill effects from the use of alpha dinitrophenol as a weight-reducing agent were reported until 1935, when the development of cataract was observed in some cases The majority of patients were between 25 and 45, and the duration of treatment had lasted from one to eighteen months the dosage being inside the recommended limits There was a rapid reduction of vision to perception of light in seven days to six months coming on during and up to three months after treatment Changes in the anterior capsule and cortex and polychromatic lustre were followed by marked swelling and almost complete disintegration of the lens There was an increased aqueous flare, but the vitreous was unchanged An increase in intraocular pressure was frequent, but the visual results were good after extraction of the cataract About ninety cases in all have come to the author's notice

122 Artificial Feeding with Human Milk

P FELDWEG (*Disch med Wschr* December 11, 1936 p 2054) claims that propaganda in favour of breast feeding is largely responsible for the decline of infant mortality in Germany during the past fifty years from 40 to 7 per cent He believes that the latter figure could be further reduced by about half if an educational campaign were undertaken to promote the feeding of infants with human milk He calculates that in spite of the greatest care being taken some 15 to 20 per cent of all mothers cannot provide enough milk for their infants There are other infants whose mothers cannot feed them adequately or at all for economic reasons To meet these difficulties the author advocates the provision of a centre for collecting and distributing human milk, and he notes that six such centres are already at work in Germany The author's own experiences deal with one of these centres started in July, 1935 and run in association with a maternity hospital Most of the suppliers of this milk are mothers who have been confined in this hospital, and it has been found that when care is exercised in the technique of breast feeding, and the breasts are pumped empty every day after feeds, about 60 per cent of all the mothers can be made to provide more milk than their own infants require After pumping the human milk is collected, and if it proves to be sour it is discarded The simplest test for distinguishing between human and other kinds of milk is to submit a sample to a high-altitude light, under which the milk appears violet if it is human, whereas it is yellow if derived some other source The human milk is sterilized by and though this procedure has been criticized the author experience with thousands of infants reared on human milk thus sterilized has convinced him that they react as satisfactorily as do infants who are directly breast fed, and he finds that heating is a more satisfactory less expensive precautionary measure than is the freezing of milk

123 Inoculation against Typhus

G BLANC (*Brit med* November 22, 1936 p 116) records his observations on 23 673 persons of all ages and both sexes in Morocco who have been inoculated with a vaccine prepared as follows A guinea-pig infected with murine typhus was killed during the eruptive period when it had a well-marked inflammation of the tunica vaginalis The spleen, suprarenals, and tunica vaginalis were ground up into a pulp which was diluted in two litres of normal saline and filtered 5 c cm of sterilized ox bile was then added to 95 c cm of the dilution, and after the mixture had stood for a quarter of an hour it was injected into the deltoid in doses of 1 c cm for adults 1/2 c cm for children between 8 and 15, and 1/4 c cm for those from 1 to 8 years The results of the method were as follows (1) The outbreaks of typhus in various parts of Morocco were rapidly brought to an end without the use of any other prophylactic measure (2) Apart from a few cases of typhus which occurred during the first three weeks after inoculation among persons who had been infected at the time of inoculation or among those who had acquired a late and incomplete immunity vaccinal reactions were very slight None occurred among Europeans and among the native population they were uncommon and very mild

Almost all the provisions of the Bill dealt with intra natal measures That was too late The nutrition of the expectant mother was one of the most important helps to her successful confinement Investigation of mortality from maternity acci dents in the Island of Lewis showed the mortality there was lower than in Paddington The reasons suggested were that the fresh milk and food in Lewis made all the difference to maternal mortality That aspect of the question was universally accepted In the ante natal period there were diseases and physical disabilities which only the medical man could discover Such conditions could not be made clear unless care was taken in investigation of cases before confinement To give the mother who was the victim of venereal disease any prospect of a healthy child and a normal confinement treatment must take place quite early and if given throughout there was every prospect of the birth of a healthy child as was proved by statistics

The report on Maternal Morbidity and Mortality in Scot land recommended the provision of more maternity beds, but this did not seem to be touched upon in the Bill Mortality in well conducted and scientifically administered maternity homes had been much lower than in confinements in the best circumstances at the homes of patients Queen Charlotte s Hospital had conducted in the past year observations into the prospects of mitigating the mortality from puerperal fever During that twelve months a new drug had been tried and the mortality decreased from 22 per cent to 2 per cent That kind of experiment could only be tried in well equipped maternity institutions He deprecated the fact that the Bill rather left the general medical practitioner out of the scheme A year or two ago the General Medical Council sent to universities which were principally responsible for the training of medical men a circular upon the importance of increasing opportunity for obtaining practical skill in London and else where Elaborate changes had been suggested and some had been made in the medical curriculum to meet that need If the sphere of activity of the general practitioner was diminished the urge for improvement in his education would decrease. The Scottish report indicated dangers from measures taken at the confinement itself by a relatively ill equipped midwife Nothing was more dangerous than to do too much at a confinement Ante natal care lessened the need to inter fere He would rather spend more money upon measures for the preparation and the preceding stages than on the actual delivery, which ought to be a normal process From that point of view the Bill would disappoint the medical profession

Mr GUY said Sir Ernest Graham Little did not give full credit to the place which the Scottish Bill ensured the medical practitioner in confinements It was discreditable that no less than 60 per cent of the cases of maternal mortality were in the opinion of the authors of the Scottish report avoidable In some cases the fault rested with the patient but in the larger proportion there had been some carelessness or faulty diagnosis perhaps some negligence on the part of the midwife or attendant or of the medical practitioner Maternal mortality would in due course considerably diminish because a proper scheme was to be elaborated for training nurses and perhaps also medical practitioners

Mr BUCHANAN thought the inclusion of a scale of fees to be charged to mothers according to their means might prevent the Bill from achieving its object The poorest people were chargeable on the Poor Law and the Poor Law doctor had to attend them when they needed a doctor The very poor woman was usually sent to a first class institution and received the best medical skill In the case of people with incomes of about £3 10s a week the doctor was usually a very human man and did not wish to run up an excessive bill He therefore attended only when absolutely compelled to do so and the result was that the woman drifted on If an insured man was ill he was sure of free medical attention and hospital treatment Why not extend the same facilities to the wife and child of the insured man?

REPLY TO THE DEBATE

Mr T M COOPER (the Lord Advocate) replying to the debate said that the Bill was not concerned with institutional treatment because that was covered by other measures and the Scottish Department of Health did not overlook the advan tages which could be secured from better nutrition for the expectant and the nursing mother The Bill must be judged for the limited purpose with which it was concerned This was provision of adequate domiciliary nursing service It was not intended that Clause 1 Subsection 9 should render inopera tive the safeguards of earlier subsections The proposal was that if under Subsection 9 revised schemes were put into operation there should again be consultation with medical practitioners or voluntary organizations Several members had asked about the length of the lying in period The Bill defined this as the period provided by any rule for the time being in force under Section 5 of the Midwives (Scotland) Act At present the period was ten days but if the autho rities under the Midwives Act increased it to fourteen days that would be the period for the Bill

The proposal to compensate with three years net earnings the midwives who voluntarily relinquished their certificates and with five years net earnings those who were compelled to do so was similar to the principle adopted in the English Bill The members for the Scottish Universities justly apprehended a risk that schemes under this Bill might operate to the detri ment of the teaching of midwifery to the doctor and midwife The previous draft of the Bill introduced last summer made no provision for such facilities but in the present text Clause 1 (8) provided for the maintenance of facilities If the language of that provision was inadequate Mr Elliot and he would be glad to examine any formula They must adapt their legislative and administrative arrangements to ensure the continuous supply of competent trained midwives and doctors

With regard to the clause which imposed a penalty on un qualified persons who for remuneration attended as nurses on women during ten days immediately after childbirth he had been asked why the Government proposed to exempt from the penalty categories of persons who were set out in Clause 6 (1 *b*) The answer was that all these persons were in some recognized and responsible institution where medical assistance of a highly qualified character was readily available He was willing to listen with an open mind to any arguments directed to that point He thought that refresher courses might be brought within the schemes approved under Clau e 1 in which case they would rank for grant he was prepared to consult with Mr Leonard on that matter He did not think that it would be advantageous to make the new maternity service purely gratuitous as Mr Buchanan had urged He assured Sir Ernest Graham Little that there was no ground for fearing that the whole endeavours of the central Department and the local authorities would not be bent upon dealing with the ante natal period which was probably the most crucial time

The Bill was then read a second time without a division and committed to Standing Committee The accompanying resolution authorizing the payment of moneys provided by Parliament to finance the proposals of the Bill was carried through Committee of the whole House without discussion

In the House of Commons on February 1 the money resolu tion for the Maternity Services (Scotland) Bill was agreed to on the report stage

Sir Ernest Graham Little has been added to the Standing Committee which will consider the Maternity Services (Scotland) Bill

Factories Bill

In the House of Commons on January 20 Sir JOHN SIMON presented the Factories Bill which is to consolidate with amendments the Factory and Workshop Acts 1901 to 1929 and other enactments relating to factories The Bill is not only a consolidating measure it is a revising measure which will bring the provisions of the Factory Acts up to date The main changes proposed in the Bill are as follows

The various distinctions which exist in the present law between factories and workshops and between textile and non textile factories are abolished and only one term— factories" —is employed

but its development is more rapid, it is softer, and it is accompanied by pain For sarcoma operative treatment is necessary and should be carried out as early as possible In certain cases sarcomatous degeneration may take place in a fibroma and is an indication for immediate surgical removal Submucous polypi are of a fibrous nature and pedunculated inside the uterine cavity In these cases a simple polypectomy by the vaginal route will usually be sufficient Endometriomata or nodular adenomyomata are hard to distinguish from fibromata and are often only recognized at the time of operation or as a result of biopsy In cases where the "fibroma" is small with marked dysmenorrhoea the possibility of adenomyoma must be borne in mind These tumours are benign In cases of diffuse endometrioma or adenomyoma, hysterectomy is the safest procedure, as the patient is usually near the menopause and may suffer from anaemia due to prolonged haemorrhage Correct diagnosis should be made wherever possible so that cases may be divided into those which can be treated by simple irradiation, curettage, local removal, or hysterectomy After the menopause radical treatment is advised

129 Indications for Forceps

F v MIKULICZ-RADECKI (*Munch med Wschr*, November 27, 1936, p 1953) contrasts favourably the conservatism of German midwifery, with 1 25 to 8 3 per cent of forceps applications, with transatlantic statistics which give corresponding percentages up to 80 He thinks, nevertheless, that the general practitioner is inclined too lightly to apply forceps for uterine inertia ("poor pains labour not progressing") Such an indication, according to midwives' records in East Prussia, was the reason given for 1,022, or 60 per cent, of 1,563 forceps applications in 1932–4 at the same time, in the local lying-in hospital the percentage of interventions for this cause was only 13 Uterine inertia is preferably treated by morphine and small intramuscular or subcutaneous injections of pituitary extract it is only to be regarded as calling for forceps application when this is justified by other conditions and when in addition (1) pyrexia above 102° F is present, (2) the head does not advance (in spite of completely dilated os cephalic engagement, and already ruptured membranes) during a wait of two hours, or (3) the head, visible during each pain, does not advance during one hour In the clinic nearly two-thirds, but in general practice only 6 per cent, of forceps operations were done because of impairment of activity of the foetal heart it has been found at Konigsberg that acceleration of labour is called for when in three consecutive pauses between pains the frequency of the foetal heart remains below 100 a minute In further criticism v Mikulicz-Radecki suggests that the practitioner might more often find an indication for forceps in maternal heart, lung, or kidney disease, and should more frequently do episiotomy in conjunction with use of forceps (The preservation of an intact cutaneous perineum is often only accomplished at the expense of tearing of the perineal muscles, leading later to prolapse) The following general rules are laid down concerning the conditions in which forceps application is or is not justified and indicated (1) Forceps application is impossible, and therefore contraindicated, when the head is movable above the pelvic brim (2) If a portion of the head, but not the whole of its greatest circumference, has entered the pelvis a forceps operation would be a 'high forceps' in the strict sense of the word is best avoided altogether in external practice, but is occasionally justified when done with the greatest care in multiparae or after prophylactic vagino perineal incision as a means of saving the life of the child It must always be remembered that the only possible sequel to such an attempt if it fails, is perforation (3) If the whole of the greatest circumference of the head has entered the brim ('high forceps' in the broader sense) forceps application although difficult, is justified on urgent maternal or foetal indications (4) If the greatest circumference of the head is in the mid-pelvic zone forceps application is permissible but may be difficult (5) Instrumental delivery of the head lying at the pelvic outlet is easy except when contraction is there present as in funnel shaped pelvis The degree of engagement of the head in the pelvis is determined by vaginal examination If the lowest point of the head is not more than a fingerbreadth above, or has passed the interspinal line, it is clear that the greatest circumference of the head has reached or passed the pelvic brim, but in making the reckoning a caput succedaneum must be distinguished, by careful search for fontanelles or sutures, from the true skull In addition to the foeto-pelvic relations the following conditions must be ascertained before forceps application the membranes must have ruptured, the foetus must be alive, and the os must be fully dilated Before this is attained, in the foetal interest to try forceps application—a frequent cause of "failed forceps"—is culpable self deception better exercise patience, use belladonna suppositories, or even try careful manual dilatation Very rarely, when a remnant of cervix remains, constituting a ring of not more than one fingerbreadth, the experienced accoucheur for the most urgent reasons may be impelled in these conditions to apply forceps after making left and right radial antero-lateral incisions of the cervix

Pathology

130 Blood Platelets in Artificial Pneumothorax

I HIMMEL and J STOPCZYK (*Tuberculosis* Warszw, No 4, 1936, p 380) found that the number of blood platelets in cases of artificial pneumothorax ranged between 120,000 and 250,000 independently of the intensity, extent, and progress of pulmonary tuberculosis The establishment or maintenance of pneumothorax increased the quantity of platelets and it was exceptional for their number to remain stationary The variations in their number did not correspond with the changes in the other morphological elements of the blood, and were independent of the quantity of gas introduced into the pleural cavity and the degree of pulmonary compression In the course of pneumothorax treatment the thrombocytic reaction diminished until it finally disappeared Two periods could be distinguished in the therapeutic action of artificial pneumothorax according to behaviour of the platelets the first consisting in a general reaction with an increase in the number of the platelets, and the second being mainly one of mechanical action

131 Sedimentation Rate in Scarlet Fever

J S COOKSON (*Brit J Child Dis*, October–December, 1936, p 251) records his observations on seventy six cases of scarlet fever in which the erythrocyte sedimentation rate (E S R) was determined at various stages of the disease Forty-seven were females aged from 4 to 30 and twenty-nine males aged from 3 to 30 Thirty four were given scarlet fever antitoxin The technique employed was the modification of Westergren's method recommended by the Association of Clinical Pathologists Cookson's conclusions are as follows (1) The E S R is a simple and sensitive index of the progress of a case of scarlet fever (2) A considerably raised E S R on the fourteenth day of disease means either that complications have already developed or will do so (3) The E S R is useful in differentiating the types of albuminuria in scarlet fever A high rate indicates acute nephritis whose progress is worse than that of the benign types (4) All the complications of scarlet fever except benign albuminuria and serum reactions cause a rise of the E S R (5) There is no definite relationship between the E S R and the other blood changes (leucocytosis and eosinophilia) in scarlet fever (6) The E S R is a useful index of the efficacy of treatment

was manifest in school children but the position was far from satisfactory He quoted from the report of the Chief Medical Officer for the Board of Education for 1935 which declared that in some areas severe depression continued for many years and left its mark In Durham County several teachers declared that many of the children were thin and were much below the standard of five years ago in physique mental alertness and ability and were decidedly backward in lessons and easily tired One head master stated that in his own school of 400 children one third showed the need for more food and many showed signs of distress in spite of the milk ration Undernourishment was not confined to the special areas Mr Shinwell cited the results of tests on children in Scotland and submitted the general proposition that improvement manifested itself when more and better food was regularly supplied

COST OF FREE MEALS

The Ministry of Education has issued a new circular affirming two conditions before meals could be provided One was that the incomes of parents must not go beyond a certain scale The other condition irrespective of the income was that it must be firmly established by medical inspection that the child was unable by its physical condition to absorb education If it was necessary to impose conditions he would rather have the income condition than the other Mr Shinwell suggested that the Minister's estimate of 24 million pounds as the cost of providing a free meal to all school children was an exaggeration "Even if that were the cost the reduction in disease consequent on the provision of the right nourishment would far outweigh it Sir Francis Fremantle had stated in the House that the annual cost of disease to the nation was 300 million pounds

Mr JAMES BROWN seconded the motion

Miss CAZALET moved to substitute for Mr Shinwell's motion the following words

> That this House welcomes the measures taken by the Government to promote the physical welfare of children, recognizes the beneficial results already achieved as shown by the annual reports of the Chief Medical Officer of the Board of Education and hopes that where necessary the powers already possessed by local education authorities for the purpose will be more fully utilized

She said that nearly 3 000 000 children were already benefiting under the milk in schools scheme and nearly 400 000 were receiving free milk daily She did not agree that the facts in relation to London were not satisfactory There was not in London a single child whose education need suffer because of undernourishment or malnutrition She believed that to be the case also in many parts of the country

MALNUTRITION OR UNDERNOURISHMENT

Mr KEELING said it was true that more than half of the school children of the country did not avail themselves of the scheme for cheap or free milk but the main cause of that was not poverty but the indifference of the parents or the distaste of the child He suggested that the Government should make more frequent surveys of the nutrition of children Medical officers had said that was necessary Some alteration of the routine medical inspection in schools was required The income scale which qualified parents to get free meals for their children was in some cases still high In some very poor areas no solid meals were given but only milk Something should also be done to improve the quality of the meals where they were badly reported upon Sir FRANCIS ACLAND said the primary problem was not one of undernutrition but of malnutrition arising from poverty Sir Robert McCarrison had said that an examination of the youngest group of children attending elementary schools under the London County Council revealed among 1 635 unselected 5 year old children the presence of one or more abnormalities in 87 per cent These defects were in the main defects of malnutrition rather than of undernutrition Mr LOVAT FRASER said milk did not suit everybody and some children refused to take it All children took far too much tea An inquiry conducted by the Hannah Dairy Research Institute of Ayr among 13 317 children showed that 7,017 did not drink milk at all and 4 323 took it only once a day Only 5 per cent of the children failed to take tea at least once and 50 per cent took it three or more times in the day Over ninety children took tea five times daily and one third of these were under 10 years of age

GOVERNMENT REPLY

Mr GEOFFREY SHAKESPEARE said Mr Shinwell had made a fair statement but had slipped up in quoting some London figures There was unanimity among school medical officers on the fact that there was no general deterioration in health in spite of the strain of economic circumstances The Board of Education in partnership with the local authorities gave increased attention in the routine inspection to the state of nutrition and to the assessment of that state by the doctor on more careful and uniform lines The practice was also growing of arranging nutritional surveys at short periods In 1924–5 132 local education authorities provided for 70 000 children 7 500 000 free meals (including free milk) In 1935–6 235 local education authorities provided 479 000 children with 86 500 000 free meals Circular 1443 of December 1935 laid down that this free nourishment should be provided if the children showed the slightest symptom of inability through lack of food to profit by their education Teachers and others who were in constant touch with the children could make recommendations on this basis

The milk in schools scheme had provided for 2 500 000 children The account of Dr Petrie in the Chief Medical Officer's report showed how widely this scheme benefited the children The Board of Education would like to see many more children enjoy its benefits and last year sent an investigator to find why no more than 50 per cent of the children took this free milk He reported that poverty was not an important reason for non participation by the other 50 per cent In areas where there was poverty participation was higher Non participation was due either to indifference on the part of the parents or more usually to a distaste on the part of the children Until there was more publicity about the value of milk a number of children would not take advantage of the facilities The Board of Education encouraged the provision of school canteens and in the reorganization of the education services which was going on the senior schools as a rule had canteens at which the children could get a good dinner at a reasonable charge

In the report of the Chief Medical Officer of Health a nutritional survey was given which showed that out of 1 687 000 children examined in England and Wales in 1935 14·6 per cent were found to be excellent 74·1 per cent were normal 10·6 per cent were slightly subnormal and 0·7 per cent were bad In London out of 189 200 children 0·08 per cent were bad 10 646 or 5·67 per cent were slightly subnormal and the rest were satisfactory When a child was slightly subnormal the cause might be bad housing or lack of sleep or it might be functional or the result of disease In the experiments recently conducted at Aldershot on the substandard recruit the doctor in charge said good nutrition and intensive physical training were factors in the improvement but the regular hours of routine to which the recruits were subjected was a factor no less important

The Ministry did not consider the present state of affairs satisfactory, and was in touch with local authorities to ensure that their income scales did not prevent children getting extra nourishment who really needed it It was pressing on local authorities the importance of more frequent nutrition surveys and hoped to send all local education authorities a pamphlet showing how beneficial a system of dinners at canteens could be

On a division Mr Shinwell's motion was defeated by 178 to 126 and the House subsequently adopted Miss Cazalet's amendment by 167 to 124

Regency Bill Question of Incapacity

The Regency Bill was considered by the House of Commons in committee on February 4 On Clause 2 (Regency during total incapacity of the Sovereign) Mr LOGAN said he was not

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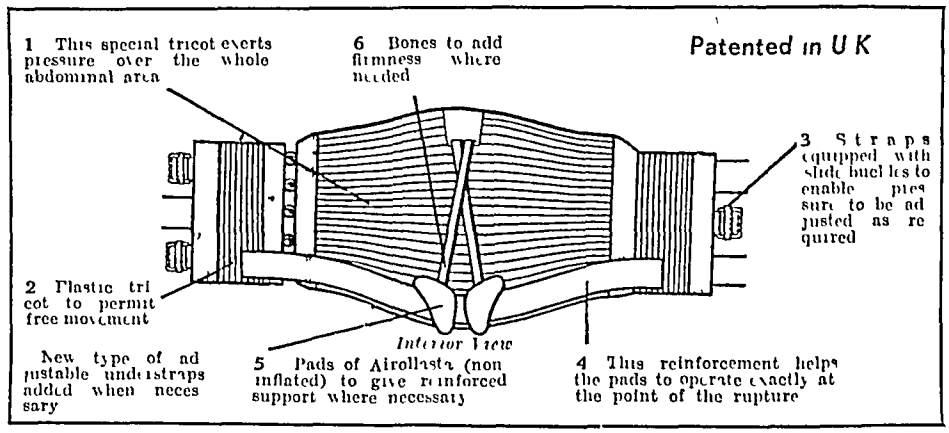
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give evidence in court to base his refusal on medical privilege and to submit to imprisonment if forced to accept that course In that way the law might be altered but amendment by ordinary Parliamentary procedure was preferable

Mr J A LOVAT FRASER seconded the Bill

REJECTION MOVED

Mr DINGLE FOOT moving the rejection of the Bill said its sponsors failed to appreciate what the consequences would be if the Bill passed into law Neither the mover nor the seconder had explained whether the privilege which the Bill proposed would be the privilege of the doctor or of the patient If a man wanted to call his doctor to give evidence on his behalf the doctor might be able to refuse or even be prevented under the terms of the Bill from giving evidence When a man was knocked down by a motor car the insurance company would send its own doctor to examine him but that examination would not be for the purpose of treatment or the purpose of cure and therefore the insurance company's doctor could give evidence but the plaintiff would not be able to rely upon his own doctor even to prove the injuries he received

Sir JOHN WITHERS remarked that this argument would fall to the ground if it was made clear that the privilege was to be the privilege of the patient

Mr ERNEST EVANS in seconding the motion for rejection said members of the medical profession were claiming a privilege for themselves not for the general public The Bill would impose on the medical profession a responsibility which few of them would wish to have

Sir JOHN WITHERS said the same proviso would apply as in the case of solicitors—that if privilege were claimed the court would decide whether it was a case for privilege He had great sympathy with the doctors and was sure that if the Bill went to committee the question whether the privilege was of the doctor or of the patient could be cleared up

LEGAL VIEW OF THE BILL

Sir TERENCE O'CONNOR recommended the House to refuse a second reading Cases were few in which the law did not insist that the whole truth should be presented in a court of law These cases were strictly confined to communications between husband and wife, to evidence of judges and jurymen on matters which had taken place while they acted judicially to State secrets, and to a few matters on which decency forbade disclosure The only other case which bore any similarity to that put forward by Sir E Graham Little concerned communications between a client and the legal advisers he had called in for the purpose of obtaining justice in a court of law That was the privilege of the client and not of the solicitor To put any of these classes of privilege into statutory form would be difficult In the Bill there was no definition of what was the privilege Sir Terence inclined to think that as the Bill was drawn the privilege was that of the doctor He did not know if the doctor could waive his own privilege when a dying man had told him the name of his assailant or when a young woman patient disclosed to him the name of an abortionist a case more common Workmen's compensation cases and many other cases came to mind There was hardly any breach of the law, civil or criminal in which the passage of this Bill in anything like its present form would not impede the administration of justice He could hold out no hope that alteration of the Bill would make it workable Why should the new statutory privilege be confined to doctors? With every sympathy with the intentions of the Bill especially in regard to venereal disease he could not advise the House to accept it

Mr H. G WILLIAMS said the first words of the Bill would give a medical practitioner free discretion whether he disclosed the facts to the court or not That was a position into which no witness ought to be put What would be the state of our law if every medical witness were in a position to tell as much of the truth as he thought desirable? It would make the medical evidence irrelevant, because the court would not know how much of it was important evidence and how much unimportant

The motion for the second reading of the Bill was then negatived without a division

Experiments on Animals—Mr GEOFFREY LLOYD in an answer on January 27 to Mr Duncan Sandys said the Cruelty to Animals Act 1876 provided that experiments might be performed without anaesthetics on a certificate called Certificate A being given that insensibility could not be produced without necessarily frustrating the object of such experiments Before the Home Secretary allowed any such certificate to come into operation he always attached to the licence a condition whereby no operative procedure more severe than simple inoculation or superficial venesection might be adopted in any of the experiments enumerated in the certificate Severe surgical experiments involving cutting operations were never allowed without anaesthetics

Extension of National Health Insurance—Preparation of the scheme for the insurance of black coated workers has reached an advanced stage but the Government cannot say when the Bill will be introduced

Notes in Brief

Out of ninety eight applications for certificates that death had been caused by silicosis received by the medical board under the various industries silicosis schemes among coal miners in South Wales in the year ended December 31 1936 sixty three were granted, sixty of the applications related to anthracite miners and thirty nine were granted

Sir John Simon can hold out no prospect of earlier publication of the annual report of the Factory Department of the Home Office

With the aid of the £1 000 000 grant under the Rural Water Supplies Act 1934 schemes have been undertaken for the supply of 2 250 parishes with water at a total cost of over £7,100 000 About one third of the schemes have been carried out and work on the remainder will be complete by the end of 1938

The approximate number of beneficiaries of the Ministry of Pensions on December 31 1936 was 943 000 a reduction of about 32,000 on the figures for the previous year

The Services

DEATHS IN THE SERVICES

Colonel HAROLD HAY THORBURN C I E I M S died at Peshawar on January 27 aged 54 He was born on December 1, 1882 the second son of Mr J Hay Thorburn and was educated at Edinburgh Academy and Edinburgh University where he graduated M B Ch B in 1906 Entering the I M S as lieutenant on September 1 1906 he got a brevet colonelcy on July 1 1931 and became full colonel on March 4 1936 His first five years of service were spent on the North West Frontier in the Malakand the Khyber and Waziristan after which he was posted to Meshed as agency surgeon then under the Consul General and Agent to the Governor General in Khorasan He was holding this post when the war began in 1914 and then raised the Hazara Levy which he commanded for two years In 1916 he went to Seistan to join the South Persian Rifles under Sir Percy Sykes After the war he was appointed civil surgeon of Quetta and chief medical officer in Baluchistan From 1924 to 1927 he was surgeon to the Legation at Kabul under Sir Francis Humphreys King Amanullah gave him the Afghan Order of the Wafa In 1933 he went to Ajmer as chief medical officer of Rajputana While there a Hindu lunatic tried to assassinate him but Thorburn disarmed and captured the assailant and handed him over to the police On promotion to colonel he was appointed inspector general of hospitals in North West Frontier Province He received the C I E in June 1917 and was appointed honorary surgeon to the Viceroy Lord Irwin in 1927 Last year he married Diana,

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ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College held on February 2 with the President Dr W T Ritchie in the chair the following were elected Fellows

Dr Ernest T Roberts (Glasgow) Dr Eustace Russell (Brisbane) Dr Douglas J Campbell (Southampton)

Medical News

The Hunterian Society has arranged a banquet to commemorate the two hundred and ninth anniversary of the birth of John Hunter at the May Fair Hotel, Berkeley Street W on Wednesday February 17, at 7 30 p m The guests will include the Lord Mayor and Lady Mayoress of London The Hunterian Oration on The Hunterian Tradition will be delivered before the society by Lord Horder at the Mansion House on Monday, February 22, at 9 p m

A discussion on 'The House as a Home Design, Construction and Equipment as They Affect Comfort will take place at a meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road S W, on Thursday February 18 at 2 30 p m The discussion will be opened by Dr H A Fawcett

Dr E Graham Howe will give a course of four lectures on Pacifism, in the Conway Hall, Red Lion Square W C at 8 p m, on February 15 and 22, and March 1 and 8

Dr Geza Roheim of Budapest is giving the second and third of his public lectures on the psycho analysis of primitive social relations to day (Friday, February 12) and on February 15, at 8 30 p m, at 96 Gloucester Place, London, W 1 The fee for each lecture, payable at the door, is 2s 6d

A meeting of the Society of Radiotherapists of Great Britain and Ireland will be held at 11 Chandos Street W, on Friday February 19 The subject for discussion is 'The Measurement of Tumour Dosage'

The notifications of influenzal pneumonia for the week ending February 6 in London were 132, as compared with 211 for the previous week, and the number of deaths from influenza was 101 as compared with 154 The total number of deaths ascribed to influenza in the 122 great towns (including London) of England and Wales during the week ended February 6 was 976, as compared with 1,155 in the preceding week

A meeting of the Royal Microscopical Society will be held at B M A House, Tavistock Square W C., on Wednesday February 17 at 5 30 p m when papers will be read by Dr J A Murray, F R S, and Dr A S C Lawrence

A general meeting of the British Association of Radiologists will be held at the Royal Society of Medicine on Friday, February 19, at 5 30 p m, when Dr E Lysholm of Stockholm will give an address on Radiological Possibilities of Demonstrating the Exact Location Size and Pathology of Intracranial Expansive Processes All medical practitioners who are interested are invited to attend

Meetings of the Tuberculosis Association will be held at 26 Portland Place W on Friday February 19 At 5 15 p m papers on Simple Pleural Effusions will be read by Dr W J Fenton and Dr E H Hudson, and at 8 30 Dr Otto May will read a paper on Life Insurance and Tuberculosis'

In response to an invitation from Messrs Cadbury Brothers to metropolitan medical officers of health, a party of 114 travelled from London to visit the factory at Bournville During the day the doctors surgery and dentist's room were inspected and Mr A W Knapp chief chemist to the firm gave an address to the visitors, mentioning that at the Bournville works 22 500 samples were analysed last year, not counting examination of milk samples at Cadbury's milk factories He recalled that cocoa and chocolate makers had been pioneers among food manufacturers in setting up chemist departments By the beginning of this century both Rowntree's at York and Cadbury's at Bournville had established laboratories Fry's started a chemist department some years later and Lyons opened their laboratories soon after the war

An appeal will be broadcast from the London Regional Station on Sunday next, February 14 at 8 45 p m, by Lord Sempill, chairman of the Institute of Ray Therapy, Camden Road, N W, for the extension of the Institute's work

On February 5 Dr F G Dawtrey Drewitt was entertained to dinner at the Savile Club by a group of friends in celebration of the sixtieth anniversary of his election to the club In a congratulatory speech the chairman Mr Alan Barlow mentioned that the youngest of the Savilians present that night to pay honour to their oldest fellow member had entered Winchester College exactly sixty five years after Dr Drewitt The company included Sir Harry Stephen whose membership of the club goes back to 1882

Sir Kingsley Wood Minister of Health received on February 4 a deputation from the Sutton and Cheam Epidemic Inquiry Committee and the Beddington and Wallington Urban District Council The deputation pressed the Minister to hold a public local inquiry into the outbreak of gastro enteritis which occurred last summer in the area of supply of the Sutton district water company Sir Kingsley Wood said that he understood that legal proceedings were pending in this matter In view of this he could not properly discuss the merits of the case or hold a local inquiry

Judge Cotes Preedy K C (who is also a member of the medical profession) has accepted an invitation from all the parties concerned to hold an inquiry in private into criticisms of the action taken by the local authorities of Bournemouth Poole and Christchurch in connexion with the outbreak of typhoid fever in that district last August

The issue of the *Deutsche medizinische Wochenschrift* for January 29 is devoted to pneumonia and influenza

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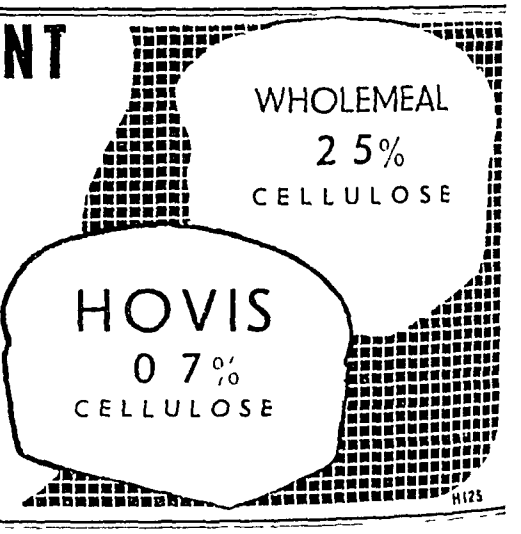
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EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

114 Cardiac Irregularities in Lung Tumours

A W C G Kamerling and C L C van Nieuwenhuizen (*Nederl Tijdschr Geneesk* December 26 1936 p 5726), who record eight illustrative cases in patients aged from 41 to 66 state that irregularities of the pulse are not infrequent in pulmonary tumours In six of their cases auricular fibrillation was found (in all but one in attacks) in one paroxysmal sinus tachycardia and in another paroxysmal ventricular tachycardia As these irregularities may sometimes be the first symptom of bronchial carcinoma, as was found in one of the writers cases they possess some diagnostic and prognostic importance Their occurrence may be explained by vagal and sympathetic irritation in accordance with the experiments made on animals by Rothberger and Winterberg and observations on man by Lohr relating to the origin of paroxysmal tachycardia In some of the writers cases distinct signs of sympathetic stimulation were observed such as exophthalmos and dilatation of the pupils while in others the vagus was found to be damaged at necropsy

115 Tuberculous Bacilluria

C Bacaud (*Z Tuberk* December, 1936, p 340) has investigated 226 times the urine of ninety six tuberculous patients He found tubercle bacilli in the urine in only three cases In all these three cases the normal renal function was disturbed two cases suffered from renal tuberculosis and the third from nephritis following the administration of gold The author was also unable to find tubercle bacilli in the urine of seven rabbits and fourteen guinea pigs experimentally infected His conclusions therefore coincide with those of a number of other workers (Spitzer, William and Denver and others) who maintain that the healthy renal filter is impervious to the tubercle bacillus

116 Incidence and Prevention of Diabetic Coma

K Söndergaard (*Ugeskr Laeg* December 3, 1936, p 1207) finds from a study of the statistics of a large Danish hospital that not only is diabetes increasing in frequency in Denmark, but also that a much higher proportion than heretofore of cases of diabetic coma are now being admitted to hospital The rise in the incidence of diabetes in hospital began before the introduction of insulin in 1923 In 1913 there were only seven diabetics among 766 discharged and dead patients (0 9 per cent) By 1921 this percentage had risen to 2 7, and it rose still further to 3 4 in 1935 In the ten year period 1913–22 only 7 per cent of the diabetics admitted to hospital suffered from coma or pre-coma, defined by the author as acidosis with definite signs of poisoning such as vomiting Kussmaul's respiration, and drowsiness In the seven year period 1929–35 this percentage had risen to about 17 A study of the forty two cases of diabetic coma admitted to hospital in the years 1932–5 and the first half of 1936 brought out the inexplicable fact that the sixteen patients who had become comatose without ever having been treated with insulin fared on the whole worse than the twenty six who had been under the influence of insulin before they became comatose It was ascertained that eight of the sixteen comatose patients who had never been treated with insulin had been in the hands of doctors who had let pass on the average five days each before giving insulin The author interprets this serious omission as the result of ignorance on the part of medical practitioners less attentive to the indications of acidosis than to those of glycosuria It is the author's impression that in Denmark sufficient use is not yet made of insulin and he notes that in the years 1925–6 only 48 per cent of the diabetics discharged from his hospital were receiving insulin whereas in the years 1933–5 this percentage had risen to 60 He concludes with an appeal for closer co-operation between medical practitioners hospital physicians, and diabetics

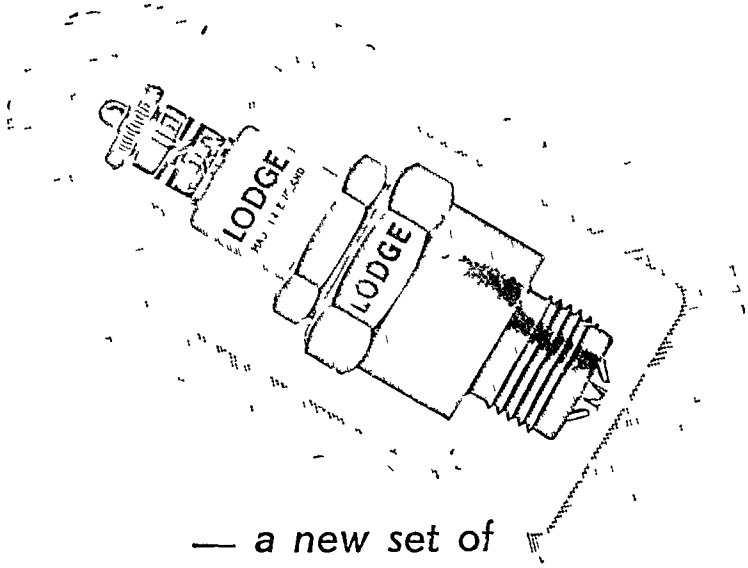
117 Bronzing in Diabetes

M Labbe R Boulin and Ullmann (*Presse méd* November 11, 1936 p 1769) record a case of severe diabetes associated with generalized bronzing of the skin with pronounced melanodermia of the face the genital organs, and the dorsal surfaces of the hands The liver was enlarged there was marked asthenia with a low blood pressure a haemoglobin percentage of 110 and no signs of infection or disorders of the heart and lungs The diagnosis was diabetes complicated by suprarenal insufficiency, and the confirmatory evidence is discussed Tuberculous involvement of the suprarenal glands is known to occur sometimes in diabetes but disease of the sclerotic type is more frequent and this appears to have been the condition in the present case the patient recovering to a considerable extent under suitable treatment After referring to various cases of the different types of such suprarenal involvement which have been recorded in the literature and emphasizing the importance of the presence of hypotension and extreme asthenia as well as the bronzing in reaching a diagnosis the authors comment on the ways in which suprarenal insufficiency may modify the clinical picture in diabetic patients They have previously reported the association of diabetes with infantilism and point out that the question of treatment is of considerable importance In one case of associated Addison's disease and diabetes under their observation an injection of insulin brought on a fatal hypoglycaemic coma at the necropsy pigment was found present in the suprarenal medulla as well as in the cortex They think that some of the unfortunate accidents which have been reported in apparently simple diabetic cases may have been due to there having been an unrecognized sclerosis of the suprarenal glands In one case for example the injection of insulin brought on an epileptic fit which terminated in death from coma The post mortem examination disclosed a partially atrophied condition of the suprarenals Alternatively some of these patients have shown an unexpected resistance to the action of insulin, large doses having to be given The authors conclude that when hyperglycaemia is associated with any signs of suprarenal insufficiency the greatest care must be taken to detect the extent of the complication and to modify the treatment accordingly

118 Circulatory Complications in Diphtheria

H Zischinsky (*Munch med Wschr* November 6 1936 p 1823) has treated 2 800 cases of diphtheria in the past two and a half years There were 150 deaths He points out that circulatory disturbances are the most important complication of diphtheria Myocarditis is always present at necropsy and in these fatal cases marked changes in the electrocardiogram were usually found In such patients symptomatic treatment may help to relieve anxiety pain restlessness and nausea In moderately severe cases there were usually no changes in the electrocardiogram but some of these were fatal Circulatory disturbances and myocarditis must be treated The author found no benefit following the administration of caffeine camphor, strychnine digitalis or adrenaline and while

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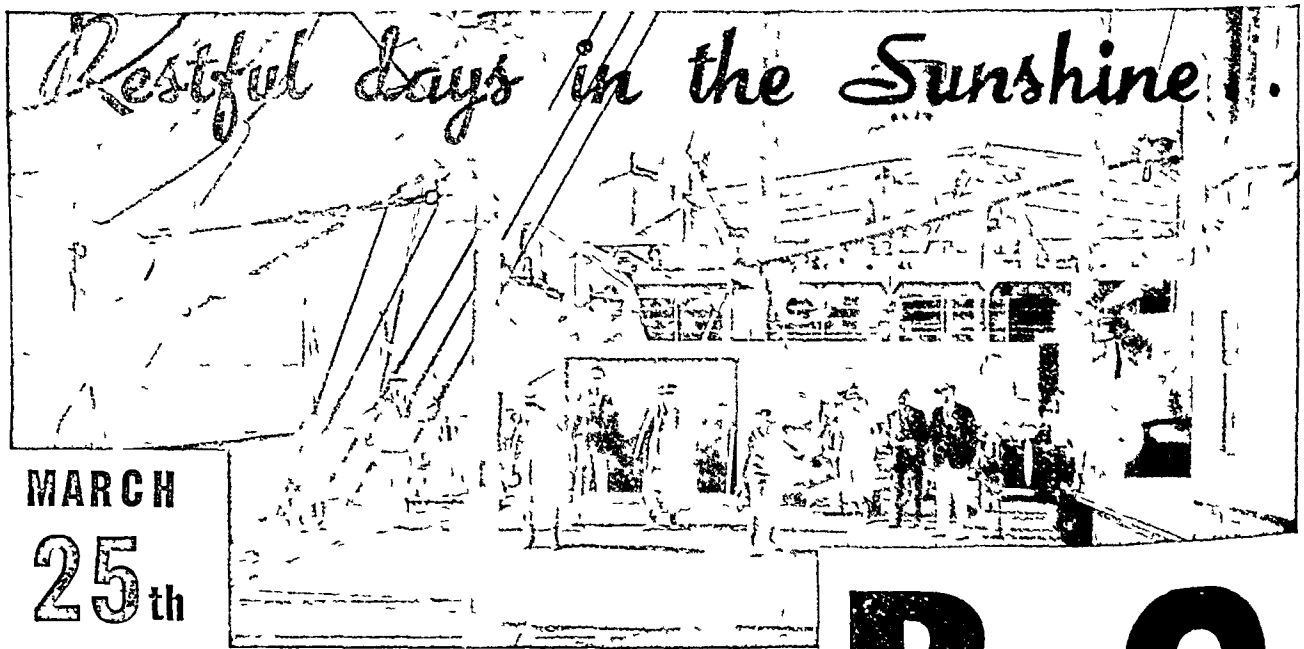
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Neurology

124 Hereditary Psychic Reactions to Insulin

F K STORRING (*Dtsch med Wschr* January 1, 1937, p 10) considers that insulin hypoglycaemia often gives rise to manifestations indicating involvement of the neuro vegetative system Only in a few cases does such hypo glycaemia provoke focal cerebral signs, either isolated or in combination with neuro vegetative manifestations Even rarer are the psychic sequelae to insulin hypo glycaemia and in Professor Umber's hospital in Westend Berlin the author has observed only twelve such cases among the last 1,200 diabetics treated with insulin Suspecting that there might be a hereditary factor the author investigated the family histories of these patients and in most of them he discovered a remarkably close relationship between the character of his patients mental symptoms and that of the mental ailments in their ancestry In one of the cases recorded in detail the hypoglycaemic reaction presented a clinical picture of a typically epilepti form character The patient's brother suffered from genuine epilepsy and his father was a chronic alcoholic

125 Histology of Brain Abscess

PIQUET and BOURY (*Ann Oto laryng* November, 1936, p 1113) present a freely illustrated histological study of material obtained post mortem from three cases of cere bral abscess and of material removed at operation in two other cases Secondary abscesses may communicate with the cavity of the primary abscess (*abces diverticulaires*) or they may be found at a short distance without any visible connexion The histological study of small secondary abscesses is specially profitable, because it enables one to see the beginnings of a brain abscess The earliest stage is a thrombosed capillary surrounded by a cuff of white blood cells (*manchons leucocytaires*), an appearance which strongly suggests a spread by a vascular route It is certain that multiple secondary abscesses are always formed by a diffusion along a vascular route The occlusion of a vessel by thrombosis is the first change, then necrosis of a limited area of brain tissue followed by pus formation One recognizes necrosed cerebral tissue by the following characteristics the vessels are mostly thrombosed, there are scattered lymphoid cells everywhere, the nerve cells are broken up, shrunk, and seem to have lost their processes Very exceptionally a secondary abscess is formed by an invasion of suppuration from the pia mater into the brain sub stance—for instance, in the depth of a fissure The pro gress of an abscess towards the ventricle occurs in differ ent ways In some cases the abscess grows slowly and the ventricle becomes reduced to a slit or sometimes occluded altogether by the formation of a homogeneous mass containing a few fibrils In other more quickly growing abscesses an irruption into the ventricle causes sudden death The processes of repair and replacement of lost cerebral substance were studied in one operation subject where a particularly large abscess had been evacuated five months previously The abscess had de stroyed nearly one half of a cerebral hemisphere and this large cavity became filled with sero purulent fluid Every three weeks or so when signs of intracranial pressure appeared this liquid had to be drained away The firm ness of the 'capsule' depends on the age of the abscess and not on the type of infection as some authors believe

126 Glosso pharyngeal Neuralgia

PIQUET and POTENTIER (*Echo med Nord* December 13 1936 p 1014) describe a case of neuralgia of the glosso pharyngeal nerve in a woman of 50 years who had suffered from pain round the left frontal sinus which dis appeared suddenly and spontaneously Pain had then developed in the left side of the tongue, radiating towards the pharynx and the left ear each spasm lasted only a few moments and recurred five or six times a day The mastoid region was hyperaesthetic, but puncture of the tympanic membrane was negative The distribution of pain suggested glosso pharyngeal neuralgia Injection of novocain into the ninth nerve brought about the temporary cessation of pain during the period of anaesthesia In order to obtain a permanent cure an injection of alcohol was given which caused a large swelling three days later and considerable pain These symptoms subsided and the patient made a complete recovery The case reported was typical of this disease, of which only about twenty cases have been previously described The onset is sudden and is usually brought on by swallowing, mastication, or expectoration The pain is strictly unilateral The treat ment given is simple and safe, and the result is very satisfactory

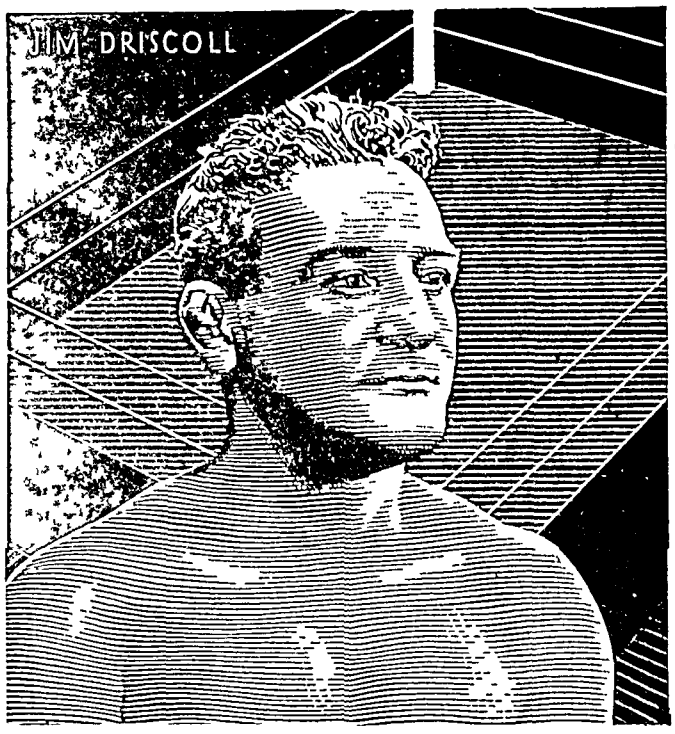
127 Cerebellar Hernia

I VAN BOGAERT (*Scalpel* Liege, December 12 1936 p 2473) points out that the symptoms which are evident before diagnosis of a cerebellar tumour can be made are sometimes very deceptive On the other hand headache, vomiting or papillary oedema may be present The occipital and occipito vertebral syndrome indicates that cerebellar herniation is developing and may lead to paralysis by mechanical compression of the cardio respira tory and bulbo medullary centres Tumours of the fourth ventricle affect the muscles of the head and neck and produce tonic contractions with hypertension of the body adduction of the upper limbs trismus and Cheyne Stokes respiration At a later stage tachycardia facial vaso constriction or vasodilatation dyspnoea, and polyuria develop and usually end in sudden death Lumbar puncture or operation is dangerous, but death is certain if there is no intervention As the result of investigation in eleven cases it has been noted that the following symp toms indicate the presence of a cerebellar hernia dyspnoea cardiac arrhythmia polyuria sitophobia or suboccipital headache When one or more of these symptoms are present lumbar puncture should be carried out to com plete the diagnosis but this may be a fatal procedure Queckenstedt's sign is of value in arriving at a correct diagnosis in these cases Medical treatment in all cases can only be palliative this may include intravenous injections of hypertonic solution of glucose or of mag nesium sulphate and should only be supplementary to surgical treatment This should consist of puncture of the occipital ventricle and the raising of the posterior arch of the atlas or even of the axis

Obstetrics and Gynaecology

128 Pseudo uterine Fibromata

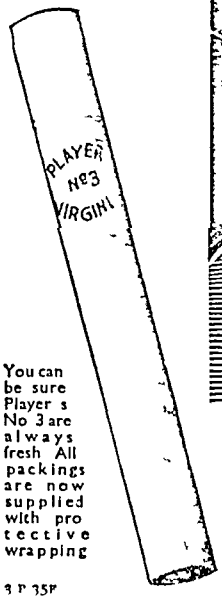
M P BEGOUIN (*Paris med* December 26 1936 p 489) draws attention to the many instances in which lesions of the uterus are wrongly diagnosed The term false fibroma is given to a condition which causes enlargement of the uterus and is therefore thought to be due to fibromata but is really caused by some other type of growth This incorrect diagnosis is most often made when a patient before the menopause has symptoms of men strual irregularity as regards duration and degree of haemorrhage as fibromata are the most common cause of menorrhagia If on palpation of the uterus no tumour can be felt in that organ or the adnexa a general cause such as hypertension hepato splenic insufficiency cardio renal lesion or endocrine disorder should be sought Tumours other than fibromata which may be palpated are adenomyomata submucous polypi, diffuse adeno myomatosis or sarcoma of the uterine wall The last named condition may easily be mistaken for a fibroma,



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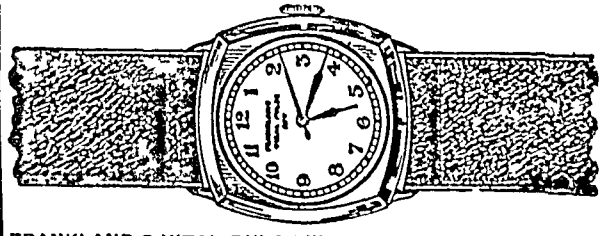
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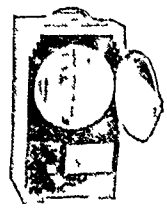
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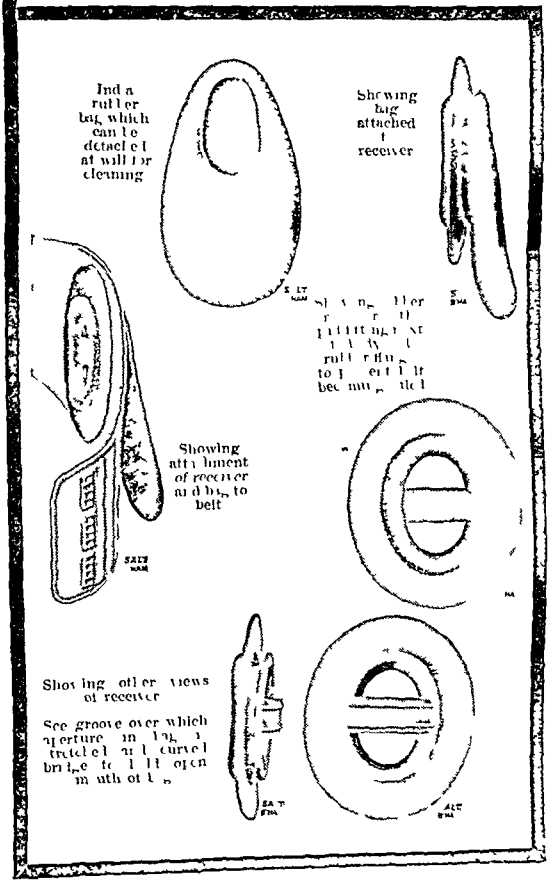
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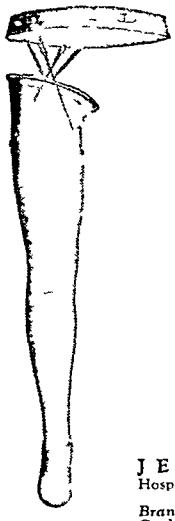
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The great advances in recent years in prostheses for the lower extremities are exhaustively described and extensively illustrated in a 72 page book under the above title

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This book fully describes the latest developments in mechanical technique in relation to light metal and wood artificial limbs with descriptions and illustrations of every type of modern prosthesis for amputations and congenital deformities of the lower extremities It is the result of practical experience gained in rehabilitating over 100 000 amputees by the Hanger establishment which is many times larger than any other limb makers in the world

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ARTIFICIAL LIMB MAKERS
ROEHAMPTON
LONDON S W 15

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Branches at—Aberdeen Belfast Birmingham Bristol Cambridge Cardiff Cosham Dublin Edinburgh Exeter Glasgow Leeds Liverpool Manchester Newcastle-on Tyne and Nottingham

NORMANSFIELD

For Mental Defectives of either sex
Under private management
Apply to Dr Langdon Down,
Normansfield Teddington

South Cornwall
PEN E GLOS ST MAWES
PRIVATE HOTEL situated in own grounds facing c 100 yards due South Exceptionally mild winter Electric light and h and c throughout—Write for Tariff to I A NASH

CITY OF LONDON MENTAL HOSPITAL, DARTFORD, KENT
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LONDON, CORA HOTEL
Upper Woburn Place near B M A Headquarters Accommodates 235 visitors Modern comforts Excellent table A A and R A C recommended Room Bath and table d'hote Breakfast 8/6

DIPLOMA IN PUBLIC HEALTH
The Royal Institute of Public Health
The Course of Instruction can be commenced at any time Special provision is made for students who can give only part time to the work
A prospectus and further particulars can be obtained from the Secretary
Telephone Terminus 1788—6206
23 Queen Square (Guilford Street)
London W C 1

FRCS ENGLAND
FRCS EDINBURGH
FRCS IRELAND
M S LONDON M C CANTAB
and all Higher Surgical Examinations
For particulars of short Intensive Postal and Oral Revision Courses apply SECRETARY Medical Correspondence College 19 Welbeck Street W 1

STAMMERING, SPEECH DEFECTS
BEHNKE METHOD Estab 1880 Cases non resident treated at 39 Earls Court Square S W 5 and in residence in the Summer holidays at Miss BEHNKE'S house on the Chilterns
and treatment
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— Lancet
The method is scientifically correct and perfectly effective Gen Hospital Gazette
STAMMERING CLEFT PALATE SPEECH LISPING 3/9
at Miss BEHNKE 39 Earls Court Sq S W 5

ROYAL SOCIETY
GOVERNMENT GRANT FOR SCIENTIFIC INVESTIGATIONS
Applications for the year 1937 must be received at the Office of the Royal Society not later than March 31st next they are limited to British subjects and must be made on printed forms to be obtained from the Clerk to the Government Grant Committee The Royal Society Burlington House London W 1

Preliminary Examinations
The COLLEGE OF PRECEPTORS holds Preliminary Examinations for Medical and Dental Students in London and at Provincial Centres in March June September and December For Regulations apply to the Secretaries College of Preceptors Bloomsbury Square London W C 1

FRCS (Edin)
POSTAL and ORAL COURSES
Full details of Above and Private Tuition—RECORD FRCS Surgeons Hall Edinburgh

UNIVERSITY EXAMINATION POSTAL INSTITUTION
17, RED LION SQ, LONDON, W C 1
FOUNDED IN 1882
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POSTAL OR ORAL PREPARATIONS FOR ALL MEDICAL EXAMINATIONS

SOME SUCCESSES

M D (Lond), 1901 36 (9 Gold Medallists during 1913 36)		412
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M B, B S (Lond), Final 1918 36 (Completed 1 year)		251
F R C S (Eng), 1919 36	Primary	188
	Final	183
M R C P (Lond), 1919 36		270
D P H (Various) 1906 36 (Completed 1 year)		342
F R C S (Edin), 1918 36		63
M R C S, L R C P Final 1919 36 (Completed 1 year)		587

M D Various By Thesis Many successes
Preparation for the above also for Medical Preliminary and all examinations leading up to M R C S L R C P, or M B of various Universities also for D P H D O M S D T M & H D M R I M M S A, and some exams of

ORAL CLASSES
M R C P M D, Primary and Final F R C S, F R C S (Edin) also Final M B B S and M R C S, L R C P Museum and Microscope Work Also Private Tuition

MEDICAL PROSPECTUS (48pp)
CONTENTS The method and the cost of entering the Medical Profession Particulars of all Medical Examinations Postal Courses and Oral Classes Suggestions for the Higher Medical
Higher Surgical Courses
Special Courses Opening theses
Medical Prospectus gratis along with list of Tutors etc on application to the Principal 17 Red Lion Sq, London, W C 1 (Telephone Holborn 6313)

LONDON HOSPITAL MEDICAL COLLEGE
F R C S
A COURSE OF INSTRUCTION for the FINAL FELLOWSHIP EXAMINATION will begin on Monday February 22nd 1937
Fees (exclusive of Operative Surgery) 25 guineas Operative Surgery 10 guineas
Further particulars may be obtained from Professor WILLIAM WRIGHT M B D Sc, F R C S Dean London Hospital Medical College Turner Street London, E 1

THE KIRK DUNCANSON FELLOWSHIP FOR MEDICAL RESEARCH
The Council of the Royal College of Physicians of Edinburgh will shortly award a Fellowship to the candidate who in the opinion of the Council is deserving of the Fellowship and who furnishes satisfactory evidence of his ability for research The Fellow will be required to devote his whole time to the tenure of the Fellowship and shall not, without the consent of the Council hold any other Fellowship Scholarship or Exhibition or hold any paid appointment or undertake any remunerative work
The value of the Fellowship for the first year will be £300 The Council may renew the tenure of the Fellowship for a second or subsequent year or years at increased emoluments
Applications must be lodged with the Secretary Royal College of Physicians Edinburgh not later than February 27th

HIGHER MEDICAL QUALIFICATIONS
Are you desirous of obtaining one of the special higher qualifications?
Diploma in Anaesthetics
Diploma in Psychological Medicine
Diploma in Ophthalmology
Diploma in Radiology
Diploma in Laryngology, Otology, and Rhinology
Diploma in Child Health
Diploma in Tropical Medicine
Mastery of Midwifery
M C O G and D C O G
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You can qualify for any of the above by our Course of Combined Postal and Practical Courses
Write at once stating your requirements to the
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19 Welbeck Street W 1 Tel Welbeck 8901
WE SPECIALISE IN POST GRADUATE COACHING FOR ALL EXAMINATIONS
Send Coupon below for Free Guide
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Examination in which interested

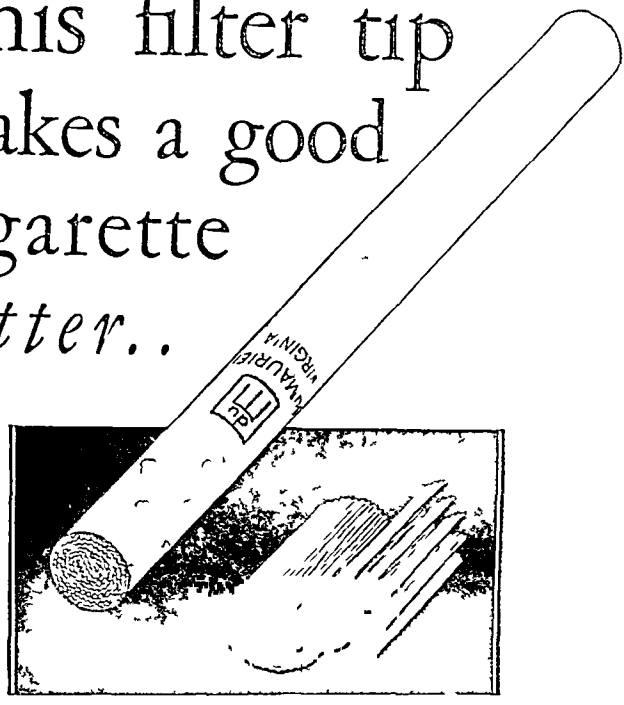
EXAMINING BOARD IN ENGLAND
BY THE
ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE
ROYAL COLLEGE OF SURGEONS OF ENGLAND

Notice is hereby given that the following Examinations will commence on the dates stated below
DIPLOMA IN TROPICAL MEDICINE AND HYGIENE
Friday, April 2nd
DIPLOMA IN CHILD HEALTH,
Friday March 19th
Candidates who have fulfilled the necessary conditions and who desire to present themselves for Examination, must give notice in writing to the Secretary Examination Hall 8/11 Queen Square London, W C 1 at least twenty one days before the date of the Examination transmitting at the same time such Certificates as may be required by the Regulations of the Board
HORACE H RIW, Secretary

EXAMINING BOARD IN ENGLAND
BY THE
ROYAL COLLEGE OF PHYSICIANS OF LONDON AND THE
ROYAL COLLEGE OF SURGEONS OF ENGLAND

Notice is hereby given that the following Examinations will commence on the dates stated below
THE MEDICAL EXAMINATION
(Chemistry Physics and Biology),
Monday March 15th
FIRST EXAMINATION
(Anatomy Physiology and Pharmacology),
Thursday March 18th
FINAL EXAMINATION
(Pathology Medicine Surgery and Midwifery)
Monday April 5th
Candidates who have fulfilled the necessary conditions and who desire to present themselves for Examination must give notice in writing to the Secretary Examination Hall 8/11 Queen Square London W C 1 at least twenty one days before the date of the Examination transmitting at the same time such Certificates as may be required by the Regulations of the Board
HORACE H RIW, Secretary

This filter tip makes a good cigarette *better..*



FINE Virginia tobacco makes "du Maurier" a good cigarette But the special "du Maurier" filter tip—three layers of pure white vegetable tissue interleaved by two layers of cellulose fibres —makes it a better one The tip absorbs irritants It allows no bits in the mouth It prevents throat trouble But it gives you the full flavour of the cigarette

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THE LONDON SCHOOL OF DERMATOLOGY

St John's Hospital for Diseases of the Skin, 5, Lisle Street Leicester Square W C 2

Conducted by the Honorary Staff of the Hospital together with the Physicians in charge of the Dermatological Departments of the London Teaching Hospitals Lectures and Demonstrations twice weekly during October and November and again during January and February and four times weekly during May General Practitioners desiring to attend any particular lecture or occasional lectures can do so without paying a fee Clinics daily at 2 p m and 6 p m Saturdays 2 p m only The Laboratory is particularly well equipped and arrangements can be made for classes individual instruction or for research work Enquiries The Dean or Secretary of the School

ROYAL COLLEGE OF SURGEONS OF ENGLAND

LICENCE IN DENTAL SURGERY

Notice is hereby given that the Second Examination will commence on Friday March 19th Candidates who have fulfilled the necessary conditions and who desire to present themselves for Examination must give notice in writing to the Director of Examinations Examination Hall 8/11 Queen Square London WC1 not less than twenty one days before the date of the Examination transmitting at the same time such certificates as may be required by the Regulations of the Board

HORACE H REW
Director of Examinations

GUY'S HOSPITAL MEDICAL SCHOOL

DIPLOMA IN ANAESTHETICS

A Course of Instruction in preparation for the Examination for the Diploma in Anaesthetics of the Conjoint Examining Board in England will commence on April 26th 1937 The Course will cover a period of three weeks and will include lectures in Physiology Anatomy Pharmacology Clinical Investigations and Anaesthetics

The Course will be open to men and women graduates The fee for the Course will be £15 15s

Further information may be obtained from the Dean Guy's Hospital Medical School London Bridge S E 1

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr P M D'Arcy Hart will deliver the Milroy Lectures on Thursday February 18th and Tuesday February 23rd at 5 o'clock at the College Hall Pall Mall East S W 1

Subject *Measures for the Prevention of Pulmonary Tuberculosis among Adults in England—in the List and in the Future*

Any Member of the Medical Profession admitted on presentation of card

By Order of the President
H M BARLOW Secretary

LIVERPOOL SCHOOL OF TROPICAL MEDICINE

(UNIVERSITY OF LIVERPOOL)

COURSES OF INSTRUCTION (lasting about three months) for the Diploma in Tropical Medicine commence on September 30th 1937 and January 3rd 1938 and for the Diploma in Tropical Hygiene on April 22nd 1937 and January 1938 (Candidates for the D T H must possess the D T M of this University)

For particulars apply to the Laboratory Secretary School of Tropical Medicine Pembroke Place Liverpool 3

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

RESIDENT LIBRARIAN

The Council invite applications from Registered Medical Practitioners (male) for the post of Resident Librarian The duties will be partly clerical and partly administrative in addition to the supervision of the Library

The salary will be £400 per annum with the use of a non furnished flat (4 rooms kitchen and bath room) in the College House

Application stating age qualifications whether married or single previous appointments and experience should be sent to the Honorary Secretary Professor W FLETCHER Swan Jeffery Mavitt 58 Queen Anne Street London W 1

THE IRAQI GOVERNMENT REQUIRES THE services of a PROFESSOR OF HYGIENE in the ROYAL COLLEGE OF MEDICINE BAGHDAD His duties will include the teaching of theoretical and practical Pathology but will not include bacteriology also he will be Director of the Vaccines and Vaccine Lymph and Pasteur Institutes

The necessary assistants are provided

The contract will be for three or five years salary £150 per mensem, leave 24 months for each completed year of service Income Tax up to 9% One first class passage provided on first appointment and on termination of contract Age not under 35 years

Further particulars may be obtained from the Royal Iraq Legation or from the Director General of Health Baghdad Applications should be addressed to the Royal Iraq Legation 22 Queen's Gate S W 7, on or before February 28th

LADY HARDINGE MEDICAL COLLEGE NEW DELHI INDIA

Applications are invited from suitably qualified women for the post of PROFESSORSHIP OF PHYSIOLOGY in the above College Special experience including teaching essential Preference will be given to applicants with a Medical qualification Pay according to experience and qualifications

Applications with testimonials should reach the Principal not later than April 15th

CITY OF CARDIFF

MEDICAL OFFICER (TEMPORARY) FOR LOCAL RELIEF DISTRICT

The Council invites applications for the above appointment (part time) from registered Medical Practitioners who if not resident in the district which comprises the Llandaff Ward of the City of Cardiff must undertake to take up residence therein by April 1st

The salary will be £150 per annum and the Medical Officer will commence duty on Thursday April 1st

There are no fees except small sums for reports as to Lunacy Boarded out cases etc

The qualifications for and the duties and conditions of the appointment which will be for twelve months in the first instance are prescribed by the Public Assistance Order, 1930

Applications on forms to be supplied by the Public Assistance Officer Law Courts Cardiff from whom further information may be obtained must reach me by February 23rd accompanied by three recent testimonials

Direct and indirect canvassing is prohibited

City Hall, D KENYON JEFFS
Cardiff Town Clerk
February 9th 1937

CITY OF BIRMINGHAM

DUDLEY ROAD HOSPITAL (926 Beds)

Applications are invited from fully qualified Medical Practitioners for whole time appointment as JUNIOR MEDICAL OFFICER (male) at the Dudley Road Hospital Birmingham The appointment will be for a period of six months but may be extended for a further period of not exceeding six months Salary at the rate of £200 per annum and full residential emoluments. The officer appointed will be required to refund to the Council all fees allowances and emoluments (other than the foregoing) received by him

Further particulars may be obtained from the Medical Superintendent at Dudley Road Hospital to whom applications stating age experience and qualifications with copies of recent testimonials should be forwarded not later than February 24th

NORTHUMBERLAND COUNTY COUNCIL

WOOLLEY SANATORIUM Near HEXHAM For the Treatment of Adults suffering from Tuberculosis (180 Beds)

Applications are invited for the appointment of an ASSISTANT MEDICAL OFFICER at the above Sanatorium Salary £350 per annum rising by annual increments of £25 to a maximum of £450 with board, lodging and laundry

The salary will be subject to a percentage deduction in accordance with the provisions of the Local Government and Other Officers Superannuation Act 1922 for which purpose the selected candidate must undergo a medical examination

Applicants should be unmarried

The appointment may be terminated by three months notice on either side

Application forms to be obtained from the undersigned should be returned to him together with copies of three recent testimonials as soon as possible

WILLIAM F J WHITLEY
County Medical Officer

County Hall
Newcastle upon Tyne 1

THE HOME OFFICE

CHILDREN'S BRANCH

MEDICAL INSPECTOR (WOMAN)

Applications are invited for the appointment of a Medical Inspector (Woman) in the Children's Branch of the Home Office to work under the direction of the Chief Inspector The duties include the medical inspection of Approved Schools and other institutions inspected by the Branch

Candidates must be registered Medical Practitioners unmarried or widows They must state their age, which must be under 40 years They must be natural born British subjects

Importance is attached to special experience of medical work among adolescent girl and the possession of a Diploma in Public Health is desirable

The present scale of salary is £738 per annum rising by annual increments of £30 to £1 058 per annum The post is established and pensionable and the selected candidate will be required to obtain a certificate from the Civil Service Commissioners before appointment She will also be required to resign her appointment on marriage

Applications with copies of testimonials and the names of three persons to whom reference may be made should be forwarded not later than February 15th to the Chief Inspector Children's Branch Home Office Whitehall London S W 1 There is no prescribed form of application

Home Office
February 1st 1937

LONDON COUNTY COUNCIL

Applications invited from Medical Practitioners of at least one year's standing to undermentioned positions

ASSISTANT MEDICAL OFFICERS (Grade II) —Salary £250 a year, together with board lodging and washing Appointment for one year only in first instance (renewable for a second year under certain conditions) Candidates must have held a resident appointment in a General Hospital for at least six months

* (a) BETHNAL GREEN HOSPITAL Cambridge Road, E 2 —Two positions, duties mainly medical

* (b) LAMBETH HOSPITAL Brook Street S E 11 —Duties mainly medical

(c) NORWOOD HOSPITAL FOR CHILDREN Elder Road, West Norwood, S E 27 —Duties mainly medical Children's experience desirable Only women candidates eligible

* (d) QUEEN MARY'S HOSPITAL, Sidcup Kent —Two positions duties are care of male convalescents One officer appointed should have some Surgical experience

(e) ST ANDREW'S HOSPITAL Devons Road Bow E 3 —Duties mainly medical Anaesthetic experience desirable

(f) ST GILES HOSPITAL Brunswick Square S E 5 —Two positions duties of one mainly medical and of other mainly obstetrical and gynaecological

(g) ST JAMES' HOSPITAL Ouseley Road Balham S W 12 —Experience in midwifery and diseases of children desirable

* (h) ST MARY ISLINGTON HOSPITAL Highgate Hill N 19 —Duties mainly medical Experience in anaesthetics essential

* (i) ST PETER'S HOSPITAL Fulbourne Street Whitechapel E 1 — Duties mainly medical

* No accommodation for a woman

Application forms obtainable (stamped addressed foolscap envelope necessary) from County Medical Officer of Health Staff Division 24 County Hall S E 1 returnable by Feb 22nd Canvassing disqualifies

CITY OF BIRMINGHAM

PUBLIC HEALTH DEPARTMENT

ROMSLEY HILL SANATORIUM (120 Beds)

RESIDENT ASSISTANT MEDICAL OFFICER (Male)

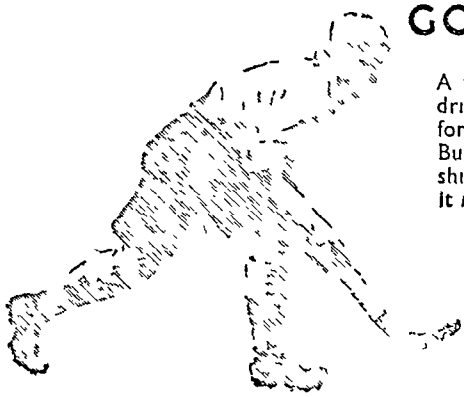
Applications are invited for a Resident Assistant Medical Officer Candidates must be unmarried and have held a resident hospital appointment since qualifying Experience in the diagnosis and treatment of tuberculosis will be a recommendation

The appointment will be limited in the first instance to six months and subject to satisfactory service may be extended for a further six months The salary will be at the rate of £240 per annum for the first six months and £275 per annum for the second six months with board and residence in each case

The Officer appointed will be required to pay to the Council all fees allowances and emoluments (other than the foregoing) received by him

Forms of application may be obtained from the Medical Superintendent Romsley Hill Sanatorium, Hale owen near Birmingham and should be returned to him not later than Saturday March 27th

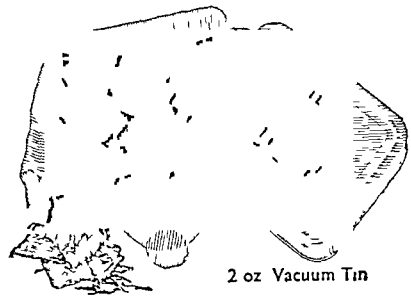
I H C WHITSHIRE Town Clerk



GOLDEN MOMENTS

Hockey

A fast run two backs cleverly beaten and he drives the ball home for a brilliant goal—victory for his side and a Golden Moment for him But even *he* can t buy a better tobacco at a shilling an ounce than Cut Golden Bar ' But it *must* be Wills s



2 oz Vacuum Tin

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CUT GOLDEN BAR

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READY RUBBED
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FLAKE FORM
in 2 oz Vacuum Tins and 1 oz Packets

C.B.8°C

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R24

LIVERPOOL COUNTY BOROUGH

LOCAL EDUCATION AUTHORITY

JUNIOR ASSISTANT SCHOOL MEDICAL OFFICER—AURAL WORK

Applications are invited for a Junior Assistant School Medical Officer in the Department of the Medical Officer to the Local Education Authority at a salary of £500 per annum rising by annual increments of £25 to £700 per annum

(Where the successful candidate holds a similar appointment under another Local Education Authority and receives a salary in excess of th advertised minimum a commencing salary of not less than the salary which the candidate is receiving under his (or her) existing appointment (not exceeding the maximum under the Liverpool Scale) may be paid)

Candidates must be registered Medical Practitioners and must have had at least three years experience As part of the Officer s time will be devoted to attendance at the Aural Clinics, it is essential that candidates should have had some experience in the treatment of Lar conditions

The officer appointed will be required to reside within the City and devote whole time service to the Local Education Authority under the direction of the Medical Officer to the Local Education Authority and will not be allowed to undertake any private practice

The appointment will be subject to the Local Government and Other Officers Superannuation Act 1922 and the Standing Orders of the City Council

Form of application which may be obtained by forwarding a stamped addressed foolscap envelope should be returned together with copies of three recent testimonials to the undersigned not later than February 27th and endorsed Junior Assistant School Medical Officer—Aural Work

The canvassing of members of the Education Committee or the City Council is strictly prohibited and will be considered a disqualification

W H BAINES
Town Clerk and
Clerk to the Local
Education Authority

Municipal Buildings
Liverpool 2
February 5th 1937

LIVERPOOL COUNTY BOROUGH

LOCAL EDUCATION AUTHORITY

JUNIOR ASSISTANT SCHOOL MEDICAL OFFICER

Applications are invited for a Junior Assistant School Medical Officer in the Department of the Medical Officer to the Local Education Authority at a salary of £500 per annum rising by annual increments of £25 to £700 per annum

(Where the successful candidate holds a similar appointment under another Local Education Authority and receives a salary in excess of the advertised minimum a commencing salary of not less than the salary which the candidate is receiving under his (or her) existing appointment (not exceeding the maximum under the Liverpool Scale) may be paid)

Candidates must be registered Medical Practitioners and must have had at least three years experience It is desirable that they should have had some special experience in School Hygiene and in Diseases of Children

The officer appointed will be required to reside within the City and devote whole time service to the Local Education Authority under the direction of the Medical Officer to the Local Education Authority and will not be allowed to undertake any private practice

The appointment will be subject to the Local Government and Other Officers Superannuation Act 1922 and the Standing Orders of the City Council

Form of application which may be obtained by forwarding a stamped addressed foolscap envelope should be returned together with copies of three recent testimonials to the undersigned not later than February 27th and endorsed Junior Assistant School Medical Officer

The canvassing of members of the Education Committee or the City Council is strictly prohibited and will be considered a disqualification

W H BAINES
Town Clerk and
Clerk to the Local
Education Authority

Municipal Buildings
Liverpool 2
February 5th 1937

DARLINGTON MEMORIAL HOSPITAL
(200 Beds)

Wanted, HOUSE SURGEON for Casualty and Orthopaedic Department Male British Fully qualified Salary £150 per annum with board residence and laundry Application stating age qualifications with copies of at least two recent testimonials to be addressed to the [illegible]

[illegible] MIDDLETON Secretary Supt

COUNTY BOROUGH OF SMETHWICK

ST CHAD S HOSPITAL BIRMINGHAM

JUNIOR RESIDENT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners for the appointment of Junior Resident Medical Officer at the Council s Municipal Hospital The appointment will be for a period of six months with a salary at the rate of £150 per annum with the usual emoluments If the successful candidate is re appointed for a further period of six months the salary will be at the rate of £200 per annum St Chad s Hospital contains 145 beds and the cases treated include general medical, acute surgical and maternity patients It is staffed by the Honorary Consultants of the Birmingham Teaching Hospitals

Forms of application may be obtained from the Medical Superintendent St Chad s Hospital, Hagley Road Birmingham, 16 to whom applications endorsed Junior Resident Medical Officer and accompanied by copies of three recent testimonials must be delivered not later than first post on February 17th

Canvassing directly or indirectly, will disqualify

FRANK CHAPMAN,
Town Clerk

Council House,
Smethwick
February 1st 1937

COUNTY BOROUGH OF DERBY

DERBY CITY HOSPITAL

ASSISTANT RESIDENT MEDICAL OFFICER

Applications are invited for the post of Assistant Resident Medical Officer (male) at the above Hospital of 300 beds This Hospital provides treatment for acute medical and surgical cases tuberculosis obstetrics, and children s diseases etc

Candidates must be registered in Medicine and Surgery

The appointment is for a period of six months two months notice of termination of duties may be given on either side The successful applicant will be required to commence duties on or about April 1st

Salary at the rate of £200 per annum with board and residence

Applications stating age experience and accompanied by three recent testimonials should be sent to the undersigned as soon as possible

GORDON LILICO
Medical Officer
of Health

Public Health Dept
1 Derwent Street
Derby

COUNTY BOROUGH OF WALLASEY

WOMAN ASSISTANT MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Applications are invited for the above position The duties will include School Medical Inspection Maternity and Child Welfare Work and General Public Health Work as required

Salary £400 per annum rising by annual increments of £25 to a maximum of £600 per annum, with board residence etc at the ISOLATION HOSPITAL (valued at £100 per annum)

Applicants should possess the qualifications prescribed in Article 7 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations 1930

Forms of application may be obtained from the Medical Officer of Health and should be returned with copies of three testimonials to the undersigned not later than first post on Monday February 22nd

EMRYS EVANS
Town Clerk

Town Hall
Wallasey

FINSBURY BOROUGH COUNCIL

APPOINTMENT OF DENTIST

Applications are invited for the temporary appointment of Dentist in connection with the Council s Maternity and Child Welfare and Tuberculosis Dispensary services Payment will be at the rate of £1 11s 6d per session of approximately 1½ hours duration Attendance will be required at a Maternity Centre for one session each week and once every three weeks for a clinic for gas cases and for two sessions per month at the Tuberculosis Dispensary

Preference will be given to applicants with experience of Clinic work with mothers and children

Applications upon a form obtainable at this office or by sending a stamped addressed foolscap envelope must reach me not later than Monday March 1st

Canvassing in any form will disqualify

J L ARNOLD JAMES
Town Clerk

Town Clerk s Office
Finsbury Town Hall
Rosebery Avenue EC1
January 25th 1937

COUNTY COUNCIL OF MIDDLESEX

PUBLIC ASSISTANCE DEPARTMENT

TENDERS FOR DRUGS DRESSINGS SURGICAL APPLIANCES SURGICAL INSTRUMENTS ETC X RAY LIGHT PATHOLOGICAL AND RADIUM REQUISITES

The County Council of Middlesex invites tenders for the supply of the above goods or materials for six months from April 1 t 193, to its several Hospitals Institutions Sanatoria Children s Homes Offices etc

Forms of tender (upon which only tenders will be considered) and conditions of contract may be obtained on application to the Director of Public Assistance 3 Central Buildings (Fourth Floor) Matthew Parker Street Westminster S W 1 accompanied by a stamped addressed foolscap envelope

Sealed tenders marked Tender for must be delivered at or before 11 a m on Friday, February 26th addressed to The Clerk of the Middlesex County Council Guildhall Westminster S W 1

The Council does not bind itself to accept the lowest or any tender and reserves the right to accept any tender or part only

Estimated quantities required are stated in the form of tender and tenderers may tender to supply all or any one or more of the establishments concerned

C W RADCLIFFE
Clerk of the County
Council

Guildhall
Westminster
February 1937
PA/II/192

LANCASHIRE COUNTY COUNCIL

BIDDULPH GRANGE ORTHOPAEDIC HOSPITAL

Applications are invited from duly qualified and registered Medical Practitioners (unmarried) for the post of JUNIOR HOUSE SURGEON at the above Hospital, which contains 88 beds

Salary is at the rate of £200 per annum together with board residence and laundry

Preference will be given to candidates who have held resident Hospital appointments and who are competent Anaesthetists The appointment will be for a period of six months in the first instance and for a further six months at the option of the Council but will not be renewable after that time

Applications with copies of two recent testimonials should be sent not later than F bruary 18th to Dr F HALL School Medical and Child Welfare Department County Offices Preston

Duties to commence April 1st

GEORGE ETHERTON
Clerk of the County Council

County Offices,
Preston
February 2nd 1937

COUNTY BOROUGH OF ROCHDALE

PUBLIC HEALTH DEPARTMENT

The Health Committee invite applications from fully qualified registered Medical Practitioners (unmarried) for the appointment of JUNIOR RESIDENT MEDICAL OFFICER (male) at the BIRCH HILL HOSPITAL (475 beds—Medical Surgical Children, and Maternity)

The appointment includes certain services at the adjoining Public Assistance Institution and will be for a period of six months in the first instance and for a further period of six months at the option of the Town Council but will not be renewable thereafter

Salary at the rate of £225 per annum together with board residence and laundry

Applications must be made on the prescribed form which may be obtained on application to the Medical Officer of Health, and returned addressed to him at the Public Health Office Baillie Street Rochdale, not later than Friday February 19th

HARRY BANN,
Town Clerk.

Town Hall
Rochdale
February 1st 1937

COUNTY BOROUGH OF BRIGHTON

SANATORIUM AND INFECTIOUS DISEASES HOSPITAL

Applications are invited for the post of Male JUNIOR RESIDENT MEDICAL OFFICER

Salary £250 per annum with board and lodging

The appointment is for a period of six months

The post is designated under the Local Government and Other Officers Superannuation Act 1922 and the successful candidate will be required to pass a medical examination before being appointed to the position

Particulars and form of application can be had from the undersigned

Applications must be delivered at my office before 10 a m on Monday March 1st

DUNCAN FORBES
Medical Officer
of Health

Royal York Buildings
Brighton 1
February 4th 1937

Since Pre-war days Hospitals, Clinics and Institutions in France have used

FRUCTINES-VICHY TABLETS

(Pleasant tasting Candies)

against all forms of Constipation Your patient is ordered to suck one or two tablets before retiring

Prepared by LABORATOIRE MEDICO PHARMACOLOGIQUE DE VICHY

Samples and literature from—

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Distilled with the Juniper berry from genuine malt liquor The advantage gained by distilling the berry with the spirit is the production of a preparation of Oleum Juniperi, mellow and free from all irritating properties

It can be described as carminative, anti spasmodic and a stimulating diuretic, valuable in many conditions and can be safely taken with regularity

Distilled by the same family for 241 years

Simpkins **GLUCOSE CONFECTIONS**

palatably yet effectively supplement your treatment

BARLEY SUGAR • HALIBUT LIVER OIL HEXAGONS

GLYCERINE FRUITS • STOMACH HEXAGONS

DIGESTIVE MINTS • SORE THROAT TABLETS

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Sold by Qualified Chemists Samples gladly sent on request

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through ordinary channels advantageously is to day extremely difficult The interest yield is either too small on first class securities or too high to be safe on others But here is an investment which combines safety with an attractive interest yield

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FUNCTIONAL NERVOUS DISORDERS MEDICAL and CONVALESCENT CASES

The Home is a Mansion of Historical interest standing in 15 acres of garden and grounds and is situated 14 miles from Northampton and 12 miles from Bedford on the main London to Northampton Road fifty miles from London Both sexes are accommodated Psychotherapeutic Treatment is used extensively in suitable cases Radiant Heat X Ray and Ultra Violet Light Diathermy and Foam Baths Billiards tennis etc

Apply Dr D E M DOUGLAS MORRIS

Telephone Newport Pagnell 121

THE GROVE HOUSE CHURCH STRETTON

SHROPSHIRE

A private Home for the care of and treatment of a limited number of Ladies mentally afflicted Voluntary and Temporary Patients received under the new Mental Treatment Act 1930

Medical Superintendent Dr McCLINTOCK

Methods of Treatment at

BATH

See Supplement, page ii

COUNTY BOROUGH OF SMETHWICK

ST CHAD'S HOSPITAL

RESIDENT OBSTETRICAL OFFICER (Male)

Applications are invited for the post of Resident Medical Officer for Obstetrics in the Council's Municipal Hospital. Duties will include the supervision of 27 maternity beds in the hospital and attendance at Ante-natal and Post-natal Clinics.

The Officer appointed will work under the direction of the Visiting Consulting Obstetrician and will also be required to assist in the General Medical and Surgical work at the Hospital under the direction of the Medical Superintendent. Candidates should have had previous resident appointments in a Maternity Hospital and have had experience in Ante-natal work. Preference will be given to those candidates who hold or who are reading for the Membership of the College of Obstetrics and Gynaecology.

The salary will be at the rate of £350 per annum, rising by annual increments of £25 to £150 per annum with emoluments valued at £150 per annum. The appointment will be terminable by three months' notice on either side. Forms of application may be obtained from the Medical Superintendent, St Chad's Hospital, Hagley Road, Birmingham 16, and must be returned to him accompanied by copies of three recent testimonials, not later than first post on February 27th.

Canvassing directly or indirectly, will disqualify.

FRANK CHAPMAN
Town Clerk

Council House,
Smethwick
February 9th 1937

COUNTY BOROUGH OF HUDDERSFIELD

ASSISTANT SCHOOL MEDICAL OFFICER.

Applications are invited for the above post, for which a good knowledge of diseases of children and experience in bacteriology are essential.

Salary £500 per annum rising by annual increments of £25 to £700. The commencing salary will be based on the candidate's previous experience.

The post is designated under the Superannuation Act 1922 and the appointment therefore is subject to a satisfactory medical examination.

Applications stating age and giving full particulars regarding training and qualifications, and appointments held since qualification, should be forwarded to the Medical Officer of Health along with copies of two recent testimonials so as to reach him not later than Friday February 26th.

ESSEX COUNTY COUNCIL

JUNIOR RESIDENT MEDICAL OFFICER

The County Council of the Administrative County of Essex invite applications for the appointment of Junior Resident Medical Officer at the OLDCHURCH HOSPITAL, ROMFORD. The appointment is for a period of one year and the salary will be at the rate of £250 per annum together with the usual indoor emoluments. The successful applicant will be required to pass a medical examination and will be subject to the Council's Staff Pay Rules and Regulations a copy of which will be forwarded on application. Applications on the prescribed form obtainable from the undersigned should be addressed to me and delivered at the County Hall, Chelmsford not later than 10 a.m. on Saturday, February 20th.

E. S. HOLCROFT
Clerk of the County Council

County Hall,
Chelmsford
February 9th 1937

MACCLESFIELD GENERAL INFIRMARY
(General Hospital 100 Beds)

Applications are invited for the post of SENIOR HOUSE SURGEON. Salary at the rate of £180 per annum, with board and residence. Six months' appointment. March 1st.

Applications stating age, nationality, qualifications etc. to be addressed to the undersigned as soon as possible.

State also whether a member of a Medical Defence Society.

J. A. J. BISCOE, Secretary.

HUDDERSFIELD ROYAL INFIRMARY
(321 Beds)

MALE HOUSE PHYSICIAN and RESIDENT ANÆSTHETIST required to commence duty on March 1st.

Salary £150 per annum with board, residence and laundry. Appointment for six months subject to renewal at the discretion of the Board of Management.

Applications with copies of three recent testimonials to be addressed to the undersigned not later than February 20th.

H. J. JOHNSON, Gen. Supt. & Sec.

STAFFORDSHIRE COUNTY COUNCIL

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH AND MEDICAL OFFICER OF HEALTH.

Applications are invited for the joint whole time appointment of an Assistant County Medical Officer of Health for the Administrative County of Stafford and Medical Officer of Health for the Stone Urban (population 6,510) and Rural (population 12,000) Districts. The salary will be at the rate of £800 per annum, subject to a deduction of 5 per cent. as established under the Local Government and Other Officers' Superannuation Act 1922.

Applicants must be fully qualified medical men with experience in public health duties and must hold the Diploma in Public Health. The person appointed will as regards his duties as Assistant County Medical Officer of Health act under the direction of the County Medical Officer of Health and will be required to perform such duties as may be prescribed from time to time by the County Medical Officer of Health. As regards his duties as District Medical Officer of Health the officer will be subject to the sole control and direction of the Local Sanitary Authorities.

The joint appointment is subject to the approval of the Minister of Health and the Board of Education and also, so far as the office of District Medical Officer of Health is concerned, to the provisions of the Sanitary Officers (Outside London) Regulations 1935.

The joint appointment will be subject to three calendar months' notice on either side so far as the office of District Medical Officer of Health is concerned, to the consent of the Minister of Health.

The successful candidate will be required to undergo a medical examination and to produce a birth certificate.

Forms of application may be obtained from the undersigned and should be returned by first post on February 25th together with copies of not more than three testimonials.

H. L. UNDERWOOD
Clerk of the County Council

County Buildings, Stafford
February 8th, 1937

THE WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

MENSTON MENTAL HOSPITAL, Near LEEDS

Applications are invited for the appointment of Assistant Medical Officer male or female in the Board's service at the above Mental Hospital in the Board's service at the above Hospital, at a commencing salary of £350 per annum rising by annual increments of £25 to a maximum of £450 together with emoluments (board apartments and laundry) valued at £120 per annum. The Board will allow an extra £50 per annum to the successful candidate who (whilst on this scale) holds or obtains the Diploma in Psychological Medicine for which this Hospital affords special study facilities.

Consideration will be given only to candidates who have had at least one year's (preferably two years') experience in general medicine after qualification.

The appointment is subject to the provisions of the Asylums Officers Superannuation Act, 1909 Class 1.

Applications with copies of not more than two recent testimonials stating age and full particulars to reach the Medical Superintendent, West Riding Mental Hospital Menston near Leeds not later than February 20th.

There is no printed form of application.

C. J. BANNER
Clerk of the Board

Board Offices
Wakefield
February 1937

ABERDEEN ROYAL INFIRMARY

The Board of Directors invites applications for the post of HONORARY ASSISTANT PHYSICIAN.

Each candidate in his application should submit a full statement of qualifications and experience along with testimonials and four copies of each should be lodged with the undersigned not later than Monday, March 1st.

JOHN A. McCONACHIE, Clerk & Treas.

230 Union Street, Aberdeen
February 10th 1937

THE QUEEN'S UNIVERSITY OF BELFAST

Applications are invited for the MUSGRAVE PROFESSORSHIP OF PATHOLOGY which will become vacant on October 1st.

Salary £1,000 with non-contributory pension.

Applications to be received on or before March 19th.

Further particulars may be obtained from ANDREW PI[illegible] Secretary.

LINCOLN ROYAL INFIRMARY
(500 Beds)

Vacancies for April 1st 1937.

PRELIMINARY NOTICE.

HOUSE SURGEONCIES

Salary £125 per annum. Applicants must have held a resident Hospital post or had similar experience. Hospital work. Successful candidates will be considered for Senior Casualty Officer if they so intimate.

CASUALTY OFFICERS

Senior Casualty Officer. Fellowship standard. Salary £125 per annum. Salary £100 per annum.

Junior Casualty Officer.

HOUSE PHYSICIANCIES

Salary £125 per annum. Applicant must have held a resident Hospital post or had similar experience of Hospital work.

RESIDENT ANÆSTHETISTS

Salary at the rate of £150 per annum for first six months, £200 per annum for second six months, £225 per annum for third six months and £250 per annum for fourth six months.

Applications giving full details to be forwarded to the House Governor not later than February 28th, together with copies of three testimonials.

Appointments for six months will be made on March 10th.

February 8th 1937

WEST GLOUCESTERSHIRE UNITED DISTRICTS (MEDICAL OFFICER OF HEALTH) COMMITTEE.

APPOINTMENT OF MEDICAL OFFICER OF HEALTH.

Applications are invited from registered Medical Practitioners holding a Diploma in Sanitary Science, Public Health or State Medicine for the position of Medical Officer of Health of the Rural Districts of East Dean, West Dean and Lydney, respectively having an approximate area of 79,000 acres and a population of approximately 48,000.

Salary £800 per annum and £100 per annum travelling and all other expenses.

The person appointed must devote whole time to the duties pointed must devote whole time to the duties of the office and reside within the area.

The appointment is subject to the Public Health Sanitary Officers (Outside London) Regulations 1935, and the approval of the Minister of Health.

Sealed applications endorsed Medical Officer of Health upon foolscap paper stating date and place of birth, qualifications, periods of service with other local authorities (if any) with copies of three recent testimonials to reach the undersigned not later than February 16th.

Newnham
Gloucestershire

MARTIN J. CAHILL
Clerk to the Committee.

WORCESTER COUNTY AND CITY MENTAL HOSPITAL, LOWICK, near WORCESTER.

Applications are invited for the post of ASSISTANT MEDICAL OFFICER. Applicants must be male, single, under 35 years of age and duly qualified in Medicine and Surgery. Commencing salary £350, rising by annual increments of £25 to a maximum salary of £450 per annum, together with furnished apartments board, laundry and attendance. A further £50 per annum will be paid if the selected candidate holds or obtains a Diploma in Psychological Medicine. Experience in Mental Deficiency will be a recommendation. The appointment is subject to the provisions of the Lunacy Officers Superannuation Act 1909.

Applications stating age and full particulars of qualifications and experience accompanied by copies of three recent testimonials to be forwarded to the Medical Superintendent not later than Friday, February 19th.

WESTERN INFIRMARY OF GLASGOW
(INCORPORATED)

The Managers invite applications for a THIRD ASSISTANT MEDICAL OFFICERSHIP.

The salary is £300 per annum, and candidates are requested to lodge with the Secretary, on or before February 25th, their applications with copies of at least two recent testimonials with each application.

Canvassing not permitted.

J. MATHESON JOHNSTON
Secretary & Treasurer.

87 Union Street, Glasgow, C.1
February 13th, 1937

CLEE BARNS MENTAL DEFICIENCY COLONY (ST. ALBANS, Herts County Council).

Applications are invited for the post of HOUSE PHYSICIAN vacant now.

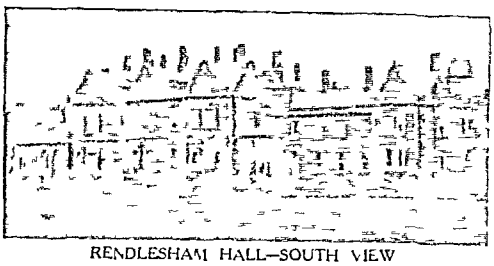
Useful experience in Mental Deficiency for six months' appointment renewable. Salary at the rate of £200 per annum with quarters, board, laundry etc. Two weeks' leave in each period.

Apply fully to Medical Superintendent.

THE RESIDENTIAL TREATMENT OF ALCOHOLISM & DRUG ADDICTION

RENDLESHAM HALL

(Postal Address)—**WOODBRIDGE, SUFFOLK**



RENDLESHAM HALL—SOUTH VIEW

Rendlesham Hall which is open to receive patients, is essentially a Sanatorium Its daily life and routine are that of an ordinary comfortable holiday or health resort, or of a large country house Each patient has all the privileges of a guest consistent with the prescribed medical treatment Rendlesham Hall has 45 bedrooms, and about 450 acres of gardens and park It has also a private nine-hole golf course, tennis and croquet lawns, and bowling green

Illustrated booklet giving particulars as to terms, etc, can be had on application to the

RESIDENT MEDICAL SUPERINTENDENT

Telegrams and Telephone WICKHAM MARKET 16 *(Toll call from London)*

Proprietors The Norwood Sanatorium Limited

RUTHIN CASTLE, NORTH WALES

The fees are from 15 guineas a week They include medical attendance all scientific investigations that may be needed such as analyses bacteriological cultures the ordinary *x* ray examinations and electrocardiograph readings all treatment that may be prescribed such as special diets insulin artificial sunlight electrical treatment baths massage nursing medicines or vaccines board and lodging

The only extra charge is that for a complete alimentary *x* ray examination or for *x* ray therapy

All the usual forms of treatment are given at Ruthin Castle The climate is mild The annual rainfall is 30 5 inches that is less than the average for England There is central heating throughout

Address—THE SECRETARY Ruthin Castle North Wales *Telegrams*—Castle Ruthin *Telephone*—Ruthin 66

BOWDEN HOUSE, Harrow-on-the Hill

For residential treatment of

FUNCTIONAL NERVOUS DISORDERS

No case under certificate Thorough clinical and pathological examinations Psychotherapeutic treatment occupation and recreation as suited to the individual case

STAFF—H CRICHTON MILLER MA MD MRCP *(Senior Physician)* GRACE H NICOLLE MA MB *(Resident Physician)*
S ROODHOUSE GLOYNE MD DPH *(Consulting Pathologist)* MILDRED CARPENTER MB BS *(Lady Visitor)*
T S RIPPON MRCS LRCP *(Medical Superintendent)* Telephone and Telegram HARROW 1011

CALDECOTE HALL

NUNEATON
WARWICKSHIRE
(Phone Nuneaton 241)

Residential treatment of

FUNCTIONAL NERVOUS DISORDERS

Including Alcoholism and other Addictions

(Certifiable cases are not received)

This house is beautifully situated in the heart of the country (less than two hours from London) by charming pleasure grounds in which are available is devoted to the treatment of chotherapeutic and ancillary methods

Illustrated brochure and particulars obtainable from A ent Medical Superintendent

COUNTY AND EAST DORSET HOSPITAL, POOLE DORSET (117 Beds)

HONORARY STAFF

ASSISTANT OPHTHALMIC SURGEON

The Committee of Management invite applications for the post of Honorary Assistant Ophthalmic Surgeon Reference will be given to Fellows of a Royal College of Surgeons or those possessing an Ophthalmic Diploma Application (with previous hospital appointments and experience qualifications and a completed by copies of three recent testimonials (which will not be returned) must reach the undersigned by Saturday February 20th

NB—An appointment on the Honorary Staff is in the first instance for a period of two years after this period the Committee of Management will consider the question of the appointment being confirmed

F S FOLEY Secretary

ADDENBROOKE'S HOSPITAL, CAMBRIDGE

Applications are invited for the post of HOUSE SURGEON vacant on March 14th The appointment will be for six months, but is terminable at an earlier date by one month's written notice on either side Salary at the rate of £130 per annum with board residence and laundry Candidates (male) who must be unmarried and duly registered are requested to forward their applications stating age qualifications etc together with copies of not more than four testimonials to the undersigned on or before Saturday February 27th

W H HEAD Sec Supt

CHESTER ROYAL INFIRMARY (225 Beds)

TWO HOUSE SURGEONS (Male)

Applications are invited for the above posts to take up duty on March 1st Salary £150 per annum with board lodging and laundry The appointments are approved in connection with the MS (London University) and FRCS (Eng) Examination Application lists close February 10th Application forms may be obtained from—

W H GRACE MD MRCP
Hon Sec Medical Committee

CHESTER ROYAL INFIRMARY (225 Beds)

Applications are invited for the post of HOUSE PHYSICIAN (male) to take up duty on March 1st Salary £150 per annum with board lodging and laundry The appointment is approved for the purposes of the MD Examinations of the University of London Application list closes February 19th Application forms may be obtained from—

W H GRACE MD MRCP
Hon Sec Medical Committee

CHESTER ROYAL INFIRMARY (225 Beds)

Applications are invited for the post of HOUSE SURGEON (male) to take up duty on April 1st Salary £150 per annum with board lodging and laundry The appointment is approved in connection with MS (London University) and FRCS (Eng) Examination Applications to be lodged not later March 15th Application forms may be obtained from—

W H GRACE MD MRCP
Hon Sec Medical Committee

DUCHESS OF YORK HOSPITAL FOR BABIES MANCHESTER (80 Beds)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER Appointment is for six months from April 1st Salary at the rate of £250 per annum with laundry Previous Hospital experience essential Also RESIDENT MEDICAL OFFICER for six month from April 1st Salary at the rate of £150 per annum with laundry Application together with copies of testimonials to be sent to the Secretary by March 8th

LOUISE BAILEY Secretary

NORTH MIDDLESBROUGH HOSPITAL (195 Beds)

HOUSE SURGEON male and unmarried required Salary £135 per annum with board residence and laundry There are three resident posts Applications stating age qualifications experience (if any) with copies of three recent testimonials should be sent to the undersigned

GEORGE WATTS Sec Supt

BRISTOL EYE HOSPITAL

The Committee of Management invite applications for the post of HONORARY ASSISTANT OPHTHALMIC SURGEON

Applications stating age qualifications and experience should be forwarded to the Secretary not later than March 6th

HULL ROYAL INFIRMARY (369 Beds)

Applications are invited from registered Medical Practitioners for the following posts

1 FIRST HOUSE PHYSICIAN (male) vacant February 21st Salary at the rate of £175 per annum

2 SECOND HOUSE PHYSICIAN (male) vacant now Salary at the rate of £150 per annum

Posts No 1 and 2 are recognised by the University of London for the MD Branch I (Medicine) Examination

3 HOUSE SURGEON (male) to the Ophthalmic and Ear Nose and Throat Department vacant March Salary at the rate of £150 per annum

This post is recognised by the Conjoint Board of the Royal Colleges for the Clinical work required in the regulations for the DOMS and the DLO

The salary (for each post) is plus residence board and laundry

The appointments will be for six months but will be determinable at any time by one month's notice on either side

Applications giving particulars of age experience and nationality together with copies of recent testimonials, should be addressed to the undersigned

R J CAIRNS
House Governor

February 8th 1937

HARROGATE AND DISTRICT GENERAL HOSPITAL (132 Beds)

Applications are invited for the following posts on the Resident Staff, to commence April 1st

CASUALTY OFFICER (who will also act as House Surgeon to the special departments including Obstetrics)

HOUSE SURGEON

Salary for each post £130 per annum, with board residence and laundry

Candidates male must be of British nationality be unmarried and possess registered qualifications Applications on forms to be obtained from the undersigned should be forwarded as soon as possible

FRANK THROWER Secretary

NEWCASTLE UPON TYNE EAR NOSE AND THROAT HOSPITAL

SENIOR HOUSE SURGEON

Applications are invited for the post of Senior House Surgeon to the above Hospital Applicants must have had considerable experience in Ophthalmology The Hospital presents great opportunities for both clinical and operative work and the post is well suited to any body wishing to specialise in Ophthalmology The commencing salary is £300 per annum all found Applicants should state when they are prepared to take up the appointment

Applications with testimonials to be sent to CHARLES F V LITTON Secretary The Hospital St Mary's Place Newcastle upon Tyne

NORFOLK AND NORWICH HOSPITAL, NORWICH (417 Beds)

Applications are invited for the post of HOUSE SURGEON to the Special Departments (Ear Nose and Throat and Ophthalmic)

Salary £120 per annum, with board, residence and laundry

Candidates (Male) must be unmarried and must possess registered qualifications

Applications stating age nationality etc together with copies of testimonials, should reach the undersigned as soon as possible

FRANK INCH House Governor and Secretary

January 29th 1937

NORTH LONSDALE HOSPITAL BARROW IN FURNESS (154 Beds)

Required immediately RESIDENT CASUALTY OFFICER (male appointment) Applications are invited for the above resident appointment from fully qualified Practitioners experienced in the administration of Anæsthetics Salary £150 per annum with board residence and laundry Applications stating age qualifications experience and nationality accompanied by copies only of three recent testimonials should be sent to the Secretary immediately

Required for March 15th RESIDENT HOUSE PHYSICIAN Salary £175 per annum and usual emoluments Applications to the Secretary not later than February 16th

BRISTOL EAR HOSPITAL 80 Beds (12 Private Patients)

1936 946 In patients 16 561 Out patients

Applications are invited for the post of JUNIOR HOUSE SURGEON Salary £100 per annum Senior post available after six months Vacant March 8th

Suitable experience for DOMS Applications stating age and qualifications etc with three recent testimonials to reach the undersigned by February 27th

D M BABER Sec & House Governor

ROYAL MANCHESTER CHILDREN'S HOSPITAL, PENDLEBURY

Applications are invited for the post of NON RESIDENT ASSISTANT MEDICAL OFFICER at the Out patients Department Gartside Street, Manchester Salary at the rate of £150 per annum and the appointment is for a period of six months commencing April 1st Candidates must be on the Medical Register

Particulars of duties can be obtained from the Secretary The hours of duty are from 9 a m till 1 p m or until the work of the Dispensary is finished Patients attending number about 100 000 per annum

Applications stating age and qualifications must be sent in writing by copies of not more than three testimonials to be sent to the undersigned not later than Thursday February 25th

Canvassing directly or indirectly, will disqualify

By Order
H HILDMAN Secretary

ROYAL VICTORIA INFIRMARY NEWCASTLE UPON TYNE (758 Beds)

MEDICAL REGISTRAR—OPEN APPOINTMENT

Applications are invited for the post of Medical Registrar, to take up duty on March 8th

Candidates must be registered in Medicine and in Surgery

The salary is at the rate of £250 per annum (non resident)

Further particulars regarding duties times of attendance etc, may be obtained from the House Governor and Secretary to whom applications with copies of not more than three testimonials should be sent not later than February 26th

S DUNSTAN
House Governor & Secretary

February 5th 1937

ROYAL VICTORIA INFIRMARY NEWCASTLE UPON TYNE (758 Beds)

MORNING LIST ANÆSTHETIST

Applications are invited for the post of Morning List Anæsthetist

Candidates must be registered in Medicine and in Surgery

The term of appointment is for one year from March 8th and is renewable for a further period

The selected candidate is required to attend on 2—4 mornings per week depending on the allocation of the Morning Lists

The salary is at the rate of approximately 25/ per session of 4½ hours

The selected candidate will be expected to obtain the Diploma in Anæsthetics of the Royal College of Physicians and Surgeons within three years of his (or her) appointment

Applications stating age and experience accompanied by not more than three testimonials, should be sent to the House Governor and Secretary not later than February 20th

S DUNSTAN
House Governor & Secretary

February 5th 1937

ROYAL BERKSHIRE HOSPITAL READING (338 Beds)

Applications are invited for the post of RESIDENT ANÆSTHETIST (Male)

Candidates must be fully qualified and registered and have had considerable experience in the administration of anæsthetics

A salary of £250 per annum with board residence and laundry will be paid to candidates possessing suitable qualifications for the post

Applications stating age and experience with copies of not more than three recent testimonials to be sent to the undersigned as soon as possible

H F RYAN Sec and House Governor

ROYAL LIVERPOOL BABIES HOSPITAL WOOLTON

Required RESIDENT MEDICAL OFFICER for the above Hospital Appointment commencing April 1st Salary at the rate of £125 per annum for the first six months—£150 for the second six months

Applications with copies of testimonials to be sent to the Chairman of the Medical Board 9 Copperas Hill Liverpool 3 on or before March 6th

THE JESSOP HOSPITAL FOR WOMEN SHEFFIELD

The Board of Management invite applications for the post of HOUSE SURGEON (male unmarried) for a period of six months commencing March 1st

Salary £100 per annum, together with board residence and laundry

Applications stating age together with copies of testimonials should be addressed to the undersigned immediately

DAVID OSWALD Supt & Sec

The MUNDESLEY SANATORIUM

The central building makes the Mundesley Sanatorium the best equipped building in England for the cure of Tuberculosis All the bed rooms have hot and cold running water electric light and wireless headphones The public rooms are spacious and comfortable

Resident Physicians
S VERE PEARSON
M D (Cantab) M R C P (Lond)
L C WYNNE EDWARDS
M B (Cantab) F R C S (Edin)
GEORGE H DAY
M D (Cantab)

For all information apply
THE SANATORIUM MUNDESLEY
NORFOLK
Telephone Mundesley 94 and 95 (2 lines)

The buildings face S S W and are sheltered from the sea by a pine clad ridge The sunshine record and dry air complete a perfect site The medical equipment is of the latest kind and there is a day and night nursing staff

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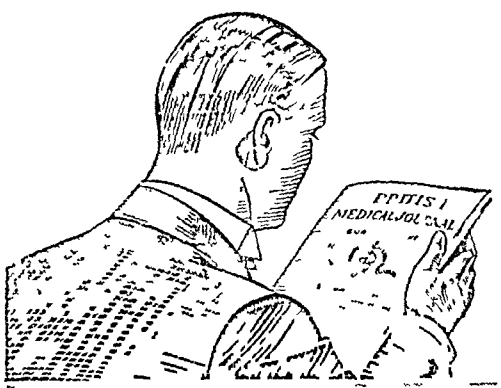
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Mar. 4th	Malignant Neoplasms of Uterus	Professor Gilbert Strachan M.D. F.R.C.S. F.R.C.P. F.C.O.G.
11th	Sterility	Mr V. B. Green-Armytage M.D. F.R.C.P. F.C.O.G.
18th	Hormone Therapy in Gynaecology	Dr P. M. F. Bishop B.A. B.M., B.Ch. M.R.C.S. L.R.C.P.
25th	Genital Prolapse	Professor Daniel Dougal M.C. M.D., F.C.O.G.
Apr. 1st	Neoplasms of the Ovary	Professor James Hendry M.B.E., M.A. B.Sc. M.B. Ch.B., F.R.I.P.S., F.C.O.G.
8th	Benign Neoplasms of Uterus	Mr Clifford White M.D. F.R.C.P., F.R.C.S. F.C.O.G.
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Applications stating age qualifications and experience together with copies of recent testimonials to be forwarded to the undersigned as soon as possible

JOHN GIBSON
February 9th 1937 Supt & Sec

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CASUALTY OFFICER AND OBSTETRIC HOUSE SURGEON (male or female) required for a period of six months as from March 1st Salary at the rate of £110 per annum with board residence and laundry (together with £10 to cover all duties during the six months relating to Private Patients) Previous resident experience desirable but not essential Full particulars may be obtained from the Secretary Manager by whom applications with copies of three recent testimonials should be received not later than 9 a m, February 24th

THE PRINCESS BEATRICE HOSPITAL Earl's Court London S W 5
(General Hospital—81 Beds)

HOUSE PHYSICIAN AND CASUALTY OFFICER (male or female) required for a period of six months as from April 1st Salary at the rate of £110 per annum with board residence and laundry (together with £10 to cover all duties during the six months relating to Private Patients) Previous resident experience desirable but not essential Full particulars may be obtained from the Secretary Manager, by whom application with copies of three recent testimonials, should be received not later than 9 a m, March 2nd

THE PRINCESS BEATRICE HOSPITAL, Earl's Court London S W 5
(General Hospital—81 Beds)

RESIDENT SURGICAL OFFICER (male) required for a period of six months in the first place from April 1st eligible for re-election Salary at the rate of £200 per annum with board residence and laundry (together with £25 to cover all duties during the six months relating to Private Patients) Previous resident experience and F R C S essential

Full particulars may be obtained from the Secretary Manager, by whom applications with copies of three recent testimonials should be received not later than 9 a m, March 2nd

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Applications with copies of three testimonials by February 25th, to F J J STACEY, Secretary

ROYAL AIR FORCE MEDICAL SERVICE

Applications are invited from medical men for appointment to commissions in the Medical Branch of the Royal Air Force for entry in May, 1937

Candidates must be of pure European descent They must be British Subjects the sons of British Subjects and registered under the Medical Acts

Candidates must be under 28 years of age and will be selected after interview by a selection board without competitive examination

Hospital appointments held since qualifying will under certain conditions, qualify candidates for antedate of commission up to a maximum of one year the age on entry may, if necessary be increased by a period equal to the antedate.

Selected candidates will be appointed to short service commissions (for 3 years extendible to 5 years) followed by 4 years service in the Reserve, and will be eligible to be considered for Permanent Commissions during their second or third year of service Officers not selected for permanent commissions receive gratuity as follows, on transferring to the Reserve —

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The Secretary,
Air Ministry (D M S)
Adastral House,
Kingsway, W C 2

Completed applications from intending candidates for the vacancies in May, 1937, must be received in the Air Ministry not later than the 17th of March 1937

ROYAL NAVAL MEDICAL SERVICE.

A number of vacancies exist for Medical Officers in the Navy and applications are invited for entry in April 1937

Candidates must not be above the age of 28 years and must be registered under the Medical Acts No examination in professional subjects will be held but candidates will be required to attend for interview by a Selection Board

Selected candidates will be entered for Service for a period of three years in the first instance which may be extended to five years at the discretion of the Admiralty

At the end of three years service officers may retire with a gratuity of £400 but those who serve for five years will receive £1 000

At the end of five years Short Service permanent Commissions will be given to selected officers who wish to make the Naval Medical Service their permanent career

Opportunities are available for officers on the permanent list to specialise and ample provision is made for Post graduate study

Copies of the regulations for entry and conditions of Service including rates of pay and allowances may be obtained from the Medical Director General of the Navy Admiralty S W 1 and from the Deans of all Medical Schools

Applications for entry from intending candidates must be received not later than March 1st 1937

COUNTY BOROUGH OF BOOTLE.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER (Male)

Applications are invited for the appointment of Deputy Medical Officer of Health and Deputy School Medical Officer at a salary of £700 rising by annual increments of £25 to £800 per annum

Candidates must be registered medical practitioners with a public health qualification and practical experience in the work of a public health department is essential

Forms of application and particulars of duties may be obtained from the Medical Officer of Health Town Hall Bootle and application accompanied by copies of not more than three testimonials must be returned to him not later than Tuesday February 23rd

Canvassing either directly or indirectly will disqualify candidates

Town Hall, Bootle. HAROLD PARTINGTON Town Clerk.
February 5th 1937

HERTFORDSHIRE COUNTY COUNCIL.

WARE PARK SANATORIUM

ASSISTANT MEDICAL OFFICER

Applications are invited for the appointment of a male Assistant Medical Officer at the County Sanatorium Ware Park near Ware Age not less than 25 or more than 40 years Applicants must not be married men and should be qualified medical practitioners with hospital experience and preference will be given to those who have had experience of the institutional treatment of tuberculosis The appointment is for one year Salary £300 per annum with furnished rooms rent free together with board washing light fuel and service

Forms of application with particulars can be obtained from the Clerk of the County Council Clerk of the Peace Office Hertford and must be returned duly completed before February 25th

Clerk of the Peace Office Hertford. ELTON LONGMORE Clerk of the County Council January 1937

EAST SUSSEX COUNTY MENTAL HOSPITAL HELLINGLY SUSSEX

APPOINTMENT OF SENIOR ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Senior Assistant Medical Officer (registered and qualified) at the above Mental Hospital Salary £550 per annum together with the usual emoluments of board lodging and washing valued for superannuation purposes at £90 per annum Arrangements could be made for a married Medical Officer

Candidates must possess the Diploma in Psychological Medicine and should be interested in psycho-therapy The Hospital possesses a well equipped laboratory and throughout patient clinics are held in voluntary The pitals in East Sussex. The appointment will be subject to the provisions of the Asylums Officers Superannuation Act 1909 and may be terminated by one calendar month notice on either side

Applications with copies of three recent testimonial stating age and full particulars to be sent to the Medical Superintendent not later than February 18th

Established in 1893 by J A RIASIDF

THE MEDICAL AGENCY, Ltd.

DUDLEY HOUSE, 36-38, SOUTHAMPTON ST, STRAND, W C 2

Telephone—Temple Bar 1051 & 1034

LANCASHIRE—PARTNERSHIP in old established middle and working class Practice in busy industrial town Receipts £1 700 p a Panel 1 670 Premium for one half share 2 years purchase

SURREY (Outskirts of London)—Old established middle and better PRACTICE in good residential area Attractive old world house for sale (freehold) Receipts £1 058 p a Panel 708 Ample scope as work is being refused Premium for House and Practice £1 800

EAST LONDON — Old established middle and working class PRACTICE in thickly populated locality Lock up Surgery in large building rented at £150 p a and sublet at £275 p a Receipts £850 p a Panel 1 150 Premium £2 250, to include valuable drugs fittings etc

LONDON S L — Old established middle and better class PRACTICE in good residential locality Excellent semi detached house for sale freehold Receipts £900 p a Panel 400 Two appointments Premium £1 700

LANCS—Old established working class PRACTICE in large town Surgery on main road with flat above to be rented on lease at £60 p a Receipts £750 p a Panel 1 150 Premium £1,200, to include drugs fixtures fittings etc

SOUTH EASTERN SUBURB—Good middle class PRACTICE in pleasant residential area Established by Vendor 3½ years also Small modern house for sale or to be let for past twelve months £950 Panel 600 Ample scope Premium 1½ years purchase, or near offer

Financial Assistance arranged **Quotations upon application**

ESTABLISHED 1877

LEE & MARTIN, LTD

The Birmingham Medical Agency,

71, TEMPLE ROW, BIRMINGHAM

Telegrams Locum Birmingham *Telephone* 5963 Midland, B ham

Transfer of Practices and Partnerships arranged

MAXIMUM FEE £50, if exclusively entrusted to us

ACCOUNTS INVESTIGATED AND INCOME TAX RETURNS PREPARED

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORT NOTICE, also ASSISTANTS

WANTED TO PURCHASE

1 BIRMINGHAM (or within 50 miles thereof)—Good mixed PRACTICE with a panel of 1 000 upwards, and receipts of £1 500—£3 000, URGENTLY REQUIRED CAPITAL AVAILABLE

2 NORTH WEST MIDLANDS — Good mixed PRACTICE with substantial panel and income of from £1 500 upwards IMMEDIATELY REQUIRED CAPITAL AVAILABLE

3 NEWCASTLE UPON TYNE — Good mixed PRACTICE with receipts from £1 500—£2 000 upwards and panel of about 2 000 URGENTLY REQUIRED CAPITAL AVAIL

4 REQUIRED—Good English Scotch and Irish LOCUMS also ASSISTANTS Immediate posts to offer both Indoor and Outdoor

FOR DISPOSAL

1 MIDLANDS—Half share (new large Estate no other Doctor allowed to build or open surgeries) Exceptional opportunity for young married man Should be British and well qualified Good modern house available

2 SOUTH COAST—Good mixed PRACTICE Receipts well over £1 200 p a (auditors figures) Panel 1 300 Excellent house All services

3 YORKS—Last Coast Town Old established private and panel PRACTICE Receipts at £1 400 p a Panel over 800 and both increasing Good house All services

GOOD ENGLISH LOCUMS REQUIRED

FINANCIAL ASSISTANCE afforded to approved applicants for the purchase of Practices or Partnerships on very reasonable terms Full particulars on application

RELIABLE AND EFFICIENT LOCUMS SUPPLIED AT SHORTEST NOTICE

Telephone Welbeck 2728
Telegrams ASSISTIAMO, LONDON"

NURSES

MALE OR FEMALE

TRAINED NURSES FOR MENTAL MEDICAL, SURGICAL AND FEVER CASES

Nurses reside on the premises and are available for urgent calls Day and Night

THE NURSES' ASSOCIATION

(In conjunction with the MALE NURSES ASSOCIATION)

29, York St, Baker St, London, W 1

Mrs MILLICENT HICKS *Supt*
W J HICKS *Secretary*

THE

WESTERN MEDICAL AGENCY

LONDON and BRISTOL

Dr R H BENNETT and Dr W J PARAMORE who give personal attention to every client

Financial Assistance for Purchasers and all Classes of Medical Insurance arranged

LOCUMS AND ASSISTANTS SUPPLIED WITHOUT CHARGE TO PRINCIPALS

For exclusive Agency maximum commission is £50 which includes everything sold except house property

1 LONDON, S — PARTNERSHIP—Excellent opportunity for young married man to join practice in pleasant part of S London English or Scotch, with some experience of general practice To have some capital, but greater part of premium can be arranged

2 WILTSHIRE—Death Vacancy PARTNERSHIP Great scope for young man Total receipts £1 140 p a Panel 1,700 Half share at 2 years purchase offers considered House rent

3 OPHTHALMIC PRACTICE—West of England Receipts about £1 900 p a Premium £1 500 House £1 000

4 BRISTOL — Wanted in or near Good PRACTICE or PARTNERSHIP doing about £1 200 p a Capital available

5 E MIDLANDS—PARTNERSHIP in pleasant and prosperous town Total receipts £2 300 last year rapidly increasing Panel 2 000 Third share with early increase at 2½ years purchase

6 MIDDLESEX—Good part within easy reach of London—PRACTICE doing £1 800 p a Panel 1,600 2½ years purchase House sale or rent

7 LONDON, S E—Unopposed PRACTICE with great scope Recently established £950 p a Panel 500 2 years purchase or offer House sale or rent

8 SURREY—PRACTICE doing over £1 000 p a Selected panel of 700 Good scope Premium £2 100 Very attractive house

9 CARMARTHENSHIRE—Country PRACTICE near coast £1,000 p a Panel 500 Premium £1 500 House rent

22, CLARE STREET, BRISTOL, 1

Telegrams Medgen Bristol *Tel* Bristol 22689

25, SOUTH MOLTON ST, LONDON, W 1

(Bond Street Station) *Tel* Mayfair 6941

ESTABLISHED 1808

PEACOCK & HADLEY Ltd.

MEDICAL TRANSFER AGENCY,

67-68, Chandos Street, Bedford St, Strand, W C 2

Telegrams Herbaria, Tesquare London

Telephone Temple Bar 5564

This old established Agency negotiates the Sale of PRACTICES and PARTNERSHIPS on reasonable terms which can be obtained on application LOCUM TENENS and ASSISTANTS supplied free of charge to principals.

CAVENDISH NURSES

MALE AND FEMALE

Head Office 54, BEAUMONT ST LONDON W 1
Branches MANCHESTER 176, *Oxford Rd* GLASGOW 28 *Windsor Terr* DUBLIN 23 *Upper Baggot St*
Telephones London 1277 Welbeck (2 lines) Manchester 3152 Ardwick Dublin 62006 Glas 177 Douglas
Telegrams Tactear London Surgical Glasgow Tactear Manchester Tactear Dublin

THE OLDEST AND LEADING MEDICAL AGENCY

ESTABLISHED 60 YEARS

PERCIVAL TURNER LTD

4 & 5, ADAM ST, STRAND, WC2

Telegrams 'Epsomian, London
Phone Temple Bar 9011 (3 lines)

After office hours LEE Green 2926

Assistants and Locums Provided without fee to Principals Practices Investigated Bookkeeping, Debt Collecting, etc.

The maximum Commission charged on the sale of any practice or share placed exclusively in our hands is £50 No Commission is charged on the sale of anything else except house property

Scale of charges sent on application

FOR DISPOSAL

KENT—ABOUT £700 P A PANEL 40 approx Fees 5/6 to 10/6 Set appointments 3 recep, 4 bed, etc garden Rent £70 p a—1

EASTERN COUNTY—1/3 OF OVER £2 500 p a Panel nearly 1,800 Very old established Practice Premium 2 years purchase or near House £55 p a, 4 bed, 2 recep surgery etc and large garden—2

S. COAST—£850 RAPIDLY INCREASING Panel about 600 Club £100 p a Little midwifery Good accom available Premium years purchase—3

HANTS NEAR SEA—NEARLY £2,600 P A Panel about 600 Fees 5/ to 21/ Premium 2 years purchase Good family house and garden For sale—4

HAMPSHIRE—SEASIDE RESORT—AVERAGE over £3 200 Panel 1,200 Increasing Midwifery discouraged Good fees Two good houses available Suit two partners—5

LADY PARTNER REQUIRED IN MIDDLE class and panel Practice in Northern Town Share of 6

LONDON £1 60
p a l ouraged
Ample sco 2 year
purchase or offer Well appointed double fronted house, with garden, tennis, etc Sell or let—7

HOME COUNTIES WITHIN EASY REACH of London (S)—Steadily increasing PRACTICE now over £3 500 p a, including list of 3,000 also growing rapidly and appt £ 0 p a Excellent investment for two friends Two houses available one large to rent, other smaller for sale freehold—8

ESSEX SUBURB — ABOUT £1,400 P A Medium panel Fees 3/6 up Term 3 years purchase Detached house (4 bed, etc) Sell or let—9

WITHIN 15 MILES OF LONDON, SOUTH—£1,000/£1 100 Very old established Panel about 700 Visits 5/ to 21/ Ample scope for increase Excellent house (3 recep 5 bed etc) good garden Price £4 800 house and practice—10

OUTER S W SUBURB—£3 100 P A PANEL 2,400 Club £450/£500 p a and appts Premium £5 000 Detached house 2 recep 4 bed suits, etc garage and yard £2 000—11

HANTS — COUNTRY PRACTICE ABOUT £1 900 p a steadily increasing and solid Old estab Panel 1 300 Clubs £150 Two houses available Would suit two friends as Partner hip—12

NORTH EAST ENGLAND—LUCRATIVE OLD estab Town PRACTICE Over £2 000 p a Panel 2 200 Clubs and appts about £600 Good fees Premium 2 years purchase Detached house 5 bedrooms 2 reception etc To be sold or let—13

ESSEX SUBURB—AVERAGE £600 P A AND ample scope to young active man Panel 450 Visits 1/ up House on arterial road 2 recep 4 bed etc Rent £90 p a—14

LONDON S E — RAPIDLY INCREASING PRACTICE in good position Now £900 p a Panel 500 Easily worked Premium £1 800 or near offer 8 roomed house available Price only £800—15

LONDON, E—£350 P A OR MORE PANEL over 350 Densely populated district Good scope to increase Surgery, waiting room and 2 bed, to rent Prem £250—16

LONDON S E — OLD ESTABLISHED PRACTICE Income £1 300 to £1 500 p a Panel 850 House with 4 bedrooms 2 reception rooms surgery and waiting room, with separate entrance etc—17

KENT—WITHIN 12 MILES—ABOUT £1 100 p a Panel 985 increasing Growing neighbourhood No mids but cope Choice of houses Premium £2 250—18

NO CHARGE TO PURCHASERS

FINANCIAL ASSISTANCE ARRANGED

ASSISTANTS—MANY VACANCIES IN TOWN and Country Indoor and Outdoor Lists on application

COUNTY BOROUGH OF WEST HAM

PUBLIC ASSISTANCE COMMITTEE

Applications are invited by the Council for the post of FIRST ASSISTANT RESIDENT MEDICAL OFFICER (male at the Central Home Union Road Leyton tone at a salary of £525 per annum rising by annual increments of £25 per annum to a maximum of £600 per annum together with apartment board and laundry valued for superannuation purposes at £100 per annum The salary is inclusive and any fees received must be paid to the Council The successful candidate must be prepared to serve in any of the Councils other institutions and to carry out any other duties which may be assigned to him

This institution accommodates chronic sick aged and infirm patients

Candidates must be qualified registered medical practitioners preference being given to candidates who have had in addition to a general hospital appointment experience in Poor Law Institution

The successful candidate will be required to pass a medical examination and the appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 or to the Poor Law Officers Superannuation Act 1896 and the statutory contributions will be deducted from the salary

Forms upon which application must be made can be obtained from the Medical Officer of Health Municipal Health Offices Romford Road Stratford E 15 on the receipt of a stamped addressed envelope and should be returned to the undersigned not later than February 27th

By Command of the Council

Town Clerk

Union Road Leyton tone E 11
February 6th 1937

DERBYSHIRE COUNTY COUNCIL

BRETBY HALL ORTHOPAEDIC HOSPITAL (147 Beds)

JUNIOR RESIDENT ASSISTANT MEDICAL OFFICER.

Applications are invited for the post of Junior Resident Assistant Medical Officer at the above Institution Preference will be given to candidates who have held resident Hospital appointments and who are competent Anaesthetist Orthopaedic experience is not essential but will be considered an additional qualification Married quarters are not provided

Salary at the rate of £350 per annum rising by *annual increments of £25 to £450* per annum with board residence and laundry

The successful candidate will devote the whole of his time to the duties of his office

The appointment will be subject to the provisions of the Local Government and Other Officers Superannuation Act 1922 and the person appointed will be required to pass a medical examination

Application forms may be obtained from the undersigned to whom they must be returned together with copies of not more than three *recent testimonials on or before Feb 22nd*

New County Offices W M ASH
Derby County Medical Officer
February 1st 1937

DERBYSHIRE EDUCATION COMMITTEE

ASSISTANT SCHOOL MEDICAL OFFICER (Male)

The Derbyshire Education Committee require the services of an Assistant School Medical Officer (male) at a salary of £500 rising by annual increments of £25 to £700 per annum together with a travelling allowance in accordance with the County Scale

Candidates must be registered Medical Practitioners of at least three years standing The duties will include work under the Maternity and Child Welfare Service Experience in this work and Mental Deficiency is desirable

The appointment will be a designated post under the Local Government and Other Officers Superannuation Act and the successful candidate will be *required to pass a medical examination*

The Officer appointed will not be allowed to engage in private or consultant practice but will be required to devote his whole time to the duties of the office and will act under the direction of the School Medical Officer

Forms of application may be obtained from the undersigned to whom they should be returned completed together with copies of not more than three recent testimonials on or before Wednesday February 17th endorsed Assistant School Medical Officer

The appointment will be determinable by three months notice on either side

New County Offices W M ASH
St Mary's Gate School Medical Officer
Derby January 29th 1937

CITY OF LIVERPOOL

APPOINTMENT OF ASSISTANT MEDICAL OFFICER

Applications are invited for the post of Assistant Medical Officer from duly qualified women at a commencing salary of £500 per annum rising by annual increments of £25 to £700 per annum

The appointment will be held subject to the Standing Orders of the Council and be determinable by three calendar months notice to expire on the last day of any calendar month

The provisions of the Local Government and Other Officers Superannuation Act 1922 will apply to the appointment

The Officer appointed must devote the whole of her time to the duties of the office and must not engage in private practice She must be prepared to perform maternity and child *welfare and such other duties as may be required* by the Medical Officer of Health She should have held a previous appointment as Medical Officer of maternity and child welfare clinic with the approval of the Minister of Health or have had at least three years experience in medical practice with special experience of practical midwifery and ante natal work and in the care of young children

The holding of a diploma in Public Health and experience in the treatment of venereal disease will be deemed additional qualification for the post

The Officer must reside within the city boundary and will be required to pass a medical examination

Canvassing directly or indirectly will disqualify

Application should be made upon forms obtainable from the Medical Officer of Health Municipal Annexe Liverpool 2 These forms should be returned to the undersigned together with copies of three recent testimonials not later than 10 a m on February 22nd endorsed Assistant Medical Officer

Municipal Buildings W H BAINES
Liverpool 2 Town Clerk
February 6th 1937

GLAMORGAN COUNTY COUNCIL

PUBLIC ASSISTANCE COMMITTEE

PENRHIWTYN INFIRMARY NEATH

APPOINTMENT OF RESIDENT ASSISTANT MEDICAL OFFICER

Applications are invited from registered Medical Practitioners not over 35 years of age for the appointment of Resident Assistant Medical Officer at Penrhiwtyn Infirmary Neath

Applicant must have held resident *hospital* appointment and experience in treatment of disease of children is desirable

Salary £350 per annum rising by £25 annually to £450 per annum with residential emoluments valued for superannuation purposes at £75 per annum

The appointment which will be terminable by two months notice on either side is a designated post under the *Local Government* and Other Officers Superannuation Act 1922 The successful candidate will be required to pass an examination as to physical fitness

Applications stating age and qualifications and accompanied by copies of not more than three recent testimonials must be received by the County Medical Officer Glamorgan County Hall Cardiff not later than the first post on Tuesday March 2nd

HENRY ROWLAND
Clerk of the County Council
Glamorgan County Hall Cardiff
February 2nd 1937

CITY OF SHEFFIELD

NETHER EDGE HOSPITAL

Applications are invited from duly qualified medical women *for the appointment* of ASSISTANT MEDICAL OFFICER at the above hospital

The Medical Officer appointed will be required to assist in the general work of the hospital but her principal duties will be in the Maternity Section She will also be required to visit at the Maternity and *Child* Welfare Clinic as directed

Candidates should have previous hospital experience and post graduate experience in Midwifery and Ante natal work is essential

The salary offered is £350 per annum rising by £25 to £450 with the usual residential allowance

The appointment will be subject to the provisions of the Local *Government* and Other Officers Superannuation Act 1922 and deduction will be made under this Act

Applications stating age qualifications and experience accompanied by three recent testimonial should be sent as soon as possible to the Medical Superintendent, City General Hospital Sheffield 5

CANNOCK URBAN DISTRICT COUNCIL

APPOINTMENT OF ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICER

The above Council invites applications from registered medical practitioners of under 35 years of age for the above post The salary will be at the rate of £250 per annum rising subject to satisfactory service by annual increments of £25 to £700 per annum Applicants must have had at least three years experience in the practice of their own profession and special experience of practical midwifery antenatal and Maternity and Child Welfare work and hold a diploma in Public Health

The person appointed will be required to devote the whole of his or her time to the duties which will be performed under the direction of the Medical Officer of Health and will consist chiefly of School Medical and Maternity and Child Welfare work together with such other duties in the Public Health Department as he may require

The appointment is subject to the approval of the Board of Education and will be determinable by one months notice on either side

Sealed applications on forms to be obtained from the undersigned (upon receipt of a stamped addressed foolscap envelope) accompanied by copies of three recent testimonials and endorsed Assistant Medical Officer of Health must be delivered to the undersigned not later than Saturday February 27th

Canvassing directly or indirectly will be deemed a disqualification

Council House WM C SPEEDY
Cannock *Clerk of the Council*
February 5th 1937

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC ASSISTANCE COUNTY INSTITUTIONS OSTER HOUSE ST ALBANS

APPOINTMENT OF HOUSE SURGEON

Applications are invited for the post of House Surgeon at the above Institution

Salary will be at the rate of £150 per annum rising by £25 at the end of six months satisfactory service with an allowance *of £3 3 per week until such time as board* and residence can be provided in the Institution The appointment will be limited to one year and not renewable

The House Surgeon must reside near the Institution at an address to be approved by the Guardians Committee

Candidates must be duly qualified and registered

Application stating age qualification and experience with copies of not more than three recent testimonials should be sent to the Clerk of the St Albans Guardians Committee Oster House St Albans from whom any further details may be obtained

ELTON LONGMORE Clerk of the
Hertford Herts County Council

THE MENTAL HOSPITAL BERRYWOOD NORTHAMPTON

THIRD ASSISTANT MEDICAL OFFICER (Male) required Candidates must be registered Medical Practitioners and unmarried Preference will be given to candidates who already have the D P M and who have had previous Mental Hospital experience Salary £450 rising by £25 per annum to £500 per annum, together *with board lodging* laundry and attendance valued for purposes of superannuation at £150 per annum An additional £50 per annum will be paid for possession of the D P M

The Hospital has a complete New Admission Unit and a well equipped Laboratory (with trained laboratory assistant) where research work is encouraged There is an active Psychiatric Clinic attached to the North ampton General Hospital

The appointment is subject to the provisions of *the Asylums* Officers Superannuation Act 1909

Applications giving full particulars of experience etc together with copies of three recent testimonials to reach the Medical Superintendent by the first post on Monday February 15th

CITY OF BRADFORD

MUNICIPAL GENERAL HOSPITAL ST LUKES

HOUSE PHYSICIANS and HOUSE SURGEONS required Salary in each case £150 per annum plus board and lodging The appointments are for six months renewable for a further period of six months

Application form may be obtained from the Medical Officer of Health Town Hall Bradford and should be returned to the undersigned not later than February 26th

N L FLEMING Town Clerk

Town Hall Bradford

British Medical Bureau

(THE SCHOLASTIC, CLERICAL & MEDICAL ASSOCIATION LTD)
(FOUNDED 1880)

TAVISTOCK HOUSE SOUTH
TAVISTOCK SQUARE, W C 1

Tele Address
Triform Westcent—London

Telephone Euston {1644 / 1645

The Association has long been favourably known to the members of the Medical Profession as a thoroughly trustworthy and successful Agency for the transaction of every description of Medical, Scholastic, and Accountancy business and the BRITISH MEDICAL ASSOCIATION has every confidence in recommending its members to consult The Manager in all transactions requiring the services of a Medical Agent

Members of the British Medical Association may take advantage of a reduced scale of charges applicable to them

REDUCTION IN FEES

In cases where the Bureau are sole Agents the commission in respect of any sale of goodwill book debts furniture drugs fittings and other effects (excluding sales of any freehold or leasehold property, or of practices effects etc outside Great Britain) is limited to a maximum fee of Fifty Pounds

FULL TERMS ON APPLICATION

Practices and Partnerships for Disposal. Full particulars sent free

1 S COAST — Well established Practice in residential town and Favourite Watering Place Receipts average over £3 100 p a including panel between 1 200 and 1 300 Good detached corner residence (5 bedrooms etc) with garage and good garden for sale Premium two years purchase

2 S OF ENGLAND — Practice in growing residential district within easy reach of Favourite Watering Place Cash receipts 1936 £900 including appointment and panel returning together about £400 p a Semi detached corner house (3 bedrooms and attic bedroom etc) on main road with nice garden and garage for sale Scope for increase Premium £1 450

3 S OF THE THAMES —Old established Cash and Panel PRACTICE in thickly populated area within easy reach of the West End Cash receipts average about £1 25 p a Panel over 2 000 No midwifery Two houses to be rented at £80 and £100 p a respectively Great scope for increase Premium two years purchase

4 LONDON W —Well established non dispensing PRACTICE about £500 p a including PMS and about £85 p a from panel No midwifery Maisonette containing 6 rooms etc Rent £100 p a exclusive Scope for increase Premium £700

5 ITALIAN RIVIERA — Small well established good class non dispensing Season PRACTICE Further particulars on application

6 SOUTH SUFFOLK —Partnership in sound old-established Practice over £6 000 p a in most desirable Country Town Good appointments and panel over 3 000 Not much midwifery Choice of suitable houses One-sixth share at first at two years purchase

7 S OF ENGLAND —Within 50 miles of London —Country PRACTICE about £1 500 p a in delightful district Panel and appointments return over £800 p a Charming old brick and tile built house (7 bedrooms) with stabling garages and good garden Electric light etc to rent Premium two years purchase

8 S ENGLAND —Unopposed Country Practice in beautiful part Receipts about £880 Panel and appointments approximately £430 Easily worked House (4 bedrooms) with garage and garden to rent Premium one and a half years purchase

9 HOME COUNTY — Partnership in old established non dispensing Practice in good Residential District within 15 miles of London Suitable house to rent Share worth about £1 100 p a at two years purchase Scope for surgery if desired

10 SURREY —Old established Practice in growing Residential District under 17 miles from London Receipts average over £1 050 p a Panel over 700 Nice old compact and easily run house (about 6 bedrooms and dining room) very attractive garden Price (freehold) £2 700 Scope for increase Premium £2 100

11 S E COAST — Partnership in old established country Practice within easy distance of a popular summer resort Cash receipts between £1 900/£2 000 p a including appointments and panel Large old historic corner house (6 bedrooms etc) garage and garden for sale Scope district growing rapidly Premium one half share two years purchase

12 LONDON N — Medical Woman's Practice in populous district Receipts average £560 p a including panel 470 House (4 bedrooms) to rent at £100 p a Premium £550

13 WITHIN 15 MILES (S) OF LONDON —Rapidly increasing PRACTICE in outlying suburban district Cash receipts 1936 £2 100 including appointment and club worth over £500 p a and a panel of 2 400 Specially built house with 4 bedrooms large garage and good garden for sale Branch surgery rented at 10/ weekly Ample scope Premium £5 000

14 NORFOLK —Very old-established Country PRACTICE in beautiful part Cash receipts average £863 p a with appointments worth about £50 and a panel of 617 Visit 5/ to 10/6 medicine extra Modern house (6 bedrooms) garage and garden for sale Scope Premium £1 500

15 SURREY —Better class Practice about £500 in growing residential part of a town easy reach of London Panel 150 Nice modern detached house (5 bedrooms) in own grounds with garden and garage for sale Scope, as building is going on Reasonable offer to effect quick sale

16 W OF ENGLAND —Good class non dispensing PRACTICE in first rate Residential Town Cash receipts (1936) over £1 600 No panel or appointments House contains 8 bedrooms etc with garage and small garden Price £1 800 Excellent society and educational facilities Scope Premium two years purchase

17 N DEVON —Old established Practice in beautiful Country District near the Coast Cash receipts average £673 p a including appointments and a panel of 350 Visit 5/ upwards Old house on main road (6 bedrooms) with garage and nice garden to rent Hunting shooting fishing golf etc Premium one and a half years purchase

18 DEATH VACANCY — LONDON S E — Old established PRACTICE Receipts average 3 years ended April 5th 1936 £620 p a Panel about 700 Ten roomed house in good position on main road with separate entrance to surg Garden no gar Rent £150 p a Scope for increase

HULL CITY MENTAL HOSPITAL WILLERBY Near HULL

The Visiting Committee of the above Hospital invite applications for the post of MEDICAL ASSISTANT MEDICAL OFFICER (married)

The commencing salary is £500 per annum rising by annual increments of £25 to a maximum of £600 per annum with an additional £50 for position of the D M S together with emoluments comprising furnished house coal light laundry and vegetable produce for household (value for superannuation purposes at £150 per annum) also permission to buy provisions out of store at contract prices

The appointment will be subject to the provisions of the Asylum Officers' Superannuation Act 1909

Form of application may be obtained from the Medical Superintendent and should be returned to him together with not more than three recent testimonials

DERBYSHIRE ROYAL INFIRMARY DERBY (General Hospital—362 Beds)

Recognised under F R C S Regulations

Applications are invited for the post of HOUSE SURGEON (General Surgery and Ear Throat and Nose)

Candidates must be qualified and registered under the Medical Act

Salary will be £150 per annum with apartments board etc

Application with copies of testimonials to be sent to the undersigned

Duties to commence March 1st

ARTHUR TAYLOR
February 9th 1937 Supt & Sec

DERBYSHIRE ROYAL INFIRMARY DERBY (General Hospital—362 Beds)

Application are invited for the post of CASUALTY OFFICER AND ORTHOPAEDIC HOUSE SURGEON

Candidates must be qualified and registered under the Medical Acts

Salary will be £150 per annum with apartments board etc

Application with copies of testimonials to be sent to the undersigned

Duties to commence March 1st

ARTHUR TAYLOR
February 9th 1937 Supt & Sec

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON

Applications are invited for the office of HONORARY MEDICAL REGISTRAR from gentlemen who hold a medical qualification of the British Empire and who are duly registered under the Medical Act

The appointment will be for a term of three years the successful candidate being eligible for re-election at the end of that period

Applications must reach the undersigned at the Hospital before 12 noon on February 24th

L L W LANCASTER GALE
Secretary Supt

ROTHERHAM HOSPITAL

Wanted SENIOR HOUSE SURGEON or PHYSICIAN (male) qualified Salary £200 with board residence and laundry 150 bed Excellent experience to be gained

Also HOUSE PHYSICIAN (male) qualified Salary £180 with board residence and laundry 150 bed Excellent experience to be gained

Applications with copies of recent testimonial to be sent to the Secretary G W ROBERTS 8 Moorgate Street Rotherham

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN ST MICHAEL'S HILL BRISTOL

Application are invited for the position of HOUSE SURGEON Salary £125 per annum with board room attendance and laundry

Applicants should state age qualifications experience and send

[illegible] not later than

REGINALD

BIRKENHEAD

HOSPITAL WOODCHURCH ROAD BIRKENHEAD

HONORARY PHYSICIAN

The Committee invite applications to fill a vacancy on the Medical Board

Applications together with copies of testimonial to be sent to the Hon Secretary at the Hospital not later than February 19th

NOTTINGHAM AND MIDLAND EYE INFIRMARY

RESIDENT HOUSE SURGEON required end of March 56 bed Large Out patient Department Salary £200 per annum with board and laundry Applicant should state age qualifications experience and send copies of three recent testimonials to the Secretary The Ropewalk Nottingham

PRINCE OF WALES ORTHOPAEDIC HOSPITAL CARDIFF

Applications are invited for the post of HOUSE SURGEON (male unmarried) at this Hospital (64 bed) with Country Branch at Cross Ways (70 bed) Salary £400 per annum with board quarters and laundry The appointment is for six months in the first instance Duties to commence on March 1st or soon thereafter as possible

Application with copies of testimonials should be sent to the Secretary Prince of Wales Hospital Cardiff not later than February 23rd marked House Surgeon

ROYAL WEST SUSSEX HOSPITAL CHICHESTER

(114 Beds including 12 in the Private Patients Block Two Resident)

JUNIOR HOUSE SURGEON wanted from March 1st Salary at the rate of £125 per annum with board residence and laundry

Applications should reach the undersigned by February 18th together with not less than three recent testimonials stating age nationality experience and qualifications

By Order of the Board of Management
ALAN RUDDLE LYONS
February 2nd 1937 Secretary

ROYAL SUSSEX COUNTY HOSPITAL BRIGHTON (Beds 272—Six R M O s)

CASUALTY HOUSE SURGEON (male) required in March Salary £120 per annum with board residence and laundry

Candidate must hold Medical and Surgical qualifications of the British Empire and be duly registered under the Medical Acts

They must be unmarried and when elected under 30 years of age

Applications with copies of recent testimonials to be forwarded to the undersigned

L L W LANCASTER GALE
Secretary Supt

SUSSEX MATERNITY AND WOMEN'S HOSPITAL BRIGHTON (50 Beds)

RESIDENT HOUSE SURGEON (male) required Salary at the rate of £130 per annum board and washing found and £40 allowed for travelling expenses Good experience in midwifery and gynaecology afforded No canvassing allowed The successful candidate will be required to enter on his duties immediately

Application in writing accompanied by testimonial should be sent to PERCY I SPOONER Secretary at the Hospital Buckingham Road Brighton

[illegible] 6th 1937

SCARBOROUGH (NEW) HOSPITAL (140 Beds)

Wanted urgently HOUSE PHYSICIAN (female) with Anaesthetics experience Salary at the rate of £130 per annum with board residence laundry etc

Appointment for six month

Application stating age together with copies of testimonials and references particulars to be sent to the Hon Secretaries not later than first post Monday February 22nd

THE ROYAL INFIRMARY BRADFORD

FORMAL NOTICE

The Election Committee at their meeting on March 9th will proceed to the election of an HONORARY PHYSICIAN

The successful candidate will be required to practise as a Consulting Physician

Application together with certificates of registration and copies of three recent testimonial should be lodged with the undersigned not later than February 19th

J J BARRON Secretary Supt

THE ROYAL INFIRMARY BRADFORD

HOUSE SURGEON (male) wanted for April 1st Seven month appointment Candidates must be single and legally qualified Salary £150 per annum with board residence and washing

There are 345 beds and 10 Resident Officers

Application stating age qualifications and previous experience with copies of recent testimonial should be sent to the undersigned not later than February 23rd

[illegible] Sec Supt

There will [illegible] for Two Surgeon
House Physician (male) Six months appointment

THE ROYAL EYE AND EAR HOSPITAL BRADFORD

Wanted HOUSE SURGEON (male) Salary £160 with board residence and laundry Applications stating qualifications age etc with copies of recent testimonials to be forwarded to the undersigned on or before February 23rd

F BRIGGS Secretary Supt

SUTTON AND CHEAM HOSPITAL SUTTON SURREY (50 Bed)

Applications are invited for the post of SENIOR RESIDENT MEDICAL OFFICER (male) Salary £150 per annum with residence board and laundry The appointment will be for six months and fall vacant on March 20th next Application giving full particulars as to age and qualifications together with copies of three recent testimonials should be sent to the Secretary not later than February 22nd

Applications are also invited for the post of JUNIOR RESIDENT MEDICAL OFFICER (male) Salary £100 per annum with residence board and laundry The appointment will be for six month from April 1st next Applications giving full particulars as to age and qualifications together with copies of three recent testimonials should be sent to the Secretary not later than February 22nd

THE PRINCE OF WALES'S HOSPITAL GREENBANK ROAD PLYMOUTH (Formerly South Devon & East Cornwall Hospital) (264 Bed)

Applications are invited for the two vacant posts of HOUSE PHYSICIAN and HOUSE SURGEON Salary £120 per annum with board residence and laundry

Appointment are tenable for six months and are subject to renewal Duties to commence March 16th and March 22nd respectively

The Hospital is officially recognised for the surgical practice required before admission to the Final Fellowship Examination of the Royal College of Surgeons of England

Applicants must be registered under the Medical Act Application stating age and qualification with copies of three recent testimonial to reach the undersigned by Feb 26th

ARTHUR R CASH
February 9th 1937 Gen Supt & Sec

THE LEEDS MATERNITY HOSPITAL AND THE HOSPITAL FOR WOMEN AT LEEDS

APPOINTMENT OF JOINT PATHOLOGIST

The Boards of Management of the above Hospital are prepared to receive application for the post of Joint Pathologist with salary at the rate of £600 per annum The post will be a full time one involving a half day service at each Hospital daily The work includes Gynaecological Pathology Bacteriology and Biochemistry Private practice will be allowed The elected candidate will be appointed a Honorary Demonstrator in Pathology and Bacteriology in the University of Leeds Application with copies of testimonial should be sent to the undersigned on or before February 22nd from [illegible] as far as may be obtained

DAVID W CARRIE
Honorary Secretary
Joint Medical Board
The Hospital for Women at Leeds

THE DEWSBURY AND DISTRICT GENERAL INFIRMARY DEWSBURY

Application are invited for the post of SECOND HOUSE SURGEON (Male) vacant March 1st next The duties are principally those of a House Physician and Casualty Officer Salary £150 per annum with board residence and laundry

The Infirmary is a new Voluntary Hospital of 100 bed and has the usual Special Department with Visiting Consulting Specialists in attendance

Applications stating age and hospital experience together with copies of recent testimonials to be sent as immediately as possible to my office

FRED SMITH Sec Supt

THE WEST NORFOLK AND KING'S LYNN GENERAL HOSPITAL (112 Bed)

HOUSE PHYSICIAN

Applications are invited for the above post which becomes vacant on March 1st next Salary £125 per annum To have charge of Medical and Ophthalmic beds also to act as Casualty Officer and Resident Anaesthetist The post for six month in the first instance offer valuable experience in both In patient and Out patient work

Application stating age nationality and experience with copies of recent testimonials should be sent to the undersigned as early as possible

JOSEPH E SEARLE [illegible] F C C S
Hon [illegible] Sec

ROTHERHAM HOSPITAL

Wanted CASUALTY HOUSE SURGEON (male qualified) Salary £150 per annum with board residence and laundry To have charge of Out patient 150 bed

Application with copies of recent testimonial to be made to the Secretary G W ROBERTS 8 Moorgate Street Rotherham

BOVRIL MEDICAL AGENCY Ltd.

ALDINE HOUSE,

10-13, BEDFORD STREET, STRAND, LONDON, W.C 2.

Telegrams BOVMEDICAL, LESQUARE, LONDON Telephone TEMPLE BAR 1616 (3 Lines)

Chairman and Managing Director, Dr J FIELD HALL

The maximum commission payable on the sale of any Practice or Partnership in Great Britain placed exclusively in the hands of this Agency is £50 (fifty pounds), which sum covers goodwill, drugs, surgery fittings, fixtures and furniture, instruments and book debts, but not house property Schedule of Terms will be forwarded on application

Accountancy and legal services furnished by the Agency, where desired, at moderate inclusive charges
No charge is made to Principals for the introduction of Locum Tenens or Assistants

1 SOUTH EAST COAST —RESIDENTIAL TOWN —Old established non dispensing better class PRACTICE averaging for last 3 years about £1 450 p a Selected panel of 500 Fees 3/6 to 21/ Ground floor flat, containing large hall, consulting room 2 reception 3 bedrooms etc Inclusive rent £190 p a Premium 2 years purchase

2 WILTS —PARTNERSHIP WITH VIEW TO SUCCESSION —A ONE HALF SHARE is offered in old established mixed class Practice having excellent scope Average gross cash receipts about £1,500 p a Panel of 1 200 Very moderate expenses Suitable house available Premium 1½ years purchase Sport of all kinds

3 EASTERN COUNTIES —LARGE TOWN —PARTNERSHIP —A ONE THIRD SHARE, or as arranged, is offered after preliminary Assistantship in old established steadily increasing Practice Average gross cash receipts £2 535 p a Panel of over 2 800 Purchaser can select his own house Premium 2 years purchase

4 CORNWALL —SMALL TOWN NEAR SEA —Old established PRACTICE producing for last 12 months about £550, including panel of over 500 Visits from 5/ Small house can be rented at £30 p a Premium 1½ years purchase or near offer

5 OUTLYING EASTERN AREA —Mixed class PRACTICE established 35 years is for disposal as Vendor wishes to specialise Gross cash receipts approximately £1 200 p a Panel of 1 400 Considerable scope Suitable house can be rented at £104 p a Premium 2½ years purchase or near offer

6 SOUTH LONDON — RESIDENTIAL DISTRICT —PARTNERSHIP — Guaranteed income of £1 000 p a for 2 years (with excellent prospects of increase up to £1 500 p a) is offered in good mixed class Practice at present producing approximately £4,400 p a Large panel Suitable small flat can be rented at 25/ per week Premium 2 years purchase

7 NORTH LONDON —Chiefly better class PRACTICE averaging about £1,000 p a with excellent prospects for further development Suitable opening for panel work if wished Fees 5/, 7/6 upwards Very attractive freehold house for sale with half an acre of ground or smaller accommodation obtainable if wished Premium one years purchase

8 NORTH WELSH COAST —PARTNERSHIP —A ONE THIRD SHARE (after preliminary Assistantship) is for disposal in good middle class rapidly increasing Practice Gross cash receipts for past 12 months nearly £2 000 Selected panel of 750 Choice of houses Premium 2 years purchase

9 HOME COUNTIES —WITHIN EASY REACH OF LONDON —PARTNERSHIP —A SHARE representing nearly £1 000 p a with increase later is offered in old established good mixed Practice averaging approximately £2,600 p a including panel of about 2 500 and valuable appointments Fees 2/6 to 21/ Very moderate expenses Compact detached house with 2 reception 4 bedrooms etc Garden There is a Hospital and very good scope for Surgery if wished

10 FAVOURITE SOUTH COAST TOWN —Well established better class PRACTICE producing approximately £2 500 p a including selected panel Fees 3/6 to 21/ Specially built freehold house for sale containing 2 reception 5 bedrooms etc Garden Garage Premium 2 years purchase

11 SOUTH COAST RESIDENTIAL TOWN —Recently established PRACTICE offering large scope for development averaging about £650 p a (last year £850) Suitable freehold house for sale Premium 2 years purchase

12 S W LONDON —Old established PRACTICE averaging £2 600 p a including panel of about 900 Well situated house with 2 reception 4 bedrooms and professional rooms Garage Rent on lease £100 p a Premium £4 250

13 LONDON —WESTERN DISTRICT —Old established PRACTICE producing about £1 800 p a including panel of 1 500 Convenient corner house with ample accommodation Freehold for sale £2 000

14 HOME COUNTIES —PARTNERSHIP —A SHARE producing about £1,200 (with increase later) is for disposal in very sound better class Practice averaging about £3 000 p a, including panel of about 1 800 Nice house, with 2 reception, 6 bedrooms etc, can be rented at £85 p a Ingoing partner must be experienced accustomed to better class work and aged between 30 and 40

15 MIDLANDS — COUNTRY DISTRICT —PARTNERSHIP —ONE THIRD SHARE (with prospects of increase later) is for disposal in good middle and working class Practice within easy reach of three good towns Gross cash receipts for past 12 months £3,238 Panel (increasing) brings in over £900 p a House specially built for Practice contains 2 reception 6 bedrooms etc A quarter of an acre of garden Garage Rent £80 p a Sport of all kinds Premium 2 years purchase

16 SOUTH EASTERN DISTRICT —Mixed class PRACTICE producing for past 12 months over £1 300 Panel of about 650 9 roomed house with garden and garage can be rented Premium 1½ years purchase payable £500 down and balance by instalments

17 OUTLYING EASTERN SUBURB —Well established PRACTICE producing £600 p a but capable of good increase Fees 3/6 to 10/6 Panel of 450 Suitable house can be rented at £90 p a Premium £1 200

18 LADY DOCTORS PRACTICE —Mixed class PRACTICE established 5 years and offering considerable scope Gross cash receipts for last twelve months approximately £500 p a Selected panel of 50 Fees 3/6 to 10/6 House can be rented Reasonable premium

19 LONDON S E —LOCK UP PRACTICE —Recently established PRACTICE producing about £350 p a No panel or appointment Suitable premises can be rented at 15/ per week Premium £350

20 LONDON WEST —Old established PRACTICE producing about £400 p a including panel of 500 Well situated house with 2 reception 7 bedrooms etc Garden Leasehold for sale Reasonable premium

21 S E LONDON —Recently established PRACTICE in advantageous position close to new building estate Exceptional scope for increase Gross cash receipts for past 12 months £900 Panel of 500 In need of House in good repair, containing 2 sitting 3 bedrooms etc

22 MIDDLESEX —Recently established PRACTICE producing £400 p a including panel of 150 Visits from 5/ Suitable house with 2 reception 4 bedrooms etc For sale or on rental

23 SURREY —LARGE TOWN WITHIN EASY REACH OF LONDON — Recently established PRACTICE at present producing about £ p a, including panel of 180 Very good scope Fees from 5/ Suitable house in good position, containing 2 reception 3 bedrooms etc Freehold for sale Premium £300

24 EAST COAST HOLIDAY RESORT —Surgical opening —ASSISTANTSHIP with view after 6/12 months in an old established general mixed practice averaging about £6 500 p a including panel of 3 000 patients and appointments worth approx £550 p a Applicants must hold the F R C S and be capable of undertaking minor surgery Protestant and accustomed to good class work The initial share available will be about £1 000 p a Salary £7/7/ per week and all found

25 MIDDLESEX RIVERSIDE —Middle class PRACTICE stated to offer scope for increase and at present producing about £600 p a Panel of 450 Small accommodation suitable for a bachelor can be rented at £52 p a, alternatively practice can be worked as a lock up Premium 1½ years purchase

26 WALES —Unopposed country PRACTICE producing approximately £2 000 p a, including panel and appointments principally about £1 000 p a Visits and medicine 3/6 to 21/ Suitable house with 2 sitting 3 bedrooms etc good professional rooms Rent on lease £35 p a Premium 1½ years' purchase Knowledge of Welsh desirable but not essential

27 MIDDLESEX — OUTLYING SUBURB — PARTNERSHIP —One half share is for disposal in good mixed class Practice in rapidly developing district Gross cash receipts approximately £2 500 p a Panel of over 2 000 Suitable house available on rental Ingoing partner must be experienced married and good worker

28 RIVERSIDE SUBURB —Recently established PRACTICE producing about £200 p a and stated to offer considerable scope Panel of 100 Fees from 5/6 Suitable house, with 3 reception 3 bedrooms etc Garden Garage Rent £80 p a Premium £300

29 SURREY — FAVOURITE RESIDENTIAL TOWN — PRACTICE recently established and stated to offer considerable scope for increase Gross cash receipts for past 12 months approximately £400 Small house can be rented at 25/ per week Premium one years purchase

30 LONDON W 1 S I —Old established good mixed class PRACTICE averaging for past 3 years over £2 400 p a Panel of 1 400 and good appointments worth over £200 p a Fees 3/6 to 10/6 Suitable house in very good position, with 2 reception, 5 bedrooms etc Rent on lease £100 p a

31 SOUTH CORNWALL —FAVOURITE COAST TOWN —Well established PRACTICE averaging over £1,100 p a, including selected panel of about 350 Fees from 5/ Very nice house in own grounds with 2 reception, 5 bedrooms, dressing room, and professional room Freehold for sale Premium £2 000 Scope for anyone with good knowledge of medicine or surgery

32 SURREY —Recently established PRACTICE producing over £700 p a, including panel of about 140 Stated to offer considerable scope for increase as no other resident doctor on the estate Well situated house in rapidly growing area containing 2 sitting 2 bedrooms, consulting room Large garden Price for freehold £850 or might be rented Premium £250

33 LONDON — SOUTH EAST —Well established mixed-class PRACTICE averaging for last 3 years £580 p a Panel of 260 and appointments worth about £170 p a Good modern house, containing 2 reception 4 bedrooms etc Garden and garage Can be rented at £90 p a Very good scope for increase Premium £800 or near offer

34 HOME COUNTIES —Very old established chiefly better class PRACTICE held by Vendor (who is retiring) over 10 years Average gross cash receipts for last 3 years £1,057 p a Panel of over 700 Fees 3/6 to 21/ Exceptionally nice house, with 3 reception 6 bedrooms etc Very good garden Garage Excellent schools within reach and good social and sporting facilities Price for practice and house £4 800

The Agency has made arrangements for special facilities, on very favourable terms, to be afforded to approved purchasers for the advance of part of the premium for any suitable practice or partnership Full details on application

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APPOINTMENTS—Important Notice.

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Medical Secretary of the British Medical Association B M A House Tavistock Square W C 1 (in the case of Scottish appointments, with the Scottish Medical Secretary 7, Drumsheugh Gardens, Edinburgh)

(a) British Islands

Town or District	Town or District	Town or District
CONTRACT PRACTICE	**CONTRACT PRACTICE** *(contd)*	**PUBLIC HEALTH**
ABERTYSSWG MEDICAL AID SOCIETY *(Medical Officer)*	LOWESTOFT MEDICAL INSTITUTE. *(Medical Officer)*	CARMARTHENSHIRE COUNTY COUNCIL *(Assistant County Medical Officer of Health)*
GILFACH GOCH GLAMORGAN *(Workmen's Medical Scheme)*	NEATH AND DISTRICT *(Medical Aid Association)*	FLINTSHIRE COUNTY COUNCIL *(Junior Assistant to the County Council's Medical Officer)*
GRANTHAM FRIENDLY SOCIETIES MEDICAL INSTITUTE. *(Medical Officer)*	OGMORE AND MON *(Medical Officer for Medical Aid Association)*	CORPORATION OF GLASGOW *(Child Welfare Medical Officer—Female)*
LLWYNYPIA CLYDACH VALE PENYGRAIG GLAMORGAN *(Workmen's Medical Scheme)*	OGMORE VALLEY GLAMORGAN *(Wyndham Colliery Medical Aid Society) (Workmen's Medical Scheme)*	COUNTY BOROUGH OF TYNEMOUTH *(Assistant Medical Officer of Health)*

(b) Overseas

Medical practitioners are requested **not to apply** for any appointment referred to in the following table without having first communicated with the Honorary Secretary of the Division or Branch named in the second column or with the Medical Secretary of the British Medical Association B M A House, Tavistock Sq, W C 1

Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch	Town or District	Hon Sec of Division or Branch
NEW SOUTH WALES *(All Friendly Society Appointments)*	The Medical Secretary New South Wales Branch 135 Macquarie St Sydney N S W	**VICTORIA** *(All Institute or Medical Dispensaries)*	The Honorary Secretary Victorian Branch British Medical Association Medical Society Hall Albert St East Melbourne Victoria	**WESTERN AUSTRALIA** *(Contract and Lodge Practices)*	Hon Sec Western Australian Branch British Medical Association Shell House 205 St George's Terrace Perth Western Australia.
QUEENSLAND *(Brisbane Associate Friendly Societies Institute)*	The Hon Sec Queensland Branch British Medical Association B M A Building 30 Adelaide St Brisbane				

Feb 10 1937 By Order of the Council G C ANDERSON *Medical Secretary*

ROCHDALE INFIRMARY AND DISPENSARY (110 Bed Three Residents)

The Board of Management invite applications from Gentlemen for the appointment of HOUSE PHYSICIAN The salary attached to the appointment is at the rate of £150 per annum with board residence laundry etc

The duties include work in the Out patients Aural Ophthalmic etc departments as well as in the Wards

Applications stating age nationality etc together with three recent testimonials to be sent to the Secretary endorsed House Physician

Infirmary Office W WYNNE
Rochdale Secretary

ROCHDALE INFIRMARY AND DISPENSARY (110 Bed Three Residents)

The Board of Management invite applications from Gentlemen for the appointment of SENIOR HOUSE SURGEON and SECOND HOUSE SURGEON

The respective salaries attached to the appointments are £250 and £150 per annum including board residence and laundry

Applications stating age nationality etc together with copies of three recent testimonials to be sent to the Secretary endorsed House Surgeon

Infirmary Office W WYNNE
Rochdale Secretary

ROYAL CORNWALL INFIRMARY TRURO (84 Beds)

HOUSE SURGEON (male) required with experience of Anaesthetic Salary £170 per annum rooms board and washing Apply with copies of three recent testimonials to the Secretary of whom further particulars may be obtained

W E GRENFELL
January 30th 1937 Hon Secretary

CHRISTIE HOSPITAL AND HOLT RADIUM INSTITUTE WITHINGTON MANCHESTER 20

Applications are invited for the post of ASSISTANT DIRECTOR to the Radium Institute

Candidates must
with experience
X ray Therapy
logical diploma
surgical qualification (F R C S or
Salary will be £1 000 per annum the post being a whole time one Private practice not being allowed

Applications to be submitted to the Superintendent and Secretary not later than Tuesday Febuary 16th

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VICTORIA HOSPITAL ACCRINGTON

The Governing Body of this Hospital invites applications for the post of HOUSE SURGEON vacant on February 22nd

Candidates must be duly qualified and registered Number of beds 50 Salary £150 per annum with board and lodging

Conditions of appointment and particulars of duties may be obtained from the undersigned to whom application with copies only of testimonials should be sent on or before the 17th instant

Victoria Hospital J KENYON
Accrington Secretary

LOWESTOFT & NORTH SUFFOLK HOSPITAL

JUNIOR HOUSE SURGEON (male) required Salary at the rate of £120 per annum with board residence and laundry Medical and ed £150 per annum service h copies of three it to the Honorary

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THE PRINCE OF WALES'S HOSPITAL DEVONPORT PLYMOUTH (64 Bed) (Formerly Royal Albert Hospital Devonport)

Applications are invited for the post of SENIOR HOUSE SURGEON Salary £130 per annum with board residence and laundry

Duties to commence March 1st Appointment is tenable for six month and is subject to renewal Applicants must be registered under the Medical Act

Applications stating age and qualifications with copies of three recent testimonials must reach the undersigned by February 19th

FRANK ROWE
February 1st 1937 Secretary

ANCOATS HOSPITAL MANCHESTER

HOUSE SURGEON (Orthopaedic) required to commence duty on March 1st Appointment for six months salary at the rate of £100 per annum with board apartment laundry etc

Application stating age qualification experience if any and full particulars to be forwarded to the undersigned together with copies of three recent testimonials on before February 16th next

By Order of the Board
HERBERT J DAFFORNE
Gen Supt & Sec

BURTON ON TRENT GENERAL INFIRMARY

Application are invited for the post of HOUSE PHYSICIAN AND CASUALTY OFFICER (male) Salary at the rate of £150 per annum with board residence and laundry Duties to commence March The appointment is resident

Applications giving age and qualifications together with copies of testimonial to be sent to E W THORNLEY Secretary

(Appointments continued on p 62)

TWO SANDOZ PRODUCTS OF NOTE IN THE FIELD OF NEUROLOGY

FEMERGIN

RELIEVES AND ABORTS MIGRAINE ATTACKS

Clinical experience of recent years has provided ample proof of the fact that no other drug has given results so uniformly successful as has Femergin (ergotamine tartrate) in the treatment of migraine Even patients who have long been subject to migraine attacks, often of great severity, have, in the majority of cases, obtained almost miraculous relief following the administration of Femergin

Femergin is most effective when given early in an attack, but even fully developed seizures are often relieved in one or two hours The dosage should be varied to find the smallest amount that will be effective, but generally 0 25 to 0 5 cc by hypodermic injection will suffice to abort or cut short an attack In mild cases satisfactory relief may be obtained by the oral administration of two tablets

BELLERGAL

CONTROLS AUTONOMIC HYPEREXCITABILITY

Bellergal is the treatment of choice of autonomic nervous disorders It is based on the new conception that such disorders are seldom purely vagotonic or sympathicotonic but are most frequently amphotonic in character, *i e*, accompanied by disturbance in both divisions of the autonomic nervous system

By the combined action of Femergin, inhibitor of the sympathetic Bellafoline, inhibitor of the parasympathetic, and phenobarbitone, sedative of the central nervous system, Bellergal not only controls peripheral autonomic overaction but also exerts a valuable sedative action on the higher centres

The normal daily dose is 4 tablets of which one tablet should be taken in the morning, one at mid-day and two in the evening

Further particulars from

J FLINT, SANDOZ PRODUCTS
134, Wigmore Street
London, W1

Wholesale

BROOKS & WARBURTON, LTD
232-240, Vauxhall Bridge Road
London, S W 1

ASSISTANT WANTED (INDOOR) FOR general and panel Practice in North London View to Partnership Salary £300—£350 p a according to experience—Addre No 1407 B M A House Tavistock Square W C 1

PERMANENT ASSISTANT WANTED NO immediate prospect of share in large Partnership in North London Good house available rent free for married man Salary £400 if married £300 all found if single £50 car [illegible] Scotch or [illegible] 402 B M A Hou

SOUTH TO manage Branch Surgery in mixed practice Suit married man Salary £400 p a with unfurnished house—Apply SUMNER & Co LTD Manufacturing Chemists 40 Hanover Street Liverpool 1

MEDICAL POSTS DISPENSERS etc

WANTED — WOMAN DOCTOR FULLY qualified for SCOTTISH EPISCOPAL MISSION CHANDA CP INDIA Must be communicant Interesting and expanding work in Hospital and district—Apply C W M A Secretary 13 Drumsheugh Gdns Edinburgh

WANTED—WEEK END WORK LONDON OR district by Post graduate Hospital and G P experience—Address No 1427 B M A House Tavistock Square W C 1

WANTED — DISPENSER BOOKKEEPER — Reply with references or testimonials giving age experience and salary required to Dr SHENKLIN Newport Shropshire

A Course of T Pharmacy is given OF PHARMACY i be applied to April and Septemb of Pharmacy Dr W C 1 Phone Museum 3930

A LADY DISPENSER BOOKKEEPER supplied immediately on request qualified and with practical experience in private practice and dispensary work also trained in Bacteriological Laboratories of the LONDON COLLEGE OF PHARMACY FOR WOMEN Preparation for Examination — Write wire or phone (Bayswater 0969) Secretary 7 Westbourne Park Road W 2

ASSISTANT DISPENSER (HALL) REQUIRED for large Practice in Midlands State age and salary required—Address No 1418 B M A House Tavistock Square W C 1

CLERGYMAN'S WIDOW (LOUNG) WANTS post as CARETAKER of a Doctor's Surgery Services willingly given in return for rooms for self and two children S or S E preferred —Address No 1405 B M A House Tavistock Square W C 1

CAMBRIDGE GRADUATE EX H P H S working for Final F R C S would like PART TIME WORK London Afternoon evening or week-end next three months No plurality or small remuneration—Address No 1575 B M A House Tavistock Square W C 1

DOCTORS REQUIRING QUALIFIED Dispensers Nurse-Dispensers Secretary Dispensers or Chauffeuse Dispensers are invited to write wire or phone Temple Bar 5858 THE DISPENSERS BUREAU 3 Lindsay House 171 Shaftesbury Avenue London W C 2

DISPENSER (MALE) AGED 36 SEEKS post as DISPENSER BOOKKEEPER or Chauffeur Dispenser Competent driver Experienced Dispenser Bookkeeper used to surgery routine and V H F records Splendid refs—No 1420 B M A House Tavistock Sq W C 1

DISPENSER WANTED NEAR LONDON Experienced and reliable Full particulars to No 1570 B M A House Tavistock Square W C 1

DOCTOR'S DAUGHTER 25 REQUIRES post as Private SECRETARY to medical man (London only) Diploma (shorthand typing and bookkeeping) 5 years secretarial experience (Fluent German if req) — No 15 2 B M A House Tavistock Sq W C 1

EXPERIENCED COACHING IN PHYSIOLOGY Pathology and Medicine by M D Lond (Hons) M R C P Lond B Sc Physiology Lond All exam Classes held—Address No 7092 B M A House Tavistock Square W C 1

GENTLEMAN WITH SECRETARIAL QUALIfication offers SPARE TIME SERVICES evening and week end Accounts secretarial work etc London—Address No 1404 B M A House Tavistock Square W C 1

LADY DISPENSER (HALL CERTIFICATE) desires POST with Doctor Experienced bookkeeper well recommended — Address No 1403 B M A House Tavistock Sq W C 1

LADY DESIRES POST AS SECRETARY and/or RECEPTIONIST to professional gentleman or lady Experience and good reference — Address No 1417 B M A House Tavistock Square W C 1

MEDICAL MAN WITH MENTAL AND Psychotherapeutic experience desires POST in Private Mental Home near London Married quarters essential—Address No 1431 B M A House Tavistock Square W C 1

REQUIRED FOR ONE YEAR OR LONGER in beautiful coast town in North Wales competent cheerful DOCTOR & COMPANION for boy 17 coaching for Cambridge between 25 and 35 Live in modern cottage in grounds Good salary One or two holidays abroad anticipated—Reply in first instance to Box 417 DEVONSHIRE LIBRARY Buxton Derbyshire

THE ROYAL ARMY MEDICAL CORPS ASSOCIATION 8 Eccleston Square S W 1 (Telephone Victoria 2722) supplies qualified Dispenser Bookkeeper Laboratory Assistants Sanitary Assistant Male Nurses Mental and Special Treatment Orderlies Dental Clerk Orderlies Porter Caretaker etc without charge to prospective employers

THE LONDON AND PROVINCIAL MEDICAL STAFF BUREAU (Limited annuals) by the L C C 48b Hereford Road W 2 will supply qualified Dispensers Secretaries Receptionists etc without fee to Medical Practitioners Phone Bayswater 0823

YOUNG LADY DOCTOR'S DAUGHTER wishes to train as RECEPTIONIST Would find Doctor or Dentist (Surgical)—Address No 1430 B M A House Tavistock Square W C 1

PARTNERSHIPS

PARTNERSHIP OFFERED WITHOUT capital in established Nursing Home to doctor who can introduce patients Cottage available if desired 40 miles S of London —Address No 1409 B M A House Tavistock Square W C 1

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Candidates must be registered under the Medical Act and the Mildmay Council is anxious that they should be fully in sympathy with the religious work of the Hospital.

[illegible] recent clinical Superintendent.

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RESIDENT HOUSE SURGEON (male) required on April 1 for nine months being six months as Junior House Surgeon with salary at £100 per annum followed by three months as Senior House Surgeon with salary of £150 per annum.

[illegible] particulars of age experience enclosing copies of testimonials should reach me by

D. H. EADE, Secretary.

EAST HAM MEMORIAL HOSPITAL
Shrewsbury Road, E.7 (100 Beds)

Applications are invited for the post of PHYSICIAN in charge of the Skin Department.

Candidates must hold a University Degree in Medicine and Surgery and be Fellows or Members of the Royal College of Physicians of London and engaged solely in Dermatological practice.

Applications should reach the undersigned on or before March 1st.

Candidates will be expected to send copies of their applications to all Staff upon members.

[illegible] tary.

CENTRAL LONDON OPHTHALMIC HOSPITAL
Judd St., St. Pancras, W.C.1

Applications are invited from registered medical practitioners for the post of SENIOR and JUNIOR HOUSE SURGEON vacant on March 31st. The Junior House Surgeon is a candidate for the Senior post. Salary £120 and £100 per annum respectively with board and residence.

Application with copies of three testimonials should reach the undersigned on or before February 20th.

QUEEN MARY'S HOSPITAL FOR THE EAST END, E.15

Applications are invited for the post of HONORARY ASSISTANT PHYSICIAN to the Department of Psychological Medicine at the above Hospital.

Application accompanied by copies of testimonials from candidates who must be duly Registered Practitioners either Graduates in Medicine of a London University or Fellows or Members of a Royal College of Physicians should be lodged with the undersigned not later than Wednesday, February 24th.

RAPHAEL JACKSON (Major), Secretary.

LONDON HOSPITAL, E.1

CARDIAC DEPARTMENT

The post of PATERSON RESEARCH SCHOLAR AND CHIEF ASSISTANT in the Department will be vacant on April 1st. The salary is at the rate of £400 per annum. Further particulars on request.

Applications should be sent to the House Governor not later than Saturday, March 13th.

ARTHUR G. ELLIOTT, House Governor.

LONDON HOSPITAL, E.1

There is a vacancy for the post of FIRST ASSISTANT to the Department of Thoracic Surgery. Candidates must be Fellows of the Royal College of Surgeons of England.

The appointment is half time and for one year. Salary £150 per annum.

Applications should be made to the House Governor and should arrive not later than Saturday, March 13th.

ARTHUR G. ELLIOTT, House Governor.

ST JOHN'S HOSPITAL FOR DISEASES OF THE SKIN
5 Lisle Street, Leicester Square, W.C.2

Applications for the posts of OUT PATIENT and IN PATIENT MEDICAL REGISTRARS are invited to be sent to the undersigned on or before Saturday morning, February 27th.

Honorarium £50 per annum in each case.

Applicants must be duly qualified and registered Medical Practitioners. Particulars of the duties can be obtained on application.

LEONARD G. R. TURPIN,
January 20th, 1937 Secretary.

NATIONAL DENTAL HOSPITAL (DENTAL DEPARTMENT OF UNIVERSITY COLLEGE HOSPITAL)

Applications are invited for the appointment of HONORARY ASSISTANT ANAESTHETIST for duty on one morning per week.

The possession of a Diploma in Anaesthetics will be considered an advantage.

The successful candidate will be appointed for one year in the first instance and thereafter will be eligible for reappointment annually and ultimately for promotion to the rank of Full Anaesthetist.

Applications supported by not more than three testimonials should be forwarded to the Secretary, University College Hospital, Gower Street, W.C.1, by noon on Tuesday, February 23rd.

MILLER GENERAL HOSPITAL
Greenwich, London, S.E.10

Applications are invited for the following posts:

HOUSE SURGEON, male, unmarried. Salary £100 per annum. Board residence and laundry are provided.

CASUALTY OFFICER, male, part time, Afternoon session. Salary £150 per annum non-resident. Fuller particulars on application.

The appointments are for six months from April 1st. There are six Resident Officers.

Application form can be obtained from the Secretary, and must be returned not later than February 25th.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds)
St. Quintin Avenue, North Kensington, W.10

The Board of Management invite application for the post of part time REGISTRAR. An honorarium of £100 per annum is payable and the successful applicant will also be required to take charge of the London County Council Minor Ailments Clinic on one session a week commencing in April.

Application with copies of three recent testimonials should be sent to the undersigned from whom any further particulars can be obtained not later than March 31st.

H. J. ELEY, Secretary.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN (81 Beds)
St. Quintin Avenue, North Kensington, W.10

HOUSE PHYSICIAN (male) required for six months from March 1st. Salary at the rate of £120 per annum for [illegible] months and £150 per annum for the second three months with board residence and laundry. Applications with copies of three recent testimonials must be submitted on a form to be obtained from the undersigned and must reach him not later than Tuesday, February 16th.

H. J. ELEY, Secretary.

POPLAR HOSPITAL FOR ACCIDENTS
East India Dock Road, Poplar, E.14

The Committee invites applications for the appointment of SECOND RESIDENT OFFICER (male) at a salary at the rate of £175 per annum all found. Candidates must have held appointment as House Surgeon at a Hospital. Applications must be accompanied by a statement of the candidates qualifications and forwarded to the Secretary with three recent testimonials not later than Friday, February 26th. The appointment is for a period of six months.

ROYAL EYE HOSPITAL
St. George's Circus, Southwark, S.E.1

SENIOR HOUSE SURGEON and two ASSISTANT SURGEONS required at the above Hospital. The appointment is in the first instance for a period of six months with board and residence as from April 1st. Salaries: Senior House Surgeon at the rate of £150 per annum. Assistant House Surgeons at £100 per annum. Candidates must be registered Practitioners.

Applications with copies of three recent testimonials should be sent to the Secretary not later than Monday, March 1st.

I. E. DALTON, Secretary.

CENTRAL LONDON OPHTHALMIC HOSPITAL
Judd Street, W.C.1

An OUT PATIENT OFFICER is required for four sessions per week. Salary £50 per session. Applications giving particulars of ophthalmic experience and accompanied by copies of testimonials should reach the undersigned not later than February 25th.

GEORGE WATTS, Secretary.

JEWISH MATERNITY HOSPITAL
Underwood Street, E.1

Applications are invited in connection with vacancies for TWO ASSISTANT ANAESTHETISTS. Detail of the appointment may be had of the Secretary at the Hospital. Six copies of applications accompanied by copies of three testimonials should reach the Secretary before February 27th.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill, London, S.E.18
(General Hospital—112 Beds)

RESIDENT MEDICAL OFFICER

The Board of Management invites applications from suitably qualified male candidates for appointment as Resident Medical Officer. Applicants must have special knowledge of Surgery. This appointment (which is recognised by the Royal College of Surgeons of England for the six months training required of candidates before admission to the final Examination for the Fellowship) will be for twelve months at a salary of £175 per annum plus board residence and laundry and subject to extension for a further six months at £200 per annum if approved by the Board of Management.

Application giving full particulars as to age qualification experience [illegible] and accompanied by copies of not more than three recent testimonials should reach the undersigned on or before February 15th. Short listed candidates will be required to meet the Appointments Committee on Friday, February 19th.

R. S. C. HUTCHINGS, Secretary.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL
Shooters Hill, London, S.E.18
GENERAL HOSPITAL (112 Beds)

HOUSE SURGEON

The Board of Management invites application from suitably qualified male candidates for appointment as House Surgeon for six months commencing March 1st. Remuneration will be at the rate of £100 per annum plus board residence etc.

The closing date for the receipt of application which should be made on the prescribed form (obtainable from the undersigned) is Monday, February 15th, and short listed candidates will be required to meet the Appointments Committee on Friday, February 19th.

R. S. G. HUTCHINGS, Secretary.

WEST LONDON HOSPITAL
Hammersmith Road, W.6 (241 Beds)

Applications are invited for the post of FULL TIME ASSISTANT PATHOLOGIST. Salary at the rate of £300 per annum, plus fees for private work and various other duties (including teaching) which the holder will be required to perform. The appointment is terminable by three months notice on either side.

Application with full particulars of age qualifications experience etc., accompanied by copies of testimonials must reach me not later than first post on Thursday, March 4th. Candidates will be required to attend a meeting of the Medical Council at 5 p.m. on Tuesday, March 9th and prior to that date to [illegible] and will be given their application and testimonials to each member then present. The appointment will be made by the House Committee on the same day.

H. A. MADGE, Secretary.

WESTMINSTER HOSPITAL
Broad Sanctuary, S.W.1

Applications are invited for the office of SURGICAL REGISTRAR to this Hospital. Candidates must be Fellows or Members of the Royal College of Surgeons, or have equivalent qualification. Preference will be given to the holder of the Diploma of F.R.C.S. Salary £250 per annum, of which £50 per annum is payable by the Medical School for Tutorial. Twelve copies of application and twelve copies of three testimonials should be sent to the undersigned by Friday, February 26th.

By Order of the House Committee,
CHARLES M. POWER, Secretary.

ST. GEORGE'S HOSPITAL, S.W.1

A RESIDENT MEDICAL OFFICER (male) required for the above Hospital's Convalescent Branch (Atkinson Morley Convalescent Hospital) at Copse Hill, Wimbledon. Appointment to date from March 1st next for nine months in first instance, tenable for three years and subject to re-election each year. Salary at rate of £300 per annum with quarters, board, light and washing. Applicants must be under the Medical Act and must hold a resident appointment. Applications with full particulars and copies of not more than three testimonials to the undersigned should reach him [illegible].

JAMES M. CHURCHFIELD, Secretary.

ST. LUKE'S HOSPITAL FOR THE CLERGY, HEBRON JOSEPH'S, JERUSALEM AND THE EAST MISSION

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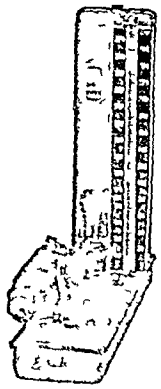
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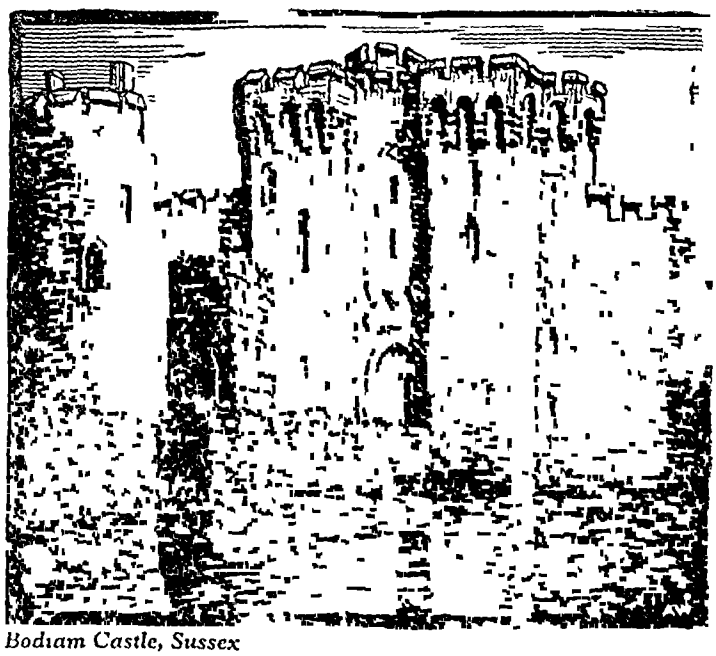
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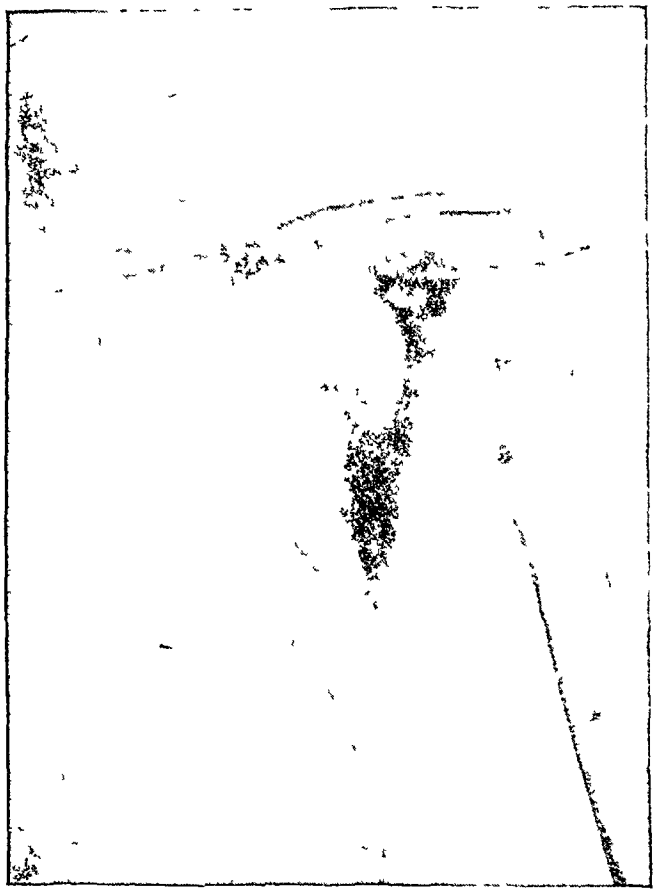
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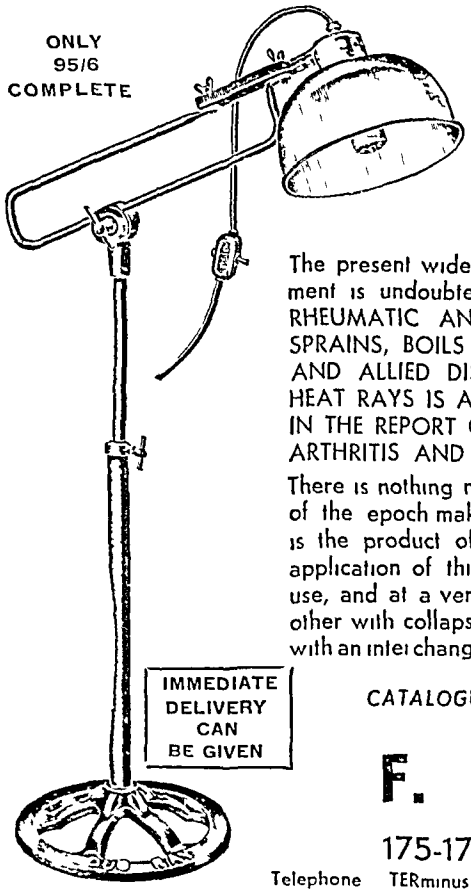
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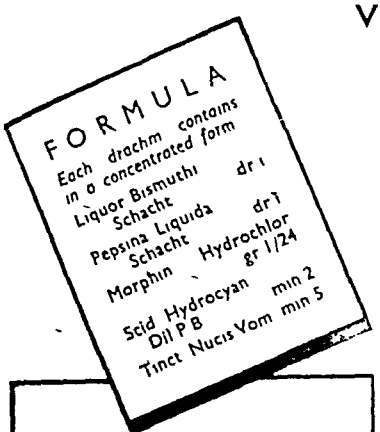
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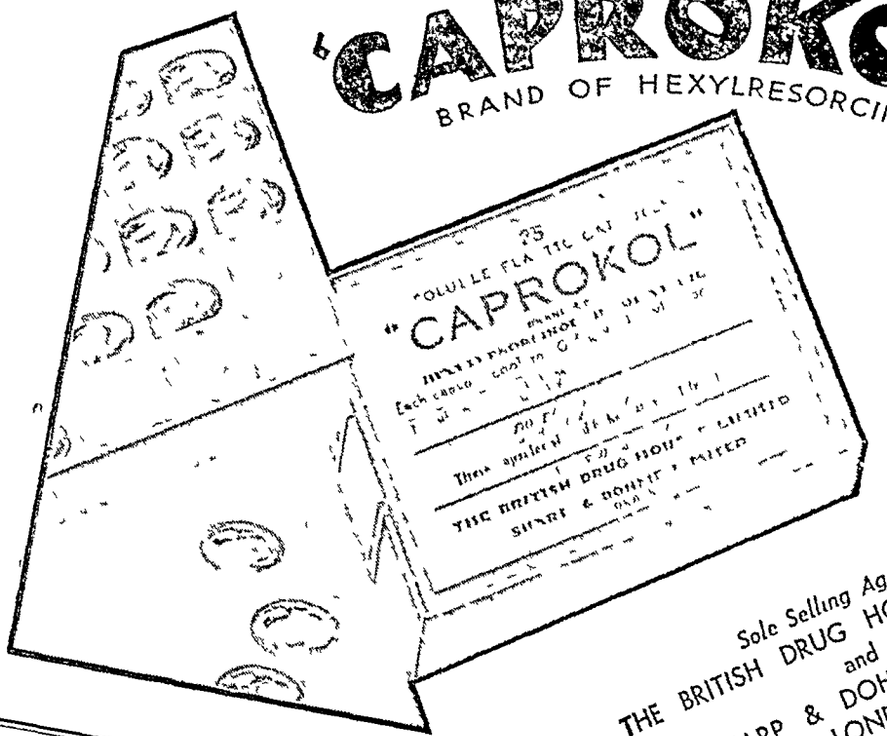
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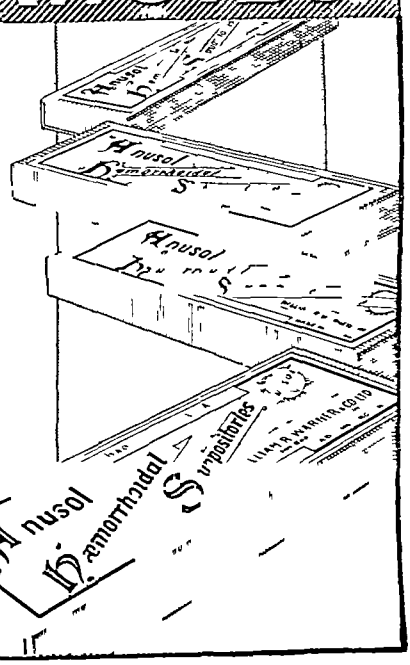
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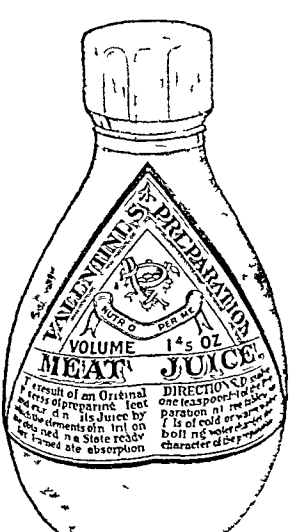
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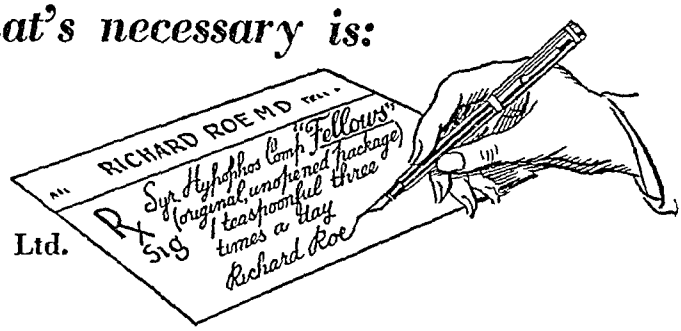
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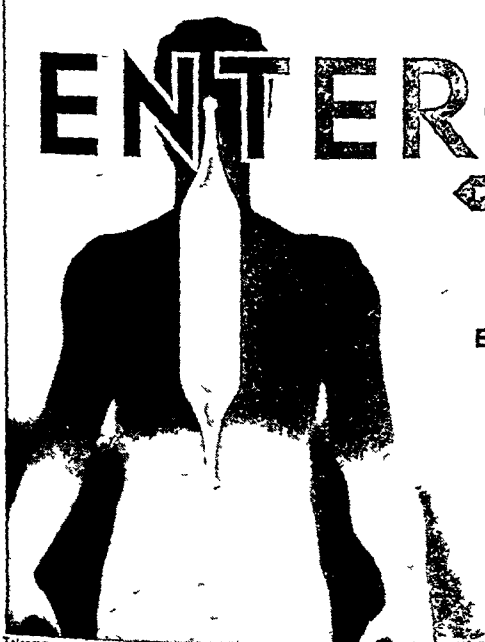


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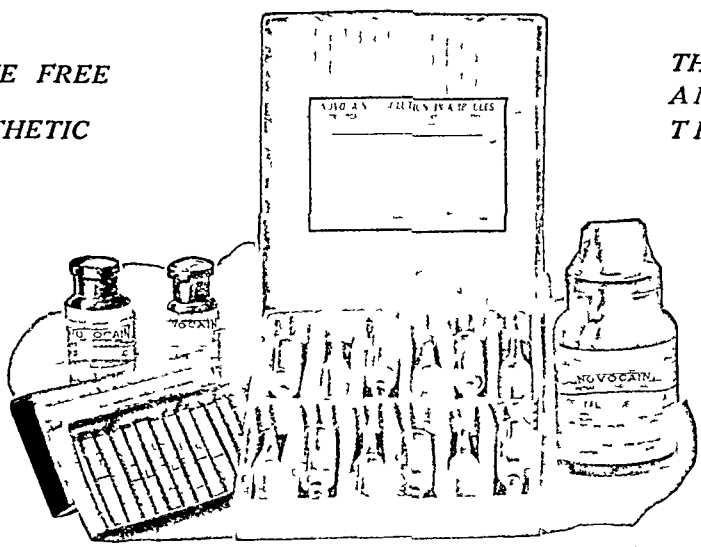
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